WELLNESS • RECOVERY • RESILIENCE

Mental Health Services
Oversight & Accountability Commission

Commission Meeting
May 23, 2024
Presentations and Handouts

Agenda Item 7:	•Presentation:	Ventura INN: Early Psychosis Learning Health Care Network
	•Presentation:	Fresno INN: California Reducing Disparities Project - Evolutions Extension Plan
	•Presentation:	Mendocino INN: Native Warmline: A Community Created Innovation Project
	•Presentation:	Multi-County Digital PAD Project –Phase Two
Agenda Item 8:	•Presentation:	FY 2024-2025 CA State Budget May Revise Update
	•Handout:	Side-by-Side - Governor's Proposed Budget & May Revision for FY 2024-25
Agenda Item 9:	•Presentation:	Strategic Plan Implementation

Early Psychosis Learning Health Care Network

Statewide Learning Collaborative
Innovation Project

UCDAVIS BEHAVIORAL HEALTH CENTER OF EXCELLENCE

ONE MIND

CHPR Center for Healthcare Policy and Research

Purpose

The proposed Innovation Project will make a change to an existing practice through a collaborative Learning Health Care Network (LHCN) to support quality improvements, consumer engagement and provider use of measurement-based care in early psychosis (EP) programs.

Visualize real-time data at the individual, clinic, county and state levels to inform consumer- and program-level decisions and develop learning opportunities for individuals, staff, programs and administrators, all to improve consumer outcomes.

Training and technical assistance to EP program providers to help them fully utilize the data in routine clinical care.

Data Collection and Evaluation

- The associated evaluation will examine the impact of the LHCN on the EP programs, and will quantify the cost of implementation and utilization, to support statewide efforts for early identification and treatment of psychosis.

Local Additions

- Ventura County Power over Psychosis program (VCPOP) will expand and join the LCHN project
  - Increase the number of clients to be served county wide
  - Right size staffing ratios by increasing the number of positions
  - Lower the age eligibility to 12
- Gather service user level outcomes to incorporate into direct care and program-level decision making

Future State

- Ventura County Power over Psychosis program (VCPOP) is the departments only Early Intervention for Psychosis Program
- The need to expand this service is apparent by the high acuity of clients that the program is currently treating and the identified case rate in the County
- Growth should be done according to best practices is a priority for the County and for the community
- The project is eligible for BHSA Early Intervention funding once Innovation money is expended

Budget

	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Total County Contribution to Collaborative	$2,585,150.26	$2,723,647.78	$2,804,692.75	$2,888,574.35	$11,002,065.14
Total INN Request (without FFP):					$10,137,474.63

Questions

California Reducing Disparities Project- Evolutions

Extension Plan

Department of Behavioral Health

Why The Extension?

- Extended from three-year plan to five-year plan/project
- Explore a model for sustainable community-defined evidence-based practices (CDEPs)

Department of Behavioral Health

Changes with the new Behavioral Health Services Act (BHSA)

- Initial INN Plan was to examine transitioning CDEPs from one-time state funding to sustainable funding under MHSA's PEI.
- Many CDEPs are prevention-based and may not transition to BHSA.
- Many are designed currently in a way that limits their ability to maximize new payment options under CalAIM.
- BHSA embraces CDEPs, so there is still a need for these vital service models.
- No roadmap for CDEPs to move from one-time funding to sustainable funding under BHSA or other billable models.

The (Extension) Plan

- Does not change the existing learning question.
- In partnership with the three current CDEPs work to examine new sustainable options for the programs.
- Adding experienced technical assistance via *Third Sector* specifically on options for funding and billable services.
- ECM and DHCS Marketplace for Enhanced Case Management and Community Supports.
- Examine each program and its services to identify additional opportunities.
- Extend the program by two years, to work on viable options (including services that may align with BHSA).

BHSA Alignment

- Legislation and the Act call for CDEPs.
- CDEPs are community-defined, locally driven, and unique to each community. Cannot be prescribed.
  - Uniqueness of each program poses challenges for sustained funding.
- BHSA promotes equity and efforts to reduce health disparities such as these programs.
- Before counties without a CDEP can implement sustainable CDEPs, they need to identify existing ways and future ways to fund services.
- Continue the work of any adaptation to be driven by the CDEPs and the communities they serve.

Budget

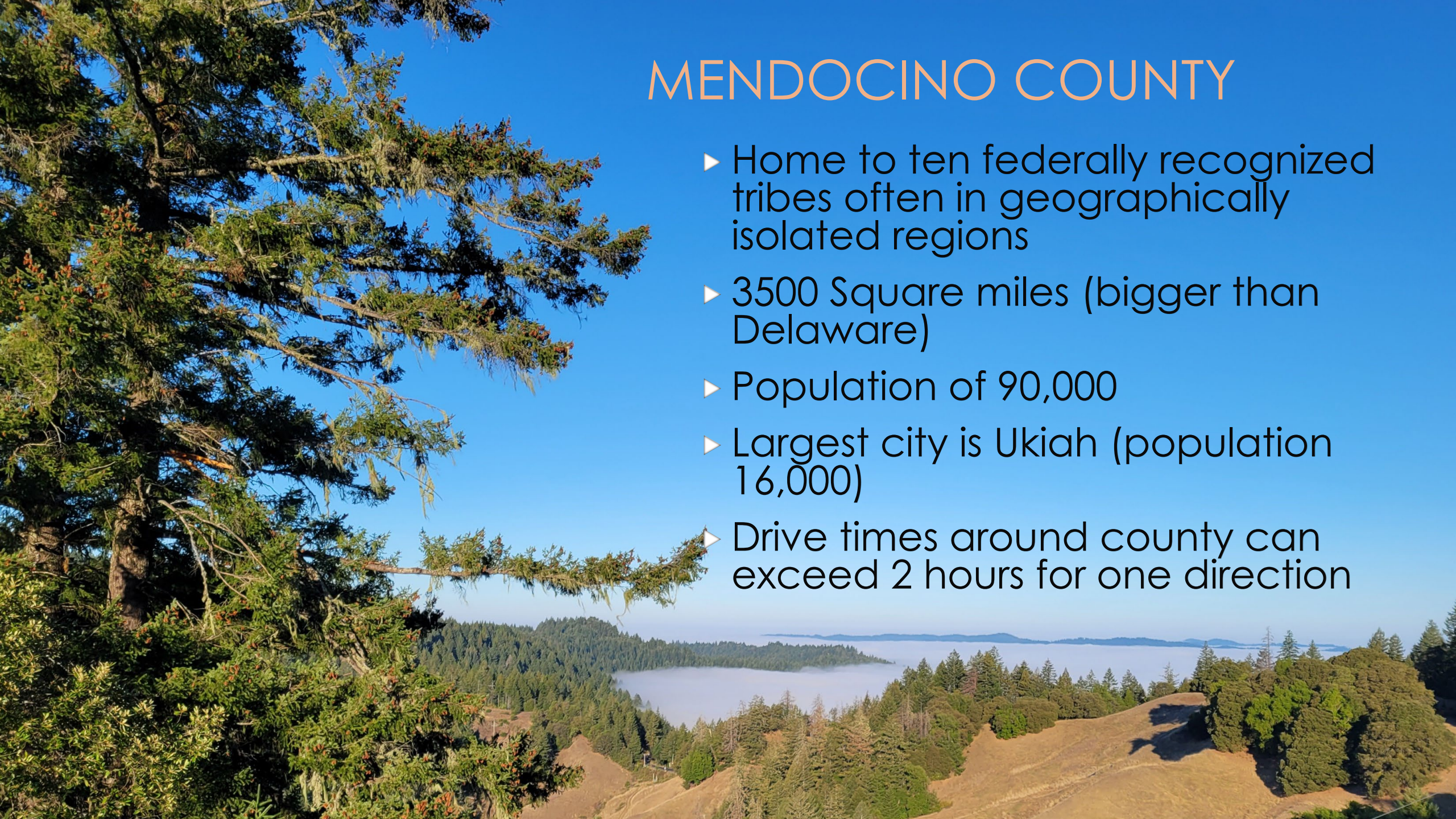
- Two-year extension total of **$2,953,244**
  - Funding for three programs over two years -*$2,203,244*.
  - Continued funding for evaluation for two additional year-*$180,000*
  - NEW- Technical Assistance by Third Sector- *$550,000*.
  - Department admin costs-*$20,000* (less than 1% of total).

The Goal

- The county's project continues its initial effort and intent: to develop sustainable funding for CDEPs by ensuring it remains community driven and maintains the integrity of the original project.
- Examine new options for current CRDP and future CDEPs to be sustained services in the public behavioral health systems of care.
- Provide a roadmap for sustainability to the three CDEPs in this plan, and support efforts under BHSA to lift up CDEPs.

NATIVE WARMLINE: A COMMUNITY CREATED INNOVATION PROJECT

Mendocino County



MENDOCINO COUNTY

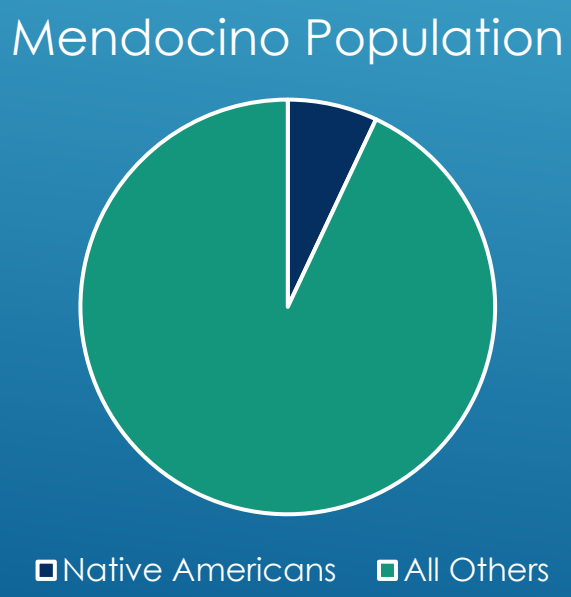
- Home to ten federally recognized tribes often in geographically isolated regions
- 3500 Square miles (bigger than Delaware)
- Population of 90,000
- Largest city is Ukiah (population 16,000)
- Drive times around county can exceed 2 hours for one direction

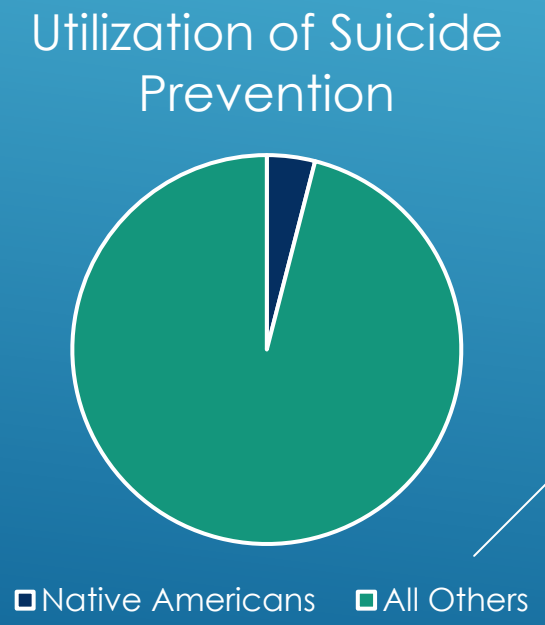
WHY A NATIVE WARMLINE?

Underserved Population	High Suicide rate	Historic Trauma
Stigma	Native Communities under use Crisis	Lack of lived experience peers as providers

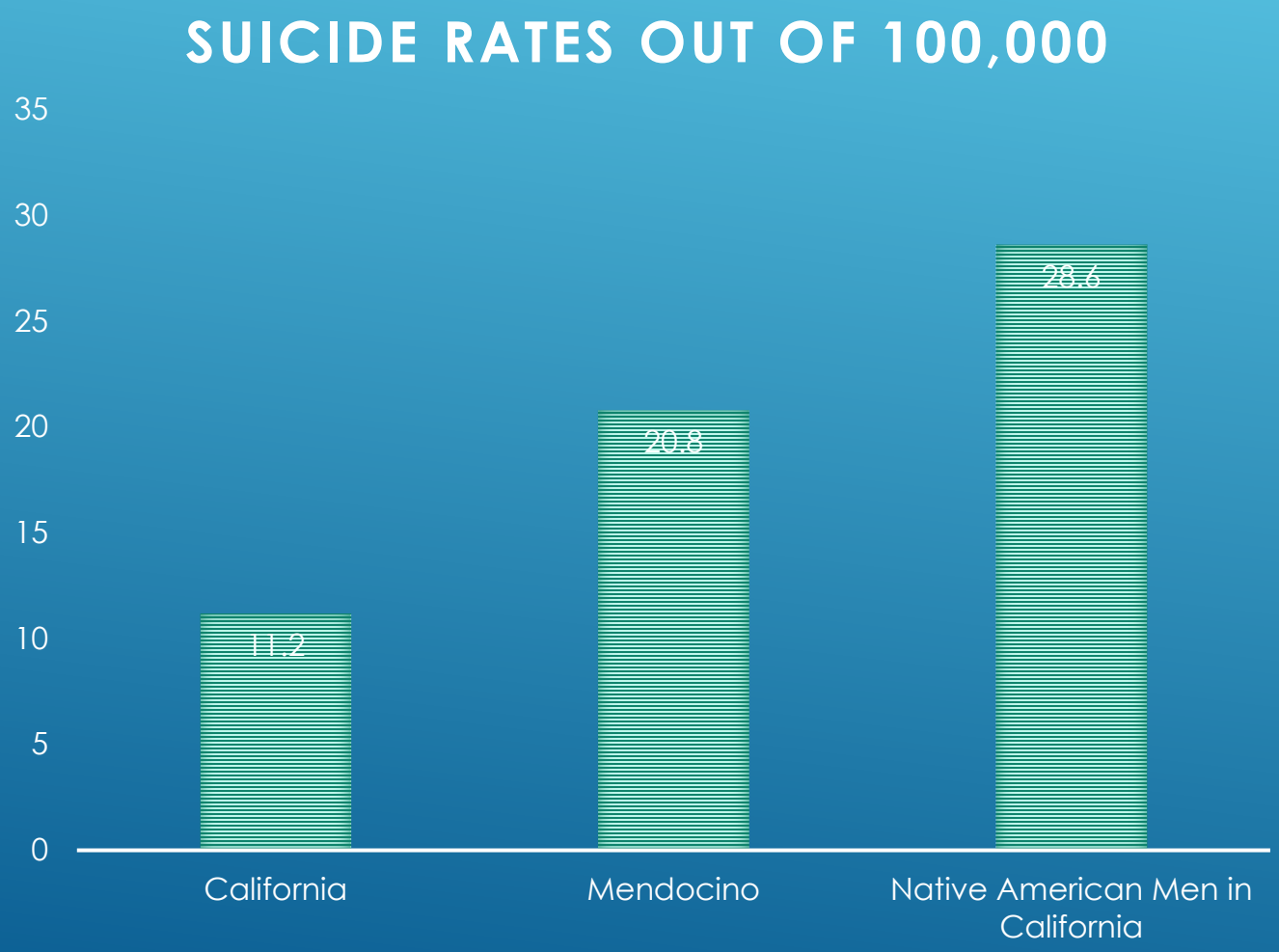
UNDERSERVED POPULATION

- Native Americans represent 7% of the population of Mendocino County (according to Healthy Mendocino)
- Of the people seeking suicide prevention services through the North Bay Suicide Hotline, only 4% of those who called from Mendocino County identified as Native Americans
- Historically, Native Americans underreport on Census and other Demographic Collections





HIGH SUICIDE RATES AMONG NATIVE COMMUNITIES



- Suicide rates in California = 11.2
- Suicide rates in Mendocino = 20.8
- Suicide rates among American Indian/Alaskan Native males = 28.6

*Statistics from Healthy Mendocino, CDC

HISTORIC TRAUMA

- Broken treaties with government
- Forced relocation
- Boarding schools and the destruction of culture
- The utilization of government structures to police Native populations and cultures (Census data used to find children for boarding schools)

ONGOING BARRIERS WITHIN ISOLATED NATIVE COMMUNITIES

- High rates of drug and alcohol use
- Lower rates of school attendance
- Disconnect between tribal communities and available services/knowledge of available services
- Ongoing disparities including high rates of Missing and Murdered Indigenous People
- Difficulty accessing Therapeutic Mental Health Services, including transportation and digital access

STIGMA

- Stigma towards mental illness remains high
- In the Center for Healing Hearts project, it was found that individuals would accept mental health services as long as they were not called mental health services
- Stigma continues to be high in many demographics

REASONS NATIVE COMMUNITIES TEND NOT TO UTILIZE CRISIS SERVICES

- Transportation issues and concerns
- Financial impact of crisis assessment
- Removing individuals from their support structures
- Responsibilities of individuals in crisis and how they are connected to their community
- Distrust in Government run programming

Service type	General Population	Directed towards Native Americans
Crisis Line	988 Hotline Crisis Line (Local Mendocino)	California Redline (not Mendocino Local Resource)
Domestic Violence	Project Sanctuary	StrongHearts Native Help Line (not Mendocino Local Resource)
Warmline	Mendocino County Warmline California Peer Warmline	Not Native Specific
Access Lines	Mendocino County Access Line	Not Native Specific

SERVICES UNMET

LEARNING GOAL QUESTIONS

Why are Native Americans not seeking help?

How can Mental Health Services provide more of the needed services?

What are the barriers to Native Americans seeking help today?

LEARNING GOALS OUTCOMES

1

The Native American Warmline seeks to create a tipsheet for helping Natives through peer-based services to help create continuity.

2

The warmline will be a low barrier service where people can ask questions and chat about anything including Mental Health Resources.

3

The warmline will be staffed by individuals with lived experience, and the hope is that this will increase the likelihood people will call and access services.

NATIVE WARMLINE ALIGNMENT WITH BHSA

- Prevents Substance Use and Mental illness disorders from becoming severe and disabling
- Provides up to date information
- Provides referral and triage services
- Provides Peer to Peer Services for an at risk and underserved population

BUDGET: ITEMS IN THE BUDGET

Personnel:

Lead Warmline coordinator
Warmline Coordinator
Trainees

Operating Costs:

IT Services
Vehicle Costs (gas)
Office Supplies
Utilities

Nonrecurring Costs:

Computer
Laptop
Desk + Chair

Other Expenditures:

County Payment for administrative services

BUDGET

BUDGET TOTALS	YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
PERSONNEL (Line 1)	$58,240	$105,248	$137,072	$141,856	$442,416
DIRECT COSTS (add lines 2,5, & 11)	$122,108	$89,594	$65,955	$61,172	$338,829
INDIRECT COSTS (add lines 3,6, & 12)	$25,863	$27,941	$29,115	$29,114	$112,033
NON-recurring costs (line 10)	$7,306	$811	$0	$0	$8,117
Other Expenditures (line 16)	$25,000	$25,000	$25,000	$25,000	$100,000
TOTAL INNOVATION BUDGET	$238,517	$248,594	$257,142	$257,142	$1,001,395

SUSTAINABILITY UPON SUCCESS

- BHSA funds
  - Peer to Peer services as well as training and expansion of peer services
  - Access and linkage to an underserved population
  - Prevention services utilizing peers with lived experience
  - Aligns with Modernization values under BHSA for field based engagement, and early intervention for those at risk of serious mental health conditions
- Grant Funding
  - Once this modality is proven as an effective way to reach Native American populations, grant funding will be more feasible
- Mobile Crisis
  - Peer advocacy in crisis should the project be successful


QUESTIONS?
Thank you for your time and interest!

Psychiatric Advance Directive™
My Plan • My Voice

Multi-County Digital PAD Project – Phase Two MHSOAC Presentation

May 23, 2024

Presented by
Kiran Sahota, Concepts Forward Consulting
Ahmad Bahrami, Fresno County Department Behavioral Health
Ashley Saechao, Shasta County Behavioral Health

PADs Phase One

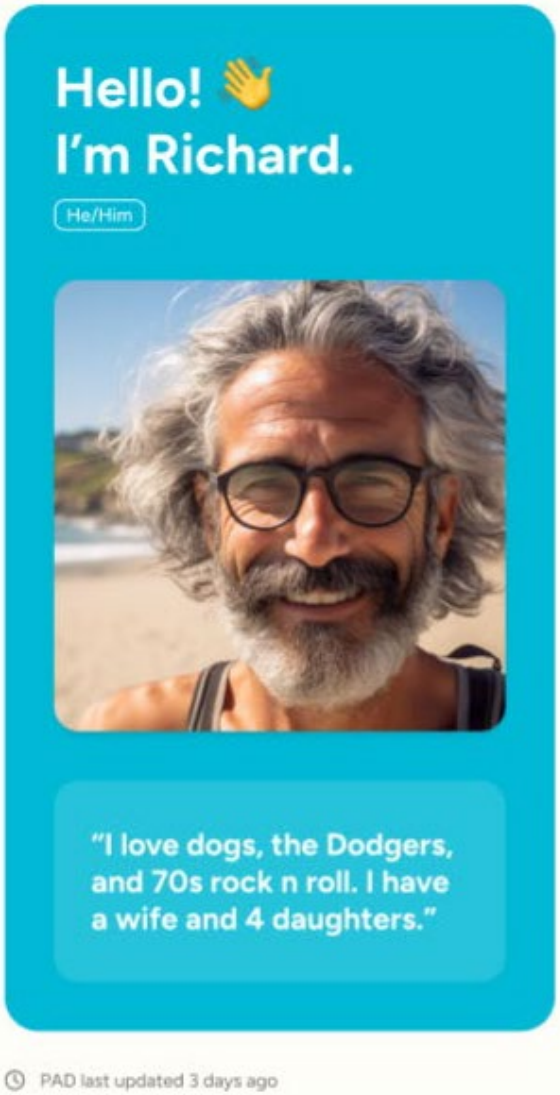
What were we trying to accomplish?

- Standardized digital template
- PADs facilitator training
- Create a digital web-based platform
- Outcomes-driven and evaluation
- Legislative and policy advocacy

What was created

An iterative process to create:

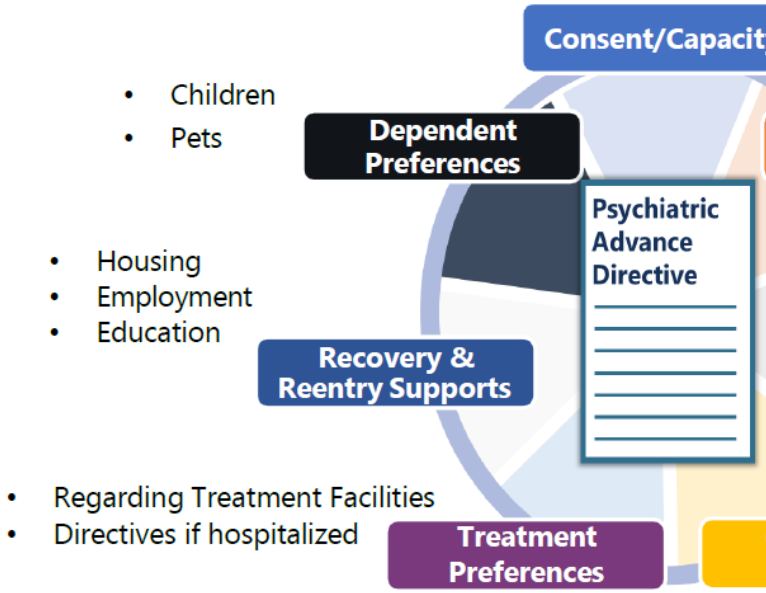
- Standardized PAD components
- Expanded components to create digital fillable and drop-down questions.
- Peer-driven creation of Logo and Motto
- Not just one evaluation on the participatory nature of the build but also the digital story and user experience with the evaluation from both RAND and BBI.
- AB 2352
- First digital PAD Platform is for use and accessibility anywhere globally.



Psychiatric Advance Directive

My Plan • My Voice

Identified PAD Digital Categories



- Preferred medications
- Critical physical medical conditions
- Gender Affirming Treatment
- Reproductive Health

- Agents & Supporters
- Effective Communication & Reducing Misunderstanding
- Disabilities

- For emergency treatment
- Approach/stance
- Level of eye contact
- Preferred name

- Regarding Treatment Facilities
- Directives if hospitalized

- Housing
- Employment
- Education

- Children
- Pets

Phase Two

What's next?

- Technology that is guided, humanizing, recovery-based, and transformative.
- Training that goes beyond a one-and-done but "boots" on-the-ground engagement, information, public-service announcements, social media, and hands-on approach in a longitudinal effort for consistency.
- Legislative efforts that uplift the use, access, and importance of Directives.
- Testing the digital PAD in use and access.

Alignment with MHSOAC and Prop 1

PADs are a perfect fit.

- **PADS aligns with the current MHSOAC strategic planning;**
  - Advocacy for system improvement,
  - Supporting universal access to mental health services,
  - Participation in the change in statutes, and
  - Promoting access to care – across the continuum.
- **Proposition 1 framework:**
  - Unhoused individual, housing and supportive services,
  - Full-Service Partnership,
  - SB 43,
  - Early Psychosis, and
  - Mobile Crisis.

PADs a Perfect Fit

Most importantly, digital PADs are a perfect fit across the continuum of care:

- Justice-involved, including 90-day reach-in with scheduled to release incarcerated,
- Assisted Outpatient Treatment (AOT),
- Fully Service Partnership (FSP),
- Housing insecure,
- Individuals who visit Wellness Centers,
- Crisis Residential Programs,
- Follow-up after hospitalization (either in-patient or emergency department),
- Non-minor dependents, college students or transitional-aged youth (TAY), including college students and early psychosis intervention, and
- CARE Courts.

Sustainability

Reduced recidivism in jails and hospitals = increased funding

Peer facilitators can bill Medi-Cal = increased funding

Partnerships and collaborations to identify appropriate resources =road to recovery

Additional legislation = sustainability

Future of Behavioral Health, health care, and policing by utilizing Directives = sustainability

Collaboration

Painted Brain

CAMHPRO

Disability Rights of CA

Cal Voices

Mental Health America of CA

NAMI of CA

CA Hospital Association

CBHDA

BHSOAC

Patient Rights Attorneys

CA Firefighters Assoc.

County LE

Psychiatrist Assoc. of CA

SAMHSA

SCAHRM

Fresno

- Empowerment- PAD resource as an empowerment tool
- Stakeholder Expectation- Stakeholders have supported participation in Phase Two.
- Investment- Stakeholder commitment, time, and funding in Phase One.
- Future Impacts- New statewide initiatives to improve care.
- Sustainability- Testing, use, and evaluation help to ensure PADs sustainability.

Shasta

- Empowerment- Allows the opportunity for informed decision making

- Stakeholder Expectation- Moves forwards and provides an additional tool for professionals, families and those experience mental health issues

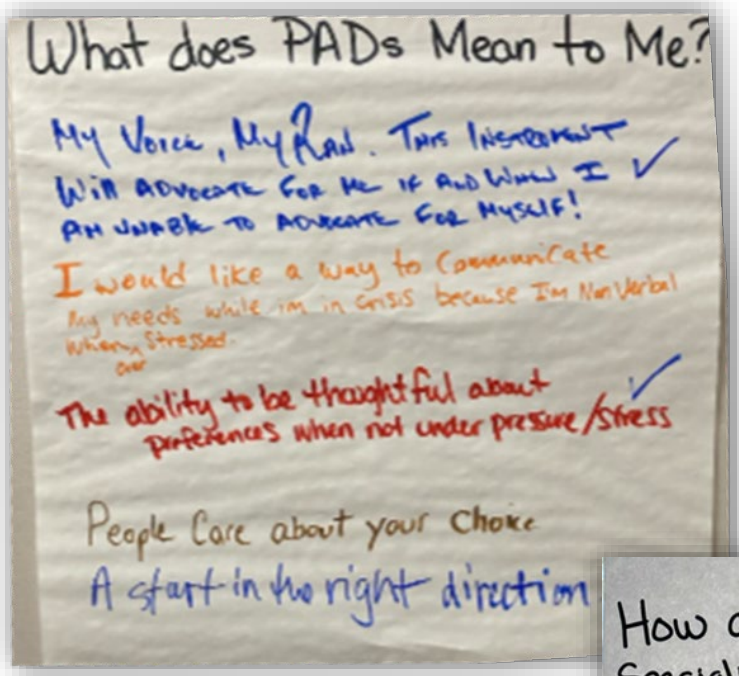
- Investment- Phase One commitment and time. Peer driven project.

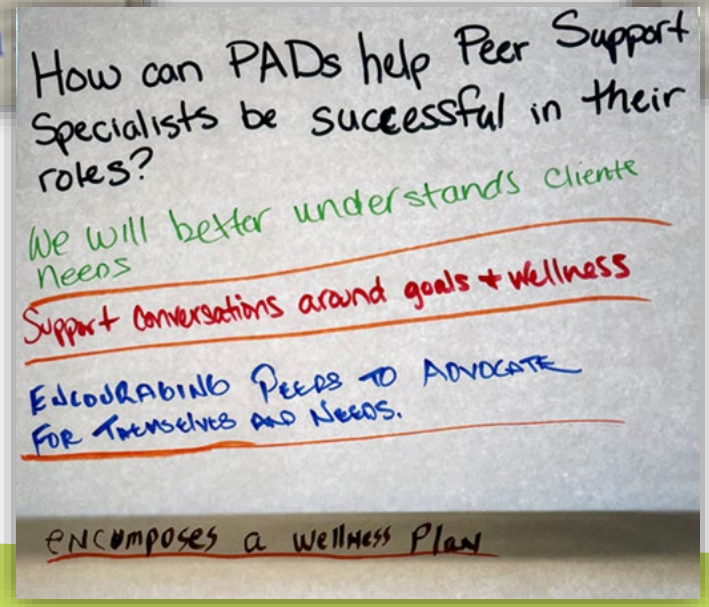
- Future Impacts- Reduce escalated interactions with professionals and improves the overall system of care.

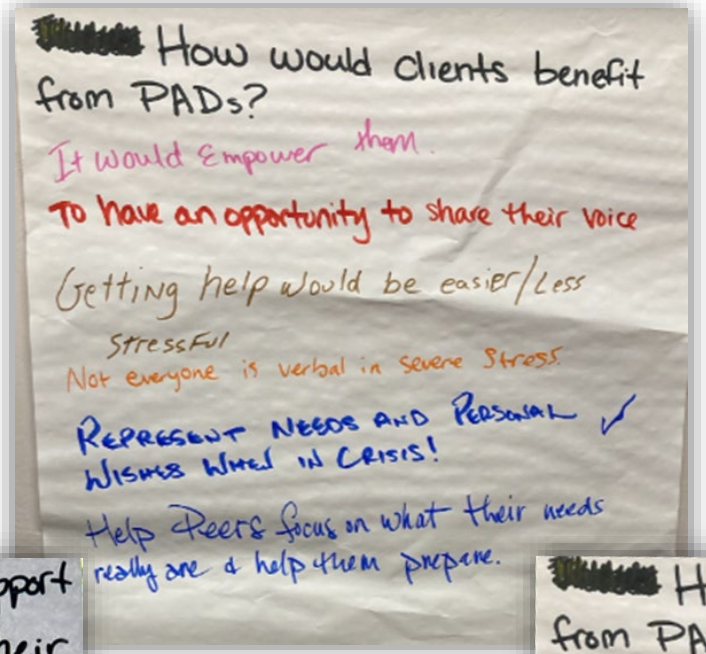
- Sustainability- Invests in Peer Support Specialist programs and Medi-Cal billable. Testing and evaluation will assist to prove this as an effective tool.

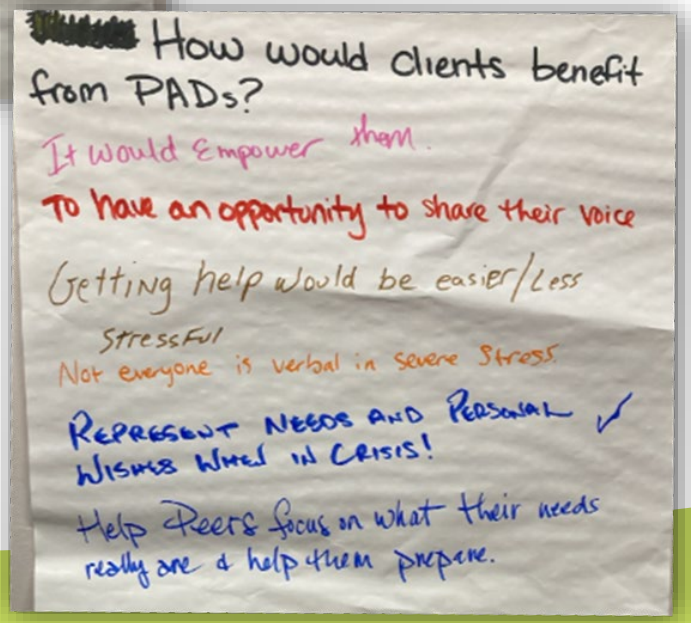
Like Prop 1 we are bringing an outdated item into the future to align our modern times.

Shasta Peer Support Specialist



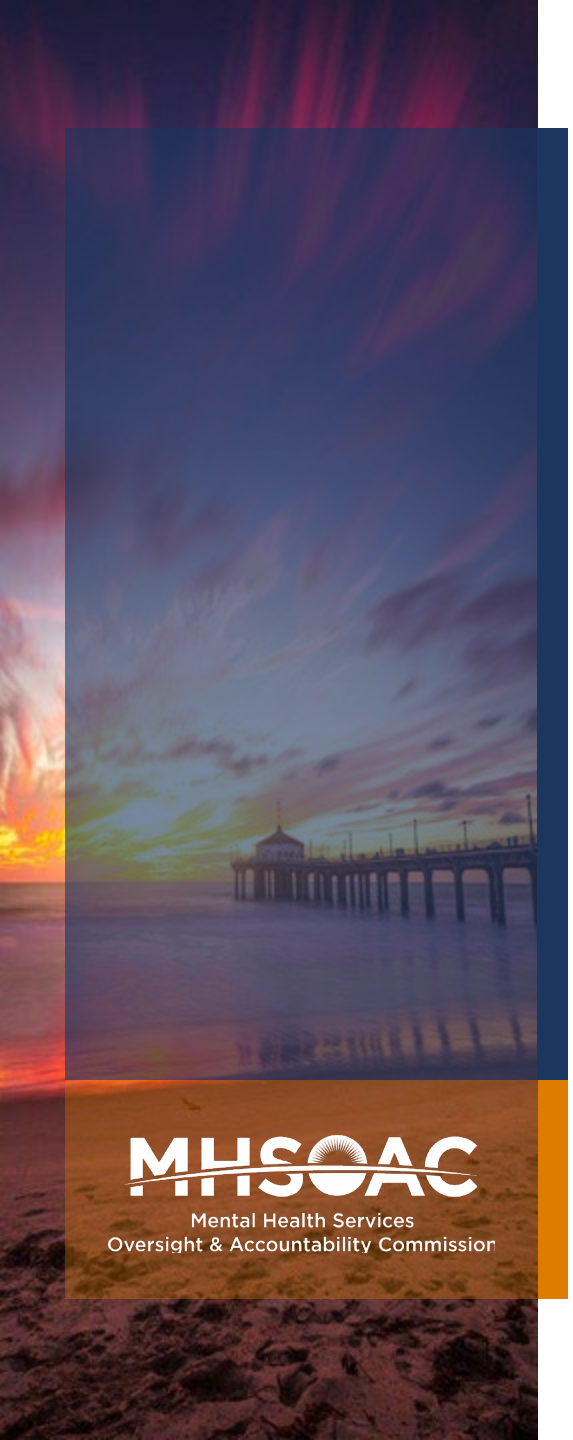






Thank You

www.padsCA.org



Proposed Motions

That the Commission approve Ventura County's Early Psychosis Learning Health Care Network Collaborative Innovation Project for up to $10,137,474.63.

That the Commission approve Fresno County's Extension of the California Reducing Disparities Innovation Project for up to $2,953,244.

That the Commission approve Mendocino County's Native American Crisis Line Innovation Project for up to $1,001,395.

That the Commission approve Fresno County's participation in the Psychiatric Advance Directive Collaborative Innovation Project for up to $5,915,000.

That the Commission approve Shasta County's participation in the Psychiatric Advance Directive Collaborative Innovation Project for up to $1,000,000.

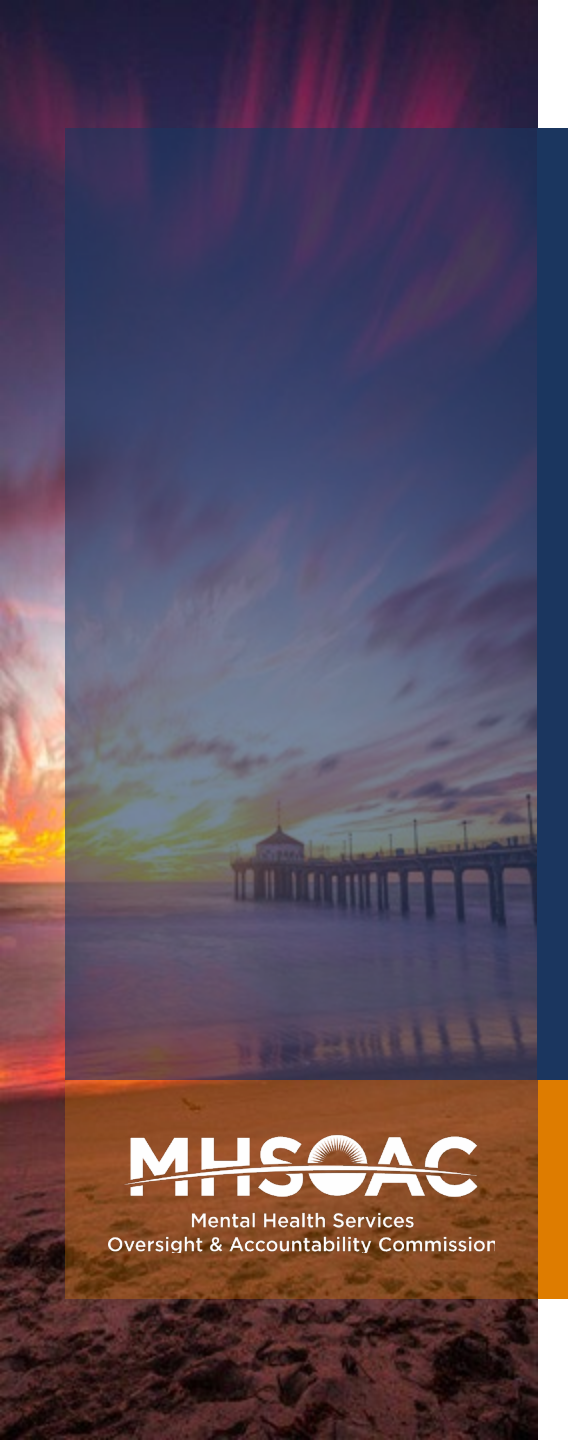
MHSOAC
Mental Health Services
Oversight & Accountability Commission

FY 2024-2025 CA State Budget
May Revise Update

May 23, 2024

May Revise Budget Adjustments for FY 24/25

- **Healthcare Workforce Reduction** – proposed limited term reduction of $854.6 million over multiple years for various healthcare workforce initiatives. The May Revision also eliminates $189.4 million Mental Health Services Fund for programs proposed to be delayed to 2025-26 at Governor's Budget.
- **Children and Youth Behavioral Health Initiative** - Reducing $72.3 million one-time in 2023-24, and $353.6 million over following years for school-linked health partnerships and capacity grants for higher education institutions, behavioral health services and supports platform, evidence-based and community-defined grants, public education and change campaign, and youth suicide reporting and crisis response pilot.
- **Behavioral Health Continuum Infrastructure Program** —Eliminating $450.7 million one-time from the last round, while maintaining $30 million one-time General Fund in 2024-25.
- **Bridge Housing Program** - Reducing $340 million over multiple years, while maintaining $132.5 million General Fund in 2024-25 and $117.5 million ($90 million Mental Health Services Fund and $27.5 million General Fund) in 2025-26.



Mental Health Services Oversight and Accountability Commission

May Revise Budget Overview for FY 2024-25

	2022-23	2023-24	2024-25
Local Assistance	$ 114,169	$ 70,965	$ 34,306
State Operations	$ 23,639	$ 65,217	$ 13,998
Total	$ 137,808	$ 126,182	$ 48,304

- Increase the Commission's staff and budget by 3.0 permanent full-time positions.
- Provide $100,000 for the next 3 years to facilitate the name change from Mental Health Services Oversight and Accountability Commission to the Behavioral Health Services Oversight and Accountability Commission and legal support
- Revert $7.6 million in MHSSA funds from FY 2023-24 to Mental Health Services Fund.


Thank you

Mental Health Services
Oversight & Accountability Commission

Governor's Proposed Budget & May Revision for FY 2024-25

Governor's Proposed Budget for Fiscal Year 2024-25	May Revision 2024-25
Children and Youth Behavioral Health Initiative Wellness Coaches-Includes $9.5 million in 2024-25 increasing annually to $78 million in 2027-28 to establish the wellness coach benefit in Medi-Cal effective January 1, 2025. Wellness coaches will primarily serve children and youth and operate as part of a care team in school-linked settings.	**Children and Youth Behavioral Health Initiative** – Reducing $425.9 million ($72.3 million one-time) over the next three years for school-linked health partnerships and capacity grants for higher education institutions, behavioral health services and supports platform, evidence-based and community-defined grants, public education and change campaign, and youth suicide reporting and crisis response pilot. • CYBHI – School Linked Health Partnerships and Capacity Grants (Community Colleges)- one-time reduction of $100 million over multiple years. • CYBHI – School Linked Health Partnerships and Capacity Grants (CSU/UCs)- one-time reduction of $50 million. • **CYBHI – Evidence-Based and Community-Defined Behavioral Health Program Grants- one-time reduction of $47.1 million. (Round 6)** • CYBHI-Behavioral Health Services and Supports Platform- ongoing reduction of $140 million. • CYBHI-Public Education and Change Campaign- one-time reduction of $28.8 million. • CYBHI-Public Education and Change Campaign- limited-term reduction of $45 million over multiple years. • CYBHI-Youth Suicide Reporting and Crisis Response Pilot Program-limited-term reduction of $15 million over multiple years.

Mental Health Services
Oversight & Accountability Commission

Governor's Proposed Budget & May Revision for FY 2024-25

Governor's Proposed Budget for Fiscal Year 2024-25	May Revision 2024-25
Behavioral Health Continuum - Maintains over $8 billion total funds across various Health and Human Services departments.	
Expanding Medi-Cal to All Income-Eligible Californians - Maintains $8.5 billion to expand eligibility regardless of immigration status as of January 1, 2024.	**In-Home Supportive Services for Undocumented Individuals** – Reducing $94.7 million ongoing by eliminating the In-Home Supportive Services undocumented expansion coverage for all ages.
Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration - Maintains $7.6 billion for DHCS and DSS to implement the BH-CONNECT Demonstration, effective January 1, 2025.	
Behavioral Health Continuum Infrastructure - Delays $140.4 million General Fund to 2025-26, for a total of $380.7 million for the final round of grants. The Budget maintains $300 million General Fund in 2023-24 and $239.6 million General Fund in 2024-25.	**Behavioral Health Continuum Infrastructure Program**- Eliminating $450.7 million one-time from the last round of the Behavioral Health Continuum Infrastructure Program, while maintaining $30 million one-time General Fund in 2024-25.
Behavioral Health Bridge Housing - **Shifts $265 million from Mental Health Services Fund** to General Fund as appropriated in the 2023 Budget Act. Delays $235 million General Fund to 2025-26.	**Behavioral Health Bridge Housing-** Reducing $340 million over multiple years, while maintaining $132.5 million General Fund in 2024-25 and $117.5 million (**$90 million Mental Health Services Fund** and $27.5 million General Fund) in 2025-26.

Mental Health Services
Oversight & Accountability Commission

Governor's Proposed Budget & May Revision for FY 2024-25

Governor's Proposed Budget for Fiscal Year 2024-25	May Revision 2024-25
Healthcare Workforce Investments- In 2022 the Budget invested approximately $2.2 billion General Fund towards the state's goals of increasing the workforce in California. The 2024 proposed budget largely maintains those investments but proposes reductions. • Delays $140.1 million General Fund for the Nursing and Social Work Initiatives to 2025-26. • **Delays $189.4 million Mental Health Services Fund** to 2025-26 for various Department of Health Care Access and Information workforce investments. • Maintains $974.4 million (General Fund and **Mental Health Services Fund**) through 2025-26 for various workforce investments in the Department of Health Care Access and Information.	**Health Workforce Reduction-** proposed limited term reduction of $854.6 million over multiple years. The May Revision also **eliminates $189.4 million Mental Health Services Fund** for programs proposed to be delayed to 2025-26. **Behavioral Health Related Reductions** • Health Care Workforce Reductions – Community Health Workers – Reduction of $246.4 million over multiple years that currently supports workforce development programs for community health workers. • Health Care Workforce Reductions – Social Work Initiative- reduction of $70.1 million General Fund and **$51.9 million Mental Health Services Fund** that currently supports workforce development initiatives to expand the number of social workers in California. • Health Care Workforce Reductions – Addiction Psychiatry and Medicine Fellowships – **reduction of $48.5 million Mental Health Services Fund** that currently supports addiction psychiatry and addiction medicine fellowships. • Health Care Workforce Reductions – University and College Grants for Behavioral Health Professionals – reduction of **$52 million Mental Health Services Fund** that currently y supports expansion of grants for behavioral health professionals. • Health Care Workforce Reductions – Expansion of master's in social work slots – reduction of **$30 million Mental Health Services Fund** that currently supports expansion of slots for master's in social work in California colleges and universities. • Health Care Workforce Reductions – Psychiatry Local Behavioral Health Programs **– reduction of $7 million Mental Health Services Fund** that currently supports loan repayment programs for psychiatrists who agree to a term of service at a local behavioral health department.

Other Workforce Adjustments	
Governor's Proposed Budget for Fiscal Year 2024-25	**May Revision 2024-25**
None	**Other Adjustments at May Revision (increase) -** Behavioral Health Transformation – Behavioral Health Services Act Workforce – request for three positions and expenditure authority from the **Mental Health Services Fund of $631,000** to support the planning, implementation, and oversight of the Behavioral Health Services Act Workforce Initiative, pursuant to the requirements of SB 326 (Eggman), Chapter 790, Statutes of 2023, and Proposition 1, approved by voters in March 2024.
None	**General Fund Solutions Remaining from January Budget (reversion) -** Health Care Workforce Reductions – Psychiatry Loan Repayment Program Reversion - reversion of expenditure authority of $14 million ($7 million General Fund and **$7 million Mental Health Services Fund**), to support a psychiatry loan repayment program for psychiatrists who agree to a term of service at the Department of State Hospitals.

Mental Health Services
Oversight & Accountability Commission

Governor's Proposed Budget & May Revision for FY 2024-25

Other Adjustments and Trailer Bill Language	
Governor's Proposed Budget for Fiscal Year 2024-25	**May Revision 2024-25**
None	**Behavioral Health Federal Funds Adjustment -** DHCS requests federal fund expenditure authority of $96.7 million in 2024-25 to reflect additional mental health and substance use disorder grants awarded by the federal government in 2023-24.
None	**Behavioral Health Transformation –** County Behavioral Health Departments. DHCS requests expenditure authority of $85 million ($50 million General Fund and $85 million federal funds) in 2024-25 to support counties' implementation of changes to behavioral health programs pursuant to the Behavioral Health Services Act.

Mental Health Services
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Governor's Proposed Budget & May Revision for FY 2024-25

Implementation of Chaptered Legislation	
Governor's Proposed Budget for Fiscal Year 2024-25	**May Revision 2024-25**
None	**Behavioral Health -** DHCS requests six positions and expenditure authority of $1.1 million in 2024-25 and $1 million annually thereafter to support changes to conservatorship criteria under the Lanterman-Petris-Short Act pursuant to the requirements of SB 43 (Eggman), Chapter 637, Statutes of 2023.
None	**Behavioral Health Transformation –**DHCS requests one-time expenditure authority of $116.5 million ($16.9 million General Fund, **$28.2 million Mental Health Services Fund**, $31.6 million Opioid Settlements Fund, and $39.8 million federal funds) in 2024-25 to support implementation of the Behavioral Health Services Act (SB 326), Chapter 790, Statutes of 2023, and Proposition 1, approved by voters in March 2024.
None	**Behavioral Health Transformation –**DHCS requests three positions to support implementation of the Behavioral Health Infrastructure Bond Act, as reflected in AB 531 (Irwin), Chapter 789, Statutes of 2023, and Proposition 1, approved by voters in March 2024.

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Strategic Plan Implementation

May 23, 2024

Strategic Plan implementation

The Commission has directed staff to develop a process for tracking and reporting progress against its strategic goals and objectives.

Supporting the Commission's goals

The purpose of today's presentation is to provide the Commission and the public with draft metrics, including aspirational metrics, in support of the Commission's goals.

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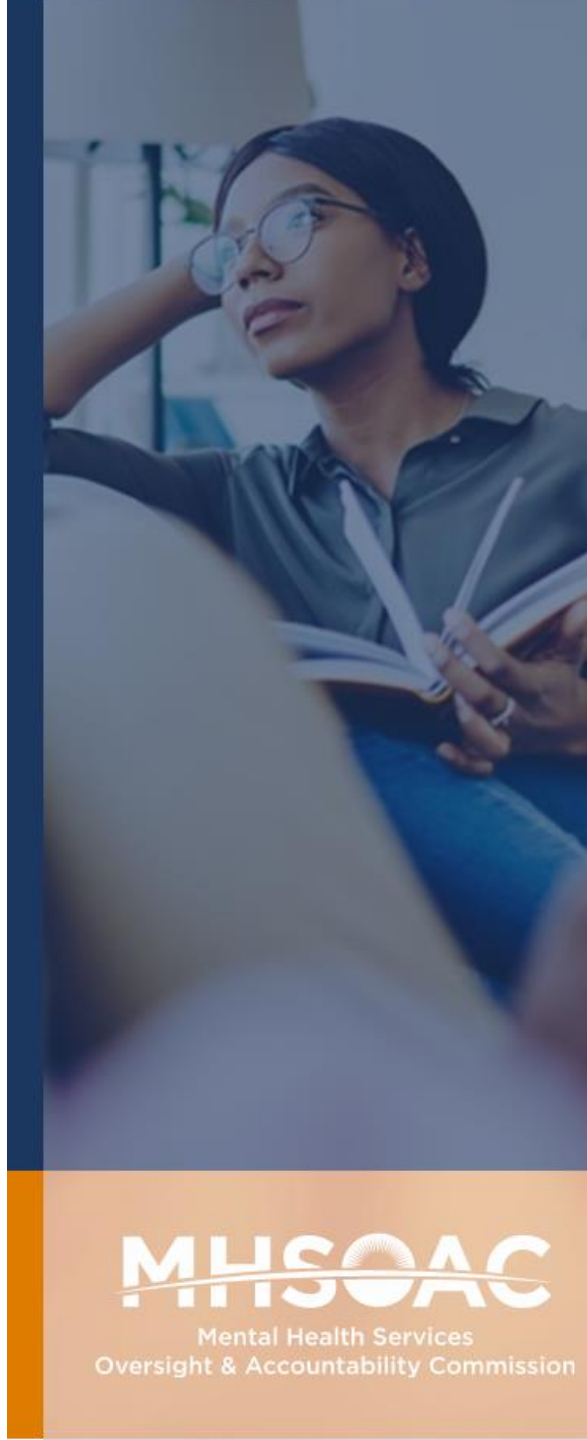
Engagement on metrics

The CLCC and CFLC held a joint meeting on May 8 to begin the discussion on how the Committees can assist the Commission's implementation of the Strategic Plan.

The discussion produced several new metrics, including:

- Geographic distribution of engagements.
- Number of individuals from unserved or underserved populations who were not previously reached by Commission engagement.
- Number of cultural brokers with whom the Commission partnered.
- Number of people currently receiving behavioral health services.
- Number of individuals who benefited from incentives to participate in the engagement.
- Number of consumers and family members who engaged with decision makers.
- Percentage of follow up responses or surveys returned post-engagement.



Goal 1: Champion vision into action

- The Commission will analyze data and engage all partners to advance the evolution of policies necessary to provide an early, effective, and universally available system of behavioral health supports and services.

Elevate	• **Objective 1.1:** Elevate the perspectives of diverse communities.
Assess and advocate	• **Objective 1.2:** Assess and advocate for system improvements.
Connect	• **Objective 1.3:** Connect federally and globally to learn and apply

Objective 1.1: Elevate the perspectives of diverse communities

Commission Community Engagement

- Number of engagement events.
- Number and description of populations and partners engaged.
- Geographic distribution of engagement events and activities.
- Goals of engagement (e.g., tied to initiative and/or strategic plan).

Sponsored Community Engagement

- Number of engagement events.
- Number and description of populations and partners engaged.
- Geographic distribution of engagement events and activities.
- Goals of engagement (e.g., tied to initiative and/or strategic plan).

Aspirational

- Measure public trust in behavioral health programs among diverse communities.

Objective 1.2: Assess and advocate for system improvements

Progress on development and implementation of Commission policy projects

- Fiscal Transparency
- Criminal Justice Diversion
- School Mental Health
- Suicide Prevention
- Prevention and Early Intervention
- Workplace Mental Health
- Impacts of Firearm Violence

Objective 1.3:
Connect federally and globally to learn and apply

Reach, representation, and impact:

- Number of published articles, white papers, and policy briefs
- Number of external presentations and engagement
- Media coverage
- Legislation informed and/or supported by the Commission

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Goal 2: Catalyze best practice networks

- The Commission will engage public and private partners, including universities and institutes, to catalyze the creation of best practice networks of excellence.

Support

- **Objective 2.1:** Support organizational capacity building.

Fortify

- **Objective 2.2:** Fortify professional development programs and resilient workforce strategies.

Develop

- **Objective 2.3:** Develop adequate and reliable funding models.

Support

- **Objective 2.4:** Support system-level analysis to ensure the tailored care and universal access required to reduce disparities.

Objective 2.1: Support organizational capacity building

- Commission-supported capacity building initiatives and progress report for best practice networks.

- **Aspirational:** Curated repository of best practice research, evidence, toolkits, and related materials.

Objective 2.2: Fortify professional development programs and resilient workforce strategies

- Participation in the Transformational Change Partnership.
- Engagements with workforce funders.
- Investments in California's behavioral health workforce.
- Aspirational: Workforce adequacy and diverse representation.

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Objective 2.3: Develop adequate and reliable funding models

- Funding secured for best practice networks.
- Analyses linking outcomes to finance.

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Objective 2.4: Support system-level analysis to ensure the tailored care and universal access required to reduce disparities

- Commission-led policy research.
- Commission-supported policy research.
- Growth in external analysis supporting tailored care and universal access to reduce disparities.

Goal 3: Inspire innovation and learning

- The Commission will develop strategies and partnerships to catalyze innovation and accelerate the development and dissemination of new models and practices that further improve behavioral health and wellbeing.

Curate

- **Objective 3.1:** Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes.

Establish

- **Objective 3.2:** Establish an innovation fund to link and leverage public and private investments.

Accelerate

- **Objective 3.3:** Accelerate learning and adaptation in public policies and programs.

Objective 3.1: Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes

- Commission-disseminated learnings from innovation.
- Engagements on public sector innovation.
- Best practices that result from innovation.
- Public interest and awareness in innovation (media monitoring).

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Objective 3.2: Establish an innovation fund to link and leverage public and private investments

- Establishment of innovation fund.
- Funding secured.
- Investments made and return on investments.

Objective 3.3: Accelerate learning and adaptation in public policies and programs

- Engagements on public sector innovation.
- Best practices that result from innovation.
- Public interest and awareness in innovation (media monitoring).

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Goal 4: Relentlessly Drive Expectations

- The Commission will work with all Californians to increase understanding, empathy, trust, and empowerment as a way to bolster public ownership, expectations, and accountability for improvement of the public behavioral health system.

Launch

- **Objective 4.1:** Launch a public awareness strategy to reduce stigma, promote access to care, and communicate the potential for recovery.

Develop

- **Objective 4.2:** Develop a behavioral health index.

Promote

- **Objective 4.3:** Promote understanding of the progress that is being made and the advocacy that will result in further improvements.

Objective 4.1: Launch a public awareness strategy to reduce stigma, promote access to care, and communicate the potential for recovery

- Progress report on launching a public awareness strategy. (Metrics to be developed.)

- **Aspirational:** Statewide survey on stigma, public trust, understanding, and support for behavioral health.

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Objective 4.2: Develop a behavioral health index

- Progress report on development of behavioral health index. (Metrics to be developed.)

- **Aspirational:** California adopts a behavioral health index that is globally recognized for excellence.

Objective 4.3: Promote understanding of the progress that is being made and the advocacy that will result in further improvements

Messaging Strategies

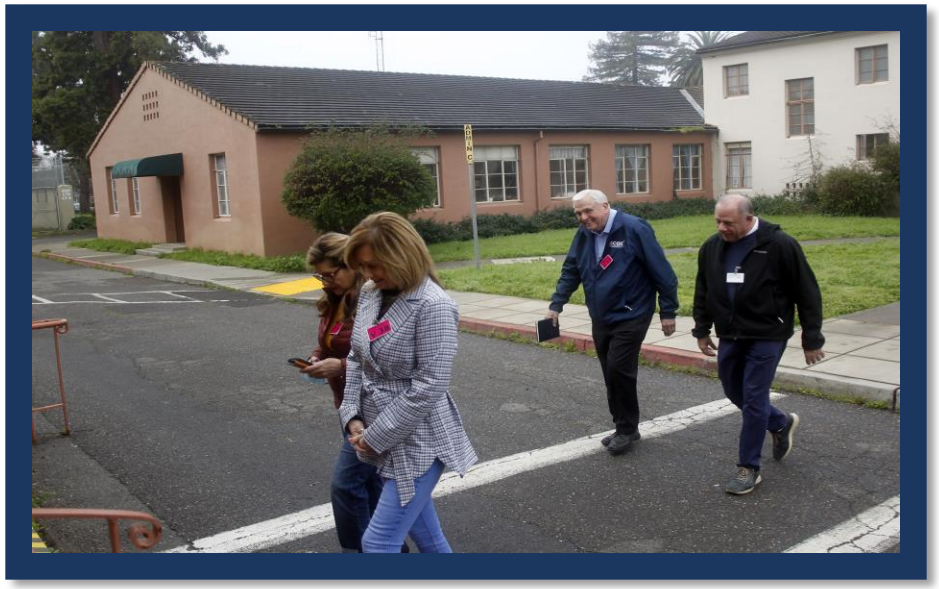
- Podcast
- Social media
- Website
- Data visualizations
- Transformational Change Report

Operational Goal: Fortify Commission capabilities and processes

- **Operational Objective 1:** Establish the Commission as employer of choice that attracts and retains a high performing workforce that reflects California's diverse communities.
- **Operational Objective 2:** Meet and exceed state and national standards for IT performance.
- **Operational Objective 3:** Adopt and implement best practices in fiscal transparency and procurement.
- **Operational Objective 4:** Evolve Communication strategies.
- **Operational Objective 5:** Support Commissioner engagement.

Operational Objective 1: Establish the Commission as employer of choice that attracts and retains a high performing workforce that reflects California's diverse communities

- Employee satisfaction and engagement (survey).
- Employee retention
- Size of candidate pool
- Percentage staff participating in formal professional development activities.
- Percentage staff formally contributing to the behavioral health field or their professional field.
- Demographic representation and diversity of staff, including self-reported peer status.



Operational Objective 2: Meet and exceed state and national standards for IT performance

- System uptime
- Cybersecurity incidents
- Additional metrics to be determined based on state/national IT standards.

Operational Objective 3: Adopt and implement best practices in fiscal transparency and procurement

- Budget to Commission.
- Monitor expenditures.
- Metrics to be determined based on national standards for fiscal transparency, procurement practices, and related opportunities.

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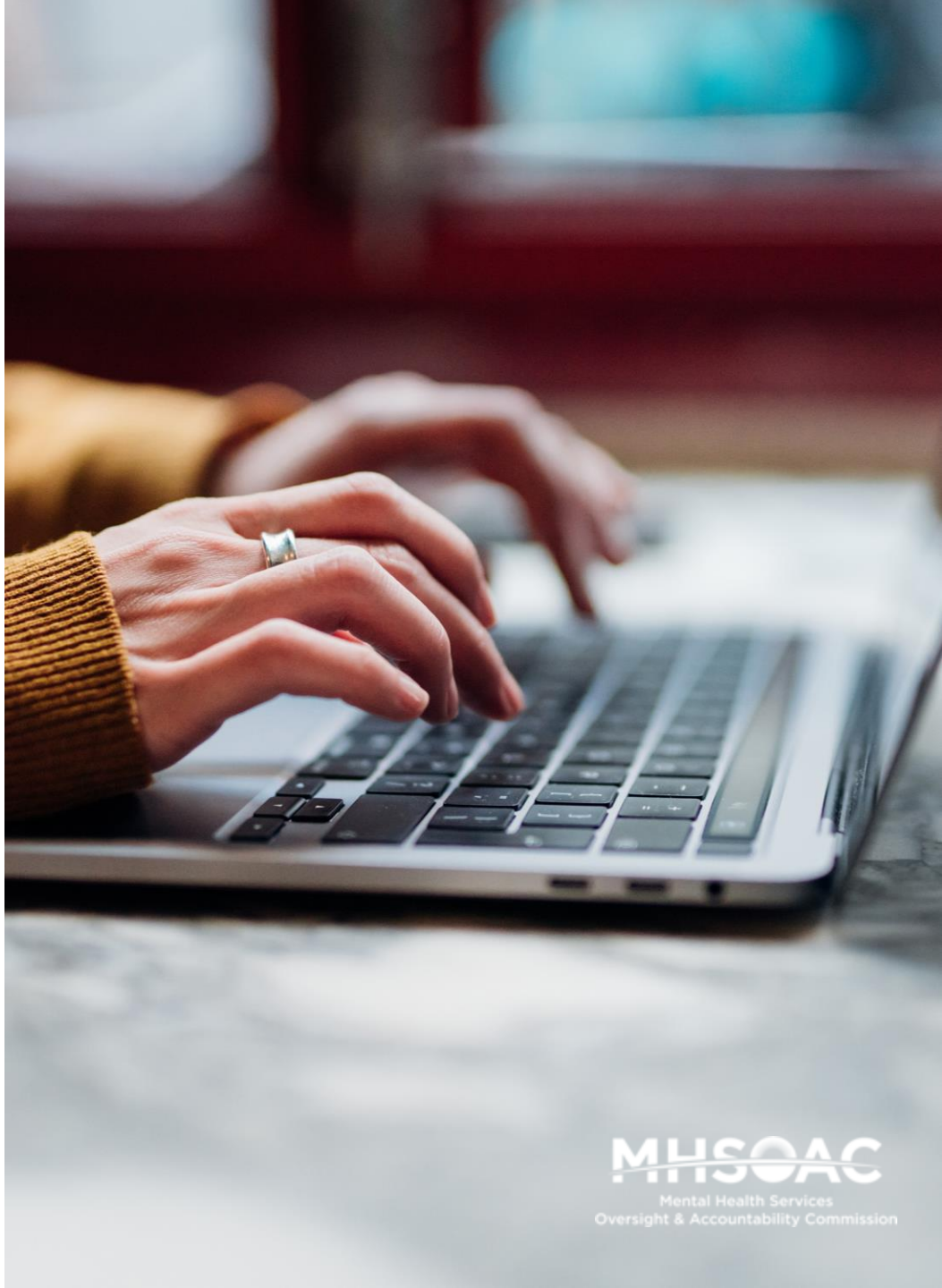
Operational Objective 4: Evolve Communication strategies

Messaging Strategies

- Podcast
- Social Media
- Website
- Data visualizations
- Transformational Change Report



Operational Objective 5: Support Commissioner engagement

- Commissioner satisfaction. (Metrics to be developed.)

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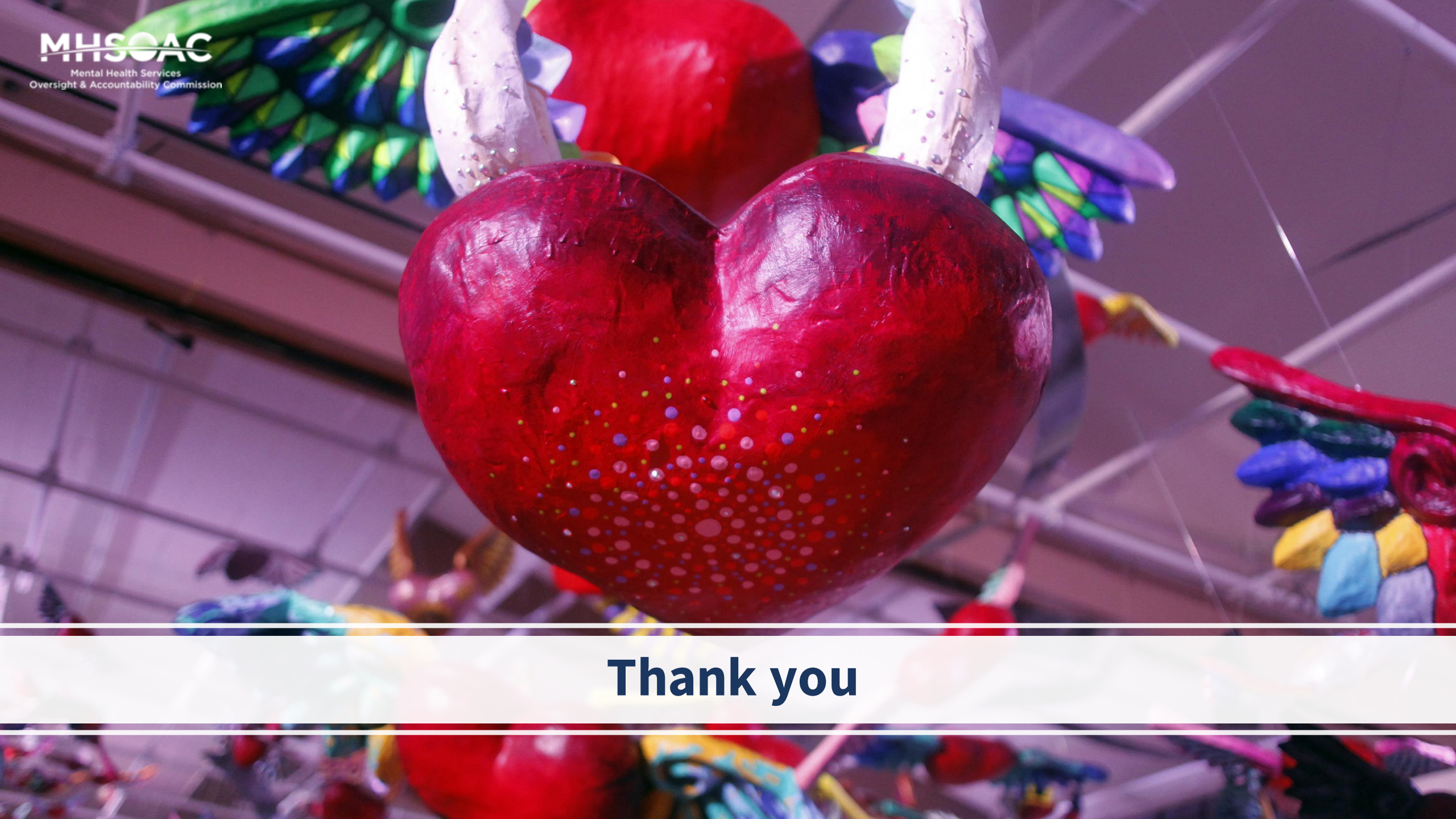

Thank you