



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



WELLNESS • RECOVERY • RESILIENCE

LYNNE ASHBECK
Chair

April 22, 2020

MARA MADRIGAL-WEISS
Vice-Chair

The Honorable Gavin Newsom
Governor of California

MAYRA ALVAREZ
Commissioner

The Honorable Toni Atkins
President pro Tempore of the Senate
and members of the Senate

The Honorable Shannon Grove
Senate Minority Leader

RENEETA ANTHONY
Commissioner

The Honorable Anthony Rendon
Speaker of the Assembly
and members of the Assembly

The Honorable Marie Waldron
Assembly Minority Leader

JIM BEALL
Senator
Commissioner

KEN BERRICK
Commissioner

JOHN BOYD, Psy.D.
Commissioner

Dear Governor and Members of the Legislature:

BILL BROWN
Sheriff
Commissioner

The Mental Health Services Oversight and Accountability Commission is grateful for your assertive leadership during the COVID-19 pandemic and has been contributing to the response efforts of the Health and Human Services Agency and supporting our county and community partners.

KEYONDRIA D. BUNCH, Ph.D.
Commissioner

While prioritizing immediate responses to COVID-19, the Commission has become increasingly concerned about the mental health-related aftermath of the disease and its economic and social ramifications.

WENDY CARRILLO
Assembly Member
Commissioner

Practitioners and experts have raised the alarm that suicide rates are climbing and will continue to climb long after the COVID-19 crisis abates. California's school mental health crisis will become more acute as students, faculty and staff return to the classroom. We anticipate an increase in homelessness and criminal justice involvement of mental health consumers due to the economic disruption of the pandemic. Across each of those issues, racial, ethnic and LGBTQ disparities will be magnified.

ITAI DANOVITCH, M.D.
Commissioner

DAVID GORDON
Commissioner

GLADYS MITCHELL
Commissioner

Over the last several years, the Commission, through our strategic initiatives, has been catalyzing transformational change in California's public and private mental health systems. Based on these efforts, the Commission has identified four actions that should be taken immediately to "flatten the curve" of inevitable mental health-related crises triggered by COVID-19 and efforts to reduce disease and death.

KHATERA TAMPLIN
Commissioner

TINA WOOTON
Commissioner

TOBY EWING
Executive Director

Bolster Suicide Prevention and Response. Major risk factors for suicide – such as unmet health and mental health needs, substance use disorders and access to lethal methods of attempting suicide – may be exacerbated as care is disrupted or unavailable. Social distancing rules may worsen these risk factors, and experts have forecast an increase in suicidal

behavior and suicide death.

California's youth may face significant additional risks. In addition to a loss of support, vulnerable children and youth may be in unsafe environments, including homes with easy access to firearms and illegal and legal drugs, with abuse and neglect, and family and caregivers who reject the sexual orientation and gender identity of children and youth. Based on *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*, the Commission recommends the following:

1. **Establish state leadership and financial support for suicide prevention activities.** The State should formally establish suicide prevention leadership to coordinate and integrate state, county, school and private sector responses to prevent further loss of life – during the COVID-19 pandemic and afterward. Educators and health care providers, especially tele-health providers, need to be trained in the use of suicide risk screening tools, safety planning, and ways to promote safe home environments.

Fortify School-based Mental Health. Social and emotional support structures that schools and teachers provide to students have largely been suspended. Schools also typically connect families and communities to services. And teachers, who are often the primary protective factor for abused children, are not in close contact with their students.

California's recent investments in Triage and Mental Health Student Services Act grant programs have demonstrated both the need and the eagerness of county mental health programs and school districts to work together. These efforts also reveal the need for a systemic approach to support and fortify the capacity of those local efforts. The Statewide System of Support for K-12 education could provide the framework for integrating service models and professional development programs. Based on its extensive engagement and policy research on school mental health, and its administration and evaluation of grant programs, the Commission recommends the following:

2. **Increase financial support and technical assistance for collaboration between schools and counties.**
 - > The State should rapidly scale services by increasing Triage grants and Mental Health Student Services Act grants and technical assistance to meet the immediate needs of families in crisis. Growing the number of case managers, parent partners, and mental health clinicians is an essential part of a public health response.
 - > These efforts should be coordinated with the K-12 Statewide System of Support to build a more enduring infrastructure ensuring that all schools can become "Centers of Wellness" that effectively support students and their families, including using tele-health.
 - > California's educational sector, consistent with our health care sector, will need mental health support to be able to offer the emotional and educational assistance that our children and families need. Consistent with efforts on the HealthCorps and use of web-based tools to rapidly and efficiently share mental health information support, the state needs to put in place a mental

health and wellbeing support strategy to enhance the skills of our essential educators and prepare them for a return to the classroom.

Support Youth Resilience. The stresses and risk factors for youth are distinct. Before COVID-19, 1 in 3 high school students felt chronically sad and hopeless. Almost 1 in 5 had seriously considered suicide in the past year. Safe places, at school and in the community, are particularly important for youth, but have been suspended by physical distancing orders. Youth leadership is essential to effectively connect to those in need. Youth also are playing a role in designing and leading mental health service delivery in California. The Commission recommends the following:

3. Strengthen emerging efforts to increase the youth voice in responding to mental health needs of youth and young adults.

- > The State should support and expand local youth wellness councils that provide leadership and oversight for school mental health planning and policy, and focus support on high-risk communities where risks have likely increased during the pandemic.
- > The State should support a network of youth-designed web and app-based and tele-mental health resources and ensure that all youth can access those supports. Programs would include virtual drop-in centers, online wellness communities and other resources that include outreach to diverse communities and that are culturally, linguistically and LGBTQ appropriate.

Build on the “Whatever it Takes” Model to Reduce Criminal Justice Involvement and Homelessness. The Full Service Partnership model, in which service providers can do “whatever it takes” to support mental health consumers in their recovery, was developed specifically to prevent homelessness, incarceration and hospitalization of people with severe and persistent mental illnesses. Full Service Partnerships currently represent a \$1 billion annual investment in the highest level of voluntary, community-based, recovery-oriented mental health care available in California. The Commission’s analysis and sponsorship of two multi-county collaborative projects indicate significant potential to reduce negative outcomes – especially homelessness and criminal justice involvement – by bolstering these programs with focused analytics, deployment of best practices and continuous improvement. Based on these activities the Commission recommends the following:

4. Strengthen and coordinate analysis by state-level partners to provide counties the information they need to use all available funding to improve services and outcomes.

- > The Health and Human Services Agency should bring together the Department of Health Care Services, the Department of State Hospitals, the Commission, interested counties and service providers to share and analyze data. The project could determine the full potential for Full Service Partnerships in reducing homelessness and justice involvement and guide the expansion and improvement of these programs so that counties can increase capacity, lower costs and improve outcomes.
- > Many of these Full Service Partnerships and other mental health services are eligible for Medicaid billing, but the State does not know whether counties are fully accessing federal funds to support those efforts. It also is unclear if

these services can be fully or partially funded through commercial insurance plans, particularly for youth and young adults who may have commercial insurance but are at risk for homelessness because of unmet mental health needs.

In all of these initiatives, California has an opportunity to address the historical trends of racial, ethnic and poverty-related disparities, which are being exacerbated by COVID-19 and the necessary isolation orders. Disparities could be mitigated by assertive efforts to prioritize resources and assistance for disadvantaged communities, families and individuals.

The Commission can provide additional information and contribute to efforts to increase and improve the state's responses on these priorities, particularly on school mental health as we will finalize a formal report on that topic in the coming months.

The Commission also will continue to contribute to efforts to create person-centered internet platforms that will help individuals understand their mental health needs and connect with the appropriate information and services. We greatly appreciate the participation of the Health and Human Services Agency support for the Rapid Response Network the Commission established to provide precise answers to the questions of county partners and community service providers on COVID-19 related challenges. By connecting frontline agencies to officials and experts we are collectively enabling a more effective response and furthering the collaboration required to improve outcomes.

Thank you again for your leadership.

Sincerely,

Lynne Ashbeck, Chair