



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting October 26, 2023 Presentations and Handouts

- Agenda Item 7:**
- Handout: MHSOAC Strategic Plan (2024-2027) | Preliminary Draft
 - Handout: Community Engagement Results
 - Presentation: Strategic Plan 2024-2027
- Agenda Item 8:**
- Presentation: Substance Use Disorder Outline
- Agenda Item 9:**
- Presentation: 2024 Legislation
- Agenda Item 11:**
- Presentation: Children's Community Care Village Los Angeles County

Accelerating Transformational Change

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

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

Similarly, the Commission worked with communities to improve Full Service Partnerships, improve crisis response and produce a state suicide prevention plan – to strengthen strategies for reducing incarceration, hospitalization and homelessness.

Through these initiatives, the Commission also has learned how it can help community partners better implement proven strategies and innovate new ones with the ultimate goal of reducing disparities in access to culturally competent services and promoting recovery and wellbeing.

In this strategic plan, the Commission is committing to sharply focus its efforts to accelerate the development of effective community-based behavioral health systems that provide early, integrated and tailored services available to everyone.

A Point of Inflection

The behavioral health service system in California is at a threshold, defined by growing public needs, awareness and empathy; by powerful new knowledge and promising practices; and, by the

imperative to better serve those with serious and chronic conditions while striving to prevent and intervene early to preserve and nurture health and wellbeing.

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

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

There has never been more funding and momentum to drive transformational change, or such significant opportunities to advance new innovations in behavioral health treatment and delivery models, but more work is required to reach the visionary system that the MHSA intended to achieve.

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

The priorities and goals defined in this plan build upon the Commission's charge, its demonstrated capacity to drive improvements, and its stewardship of the MHSA's core values of person-centered and culturally competent care; of prevention, early intervention and innovation, and of collaboration across agencies and communities to reduce inequities and disparities – all of which endure regardless of the March election results.

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Signs of Progress

The voters' enactment of the MHSA in 2004 was a foundational commitment to fund and transform the system of services and supports. To advance these commitments over the last four years, the Commission partnered with communities, other public agencies, and the private sector to identify critical gaps in the service system and directed technical assistances and resources to encourage a more proactive and comprehensive approach.

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

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

The Commission worked with counties to strengthen the wrap-around support of Full-Service Partnerships, improve crisis response and reduce avoidable incarceration. It developed and began the implementation of a state suicide prevention strategy.

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

Emerging Themes – Challenges and Opportunities

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

The mental health crisis was an epidemic before the COVID-19 pandemic exacerbated negative trends. Challenges such as homelessness, substance use disorders, and youth suicide continue to worsen throughout the state. Marginalized LGBTQIA+ populations and California communities of color face significant obstacles to receiving services. Mental health practitioners and resources have never been under greater strain. However, new innovations in treatment and care delivery present opportunities to help California live up to its vision. The Commission aims to respond to these emerging trends by working in partnership to address systemic issues and advance innovative solutions.

Increasing understanding of and need for behavioral health services

The COVID-19 pandemic brought significant challenges to the ongoing mental health crisis. More Californians and families experienced mental illness and the growing substance abuse epidemic firsthand.

An increase in mental health needs, especially in youth and children, is intensified by isolation and the impact of social media. Mental health is the #1 reason children ages 0-17 are hospitalized and suicide is the #2 cause of death for young people ages 10-24.ⁱ Marginalized and excluded populations, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; the LGBTQIA+ community, and

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those with disabilities, continue to face heightened challenges. Structural inequities and macro threats, such as racism, the climate crisis, socioeconomic inequality, housing instability and gun violence, also lead to worse mental health outcomes and an increased need for mental health care and supportive services.

Behavioral health elevated as a shared priority

Through the MHSOAC, communities are prioritizing prevention, early intervention, community-defined practices, innovation, and engaging people with lived experiences. Young people are championing the conversation around mental health, while community-based organizations, schools, and counties are collaborating to deliver care where needed. This momentum is elevating mental health as a policy and funding priority in California. Increased one-time funding through new initiatives like the California Children and Youth Behavioral Health Initiative, Student Behavioral Health Incentive Program and the Mental Health Student Services Act are supplemented by reforms to existing systems such as CalAIM.

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

Evolutions in treatment & care delivery

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

services are equally changing the mental healthcare landscape. For example:

- New medicines show promising results for treating chronic depression.
- Emerging interest in Psychedelics offer hope for improving options for treating disorders like major depressive disorder and post-traumatic stress disorder
- Future breakthroughs in precision medicine are expected to improve disease classification, shorten treatment duration, and limit suboptimal treatment outcomes^{vi}

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

Strain on practitioners, resources, and consumers

- Pressure on practitioners and financial resources has grown dramatically over the last four years, creating even more challenges for consumers to access care. This includes:
- Nationwide shortage and burnout of behavioral health workers. Some 50% of behavioral health providers have experienced burnout and 30% of providers left their job^{vii}

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- Lack of culturally competent practitioners with lived experience. Barriers include low pay, lack of career pathways, and credentialing and licensing requirements^{viii}
- Pressure on financial resources for care. Low reimbursement rates, difficulty billing private insurers for services, and severe financial strain on hospitals contribute to soaring provider costs^{ix}
- System fragmentation and capacity constraints are complex for consumers to navigate.

These issues have resulted in 9.4 million Californians living in a community with no mental health professionals,^x necessitating a new approach to ensure there is access to care for Californians who need it.

Accelerating pace of change

The pace of change will likely continue to increase in the coming decade and bring a new host of challenges and opportunities. The next decade is expected to bring a better understanding of and responses to the impacts of genAI, social media, as well as promising innovations in consumer-centered care.

To succeed in the next decade, California needs a resilient system that can direct and integrate resources to respond to changing needs. The Commission is committed to tracking current trends to inform its strategy and priorities in the coming years.

The Imperative for Transformational Change

The next four years have the potential to be a turning point in the history of mental health care in California. Once-in-a-generation investment and public attention have set the stage for

transformational change, but it will take ambitious, collective action to integrate and improve California's underlying mental health system.

The Mental Health Services Act was developed to improve financing, design, and distribution of mental health services through local delivery systems. Twenty years later, far too many Californians still suffer from the seven negative outcomes the act is intended to reduce: suicide, incarceration, school failure, unemployment, prolonged suffering, homelessness, and child welfare involvement.

- Transformational change will require fundamental improvements in policies, institutions, agencies and services. Transformational change:
- Necessitates a transition away from fragmented and siloed delivery to a mental health system in which integrated, culturally competent care is accessible regardless of where you live or what you look like
- Requires communities – especially the most vulnerable, high risk and historically disadvantaged residents – are empowered and supported to design services, navigate mental health care and voice their needs and priorities, so fewer families experience the agony of unaddressed mental illness
- Necessitates that agencies and institutions at the State and local level have sufficient capacity and resources – including an adequate and effective workforce and an ability to manage toward and track outcomes across services and providers – to deliver quality care and to pursue continuous improvement.

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The Commission is committed to helping catalyze this change, working via partnerships and leveraging its roles and capabilities.

The Strategy to Advance Transformational Change

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

Core Strategic Building Blocks



The Commission's Vision

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

The Commission's Mission

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

Guiding Principles

The Commission's guiding principles and core values reflect its aspirations for the broader behavioral health system and guide Commission's actions. These principles guide the Commission's decision-making:

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

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Roles

The Mental Health Services Act crafted a distinct role for the Commission a champion the act's vision for prevention, early intervention, comprehensive services and innovation as the essential elements of an effective community mental health system.

The Commission's membership – consumers, family members, lawmakers, health and mental health care providers, education and law enforcement professionals, and employers and labor – provide access and voice to those constituencies who rely upon and share responsibility for the kind of system Californians need and want.

The Commission, with support from the Legislature, has given that charge greater specificity to advance specific aspects of the mental health system, and has encouraged and endorsed the Commission's intentional efforts to assume the roles required to shape policies and drive practices to build out a robust continuum of services and supports.

These roles, distinct within state government, require it to work with public, private and civic partners to pragmatically drive system-level improvements.

The Commission engages people with lived experience, family members, educators, employers, policymakers, service providers, community members, program administrators, the private sector, and other partners to:



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



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



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



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

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Strategic Priorities & Initiatives

To catalyze system-level changes, the Commission has evolved a portfolio of initiatives supported through legislation that demonstrate the potential for effective community-based programs to prevent and reduce the most tragic outcomes of untreated mental health needs.

In the last four years (FY 19-20 to FY 22-23), the Commission has advanced the goals of the MHSA through 10+ initiatives that directed approximately \$442 million across the continuum of care, including significant investments in the following areas:

- **Youth mental health** through the School Mental Health program directing more than \$200 million via the Mental Health Student Services Act, piloting allcove Youth Drop-In Centers, leading an anti-bullying campaign, and supporting youth and peer empowerment programs.
- **Early psychosis and suicide prevention** through scaling innovative Early Psychosis Plus programs statewide, guiding the implementation of the State's Striving for Zero Suicide Prevention Strategic Plan, and supporting the Office of Suicide Prevention to coordinate and accelerate efforts.
- **Integrated community treatment** including supporting counties' crisis continuum of care services via the Mental Health Wellness Act and improving Full-Service Partnerships.
- **Criminal justice intervention** by helping 26 counties participating in six learning collaboratives to develop and deploy data-driven and financially sustainable alternatives to law enforcement responses and incarceration.

These initiatives have revealed the potential for transformational change, and the imperative to increase the pace and scale of efforts to build a comprehensive community-based system, as articulated in its North Star Priority.

2024-27 North Star Priority

Advance early, effective and universally available services.

The Commission will work to increase the pace and scale of system-level improvements to provide early, effective, integrated and comprehensive services and supports that prevent and reduce behavioral health needs before they become debilitating.

Operational Priorities

- **Build foundational knowledge.** The Commission will develop and advocate for data-based and community-derived information to drive decisions regarding finances and services toward adequacy, sustainability, efficiency, effectiveness and reductions in disparities.
- **Close the gap between what is being done and what can be done.** The Commission will work to accelerate the adoption of effective programs to reduce geographic, demographic, cultural, and socio-economic disparities in services, supports and outcomes.
- **Close the gap between what can be done and what must be done.** The Commission will drive innovation in the public-private financing, delivery of services and supports, and continuous improvement to accelerate the development of early, effective, integrated and universally available services and supports.

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Capabilities

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

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

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

Decision-Making Approach

With new mental health challenges and potential solutions surfacing regularly, the Commission recognizes the need to adopt a rigorous, consistent methodology for assessing system-level opportunities and identifying how to best allocate finite resources.

With this goal in mind, and with support from community partners, the Commission is developing a decision-making framework. The framework is designed to help the Commission and partners:

- Look across the portfolio, and the broader landscape, to understand opportunities for collaboration and impact

- Ensure its guiding principles (e.g., health equity) are integrated into all future activities
- Consider tradeoffs between investing in proven interventions vs. piloting new approaches
- Design and evolve programs to address community priorities and maximize outcomes for target populations
- Standardize and strengthen its approach to collecting and using data to measure the impact of a project
- Define success for each opportunity, identify level of effort and resources required to deliver, and calibrate investments.

The framework establishes four key criteria to guide decision-making:

1. **Need:** The extent to which the opportunity addresses a growing or emerging need in an underserved population or underfunded area
2. **Impact:** The extent to which the opportunity is expected to have a high return on investment and tangible benefit to the target populations and broader mental health system, including through the reduction of disparities
3. **Fit:** The extent to which pursuing the opportunity aligns with the Commission's mission, strategic priorities, and differentiated roles and will complement and advance existing efforts
4. **Feasibility:** The extent to which the opportunity has a clear definition of success and path to sustainability given the level of effort required and the available resources

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The framework is designed to balance needs for rigor and flexibility, to support decision-making across a variety of topics and contexts over the coming years, including evaluating early-stage opportunities and - with the support of a companion tool - guiding the design and evaluation of specific initiatives. The Commission intends to utilize this framework to understand opportunities and their potential contributions to system improvements and understand what the Commission can contribute to accelerate progress toward those outcomes.

The Commission recognizes its role as one partner in an evolving ecosystem, considering the long-term sustainability of each project. With every new opportunity that arises, the Commission will aim to clearly define what success looks like and in doing so, to determine the level of effort and resources required to either bring it to fruition or transition it to a partner.

The Commission expects to continue to engage at a variety of different levels, from high-touch efforts (such as the roll-out of MHSSA-funded programs, and the scale-up of Early Psychosis Plus and allcove models) to low-touch efforts (such as ongoing support for the Office of Suicide Prevention). This will also allow the Commission to consider how programs may be sustained and scaled over time, beyond one-time grant funding.

The Commission has integrated the framework into its operations by publishing on its website; encouraging Commissioners, partners, and the public to use it when sharing comments about a proposed initiative; comparing it against the emerging themes and priorities outlined in this Strategic Plan; and integrating it into RFAs and planning grant applications. The Commission has also developed a detailed governance plan for the rollout and implementation of the framework.



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Goals and Objectives for 2024-2027

The Commission aims to advance its vision of “wellbeing for all Californians” and fulfill its roles through the following 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.

From Plan to Action

This Strategic Plan represents the Commission’s latest thinking at the time that it is approved. It is intended to support and guide the Commission as they work in partnership to accelerate progress toward outcomes that advance the mental health system and better deliver for California’s consumers and families. The Commission expects this plan will evolve and change as the landscape of need, funding streams, and opportunities for impact evolve over the coming years.

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Sources

- ⁱ [The 2020 California Children's Report Card](#)
- ⁱⁱ [Candid](#) (2021)
- ⁱⁱⁱ [Rock Health](#) (2021)
- ^{iv} [Kaiser Family Foundation](#) (2022)
- ^v [World Economic Forum](#) (2021)
- ^{vi} [American Physiological Society](#) (2023)
- ^{vii} [Substance Abuse and Mental Health Services Administration](#) (2022)
- ^{viii} [Healthforce Center at UCSF](#) (2018)
- ^{ix} [Association of American Medical Colleges](#) (2022)
- ^x [NAMI California](#) (2021)



MHSOAC DRAFT STRATEGIC PLAN

2024-27

Community Engagement Results

Interviews with internal and external community partners shaped the Commission's Core Strategic Plan

Norma Pate, Deputy Director
MHSOAC

Strategic Plan Focus Group

The focus group provided the following themes for each of the provided topics:

General Feedback A clear recommendation from the group was for the Commission to be more specific about who we are including in the term “diverse”, and to include this information, both in the strategic plan, and in our community engagement efforts. Attendees also suggested the Commission could be more supportive of community engagement efforts by providing local organizations with funding to improve community reach and visibility. Attendees also felt strongly that data transparency, and sharing knowledge was key to building trust, a fundamental component to effective community engagement.	
TOPIC 1: How effective do you think community engagement plan will be at reaching diverse voices?	Attendees highlighted members of the LGBTQ community, individuals who speak primary languages other than English, recent immigrants, and faith-based communities as populations that may be overlooked in our current community engagement efforts. In addition, there was substantial concern that current efforts do not highlight intersectionality of identities especially between race, ethnicity, gender identity and sexuality. Lastly, accessibility was a noted topic of discussion, with special attention to providing information in easily understandable language and easily obtained formats. Barriers to attending meetings, including geographic barriers, were also mentioned.
TOPIC 2: How will the commission know when it has adequately engaged community voices regarding its Strategic Plan?	An idea that gained much traction was to measure success by repeated engagement, and application and/or use of provided materials. For instance, we could track the percent of individuals who attended more than one listening session, or the percent of attendees who stated they shared the strategic plan with others in a follow-up survey. There was also a push for greater data transparency on community engagement efforts to identify whose voices are not being heard.

Draft Strategic Plan Community Engagement Feedback		
Specific Targeted Populations	Greater Commission Support	Community Trust
A clear recommendation from the group is to be more specific about who we are including in the term “diverse”, and to include this information, both in the strategic plan, and in our community engagement efforts.	Attendees suggested a few ways the Commission could be more supportive of community engagement efforts, including providing local organizations with funding support to improve reach and visibility.	Attendees felt strongly that transparency, and sharing back knowledge was key to building trust, a fundamental component to effective community engagement.
Supporting Quotes		
<p><i>“Specifically define diverse communities.”</i></p> <p><i>“The Strategic Plan is covering a lot of bases but does not specify exactly what CBOs you are targeting for engagement.”</i></p> <p><i>“We don’t know who the community member’s audience is”</i></p>	<p><i>Local community engagement needs to be strong either through commission funding or another type of support.</i></p> <p><i>Commission needs to provide funding to counties to carry out their CPP and engagement. Make people aware of them.</i></p> <p><i>Commission has resources and leadership qualities to bring the mental health conversation to different groups and keep them going. The Strategic Plan needs more of this.</i></p>	<p><i>Trust is an important but forgotten aspect in engagement.</i></p> <p><i>How do we build trust without seeing what you collected?</i></p> <p><i>And there's a lot of times where I've experienced it. You go to a meeting. They ask for all your input, and you never know what happened. And so I think, it's a follow up. How do we go back to the community and say, this is what we heard, and this is what we did with what we heard from you. Because then they feel like they didn't waste their time.</i></p>

Topic 1: Diverse Voices

How effective to you think the community engagement plan will be at reaching diverse voices?

Populations	Intersectionality	Ability and Clarity
<p>LGTBQ, individuals who speak primary languages other than English, recent immigrants, and faith-based communities were all populations highlighted as overlooked in community engagement.</p>	<p>There was substantial concern that current efforts do not highlight intersectionality of identities especially between race, ethnicity, gender identity and sexuality.</p>	<p>Accessibility was a noted topic of discussion, with special attention to providing information in easily understandable language and easily obtained formats. In addition, barriers to attending meetings, including geographic barriers were mentioned.</p>
Supporting Quotes		
<p><i>If you go one step further, you know the language issue, you know, are we engaging people communities that have that are monolingual in other languages, whether it's Spanish or other languages that are very prevalent in California.</i></p> <p><i>Remember people who have immigrated to US with limited time here are included in "diverse communities".</i></p> <p><i>LGBTQ and diverse are not specified in Strategic Plan.</i></p>	<p><i>As a Latino, gay man, I know that we're often very much left out of a lot of opportunities.</i></p> <p><i>SP needs more focus on intersectionality and overlapping communities.</i></p> <p><i>I think it is really important to kinda think about intersectionality. So we talk about like our elders, who are LGTBQ and folks of color. They're gonna have very different things going on rather than someone who's just like an older adult that may not identify as those.</i></p>	<p><i>Remember to include helpful inclusive information for all audiences—not everyone participates regularly in these conversations the way we do. Break down the information with accessibility for the average person in mind.</i></p> <p><i>The Strategic Plan should aim to provide resources and instructions for community members to find out about county meetings so they can engage themselves.</i></p> <p><i>Different populations may be enduring barriers that keep them from showing up</i></p>

<p><i>I think the other missing group is also the faith-based community.</i></p>	<p><i>I'm just like having trouble with the context, and then also with intersectionality. Veterans themselves occupy every one of these groups...</i></p> <p><i>Different groups will have different needs and need more thought out and strategic approaches for being engaged.</i></p> <p><i>People don't identify themselves in terms of intersectionality. Example: LGBTQ servicemembers tend to hide their double identities from each community.</i></p> <p><i>LGBTQ parents tend to be affected by stigma or are a source of negative stigma. If we are looking at subgroups, we need to look into the populations of color who have unique needs that contribute toward wellbeing.</i></p>	<p><i>so we need to know what they are having to go through to attend in the first place.</i></p> <p><i>California is a big state and being in Sacramento increases chances of being heard.</i></p> <p><i>The Commission should spread out its meetings to all areas of the state to increase the voice of different members, leaders, and influencers.</i></p> <p><i>I want to praise the Commission's recent engagement with limited English proficient, immigrant and refugee, and diverse communities.</i></p>
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Topic 2: Measuring Success

How will the Commission know when it has adequately engaged community voices regarding its Strategic Plan?

Continued Attendance

An idea that gained much traction was to measure success by repeated engagement and use of provided materials. For instance, the percent of individuals who attended more than one listening session, or the percent of attendees who stated they shared the strategic plan with others in a follow-up survey.

Data

There was also a push for greater data transparency on who is engaged to identify whose voices are not being heard.

Supporting Quotes

Who shows up? Do we see them again? We can invite them into the room, but if we didn't engage them well, they won't come back. Attending is not enough. We need to engage them enough, so they want to be involved in the system.

Community engagement shouldn't stop with one meeting. It should be a multi-step process. Once you do outreach and get attendance, there needs to be ongoing engagement—follow up through surveys, etc. to keep connection going.

How did they use the fact that they showed up? Did we give them materials for them to use and bring back to their communities?

Success is when people want to use the resources that we share or put out.

We need more data, especially for subgroups who aren't captured or represented in the data.

We need to rely on community groups to get the data.

Data transparency: we say we are collecting data but the community doesn't see the data.

The community should have the same visibility of the data that you do. Treat it as public information.

Remember who is missing in the service use data. We need to hear from those who aren't using services. Connect with people not using services or with the organizations who serve them.

Additional Feedback: Strategic Plan	
Funding	Modernization
Questions from the Focus Group	
<p><i>Are there considerations being made around Prop 1? Prop 1 will change priority populations, funding distributions, priorities. Will SP be used as opportunity to respond to changes?"</i></p> <p><i>The Strategic Plan should aim to help communities participate in County decision making processes around budgeting.</i></p> <p><i>We need to ask questions like: Who are the key players in allocating funding to API and other specific communities? Example: Orange County has 1 million API LGBTQ, but only small percentage of MHSA is directed towards that specific group. Past targeted outreach usually has an agenda behind it.</i></p> <p><i>For the Strategic Plan, we need to hear from people who are part of the budgeting decision making processes.</i></p>	<p><i>Remember to consider changes and gaps under FSPs and CSCs as a result of modernization.</i></p> <p><i>...ensure that priority populations in modernization legislation is part of commission's Strategic Plan engagement groups to catch those voices before we get too far in process</i></p>

Strategic Plan Listening Session 1 & 2 provided the following themes for each of the provided topics:

<p>Expansion of Peer Support and Services</p>	<p>There is a need for more peer support services, with an emphasis on aiding people with SMI and the unhoused.</p> <p>Inclusion of peer-run 'clubhouses' for youth with substance use issues.</p>
<p>Addressing Mental Health Disparities</p>	<p>Advocacy for better reflection and action on the needs of communities of color and specific mention of African American community needs.</p> <p>Acknowledgment of LGBTQ+ youth and the requirement for youth-specific governance structures.</p>
<p>Policy and Strategic Planning</p>	<p>Concerns regarding the translation of Community-Defined Evidence Practices into effective actions.</p> <p>Critiques of Assisted Outpatient Treatment programs and the call for more aggressive intervention strategies.</p>
<p>Cultural and Linguistic Humility/ Competence</p>	<p>Enhancement of services reflecting cultural competence and appropriate language access.</p> <p>The distinction between cultural and linguistic competencies, with the strategic inclusion of CDEPs.</p> <p>Education on terminologies and best practices for providers serving diverse populations.</p>

<p>Community Engagement and Trust</p>	<p>The role of the Commission in enforcing community planning and reflecting public needs.</p> <p>Communication strategies for enhancing trust and involvement.</p> <p>Building public trust through transparency and accountability in funding and program data.</p>
<p>Innovation and Flexibility in Treatment Modalities</p>	<p>Openness to non-traditional therapeutic interventions and innovative therapies like martial arts.</p> <p>The potential of varied treatment modalities, including peer support and spirituality, for substance use disorders (SUDs).</p>
<p>Funding and Resource Allocation</p>	<p>Universal calls for increased funding and technical support for implementing mental health services.</p> <p>Allocation concerns reflect a need for targeted delivery to underserved and unserved populations.</p> <p>The provision of resources for staff training and retention strategies to mitigate burnout and turnover.</p>
<p>Integrating Services and Holistic Approaches</p>	<p>The importance of SUD integration with mental health initiatives and vice versa.</p> <p>Advocacy for recovery-based models and understanding the underlying causes of substance use.</p>

	<p>The effectiveness of peer support in treatment centers.</p>
<p>Educational Partnerships and Prevention</p>	<p>Strategic partnerships, especially in education, to address prevention and early intervention for substance use.</p> <p>The role of schools and educational content in mitigating risks such as fentanyl exposure.</p> <p>Expansion of early prevention initiatives, like the FACTS ACT.</p>
<p>Commission's Role and Effectiveness</p>	<p>Need for proactive Commission involvement in ensuring service accessibility and quality.</p> <p>Calls for clear communication and demonstration of the Commission's accomplishments and future plans.</p> <p>The significance of aligning community voices with Commission action plans.</p>

Recommendations from Listening Session 1 & 2

1. Foster the establishment and expansion of peer support services.
2. Ensure that policy and strategic planning accurately reflect the diversity within mental health needs and services.
3. Increase cultural humility and linguistic competencies in mental health spaces.
4. Improve transparency, communication, and engagement strategies to build public trust.
5. Encourage innovation in treatment and flexible approaches to address SUDs and mental health.
6. Prioritize fair and effective funding distribution with particular attention to underrepresented groups and needs.
7. Create strong educational partnerships for early intervention and prevention programs.
8. Enhance the Commission's active role in accountability and effective policy implementation.

Survey #1 Results: Data analyzed using thematic analysis to identify themes and patterns.

What do you see as the Commission’s core strengths and high impact roles?	
Strong Leadership and Vision	<ul style="list-style-type: none"> • Has vision for the future (e.g., long-term perspective) • Leads high impact projects. • Drives system improvement. • Provide oversight and accountability (e.g., Transparency Suite) • Holds both state and regional perspective. • Diverse and compassionate Commission membership • Independence
<p><i>“Thinking strategically about what support structures are needed for Californians experiencing mental health challenges.”</i></p> <p><i>“The Commission is in the best position to see the statewide perspective on mental health issues and provide some policy continuity while still recognizing unique regional issues and needs.”</i></p>	
Advocates for Services	<ul style="list-style-type: none"> • Serves as a voice for those with SMI and their families. • Shapes programming and policy
<p><i>“They represent the community affected by mental health issues and can advocate for changes, improvements, etc.</i></p> <p><i>“That it exists, and its connections to the community of consumers and caregivers acting as a conduit of our voices to the governmental and non-governmental bureaucracies.”</i></p>	
Allocates Resources Strategically	<ul style="list-style-type: none"> • Funds needed services in schools and communities. • Contracts with community partners
<p><i>“The Commission's highest impact role is its approval and awarding of funding for impactful county projects, community programs, and advocacy initiatives.”</i></p> <p><i>“Commission staff has good experience administering contracts in order to decrease disparities, increase community engagement, and implement pilot projects.”</i></p>	

Convenes Partners and Listens	<ul style="list-style-type: none"> • Convenes experts, stakeholders, and community members. • Listens to people with SMI and their families. • Engages diverse communities. • Forges strong partnerships and collaboration.
<p><i>“Your willingness to reach out to the public and diverse communities of California State.”</i></p>	
<p><i>“Allowing community to speak about what they need.”</i></p>	
Promotes Awareness and Education	<ul style="list-style-type: none"> • Reduces stigma. • Provides vital information about mental health.
<p><i>“Increasing awareness about mental illnesses and mental health in the general population. Decreasing the stigma around and misunderstanding of mental disorders and illnesses.”</i></p>	
Fosters Innovation	<ul style="list-style-type: none"> • Supports innovative ideas and programming. • Ability to be innovative and move quickly. • Tries new ideas. • Creates statewide innovation initiatives.
<p><i>“Providing pathways for innovative programs to serve their communities and ensuring the counties are supporting the state initiatives.”</i></p>	
<p><i>“Encouraging and developing innovative approaches to Mental Health. Helping to create and support state-wide initiatives.”</i></p>	

What do you see as <u>key areas of opportunity</u> for the Commission?	
Focus on Persons With Serious Mental Illness and Inpatient Services	<ul style="list-style-type: none"> • Increased case management for people with SMI-similar to regional center model • Reduce the number of people who are incarcerated. • Create additional beds in sub-acute facilities. • Provide incentives for permanent care facilities. • Create Community Based Care beds and facilities. • Improve involuntary care.
<p><i>“As a parent of two adult children with SMI I see cracks in the mental health system. If I have to pick one area of opportunity for the commission to review it would be the local hospitals and police not taking care of SMI patients immediately when they go to the emergency department. The hospitals, the police and even the Crisis Stabilization Units are not supporting their patients.”</i></p>	
Leverage Data and Standardize Performance Outcomes	<ul style="list-style-type: none"> • Support counties with performance measurement • Streamline data collection for counties. • Track recovery measures • Know who are good providers/not good providers. • Measure and monitor treatment facilities.
<p><i>“The Commission can drive accountability for the system overall. For example, by requiring a standard of care for services purchased with MHSA dollars. Also, by gathering reliable and consistent data on access and performance, the Commission can demonstrate the value of data-driven policy and practice.”</i></p> <p><i>“As we move toward modernization of MHSA, develop systems to better analyze existing data that is already provided by counties and streamline data collection process moving forward...Let's make this process easier for counties and make the data count.”</i></p>	

Promote School Mental Health	<ul style="list-style-type: none"> • Prioritize funding and partner with schools. • Build and strengthen prevention (e.g., suicide prevention) and early intervention efforts. • Engage educators and school mental health professionals.
<p><i>“Promote mental health and well-being for school kids, to drive multi-generational impact in years to come. This can be done by educating the public about mental health, supporting PEI programs, and promoting mental health focused at schools.”</i></p> <p><i>“The Commission's key opportunity is to fill a significant gap in both funding and partnership in supporting mental health in our school (LEA) eco-system.”</i></p>	
Focus on Specific Populations	<ul style="list-style-type: none"> • Focus on people with the most serious brain disorders. • Focus on ADHD (most common Dx for children)-and its sequel. • Address veteran isolation • Support aging population
Engage With the Community	<ul style="list-style-type: none"> • NAMI/give family members a voice. • Clinical psychologists, LCSW's • Psychology departments at universities • Diverse communities that are underserved (e.g.,Pacific Islanders) • Churches
<p><i>“Listen to caregivers and family members ... or continue to listen ... as our experience and insight is vastly different from our loved ones who live with mental illness and often struggle with (?) and stigma. Caregivers and family members have seen the worst and have the highest hopes for improved services and systems.”</i></p>	

How can the Commission help shape the mental health system in California?	
Advocate for Services and Support Legislation	<ul style="list-style-type: none"> • Advocate for policy reform, funding, programs and services (e.g., housing, crisis services). • Bring forward new legislation.
<i>“Advocate for Housing that Heals! We need supportive housing for clients in their own county of residence. Extra financial help is needed for small, rural counties. Too many of our clients have to be sent out of our County for placement.”</i>	
Improve Access to and Availability of Services	<ul style="list-style-type: none"> • Promote equity in access to services. • Increase availability of services (e.g., services in schools, housing services, crisis and intensive services, and in-patient treatment), particularly in rural and underserved communities.
<i>“Creating a mental health system that allows families in medically underserved areas MORE access to mental/behavioral health care.”</i>	
Improve Quality of Services	<ul style="list-style-type: none"> • Create statewide standards for care and treatment. • Promote whole person health. • Promote culturally responsive evidence-based and community-defined practices. • Foster Innovation and leverage the Innovation Incubator • Build collaboration.
<i>“Develop or procure expertise on evidence-based systems of care that could be implemented and scalable in counties. I would emphasize that a partnership would do far more to advance and shape mental health in California - even in the face of differences of opinion.”</i>	

Build and Strengthen Workforce	<ul style="list-style-type: none"> • Recruit and provide incentives to bring more people into the workforce. • Create new pathways for paraprofessionals. • Increase the Peer workforce. • Provide education, training, and internships.
<p><i>“Increase staffing with skills in serious mental health disorders, improve education and recruitment for psychiatry in challenges settings (waiving med school loans etc.).”</i></p>	
Listen, Engage, and Empower	<ul style="list-style-type: none"> • Elevate client/consumer and family voice. • Increase client/consumer decision making in treatment
<p><i>“Shaping the Mental Health System in California involves power in numbers and a willingness to include all voices and feedback from consumers, families and community partners. “Nothing about us, without us.”</i></p>	
Use Data to Improve and Inform	<ul style="list-style-type: none"> • Direct planning efforts and track funding/services • Improve quality of services and hold counties and organizations accountable. • Collect client/consumer feedback. • Educate and inform the public (increase awareness)
<p><i>“Gather data on mental health needs and using that data to guide or direct planning to meet those needs, including directing funding for same, to counties.”</i></p>	

Please share anything else you believe is important for the Commission to consider while developing our next strategic plan.

- Whole-person health and health care integration
- Establish standards of care
“Let’s prioritize some absolute minimal requirements in every county, such as 24 seven call centers with mobile crisis, response, teams, and a place to go.”
- Focus on parity/private insurance benefits.



Mental Health Services
Oversight & Accountability Commission

Strategic Plan 2024-2027

Norma Pate, Deputy Director
November 16, 2023

Overview

Purpose:

- Share results from engagements with community partners.
- Reflect on the Commission's work to date and lessons learned from the last three years.
- Understand and articulate how our work fits into context amid an evolving mental health landscape.
- Surface and evaluate opportunities to catalyze transformational change.





2024-2027 Strategic Plan Effort

The Commission is in the final stages of developing the Strategic Plan for the coming years (2024-2027).

As part of this effort, staff developed this Strategic Plan through public input sessions and interviews across disciplines, communities, and geographies.

2024-2027 Strategic Plan Effort

... designed to be an inclusive and collaborative process



40+ Interviews



6 Public Input Sessions



1 Focus Group



2 Surveys



Commission Meetings

May

June

August



Interviews with Commissioners



Committee Meetings

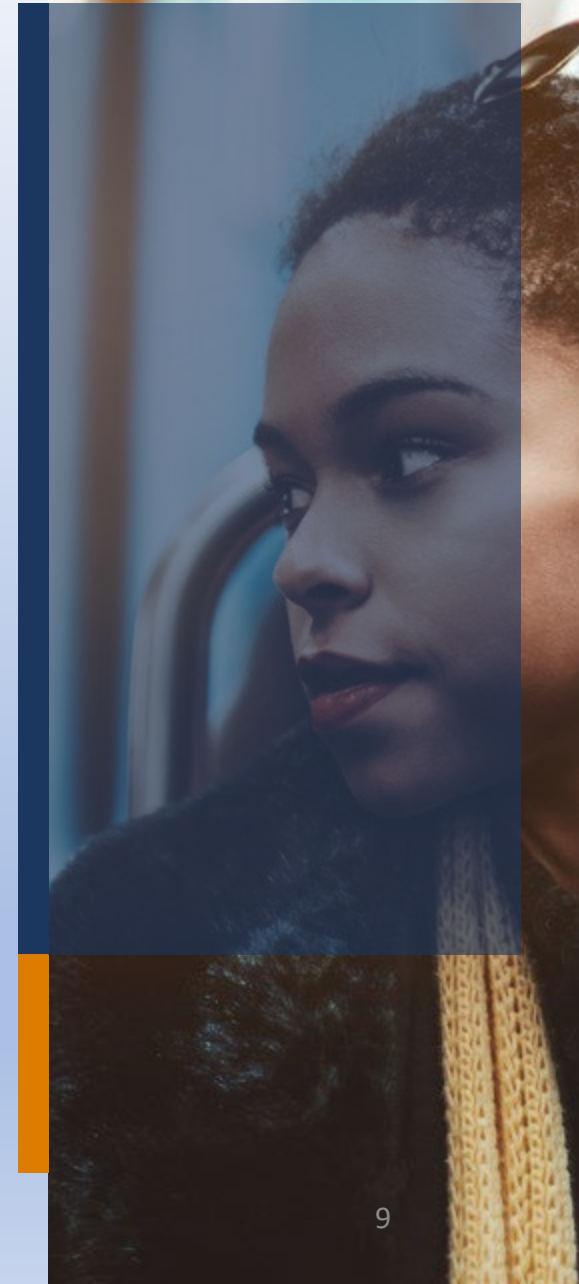
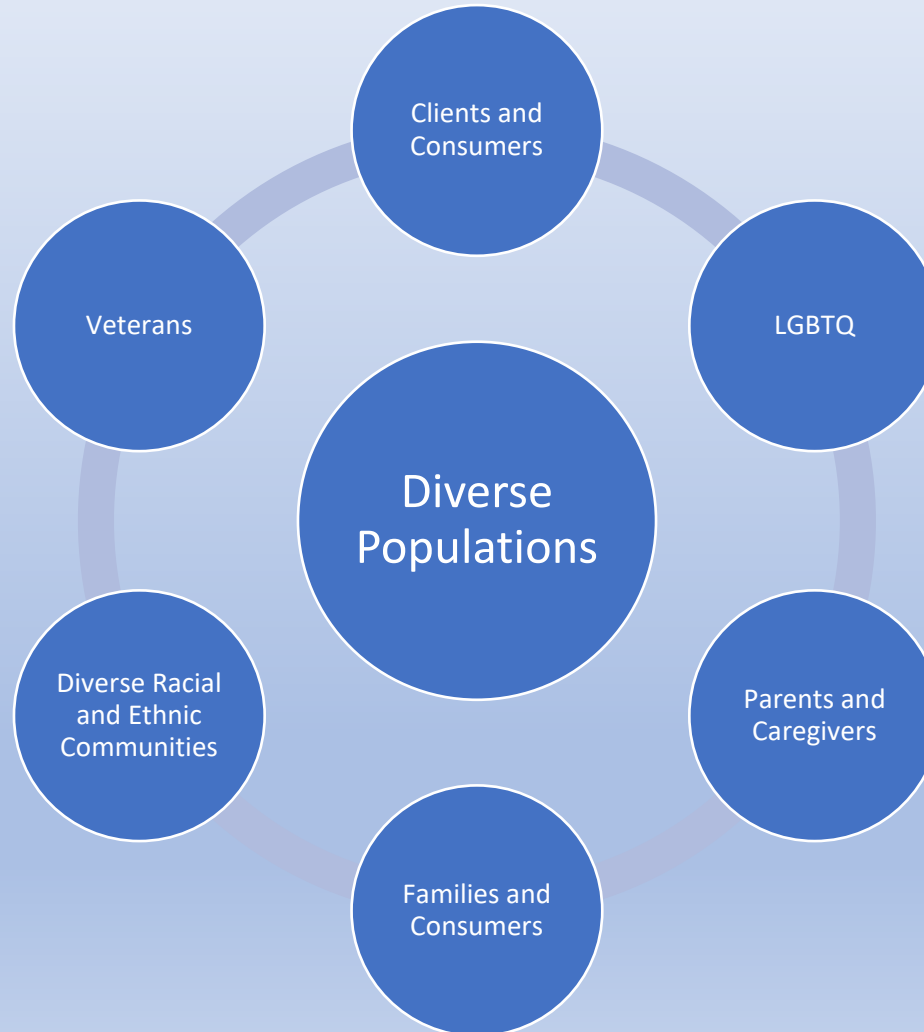
- Client and Family Leadership Committee Meeting
- Cultural and Linguistic Competency Committee Meeting



Interviews and Public Sessions with Community Partners



Diverse Populations



Key Engagement Across the Lifespan



Interviews & Public Input Session

May-November 2023

Questions that shaped our insights



Interviews with internal and external community partners shaped the Commission's Core Strategic Plan and elevated the desire for a more focused set of priorities to help guide the Commission's time and focus.

Opportunities to Consider

Well-Being for ALL



- Further elevate and integrate **DE&I / racial equity plan** and target population lens across efforts
- Focus on **breaking silos systems**; integrating a focus on mental health in services across state and local levels
- Establish **stronger feedback loops** e.g., between advocacy / sub-population input, initiatives and outcomes
- **Lift community voices** and practices, including non-traditional approaches that work for diverse communities



Survey #1
September-October
2023

The Commission provided the opportunity for the public to provide feedback on strategic planning via the Commission's website.

- Participants responded to five questions:
 1. *What do you see as the Commission's core strengths and high impact roles?*
 2. *What do you see as key areas of opportunity for the Commission?*
 3. *How can the Commission help shape the mental health system in CA?*
 4. *Please share anything else you believe is important for the Commission to consider while developing our next strategic plan?*
 5. *Which community do you represent? (pick as many as you wish)*
- Data was pulled from website on October 2, 2023
- Received 194 anonymous responses
- Data analyzed using thematic analysis to identify themes and patterns

Core Strengths and High Impact Roles

“The Commission is in the best position to see the statewide perspective on mental health issues and provide some policy continuity while still recognizing unique regional issues and needs”



Key Areas of Opportunities

“The Commission can drive accountability for the system overall. For example, by requiring a standard of care for services purchased with MHSA dollars. Also, by gathering reliable and consistent data on access and performance, the Commission can demonstrate the value of data-driven policy and practice.”

Focus on Persons with Serious Mental Illness and Inpatient Services

Leverage Data and Standardize Performance Outcomes

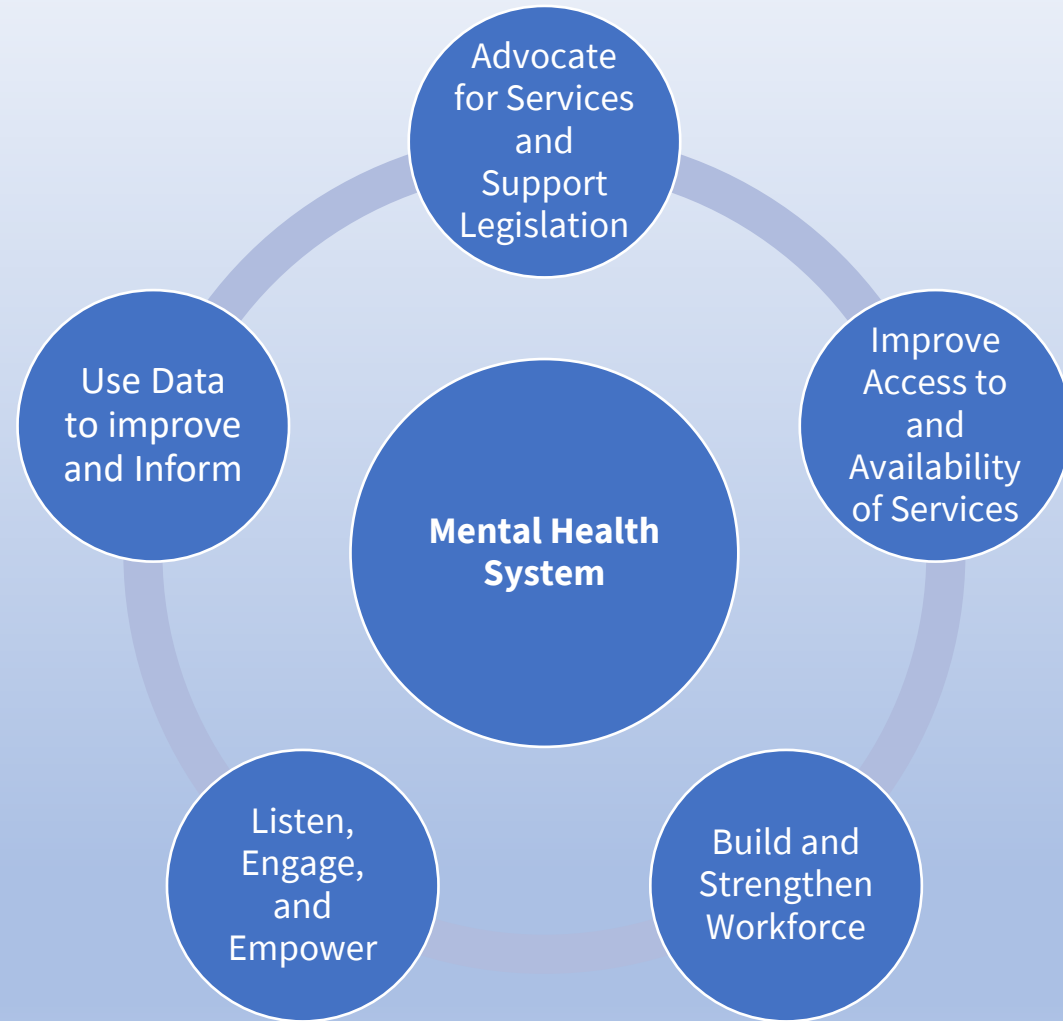
Promote School Mental Health

Focus on Specific Populations

Engage with the Community

Shape the mental health system in California

“Develop or procure expertise on evidence-based systems of care that could be implemented and scalable in counties. I would emphasize that a partnership would do far more to advance and shape mental health in California – even in the face of differences of opinion.”



Priorities to consider

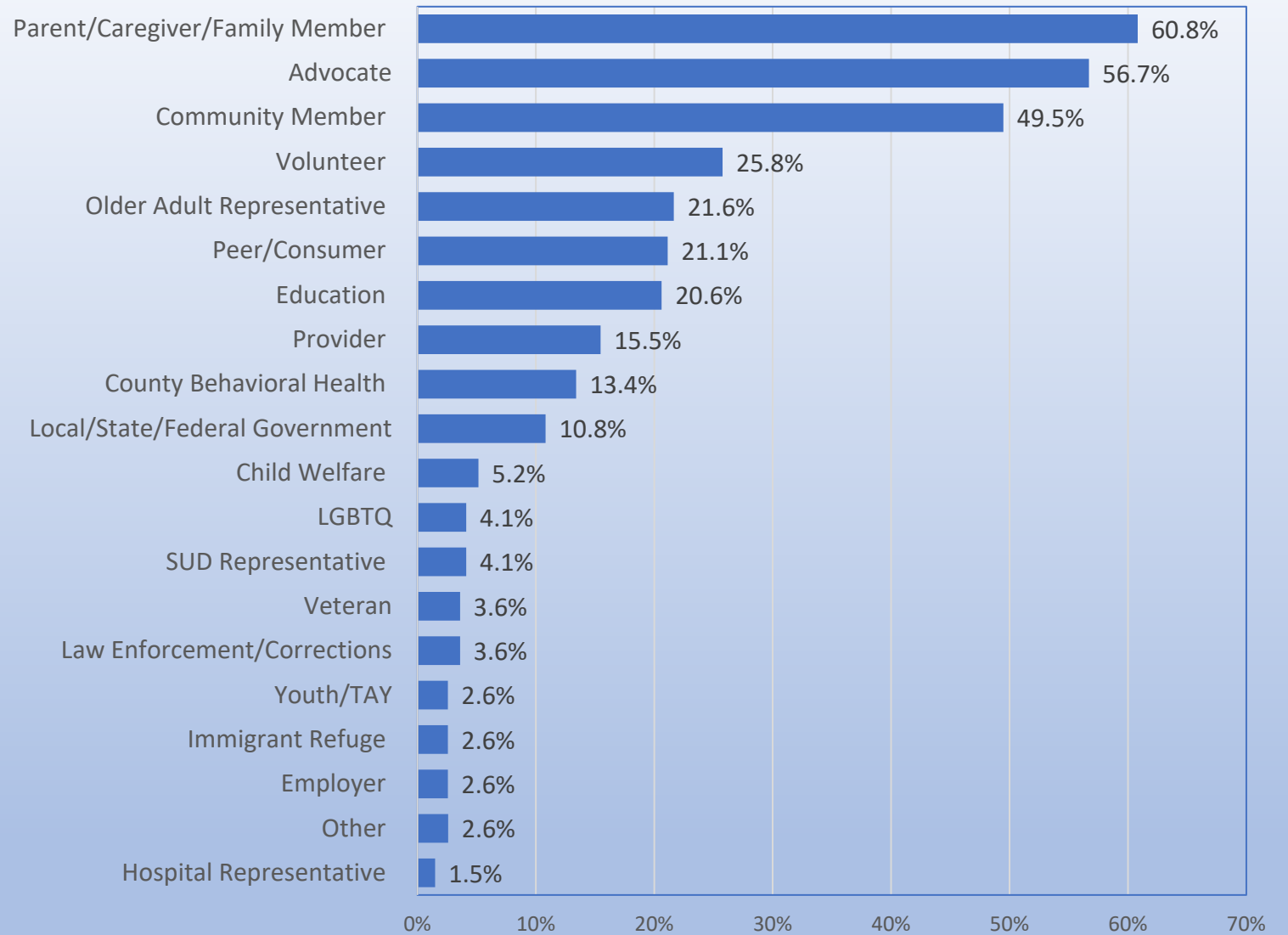
“Let’s prioritize some absolute minimal requirements in every county, such as 24 seven call centers with mobile crisis, response, teams, and a place to go.”

Whole-person health and health care integration

Establish standards of care

Focus on parity/private insurance benefits

**Which community
do you represent?
(pick as many as
you wish)**





Strategic Plan Focus Group

Key Questions

How effective do you think the community engagement plan will be at reaching diverse voices? How can it be strengthened?

Whose additional voices should we include?

How will the Commission know when it has adequately and effectively engaged community voices regarding its 2024-2027 Strategic Plan?

Strategic Plan Focus Group Feedback

“Building trust is a fundamental component to effective community engagement.”

- *“be more specific about who we are including in the term “diverse”, and to include this information, both in the strategic plan , and in our community engagement efforts.”*
- *“be more supportive of community engagement efforts by providing local organizations with funding to improve community reach and visibility.”*
- *“data transparency, and sharing knowledge was key to building trust.”*

Diverse Voices

How effective do you think community engagement plan will be at reaching diverse voices?

Populations

- LGTBQ, individuals who speak primary languages other than English, recent immigrants, and faith-based communities were all populations highlighted as overlooked in community engagement.

Intersectionality

- There was substantial concern that current efforts do not highlight intersectionality of identities especially between race, ethnicity, gender identity and sexuality.

Accessibility and Clarity

- Accessibility was a noted topic of discussion, with special attention to providing information in easily understandable language and easily obtained formats. In addition, barriers to attending meetings, including geographic barriers were mentioned.

Measuring Success of Community Engagement

How will the commission know when it has adequately engaged community voices regarding its strategic plan?

Continued Attendance

An idea that gained much traction was to measure success by repeated engagement and use of provided materials.

Data

There was also a push for greater data transparency on who is engaged to identify whose voices are not being heard.

Additional Feedback

Open question for focus group

Funding

The Strategic Plan should aim to help communities participate in County decision making processes around budgeting.

Modernization

...ensure that priority populations in modernization legislation is part of commission's Strategic Plan engagement groups to catch those voices before we get too far in the process.

Listening Sessions



Themes from Listening Sessions

- Expansion of Peer Support and Services
- Addressing Mental Health Disparities
- Policy and Strategic Planning
- Cultural and Linguistic Humility/Competence
- Community Engagement and Trust
- Innovation and Flexibility in Treatment Modalities
- Funding and Resource Allocation
- Integrating Services and Holistic Approaches
- Educational Partnerships and Prevention
- Commission's Role and Effectiveness

Survey #2
October-November
(In-process)



Survey Results Pending

- Last day to provide public comment was November 9th.
- Summary of recommendations will be presented to the Commission and the public at the January meeting.

Revised Draft Strategic Plan – November 2023

Using the robust results of interviews and public engagement sessions as a guide, the Commission revised the strategic plan to guide the Commission's work for January 2024 through 2027.





Point of Inflection

Improvements in California's mental health care delivery are needed

- Prevention and early intervention
- Innovation in all aspects of our mental health system
- Culturally competent and linguistically congruent care
- Reduction of inequities and disparities
- Collaboration across mental health providers, state, federal and local governments, and community partners
- Local focus on outcome-driven, consumer-centered care

Emerging Themes – Challenges and Opportunities

Increasing understanding of and need for mental health care

Behavioral health elevated as a shared priority

Evolutions in treatment & care delivery

Strain on practitioners, resources, and consumers

Accelerating pace of change

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

The Imperative for Transformational Change

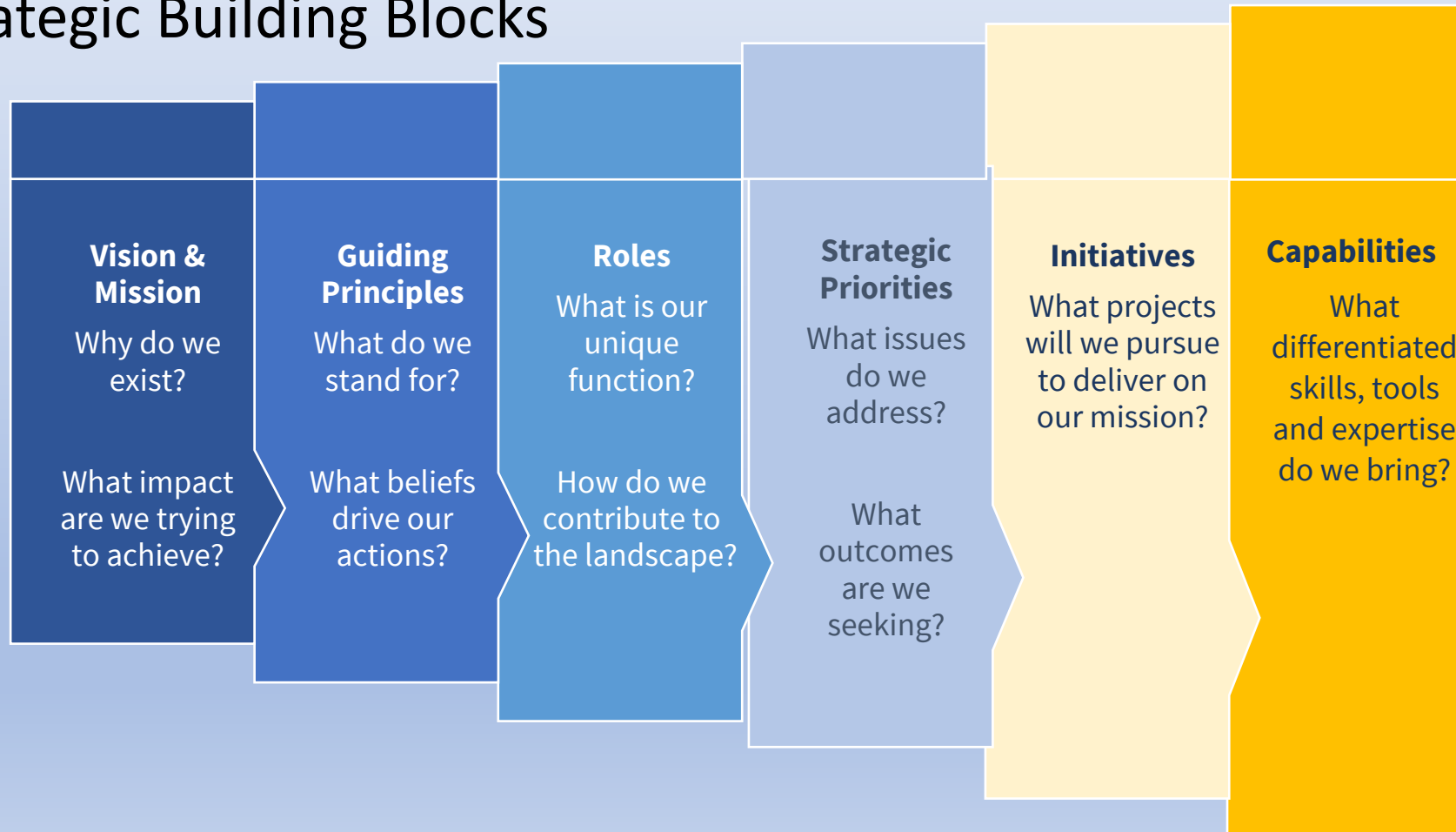
The Mental Health Services Act was developed to improve mental health services and reduce the seven negative outcomes listed in the Act

- **Suicide**
- **Incarceration**
- **School failure**
- **Unemployment**
- **Prolonged suffering**
- **Homelessness**
- **Child welfare involvement**

Transformational change will take ambitious, collective action to integrate and improve California's underlying mental health system

Strategy to Advance Transformational Change

Core Strategic Building Blocks



Commission Vision

Vision

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



Commission Mission

Mission

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





Guiding Principles

Guiding Principles

The Commission's guiding principles and core values reflect its aspirations for the broader behavioral health system and guide Commission's actions

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

Commission's Role

The Commission's roles, distinct within state government, require it to work with public, private and civic partners to pragmatically drive system-level improvements

The Commission engages people with lived experience, family members, educators, employers, policymakers, service providers, community members, program administrators, the private sector, and other partners to:



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



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



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



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

2024-2027 Priorities

North Star Priority

Advance early, effective and universally available service



Operational Priorities

The Commission will work to increase the pace and scale of system-level improvements

- Build foundational knowledge
- Close the gap between what is being done and what can be done
- Close the gap between what can be done and what must be done

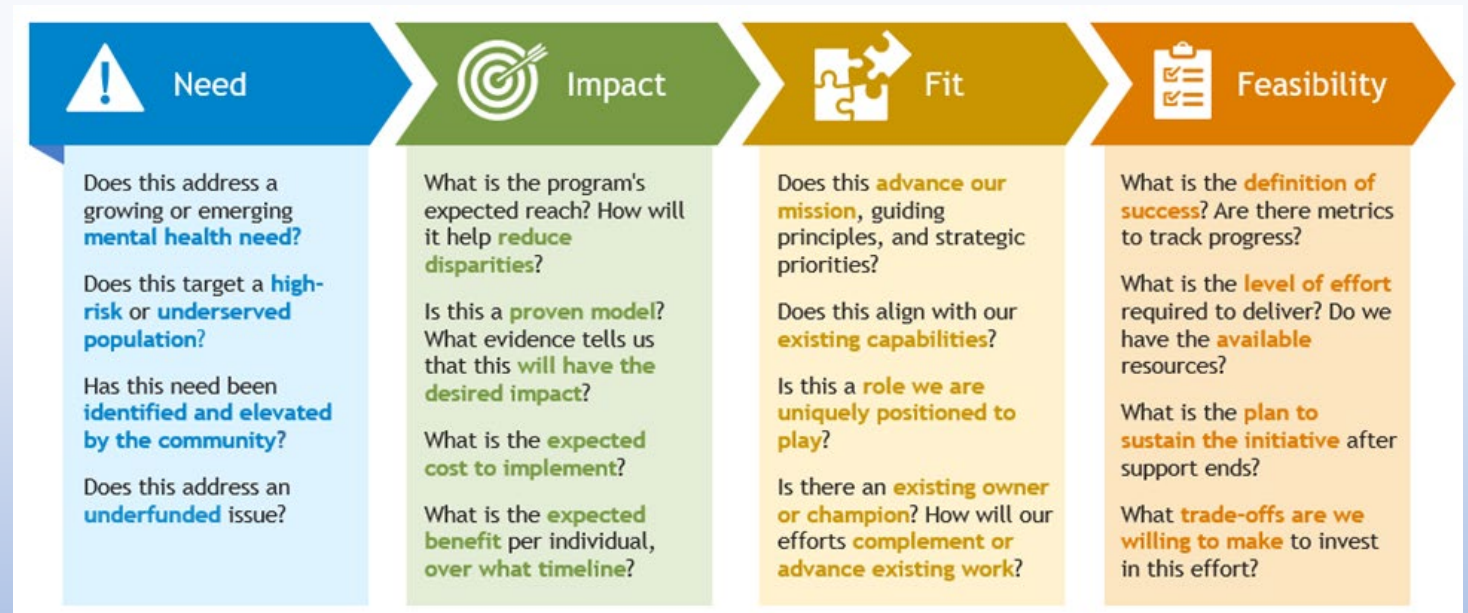
Capabilities

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

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

Decision-Making Approach

To catalyze transformational change and evolve the mental health landscape, the Commission seeks to fortify its approach to selecting priorities and designing initiatives



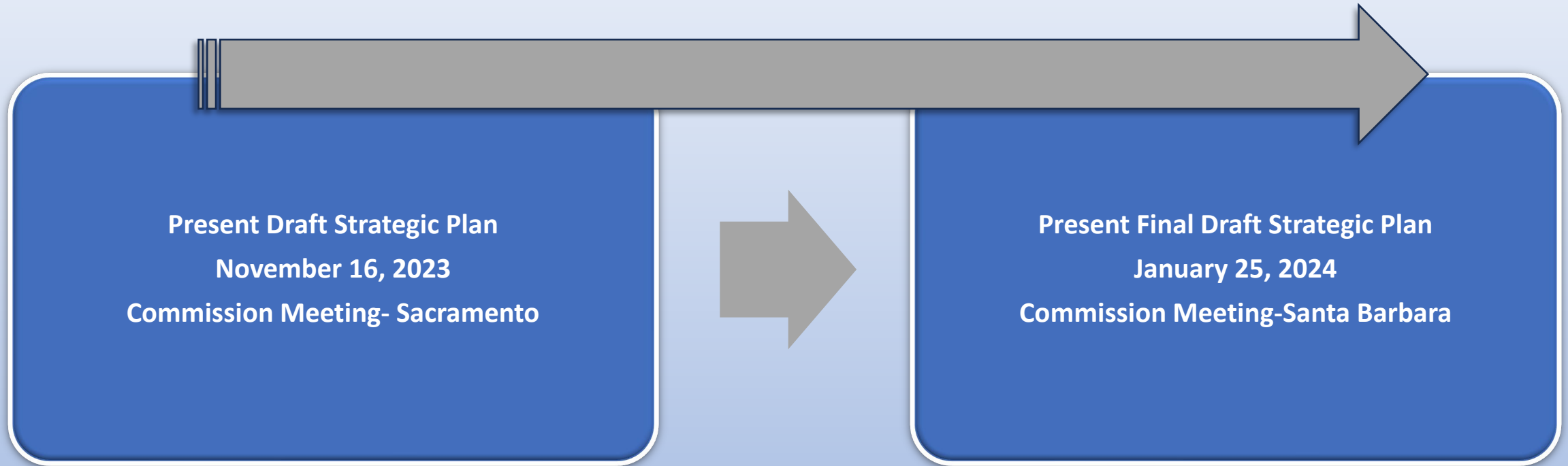
Goals and Objectives for 2024-27

The Commission aims to advance its vision of “wellbeing for all Californians” and fulfill its roles through the following goals:

- Champion Vision to Action
- Advance Best Practice Models
- Inspire Innovation and Learning
- Relentlessly Drive Improvement



Strategic Plan Next Steps



**Thank
You**



A photograph of a group of people hugging in a supportive circle. The image is overlaid with a semi-transparent blue filter. Two vertical orange bars are positioned on the left and right sides of the page.

Substance Use Disorder Outline

November 16, 2023

Mental Health Wellness Act (MHWA)

June of 2022: Senate Bill 184, Ch. 47, Sec. 60 amended the terms of Senate Bill 82.

Greater flexibility in using the funds

- Support crisis prevention and early intervention, in addition to crisis response strategies
- Execute contracts through competitive procurements or sole source contracts
- Funds can be made available to a broad array of community partners



MHSOAC

Mental Health Services
Oversight & Accountability Commission

Commission Priorities

Expand EmPath
Psychiatric Crisis
Stabilization
Units

Scale programs
to serve older
adult
populations

Expand
evidence-based
SUD services

Provide mental
health crisis
prevention and
early
intervention
services for
children 0-5

Support
expansion of
Peer Respite
programs

Substance Use Disorder Focus



Interviews



Site visit: LA street medicine teams



Panel presentation



Consultation with state and county leaders



Creation of SUD funding outline

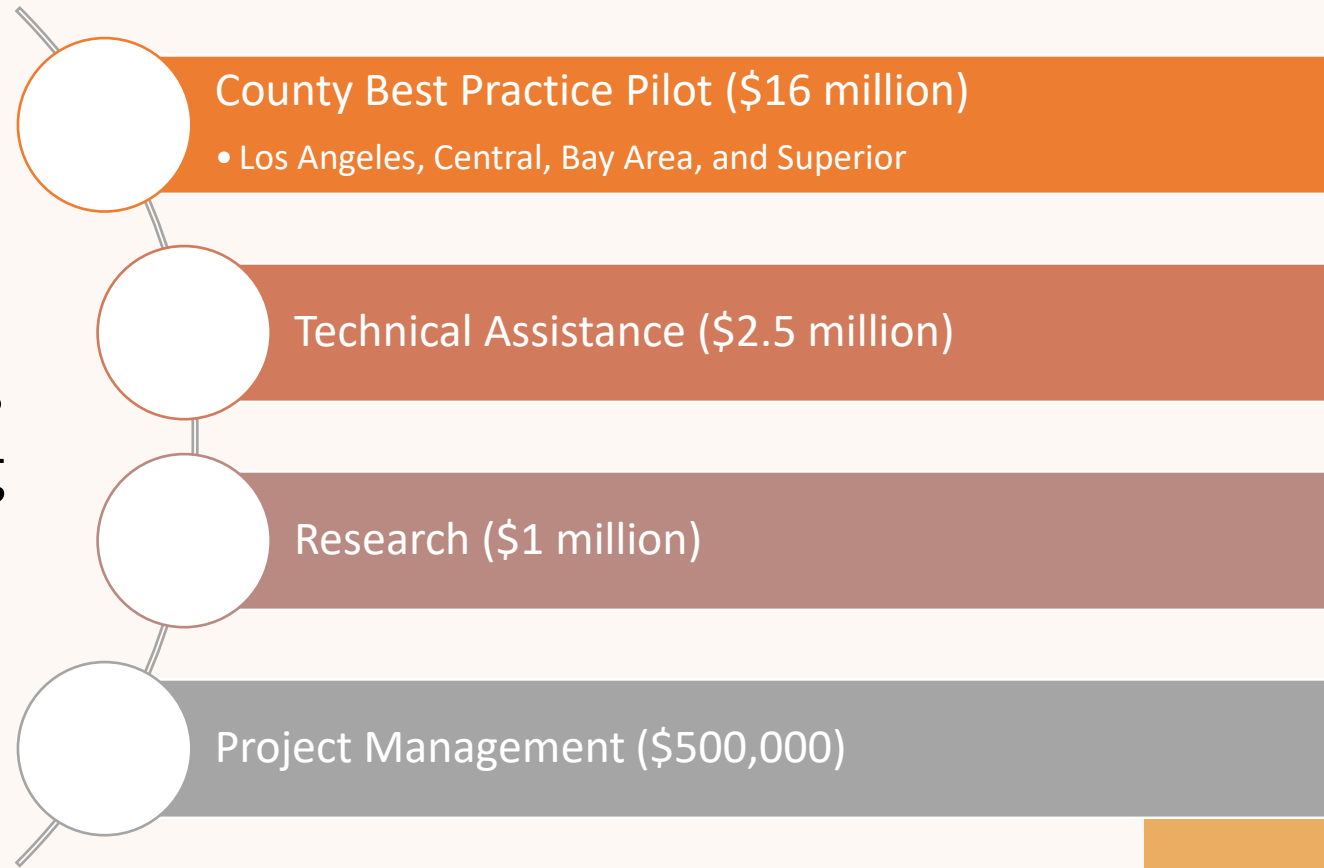


Presentation of SUD outline to Commission



SUD Funding Strategy

Four Areas of Funding



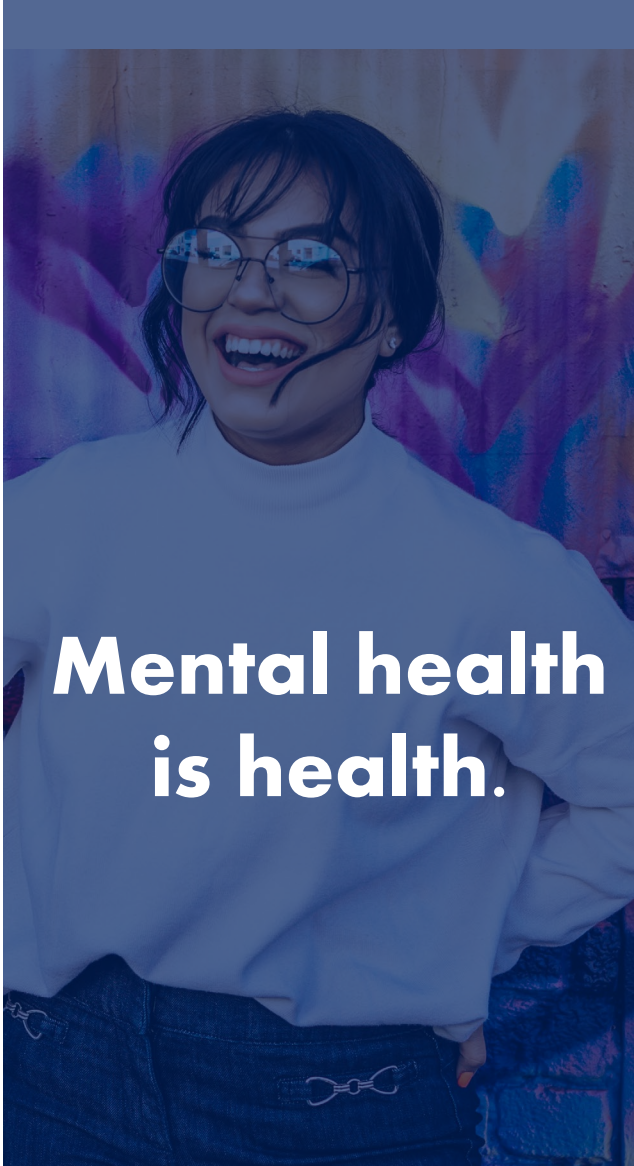
County Best Practice Pilot (\$16 million)

- Los Angeles, Central, Bay Area, and Superior

Technical Assistance (\$2.5 million)

Research (\$1 million)

Project Management (\$500,000)



**Mental health
is health.**

Why this approach?

Promotes the integration of mental health care and medical care in diverse communities

Aligns with the state's goal to bring SUD and mental health treatment together into one wholistic approach

Improves access to evidence-based SUD services

Promotes collaboration and shared learning

MHSOAC

Mental Health Services
Oversight & Accountability Commission



Funding Timeline

January 5, 2024 –
Identification of
county participants
and additional
contractors

January 25, 2024 –
Full Commission to
consider approval of
the selected counties
and contractors

March 8, 2024 –
Finalize contract with
all program
participants



Proposed Motion

That the Commission approves allocation of \$20 million in Mental Health Wellness Act Funds with 20% set aside for technical assistance, evaluation, and project management through sole source contracts to support evidence-based substance use disorder treatment and to address service gaps to reaching American Society Addiction Medicine standards.

MHSOAC

Mental Health Services
Oversight & Accountability Commission

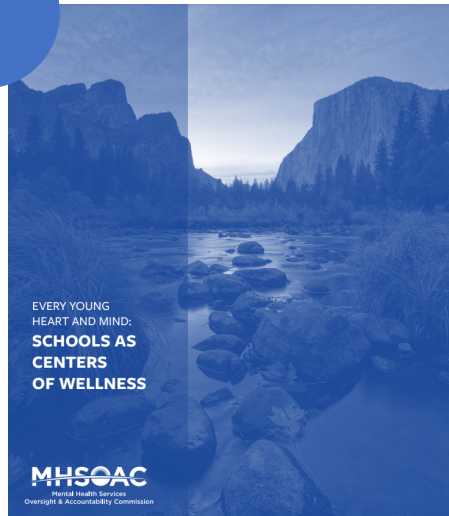
2024 Legislation

November 2023

Kendra Zoller, Deputy Director of Legislation

2024 Opportunities

1



Implement recommendation to establish state leadership on school mental health

2



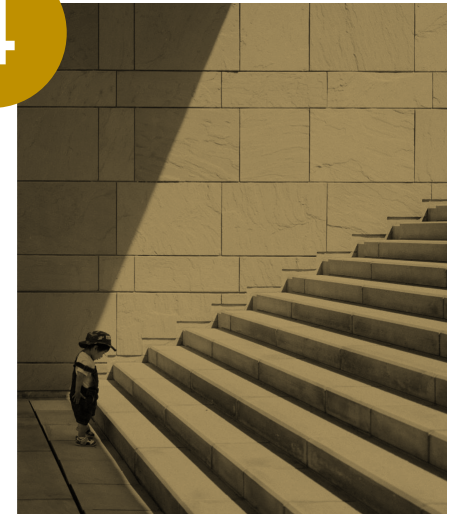
Implement recommendation to establish a workplace mental health center of excellence

3



Continue the effort to elevate youth leadership

4



Other

1

Establish a leadership structure dedicated to developing schools as centers for wellness and healing.

→ State leadership is needed to align policies, funding, training and technical assistance to local communities and schools.

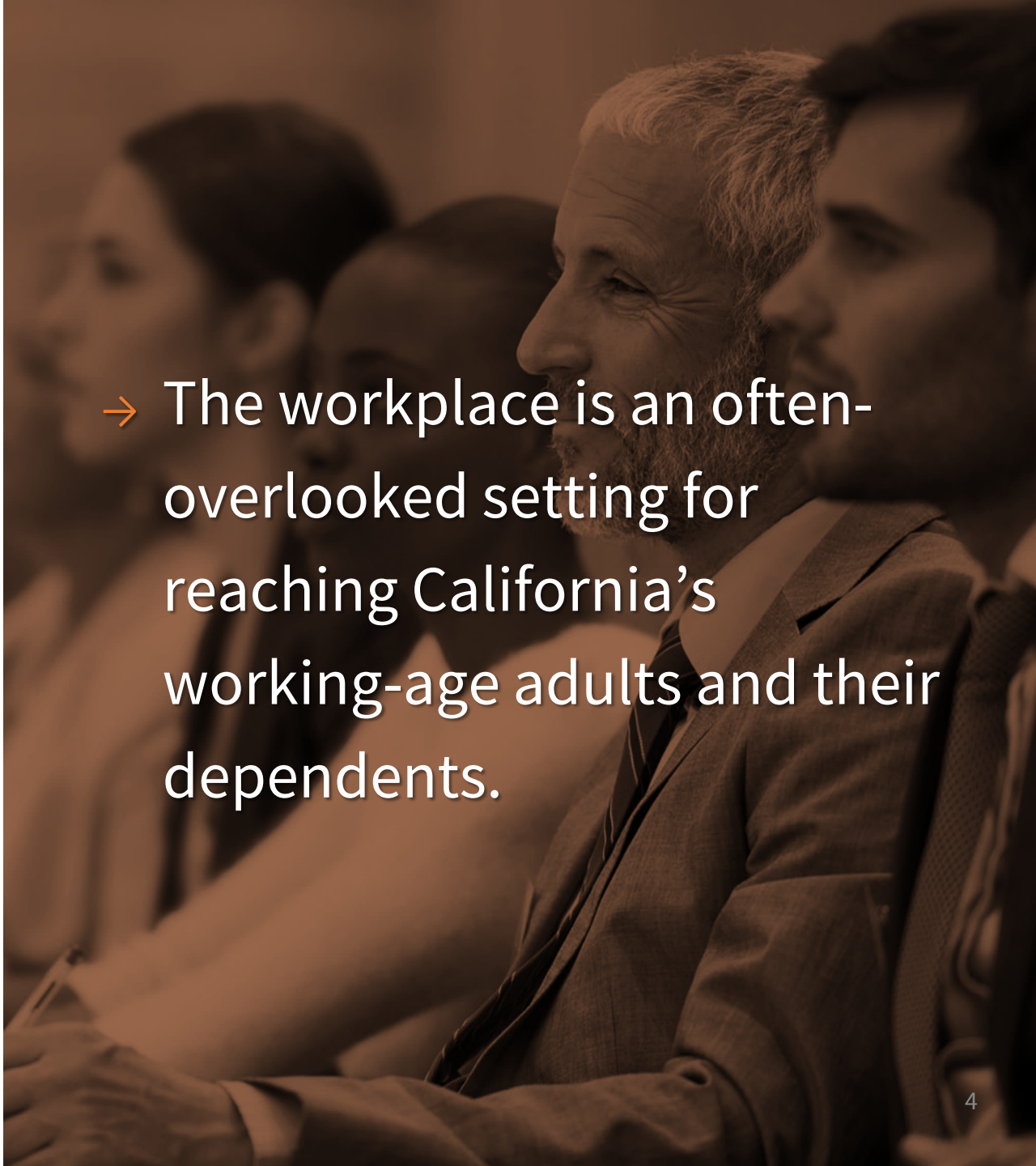
From the Commission's 2020 report, "Every Young Heart and Mind: Schools as Centers of Wellness"





2

Launch a center of excellence on workplace mental health that will establish and implement a research agenda to identify indicators and monitor progress.



→ The workplace is an often-overlooked setting for reaching California's working-age adults and their dependents.

3

Require the state and counties to have **youth advisory boards** to provide youth with a platform to better advocate for effective and quality mental health programs.

- The state has an opportunity to engage youth in the MHSA community planning process, tap into their expertise, and support youth leadership.

4

Other Opportunities

- Upcoming Projects:
 - Impacts of Firearm Violence
 - Universal Screening
 - Full Service Partnerships
 - MHSSA Progress Report



Questions?

▶▶ **Children's Community Care Village**
Los Angeles County

Kalene Gilbert, LCSW

Lisa Wong, PsyD.



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

▶▶ The Proposal Children's Community Care Village



Services

The Children's Community Care Village is a multi-service campus with a continuum of mental health services, including outpatient and inpatient services, urgent care, crisis residential and on-site housing.

Services are accessible to children, youth, and families and includes campus-wide Intensive Care Coordinators (ICC) to support families as they navigate the system of care.



Goals

Improve the quality of life for participating families by:

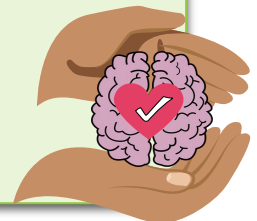
- Minimizing disruption in the lives of the child, youth and family in crisis
- Empowering the family through Intensive Care Coordination (ICC) and use of Child and Family Teaming
- Prioritizing the coordination of care to ensure the right level of service at the right time



Partnership

Established in 1965 to provide children's mental health services, our partner, Kedren, has long, deep roots in the community.

Kedren has extensive experience working with children and youth providing culturally competent services. Treatment providers on campus are reflective of the community and their needs.



▶▶ Service Area 6

South Los Angeles

Disparities in South Los Angeles:

- South Los Angeles has one of the largest concentrations of poverty; twice the California and national averages.
- South Los Angeles has the largest concentration of child welfare removals in Los Angeles resulting in significant disruption to children and family's lives.
- Transportation disparities with at least 17% of households without a car, impacting access to care.
- There are no existing Crisis Residential Treatment Programs for youth in Los Angeles County, and currently no Urgent Care Centers (UCCs).
- South Los Angeles, has a population that is 23% African American, 69.2% Latino, 3.2% White, and 2.4% API.

Addressing the Needs of Youth and Families, this Project:

- Meets community needs in a way that accessible and minimizes disruption in the lives of the youth and family during a crisis.
- Offers a continuum of care that ensures care at the right place, and at the right time.
- Engages the youth and family in way that puts them in the driver's seat and supports the shared decision-making process across the continuum of care.
- Provides supportive alternatives to hospitalization in a crisis and maintains the youth's social and education structure to the greatest degree possible.
- Offers on site housing for families in crisis, facing homelessness, or want to be present to support their youth through the continuum of care.

▶▶ The Innovation and Outcomes

Innovation

Single Point-of-Service Delivery Site offering a Full Continuum of Care

Campus-wide Intensive Care Coordination Services

24 On-Site Housing Units for Families

First Children's Crisis Residential Treatment Program

Learning Goals

Will having a scalable continuum of care in one location lead to better outcomes for children and families?

Does having an assigned ICC coordinator expedite access to appropriate levels of care and reduce inpatient admissions?

Is the provision of housing for children and families in crisis an effective solution for stabilizing lives, contributing to overall improved mental health outcomes and reduction in child welfare involvement?

▶▶ Children's Community Care Village Budget (Rounded)

Innovations Funding Request

INN Service Cost 5 Years, Services Begin Year 1	\$34,835,199
INN Capital Request (Non-recurring)	\$65,769,252
Total INN Request (5yr)	\$100,594,450

Additional Funding Sources from Public/Private Sources

Service Funding

Federal Financial Participation	\$62,567,519
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Capital Funding Leveraging

Behavioral Healthcare Infrastructure (BHCIP)	\$57.4M
LACDMH MHSR Capital Facilities and Technological Needs*	\$25.0M
California State Legislature	\$2.5M
LA Co Board of Supervisors, Holly Mitchell	\$1.0M
Foundations and Private Philanthropy	\$1.0M



*CFTN Funds Pending OAC Approval of the INN Proposal

Questions?



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

▶▶ Proposed Motion:

That the Commission approves Los Angeles County's Children's Community Care Village Innovation Project for up to \$100,594,450 over five (5) years.