

**Forward Motion: Moving a Crisis into Action**



# Engaging Communities for Improved Care

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1

**Forward Motion: Moving a Crisis into Action**



In preparation for an interactive slide later in the presentation, please open another tab in your internet browser and enter:

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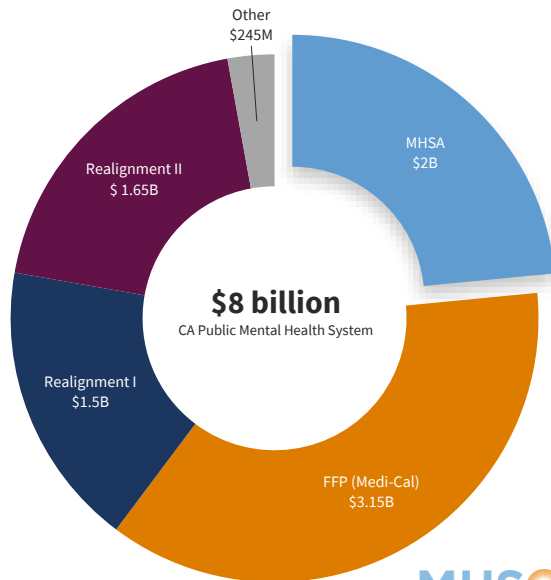
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The voter-approved Mental Health Services Act (MHSA) was established with an ambitious, yet singular purpose: To fundamentally shift how California responds to mental health needs by driving transformational change.



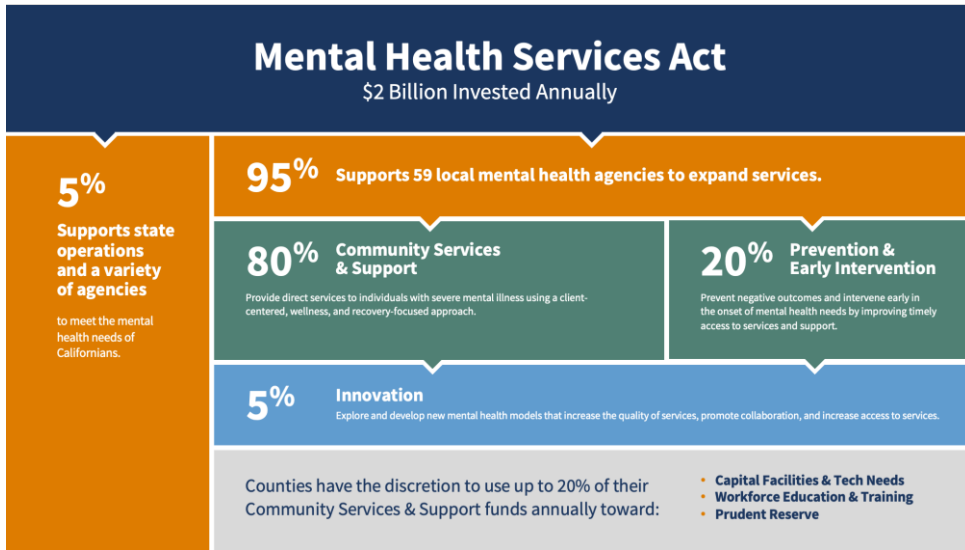
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Funded by a 1% tax on the wealthiest Californians, the MHSA generates enough dollars each year to fund nearly 25% of the state's public mental health system.



\* \$8 billion represents 2018/2019 budget. Number varies per annum.

4



5

The work in each of these key areas supports transforming these outcomes:



6

## Active Programs

These are some of our accomplishments in progress. The work being done today is fulfilling the mission to de-silo and innovate.

|                                   |                                 |                          |
|-----------------------------------|---------------------------------|--------------------------|
| COVID & Emerging Issues           | Prevention & Early Intervention | Workplace Mental Health  |
| Criminal Justice Prevention       | School Mental Health            | Youth Drop-in Centers    |
| Early Psychosis Intervention Plus | Suicide Prevention              | Youth & Peer Empowerment |
| Innovation Incubator              | Triage                          |                          |



7

## Supporting Public Accountability

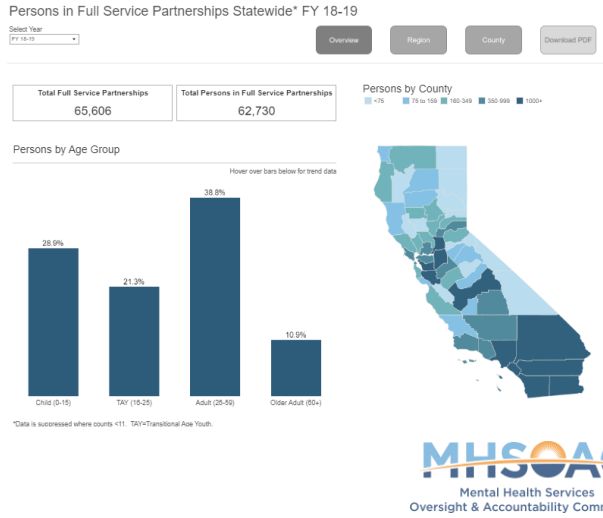
We evaluate and improve the impact of The Act by...

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <p><b>Documenting Programs &amp; Services</b></p> <ul style="list-style-type: none"> <li>• Successful features of activities funded by the MHSA</li> <li>• 5 key areas (see slide 12)</li> </ul> | <p><b>Measuring Outcomes &amp; Impact</b></p> <ul style="list-style-type: none"> <li>• Evaluation projects</li> <li>• MHSA program impact</li> <li>• 7 key outcomes (see slide 14)</li> </ul> | <p><b>Ensuring Fiscal Accountability</b></p> <ul style="list-style-type: none"> <li>• Spending</li> <li>• Reversion</li> <li>• Program ROI</li> <li>• Cost-offsets</li> <li>• Value-based outcomes</li> </ul> | <p><b>Providing Increased Access to Data</b></p> <ul style="list-style-type: none"> <li>• Transparency suite</li> <li>• Planning tools</li> <li>• Cross-linking</li> <li>• County reporting</li> </ul> | <p><b>Enhancing Commission Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• Results framework</li> <li>• RFP processes</li> <li>• External audits</li> </ul> | <p><b>Strengthening Community Voice</b></p> <ul style="list-style-type: none"> <li>• Committees</li> <li>• Commissioner makeup</li> <li>• Outreach and community events</li> <li>• Focus groups</li> <li>• Surveys</li> </ul> |
|--|---|---|--|--|---|



8

# Transparency Suite



9

# Transparency Suite

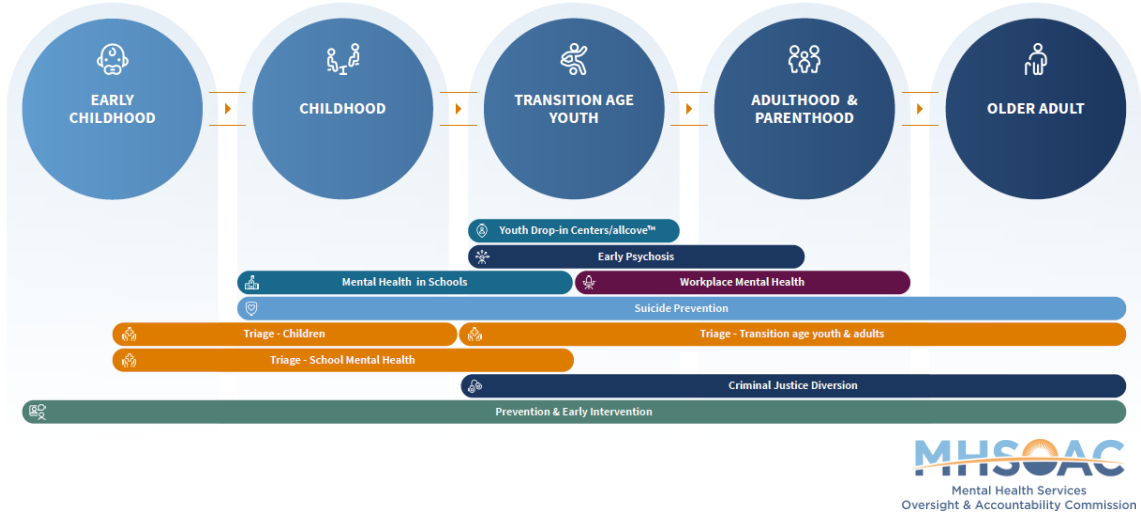


10



## Key Initiatives and Opportunities

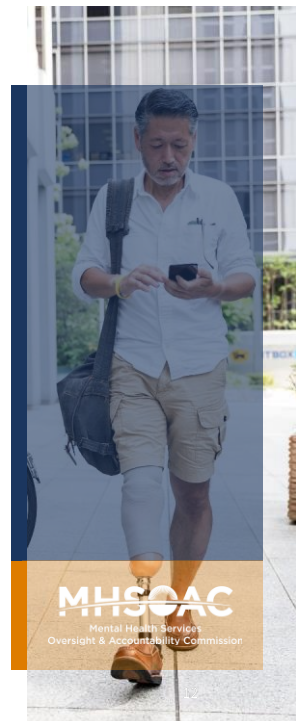
Shown below are key programs funded by the Commission across the lifespan. This illustration does not encompass all Commission initiatives and programs.



11

## What do hospitals and the Commission share?

- Both are built for transformative change ... not transactional work. But we sometimes find ourselves going from project to plan to initiative.
- Share an interest in the whole person across the continuum of care – and throughout the life cycle on an individual.
- Driven by right care, right place, first time
- In communities, hospitals – and the mental health system – are always expected to be there. And are often the “first stop” for care – even if not the best/right spot.

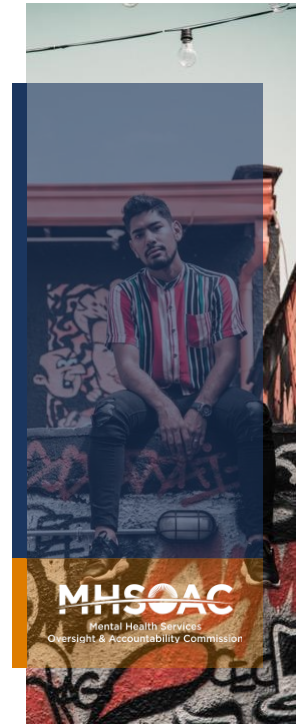


12

## Innovation: intersection of hospitals and the Commission

- Constant pursuit of what innovation actually means
  - Regional
  - With partners – traditional and less so
  - Built around what a community shares/needs – not around a specific, programmatic lens
  - Solves something no partner can do on their own
- Hospitals are typically already working closely with their local County behavioral health departments – along with law enforcement, CBOs, schools, and others. Those make for the richest collaboratives and the most innovative innovation plans!

13

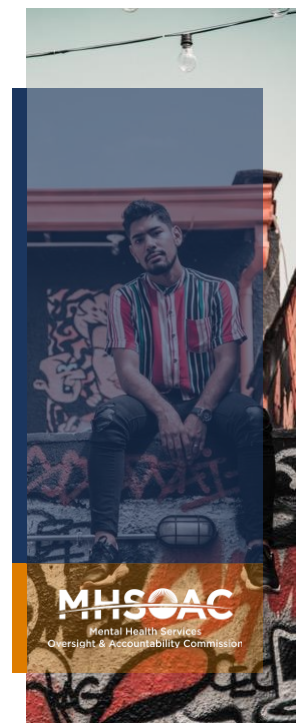


## Innovation: intersection of hospitals and the Commission

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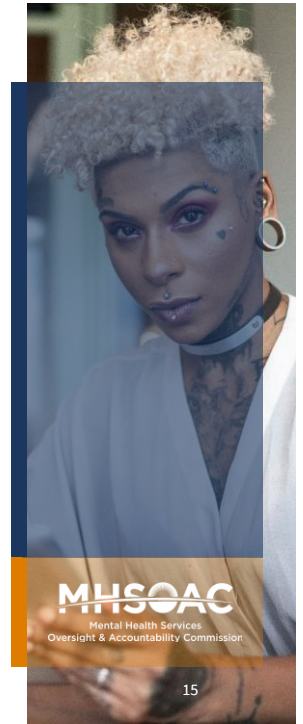
- The value that hospitals bring to the mix is helping to frame the issue as a system of care question – not the failings or strengths of one partner over another.
  - For example, a repeat 5150 patient is really a system failure – and the cost to the most expensive systems of care (hospitals and law enforcement) is staggering.
- Working together, the patient ultimately gets better care – and a chance to stop the revolving door – and the systems save money.

14



## What if we ...

- Improved our ability to measure the impact of a program or service on the cost to the system of care?
- Reimagined the triage funding to support clients who find themselves in the ED?
- Created a hospital/mental health portfolio of work ... like we have done with schools?



15

## Poll:

Are you actively participating in mental health planning with county behavioral health departments?

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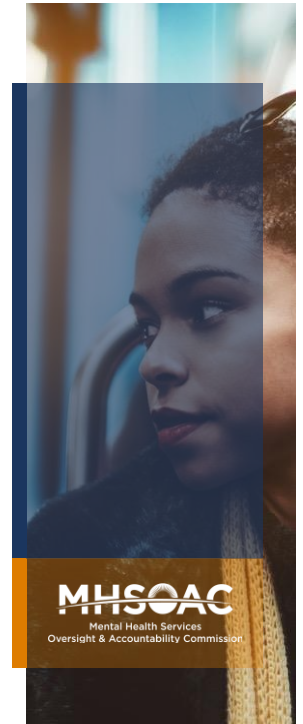
16



## Triage Grants

- The Investment in Mental Health Wellness Act authorized a competitive grant program to pay for county-run or sponsored entities to develop mental health crisis support programs
- Two rounds of funding have been released, and a third round is in development
- Expected outcomes:
  - Improve the client experience, achieve recovery and wellness, and reduce costs
  - Add triage personnel at various points of access, including designated community-based service points
  - Reduce unnecessary hospitalizations and inpatient days
  - Reduce recidivism and mitigate unnecessary expenditures of law enforcement

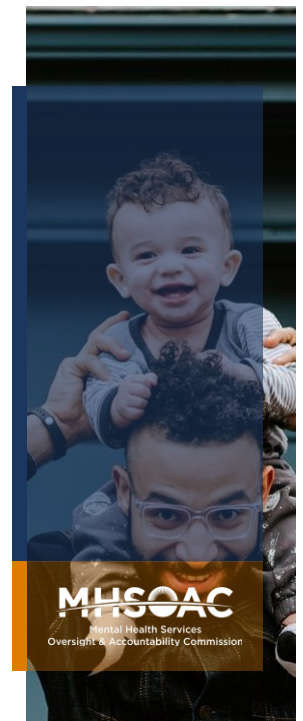
17



## Crisis Now

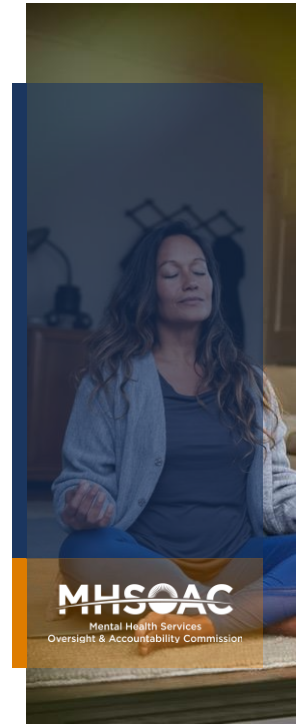
- Four core elements established by the National Action Alliance for Suicide Prevention:
  - High-tech crisis call centers to coordinate immediate response
  - Mobile crisis outreach teams
  - Facility-based crisis centers Commitment to evidence-based safe care practices
- Funded by the Commission's Innovation Incubator, 10 counties – Butte, Inyo, Modoc, Mono Nevada, Placer, Plumas, Sacramento, Solano, Shasta, and Yolo – and the City of Berkeley are developing comprehensive and financially sustainable crisis response systems designed to meet people's needs better and reduce incarcerations and hospitalizations

18



## Full Service Partnerships

- Full Service Partnerships (FSPs) are programs to provide high-need consumers with “whatever it takes” to help them meet their goals in the community
- The Commission is working with counties to strengthen California’s FSP programs through a multi-county learning collaborative
- Commission data linkages have shown that FSP participants have dramatically lower arrest rates (during enrollment and after exit) as compared to before enrollment
- Newly signed SB 465 (Eggman) builds on the arrest data to require for the first time regular, statewide FSP reporting on who is eligible, who is served, and key outcomes (arrests, hospitalizations, housing)



19

## Poll:

Do you know if the people you serve are actively receiving services from a county through a Full Service Partnership or another program?

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20

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## How can the Commission and hospitals best partner to improve outcomes for the people we serve?



21

Behavioral Health Care Symposium 2021

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## Questions?

22

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## Thank You

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