



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor



WELLNESS • RECOVERY • RESILIENCE

April 28, 2020

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Governor of California

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and members of the Senate

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Commissioner

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TOBY EWING
Executive Director

Dear Governor and Members of the Legislature:

The Mental Health Services Oversight and Accountability Commission is grateful for your assertive leadership during the COVID-19 pandemic. We have been working in partnership with the Health and Human Services Agency and supporting our county and community partners across the State.

In responding to COVID-19, the Commission is increasingly concerned about the mental health-related aftermath of the disease and its economic and social ramifications.

The purpose of this letter is to provide some context to our concerns and to identify four distinct actions that we, as a Commission and in support of our State's goals, can immediately take to "flatten the next curve" of COVID-19 – the mental health ramifications.

Practitioners and experts are providing warnings that must be heeded. Suicide rates are climbing and will continue to climb long after the pandemic wanes. Children under the age of five face significant mental health risks – at a critical period in brain development and are most at risk from trauma and adverse childhood experiences. California's school mental health crisis will become more acute as students, faculty and staff return to the classroom. The economic disruptions are expected to increase homelessness and criminal justice involvement among those with unmet mental health needs. In each of those situations, racial, ethnic and LGBTQ disparities will be magnified, and extra effort is required to meet the specific needs of individual communities.

In recent years, the Commission’s strategic initiatives have been catalyzing transformational change in the public and private mental health systems.

Based on these efforts, the Commission has identified four actions that can and be taken immediately to “flatten the curve” of inevitable mental health-related crises triggered by COVID-19.

1. Bolster Suicide Prevention and Response. The 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 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:

RECOMMENDED ACTION: Establish state leadership and financial support for suicide prevention activities. The State can 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 telehealth providers, need to be trained in the use of suicide risk screening tools, safety planning, and ways to promote safe home environments.

2. Fortify School-based Mental Health. The social and emotional support that child development programs, schools and teachers provide to young children, students and families have largely been suspended. These entities also typically connect families and communities to services. Teachers, who often are the primary protective factor for at-risk, abused and traumatized children, are not in close contact with students.

California’s recent investments in Triage and Mental Health Student Services Act programs have demonstrated the need and eagerness of county mental health, schools and community partners 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 in both K-12 and early learning systems for children 0-5. 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:

RECOMMENDED ACTION: Increase financial support and technical assistance for collaboration between early learning programs, 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 and ensure that all schools can become “Centers of Wellness” that effectively support students and their families, including using telehealth.
- > California’s educators, consistent with health care providers, will need mental health support so they can provide emotional and educational assistance to children and families. Consistent with the HealthCorps and new web-based mental health supports, the State needs a strategic mental health and wellbeing initiative to prepare essential educators for a return to the classroom.

3. Support Youth Resilience. The stresses and risk factors for youth are distinct. Before COVID-19, one in three high school students felt chronically sad and hopeless. Almost one in five 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:

RECOMMENDED ACTION: 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, app-based and telemental 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.

4. 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 in California. The Commission’s analysis and sponsorship of two multi-county collaborative system improvement 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:

RECOMMENDED ACTION: 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 to reduce 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 each of these initiatives, California has an opportunity to address the historical 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, empowering those communities to help set priorities and deliver services.

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

The Commission stands by to support the State’s efforts in the most effective, efficient, and equitable means possible. We are grateful for the opportunity to serve.

Thank you again for your leadership.

Sincerely,



Lynne Ashbeck, Chair

Bolster Suicide Prevention and Response April 28, 2020

Suicide rates are increasing. The COVID-19 pandemic has negatively affected the mental health of millions of Californians. Some experts are predicting an increase in suicidal behavior among children and adults. Suicide is preventable and everyone plays a role in its prevention. Much like the COVID-19 response, all Californians need to be vigilant – aware and responsive to the warning signs of suicide in their loved ones and for themselves.

Disrupt Another Public Health Challenge: Suicide

California's strategic plan for suicide prevention - *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025* presents a comprehensive strategy based on the latest information and evidence to guide state and local efforts. Below are key insights from the state's plan relevant now more than ever during the pandemic, followed by a series of recommendations from the plan that should be taken now to prevent further loss of life.

Longstanding increases in suicide rates could escalate in the wake of the COVID-19 pandemic. Suicide is a complex public health challenge involving many biological, psychological, social, and cultural determinants. Major risk factors for suicide, such as 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 and people are confined to their homes with access to guns and other lethal means.

Access to highly lethal methods of attempting suicide may have increased. In March, background checks for gun sales in California increased by 72 percent over February 2020 sales.¹ Safe storage of guns in the home can mean the difference between life and death for vulnerable adults and youth who are quarantined. Crises involving suicidal behavior tend to be transient and are characterized by extreme ambivalence about the wish to die or stay alive. Reducing access to lethal methods during a crisis creates lifesaving time and opportunity for intervention and is an essential element of suicide prevention best practices. The placement of time between thoughts of suicide and a person's ability to obtain lethal means for an attempt represents a practical, lifesaving approach to prevent suicide.

California may see an increase in the number of youth who die by suicide. Vulnerable children and youth may not have access to community and school-based supports and may be in unsafe home environments, including homes with easy access to firearms and illegal and legal drugs

¹ Source: FBI's National Instant Criminal Background Check System: https://www.fbi.gov/file-repository/nics_firearm_checks_-_month_year_by_state_type.pdf/view

and with abuse and neglect. Youth attempt suicide at greater rates compared to adults. As lethality of means increases, we may see an increase youth suicide death.

An effective crisis response network can make all the difference. For many people at risk for suicide or those in distress, lifesaving intervention may be calling, texting, or chatting with a crisis line responder or accessing crisis services, such as mobile crisis units or crisis residential centers and mental health urgent cares. These lifesaving services are often uncoordinated in many California communities. Complicating this fragmented network is the sheer amount of numbers for access lines, warm lines, peer-run lines, suicide hotlines, and crisis lines, with each county having its own set of phone numbers, in addition to the National Suicide Prevention Lifeline.

Accelerate State Leadership to Strategically Prevent Suicide in California

Suicide prevention efforts are occurring throughout the state and in different private and public sectors. But the multi-disciplinary nature of suicide prevention makes it difficult to coordinate efforts. The state's suicide prevention plan calls for state leadership to coordinate efforts, send clear and consistent messages about best practices, monitor suicide and suicidal behavior data, leverage existing and seek new resources, and oversee state laws already in place. Such leadership could accelerate best practices in suicide risk assessment and management for at risk adults and youth in key settings, such as health care and schools, especially for people with histories of suicidal behavior who are at greatest risk for dying by suicide.

Take Action Now

The Commission has developed four recommendations to disrupt an emerging mental health crisis. Guided by years of extensive research and community engagement to develop the state's strategic plan for suicide prevention, the Commission recommends the following action to prevent further loss of life to suicide:

Recommendation: 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.

Disrupt the Emerging Mental Health Crisis

Disruption of an emerging mental health crisis is possible if the State acts now to increase financial resources and fortify critical public health infrastructure. The Commission has identified four actions that should be taken immediately to address this crisis in its letter to the Governor and Legislature dated April 28, 2020. This document supplements information to support recommended action to prevent suicide.

Fortifying School Mental Health April 28, 2020

Children are at an elevated risk. Prior to the pandemic, one in five schoolchildren in California had a significant mental health need. Disrupted routines and social connections heighten the stress response of many students, particularly those who previously experienced trauma or have preexisting mental health needs. Parents and caregivers also are struggling with job losses and other impacts, contributing to rising domestic violence, substance abuse and mental health needs. These conditions, early indicators show, are increasing “adverse childhood experiences.”

The Role of Schools in Protecting Mental Health has been Disrupted

The Mental Health Services Oversight and Accountability Commission over the last three years has extensively and publicly explored the need and potential to improve the mental health services provided to children through schools, and by extension to their families and educators. These activities inspired expansion of Triage grant program and the establishment of the Mental Health Student Services Act, and it informs this analysis and recommendation.

Social and emotional support structures have temporarily broken down. With schools closed and under isolation orders, educators cannot provide the same face-to-face human connection and teachers are struggling to provide emotional support in a virtual space as they develop online lessons. Schools are ramping up efforts for “virtual check-ins” and “telehealth,” but many schools didn’t have adequate staffing before the pandemic.

Schools typically connect families and communities to services. Schools are a vital mechanism for connecting to entire families, and to connect families to the mental health and other services they need. Referrals to mental health and social support agencies are down at a time of heightened need, and many services cannot be provided under the isolation rules.

Teachers cannot provide the same “protective factor” for abused children. Several counties have reported sharp decreases in referrals to Children Protective Services, even while domestic violence cases are thought to have increased. Substantial numbers of students are not participating in remote learning or have not checked in with schools, particularly students in alternative schools.

The State has a Foundation for Ramping up School Mental Health

California’s recent investments in school mental health revealed the need and the ambition of community stewards to address this need. Educators, health professionals and children’s

advocates were already acting out of a sense of urgency to respond to the physical, emotional and developmental needs of children. They are cobbling together the financial and professional resources and adapting emerging programs to support children and make learning possible. Grant programs have been significantly oversubscribed, an indicator of the unmet need.

The State’s investments also revealed the need for a systemic approach. Schools and county behavioral health departments are building programs based on existing relationships, available knowledge and funding. The response could be significantly scaled by coordinating peer-based learning and disseminating models that are sustainable, impactful and adaptive from design.

The System of Support for K-12 education could provide the infrastructure for developing models and professional skills. The new support structure is intended to help all schools close the achievement gap with levels of increasingly specialized support, including Multi-Tiered Systems of Support for mental wellbeing. This network could be deployed to reach all districts and help to identify gaps in capacity and funding to meet the elevated needs.

Take Action Now

Based on the extensive analysis, public engagement and previous deliberations and managing and evaluation grant programs, the Commission believes the following actions would provide immediate value to children and families struggling to adapt to COVID-19 conditions.

Recommendation: 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 educators, consistent with our health care providers, will need mental health support so they can provide emotional and educational assistance to children and families. Consistent with the HealthCorps and new web-based mental health supports, the State needs a strategic mental health and wellbeing initiative to prepare essential educators for a return to the classroom.

Disrupt the Emerging Mental Health Crisis

COVID-19 is impacting the mental health of millions of Californians. Physical distancing may be reducing the spread of disease, but the strategy also weakens the links between Californians and supportive services. The State can disrupt this emerging mental health crisis now by increasing funding and fortifying critical public mental health infrastructure. This brief supplements the Commission’s April 28, 2020 letter to the Governor and Legislature.

Support Youth Resilience April 28, 2020

Youth are particularly vulnerable to the added stresses of the pandemic. 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. Sheltering at home may not be safe for youth, particularly those youth such as LGBTQ youth and foster youth who are at greater risk for parental rejection and abuse. At-risk youth are less likely to check-in with their teachers and participate in virtual learning, and more likely to experience increased stress and anxiety during the COVID-19 crisis.

Youth are Best at Defining Needed Supports

At the request of youth advocates, the Commission in 2018 launched the Youth Innovation Project and established a Youth Innovation Project Planning Committee, comprised of 14 youth from 12 counties. The Committee is organizing youth-led community engagements and developing concepts for youth-centered county innovation projects to increase preventative mental health services in schools and in the new “virtual space.”

The Commission has also funded innovation projects, such as Santa Clara’s allcove project to facilitate transition-age youth (TAY) engagement with the community mental health system. The youth-led allcove project provides holistic services including onsite mental health and substance abuse counseling, physical health care services, and linkages to education, housing, and employment, as well as intensive treatment options.

Youth-led is key to youth served. Throughout all of these activities, youth have made it clear they want services and supports that are strength-based, peer-led, and wellness-oriented. The COVID-19 crisis is requiring ingenuity and the rapid deployment of new strategies consistent with those principles.

Stigma is a primary barrier to youth seeking mental health services or helping a friend in crisis and in turn youth play an important role in reducing stigma among their peers through outreach and engagement, education and support.

Youth-led Innovations Provide a Foundation for Swift Action

The emerging “best practices” for serving youth are undermined by physical distancing rules. Safe places, at school and in the community, are particularly important for youth, but have been suspended by physical distancing orders. Youth are spending more time on social apps, which can enhance social connection, but may also be determinantal to their mental health.

Youth leadership continues to be essential to effectively connect to those in need. Youth leadership has been effective in countering stigma and establishing the safe zones that allow other youth to open up, share their stories, and get connected to services. NAMI Campus High School clubs and Cal-HOSA chapters have supported youth leadership and mental health advocacy within schools and communities and are needed more than ever as schools make the transition to virtual means of connection.

Youth are also playing a role in designing and leading mental health service delivery. Youth leaders have stepped up to educate their peers about mental health and shape school-community mental health programs. Psypher, a youth-led organization, held a 14-day online workshop series called Wellness in Place to bring youth together to discuss difference aspects of wellness during COVID-19. Connecting youth to youth-initiated and directed programming can strengthen resilience and mitigate mental health crises now and in the future.

Take Action Now

The abrupt shift to remote learning, the emotional consequences of social distancing and the shuttering of safe places are expected to have profound impact on the emotional wellbeing of youth. Fortunately, the momentum and learnings of recent years provide clear direction to policymakers.

Recommendation: 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.

Disrupt the Emerging Mental Health Crisis

COVID-19 is impacting the mental health of millions of Californians. Physical distancing may be reducing the spread of disease, but the strategy also weakens the links between Californians and supportive services. The State can disrupt this emerging mental health crisis now by increasing funding and fortifying critical public mental health infrastructure. This brief supplements the Commission's April 28, 2020 letter to the Governor and Legislature.

Homelessness and Incarceration

Build on Full Serve Partnerships to Reduce Criminal Justice Involvement and Homelessness
April 28, 2020

For some, COVID-19 is a crisis upon crisis. The most visible and tragic reminders of the failures of the community mental health systems are those individuals who fall into homelessness and the criminal justice system. State and community leaders, allied with service providers and community organizations, have struggled with these complex challenges in “ordinary times,” which are aggravated now by a highly contagious virus that imperils the medically fragile.

Discovering the Full Promise of Full Service Partnerships

The Mental Health Services Oversight and Accountability Commission and several county partners are assessing and improving a promising approach to meeting “high-need” individuals. The Full Service Partnership, in which service providers do “whatever it takes” to support consumers in their recovery, was developed specifically to prevent homelessness, incarceration and hospitalization of people with severe and persistent mental illnesses.

Full Service Partnerships (FSPs) represent a \$1 billion annual investment in the highest level of voluntary, community-based, recovery-oriented care available in California. Strengthening this approach remains one of the most promising pathways to reducing negative outcomes.

The Commission over the last two years has analyzed state-held data on Full Service Partnerships. The analysis reveals that 70 percent of FSP clients had no criminal justice involvement and among those with prior arrests, FSPs significantly reduced rearrests. Outcomes also vary across counties. In some counties, some 40 percent of FSP consumers report meeting goals upon discharge, while in other counties success rates are 10 percent. Less is known about how well FSPs serve those who are homeless or at risk of homelessness, but the potential for high-performing FSPs to reduce homelessness appears significant.

Efforts are underway to strengthen FSPs

Based on this analysis, the Commission launched two projects to help counties assess and improve FSPs. The first project – involving Los Angeles, Orange, Ventura and Amador counties – is aligning data on programs, services, consumers and key outcomes to identify how and how well their FSPs are working. The second project – involving Ventura, Fresno, San Bernardino, San Mateo, Sacramento and Siskiyou counties – is helping those counties design, execute and evaluate innovative improvements to their FSPs. While these projects support system change at the county level, they also have revealed ways the State could better support that change.

Cross-system analysis of state-level data will inform program choices. As the lead agency on MHSA-funded Community Services and Support programs, the Department of Health Care Services collects data on FSP clients. Additional analysis could determine how well FSPs are meeting the needs of the homeless or those at risk of homelessness; serving everyone who is eligible for care; and linking clients who are discharged from FSPs to ongoing services. This analysis is likely to reveal strategies to improve outcomes, including reducing the number of mental health consumers who are homeless and involved in the criminal justice system.

A systemwide fiscal analysis also could identify a sustainable funding model. Counties may not be fully accessing federal funds to support FSP-provided services. Some services for some clients may be fully or partially funded through commercial insurance plans, particularly for youth and young adults who may have insurance and are at risk for homelessness because of unmet mental health needs. A comprehensive fiscal analysis could help counties tap these other resources and better align state funds, such as prioritizing MHSA Workforce Education and Training funds to train FSP staff on ways to help deliver the promise of the FSP model.

Take Action Now

Funding alone cannot meet the complex needs of individuals with severe and persistent mental health needs. Full Service Partnerships are the strongest available models for providing integrated and tailored care and have the potential to be a much more effective way to reduce homelessness and criminal justice involvement among those with unmet mental health needs.

Recommendation: 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.

Disrupt the Emerging Mental Health Crisis

COVID-19 is impacting the mental health of millions of Californians. Physical distancing may be reducing the spread of disease, but the strategy also weakens the links between Californians and supportive services. The State can disrupt this emerging mental health crisis now by increasing funding and fortifying critical public mental health infrastructure. This brief supplements the Commission's April 28, 2020 letter to the Governor and Legislature.