

## Mental Health Services Act Innovation 2020

# FAQs: Frequently Asked Questions

*NOTE: This document will be updated periodically as questions are received. Please check back weekly for updates at the [Behavioral Health Division's MHSa Website](#). Questions will be accepted until September 20 at 5pm. Questions can be emailed to [sonomainnovation2020@gmail.com](mailto:sonomainnovation2020@gmail.com). This document will be final on September 27 at 5pm.*

### I. **General Questions:**

#### 1. **How much funding is available?**

Approximately \$1 million in Innovation funds are available annually for Innovation 2020 Projects. However, MHSa funding is highly volatile and based on tax revenue, so the amount of available funding may vary annually. The Sonoma County Behavioral Health Division recognizes the multiple populations that are unserved and underserved resulting in gaps in the system of care and envision funding more than one project. Projects that are selected are eligible for up to three years of funding and there is a possibility of a two year extension with approval from Mental Health Services Oversight & Accountability Commission (MHSOAC: <https://mhsoac.ca.gov/>).

#### 2. **Do you need input from community completed before application is submitted?**

Yes, project should consult community members who will be impacted by your proposed project. A short questionnaire, survey or focus group is adequate. Also, having members of the community review a concept paper or the application will also meet the requirements.

#### 3. **Regarding the five MHSa components: Application window only for Innovation? What about the other four components, will there be an application window?**

This current application process (window) is for the Innovation funding solely.

#### 4. **Looking at Alameda, who stated an overarching purpose for Innovation, does Sonoma County have an overarching purpose?**

No Sonoma County does not have an overarching purpose, i.e. a pre-determined singular focus such as on a specific population or mental health issue. The County has decided to

let the community come forth with proposed solutions to the most pressing challenges within the guidelines of MHSA Innovation.

**5. What happens if MHSOAC rejects application? Do funds remain with BHD to try again?**

If the Sonoma 2020 Innovation Plan is not approved by MHSOAC, funds will remain with BHD until an Innovation Plan is approved. Staff are working closely with a MHSOAC liaison to prevent any delays or disapprovals.

**6. If the project is seemingly effective, does working collaboratively with other CBO's help with applying for a larger amount of money?**

Collaborations are encouraged based on MHSA goals. However, the collaboration needs to have a cohesive purpose and objective within the Innovation guidelines and the corresponding budget must have costs that are aligned and can be justified. If those criteria are met, applications can be for a larger amount of money.

**7. If six of us get together with a variety of approaches, is that fundable?**

As mentioned in question 6 above, collaborations are encouraged. However, if the variety of approaches proposed by various organizations does not have a cohesive purpose, aligned objectives and proposed outcomes, it may be perceived as a fractured project with no focus.

**8. Are the multi-county opportunities stand-alone opportunities that we can pursue or ones that we can partner on for local funding and implementation through Innovation 2020?**

Multi-county opportunities, aka Incubators, supported by the MHSOAC, can be implemented by a single entity or collaboration, depending upon the model. If an applicant is interested in a multi-county project, it is highly recommended that they contact the technical assistance organization listed on the memo of March 20, 2019 from the MHSOAC.

**9. How do we request TA?**

Technical assistance is only available if you are intending to develop and implement a multi-county project, aka Incubator that has been approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Contacts for technical assistance specific to each project are listed on the attachment of this FAQ contained within the memo from the MHSOAC dated March 20, 2019.

**10. Clarify that only 2-3 projects will be selected.**

It is the desire for the County to select one to four projects for Innovation 2020 funding to address a diversity of populations and mental health issues in the County. The actual number of project(s) funded will depend upon the number of applications, the quality of applications and the promise to address challenging mental health needs in Sonoma County.

**11. Is the County itself submitting an application to fund ACCESS Sonoma? (i.e. will it compete with community applications?)**

Yes, the County is submitting an Innovation Project application to MHSOAC to fund the next phase of ACCESS Sonoma, however this project will not compete with the community

application process. The funds anticipated for ACCESS Sonoma are from FY 2018-19. The funds for the community applications are from FY 2019-20 and forward.

**12. How are the Innovation Subcommittee representatives chosen?**

Innovation Subcommittee members are members of the MHSA Steering Committee who were selected through a community-wide application process initiated in December of 2018. MHSA Steering Committee members represent the diversity in Sonoma County through including representatives with lived mental health experience and loved ones of individuals with lived mental health experience and from a variety of demographics, geography and industry sector.

**13. Could undocumented immigrants be served with this funding?**

Yes.

**14. Are larger population number more advantageous than lower population areas?**

Not necessarily. An example of a smaller population that is unserved, underserved or inappropriately served is residents in rural areas.

**15. Does the applicant need to be located in the County of Sonoma?**

The applicant does not need to be located in Sonoma County, however the services and population impacted does need to be within the County of Sonoma. In addition, there may be required meetings that the applicant will need to attend in Sonoma County.

**16. How are underserved, unserved and inappropriately served groups identified in this process?**

Each applicant is asked to identify the how the project addresses a need in Sonoma County's Behavioral Health system. There is no preference for a certain population, however Sonoma County's Behavioral Health Division recognizes the following populations are unserved or underserved:

- African American
- Asian American
- Latinx (Spanish Speaking)
- Native American
- LBGTQ+ communities
- Veterans
- Older adults
- Homeless, and at-risk of being homeless
- Maternal Health/children 0-5
- School-aged youth and Transitional Age Youth
- Residents in rural areas of the county
- People with mental health needs that are involved with the Criminal Justice System

Applicants are advised to review local data and reports that support the identification of underserved, unserved or inappropriately served populations. In addition, applicants who

demonstrate the involvement of stakeholders to in the identification of the need, the development of the innovation project and engagement in the project evaluation will be reviewed more favorably as noted in the scoring rubric.

Outreach will be conducted to the aforementioned groups to ensure that the opportunity to develop a project is shared with potential applicants.

**17. What is an “inappropriately served” population group?**

The definition of “inappropriately served” can be found in many instances in the current system of care. The following examples illustrate:

- i. Spanish speaking populations are served through a translator.
- ii. A transgender or gender fluid person is offered services where the intake form and other material has binary gender questions or references to he/him and she/her, but not they/them.
- iii. A program serving older adults is not ADA accessible.

**18. What are Learning Goals?**

The broad objective of the Innovation funding is to develop and implement promising practices to improve or increase access to mental healthcare. These are short-term programs, for three to five years, to “try-out” novel creative and/or ingenious mental health practices/approaches that are expected to contribute to learning rather than a primary focus on providing a service. Innovation Projects contribute to the expansion of effective practices in the mental health system of the county. The Learning Goals are statements that ask the question of whether the proposed innovation project will result in the expected outcomes.

**19. Does the Innovation Project have to be a direct service for consumers?**

No. An Innovation Project can be a research based effort or improvements to infrastructure. However, all Projects must be able to meet the requirements in the MHSA regulations.

**20. What is the timeline for projects to start? The sample timeline begins in March 2020, does our project need to start in that month?**

Based upon the required local and state review and approval process for Sonoma County’s Innovation Plan 2020, the earliest contracts may be awarded is March 2020. However, it is possible that contracts will not be in place until the 2020-21 fiscal year. The requested timeline for Innovation applications is necessary for the County to see how the project allocates time for project planning and development, implementation and evaluation. If necessary, the timeline will be shifted based upon actual progress of the county and state review and approvals.

**21. Can an organization submit more than one Innovation application? How many projects will be funded?**

Yes. Organizations or collaborative can submit more than one application. Ideally, Sonoma County’s MHSA Steering Committee would like to fund more than one Innovation Project. If smaller projects (\$300,000) are proposed and there is merit to those applications, it is quite possible that multiple contracts will be awarded.

## **22. What is a Collaborative Innovation Project and what support is offered to counties who are interested in developing and implementing a Collaborative Innovation Project?**

Sonoma County organizations are encouraged to examine the list of six MHSOAC (Mental Health Services Oversight and Accountability Commission) Collaborative Innovation Projects that are supported by the Commission. An application to develop and implement MHSOAC Collaborative Innovation Project is encouraged if the identified population is aligned with the need in Sonoma County.

The six Collaborative Innovation Projects are as follows:

1. Statewide Early Psychosis Learning Collaborative
2. allcove: a one-stop shop for Integrated Youth Mental Health Support
3. Incompetent to Stand Trial Population-Criminal Justice
4. Full Service Partnership (FSP) Innovation Project
5. Youth Innovation Project
6. Schools and Mental Health

Support provided includes:

- Strategic Guidance
- Technical Assistance and Training
- Enhanced Evaluation
- Disseminating Information

## **II. Defining Innovation**

### **1. How do I know if my idea has been tried before?**

Google the idea to see what else has been tried. The Scoring Committee will be reviewing Google search results as part of the scoring process, and the Mental Health Services Act Oversight and Accountability Committee (MHSOAC) will be googling the idea prior to state approval.

### **2. What is meant by research?**

To justify the statement of need and to determine that a project is innovative, research must be conducted and referenced in the application. In addition, members of the community impacted by the proposed services must be engaged and included in development, implementation and evaluation of the proposed project. Obtaining input from the population to be served can be through a variety of approaches: surveys, focus groups, key informant interviews/meetings.

### **2. How do we know if a health practice that has already demonstrated its effectiveness could be funded with other MHSA funds? (Application, page 2, blue box)**

Applicants must conduct research to determine if their idea/proposal is innovative. A google search with key words is highly recommended. In addition, an applicant should visit the MHSOAC website for listings of prior funded projects.

- 3. If we have already started a project but are not done with it, i.e. trauma-informed approach in home visiting based on ACES – could that be funded by this MHSa innovation dollars?**

TBD – answer pending

- 4. If you have a project starting up, can we apply this funding to the roll out of the project?**

Possibly. The project would need to meet all of the Innovation requirements, and any other funding sources will need to be discussed in the narrative and budget, including the security of the funds.

- 5. Would Innovation projects that were approved for another county be considered Innovative if your proposal is to implement it in Sonoma County?**

TBD – answer pending

### **III. Application**

- 1. Does the 15-page limit include appendices?**

No.

- 2. Is an application checklist that lists all the necessary application components available?**

No. The following documents are the only available documents: application and attachments, including timeline, evaluation plan and budget (these documents must be complete to have the application considered for funding), FAQs and MHSOAC Toolkit.

- 3. The sample timeline is for 20 months. Should we plan a 20-month project, or should the timeline cover the 3-year funding period?**

The timeline should cover a 3-year period, or at least cover planning, development, implementation, evaluation and distribution of evaluation findings.

- 4. Question II.a mentions that the project should address “priority issues that the county” has identified. Where are these priorities published, outside of population groups?**

A concise list of priority issues has not been published. However, an applicant can review the Sonoma County Department of Health Services, Behavioral Health Division website where the following resource document can be found: The latest MHSa 3-year plan and corresponding annual updates and the Mental Health Board minutes. In addition, applicants can review the MHSa regulations [here](#).

### **IV. Budget**

- 1. Can FAQs provide more guidelines on Budget expenditures?**

Please see budget related questions below. Also visit the following websites: MHSOAC.ca.gov for more information.

- 2. The application budget template shows FY19-20 through 4 years total. How do you want us to report budget given the project would not start until the Spring of**

**2020? Can you let us know how to complete the budget years as partial or total for Fiscal year. We are assuming the July 1 start is beginning for FY?**

The county's fiscal year is July 1 – June 30. The Innovation project has an anticipated start date of March 2020, thus would be a partial budget year of March 2020 to June 2020. FY 2020-21 and 2021-22 would be complete 12-month budgets and FY 2022-23 would be a partial budget year from July 2022 to approximately February 2023. This is assuming that the contracts are initiated March 2020. The timeline for projects and budgets may have to be adjusted if March 2020 is not the start date.

**3. Is there a maximum or cap on administrative oversight costs/percentage?**

TBD – answer pending

**4. Can you provide guidance on industry standards on hourly wages, administration, consultants, supplies, etc.?**

TBD – answer pending

**5. Can you apply for partial funding for a program/project?**

Yes, please provide a narrative about the other sources of funding and the security of the funding.

**6. Are there any public funding exclusions?**

TBD – answer pending

**7. Are there any mixed funding exclusions?**

TBD – answer pending

**8. Budget starting this FY 2019-20 – are we using April 1, 2020 as the start date in the application?**

Yes, although the contract may not be funded by April 1, 2020. The budget and timeline are for planning purposes and the start date may be changed because of the complex approval process.

**9. Can we apply for funds for capital improvements?**

Capital improvements are likely not allowable, unless the applicant can make a strong argument that the capital improvement is truly innovative and will address a mental health challenge for an unserved, underserved or inappropriately served population with stated learning goals.

**10. What restriction are there for the grant money?**

If the project is selected, the project will have a contract with DHS-BHD. The restrictions that exist for county MHSAs contracts will apply.

**V. Evaluation**

**1. In terms of the evaluation component – what does this mean? Who is evaluating, the state or county? Is the entire grant an evaluation?**

The Innovation Project is an opportunity to implement a creative solution to a challenging mental health issue in the County. By virtue of the requirements of Innovation, an

evaluation with stated learning goals is required. The applicant is responsible for designing and conducting the evaluation. The County may provide additional resources for support which will be discussed prior to contract award.

**2. On the application, Evaluation Section III, if you don't have clear data for pre-project outcomes, could anecdotal evidence be used?**

Applicants should make every effort to identify or gather pre-project data (including surveys, focus groups, service utilization, etc) to establish a baseline for comparative outcomes. Anecdotal evidence can be used, however, hard data for pre-project outcomes to compare to post-project outcomes is highly encouraged.

**3. If our agency is currently using a measure, such as the PHQ-9, can we use these scores as a measure or do we have to do something different?**

Yes, PHQ-9 screenings can be used within an innovative approach.

**4. Is contracting with outside organization to lead the evaluation and research effort of the proposed Innovation Program allowable?**

Yes. Contracting with an outside firm/individual to conduct the evaluation is allowable and should be reflected in your organizational capacity statement as well as in the budget.

**5. In Napa County, all Innovations projects are evaluated by an outside evaluation firm hired and managed by the County. How will this work in Sonoma County? Will an evaluator be provided, or should we include evaluation in our planning and budgeting in order to adequately address our learning goals?**

Applicants are responsible for the evaluation design and implementation either through an in-house staffer or through an external firm/individual. The costs for the evaluation should be reflected in the budget. The County will provide resources for support and work in tandem with Innovation projects to assure evaluations will meet the County's standards in producing findings that are responsive to the applicant's stated learning goals.

## **VI. Scoring**

**1. Say more about projected costs. Why is this 15-points? Low cost vs high cost?**

Budgets are subject to negotiations and modifications as contracts are awarded. Applicants must consider costs of their project and the ability to develop a budget that correspond with the Innovation project. Applications will be reviewed and scored on reasonable costs, i.e. that cost correspond with staffing, expertise, activities, etc.

## **VII. Implementation and Reporting**

**1. When are you hoping projects will commence?**

The target date to start is March 2020, however due to the complex approval process, start date may be delayed.

**2. Will grantees need to enter data into MHSA database or can we use existing databases (Persimmony)?**

Contractors will need to enter data in the BHD database and reporting requirements will be stated in the contract.

**3. Who is providing oversight during the project and what requirements will there be during the active project portion?**

The Sonoma County MHSA Coordinator will provide oversight of Innovation Projects. Requirements include quarterly and annual reporting (electronic), designated coordination meetings (may be frequent in the beginning of project), and reporting evaluation findings to the community.

See the attached memo for more detailed information and resources to contact on the Collaborative Innovation Projects and the MHSOAC Tool Kit:

[https://mhsoac.ca.gov/sites/default/files/documents/2018-05/INN\\_Toolkit\\_Full.pdf](https://mhsoac.ca.gov/sites/default/files/documents/2018-05/INN_Toolkit_Full.pdf)

**Attached Memorandum from Mental Health Services Oversight and Accountability Commission:**



MEMORANDUM

Date: March 20, 2019

To: MHSA COORDINATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS

From: Toby Ewing, Executive Director

Subject: Multi-County Opportunities for Collaborative Innovation Projects

Thank you for the opportunity to meet with you on February 27, 2019 to provide an update on Senate Bill 1004 and the Collaborative Innovation projects supported by the Commission. This memo provides a description and contact information for the six Multi-County opportunities for Collaborative Innovation Projects the Commission is currently supporting. The Innovation Component of the Mental Health Services Act (MHSA) provides an opportunity to explore new ways to organize and deliver mental health services. To support those goals, the Commission is working to do the following:

1. Provide Strategic Guidance. To support innovation investments that target high-priority needs, facilitate multi-county collaboration to address shared challenges and build the evidence base to support systemic improvements in care.
2. Support Technical Assistance and Training. To support the ability of counties to successfully plan, design and implement mental health innovations that have the potential to significantly improve mental health outcomes.
3. Enhance Evaluation. To support the design and delivery of evaluations that can help counties and other stakeholders understand the impact of individual innovations and the broad innovation component.
4. Disseminate Information. For innovations to lead to transformational change, the lessons learned need to extend beyond the individual counties that invested in the initial innovation, and support changes statewide, including changes in State operations.

The Commission is currently supporting the following six Collaborative Innovation Projects with planning grants and welcomes additional county participation.

1. Statewide Early Psychosis Learning Collaborative
2. allcove: a one-stop shop for Integrated Youth Mental Health Support
3. Incompetent to Stand Trial Population-Criminal Justice
4. Full Service Partnership (FSP) Innovation Project
5. Youth Innovation Project
6. Schools and Mental Health

### **1. Statewide Early Psychosis Learning Collaborative**

California currently has 30 active programs providing Early Psychosis (EP) services across 26 counties. However, there is no uniformity across the state in EP service implementation: treatment models and outcomes measurement differ county by county. To address this challenge, this project aims to make an innovative change to an existing practice in the field of mental health that will increase the quality of services, including measurable outcomes. The project will create a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing, harmonize EP evaluation across core outcomes to enable large scale evaluation and program development, and achieve measurement-based care via EP-focused technology platform, enabling participation for consumers and families. Los Angeles, San Diego, Orange, Solano, and Napa Counties, in collaboration with the UC Davis Behavioral Health Center of Excellence, UCSF and UCSD, have signed on to develop the infrastructure for a sustainable learning health care network for EP programs. This infrastructure will enable us to bring consumer-level data across a variety of recovery-oriented measures to clinician's fingertips and empower consumers to use their own data in care decisions. This project will also allow programs to learn from each other through a training and technical assistance collaborative and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

**OPPORTUNITY FOR COUNTIES:** Collaboration from counties across the state will allow us to develop a sustainable learning health care network for California's EP programs, allowing consumers, families and the state to benefit from data and improve the quality of services across diverse communities. If your county is interested in transforming California's approach to EP care, please contact us if you would like to learn more about the project or you are interested in participating.

Contact: Valerie Tryon, PhD. Email: [vltryon@ucdavis.edu](mailto:vltryon@ucdavis.edu) Phone: 916-734-3247

### **2. allcove: a one-stop shop for Integrated Youth Mental Health Support**

Research suggests half of all mental illnesses start by age 14, yet the public mental health system in California has not developed a strategy to provide young people the early intervention support they need. To address this challenge, Santa Clara County is working to expand its continuum of early identification and intervention by creating community based integrated youth mental health programs for young people that are based on the successful "headspace" model from Australia and the Foundry Program in British Columbia. These international programs have developed successful community access points for young people and their families to get early mental health care, primary care, early substance use treatment,

supported education/employment, and peer support all in one youth friendly center. In 2015, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing (the Center) with the Robert Wood Johnson Foundation and “headspace” Australia completed an initial feasibility study to consider bringing this model to the US.

Based on this study, Santa Clara County, in partnership with the Center, is utilizing MHSAs Innovation funds to open the first two US integrated youth mental health programs. These new sites, named **allcove** (after a year-long design process with a county youth advisory group), will fill the early intervention gap between school mental health and early psychosis services in creating community based early intervention sites which will appeal to young people to come in for integrated health care.

**OPPORTUNITY FOR COUNTIES:** With the support from the MHSOAC, the Sand Hill Foundation, the McKenzie Foundation of San Francisco, the Packard Foundation, and the California Health Care Foundation, the Center is pleased to offer technical support to work with county and local partners to collaborate on the development of the **allcove** model within communities across California. For additional information, please see [www.allcove.org](http://www.allcove.org)

Contact: [stanfordyouthmh@stanford.edu](mailto:stanfordyouthmh@stanford.edu) or call 650-725-3772.

Web references:

**Feasibility Study:**

[https://med.stanford.edu/content/dam/sm/psychiatry/images/about\\_us/RWJheadspacefeasibilityreport.pdf](https://med.stanford.edu/content/dam/sm/psychiatry/images/about_us/RWJheadspacefeasibilityreport.pdf)

[www.headspace.org.au](http://www.headspace.org.au)

[www.foundrybc.ca](http://www.foundrybc.ca)

[www.frayme.ca](http://www.frayme.ca)

### **3. Incompetent to Stand Trial Population-Criminal Justice**

The Commission highlighted the increasing number of people found to be incompetent to stand trial due to an unmet mental health need in its criminal justice and mental health report adopted in November 2017. The Commission emphasized in its report the role of diversion to reduce the number of people with mental health needs facing criminal charges, specifically those found incompetent to stand trial awaiting Department of State Hospitals services.

**OPPORTUNITY FOR COUNTIES:** The Commission has funding available to support counties seeking to collaborate on innovations to reduce criminal justice involvement of people with mental health needs.

Contact: Sharmil Shah, Psy.D. Email: [Sharmil.shah@mhsoc.ca.gov](mailto:Sharmil.shah@mhsoc.ca.gov) Phone: 916-445-8722

### **4. Full Service Partnership (FSP) Innovation Project**

Twelve years into the launch of MHSAs, California counties have an opportunity to step back and evaluate the way that data is used state-wide to understand the linkage between service delivery and outcomes achievement. This topic is especially relevant for adult FSP Providers, which help California's most vulnerable individuals avoid hospitalization, homelessness, and

incarceration, and ultimately increase their overall wellbeing and independence. We envision a multi-county collaboration effort, spearheaded by Ventura, Orange, and LA Counties alongside Third Sector (a nonprofit consulting firm) to develop a specific vision and a plan to improving the approach to using adult FSP data, with the ultimate goal of giving counties the tools to continuously improve adult FSP outcomes.

**OPPORTUNITY FOR COUNTIES:** From May - July 2019, Third Sector hopes to lead interested counties through a process to: (1) identify the current state of their respective FSP data systems, (2) develop a shared understanding of how data can be used to build an outcomes orientation, (3) envision a plan for adult FSP data outcomes in the future, and (4) build and write a collective Innovation plan to submit to the MHSOAC in August 2019 for approval. The MHSOAC hopes to support Third Sector in this process to develop a collective innovation plan, building on their existing work with LA County to transform adult FSP, as well as the current MHSOAC FSP survey and any previously published FSP evaluation documents.

For further details or questions, please contact Aurelle Amram at Third Sector ([aamram@thirdsectorcap.org](mailto:aamram@thirdsectorcap.org)), Kiran Sahota at Ventura County ([kiran.sahota@ventura.org](mailto:kiran.sahota@ventura.org)), Sharon Ishikawa at Orange County ([sishikawa@ochca.com](mailto:sishikawa@ochca.com)), and Debbie Innes-Gomberg at LA County ([DIGomberg@dmh.lacounty.gov](mailto:DIGomberg@dmh.lacounty.gov)).

## 5. Youth Innovation Project

The Commission launched a Youth Innovation Project to engage youth throughout the state to support the design of youth-oriented mental health innovations. The Youth Innovation Project is led by a 15-member Youth Innovation Committee comprised of youth ages 15-25, representing 11 California Counties. The committee will review information gathered from four youth focus groups and a statewide survey on youth mental wellness in order to identify key challenges affecting their understanding of mental health, access to care, the quality and appropriateness of that care, the outcomes achieved or other mental health related challenge raised by youth.

Once identified, the project will support one or more opportunities to explore, design and plan innovations that would respond to those challenges. The proposed innovations will be presented to county mental health leaders for potential funding.

**OPPORTUNITY FOR COUNTIES:** Collaboration from counties across the state will allow us to maximize the project opportunity of realizing the vision and strengths of young California leaders. This project offers a platform to amplify the voice and choice of youth leaders to create innovative solutions to the barriers they face in their pursuit of emotional wellbeing. If your county is interested in being a part of this exciting youth-driven opportunity, please contact us.

Contact: Shannon Tarter. Email: [Shannon.tarter@mhsoc.ca.gov](mailto:Shannon.tarter@mhsoc.ca.gov) Phone: 916-445-8725

## 6. Schools and Mental Health

Under the terms of SB 82, the Mental Health Wellness Act of 2012, the Commission receives funding to provide local assistance to counties through a competitive process to support improved outcomes to prevent and respond to mental health crises. In 2018 the Commission

dedicated half of these funds to support children's services, including setting aside approximately one-fourth of the available funds to incentivize school-county mental health partnerships. Through this competitive grant program, four counties, out of sixteen applicants, received \$20 million over four years to support school-county partnerships intended to address or prevent mental health crises.

Due to limited funding, the Commission was able to fund only four of the 16 county-school partnerships that applied for the SB 82/Triage funding. Recognizing this broader need for and interest in school-county mental health partnership projects, the Commission has partnered with the California Department of Education to support a multi-county/school learning community collaborative.

**OPPORTUNITY FOR COUNTIES:**

This Collaborative will provide Counties the opportunity to explore potential mechanisms for delivering school-based mental health services or related approaches to meeting the mental health needs of children and youth. The intent of this work is to engage and support a range of counties and schools and offer them planning support to develop projects that could be funded with county mental health and local school funds.

Contact: Dawnte Early, Ph.D. Email: [Dawnte.early@mhsoc.ca.gov](mailto:Dawnte.early@mhsoc.ca.gov) Phone: 916-445-8721

We look forward to working with you on and appreciate your collective support of the transformation of our mental health system through these Innovation opportunities. If you have any questions, please contact me at [toby.ewing@mhsoc.ca.gov](mailto:toby.ewing@mhsoc.ca.gov) or Sharmil Shah at [sharmil.shah@mhsoc.ca.gov](mailto:sharmil.shah@mhsoc.ca.gov).