



Mental Health Services
Oversight & Accountability Commission

A large, artistic silhouette of a person jumping or dancing joyfully against a vibrant sunset background. The person's arms are raised, and one leg is kicked high. The sun is a large, bright yellow and orange circle on the left side of the frame. The overall mood is one of hope and achievement.

SEMI-ANNUAL REPORT

January 2022 – June 2022

LETTER FROM THE COMMISSION | JANUARY – JUNE 2022

Dedicated to the Wellbeing of All Californians

This report covers six months of Commission activities designed to promote the mental wellbeing of all Californians and to reduce adverse mental health outcomes.

Each quarter, the Commission, along with state, county, and local partners, work to make a difference in the lives of nearly 40 million people.

The pages that follow provide a snapshot of our efforts and progress. It offers information and insights on interrelated initiatives, and priorities over the last six months.

In Section 1 we focus on community engagement. The Commission sponsored or participated in over 128 community events in the last two quarters. This section provides information on the various types of community engagements the Commission uses, including teleconferences, learning collaboratives, and statewide conversations.

In Section 2 this report provides an at-a-glance look at key activities surrounding each of our 11 strategic initiatives, showing how each is progressing. Sections 2 and 3 offer more in-depth spotlights of select initiatives and committees, their people, partners, and progress.

In Section 4, we share how Commission staff are seeking to improve outcomes, promote prevention and intervention, and reduce disparities by analyzing data, consulting with experts, and engaging communities.

-The Commission



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01 COMMUNITY ENGAGEMENT

Transformational change happens when the public – particularly those who access public services – are invited to shape those services, and local and state governments invest in that process. An essential commitment to community engagement is embedded in the Mental Health Services Act, which explicitly includes peers, families, advocates, and community representatives as members of the Commission and in its deliberations and decision-making.



Commission and Committee Public Meetings

Routine teleconference meetings for the Commission and committees allow Commissioners, committee members, and members of the public to work together on exploring goals, discussing future action, and reviewing results. This included meetings of the Client and Family Leadership Committee, Fellowship Advisory Committee, Cultural and Linguistic Competency Committee, and the inaugural meeting of the Children’s Committee. The first half of 2022 also saw the return of hybrid Commission meetings, with some Commissioners, presenters, and members of the public attending in person at the Commission’s office and some attending remotely.

Community Partner Engagements

Community partner engagement grants help specific communities build an understanding of mental health needs and advocate for solutions. These grants support community events, from statewide gatherings like NAMI California’s Capitol Day, to local ones like United Parents’ Luncheon Advocacy Panel sessions. The Commission also supports virtual discussions, like those hosted by Art With Impact, including their virtual film festival, Voices With Impact, in July. Filmmakers with lived experiences shared work around the themes of grief, resilience, substance use disorder, and recovery. Vice Chair Mayra Alvarez and Commissioner Itai Danovitch each introduced one of the featured films, speaking about the film as it relates to both the Commission’s work and their own personal and professional experiences.

Learning Collaboratives

Commission initiatives happen statewide and at a local level, and collaboration with counties is critical. Learning collaboratives are a way for counties to work together, learn from each other, and accomplish their goals, like 11 counties are doing as part of the Striving for Zero Learning Collaborative on Suicide Prevention. This collaborative met three times in the first half of the year, advancing suicide prevention efforts through shared experiences and training. The Commission also hosted a technical assistance webinar with SB-82 and SB-833 Adult/TAY and Child/Youth grant programs to review data collection processes and share best practices, as well as conduct a Triage Summative Evaluation meeting with grantees.

Statewide Conversations

Engagement in mental health also drives Commission staff to participate in conversations outside the Commission. In the first half of 2022, Commission staff presented and moderated a panel of experts on crisis services during the Words to Deeds track at the 47th Annual Forensic Mental Health Association of California Conference, presented at the Breaking Barriers Interagency Symposium, and facilitated a breakout group at the Department of Social Services, Office of Child Abuse Prevention’s statewide convening to support cross-sector prevention planning teams formed to prevent child abuse in counties. Commission staff also presented at meetings of the California Behavioral Health Planning Council, the Advisory Commission on Special Education and more.

Community Engagement

Much of the Commission’s most valuable (and often unseen) work is in intentionally and consistently constructing ways to convene community voices. We host, sponsor, and engage in conversations, workgroups, and collaboratives designed to elevate community voices and through those voices create change.

Over the first half of 2022 we participated in 128 community events across 7 meeting platforms (webinars, conferences, teleconferences, site visits, presentations, virtual listening, and sponsored events).

Organizations involved included:

- Forensic Mental Health Association of California
- Department of Social Services, Office of Child Abuse Prevention
- Fellowship Advisory Committee
- Cultural and Linguistic Competency Committee
- Research and Evaluation Committee
- Client and Family Leadership Committee
- CCESSA Learning Collaborative
- Children’s Committee
- California Department of Public Health, School-Based Health Center Statewide Collaboration Workgroup
- California Behavioral Health Planning Council
- Advisory Commission on Special Education
- Fellows at the University of California, San Francisco
- PhRMA California Task Force, Health Committee
- Breaking Barriers Interagency Symposium
- California Pan-Ethnic Health Network
- California Association of Mental Health Peer-Run Organizations
- NAMI California
- The Veterans Art Project
- California LGBTQ Health and Human Services Network
- United Parents
- California Youth Empowerment Network
- Boat People SOS Center for Community Advancement
- The Cambodian Family
- Center for Empowering Refugees and Immigrants
- Level Up NorCal
- Healthy House
- Child Abuse Prevention Council of San Joaquin County
- African Communities Public Health Coalition
- Hmong Cultural Center of Butte County
- Healthy House Within a MATCH Coalition
- Vision y Compromiso

02 INITIATIVES

The Commission supports 11 strategic initiatives. These multifaceted, interrelated efforts together aim to improve mental wellbeing in California.

Strategic Initiatives: Jan – June Progress Report

| INITIATIVE | PROGRESS |
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| <p>allcove™ Youth Drop-in Centers</p> <p>Half of all mental health conditions begin by age 14, and 75 percent develop by the age of 25, making early detection and treatment urgent and critical. Based on a proven model from Australia, allcove™ youth drop-in centers expand early access to integrated mental health care for youth between 12 and 25 years of age and their families. An allcove™ center has opened in Palo Alto, and five more communities have been awarded grants to open their new centers. These centers provide a one-stop-shop for mental health, physical health, substance use counseling, and educational, vocational, and peer support services, all informed by a youth advisory group.</p> | <ul style="list-style-type: none"> Presented to the California Department of Public Health’s School-Based Health Center Statewide Collaboration Workgroup to highlight how allcove™ provides a continuum of care to youth outside of school Facilitated listening sessions with allcove™ partners and California Health Policy Strategies to explore the challenges with providing services at no or low cost for all youth, regardless of insurance status |
| <p>COVID-19 & Emerging Issues</p> <p>The pandemic has tested the capacity of the state’s mental health systems to meet pre-existing and emerging needs of Californians. The Commission redirected \$2.02 million to help county partners and service providers support their communities. The funds supported counties replicating a Solano County innovation project, the Interdisciplinary Collaboration and Cultural Transformation Model and engaged county behavioral health leaders on opportunities to adapt, extend, and replicate the work of the California Reducing Disparities Project. The remaining work in this project strengthens the Commission’s school mental health work through grants to on-campus organizations, with an emphasis on youth suicide risk and prevention.</p> | <ul style="list-style-type: none"> Supported five mental health organizations at schools across California doing on-campus education programs that elevate mental health and wellbeing, social-emotional learning, and peer support |
| <p>Criminal Justice Prevention</p> <p>Following the 2017 adoption of its Together We Can report, the Commission is using all tools – research, policy development, financial incentives, and technical assistance – to implement its recommendations to help counties and their community partners build proactive and effective service systems that reduce criminal justice system involvement for those living with unmet mental health needs.</p> | <ul style="list-style-type: none"> Continued exploring dataset linking mental health consumer data with criminal justice data, including arrest and incompetent to stand trial information Moderated a panel at a statewide forensic mental health conference on opportunities to create an integrated crisis care continuum that diverts people with mental health challenges from jail |

| INITIATIVE | PROGRESS |
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| <p>Early Psychosis Intervention Plus</p> <p>Nearly 100,000 adolescents and young adults experience their first psychotic episode each year in the U.S. With half of all mental disorders manifesting by the age of 14 and 75 percent by the age of 24, the Commission is piloting the provision of high-quality Coordinated Specialty Care in seven grantee counties, focusing on early detection and intervention to improve the lives of adolescents and young adults, significantly reducing the impact of mental health challenges.</p> | <ul style="list-style-type: none"> • Implementing the first of its kind “Hub and Spoke” model in Sacramento, Nevada, Colusa, and Mono counties, allowing the counties to provide services while receiving training and technical assistance from the “Hub” of UC Davis |
| <p>Innovation Incubator</p> <p>The Mental Health Services Act (MHSA) includes a rare and explicit commitment to fostering innovation in providing services and support. Created in 2018 with \$5 million in one-time funding, the Innovation Incubator brings together county behavioral health agencies, subject matter experts, and other partners to drive innovations that improve mental health outcomes for individuals and communities.</p> | <ul style="list-style-type: none"> • Supported six multi-county projects working to better understand the mental health needs of people in the criminal justice system and prevent and reduce criminal justice involvement among those with unmet mental health needs • Concluded collecting information from surveys, interviews, and convenings and analyzed data for initiative evaluation. Lessons learned could help guide improvements in the future uses of learning collaboratives by the Commission and other partners |
| <p>Prevention & Early Intervention</p> <p>Everyone should have the opportunity to be well and thrive, yet one in four people worldwide will experience a significant disruption to their mental wellbeing at some point in their lifetime. In 2019, the Commission launched a policy research project to explore opportunities for prevention and early intervention in mental health.</p> | <ul style="list-style-type: none"> • Advanced work on the Prevention and Early Intervention draft report. The draft report was released for public comment in August 2022 • Partnered with state and local representatives to explore tools and other supports to strengthen data collection and reporting on programs funded by MHSA Prevention and Early Intervention |
| <p>School Mental Health</p> <p>The Schools and Mental Health Project is a multi-year effort to guide funding and policy decisions affecting the provision of mental health services to promote the academic and social success of young people. The Commission has funded school-county partnerships through grants to better integrate mental health services into schools.</p> | <ul style="list-style-type: none"> • Brought total number of MHSSA grantee programs to 54, supporting ties between education districts and county behavioral health offices • Released Request for Application to distribute \$47 million to counties to enhance or expand current programs or launch a new MHSSA program |

| INITIATIVE | PROGRESS |
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| <p>Suicide Prevention</p> <p>Suicide in California is a significant public health challenge. Guided by data and community input, the Commission developed a statewide strategic plan for suicide prevention that incorporates the latest information and evidence to guide state and local actions for saving lives. Following the Commission’s 2019 adoption of the plan, the Commission is working with governments and community partners to implement recommendations from the report with the goal of reducing the rate and incidence of suicide in California.</p> | <ul style="list-style-type: none"> • Brought Suicide Fatality Review training and technical assistance to three counties to train county staff and community organizations to more effectively respond to suicide deaths • Linked mental health consumer data to suicide rates and incidence data • Supported Suicide Prevention Learning Collaborative, helping counties develop and improve their suicide prevention plans through learned and knowledge sharing |
| <p>Triage</p> <p>Triage personnel or mobile crisis response teams may be the first mental health professionals in contact with someone requiring crisis intervention. This Mental Health Wellness Act grant program will help crisis responders connect those having a mental health episode with wellness, resiliency, and recovery-oriented programs that offer the least restrictive settings appropriate for their needs.</p> | <ul style="list-style-type: none"> • Round 2 programs are concluding in 2022 • The Commission will identify priorities for crisis prevention and intervention for Round 3 of funding in 2023 • With recent changes to Senate Bill 82, the Commission will explore opportunities to invest in programs that expand crisis prevention and intervention services in hospitals, schools, community-based organizations, and county behavioral health departments |
| <p>Workplace Mental Health</p> <p>Nearly one in five Americans live with a mental health condition, yet there are no well-established and agreed-upon standards in the U.S. to guide public and private employers about how to increase mental health awareness in the workplace, support prevention, and respond to needs with recovery strategies. The Commission is developing a framework of voluntary standards to support mental health in the workplace for all Californians.</p> | <ul style="list-style-type: none"> • Advanced work on Workplace Mental Health report • Presented on workplace mental health to California legislative staff to reduce stigma and increase awareness of the project |
| <p>Youth & Peer Empowerment</p> <p>The Commission is working through advocacy funding, sponsored legislation, sponsored youth participation, and Committees to amplify the voices of youth and peer leaders seeking to create innovative solutions in the pursuit of emotional wellbeing and prevention.</p> | <ul style="list-style-type: none"> • Began research phase of Anti-Bullying Advisory Committee project. This project will create peer-to-peer support through social media for youth who have been bullied • Advanced work on Youth Innovation engagement playbook, a product of the Youth Innovation Project Planning Committee. This will be a resource for behavioral health departments to work with youth in planning • Convened Fellowship Advisory Committee twice (January 11 and April 5), which provided guidance on Peer Policy Fellowship and Clinician Policy Fellowship, their focus, and the Commission’s implementation plan |

FEATURED INITIATIVE:

Innovation Incubator

Background: The Mental Health Services Act (MHSA) provides dedicated funds to counties to innovate – to test and evaluate practices to improve the wellbeing of Californians. The Commission is working with counties to help them build the capacity to pursue innovations to improve outcomes.

The Commission established the Innovation Incubator to decrease the number of people with mental health challenges involved in the criminal justice system, and to pilot a series of projects intended to support innovation, capacity-building, and continuous improvement. This reconnaissance and technical assistance are essential to unlocking the potential of the Commission's innovation component.

The Incubator is comprised of five projects exploring ways to prevent or reduce justice involvement among clients. A sixth project explores ways the Commission can better support innovation in counties. These projects cover a broad range of goals: linking criminal justice and behavioral health data to better understand the mental health needs of people in the criminal justice system, assessing Full Service Partnership programs and developing metrics for improvement efforts, exploring options to deploy Psychiatric Advanced Directives to improve the response from law enforcement to individuals who are in crisis, improving crisis response systems to better meet people's needs and reduce incarcerations and hospitalizations, and developing policy options to improve performance and financial sustainability for programs and strategies for preventing and reducing criminal justice involvement among those with mental health challenges. Additionally, through extensive involvement with clients, family members, providers, and county employees, the System Change Analysis project of the initiative detailed the barriers to innovation projects and elevated the best options for facilitating improvement.

Progress: January – June '22

Beginning in 2019, 26 counties participated in one or more multi-county collaboratives focused on reducing justice involvement of individuals with unmet mental health needs. In 2021-22, the Commission evaluated the incubator by surveying and interviewing county officials who participated in the projects. The evaluation documented extraordinary value to the counties, particularly the technical assistance that was tailored to their precise needs and the chance to learn and share learnings with their peers in other counties. The lessons gleaned from the projects provide the Commission with a detailed understanding of the management capacities that are required to design, execute, and evaluate innovation projects and insights into the way technical assistance needs to be structured to be valued by counties.

The innovation process review produced a shared understanding among counties and the Commission on how innovation planning can be improved and how counties and the Commission can work together to distill and share lessons to accelerate transformational change. The emphasis has shifted from reviewing county plans to helping counties produce more effective plans and then incorporate those learnings into ongoing operations. From the county perspective, this shifts the Commission's role from a risk-filled regulatory process to a supporting partner. The Commission is now implementing the improvements to its technical assistance and approval process with the expectation that counties will develop better innovation projects with more potential to improve overall efficiency, effectiveness, and mental health outcomes for all.

Impact: Short Term

Every county that participated in the Innovation Incubator has a new understanding of the power of innovation and more capacity to pursue effective, creative and transformative projects.

Impact: Long Term

Through the implementation of the Innovation Improvement Plan, the Commission will help counties build the capacity to improve outcomes, shape stronger innovation investments, and facilitate learning across and within counties, resulting in scalable and sustainable improvements.



IMPACT IN ACTION

Shared Responsibility in Plumas County

The Plumas County Behavioral Health Department shared the story of an individual with a history of psychiatric hospitalization in another state who ended up in jail in Plumas County during a mental health crisis. Jail and behavioral health staff initially tried to place him in a psychiatric hospital, but the hospital wouldn't accept him.

Without the option of the hospital, the other teams collaborated to find another solution. The jail medical team, the behavioral health staff in the county, and the

custody team worked together to find the best solution for the client. These three teams helped him get a reevaluation, released him from jail, and sent him home.

The behavioral health department says this would not have been possible two years ago and historically might have led to disagreements between the jail and behavioral health staff. But due to the improved communication and sense of shared responsibility that resulted from participating in the Innovation Incubator, these teams banded together to find the best solution for a client.

FEATURED INITIATIVE:

Suicide Prevention

Background: Suicide in California remains a significant public health challenge. In 2020, 4,075 Californians lost their lives to suicide.

The continued loss of life to suicide despite so many innovative advancements in the science of suicide and its prevention is a tragedy. It also is a powerful call to action; one the Commission could not ignore. The Commission's 2019 Striving for Zero: California's Strategic Plan for Suicide Prevention lays the groundwork for several strategic steps – backed by science and supported by robust community input – the state should take to save lives. Striving for Zero launched a legislative effort to create a state leader in suicide prevention. In 2020, the Office of Suicide Prevention was established within the California Department of Public Health. During this time, while the office was being established, the Commission approved several initiatives to address critical statewide gaps in strategic planning, data, safety, training, and support. Below is an overview of the progress made on these initiatives during January through June 2022.

PROGRESS: JANUARY – JUNE '22

Linked Data Highlights Opportunities to Infuse Systems with Suicide Prevention Best Practices

Last year, the Commission published a dashboard presenting suicide rates and incidence. During the first quarter of 2022, the Commission conducted exploratory investigations regarding suicide data demographics and calculating death rates using the death records from the California Department of Public Health (CDPH) vital statistics records.

The Commission is working to advance data opportunities articulated in the state's strategic suicide prevention plan. The team has been working with vital statistics data from CDPH to describe demographic characteristics of Californians who died by suicide between 2000 and 2020. The team has also successfully

linked death record data to demographic and service characteristics of public mental health consumers who died by suicide. **People with mental health challenges are at increased risk for suicide compared to those without such challenges. Analyzing mental health consumer data could illuminate opportunities to prevent suicide among those receiving care in the public mental health system.**

Here is a snapshot of findings from the preliminary descriptive analysis:

- 22,093 mental health consumers died by suicide between 2000 and 2022, accounting for .35%, or roughly 355 per 100,000 of the total consumer population.
- Superior counties had the greatest proportion of mental health consumers who died by suicide (.6%), followed by Bay Area Counties (.5%).
- Higher rates of death by suicide also occurred in mental health consumers identified as white, male, between the ages of 20 and 29 years, and born outside the U.S.
- The most common diagnosis among mental health consumers who died by suicide was depression (28.3%) followed closely by substance use disorder (24.2%). Bipolar disorder was the third most common diagnosis (17.6%).
- Firearms as a cause of death by suicide was lower in mental health consumers (21%) compared to the non-mental health consumer population (47%).

The Commission also is exploring differences in service utilization among consumers who go on to die by suicide compared to those who do not. These analyses could highlight opportunities to fortify existing services by infusing them with best practices in suicide screening,

assessment, and care. These analyses also could demonstrate the short window of time between service delivery and death by suicide, illustrated by scientific studies using data outside California. Providers can save lives by delivering suicide prevention best practices at the time a person at risk is seen for health, mental health, and substance use disorder services.

The Commission is in the final stages of negotiating data use agreements for hospital data received by the Department of Health Care Access and Information. In the quarters to come, the Commission will link hospital data with its mental health consumer service data and death data. Analyses resulting from this linkage will broaden our understanding of opportunities to strengthen different facets of our care delivery system so that people at risk for suicide are identified as early as possible and quickly connected to effective high-quality care, preventing loss of life.

Strong Local Partnerships Use Data and Information to Save Lives

The Commission hosted a Suicide Fatality Review (SFR)

Virtual Training that included 262 registrations and 170 unique viewers from 49 counties. Following the online training, the Commission sponsored three SFR in-person trainings with multidisciplinary teams in Del Norte, Shasta, and Glen Counties. This onsite Susan P. Baker National Public Health Impact Award-winning training, consisted of multiple parts: an introductory presentation on the goals of SFR, an interactive, complete, mock SFR with SFR participants invited by the county, a data collection/analysis meeting with the coroners and epidemiologists, and finally a discussion of recommended next steps for the group. **These trainings help create clear partnerships between law enforcement, coroners, hospitals, mental health and health representatives, and many others to strengthen suicide prevention in real-time.** After this training, county partners recognize their unique role in suicide prevention and are empowered to work together to deploy suicide prevention strategies based on data almost immediately following a death by suicide in the community.

Upon completion of each training, feedback was shared with the contractor by participants.

IMPACT IN ACTION



Trainings Offer Empowerment and Hope

The contractor noticed a theme of excitement, energy, and hope after each county session, with multiple agencies privately disclosing that they are excited to be working with certain partners, and that they had tried relationship building for years but had failed until this SFR effort. The contractor will continue technical assistance with site representatives, coroners, public health, and mental health professionals from participating counties as they implement the surveillance system and build their SFR.

“

For the first time, I think we actually can stop suicides.”

— Law Enforcement

“

You have given us literally everything we need to complete a Suicide Fatality Review. This must have taken years of work. Thank you.”

— Health Official

“

I am going to use this tool to ensure my team performs better suicide investigations, and I will use this to evaluate our progress.

— Coroner

“

“Your expertise and workbook are incredible. Thank you so much for taking the time to drive down and share your knowledge with our county.”

— Behavioral health

Counties Collaborate with the Support of Technical Experts to Create Strategic Plans

The Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative aims to advance local strategic planning and implementation in alignment with strategic aims, goals, and objectives set forth in Striving for Zero.

Between January and March 2022:

- 2 participating counties published strategic plans (Monterey and San Luis Obispo Counties)
- 1 new county coalition was established
- 64 check-in meetings with county teams facilitated by the technical assistance team to support counties
- 46 people representing 24 of the county teams attended learning module: Crisis Response
- 61 people representing 28 of the county teams attended this quarter's learning collaborative meeting

Between April and June 2022:

- 47 check-in meetings with county teams facilitated by the technical assistance team to support counties
- 44 people representing 21 of the county teams attended learning module: Follow-Up After a Suicide Attempt
- 50 people representing 25 of the county teams attended this quarter's learning collaborative meeting
- 15 people representing 6 rural county teams participated in this quarter's small county collaborative
- 3 participating counties advanced from early planning to drafting or finalizing their strategic plan

Training Boosts School Personnel's Confidence in and Ability to Identify At-Risk Students and Connect Students with Care

The Commission is providing a free training for designated school staff to learn about best practices in school-based screening for suicide risk and how to respond effectively to keep students safe. The training incorporates content on Suicide Safety Planning Intervention, data collection and monitoring related to suicide risk screening, and cultural considerations. Attendees receive materials necessary for implementation. All online trainings feature interactive breakout groups. As one participant noted, "getting the opportunity to practice the questions and having a conversation with other school districts was eye opening. **This training made me realize even more how much work we need to do and conversations we need to have regarding suicide.**" Other participants find the training to be clear and concise for busy professionals. One participant noted "how simple it was to take in the information." Interest in the Commission's training is rising. Participation has been increasing with each quarter. Trainings in September and October 2022 already are at capacity, with 150 registrants for each training with their spots reserved. More trainings are being scheduled.

Between January and March 2022:

- 6 online, interactive trainings hosted
- 181 participants trained
- 14 counties participating
- 24 school districts represented

Between April and June 2022:

- 10 online, interaction trainings hosted
- 426 participants trained
- 22 counties participating
- 70 school districts represented

FEATURED INITIATIVE: YOUTH AND PEER EMPOWERMENT

Sponsorship of the Ken Burns documentary *Hiding in Plain Sight: Youth Mental Illness* to support the demystification and destigmatization of mental health through storytelling.

Through its partnership with the Well Beings Youth Mental Health Project, the Commission supported the creation of a powerful two-part documentary. Executive Produced by Ken Burns, the film presents an unvarnished window into daily life with mental health challenges, from seemingly insurmountable obstacles to stories of hope and resilience.

Through the experiences of young people, the film confronts the issues of stigma, discrimination, awareness, and silence, and, in doing so, helps advance a shift in the public perception of mental health issues today.

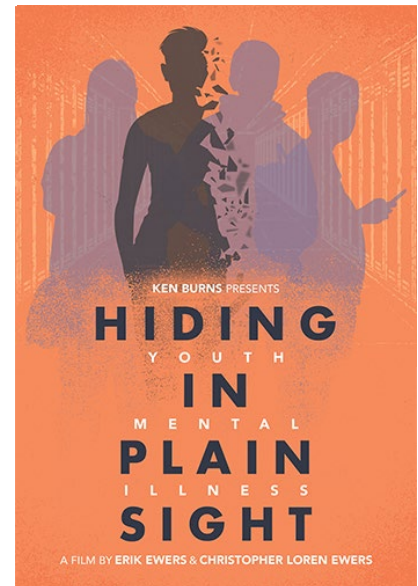
The four-hour film not only features the stories of youth 11-27, but also includes commentary from parents, teachers, friends, healthcare providers in their lives, and independent mental health experts. The film shows the stark reality that many people face and provides viewers the opportunity to find empathy and relatability in these real, everyday experiences.

How this documentary supports the Commission’s strategic goals:

- ① Distilling and disseminating knowledge on how **mental health issues can be prevented, detected early, and addressed at population scale** is a major directive of the Commission, underlined by Senate Bill 1004. This documentary premiered on over 300 PBS stations nationwide and was available for people to stream on the PBS website and free PBS video app.
- ② It was recently screened at the White House and Congress with Commission representatives, First Lady Jill Biden, and other public and private sector decision makers in attendance. This supports the strategic goal to **communicate the potential to prevent mental health issues to decision makers.**

About the Project:

Well Beings is a multiplatform, multi-year campaign from public media that launched in July 2020 to address the critical health needs in America through original broadcast and digital content, engagement campaigns, and impactful local events. Well Beings, created by PBS member station WETA, brings together partners from across the country, including people with lived experience of mental health challenges, families, caregivers, educators, medical and mental health professionals, social service agencies, private foundations, filmmakers, corporations and media sponsors, to create awareness and resources for better health and well-being.



Words from First Lady
Jill Biden

White House screening
June 22, 2022.



“We want young people everywhere to know: We see you. We hear you. And we will work to make this better.”



“[Mental health] isn’t a red or a blue issue. It’s an American issue – a global issue. And we must come together to find better solutions.”



“It takes incredible courage to tell your story. To be honest about the struggles you’ve faced and say, “I’m not OK.” And it’s on us to meet that courage with action. To do everything in our power to give you what you need to heal.”

03 COMMITTEES

The Mental Health Services Act charges the Commission with engaging the public. Committees allow Commissioners and the public to dive deep into questions and advise the full Commission.

Committees

| COMMITTEE | SUMMARY |
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| <p>Anti-Bullying Advisory Committee</p> <p><i>Chair: Commissioner Shuo Chen</i></p> | <ul style="list-style-type: none"> Led by youth members, the Committee helps the Commission develop a social media strategy that will deliver trusted content designed to reduce the risks associated with bullying and build resiliency among children and youth. The committee will advise on the strategy and how to make the content engaging and accessible to young audiences. The Committee did not meet between January and June of 2022, though work on the project progressed. |
| <p>Children’s Committee</p> <p><i>Chair: Commissioner Mara Madrigal-Weiss</i></p> | <ul style="list-style-type: none"> California is on the brink of unprecedented investment in children’s mental health, and this presents exceptional opportunities for the Commission. In its inaugural meeting, the Committee outlined two potential goals for its work: to enhance the integration of the Commission’s work on children’s mental health, and to inform the Governor’s Children and Youth Behavioral Health Initiative. The Committee met on May 26, 2022. |
| <p>Client and Family Leadership Committee</p> <p><i>Chair: Commissioner Khatera Tamplen</i></p> | <ul style="list-style-type: none"> Made up of peer providers, consumers, family members, and representatives from diverse populations, the Committee explores best practices in implementing Peer Support Specialist Certification and works with the Department of Health Care Services to support the creation of program standards that protect the unique work of peer providers in our mental health system and ensure that the skills of peer providers are appropriately included in local mental health plans. The Committee met on February 14, 2022, March 28, 2022, and May 13, 2022. |
| <p>Cultural and Linguistic Competency Committee</p> <p><i>Chair: Commissioner Mayra E. Alvarez</i> <i>Vice Chair: Commissioner Gladys Mitchell</i></p> | <ul style="list-style-type: none"> The Committee focuses on understanding inequities in California’s mental health system and identifying strategies to achieve equity. The Committee will identify ways to document and communicate inequities in California’s mental health system, highly model programs and other promising initiatives, and push for reforms to existing policies and practices. The Committee met on February 10, 2022, April 20, 2022, and May 2, 2022. |
| <p>Early Psychosis Intervention Plus (EPI Plus) Advisory Committee</p> <p><i>Chair: Commissioner Khatera Tamplen</i></p> | <ul style="list-style-type: none"> The Committee works to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services by advising the Early Psychosis Intervention Plus Program. The Committee did not meet between January and June of 2022, though work on the project progressed. |

| COMMITTEE | SUMMARY |
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| <p>Fellowship Committee <i>Chair: Commissioner Khatera Tamplen</i></p> | <ul style="list-style-type: none"> • The Committee provides guidance on the goals, design, eligibility criteria, and application process for the Commission’s Mental Health Policy Fellowship for a mental health professional and a mental health consumer. • The Committee met on January 11, 2022 and April 5, 2022. |
| <p>Research and Evaluation Committee <i>Chair: Commissioner Itai Danovitch</i></p> | <ul style="list-style-type: none"> • Comprised of a diverse, interdisciplinary group of experts, the Committee provides guidance and expertise that reflects a broader understanding of the opportunity for driving transformational change using research to improve prevention and innovation, as well as mental health services and supports. The Committee supports the Commission in reaching its strategic goals and ensuring that information disseminated is timely, accurate, and useful to improving community wellness and client recovery. • The Committee met on February 4, 2022 and May 2, 2022. |
| <p>Workplace Mental Health Advisory Committee <i>Chair: Commissioner Keyondria Bunch</i></p> | <ul style="list-style-type: none"> • The Committee provides guidance on the Commission’s work to establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and provide guidance to California’s employer community to put in place strategies and programs to support the mental health and wellness of employees. • The Committee did not meet between January and June of 2022, though work on the project progressed. |

FEATURED COMMITTEE: RESEARCH AND EVALUATION

Updated Fiscal Transparency Dashboard launches to allow clearer, more up-to-date information around county MHSAs revenues

The Commission’s Fiscal Transparency Dashboard allows Californians to better advocate for their communities, by displaying information on the fiscal status of county Mental Health Service Act (MHSA) funding, including beginning/closing balances, revenue, expenditures, and other funding details. The dashboard is one of seven dashboards in the Commission’s Transparency Suite, a tool built to help community members, advocates, researchers, and others understand how people are being served by MHSAs programs, who is being served, and outcomes achieved.

More than two years ago, an initiative was set forth to update the Dashboard, with a goal of better supporting public understanding of revenues from the Mental Health Services Act, and county MHSAs expenditures and closing balances. The initiative aimed to:

- ① Help the Commission determine how to restructure data processing due to significant changes in the state mandated fiscal reporting.
- ② Enhance its design to be more intuitive and engaging to the public.

To ensure the Dashboard’s improved usability and adoption, Commission staff performed extensive user engagement on the new dashboard. In total, our staff participated in over 20 engagement activities including:

- Meetings with the California Department of Health Care Services
- Data forums
- Personalized demos
- Partner and community member interviews
- Meetings with counties and the County Behavioral Health Directors Association of California

On March 24, 2022, the Commission reviewed an update on the Commission’s Fiscal Transparency Dashboard, and in April 2022 the revised tool was released.

IMPACT IN ACTION



Staff participated in more than 20 engagement activities to enhance the design and use of the Transparency Dashboard.

20+

Engagement Activities

04

ADVANCING TRANSFORMATIONAL CHANGE

In its effort to create transformational change for wellbeing in California, the Commission uses research, grants, innovation, and more to explore bold new ideas. These tools underpin Commission initiatives to create more robust evidence and exploration.

Advancing Transformational Change

Research and Evaluation

The Commission's Research and Evaluation work seeks to improve outcomes, promote opportunities for prevention and effective intervention, and reduce disparities by analyzing data, consulting with experts, and engaging communities to produce information and recommendations that empower community members and inform policymakers and practitioners. This includes five primary activities strategically designed to increase public understanding and reduce stigma, document the impact of existing policies and programs, provide the information required for robust community involvement and continuous improvement in services and outcomes, and inform the Commission's agenda.

① Tracking community indicators to increase public understanding and awareness.

The Commission reports population-level data on significant outcomes associated with mental health, including hospitalizations, criminal justice involvement and suicide. As part of the Commission's transparency work, the Commission released an updated version of the Fiscal Transparency dashboard, sharing information about funding and expenditures by county behavioral health departments.

② Curating an inventory of county plans and programs to improve community planning.

The Commission gathers information on MHSA-supported programs, including three-year plans and annual reports, data and outcomes reported for Prevention and Early Intervention programs and Innovation projects, program descriptions and outcomes, revenue and expenditures. The Commission staff are working to update the Commission's fiscal transparency tool, which visually displays information on MHSA funding and expenditures.

③ Recommending ways to improve mental health strategies and outcomes.

The Commission pursues public research and analysis to improve outcomes. In the first half of 2022, the Commission supported the Striving for Zero Suicide Prevention Learning Collaborative and conducted six virtual trainings for educators on suicide risk screening.

④ Linking consumer-level data across service systems to understand the impact of mental health services.

The Commission links consumer-level data across service systems to understand how mental health needs and services impact the health, safety, education, and employment of Californians. In the first half of 2022, Commission staff worked with Vital Statistics data from the California Department of Health to describe demographic characteristics of Californians who died by suicide between 2000 and 2020. Staff has also linked public death records to mental health data to describe demographic and service characteristics of public mental health consumers who died by suicide. The Commission also is working to amend existing data use agreements to expand the scope of its request for birth and death records with the Department of Public Health and incompetent to stand trial records with the Department of Justice. The Commission preformed linkages of Client Services Information (CSI) and Full Service Partnership (FSP) data to birth and death records and to California Department of Education data. Exploratory analyses to understand the impact of mental health services on school-based outcomes have begun. Also, exploratory analyses of a CSI and death record linked dataset are underway.

5 Evaluating new initiatives to accelerate learning, adaptation, and scaling.

The Commission evaluates existing and pilot interventions to determine effectiveness and identifies opportunities for prevention, improvement and replication. Evaluation of the Commission’s mental health crisis triage grant program is underway, with the team supporting programs to deliver quality data that the Commission can link to state agency databases. The Commission has also made progress evaluating its investment in an Innovation Incubator to reduce criminal justice involvement and as a model for collaboration to accelerate learning and improve

outcomes. As part of this evaluation, program and evaluation staff worked together to conduct 24 key informant interviews with county behavioral health staff in counties who participated in one or more Innovation Incubator projects. This cross-departmental team also conducted two key informant interviews with individuals with lived experience who were involved in Innovation Incubator projects. The evaluation team is also working closely with Mental Health Student Services Act (MHSSA) staff and grantees on a community engagement process to evaluate implementation of the MHSSA grants.

Community Engagement and Grants

The Commission’s Community Engagement and Grants team handles multiple external-facing programs that aim to directly serve community members through advocacy contracts, the Triage program, Early Psychosis Intervention Plus (EPI+), allcove™ Youth Drop-In Centers, and COVID-19 response projects.

The Commission supports eight advocacy organizations that hold mental health advocacy events across California. The events bring mental health support and awareness to Clients and Consumers, Diverse Racial and Ethnic Communities, Families, LGBTQ+ communities, Parents and Caregivers, Transition Age Youth, and Veterans. In 2021 the Commission approved another round of funding for Immigrant and Refugee advocacy contracts, totaling \$2,010,000. In May 2022, the Commission awarded one state-level contract and four local contracts. The local organizations will work directly with the immigrant and refugee populations in their areas where the highest mental health needs are, providing opportunities for individuals and families who have been affected by war, torture, genocide, and generational trauma. The statewide organization will support the advocacy needs of immigrants and refugees to increase the number of available mental health programs, create awareness of and access to culturally appropriate services, and provide opportunities to

increase advocacy at all levels. The statewide organization will work closely with local organizations to provide technical assistance, training, and data support.

Early Psychosis Intervention Plus (EPI+) supports seven counties developing early psychosis intervention programs based on the coordinated specialty care model. Nevada, Colusa, and Mono counties are working in a hub-and-spoke grant in coordination with UC Davis to bring early psychosis intervention programming to underserved rural communities. The shortage of clinical staff, limited resources, and geographical challenges have led these counties to pull together and partner with UC Davis to provide clinical telehealth services for clients in need of specialized early psychosis treatment. One grantee county shared with the Commission the story of a client who was treated as part of the county’s new early psychosis efforts. This client’s severe symptoms of psychosis had caused extensive disruption to all aspects of their life, but with specialized support from the county, the client was able to stabilize and regain employment. Additionally, by including family members in their treatment and providing psychoeducation, the client received support and understanding from their family members, and the client has improved their relationship with their family again.

Grants were distributed in the summer of 2021 to five school-based contractors to support students in their return to campus after COVID-19 forced closures. During the school year, these grants supported hundreds of campuses throughout California. *Bring Change 2 Mind* expanded to an additional 50 high school clubs, NAMI California's *NAMI on Campus High School* expanded to include 31 additional high school clubs, the *Genders and Sexuality Alliance Network* registered over 500 clubs, and *MindUP* provided scholarships for faculty to receive social and emotional learning training and curriculum in over 30 districts and 80 schools. Directing Change facilitated Suicide Prevention 101 trainings with 131 participants and held a showcase in May 2022 to celebrate 11 mini-grants for students participating in an annual art and film contest around mental health.

In addition to COVID-19 relief grants, the Commission provides MHSSA grants to counties to help them develop closer, more productive relationships with school districts to increase student wellbeing. In early 2022, the Commission funded additional MHSSA grants to 17 counties that had not previously applied to receive funding, bringing the total of MHSSA programs to 54. The majority of these newest grantees were provided a

longer period to develop their individual program plans with assistance from the Commission. The Commission released a Request for Application in May of 2022 to distribute \$47 million in MHSSA funds to counties interested in enhancing or expanding current programs or launching a new MHSSA program.

The Commission also supports youth mental health through its allcove™ initiative, which provides grants to counties to create youth drop-in centers. These centers provide access to affordable mental health and wellness services for Californians between the ages of 12 and 25. The Commission presented the program to the California Department of Public Health's School-Based Health Center Statewide Collaboration Workgroup to highlight how allcove™ provides a continuum of care to youth outside of school. The Commission also facilitated listening sessions in March and April of 2022 with representatives of counties, non-profit, and health district partners participating in the allcove™ network to explore the challenges with providing services at no or low cost for all youth, regardless of insurance status. These sessions augment the work already being done by grantees to make allcove™ sustainable and scalable.

Program Operations

Program Operations is just one part of the Commission's overall strategy to help it perform its fiduciary responsibility, identifying trends in mental health systems, and providing support through its review of county submitted reports on the progress of the Mental Health Services Act.

We detailed *on page 12* how, as part of its third strategic goal to facilitate positive transformational change, the Commission supports the Innovation Incubator Initiative. In the first half of 2022, the Program Operations team continued to assist counties in several multi-county learning collaboratives funded by the Innovation Incubator while also working in tandem with the Research and Evaluation team to evaluate the work

of these collaboratives and the Incubator model overall. Data-gathering activities have included a convening and a follow-up "Roundtable" with contractors and other partners, a survey of county behavioral health staff, engagement at a partner collaboration meeting, interviews with individuals with lived experience, and interviews with county behavioral health staff. This evaluation aims to facilitate greater innovation and improve the way the Commission engages with counties and other partners and will result in an innovation action plan that will fortify the Commission's support for innovation projects in ways that improve overall efficiency, effectiveness, and mental health outcomes for all.

Program Projects

As the Program Operations team supports the Innovation Incubator, the Commission is learning how better to help counties create and execute compelling, aspirational, and achievable innovation projects. In turn, this has led to an increase in county projects being approved, from just four projects in fiscal year 2012-2013 to 21 plans in fiscal year 2021-2022.



As part of its work around innovation, the team also supports the Youth Innovation Planning Project through the contracted Youth Leadership Institute (YLI). Transition age youth leaders, adult allies, and YLI are working on designing and creating a dynamic youth engagement toolkit to promote the meaningful inclusion of youth voice and engagement in input processes around mental health services. When completed, this

toolkit will include elements to better support interested counties in understanding the mental health needs of youth, understanding how to meaningfully engage youth in designing services intended for youth, and supporting youth to better engage counties in these efforts. In the first half of 2022, youth leaders completed a significant section of the draft toolkit and will soon seek feedback from the community.

The Commission was represented at a new mental health summit hosted in May 2022 by Washington-based nonprofit Chad’s Legacy Project, the University of Washington Department of Psychiatry and Behavioral Sciences, and the Harborview Behavioral Health Institute. The summit formed an inclusive forum of leaders, family members, consumers, caregivers, and experts who developed, shared, and advanced new and promising ideas, opportunities, and collaborations that are providing effective care for those with behavioral health challenges. Knowledge and experience sharing with innovation leaders from other states helps improve the Commission’s ability to advance change. The Commission is also doing advance planning for its own mental health innovation summit in the future.

Legislation

The Commission supported two bills in the first half of 2022.



Assembly Bill 748 (Carrillo)

Would direct the California Department of Education to develop a model poster on student mental health themes for local schools and require school sites in grades 6-12 to display posters on their campuses. The Commission voted to support AB 748 and to work with the author to ensure that students are engaged in the development of the model poster content. AB 748 passed out of the Assembly and is currently in the Fiscal committee in the Senate. *This bill was passed and signed by the Governor on September 19, 2022.*



Assembly Bill 2281 (Lackey)

Would create the Early Childhood Mental Health Services Act, which would establish an incentive grant program to address mental health needs of young children, which would be administered by the Commission. The proposed program is modeled after the Mental Health Student Services Act and would target children ages 0-5. The Commission voted to support AB 2281. *This bill was passed by the Legislature but returned without signature by the Governor in September 2022.*

Communications

As part of its mandate to reduce stigma around mental health, the Commission supported several efforts in the first half of 2022 to bring mental health messaging to the general public.

Art With Impact’s annual film festival, Voices With Impact, continued in a virtual format in June 2022. The festival features mental health stories told by filmmakers with lived experience. This year’s themes were “Grief and Resilience” and “Substance Use Disorder and Recovery.” Through the Commission’s support, two filmmakers were provided grants to help make their short films. All film screenings that were part of Voices With Impact were free to the public and featured a question and answer session with the filmmakers. Commissioner Itai Danovitch and Vice Chair Mayra Alvarez each introduced a film, discussing their thoughts on the film and how it relates to the work of the Commission – as well as their own work and life experience.

Over the past three years, the Commission has also supported Well Beings, a mental health documentary initiative from PBS flagship station WETA in Washington,

D.C. The project reached a new milestone in June 2022 with the premiere of *Hiding In Plain Sight: Youth Mental Illness*, a feature-length documentary by the Ewers brothers, executive produced by Ken Burns, and broadcast on PBS stations across the country. As detailed *on page 16* of this report, this is the first in a planned three-part series on mental health. The documentary was created to “shine a clear – and sometimes stark – light on what it is like for youth as well as for the parents, teachers, friends and healthcare providers who try to help.” In addition to airing nationally on PBS and being available for streaming after its premiere, the two-part, four-hour documentary was screened in advance, first at a White House screening hosted by First Lady Jill Biden and next at a Congressional screening hosted by Representative Nancy Pelosi. Read the poignant quotes from Biden’s speech at that screening *on page 16*.

05 **WHAT'S NEXT**

What's Next

| OCTOBER 2022 | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/18 | <p>Cultural and Linguistic Competency Committee Meeting</p> <ul style="list-style-type: none"> ○ 3:00PM – 5:00PM ○ Public |
| 10/25 | <p>Client and Family Leadership Committee Meeting</p> <ul style="list-style-type: none"> ○ 1:00PM – 3:00PM ○ Public |
| 10/27 | <p>October Commission Meeting</p> <ul style="list-style-type: none"> ○ 9:00AM – 1:00PM ○ Public |
| NOVEMBER 2022 | |
| 11/10 | <p>Cultural and Linguistic Competency Committee Meeting</p> <ul style="list-style-type: none"> ○ 3:00PM – 5:00PM ○ Public |
| 11/15 | <p>Client and Family Leadership Committee Meeting</p> <ul style="list-style-type: none"> ○ 1:00AM – 3:00PM ○ Public |
| 11/17 | <p>November Commission Meeting</p> <ul style="list-style-type: none"> ○ 9:00AM – 1:00PM ○ Public |