



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair

MARA MADRIGAL-WEISS
Vice Chair

TOBY EWING
Executive Director

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission

Testimony before Little Hoover Commission
May 27, 2021

Commissioners,

Thank you for the opportunity to testify on the mental health challenges and opportunities facing California's children as a result of the COVID-19 pandemic and how state government is responding. My testimony provides an overview of the Commission and its work, highlights the mental health impacts we see from the pandemic, and outlines the Commission's response to those impacts.

As you may know, the Commission is an independent oversight agency established by Proposition 63, with the passage of the Mental Health Services Act. The Commission is charged with supporting transformational change in California's mental health system. The Commission is made up of 16 diverse members who represent mental health consumers, family members, providers, as well as representatives of education, public safety, employers, and labor, along with four members representing the California State Senate, State Assembly, Attorney General and Superintendent of Public Instruction.

The Commission serves in an advisory capacity to the Governor and Legislature, with additional authority to conduct research, provide grant funding and offer technical assistance to local agencies and mental health stakeholders.

The Commission's work is largely focused into four primary components: Policy Projects; Transparency; Research; and Incentive Grants and Innovation Support. The Commission supports additional work on stakeholder advocacy, elevating youth voice, promoting community engagement and related opportunities.

I. Policy Projects

Similar to the work of the Little Hoover Commission, the Mental Health Commission undertakes policy reviews to understand what is working, what is not and to identify strategies and recommendations for improvement. In the past few years, the Commission has issued policy reports addressing unspent MHSA revenues, reducing criminal justice involvement of mental health consumers, strengthening school mental health and we developed a statewide strategic plan to prevent suicide.

The Commission is currently working on a project to enhance mental health prevention and early intervention opportunities, and a project that focuses on workplace mental health.

Copies of those reports, or related project briefs for the work underway, can be found at the following links:

MHSA Fiscal Reversion Policy Reconsidered: Challenges and Opportunities

https://mhsoac.ca.gov/sites/default/files/documents/2018-01/MHSA_Fiscal_Reversion_Final_Report%20v4.0.pdf

Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness

https://mhsoac.ca.gov/sites/default/files/2020-07/ADA%20REPORT_MHsoac_Crim_Just_MH_Report_Remediated0720.pdf

Every Young Heart and Mind: Schools as Centers of Wellness

https://mhsoac.ca.gov/sites/default/files/schools_as_centers_of_wellness_final.pdf

Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Prevention and Early Intervention Project

<https://mhsoac.ca.gov/what-we-do/projects/prevention-and-early-intervention>

Workplace Mental Health Project

<https://mhsoac.ca.gov/what-we-do/projects/workplace-mental-health>

II. Transparency

The Mental Health Services Act calls for a robust community planning process to guide county mental health programming and expenditure decisions. To support public accountability and community planning, the Commission provides public access to information on California's mental health system through the publication of a series of public dashboards. This work is organized into three principal areas:

Mental Health Funding. Informed through a series of public meetings and discussions, the Commission heard from stakeholders that it is important to share information on the level of

public mental health funding that is available statewide, in each county, and how funding shifts over time. Similarly, stakeholders asked for information on expenditure levels, statewide and for each county, with information on each of the five components of the Mental Health Services Act:

- Community Services and Supports
- Prevention and Early Intervention
- Innovation
- Workforce Education and Training
- Capital Facilities and Technology Needs

Community members also asked for information on the level of funding available in each county's Prudent Reserve, which serves as a rainy day fund, currently accessible only in the event of a major revenue decline.

The fiscal data currently available in the Commission's Fiscal Transparency Tool is from fiscal years 2012/13 to 2016/17. We are about to release an updated and improved Fiscal Transparency Tool. The fiscal dashboard allows users to quickly and easily access information on revenues, expenditures and closing balances, with the capacity to explore trends across counties and over time. We are constrained in being able to provide more timely access to fiscal information because of reporting challenges, and we are working with the Department of Health Care Services and the County Behavioral Health Directors Association to address those issues.

The Commission's fiscal reporting is currently limited to information on revenues from the Mental Health Services Act. Although we can access information on revenues from the other three primary funding sources – 1991 Realignment, 2011 Realignment, and Federal funding – there is limited information on expenditures or fund balances held by counties for those funding sources, which represent about three quarters of public mental health funding.

Mental Health Programs and Who is Being Served. In addition to information on mental health funding, the Commission is working to provide information on how those funds are spent, including information on public mental health programs. The Commission's website includes several dashboards that allow the public to access information on MHSA funded programs, mental health consumers who are served and services provided to consumers by their race, age, gender and language spoken.

Again, this information is largely limited to data related to MHSA-supported services. We are working to develop a strategy that reflects the larger community mental health system, but data limitations and data access challenges impede that work.

Outcomes. The most challenging component of this work is to report on outcomes achieved through California's public mental health programs. The Commission has developed a several dashboards that provide information related to outcomes, most significantly showing that FSP clients sharply reduce the rates at which they are arrested both during and for at least 12

months after they exit an FSP program. We are currently testing the additional dashboards described below, validating the data and their utility with stakeholders and the public.

1. Fiscal Transparency Tool Update

Based on data from the Department of Health Care Services, covering the entire history of the MHSA through the FY 2018-19 reporting period, the dashboard reveals trends on revenue, expenditures, and unspent funds (“closing balances”), for the entire state, individual counties, and by component. Users can explore the “age composition” of expenditures and unspent funds based on the methodology used by the Department of Health Care Services for tracking funds subject to reversion, compare user-selected county finances, and see component-level details by year. This detail is important because counties are afforded several years to spend the MHSA resources they receive.

2. Suicide Incidence & Rate

Based on data published by the California Department of Public Health, the dashboard provides a visualization of counts and rates of suicide deaths by county for 2010-2019. Data can be filtered by mode of death and by age group, race/ethnicity and gender.

3. Child and Youth Full Service Partnership (FSP) Needs at Enrollment

This dashboard describes the primary service needs for which children and transition age youth are enrolled into Full Service Partnership programs. These data are available for the state, individual counties, with breakdowns by demographic categories.

4. Reasons for Exiting a Full Service Partnership Program

This dashboard explores “success” rates for clients exiting FSP programs, as defined by having “met goals” vs other exit reasons. It displays rates for those exit reasons by demographics as a strategy to explore potential disparities in outcomes.

5. Monthly Clients Served in Client Service Information

This dashboard provides monthly tracking data of persons with severe mental illnesses served in the community mental health system. The dashboard was designed to reveal trends in mental health service needs across the state.

6. Full Service Partnership – Partner Engagement

Full Service Partnership programs are expected to complete quarterly, high-level status reports on each person enrolled in the program, as well as “Key Event” reports when a major status change has occurred, such as a hospitalization, arrest, or change in housing, employment, or school status. This dashboard tracks the percentage of FSP participants for whom at least one such report was filed during a fiscal year, over time, overall and by demographic category (age, race/ethnicity, gender, language spoken, place of birth).

7. Persons Deemed Incompetent to Stand Trial

Using 2007-2015 data from the California Department of Justice, this dashboard allows users to explore descriptive information on persons arrested and subsequently deemed

incompetent to stand trial and includes whether the person had previously received community mental health services for a severe mental illness.

The Commission currently supports seven dashboards on its website, which can be accessed at: www.mhsoac.ca.gov/resources/transparency-suite.

The additional seven dashboards mentioned above will be added to that site in the coming months.

III. Research

The Commission's work on these dashboards builds upon a research foundation that allows us to explore key questions, such as how county mental health programs respond to psychosis. Working with a core of in-house staff and with the support of subject matter experts drawn from academic partners, including UC Davis, UCSF, UCLA, Stanford and others, the Commission supports data analysis as well as program evaluation and related research.

The Commission has long partnered with the Department of Health Care Services to access client-level consumer data on who is served in the community mental health system. We are currently developing data sharing agreements or have launched new partnerships with the Employment Development Department, the California Department of Education, the Office of Statewide Planning and Development and others. The work is designed to support the Commission's efforts to address unemployment, improve educational outcomes, reduce criminal justice involvement, and strengthen prevention, early intervention, and service outcomes.

IV. Incentives Grants, Innovation and Learning Collaboratives

The Commission has two on-going grants programs – SB 82/Triage grants for crisis services and support and Mental Health Student Services Act grants to support school mental health programs. The Commission also periodically receives one-time funding to address specific needs.

The Commission's grants programs are designed to identify key challenges and to build partnerships with county and community behavioral health leaders to develop a strategic approach to responding. Each partnership draws upon the Commission's work with data, taps the expertise of academic and community partners and is formed around a learning community – or learning collaborative – to support the participating community mental health programs. The goal of this component of the Commission's work is to support county and community mental systems to improve how we recognize and respond to needs and the outcomes achieved.

As you may know, the Mental Health Services Act provides some \$100 million each year to counties to support innovative practices that can improve mental health outcomes. The

Commission works with counties to support their strategic utilization of county innovation funds. Our focus is on strategies to support multi-county learning collaboratives to address areas of shared need.

The Commission is currently supporting the following initiatives:

Statewide Early Psychosis Learning Collaborative

Commission-sponsored research indicates that California has 30 active programs providing early psychosis services across 26 counties. However, there is no uniformity across the state in treatment models, who is served or how outcomes are measured. In response, the Commission is working with counties and subject matter experts to build a network of early psychosis programs with standardized practices and that support knowledge-sharing, technical assistance and evaluation. Fourteen California counties are participating in this effort. Technical assistance, data analysis and project leadership are provided by the UC Davis Behavioral Health Center of Excellence, with support from researchers, clinicians and faculty at UCSF, UCSD, and Stanford University.

allcove: a one-stop shop for integrated youth mental health support

Initially developed in Australia, the Headspace youth drop-in mental health model provides integrated physical health, mental health, social, employment and educational support to youth and youth adults. The model has been adapted in Canada, Ireland and South Korea. Branded as “allcove” in California, the Commission is working with six counties to develop and the adoption of this model program in California. On June 25, 2021, Santa Clara is expected to open the first allcove program in the U.S., using MHSA Innovation funding. Five additional county and community partners are in the planning phases for this work. The Commission is partnering with practitioners, faculty and researchers at Stanford University to provide the leadership, technical assistance, and project management to support the project.

Schools and Mental Health

The Commission is currently supporting 18 school-county partnerships with \$95 million in incentive grants to enhance the integration of school and mental health services between local education agencies and county and community mental health providers. The Commission is supporting this work by sponsoring analyses of how school mental health programs are funded, by developing tools to measure and monitor educational and behavioral health outcomes and supporting cross-partnership collaboration. We are currently working with the Administration and Legislature to expand this program to all counties and enhance the technical assistance and support that is available to those community partners.

Suicide Prevention

In November 2019, the Commission released the state’s Suicide Prevention Strategic Plan, Striving for Zero. Based on that plan, we are working to establish an Office of Suicide Prevention within the Department of Public Health and to support counties and community partnerships in addressing suicide and suicide risks. With a \$2 million investment, the

Commission is working with 30 counties and other community partners to strengthen local suicide prevention efforts and activities.

The Commission supports several related initiatives to reduce criminal justice involvement of mental health clients, to strengthen Full Service Partnership programs and to improve how counties respond to people in a mental health crisis.

Commission Response to COVID-19 and Children's Mental Health

As others have testified, the COVID-19 pandemic, with its related economic and social distancing impacts, paired with the racial justice challenges facing the U.S. and California, have increased the behavioral health risks facing children, youth and families.

Research is beginning to show increased risks for suicide and suicidal behavior. Children and youth are reporting greater rates of depression and anxiety. Visits to Emergency Departments for mental health needs are on the rise. Hospital staff have shared anecdotes of so many young children landing in the Emergency Department that hospital staff are seeking transfers to address the trauma they are experiencing from their work.

As you also have heard, California's mental health system was strained before the pandemic. These new demands have revealed more significant limitations and disparities, particularly for children and youth of color and LGBTQ+ communities.

As the pandemic was starting, the Commission identified a range of strategies that it could pursue to support the state's overall pandemic behavioral health response. As an overarching strategy, we allowed county and community partners to modify their local assistance grant programs to align those efforts with emerging COVID-driven behavioral health needs. In some instances, we accelerated access to funding, in others we slowed down deliverables and deadlines to response to county requests. More specifically, the Commission pursued the following projects:

Youth Mental Health Idea Labs. In 2019 the Commission launched a youth innovation project with a youth leadership board. In Spring of 2020, the Commission hosted two youth-driven webinars to engage young people on their needs and how county and community behavioral programs can best support them.

The goal of this work is to enhance opportunities for youth to guide state and county responses to youth mental health needs.

Together for Wellness. In partnership with UCLA, the California Health Care Foundation, the Department of Health Care Services, the UC Davis Center for Reducing Health Disparities and others, we funded and launched a website to help Californians navigate among the many apps and website intended to support mental health needs. The intent of the project was to ensure that Californians have valid and reliable information on apps and websites that can support

their needs, and through that digital strategy reduce pressure on warm lines, hotlines and hospital Emergency Departments.

The Together for Wellness site is incorporated into the State's CalHope website. The site was developed with input from dozens of community organizations, and work is underway to translate it into seven languages. The site can be accessed at: <https://together-for-wellness-1d42aba4b08c939bd.webflow.io/>.

FEMA. The Commission supported the Department of Health Care Services in its design and drafting of an application to the Federal Emergency Management Administration to support the state's COVID Behavioral Health Disaster Response. The Commission took the lead in helping to identify and define the opportunity to work with schools to support school mental health strategies with FEMA support. California's \$70 million FEMA grant includes \$6.8 million to support school mental health strategies for behavioral health disaster response.

Expanding Mental Health Student Services Act Grants. As mentioned above, the Commission provided \$95 million in school mental health grants. Through the pandemic we have been working with the Administration and Legislature to expand that support to all California counties. The Governor's May Revise budget proposal would provide an additional \$50 million to expand school mental health funding to an additional 12 counties, up from the current 18. The Commission has asked for sufficient funding to provide support to all counties.

\$4 Million in Crisis Funding. During the 2020-21 budget hearings, the Commission sought and received authority to use budget flexibility to provide urgent financial support on suicide prevention and COVID response. As mentioned above, the Commission's work to support county and community suicide prevention efforts is funded with \$2 million in flexible Commission funding made available under that authority. An additional \$2 million is being made available as grants to support COVID-related work with counties and schools, including trainings for educators, enhancing county and community engagement strategies, and supporting the behavioral health needs of children and youth.

Stakeholder Advocacy. The Commission provides more than \$5 million each year to community organizations to support outreach, advocacy and education and training. In recognition of the impacts of COVID, the Commission provided our stakeholder contractors with added flexibility to use those resources to support state and county efforts in response to COVID-19.

Mental Health and Wellness Trainings and Support for State Agencies. Consistent with the Commission's work on Workplace Mental Health, the Commission has provided Mental Health First Aid and mental wellness training to our staff and other state and local agencies to support their ability to stay well, and to sustain their work on behalf of California.

Moving Forward

As California begins to move out of the pandemic, the Commission is working to improve our efforts to fortify how counties and community partners respond to mental health needs. Consistent with my comments above, we are requesting budget authority to expand our ability to analyze and publicly share data on what is working, what is not and to identify evidence-based practices and support their adoption through technical assistance and capacity building.

We have called for additional investments in digital health, mobile mental health support, school mental health, prevention and early intervention strategies and opportunities to strengthen the voices of youth and other community members to ensure the work we are doing is aligned and responsive to the needs we are trying to meet.

The Commission also engaging the Governor's team on their proposal to enhance the state's capacity to identify evidence-based practices, promote their adoption and scale across the state. Consistent with our work on school mental health, the Commission is increasingly concerned about the needs of young children, ages 0-5, along with maternal mental health. We also have been meeting with representatives of California's higher education segments in recognition of the challenges facing college and university students. Our goal is to build out and scale partnerships between our core public mental health systems, and community partners who can help develop a mental health system that views mental health needs through a prevention lens, and that can respond in a timely and effective manner to all Californians when services are needed.

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.