

Mental Health Services Oversight & Accountability Commission

Presentation to the Senate Budget Subcommittee #3



Behavioral Health Services Oversight and Accountability Commission

Effective Date: January 1, 2025



16 Current Commissioners

- 1. Attorney General
- 2. Superintendent of Public Instruction
- 3. Senator
- 4. Assembly Member
- 5. A person with a severe mental illness
- 6. A person with a severe mental illness
- 7. A family member of an adult or senior with a severe mental illness
- 8. A family member of a child who has or has had a severe mental illness
- 9. A physician specializing in alcohol and drug treatment
- 10.A mental health professional
- 11.A county sheriff
- 12.A superintendent of a school district
- 13.A representative of a labor organization
- 14.A representative of an employer with less than 500 employees
- 15.A representative of an employer with more than 500 employees
- 16.A representative of a health care service plan or insurer

11 New Commissioners

- 1. A current or former county behavioral health director
- 2. One person with SUD
- 3. One person with SUD
- 4. A peer youth
- 5. A family member of an adult or older adult with SUD
- 6. A family member of child or youth with SUD
- 7. A professional with expertise in housing and homelessness
- 8. A representative of an aging or disability organization
- 9. A person with knowledge and experience in communitydefined evidence practices and reducing behavioral health disparities

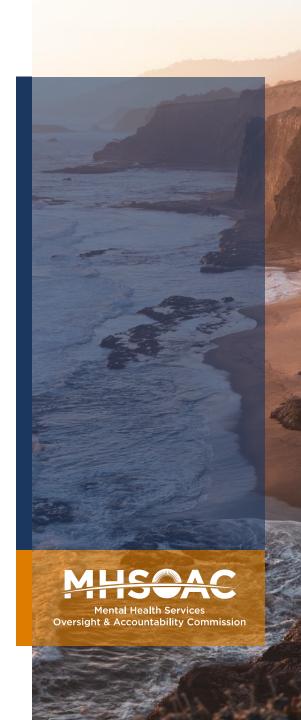
10. A representative of a children and youth organization

11.A veteran or a representative of a veterans' organization

* Assembly and Senate Commissioners may appoint designees

General Scope and Duties

- Promote Transformational Change
- o Research, Evaluation, Tracking Outcomes
- o Grant Making
- o Identify Key Policy Issues and Emerging Best Practices
- Provide Technical Assistance and Training
- Promote High Quality Programs
- o Advise the Governor and the Legislature
- o Collaborate with Other State Entities



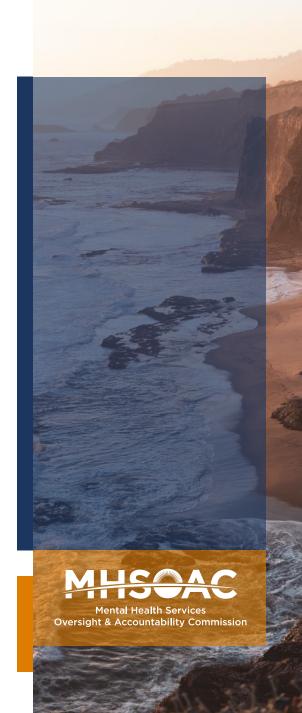
New Consulting Roles with...

The Department of Health Care Services

- o Set Early Intervention Priorities
- Establish Biennial List of Evidence-Based Practices and

CDEPs

- o Establish FSP Standards of Care & Criteria for Step-Down
- Metrics to Measure and Evaluate Programs and Services
 The Department of Public Health
 - Population-Based Prevention Programs
 - o Best Practices to Overcome Stigma and Discrimination



Three New Reports

Drafted and published by the Commission

1. Recommendations for the state based on technical assistance and community engagement

- o No specific due date
- $\circ~$ In collaboration with DHCS
- Focused on priority populations and diverse communities

2. Recommendations for improving and standardizing promises practices for BHSA programs

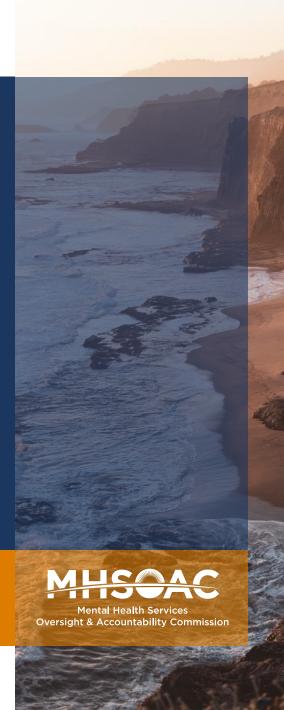
- Due January 1, 2030 and every three years thereafter
- In collaboration with DHCS, the Planning Council, and CBHDA

3. Key accomplishments of the Innovation Partnership Fund

Due January 1, 2030
 and every three years
 thereafter

Innovation Partnership Fund

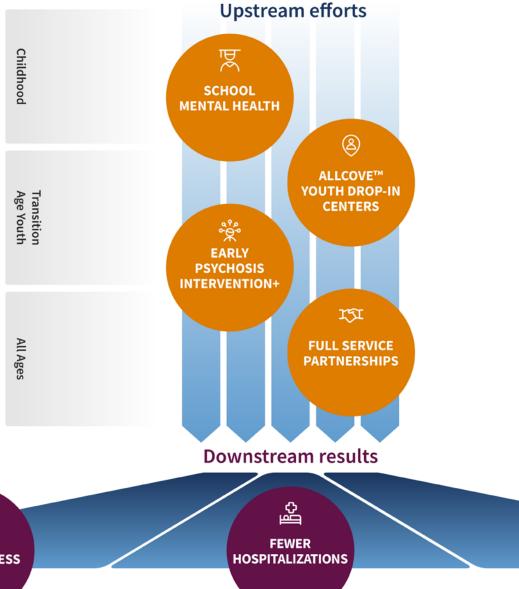
- \$20 million annually from FY 26-27 to 30-31 and then as determined by the annual budget act
 - May additionally use Mental Health Wellness Act funds
- Grants to private, public, and nonprofit partners to promote development of innovative mental health and substance use disorder programs and practices which:
 - Improve BHSA programs and practices for underserved populations, low-income populations, communities impacted by other disparities, and other populations
 - Meet statewide BHSA goals and objectives
- Commission consults with relevant stakeholders
- Engage private sector for co-investment opportunities



Focusing Efforts Upstream

The earlier we reach Californians at risk, the better. By working upstream – focusing on prevention and early intervention (PEI) efforts – we will reduce the need for Full Service Partnerships (FSPs) and mitigate other negative outcomes.

This will save money, resources, and most importantly, human lives.



High-impact initiatives:

Support youth and peer empowerment, address racial equity and disparities

Analyze data, communicate opportunities

Introduce literacy, promote understanding and destigmatization

Identify signs of early psychosis, intervene, provide mental health care

Ensure support, deliver mental health care, provide housing, job training and placement



Thank you

Toby Ewing, Ph.D., Executive Director

toby.ewing@mhsoac.ca.gov

916-216-9089