

MHSOAC STRATEGIC PLAN (2024-2027) | PRELIMINARY DRAFT

Introduction

The behavioral health service system in California is at a threshold, defined by growing public needs, awareness and empathy; by powerful new knowledge and promising practices; and, by the imperative to better serve those with serious and chronic conditions while striving to prevent and intervene early to preserve and nurture health and wellbeing.

Appropriately, the Mental Health Services Act (MHSA) is a focal point for the system-level reforms required for the transformation in services and support required to reduce disparities and improve results.

Voters in 2004 enacted the MHSA to support comprehensive, culturally competent mental health care for all Californians. To provide the proper oversight for this important Act, The Mental Health Services Oversight and Accountability Commission (“the Commission”) was formed. In addition to oversight, the Commission was intended to help accelerate the transformational system changes¹ needed to bring the MHSA’s vision to life.

¹ Transformational change refers to the necessary restructuring and redesign of the mental health system and care delivery models in California needed to align policy, funding, programs and interventions to ensure everyone who needs mental health care has access to and receives effective and culturally competent care.

² The Commission uses the term mental health throughout this plan to include any services required to support a person’s mental health and

The MHSA itself created ongoing funding for much needed improvements in California’s mental health² care delivery, including:

- Prevention and early intervention
- Innovation in all aspects of our mental health systems
- Culturally competent and linguistically congruent care
- Reduction of inequities and disparities
- Collaboration across mental health providers, state, federal and local governments, and community partners
- Local focus on outcome-driven, consumer-centered³ care

To advance these commitments over the last four years, the Commission has worked in partnership with communities, other public agencies, and the private sector to accelerate learning, offer technical assistance, leverage some \$800 million in Innovation funds and more than \$400 million in incentive grants. The Commission grew the State’s Early Psychosis Intervention Plus programs, supported the creation of the Office of Suicide Prevention, empowered the advocacy efforts of eight underserved and vulnerable communities, and rapidly deployed some \$150 million statewide to support mental health wellness programs in schools. Through all of these efforts, the

wellbeing, which could include services for mental and behavioral health including substance use disorder, physical health, housing, or other needs. ³ Consumer-centered care is designed and tailored to meet the needs and priorities of the populations it serves. It ensures access to safe, quality and appropriate *services and supports from prevention through treatment.*

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Commission worked with its partners to raise awareness and elevate expectations for a maturing mental health system focused on prevention, recovery and resilience in all communities.

Unfortunately, Californians are experiencing a mental health epidemic, made increasingly acute by a global pandemic, a strained workforce, and diminished social safety nets for communities that need them most. There has never been more funding and momentum to drive transformational change, or such significant opportunities to advance new innovations in mental health treatment and delivery models, but more work is required to reach the visionary system that the MHSA intended to achieve.

The Commission is using this Strategic Plan to:

- Reflect on its work to date.
- Refresh its strategy based on innovations and trends.
- Guide its decision-making to support the ecosystem to deliver on the promise of transformational change.
- Steer the Commission's efforts to drive outcome-oriented delivery and fulfill its mission, while evolving to meet changing system needs.

The Commission developed this Strategic Plan through public input sessions and interviews across disciplines, communities, and geographies. Participants ranged across:

- California consumers and families
- Community advocates and partners
- Local, county and state policymakers and administrators
- Mental health and other human services providers

- Academic institutions and peer entities

The Commission is committed to using its authority, resources, and passion to reduce the negative outcomes of mental illness and promote the mental health and wellbeing of all Californians.

Emerging Themes – Challenges and Opportunities

The mental health landscape in California is continually evolving, and the Commission has a unique ability to rapidly respond to changing circumstances.

The mental health crisis was an epidemic before the COVID-19 pandemic exacerbated negative trends. Challenges such as homelessness, substance use disorders, and youth suicide continue to worsen throughout the state. Marginalized LGBTQIA+ populations and California communities of color face significant obstacles to receiving services. Mental health practitioners and resources have never been under greater strain. However, new innovations in treatment and care delivery present opportunities to help California live up to its vision. The Commission aims to respond to these emerging trends by working in partnership to address systemic issues and advance innovative solutions.

Increasing understanding of and need for mental health care

The COVID-19 pandemic brought significant challenges to the ongoing mental health crisis. More Californians and families experienced mental illness and the associated impacts firsthand.

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An increase in mental health needs, especially in youth and children, is intensified by isolation and the impact of social media. Mental health is the #1 reason children ages 0-17 are hospitalized and suicide is the #2 cause of death for young people ages 10-24.ⁱ Marginalized and minority populations, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; the LGBTQIA+ community, and those with disabilities, continue to face heightened challenges. Structural inequities and macro threats, such as racism, the climate crisis, socioeconomic inequality, housing instability and gun violence, also lead to worse mental health outcomes and an increased need for mental health care and supportive services.

Mental health elevated as a shared priority

Through the MHSA, communities are prioritizing prevention, early intervention, community-defined practices, innovation, and engaging people with lived experiences. Young people are championing the conversation around mental health, while community-based organizations, schools, and counties are collaborating to deliver care where needed. This momentum is elevating mental health as a policy and funding priority in California. Increased one-time funding through new initiatives like the California Children and Youth Behavioral Health Initiative (CYBHI), Student Behavioral Health Incentive Program (SBHIP) and the Mental Health Student Services Act (MHSSA) are supplemented by reforms to existing systems (e.g., CalAIM).

Mental health services are attracting the attention of philanthropic donors and private investors. From 2018-2020, over \$9.8 billion was

donated to mental health causes.ⁱⁱ Venture capital funding for digital mental health start-ups increased from \$25 million in 2011 to over \$2.5 billion in 2020.ⁱⁱⁱ

Evolutions in treatment & care delivery

The rise of mobile devices and digital capabilities has revolutionized tele-health services for mental health, with the share of tele-behavioral health outpatient visits doubling from 2019 to 2021.^{iv} Recent innovations in diagnostic technology and services are equally changing the mental healthcare landscape. For example:

- New medicines show promising results for treating chronic depression.^v
- Emerging interest in Psychedelics offer hope for improving options for treating disorders like major depressive disorder and post-traumatic stress disorder.^{vi}
- Future breakthroughs in precision medicine are expected to improve disease classification, shorten treatment duration, and limit suboptimal treatment outcomes.^{vii}

In tandem, care delivery is improving. Integrated and community care with a “no wrong door” approach, the shift of mental health care into primary care settings, expanded roles for peer providers, and the adoption of wrap-around services show promising signs for making care delivery more accessible and effective for every Californian. With these evolutions comes an increased need to integrate fragmented funding sources, streamline regulations, and evaluate efficacy of programs to ensure that the highest quality of service is being delivered to Californians regardless of the delivery model.

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Strain on practitioners, resources, and consumers

Pressure on practitioners and financial resources has grown dramatically over the last four years, creating even more challenges for consumers to access care. This includes:

- Nationwide shortage and burnout of behavioral health workers. Some 50% of behavioral health providers have experienced burnout and 30% of providers left their job.^{viii}
- Lack of culturally competent practitioners with lived experience. Barriers include low pay, lack of career pathways, and credentialing and licensing requirements.^{ix}
- Pressure on financial resources for care. Low reimbursement rates, difficulty billing private insurers for services, and severe financial strain on hospitals contribute to soaring provider costs.^x
- System fragmentation and capacity constraints are complex for consumers to navigate.

These issues have resulted in 9.4 million Californians living in a community with no mental health professionals,^{xi} necessitating a new approach to ensure there is access to care for Californians who need it.

Accelerating pace of change

It is likely the pace of change will continue to increase in the coming decade and bring a new host of challenges and opportunities. The next decade is expected to bring a better understanding of and responses to the impacts of genAI, social media, as well as promising innovations in consumer-centered care.

To succeed in the next decade, California needs a resilient system that can direct and integrate resources to respond to changing needs. The Commission is committed to tracking current trends to inform its strategy and priorities in the coming years.

The Imperative for Transformational Change

The next four years have the potential to be a turning point in the history of mental health care in California. Once-in-a-generation investment and public attention have set the stage for transformational change, but it will take ambitious, collective action to integrate and improve California's underlying mental health system.

The Mental Health Services Act was developed to improve financing, design, and distribution of mental health services through local delivery systems. Twenty years later, far too many Californians still suffer from the seven negative outcomes the act is intended to reduce: suicide, incarceration, school failure, unemployment, prolonged suffering, homelessness, and child welfare involvement.

Transformational change will require fundamental improvements in policies, institutions, agencies and services. Transformational change:

- Necessitates a transition away from fragmented and siloed delivery to a **mental health system** in which integrated, culturally competent care is accessible regardless of where you live or what you look like.
- Requires **communities** – especially the most vulnerable, high risk and historically disadvantaged residents – are empowered and supported to design services, navigate mental health care and voice their needs and priorities, so fewer families experience the agony of unaddressed mental illness.

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- Necessitates that **agencies and institutions** at the State and local level have sufficient capacity and resources – including an adequate and effective workforce and an ability to manage toward and track outcomes across services and providers – to deliver quality care and to pursue continuous improvement.

The Commission is committed to helping catalyze this change, working via partnerships and leveraging its roles and capabilities.

Commission Strategy to Advance Transformational Change

Over the last several years, the Commission has supported system-level change by working closely with counties to build their capacity and with policymakers to align funding and authority with escalating needs and emerging remedies. The Commission has reviewed and refined its approach to advancing system change, reflecting the evolving needs of the mental health landscape and the unique capacities of the Commission.

This section outlines the core building blocks of its strategy for 2024-2027 and indicates the key questions the Commission seeks to answer over the coming years to continually improve its approach and increase its impact in the coming years.

Core building blocks of the Commission's strategy



Vision and mission

The Commission's vision is to promote wellbeing for all Californians. To fulfill this vision, the Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.

Guiding principles

The Commission has expanded its guiding principles and core values in line with the MHSA to reflect its aspirations for the broader mental health system and guide Commission's actions:



Guiding Principles


- Basic right to **consumer-centered care** and **whole-person wellbeing**
- Improved outcomes through **prevention and early intervention**
- **Innovation and integration** in treatment & service delivery
- Health **equity**, reduction of disparities, and protection of vulnerable communities
- **Transparent, data-driven** decision-making
- **Agility and responsiveness** to community needs

These guiding principles serve as a consistent lens for the Commission to apply across its work. They reflect its unique essential role in the mental health landscape, including its flexibility and responsiveness, its partnerships across the system to catalyze improvements in policy and practice, its deep engagement with communities, and its ability to elevate public voices.

Roles

The Mental Health Services Act designed the Commission to represent consumers, family members, lawmakers, health and mental health care providers, education and law enforcement professionals, and employers and labor through its Commissioners.

The landscape has changed meaningfully since Proposition 63 was passed, and the Commission is evolving to meet the growing needs of the time and fulfill the MHSOAC's vision through the following roles:

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|  <p>Catalyze innovation across the landscape</p> | <p>Support and incentivize counties and community partners to generate, test, and scale novel solutions. Foster a culture of innovation in mental health policy and practice, within and beyond allocated funding for innovation</p> |
|  <p>Accelerate adoption of best practices in service delivery</p> | <p>Identify and showcase the most effective and available evidence-driven and community-defined practices statewide. Disseminate learnings and provide technical assistance to help local delivery systems tailor and adapt practices to improve delivery in local contexts</p> |
|  <p>Convene and influence partners to mobilize action</p> | <p>Create opportunities to improve system design and delivery through coordinated action. Elevate community voices through advocacy and education for target populations. Promote collaboration and enable partnerships to break silos and integrate mental health across systems, agencies and localities</p> |
|  <p>Build public trust and ownership in the behavioral health system</p> | <p>Educate external audiences and strengthen public understanding and commitment to mental health by increasing transparency, reducing complexity, and communicating challenges, opportunities and progress across the system</p> |

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Strategic priorities & initiatives

The Commission recognizes its unique ability to be agile and responsive to community needs and to work in close partnership with the Governor, Legislature, and partners to shape its priorities.

As a result, The Commission has evolved its portfolio of initiatives and priorities over time to reflect emerging challenges in mental health care delivery, respond to legislative directives and new funding, and build on learnings from its work to date.

In the last four years (FY 19-20 to FY 22-23), the Commission has directed approximately \$442 million to 10+ initiatives across the continuum of care, working to advance the goals of the MHSA, including significant investments in the following areas:

- **Youth mental health** through the School Mental Health program directing more than \$200M via MHSSA, launching Anti-Bullying campaigns, scaling allcove Youth Drop-In Centers, and supporting Youth and Peer Empowerment Programs.
- **Early psychosis and suicide prevention** through scaling innovative Early Psychosis Plus programs statewide, guiding the implementation of the State's *Striving for Zero Suicide* Prevention Strategic Plan, and supporting the development of the Office of Suicide Prevention to coordinate and accelerate efforts.
- **Integrated community treatment** including supporting counties' crisis continuum of care services via the Mental Health Wellness Act and expanding Full-Service Partnerships.

- Reduced unnecessary **criminal justice involvement** by developing an evidence-based policy strategy and supporting 26 counties in 6 learning collaboratives to develop data-driven and financially sustainable alternatives to law enforcement responses and incarceration.

Given the increasing pace of change and the need for agility and responsiveness, the Commission intends to review and revise its strategic priorities annually to ensure that its portfolio of initiatives is high impact, aligned with needs, and congruent with available resources.

While the Commission recognizes the value of building momentum, expertise, and commitment to strategic priorities year over year, it aims to build system capacity and ownership and anticipates the need to evolve its focus to address emerging areas of need over time.

Capabilities

To successfully fulfill its roles and advance its mission, the Commission relies on a diverse set of capabilities and tools, including:

- Research, data and evaluation
- Incentive grant-making
- Legislative advocacy and policy development
- Strategic partnerships
- Capacity building
- Community engagement

The Commission is committed to refining these tools, building its capacities, and equipping its staff to maximize the Commission's contribution.

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Taken together, the Commission has defined a working roadmap for advancing transformational system change. The Commission’s mission, vision, and principles animate and guide its work. Its roles, priorities and capabilities narrow its focus on areas where its contributions will be most catalytic and impactful. Together, these levers represent necessary building blocks for the Commission to work in partnership to build a mental health system that is effective, outcome-driven, and responsive to community needs.

Decision-Making Approach

To catalyze transformational change and evolve the mental health landscape, the Commission seeks to fortify its approach to selecting priorities and designing initiatives. With new mental health challenges and potential solutions surfacing regularly, the Commission recognizes the need to adopt a rigorous, consistent methodology for assessing system-level opportunities and identifying how to best allocate finite resources.

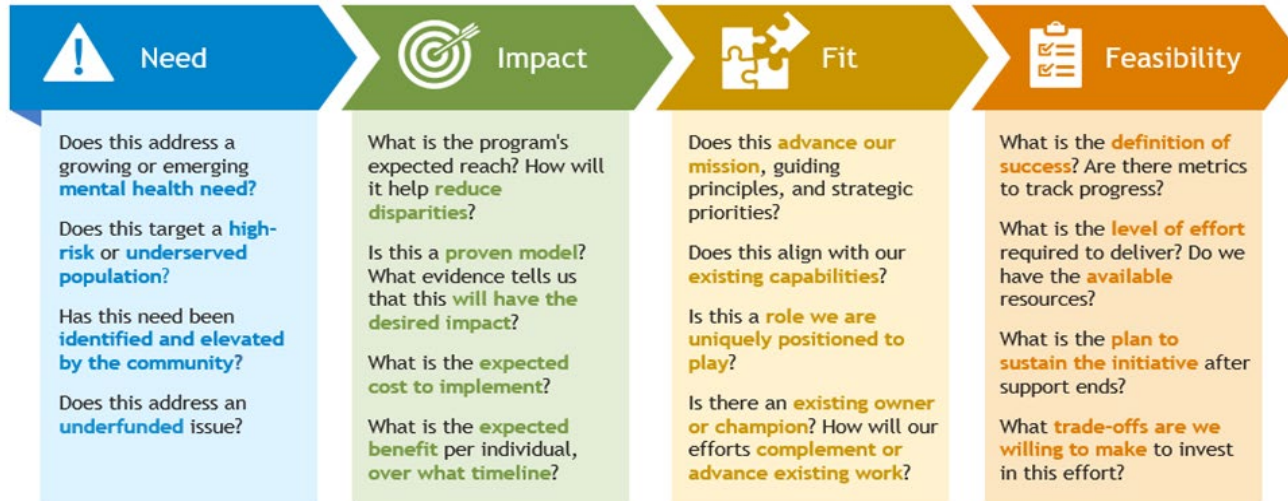
With this goal in mind, and with support from community partners, the Commission developed a decision-making framework. By defining clear criteria grounded in its mission and guiding principles, this tool will enable the Commission to sharpen its focus and determine and better direct efforts to improve outcomes.

Note: This decision-making framework will serve to guide the discretionary activities of the Commission. The Commission is committed to working through partnerships to deliver system change and will continue to support the State as needed with legislative and budget-directed programs, which represent about \$30 million of the [Commission’s budget](#) over the past four years.

The framework is designed to help the Commission and partners:

- Look across the portfolio, and the broader landscape, to understand opportunities for collaboration and impact.
- Ensure its guiding principles (e.g., health equity) are integrated into all future activities.
- Consider tradeoffs between investing in proven interventions vs. piloting new approaches.
- Design and evolve programs to address community priorities and maximize outcomes for target populations.
- Standardize and strengthen its approach to collecting and using data to measure the impact of a project.
- Define success for each opportunity, identify level of effort and resources required to deliver, and calibrate investments.

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The framework includes a focused set of criteria and key questions to guide the assessment and prioritization of potential opportunities or initiatives. It is intended to encourage active reflection on the organization's values and goals and to facilitate productive discussion between decision-makers and community partners on what will bring about the transformational change the Commission aims to support.

Framework establishes four key criteria to guide decision-making:

1. **Need:** The extent to which the opportunity addresses a growing or emerging need in an underserved population or underfunded area.
2. **Impact:** The extent to which the opportunity is expected to have a high return on investment and tangible benefit to the target populations and broader mental health system, including through the reduction of disparities.
3. **Fit:** The extent to which pursuing the opportunity aligns with the Commission's mission, strategic priorities, and

differentiated roles and will complement and advance existing efforts.

4. **Feasibility:** The extent to which the opportunity has a clear definition of success and path to sustainability given the level of effort required and the available resources.

The framework is designed to balance needs for rigor and flexibility, to support decision-making across a variety of topics and contexts over the coming years, including evaluating early-stage opportunities and - with the support of a companion tool - guiding the design and evaluation of specific initiatives. The Commission intends to utilize this framework to understand opportunities and their potential contributions to system improvements and understand what the Commission can contribute to accelerate progress toward those outcomes.

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The Commission recognizes its role as one partner in an evolving ecosystem, considering the long-term sustainability of each project. With every new opportunity that arises, the Commission will aim to clearly define what success looks like and in doing so, to determine the level of effort and resources required to either bring it to fruition or transition it to a partner.

The Commission expects to continue to engage at a variety of different levels, from high-touch efforts (such as the roll-out of MHSSA-funded programs, and the scale-up of Early Psychosis Plus and allcove models) to low-touch efforts (such as ongoing support for the Office of Suicide Prevention). This will also allow the Commission to consider how programs may be sustained and scaled over time, beyond one-time grant funding.

The Commission has integrated the framework into its operations by publishing on its website; encouraging Commissioners, partners, and the public to use it when sharing comments about a proposed initiative; comparing it against the emerging themes and priorities outlined in this Strategic Plan; and integrating it into RFAs and planning grant applications. The Commission has also developed a detailed governance plan for the rollout and implementation of the framework.

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Goals and Objectives for 2024-2027

The Commission aims to advance its vision of “wellbeing for all Californians” and fulfill its roles through the following goals and objectives.

Catalyze innovation

Goal 1: The Commission will foster a culture of innovation by supporting communities to identify, adapt and scale new solutions.

Objectives:

1. Evaluate the impact of innovation interventions.
2. Identify and scale effective solutions for Full-Service Partnerships (FSPs) to deliver comprehensive care for the most at-risk and vulnerable Californians.
3. Catalyze and support scaling of local innovations through capacity building.

Accelerate the adoption of best practices

Goal 2: The Commission will accelerate the adoption of best practices in data management and service delivery.

Objectives:

1. Promote best practices for data usage and sharing.
2. Advance best practice evaluation and dissemination of prevention and early intervention strategies.
3. Provide technical assistance to enable counties and communities to deploy best-in-class DE&I approaches.

Mobilize action

Goal 3: The Commission will build convene and influence partners to mobilize coordinated action.

Objectives:

1. Facilitate partnerships between consumers, community partners and people-serving systems to ensure coordinated efforts and information sharing.
2. Collaborate with state-level government entities and counties.

Build public trust & ownership

Goal 4: The Commission will build public trust and ownership in the mental health system by increasing transparency, cultivating a shared sense of responsibility, and engaging the public.

Objectives:

1. Increase transparency in the Commission’s activities, MHSOAC-directed funding, and the mental health system at large.
2. Cultivate a shared sense of responsibility for advancing mental health efforts.
3. Engage individuals and families with lived experiences and elevate their voices / needs.

From Plan to Action

This Strategic Plan represents the Commission’s latest thinking at the time that it is approved. It is intended to support and guide the Commission as they work in partnership to accelerate progress

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toward outcomes that advance the mental health system and better deliver for California’s consumers and families. The Commission expects this plan will evolve and change as the landscape of need, funding streams, and opportunities for impact evolve over the coming years.

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Sources

- ⁱ [The 2020 California Children’s Report Card](#)
- ⁱⁱ [Candid](#) (2021)
- ⁱⁱⁱ [Rock Health](#) (2021)
- ^{iv} [Kaiser Family Foundation](#) (2022)
- ^v [World Economic Forum](#) (2021)
- ^{vi} [World Economic Forum](#) (2021)
- ^{vii} [American Physiological Society](#) (2023)
- ^{viii} [Substance Abuse and Mental Health Services Administration](#) (2022)
- ^{ix} [Healthforce Center at UCSF](#) (2018)
- ^x [Association of American Medical Colleges](#) (2022)
- ^{xi} [NAMI California](#) (2021)

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