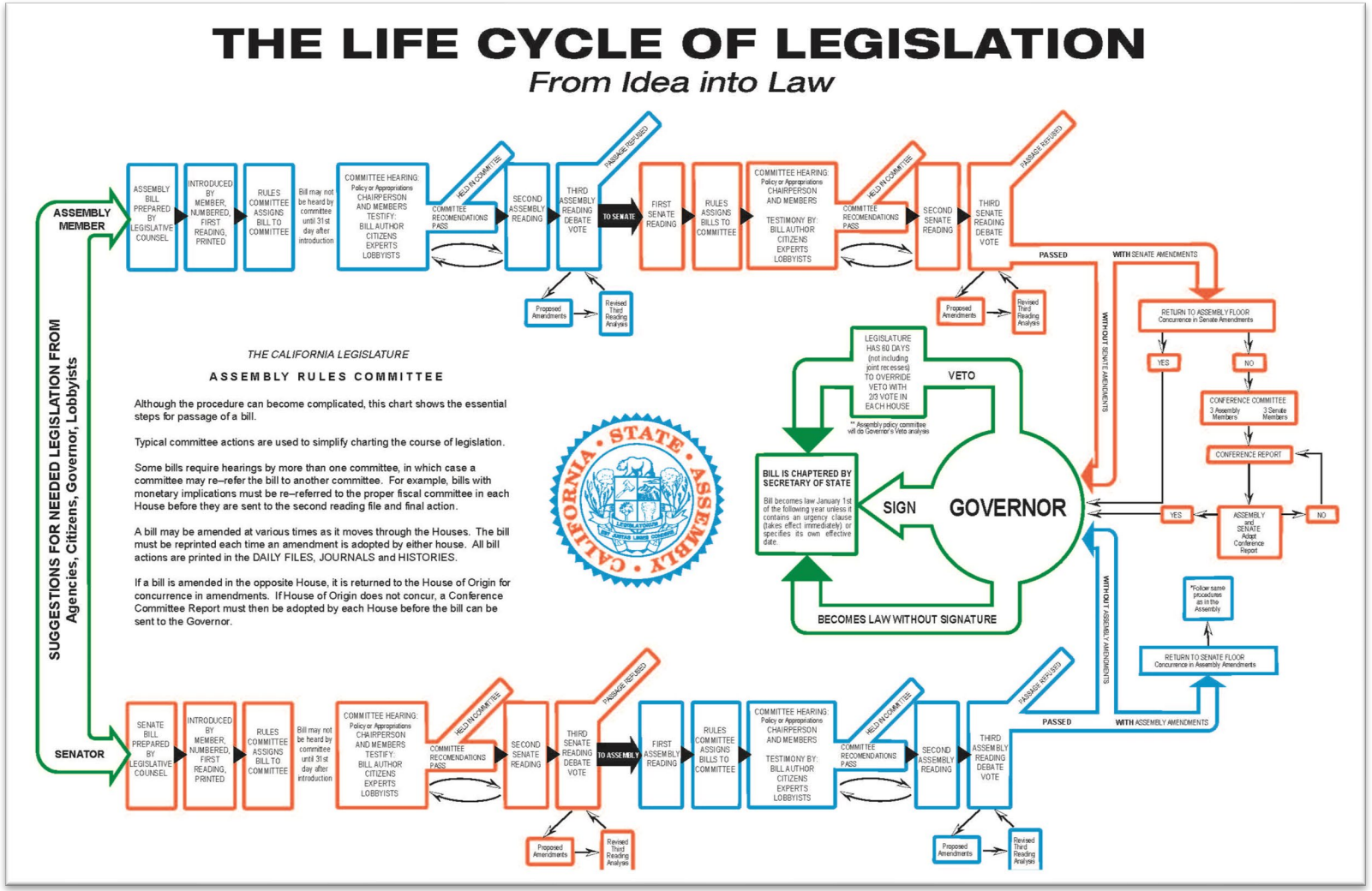
MHSOAC
Mental Health Services
Oversight & Accountability Commission

Update on Governor Newsom's Modernization Proposal

Tentative Timeline

- Days left of the 2023 legislative session: **9**
  - Next Hurdle: **Assembly Floor**
  - Last Day to Amend: **September 8th**
- Last day to sign bills into law: **October 14th**
- Primary Elections in California: **March 5, 2024**
- Rolling implementation starting **January 1, 2025**
- Next gubernatorial election: **November 3, 2026**



Allocation Comparison

MHSA

- **76% Community Services and Supports**
  - **38%** Full Service Partnerships
  - Capital Facilities and Technology
  - Workforce Education and Training
  - Prudent Reserve
- **19% Prevention & Early Intervention**
- **5% Innovation**
- **5% State Admin Funds**

BHSA

- **30% Housing Interventions**
- **35% Full Service Partnerships**
- **35% Behavioral Health Services and Supports**
  - ≥ **51%** Early Intervention
    - ≥ **51%** Children and Youth
  - Outreach and Engagement
  - Workforce Education and Training
  - Capital Facilities and Technology
  - Innovative Pilots and Projects
  - Prudent Reserve
- **10% State Admin Funds**
  - ≥ **4%** Population-Based Prevention
  - ≥ **3%** Workforce Initiative
  - ≤ **3%** State Admin Funds
  - ≤ **$20 million** annually for the Innovation Partnership Fund

Major Recent Amendments – Part 1

Innovation
- Under 35% catch-all bucket
- Commission provides technical assistance to counties
- Commission awards grants under the Innovation Partnership Fund to private, public, and nonprofit partners

Early Intervention
- Receives at least 51% of 35% catch-all bucket with at least 51% on children and youth
- Includes CBOs and CDEPs
- Goal is to reduce disparities

Population-Based Prevention
- Under Department of Public Health (≥ 4% of State Admin Cap)
- At least 51% dedicated to children and youth
- Programs may be community led, trauma informed, and include cultural affirming strategies
- Priorities include outreach & engagement for 0-5, out-of-school youth, and secondary school youth and can include partnerships with CBOs

Substance Use Disorder
- Counties can choose to provide SUD based on data and stakeholder engagement

School Mental Health
- School-based prevention programs include health centers, wellness centers, group coaching and programs to reduce stigma, provide mental health first aid, and mitigate suspension and expulsion
- County integrated plans demonstrate how they will utilize funds to deliver prevention and wellness in schools
- Early Intervention programs emphasize the reduction or likelihood of school suspension, expulsion, referral to an alternative or community school, or failure to complete (0-5, TK-12, and Higher Ed)

Outreach & Engagement
- Under 35% catch-all bucket
- Includes for peers and families, to reduce disparities, and through CDEPs

Major Recent Amendments – Part 2

Flexibility

- Counties can shift funds based on needs
- Rural counties can receive exemptions
- Counties will maximize, rather than exhaust, the use of other available funding (i.e., Medi-Cal, insurance, etc.)

Workforce Initiative

- A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists

Revenue Volatility/Prudent Reserves

- The Behavioral Health Services Act Revenue Stability Workgroup will develop and recommend solutions to reduce revenue volatility and to propose appropriate prudent reserve levels to support the sustainability of county programs and services

County Integrated Plans

- Includes goals to reduce disparities
- Incorporates feedback from peers and families
- May provide supports and trainings for meaningful stakeholder and peer & family participation

County Behavioral Health Outcomes, Accountability, and Transparency Report

- Metrics established by DHCS in consultation with the Commission shall be used to identify demographic and geographic disparities in programs and services

Implementation

- The Legislature can amend the Act in certain circumstances
- The Commission provides technical assistance for implementation planning, training, and capacity building investments
- The State Auditor will audit implementation every 3 years

Update on Commission Impact

- Independent
- Shall receive data (state and local)
- Administers Innovation Partnership Fund, submits report to the Legislature & Governor, and provides TA to counties
- 11 new Commissioners:

1) A current or former county behavioral health director
2) One person with SUD
3) One person with SUD
4) A peer youth
5) A family member of an adult or older adult with SUD
6) A family member of child or youth with SUD
7) A professional with expertise in housing and homelessness
8) A representative of an aging or disability organization
9) A person with knowledge and experience in community-defined evidence practices and reducing behavioral health disparities
10) A representative of a children and youth organization
11) A veteran or a representative of a veterans' organization

- Consults with DHCS on FSP standards of care, early-intervention, evidence-based practices, CDEPs, and metrics to evaluate programs; and with DPH on population-based prevention
- Advises the Governor and Legislature on substance use disorder
- May establish a reducing disparities committee focusing on demographic, geographic, and other communities
- Member of the Behavioral Health Services Act Revenue Stability Workgroup
- Provides technical assistance to counties on implementation planning, training, and capacity building
- Publishes recommendations for the state in collaboration with DHCS based on data from TA and a robust community engagement process focused on priority populations and diverse communities
- Publishes a report that includes recommendations for improving and standardizing promising practices for Behavioral Health Services Act programs in collaboration with DHCS, Planning Council, and CBHDA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Questions?