



**TIPPING POINT**  
COMMUNITY

## EXECUTIVE SUMMARY

# The Landscape of Mental Health Care and Needs

Identifying Possible Areas for Tipping Point Investments to  
Improve Mental Health in the Bay Area

## Mental Health and Poverty Alleviation

Tipping Point Community (Tipping Point) and its grantees have often grappled with the intersections of poverty and mental health. Recent reports state that rates of severe mental health conditions are about 4% higher than average for individuals who live below the poverty line in the Bay Area.

As a foundation focused on fighting poverty, Tipping Point considered whether to invest in efforts focused specifically on improving mental health outcomes in the Bay Area as part of their mission to build community to advance the most promising poverty-fighting solutions.

Tipping Point engaged JSI Research & Training Institute, Inc. (JSI), to explore the landscape of mental health care and needs in the Bay Area, and to identify possible areas for investment for Tipping Point to improve mental health in the Bay Area. This brief summarizes key findings of this exploration in an effort to share with the broader field of service providers, foundations, and non-profit organizations working in poverty alleviation and mental health improvement.

### Sharing Insights with the Field

Tipping Point and the research team's rationale for sharing what was learned includes:

- ▶ Behavioral health needs are surging and deeply linked with poverty.
- ▶ As other foundations and funders consider this issue, there is value in coordination and information-sharing.
- ▶ Mental health and poverty alleviation work is occurring in the context of many complex policy and funding changes. Amid this backdrop of change and uncertainty, there are opportunities to align efforts to maximize the impact of public funding.
- ▶ Importantly, we want to ensure that the learnings from the people who generously shared their time and expertise benefit the broader field.

# Research Approach

In August 2021, Tipping Point engaged JSI to conduct a mental health landscape assessment in the Bay Area to explore how local philanthropy could improve the mental health system to better serve people experiencing poverty. The purpose of this research was to understand current mental health needs, systems, and strategies, and to identify interventions for potential philanthropic investment to improve mental health services in the Bay Area. JSI conducted extensive research in two phases:

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## Phase 1

August 2021 - November 2021

### Key Activities

- ▶ Landscape analysis of mental health funding and services in the six Bay Area counties where Tipping Point operates
- ▶ Literature scan to understand funding streams and county-specific health system metrics
- ▶ Interviews with leaders in mental health systems and service provision in the Bay Area

### Output

The research identified five promising areas for future exploration:

- ▶ specific subpopulations
- ▶ workforce and continuum of care
- ▶ prevention and early intervention
- ▶ helping health systems achieve outcomes
- ▶ regional collaboration

## Phase 2

August 2022 - March 2023

### Key Activities

- ▶ Interviews with subject matter experts, providers, and leaders in mental health in the Bay Area
- ▶ Interviews, focus groups, and a survey of people with lived experience<sup>1</sup>

### Output

The research identified gaps and opportunities for philanthropy.

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<sup>1</sup> For the purposes of this effort, "lived experience" was defined as "experience with a mental health condition, being unstably housed, using/applying for Medi-Cal, and/or poverty (or being the family member of someone who meets this criteria)."

## Mental Health Needs and Gaps

There is a pressing need for comprehensive mental health resources, interventions, and systems-level changes in California.

In 2019



1 in 7 adults in California experienced mental illness<sup>2</sup>



1 in 26 dealt with a serious mental illness<sup>3</sup>



2 out of 3 of adults with mental illness and adolescents with major depressive episodes did not receive treatment<sup>4</sup>



More than 1 in 3 of the 1.5 million California adults who did not receive necessary mental health care named cost as the primary reason.<sup>6</sup>

Access and affordability were cited as the main barriers to mental health care, with low-income, immigrant and communities of color being particularly impacted.<sup>5</sup>

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## Pandemic Strain

The COVID-19 pandemic brought about further strain on the mental health system, exacerbating pre-existing challenges. Data from the peak of the pandemic shows significant gaps in the need for care and trends suggest that these gaps have worsened post-pandemic.<sup>7</sup>

Regulatory and administrative guidelines make mental health care daunting for patients and providers alike. Compliance-driven reporting requirements and excessive paperwork place an undue burden on providers, diverting resources and attention from delivering person-centered care and contributing to provider burnout.

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<sup>2</sup> Holt, W. (2022, July). [Mental Health in California 2022: Waiting for Care. California Health Care Foundation.](#) <sup>3</sup> Holt, W. (2022, July). [Mental Health in California 2022: Waiting for Care. California Health Care Foundation.](#) <sup>4</sup> [Mental Health in California 2022: Waiting for Care. California Health Care Foundation.](#) <sup>5</sup> Torralba, E. (2020, June 25). Nearly 2 million California adults don't get needed mental health care. [UCLA Newsroom](#) (University of California - Los Angeles). Retrieved July 6, 2023. <sup>6</sup> (n.d.). [Adults Reporting Unmet Need for Mental Health Treatment in the Past Year Because of Cost. KFF.](#) Retrieved July 6, 2023. <sup>7</sup> Vahratian, A., Blumberg, S. J., Terlizzi, E. P., & Schiller, J. S. (2021). Symptoms of anxiety or depressive disorder and use of mental health care among adults during the COVID-19 pandemic — United States, August 2020–February 2021. [MMWR. Morbidity and Mortality Weekly Report, 70\(13\), 490–494.](#)

# Mental Health and Poverty

Poverty is both a cause and consequence of mental health problems.<sup>8,9</sup>

Poverty's social stresses, stigma, and trauma play a role in exacerbating mental health conditions.



Mental health problems can perpetuate poverty through employment loss, underemployment, and strained social relationships.

Income inequality was associated with a range of negative mental health outcomes, including depression, poor self-reported mental health, drug overdose deaths, incidence of schizophrenia, child mental health problems, juvenile homicides, and adverse child educational outcomes.<sup>10</sup>

## Evolving Funding Landscape

At the time of this research, billions of state and federal dollars were beginning to pour into the mental health landscape through landmark policy changes. The scale of these investments is exponentially larger than what most philanthropic organizations could consider investing, and the impacts of these funding streams, as well as what gaps might remain, are yet to be seen. For example, just the Children and Youth Behavioral Health Initiative accounts for \$4.5 billion in funding from 2021-22 through 2026-27.<sup>11</sup>

## Sample Government-Funded Initiatives and Policies

- ▶ CalAIM
- ▶ The Children and Youth Behavioral Health Initiative
- ▶ The 988 Suicide and Crisis Lifeline

## Philanthropy Investment Opportunities and Considerations

In the complex mental health environment, it can be difficult to understand and react to evolving investment needs. The research identified five promising areas for future exploration:

- 1 **Specific subpopulations**
- 2 **Workforce and continuum of care**
- 3 **Prevention and early intervention**
- 4 **Helping health systems achieve outcomes**
- 5 **Regional collaboration**

<sup>8</sup>Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, 370(6522).  
<sup>9</sup>Knifton, L., & Inglis, G. (2020). Poverty and mental health: Policy, practice and research implications. *BJ Psych Bulletin*, 44, 193-196. <sup>10</sup>Simon, K., & Beder, M. (2018, June 29). Addressing Poverty and Mental Illness. *Psychiatric Times*. <sup>11</sup>(2023, February 28). Overview of Major Recent Behavioral Health Initiatives. [Legislative Analyst's Office](#).

Three key areas for potential investment were elevated as areas of great need that are appropriate for philanthropic funding and aligned with the mission and capabilities of a foundation like Tipping Point:

## Investment Area 1

### Peer Support Specialist Training

#### Opportunity

Fund training and certification program(s) for Peer Support Specialists (PSS). PSS are peer providers that deliver Medi-Cal reimbursable peer support services, such as the promotion of recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths.

#### Key Insights

- ▶ Peer support was one of the most commonly elevated solutions to the mental health crisis in California.
- ▶ PSSs hold promise for addressing many of the issues facing Californians seeking mental health support, including a mental health workforce shortage, pervasive stigma from mental health providers, and a need for lower-threshold services.
- ▶ Recent policy changes have created a system for peers to become certified PSSs to allow their services to be reimbursed by Medi-Cal.

#### Key Considerations

- ▶ There are costs associated with the training and certification process and there is often no job placement support embedded into the training programs.
- ▶ Many community-based organizations forgo reimbursement through Medi-Cal due to the administrative burden billing poses or the insufficient reimbursement rates.

## Investment Area 2

### Community-Rooted Models

#### Opportunity

Fund community organizations that support populations who are not well served by the mental health system. These organizations may support mental well-being through tailored models, destigmatize mental illness, foster connection, and feature culturally meaningful practices.

#### Key Insights

- ▶ Addresses the gap with communities that are less likely to receive needed mental health care services, may be unserved, underserved or inappropriately served.
- ▶ Community-rooted models tend to acknowledge the reality of living through extremely stressful conditions and systems of oppression, such as racism, discrimination, poverty, displacement, social isolation, and Violence.
- ▶ Because of their inherent community focus and being tailored to specific populations, these models have the potential to alleviate inequities and disparities commonly observed in the mental health system.

#### Key Considerations

- ▶ Community-rooted models use a variety of measures to assess impact (e.g., quality of life, mood, access to resources, crisis situations) and cultural meaning (e.g., community connection, cultural knowledge and pride).
- ▶ Evidence of impact may be difficult to prove. Current evidence may not meet rigorous requirements commonly needed for public program reimbursement (e.g., Medi-Cal).

## Investment Area 3

### Capacity Building for Community-Based Organizations

#### Opportunity

Fund community-based and peer-led organizations that deliver mental health services and need support for internal capacity building and infrastructure that is not covered through existing sustainable sources.

#### Key Insights

- ▶ Acquiring funding for these types of expenses has always been difficult for small organizations, but the need is particularly acute as policy changes require enhancements to existing infrastructure.
- ▶ Supporting these organizations in becoming more effective and sustainable will protect vital mental health resources for communities and ensure they don't get left behind as the Medi-Cal landscape evolves.

#### Key Considerations

- ▶ Though this type of support has the potential to create lasting, sustainable change at an organizational level, it may not lead to systemic transformational change.
- ▶ This type of funding may translate into sustainability for organizations that are already billing Medi-Cal but are not maximizing their billing or need additional support as CalAIM takes effect, or for organizations that are not currently billing Medi-Cal but would start doing so with some support.

## Investment Decision

Tipping Point recognized that the three potential investment areas that emerged from the research represented clear areas of need and opportunity, particularly in the context of the landmark investments from the state. However, these potential investments did not possess the level of impact and transformation that Tipping Point sought at the scale of investment they could consider. The research findings reinforced their belief that more significant transformations were still required. Additional considerations for this decision include:

- ▶ **Allocating resources to this new endeavor might detract from Tipping Point's current areas of work**
- ▶ **Concerns about the long-term sustainability of potential investment areas**
- ▶ **The need for staff with specialized mental health knowledge and skills in effectively tackling the diverse range of challenges faced by individuals and communities**

After carefully weighing these factors, Tipping Point's leadership concluded that current circumstances are not conducive to pursuing a separate mental health strategy alongside their current four investment areas (housing, early childhood, education, and employment).

Instead, they will continue to focus on building and deepening mental health capacity with current grantees, helping them take advantage of the opportunities this bolus of funding brings to mental health service providers. Tipping Point will continue to leverage its model of finding and funding promising solutions by acting alongside other funders in California whose strategies and capabilities are better positioned to lead the efforts that will have transformative change in the mental health landscape.

## Closing

Underlying this exploratory process were Tipping Point's awareness of the great unmet need for mental health care in the Bay Area, and their desire to be thoughtful about whether they could add value in the mental health space. They were aware of the risks of duplicating existing efforts or even causing harm by stepping into this area of work.

Though Tipping Point ultimately decided that they are not well-positioned to make new investments in mental health in the current environment, they will continue to monitor new policies and funding streams impacting the mental health space, as well as new areas of need and opportunity.

## Appendix: Key Informants

We are grateful to the following individuals, and many others who wish to remain anonymous, for contributing their expertise to this work through interviews and surveys.

This work was also informed by individuals with lived experience who generously contributed their time and expertise through interviews, focus groups, and surveys.

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