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# MHSOAC Budget Overview

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**Background:**

The Commission's budget is organized into Personnel and Core Operations funding, for staff, rent, and related Commission expenses, and Local Assistance Funding, which includes the majority of its funding that is provided to counties and other local partners. Personnel funding is ongoing, Core Operations is ongoing with some exceptions, for limited term resources to support the implementation and evaluation and technical assistance of grant programs with one-time funding that is allocated over multiple fiscal years. Grant Program Funding includes both ongoing funding, such as Mental Health Wellness Act of 2013/Triage, and Mental Health Student Services Act of 2018. The Commission also received an allocation for one-time funding for allcove Youth Drop-In Centers, and Early Psychosis Intervention grant programs. Budget Directed Programs are one-time funds, provided in the Governor's Budget Act for specific projects, such as the Anti-Bullying Campaign, Innovation Incubator, Suicide Prevention Strategic Plan and reallocation of existing funds to address COVID-19 related needs.

## Budget by Fiscal Year and Specific Category

	Fiscal Year 2019-20	Fiscal Year 2020-21	Fiscal Year 2021-22	Fiscal Year 2022-23
<b>Operations</b>				
Personnel	\$4,044,000	\$5,528,000	\$6,720,000	\$8,207,000
Core Operations	\$7,019,000	\$5,256,000	\$28,890,000	\$19,533,000
<b>Total Operations</b>	<b>\$11,063,000</b>	<b>\$10,784,000</b>	<b>\$35,610,000</b>	<b>\$27,740,000</b>
<b>Budget Directed Programs</b>				
Anti-Bullying Campaign*			\$5,000,000	
COVID-19*		\$2,020,000		
Innovation Incubator* (\$5 m 2018/2019)	\$2,500,000			
Stakeholders	\$5,418,000	\$1,398,000	\$5,418,000	\$5,418,000
Suicide Prevention*		\$2,000,000		
<b>Total Budget Directed Programs</b>	<b>\$7,918,000</b>	<b>\$5,418,000</b>	<b>\$10,418,000</b>	<b>\$5,418,000</b>
<b>Grant Programs</b>				
allcove (Youth Drop-In Centers)*	\$14,589,000			
Children and Youth Behavioral Health Initiative*				\$42,900,000
Early Psychosis Intervention*	\$19,452,000			
Mental Health Student Services Act**	\$48,830,000	\$8,830,000	\$103,830,000	\$8,830,000
Coronavirus Fiscal Recovery Fund of 2021*			\$85,000,000	
Mental Health Wellness Act/Triage	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
Suicide Prevention Voluntary Tax			\$239,000	
<b>Total Grant Programs</b>	<b>\$102,871,000</b>	<b>\$28,830,000</b>	<b>\$209,069,000</b>	<b>\$71,730,000</b>
<b>Total</b>	<b>\$121,852,000</b>	<b>\$45,032,000</b>	<b>\$255,097,000</b>	<b>\$104,888,000</b>

\*one-time funds

\*one-time funds+ ongoing funds

## **Commission Grant Programs**

The Commission manages grant programs that resource essential and innovative services in ways that incentivize stronger partnerships, integrated services, braided funding and the evaluation required for continuous improvement. The Mental Health Wellness Act (Triage), youth drop-in centers, the early psychosis intervention (EPI), and the Mental Health Student Services Act are examples of such grants.

### **allcove (Youth Drop-In Centers)**

**Summary:** In 2019, the Commission allocated \$10 million to five counties to support the establishment or expansion of integrated mental health youth drop-in centers which provide mental health and wellness services for individuals between 12-25 years of age and their families. The Commission also allocated \$4,589,000 to Stanford to provide technical assistance to participating counties and to support collaborative learning among grantees, training, data and evaluation support and community outreach.

**Strategic Plan Objective 3c:** Support Youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

**Authorization:** The program was established by, Senate Bill 109, Chapter 363, the Budget Act of 2019, provided \$15 million one-time Mental Health Services Act funds. The funds had to be allocated by the Commission through a competitive grant to counties, or a health care district may apply for a grant if designated by the county, city, or multi-county behavioral health department, through a competitive procurement. The Budget Act called for a focus on vulnerable and marginalized youth and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth.

**Background:** Counties are working in collaboration with Stanford to implement the allcove programs. The goal of integrated youth mental health centers is to increase access to vital services for youth at locations that are designed with youth and for youth and consider the needs of vulnerable and marginalized people. These programs will be equipped to meet the needs of youth, including mental and behavioral health needs, housing, education and employment support, and linkage to other services.

**Activities:** The Governor has proposed expanding state support for evidence-based youth drop-in centers through the Child and Youth Behavioral Health Initiative. The Budget Act of 2022 allocates \$42.9 million for the Commission to expand programs for children and youth. The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

## Children's Behavioral Health Initiative

**Summary:** The Governor's 2021 budget included \$4.4 billion to support an array of projects to improve behavioral health outcomes for children. Those initiatives include \$429 million to identify and replicate evidence-based practices, with a focus on early psychosis, youth drop-in centers, prevention and early intervention, reducing disparities, and meeting the needs of youth with complicated, high-end needs.

**Strategic Plan Objective 3a:** Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health.

**Strategic Plan Objective 3c:** Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

**Authorization:** The Budget Act of 2022 allocated \$42.9 million to the Commission to support the identification and adoption of evidence-based practices.

**Activities:** The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

## Early Psychosis Intervention

**Summary:** In August 2020, the Commission allocated \$9,996,034 to five counties for grant programs and \$3.9 million to the University of California at Davis for a training and technical assistance contract to support the grantees, as part of a competitive bid processes for its first round of Early Psychosis Intervention grants. Funding for the Early Psychosis Intervention Program supports community-level early psychosis and mood disorder detection and intervention programs for adolescents and youth adults and expands existing programs and brings them into fidelity with the Coordinated Specialty Care model.

**Strategic Plan Objective 3a:** Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health issues.

**Authorization:** Assembly Bill 1315, Chapter 414, Statutes of 2017 established the Early Psychosis Intervention Plus Program (EPI Plus) and the EPI Plus Advisory Committee. The 2019 Budget Act provided \$19,452,000 to scale the initiative. The Commission has granted \$10 million to five counties and \$3.9 million to the University of California at Davis for training and technical assistance for grantees.

**Background:** In November 2020, the Commission approved the outline of a second Request for Application, based on recommendations from the EPI Plus Advisory Committee. In 2021, \$4.0 million was allocated for new or expanded early psychosis programs, \$1.0 million for public awareness efforts and workforce development and retention, and \$565,000 for research initiatives to identify barriers and improve access to care for diverse, racial, and

ethnic communities. All the funds address specific mental health disparities. The competitive bid was released in February 2021 and the grants were awarded in April 2021.

**Activities:** The Commission also has partnered with Kaiser Permanente of Northern California to evaluate the cost-effectiveness of the Coordinated Specialty Care model for early treatment of psychosis to encourage the commercial care market to incorporate these practices. Results are expected by early 2022.

**Long term issues:** The Governor has proposed expanding state support for early psychosis services through the Child and Youth Behavioral Health Initiative. The Commission will hear from Melissa Stafford-Jones at the January Commission meeting and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

## **Mental Health Wellness Act of 2013/Triage**

**Summary:** In 2018, the Commission awarded its second round of the Mental Health Wellness Act/Triage grants to counties and allocated \$76,000,000 for local assistance programs, and \$7,000,000 to evaluate the programs. The current Triage grant programs will end in 2022, with the exception of a few counties that experienced program delays due to the pandemic and received additional time to provide services.

**Strategic Plan Goal 1:** The Commission will advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.

**Authorization:** In 2013, Senate Bill 82, established the Investment in Mental Health Wellness Act of 2013. The Commission’s Budget includes \$20 million in ongoing Mental Health Services Act funds.

**Background:** The Commission receives \$20 million each year to support the Mental Health Wellness Act, also known as the Triage Program. The funding is available to county behavioral health departments through a competitive process to support their crisis continuum of care. Funds must be used to hire staff.

The Commission previously has allocated these funds for multi-year grant, by committing funding from multiple fiscal years. The Commission also has directed that a portion of the funds be set aside for specific goals, such as 50 percent for children, to support collaboration between county behavioral health programs and schools, adults, and transition-age youth.

**Activities:** The Commission in September 2021 heard from counties in a listening session about challenges encountered with hiring staff and delays due to the pandemic. In October 2021 the Commission reviewed opportunities for the next round of Triage grants, which included a presentation from the EmPATH program. Commissioners also have expressed support for the hospital-based EmPATH program. Veronica Kelly, Past President of California Behavioral Health Directors Association also testified at the October meeting and stated the SB 82 funds do not align with the greatest needs of the community.

**Long term issues:** The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission’s

evaluation will help to inform those opportunities, including whether to seek statutory changes that would provide more flexibility and eliminate the requirement the funding be used solely for additional staffing.

## **Mental Health Student Services Act**

**Summary:** In 2020, the Commission allocated \$75 million in Mental Health Student Services Act grants to 18 counties to provide school-based mental health services. In 2021-22, the Commission will allocate an additional \$95 million in state funds to 20 counties and \$85 million in federal funds to expand the program statewide.

**Strategic Plan Objective 1a:** Promote school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods.

**Authorization:** Established by, Senate Bill 75, Chapter 51, Statutes of 2019 the Mental Health Student Services Act, provided \$40 million one-time and \$10 million ongoing Mental Health Services Act funds to implement partnerships between county behavioral health departments and local education agencies. The Budget Act authorizes these expenditures and define the evaluation requirements. The Budget Act of 2021 augmented the Mental Health Student Services Act by \$95 million Mental Health Services Act funds, \$100 million federal funds, and \$25 million to support the implementation and evaluation of the program.

**Background:** In 2018, the Commission dedicated \$20 million to support four partnerships between county behavioral health agencies and local schools. In response, the Governor and the Legislature passed the Mental Health Student Services Act. In October 2020, the Commission published *Every Young Heart and Mind: Schools as Centers of Wellness*, which recommended a comprehensive approach to school-based mental health. In 2021, the Governor and Legislature expanded the Mental Health Student Services Act and authorized the expenditure of FEMA pandemic relief funds for school-based mental health.

**Activities:** The Commission is allocating the funds to counties for the school-county partnership grants and developing plans for gathering data and assessing the programs. The Commission is also working to hire additional staff to support the implementation of the Mental Health Student Services Act and its evaluation.

**Long term issues.** The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission's assessment will be one source to inform those deliberations and decisions.

## **Budget Directed Programs**

Engage diverse communities – including consumers and families from different cultural and social backgrounds, service providers, local governments, employers and other involved in the public and privately funded behavioral health systems – drive changes needed to increase access to high quality services and improve outcomes.

## Anti-Bullying Campaign

**Summary:** The Budget Act of 2021 allocated funds for the Commission to launch a youth-focused anti-bullying initiative that leveraged social media to support youth. The project is part of a broader initiative targeting Anti-Asian hate. The Commission formed an advisory committee as directed in the budget to support this project.

**Strategic Plan Objective 3c:** Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

**Authorization:** Budget Act of 2021 allocated \$5 million one-time Mental Health Services Act funds for a social media campaign and \$300,000 to provide support to the Commission for the implementation of this project, which has four significant themes: Anti-bullying, youth driven, focused on race/ethnic/language-focused communities and social media driven support for the mental health care. The budget also directed the Commission to finalize contracts no later than October 31, 2021.

**Activities:** Commissioner Shuo Chen, Chair of the Anti-Bullying Advisory Committee and Commission staff are nearing completion of recommendations to hire a contractor to lead and launch this work.

## Innovation Incubator

**Summary:** The Commission's Innovation Incubator deeply engaged more than 25 counties to build capacity for innovation and continuous improvement. An evaluation is underway, and the Innovation Subcommittee is reviewing recommendations for improving the Commission's Innovation Program.

**Strategic Plan Objective 3a:** Complete and oversee the projects of the Innovation Incubator and document the value of efforts to form and support collaborations to address specific issues.

**Authorization:** The Budget Act of 2017-18 provided \$5 million in one-time MHSA funds to work with counties to find ways to proactively find ways to reduce the number of individuals with mental health needs in the criminal justice system.

**Background:** The Commission worked with stakeholders to develop a business model for the Innovation Incubator and then launched a series of projects to build the capacity for innovation and continuous improvement. More than 25 counties were involved in one or more learning collaborative, and nearly all counties participated in webinars and workshops to hear the results and how they could deploy the new practices. The Incubator also conducted an in-depth study on the innovation process, which produced an Innovation Action Plan.

**Activities:** The Innovation Subcommittee, working from the recommendations in the Innovation Action Plan, is developing an implementation plan that is expected to prioritize activities that will improve the quality of innovation plans developed by counties, refine the system for the Commission to review and approve those plans, and to expand efforts to

disseminate learnings across counties to accelerate the pace of innovation. The Commission staff is evaluating the Incubator to identify additional learnings.

**Long term issues:** Among other outcomes, the Incubator strengthened the relationship with many counties and developed a shared understanding of the potential for technical assistance and multi-county learning collaboratives to support continuous improvement. The evaluation is exploring this and other results. Based on the evaluation, the Commission could consider seeking or dedicating more resources to this strategic approach to driving transformational change.

## Stakeholders

**Summary:** The Mental Health Services Act calls for ensuring that consumers, families and people facing disparities are engaged in decision-making. The Commission provides \$5.4 million Mental Health Services Act funds annually to support the voice of community members through eight stakeholder contracts. Contracts are established through a competitive procurement process and focused on community outreach, education and training, and advocacy. The populations targeted with these funds include clients and consumers, diverse racial and ethnic communities, families, immigrants and refugees, LGBTQ+ populations, parents and caregivers, transition age youth, and veterans.

**Strategic Plan Objective 1b:** Build capacity at the community level to coordinate resources and services to improve outcomes.

**Authorization:** The Budget Act authorize these expenditures and require that the allocation is through a competitive process.

**Background:** Welfare and Institutions (W&I) Code Section 5892(d) requires that the Mental Health Services administrative fund “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, the structure of service delivery, or access to services.”

The Commission is currently contracted with 12 local and state-level organizations to conduct advocacy, outreach, engagement, training, and education for eight specific unserved and underserved populations.

On February 27, 2020, The Commission awarded \$12 million in contracts for Clients and Consumers, Diverse Racial and Ethnic Communities, Families of Clients and Consumers, LGBTQ+ Communities, Parents and Caregivers, and Veteran Communities. In 2019, the Commission awarded a \$2 million contract for Transition Age Youth and \$2 million in contracts for Immigrant and Refugee populations.

**Activities:** Commission staff meet with stakeholders quarterly to better understand the needs for each organization that receives funding. Contract deliverables are reviewed and approved by staff. Funding for Immigrant and Refugee stakeholders will expire this fiscal year and the Commission will be asked to consider approving and outline for the next round of contracts at its January meeting.

## COVID-19 Response

**Summary:** In response to the COVID-19 pandemic, the Commission re-prioritized \$2,020,000 in available funding to support community response to growing mental health needs. In consultation with community stakeholders and county behavioral health leaders, the Commission focused its investment on addressing disparities and fortifying youth suicide prevention efforts in addition to offering more general support.

**Strategic Plan Objective 1a:** Promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.

**Strategic Plan Objective 3b:** Support implementation for *Striving for Zero*, the State's suicide prevention plan for 2020-25

**Authorization:** The Budget Act of 2020, shifted existing funding available in the Commission's budget to provide support to address the mental health needs, exacerbated by the pandemic.

**Background:** The Commission has invested \$880,000 to strengthen school mental health strategies targeting social emotional learning and suicide prevention. The Commission entered into contracts with five non-profit providers to enhance the support they provide for schools. Due to the urgent mental health needs in the communities, these contracts were provided to subject matter experts, through a sole source process.

The remaining funds were allocated through a sole source process, to support improved opportunities for county behavioral health programs to address disparities, the Commission has invested \$1,140,000 in a project to support the replication of a successful Solano County innovation that targeted disparities reduction. Funding is available provide technical assistance to counties to better understanding the work of the California Reducing Disparities Project and to replicate that work.

**Activities:** The Commission has finalized contracts to strengthen school and mental health strategies, and that work is underway. The Commission is in the process of finalizing contracts with the University of California Davis and Solano County, and funding will be available in the next few months to provide support to the more than 40 counties that have expressed interest in participating in this project, which includes a learning collaborative focused on reducing disparities.

## Suicide Prevention

**Summary:** The Commission is implementing *Striving for Zero*, the State's suicide prevention strategic plan.

**Strategic Plan Objective 3b:** Work with the Governor, the Legislature and community leaders to establish an Office of Suicide Prevention, expand training resources, better integrate suicide prevention services into health care settings, and encourage the renewal of community prevention plans.

**Authorization:** The Legislature directed the Commission to develop the strategic plan to develop a suicide prevention strategic plan. The Budget Act of 2020-21 shifted funds in the Commission's existing budget allocation and provided \$2 million to implement urgent aspects of the plan in light of the ongoing COVID-19 global pandemic.

**Background:** In September 2020, the Commission authorized staff to execute multiple contracts to implement key action items from *Striving for Zero*, including contracts to accelerate school adoption of standardized suicide risk assessment tools, training tools for risk assessments, and to support counties in developing and implementing new suicide prevention plans. Those contracts have been executed.

**Activities:** The Budget Act of 2021 established the Office of Suicide Prevention within the Department of Public Health to implement the *Striving for Zero* recommendations. The Commission's own implementation activities have included publication of a data dashboard to improve public awareness about deaths by suicide; linkage of public health vital statistics data with mental health client data to support further tracking and analysis of suicide deaths; and execution of technical assistance contracts.