

Mental Health Services Act Expenditure Report – Governor’s May Revise

Fiscal Year 2016-2017



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FUNDING OVERVIEW

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004 and effective January 1, 2005, established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into the MHSF annually. The 2016-17 Governor's May Revise indicates approximately \$1.831 billion was deposited into the MHSF in FY 2014-15. The 2016-17 Governor's Budget also projects that \$1.818 billion will be deposited into the MHSF in FY 2015-16 and \$1.859 billion will be deposited into the MHSF in FY 2016-17.

Approximately \$1.832 billion was expended from the MHSF in FY 2014-15. Additionally, \$1.510 billion is estimated to be expended in FY 2015-16 and \$1.467 billion is estimated to be expended in FY 2016-17.

The MHSA addresses a broad continuum of prevention, early intervention, and service needs as well as providing funding for infrastructure, technology, and training for the community mental health system. The MHSA specifies five required components:

- 1) Community Services and Supports (CSS)
- 2) Capital Facilities and Technological Needs (CF/TN)
- 3) Workforce Education and Training (WET)
- 4) Prevention and Early Intervention (PEI)
- 5) Innovation (INN)

Funds deposited into the MHSF are distributed to counties by the State Controller's Office (SCO) on a monthly basis. Counties expend the funds for the required components consistent with a local plan, which is subject to a community planning process that includes stakeholders and is approved by the County Board of Supervisors.

In addition to local programs, the MHSA authorizes up to 5 percent of revenues for state administration. These include administrative functions performed by a variety of state entities.

Additional background information and an overview of legislative changes to the MHSA are provided in Appendix 1.

EXPLANATION OF ESTIMATED REVENUES

Table 1 displays estimated revenues from the MHSA's one percent tax on personal income in excess of \$1 million. Personal Income Tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code section 16475. The "Annual Adjustment Amount" represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final

tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2014-15 annual adjustment amount shown in the January Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2016-17.

The total revenue amount for each fiscal year includes income tax payments, interest income, and the annual adjustment. The actual amounts collected differ slightly from the estimated revenues because the annual May Revision update reflects revenue earned, and therefore includes accruals for revenue not yet received by the close of the fiscal year.

**Table 1: MHSF Estimated Total Revenue at 2016-17 Governor's May Revise
(Dollars in Millions)**

	FY 2014-15	FY 2015-16	FY 2016-17
Updated Governor's FY 2016-17 Budget¹			
Personal Income Tax	\$1,830.6	\$1,817.2	\$1,858.2
Interest Income Earned During Fiscal Year	0.8	0.8	0.8
Annual Adjustment Amount	[464.1]	[384.5]	[357.6]
Total Estimated Revenue²	\$1,831.4	\$1,818.0	\$1,859.0

¹ Source: Personal Income Tax and Annual Adjustment Amount (DOF Financial Research Unit – updated for Governor's Budget), Interest Income Earned (Fund Condition Statement in the FY 16-17 Governor's Budget: Income from Surplus Money Investments).

² Estimated available receipts do not include funds reverted under Welfare and Institutions (W&I) Code 5892(h).

REVENUES BY COMPONENT

Table 2 displays the estimated MHSAs revenue available by component and the five percent portion available for state administration. While the component amounts are shown here to display the statewide totals, the MHSAs funds are distributed to counties monthly as a single amount that each county budgets, expends, and tracks by component according to the MHSAs requirements.

**Table 2: MHSAs Estimated Revenue
By Component³
(Dollars in Millions)**

	FY 2014-15	FY 2015-16	FY 2016-17
Community Services and Supports (Excluding Innovation)	\$1,322.3	\$1,312.6	\$1,342.2
Prevention and Early Intervention (Excluding Innovation)	330.6	328.1	335.6
Innovation	87.0	86.4	88.3
State Administration ⁴	91.6	90.9	93.0
Total Estimated Revenue	\$1,831.4	\$1818.0	\$1,859.0

³ Actual receipts displayed are based upon the percentages specified in the MHSAs for the components identified: 80% Community Services and Supports (CSS); 20% Prevention and Early Intervention (PEI); 5% Innovation (from CSS and PEI). WIC §5892(a)(3), (5), and (6).

⁴ 5% State Administration WIC §5892(d).

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for Local Assistance by component, Table 3b displays expenditures for State Administration by each state entity receiving funds from the MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2014-15 and estimated expenditures for FY 2015-16 and FY 2016-17.

The estimated MHSA monthly distribution varies depending on the actual cash receipts and actual annual adjustment amounts.

	Actual	Estimated	Projected
	FY 2014-15	FY 2015-16	FY 2016-17
Local Assistance			
Department of Health Care Services <ul style="list-style-type: none"> MHSA Monthly Distributions to Counties⁵ 	1,730,050	1,340,000	1,340,000
CSS (Excluding Innovation)	[1,314,838]	[1,018,400]	[1,018,400]
PEI (Excluding Innovation)	[328,710]	[254,600]	[254,600]
INN	[86,503]	[67,000]	[67,000]
Office of Statewide Health Planning and Development <ul style="list-style-type: none"> WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds) 	14,233	21,065	25,081
Total Local Assistance	1,744,283	1,361,065	1,365,081

⁵ The MHSA monthly distributions to counties are single monthly payments and the counties expend funds according to WIC §5892(a)(3), (5), and (6), where 80% is for CSS; 20% is for PEI; and 5% of the amount allocated to CSS and 5% of the amount allocated to PEI is for INN.

**Table 3b: MHSA Expenditures
State Administration
May 2016
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2014-15	FY 2015-16	FY 2016-17
State Administration			
Judicial Branch	1,058	1,070	1,078
California Health Facilities Financing Authority <ul style="list-style-type: none"> • Mobile Crisis Services Grants 	3,999	4,000	4,000
OSHPD – Administration	4,052	3,337*	4,414*^
OSHPD – Non-Administrative State Operations (including MHLAP)	8,388	13,200	15,075^
Department of Health Care Services	9,052	10,213	11,072
Department of Public Health	3,557	50,074*	18,066*
Department of Developmental Services <ul style="list-style-type: none"> • Contracts with Regional Centers 	1,180	1,222	1,178
Mental Health Services Oversight & Accountability Commission <ul style="list-style-type: none"> • Triage Grants beginning January 2014 (\$32.0 M annually) 	52,599	49,575*	44,355*
Department of Education	127	149	137
Board of Governors of the California Community Colleges	85	104	94
Financial Information System for California	70	188	150
Military Department	1,313	1,600	1,615
Department of Veterans Affairs <ul style="list-style-type: none"> • Provide information on local mental health services to veterans and families 	498	510	517
University of California	1,636	13,364*	0
State Controller (21 st Century Project)	33	0	0
Total Administration	\$87,647	\$148,606	\$101,751
Total of Local Assistance and Administration	\$1,831,930	\$1,509,671	\$1,466,832

*A portion of these funds were re-appropriated from prior year administrative funds and are attributed to the 5% administrative cap for a different fiscal year in which they are expended.

^FY 2016-17 did not capture an adjustment to the separation of administration and non-administration. The shift of \$27 to administration from non-administration will be reflected in the next version.

**Table 3c: MHSA Expenditures
State Administrative Cap
May 2016
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2014-15	FY 2015-16	FY 2016-17
Total Estimated Revenue	\$1,831.4	\$1,818.0	\$1,859.0
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap	\$91.6	\$90.9	\$93.0
Total Administration (less funds re-appropriated and attributed to prior years)	\$87.6	\$148.6	\$101.8
Difference	\$3.9	(\$57.7)	(\$8.8)

Based upon estimated MHSA revenues, the 5% administrative cap is \$90.9 million and administrative expenditures are estimated at \$148.6 million for 2015-16. The amount exceeding the administrative cap in 2015-16 has been re-appropriated and attributed to prior year available funds. For 2016-17, the projected 5% administrative cap is \$93.0 million and the total projected expenditures are \$101.8 million. A portion of this total has been appropriated from available administrative funds in prior years.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Support

Community Services and Supports (CSS), the largest component, is 80% of county MHSA funding. CSS funds direct services to individuals with severe mental illness. These services are focused on recovery and resilience while providing clients and families an integrated service experience. CSS has four service categories:

- Full Service Partnerships;
- General System Development;
- Outreach and Engagement; and,
- MHSA Housing Program.

Full Service Partnerships

Full Service Partnerships (FSPs) consist of a service and support delivery system for the public mental health system's hardest to serve clients, as described in Welfare and Institutions Code (WIC) Sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care). The FSP is designed to serve Californians in all phases of life that experience the most severe mental health challenges because of illness or circumstance. FSPs provide substantial opportunity and flexibility in services for a population that has been historically underserved and greatly benefits from improved access and participation in quality mental health treatment and support services. FSPs provide wrap-around or "whatever it takes" services to clients. The majority of CSS funds are dedicated to FSPs.

General System Development

General System Development (GSD) funds are used to improve programs, services, and supports for the identified initial full service populations, and for other clients consistent with the MHSA target populations. GSD funds help counties improve programs, services, and supports for all clients and families and are used to change their service delivery systems and build transformational programs and services. For example, GSD services may include client and family services such as peer support, education and advocacy services, and mobile crisis teams. GSD programs also promote interagency and community collaboration and services, and develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address mental illness or emotional disturbance.

Outreach and Engagement Activities

Outreach and engagement activities are specifically aimed at reaching populations who are unserved or underserved. The activities help to engage those reluctant to enter the system and provide funds for screening of children and youth. Examples of organizations that may receive funding include racial-ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations, and health clinics.

MHSA Housing Program

DHCS continues to partner with the California Housing Finance Agency on the MHSA Housing Program to create additional units of permanent supportive housing for individuals with mental illness and their families who are homeless or at risk of homelessness. Since the implementation of the MHSA Housing Program in August of 2007, over \$400 million in MHSA funds have been made available to county mental health departments to meet the supportive housing needs of the local mental health community.

The MHSA Housing Program provides funding for capital costs and an operating subsidy for the development of permanent supportive housing for individuals with serious mental illness who are homeless or at risk of homelessness. Affordable housing with necessary supports has proven effective in assisting individuals in their recovery.

2. Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CF/TN) component provided funding from FY 2007-08 and FY 2008-09 to enhance the infrastructure needed to support implementation of the MHSA, which includes improving or replacing existing technology systems and/or developing capital facilities to meet increased needs of the local mental health system. Counties received \$453.4 million for CF/TN projects and have through FY 2017-18 to expend these funds.

Funding for Capital Facilities is to be used to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with severe mental illness or that provide administrative support to MHSA funded programs. Funding for Technological Needs is to be used to fund county technology projects with the goal of improving access to and delivery of mental health services.

3. Workforce Education and Training

The Workforce Education and Training (WET) component provides funding to both counties and the Office of Statewide Health Planning and Development (OSHPD) to enhance the public mental health workforce.

Local WET Programs

In 2008, counties received \$216 million for local WET programs. They have through FY 2017-18 to expend these funds.

Statewide WET Programs

Pursuant to WIC Section 5820, OSHPD administers statewide mental health programs that support the increase of qualified medical service personnel serving individuals who have a serious mental illness. In 2008, \$234.5 million was set aside for a State administered WET program. A total of \$114 million is allocated to fund statewide projects from FY 2014-15 through FY 2017-18.

OSHPD is currently implementing the programs identified in the WET Five-Year Plan⁵. Due to the varying nature of contract completion dates, some programs may not reflect FY 2015-16 outcomes data. The following describes current statewide WET programs:

Current Programs

- **Stipend Program:** (\$8.75 million allocation in FY 2015-16.) This allocation finances eight contracts with educational institutions for mental health professionals to practice in underserved locations of California. In exchange for receiving a stipend, students are required to commit to a 12-month service obligation in the County Public Mental Health System (PMHS). From July 1, 2014 through June 30, 2015, 295 individuals were awarded a stipend and performed their field placement in the PMHS. Of the 295 individuals awarded a stipend, 79 percent were from under-represented communities and 56 percent spoke another language in addition to English. In FY 2015-16, the stipend program is projected to award a stipend to a total of 306 recipients. On December 31, 2015, a request for application was released to fund the stipend programs for FY 2016-17 and FY 2017-18 with a total allocation of approximately \$16.3 million. As of April 2016, OSHPD intends to award additional contracts to seven educational institutions. The stipend program is projected to award a total of 317 stipend recipients in FY 2016-17 and 325 recipients in FY 2017-18.

⁵ A full copy of the WET Five-Year Plan can be found via the following link:
<http://www.oshpd.ca.gov/HWDD/pdfs/WET/WET-Five-Year-Plan-2014-2019-FINAL.pdf>

- **Psychiatric Residency Programs:** (\$760,880 allocation in FY 2015-16.) This allocation supports educational institutions to add eight psychiatric residents who perform their rotations in the PMHS and encourage them to continue working in the PMHS after certification by the Board of Psychiatry and Neurology. In FY 2014-15, four psychiatric residents/fellows spent over 8,000 clinical rotation hours in the PMHS. In FY 2015-16, eight psychiatric residents/fellows are projected to spend over 30,000 clinical rotation hours in the PMHS.
- **Education Capacity-Psychiatrists:** (\$2.25 million allocation in FY 2015-16.) This allocation supports four psychiatric residency/fellowship programs in the PMHS to supervise a total of 26 psychiatric residents/fellows in FY 2014-15 and 27 psychiatric residents/fellows in FY 15-16 who spent over 20,000 clinical rotation hours in the PMHS.
- **Regional Partnerships (RPs):** (\$3 million allocation in FY 2015-16.) Five RPs representing Bay Area, Central Valley, Southern California, Los Angeles, and Superior Region counties have been established. As a consortium of county departments of mental health, community-based organizations, and educational institutions in their respective regions, RPs plan and implement programs that build and improve local workforce education and training resources. The RPs represent diverse counties, agencies, and organizations committed to expanding the PMHS in their respective regions. In FY 2014-15, the RPs sponsored a high school conference on behavioral health career pathways, conducted motivational interviewing and crisis intervention training, contributed financial support for social work distributed learning programs, developed a core competency training program, and provided training and academic support for psychiatry residents. In FY 2015-16, the RPs developed a peer provider pipeline program, a roving supervisor program, funded the creation of a Masters of Social Work program, provided leadership training, and sponsored a conference to encourage under-represented individuals to choose a career in mental/behavioral health.
- **Mental Health Shortage Designation Program:** (\$140,000 allocation in MHSA Administrative Funds in FY 2015-16.) This program increases federal workforce funding by expanding the number of California communities recognized by the federal Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals. As of April 2016, 165 Mental Health Professional Shortage Areas (MHPSA) have been designated in California. There are 6.1 million Californians living in these areas. For calendar year 2015, there have been 13 MHPSA applications submitted to the federal government and four approved MHPSA designations. These underserved communities are able to recruit and retain clinicians through the National Health Service Corps Loan Repayment Program and OSHPD's State Loan Repayment Program.

- **Mental Health Loan Assumption Program (MHLAP):** (\$10 million allocation in FY 2015-16.) This program encourages mental health providers to practice in underserved locations of California by providing qualified applicants up to \$10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the PMHS. In FY 2014-15, MHLAP received more than 1,600 applications requesting over \$16 million. MHLAP awarded 1,085 individuals a total of \$9.5 million. Of those awardees, 68 percent self-identified as consumers and/or family members and 54 percent spoke a language in addition to English. In FY 2015-16, MHLAP received 2,500 applications requesting over \$25 million. As of April 2016, MHLAP is projected to award 1,537 individuals a total of \$12.4 million for FY 2015-16. Final numbers will not be available until after June 30, 2016.
- **Peer Personnel Preparation:** (\$2 million allocation from MHS Administrative Funds in FY 2015-16 per Senate Bill 82 (Chapter 34, Statutes of 2013).) This allocation funds four organizations to support peer personnel, including families, by providing training on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related training and support to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. In FY 2014-15, four organizations recruited 526 individuals to participate in training programs, trained 461 individuals, and placed 313 individuals in positions in the PMHS across 16 counties. In FY 2015-16, OSHPD contracted with five organizations that will recruit, train, and place 691 individuals in peer personnel positions across 20 counties. On March 30, 2016, a request for application was released to fund the Peer Personnel Preparation programs for FY 2016-17. OSHPD intends to award new contracts in May 2016.
- **Education Capacity-Psychiatric Mental Health Nurse Practitioners:** (\$1.5 million allocation in FY 2015-16.) This allocation funds four programs to co-locate staff to increase the educational capacity of Psychiatric Mental Health Nurse Practitioners in the PMHS. In FY 2014-15, 30 Psychiatric Mental Health Nurse Practitioner students were trained in the PMHS. In FY 2015-16, 106 Psychiatric Mental Health Nurse Practitioner students are projected to be trained in the PMHS and will serve over 9,000 staff hours co-located in the PMHS.
- **Consumers and Family Members Employment:** (\$5 million allocation in FY 2015-16 reallocated to 2016-17 and 2017-18.) This allocation funds 14 contractors that engage in activities that increase and support consumer and family member employment in the PMHS. Activities include, but are not limited to, providing training and technical assistance to PMHS employers, engaging consumers and family members in mentoring, self-help/support groups, trainings, professional development opportunities, and developing a comprehensive assessment of California's

consumer, family member, and parent/caregiver workforce in the PMHS. In FY 2015-16, approximately 100 organizations within the PMHS received services to increase their ability to employ consumers and family members.

- **Mini-Grants:** (\$250,000 allocation in FY 2015-16.) Mini-Grants fund organizations that engage in activities to promote mental/behavioral health careers to students. In FY 2014-15, 37 organizations were funded to support programs which encourage unrepresented, economically and educationally disadvantaged students in their pursuit of mental/behavioral health careers. In FY 2015-16, 26 organizations were awarded funds to support this program.
- **CalSEARCH:** (\$250,000 allocation in FY 2015-16.) In FY 2014-15, six organizations were awarded funds to provide students across different mental/behavioral health professions with short-term rotations and experiences in the PMHS. In FY 2015-16, four organizations were awarded funds to support this program.
- **Retention:** (\$250,000 allocation in FY 2015-16.) This allocation funds six organizations that engage in activities to increase the retention of the PMHS workforce. In FY 2015-16, OSHPD projects that the six contractors will engage in retention activities that will target 2,465 workers within the PMHS.
- **Evaluation:** (\$686,023 allocation in FY 2015-16.) These funds will be used to establish baseline information against which comparable data may identify changes in outcomes due to workforce investments, and to determine the effectiveness of the strategies at county, regional, and state levels. A request for application was released on August 27, 2015 and OSHPD contracted with an organization to engage in research that will compile and assess county administered MHS WET activities since 2008. A second request for application was released on January 26, 2016 and OSHPD is expected to contract in May 2016 with an organization to conduct an evaluation of the changing and emerging needs of the public mental/behavioral health workforce by May 2016.

4. Prevention and Early Intervention

The MHSA allocates 20% of MHSA funds distributed to counties for Prevention and Early Intervention (PEI) programs and services. The overall purpose of the PEI component is to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for underserved populations. The PEI component enumerates outcomes that collectively move the PMHS from an exclusive focus on late-onset crises to inclusion of a proactive “help first” approach.

PEI focuses on reducing negative outcomes that may result from untreated mental illness, such as suicide, incarceration, school failure or drop out,

unemployment, homelessness, prolonged suffering, and removal of children from the family home.

The MHSOAC is responsible for providing PEI policy direction in the form of regulations to support the following key MHSA-intended outcomes: increased recognition of and response to early signs of mental illness; increased access to treatment for people with serious mental illness; improved timely access to services for underserved communities with persons at risk of or with a mental illness; reduced stigma associated with either being diagnosed with a mental illness or seeking mental health services; and reduced discrimination against people with mental illness.

The MHSOAC promulgated regulations, effective October 6, 2015, for PEI-funded services. These regulations focus on the PEI outcomes articulated in the MHSA, while supporting maximum flexibility for counties to bring about these outcomes using program approaches that have demonstrated their effectiveness. The regulations strengthen requirements for consistent tracking and reporting of program activities and require counties to report evaluation results for all county PEI-funded programs.

5. Innovation

County mental health departments develop plans for Innovation (INN) projects to be funded pursuant to paragraph (6) of subdivision (a) of WIC Section 5892. Counties shall expend funds for their INN programs upon approval by the MHSOAC pursuant to WIC Section 5830. The MHSOAC is responsible for establishing policy and writing regulations for INN programs and expenditures (WIC Section 5846(a)).

The INN component of the MHSA consists of 5% of CSS and 5% of PEI funds and provides counties the opportunity to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of INN is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. The MHSA-specified purposes for INN projects, all of which relate to potential or actual serious mental illness and to mental health services and systems, are to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration and increase access to services. The county selects one of these as the primary purpose of an INN Project and addresses the primary purpose as a focus of its evaluation.

Counties use their INN funds to design, pilot, and evaluate a project that accomplishes one of the following: introduces new mental health practices or approaches, including but not limited to PEI; makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a

new setting or community; or introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. Results of INN evaluations support the county and its community stakeholders in deciding whether to continue the project, or elements of the project, with other funding and what successful approaches and lessons learned may be disseminated to other counties.

The MHSOAC issued regulations effective October 1, 2015, for INN-funded projects. The regulations provide a clear framework for counties to determine, describe, implement, evaluate, and report on their INN projects. The regulations ensure that all INN projects reflect the intended outcomes articulated in the MHSA and promote statewide consistency and conformity in the administration and reporting of evaluation results of INN projects.

STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES

The administrative expenditures for state entities receiving MHSA funding are as follows:

Judicial Branch

FY 2014-15	FY 2015-16	FY 2016-17
\$1,058,000 SO	\$1,070,000 SO	\$1,078,000 SO

Juvenile Court System

The Judicial Branch, Juvenile Court System, receives funding and 4.0 positions to address the increased workload relating to mental health issues in the area of PEI for juveniles with mental illness who are in the juvenile court system or at risk for involvement in the juvenile court system.

The unique needs of children with mental health conditions and their families are a focus of these programs. Seeking to make their involvement in the courts short and therapeutic, the goals are for early intervention, assessment and effective treatment for children at risk for juvenile court involvement, in family dependency or delinquency courts.

Programs include youth participation in multidisciplinary education programs and meaningful involvement of youth in court programs, including youth court, and suicide, bullying, truancy and human trafficking prevention programs.

In addition to children with mental illness, judges and court staff are assisted to identify and obtain effective assessment and treatment of mentally ill parents when children are involved in juvenile courts. Educational programs for judges and court

staff, as well as studies to identify effective practices, are used to identify and address the needs of these families and their children.

The Juvenile Mental Health Project focuses its efforts in the following areas:

- Staffing the juvenile subcommittee of the Collaborative Justice Courts Advisory Committee which will be continuing much of the juvenile mental health work of the Mental Health Issues Implementation Task Force, which sunset on December 30, 2016, and whose focus was on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its [final report](#). Section 6 of this report specifically addresses juvenile mental health issues.
- Identifying best practices for juveniles with mental illness in, or at risk of entering, the delinquency and dependency courts; designing and implementing evaluation projects of California juvenile mental health courts.
- Identifying model court protocols when responding to juveniles with mental illness in, or at risk of entering, the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Providing support for ongoing work to revise juvenile competency legislation, including presenting evidence at legislative hearings for AB 2695.
- Developing and disseminating resource materials for judicial officers and court professionals on research papers related to mental health screenings, assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing juvenile and family court judges with interdisciplinary conferences including Beyond the Bench, annual juvenile primary assignment orientations, juvenile and family law institutes as well as educational programs for family court staff, and the annual Youth Court Summit.
- The Judicial Council is building on its published [briefing](#) about human trafficking by publishing a Trafficking Tool Kit for juvenile and criminal judicial officers. This tool kit contains background information and research on sex trafficking, as well as a legislative history, ethical considerations, sample protocols, relevant bench cards, promising practices, and more. This tool kit should be available in Summer 2016. Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction.

Additional program information can be accessed [here](#).

Adult Court System

The Judicial Branch, Adult Court System, also receives funding and 2.9 positions to address the increased workload relating to adults who are in the mental health and criminal justice systems.

Upon review of the final report of the Mental Health Issues Implementation Task Force, the Judicial Council determined that there is a need to address mentally ill court users and their families across all case types in order to ensure their ability to remain in the community. Consequently, the ongoing work in adult courts includes family reunification and reentry; mentally ill court users in probate and family courts; civil harassment; and, housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure that court employees, especially those in behavioral health functions such as conservatorship investigators and child custody mediators, understand and respond effectively to mentally ill persons in the courts.

The Adult Mental Health Court Project provides support for a variety of activities including providing technical assistance and resource information for new and/or expanding mental health courts. In addition, project staff provides support in the following areas:

- Maintaining and updating the roster of collaborative justice courts including mental health and related courts in the state and providing information upon request to court and justice system partners, state and national policymakers, and the public.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Providing educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- Providing on-going support for interdisciplinary programs such as the Judicial Council's Beyond the Bench conference, as well as programs in conjunction with the California State Bar Association, the California Association of Collaborative Courts, the American Bar Association, and the California Homeless Court Coalition.
- Staffing the veterans' issues subcommittee of the Collaborative Justice Courts Advisory Committee focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the court system.
- Staffing the mental health focused activities of the Collaborative Justice Courts Advisory Committee which will continue the work of the Mental Health Issues Implementation Task Force, which sunset on December 30, 2016, which focused on implementing the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues.

- Developing and conducting trainings for family court services directors, mediators, evaluators and child custody recommending counselors to help them meet mandatory education requirements and provide mental health related services to high conflict families.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials.
- Developing/supporting veterans court educational programming for judges and court teams related to adjudicating veterans with mental health issues and co-occurring disorders.
- Providing activities and programs as follow-up to an evaluation [report](#) for the reentry court pilot project which analyzed the high revocation rates of California's parolees; and alternatives to prison for parole violators with a history of substance abuse and/or mental illness was submitted to the Judicial Council and Legislature in December 2014. The [report](#) suggests that court programs are identifying previously unrecognized and unmet mental health needs and connecting participants to mental health treatment services and preliminary findings indicated that this decreased the amount of time parolees with mental health issues are incarcerated.
- It is noted that Hon. Richard J. Loftus, Jr., was given the Judicial Champion Paradigm award in November 2015 for his role as the chair of the Mental Health Issues Implementation Task Force and his leadership in addressing the needs of criminal offenders with mental illness in California

More information can be located [here](#).

California Health Facilities Financing Authority

FY 2014-15	FY 2015-16	FY 2016-17
\$3,999,000 LA	\$4,000,000 LA	\$4,000,000 LA

The California Health Facilities Financing Authority (CHFFA) receives on-going MHSA funding of \$4,000,000 for county mobile crisis support team (MCST) personnel grants.

Program Highlights and Facts:

CHFFA received 71 grant applications from 45 counties for the first, second, third, fourth, and fifth funding rounds. In the first funding round, in April 2014, the CHFFA board awarded \$3,974,289 to 9 counties for MCST personnel funding. In the second funding round, in December 2014, the CHFFA board awarded \$24,654 in MCST personnel funding for one county, leaving \$1,057 remaining in available funds. The fifth funding round closed on March 8, 2016; however, CHFFA did not receive any applications for the remaining \$1,057 in personnel funding.

To date, the counties awarded grant funding in the first, second, third, and fourth funding rounds for all crisis residential, stabilization, and mobile crisis programs include: Alameda, Butte, Contra Costa, Fresno, Kings, Kern, Lake, Los Angeles, Marin, Mendocino, Merced,⁶ Monterey, Napa, Nevada, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura, and Yolo.

CHFFA estimates the following timeline of events for the remainder of the 2016 calendar year:

- Final allocations (awards) for fifth funding round applications determined at the May 2016 board meeting followed by executing grant agreements.
- June 30, 2016 is the deadline to disburse all 2013-14 allocation of MHSA funding.
- Continue to fully disburse all awarded grants.

Preliminary Outcomes.

So far, for MCSTs, the counties have purchased 60 out of the 61 approved vehicles and have hired 50.35 full-time equivalents (FTE) of the approved 58.25 FTE. Additional information on counties selected for funding may be found at the following links:

[First Funding Round](#), [Second Funding Round](#), [Third Funding Round](#), [Fourth Funding Round](#)

Additional CHFFA program information may be found [here](#).

Office of Statewide Health Planning and Development

FY 2014-15	FY 2015-16*	FY 2016-17*
\$12,440,000 SO	\$16,537,000 SO	\$19,489,000 SO
\$14,233,000 LA	\$21,065,000 LA	\$25,081,000 LA

*Display only: Figures reflect breakout of State funding sources (State Operations and Local Assistance), not the amounts designated for the MHSA State Administrative 5% cap.

The Office of Statewide Planning and Development (OSHPD) administers the statewide WET funds and develops mental health programs that support the increase of qualified medical service personnel serving individuals who have a serious mental illness.

MHSA State operations funding supports a total of 11.0 FTEs. In FY 2015-16, administrative costs are estimated to be \$3.3 million. In FY 2016-17 the costs are projected to be \$4.4 million.

⁶ With Madera, Tuolumne, Calaveras, Mariposa, and Stanislaus.

The Peer Personnel Preparation appropriation of \$2 million facilitates the deployment of peer personnel as a service to clients and family members and as triage and targeted case management.

Additional information about OSHPD can be located [here](#).

Department of Health Care Services

FY 2014-15	FY 2015-16	FY 2016-17
\$9,052,000 SO	\$10,213,000 SO	\$11,072,000 SO
\$1,730,050,000 LA*	\$1,340,000,000 LA*	\$1,340,000,000 LA*

*Local assistance funds are distributed monthly to counties by the State Controller and are to be used to support the CSS, PEI, and INN components.

The Department of Health Care Services (DHCS) is responsible for providing fiscal and program oversight of the MHSA. DHCS also monitors MHSA-funded contracts currently held by CIBHS and the University of California, Los Angeles (UCLA).

DHCS has a total of 24.0 FTEs funded.

DHCS Mental Health Services Division:

MHSA State operations funding supports 19.0 FTEs.

The Mental Health Services Division (MHSD) is responsible for providing fiscal and program oversight of the MHSA. DHCS continues to develop the county performance contracts, review the current allocation methodology for monthly distribution of MHSA funds, develop Annual Revenue and Expenditure Report (RER) forms, review county RER submissions, conduct fiscal audits of county MHSA funds, review issues submitted through the Issue Resolution Process, and review and amend MHSA regulations. MHSD collaborates with various state and local government departments and community providers related to suicide prevention, stigma and discrimination reduction, and student mental health activities.

Contracts:

DHCS contracts with CIBHS to provide statewide technical assistance to improve the implementation of the MHSA and MHSA-funded programs. The contract is funded at \$4.144 million per year. CIBHS provides a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of the MHSA.

DHCS contracts with Harbage Consulting to assist with implementation of the planning grant for Certified Community Behavioral Health Clinics (CCBHC) and development of the grant application for the CCBHC demonstration project.

DHCS also contracts with UCLA to fund a mental health phone survey that captures data on adults and youth in California. This contract is funded at \$800,000 per year. The survey gathers data on the health status of and access to healthcare services of an estimated 1.6 million adults ages 18-64. DHCS relies on this survey's information to measure mental health service needs and mental health program utilization.

California Mental Health Planning Council:

MHSA State operations funding supports 5.0 FTEs.

The California Mental Health Planning Council (CMHPC) fulfills federal and state mandates under Public Law 102-321 and WIC sections 5771, 5771.3, 5771.5, 5772, 5820, and 5821. The CMHPC is charged with advocating for children with serious emotional disturbances and adults with serious mental illness by monitoring and reporting on the public mental health system including MHSA-funded programs. The CMHPC also advises the Administration and the Legislature on priority issues, including participation in statewide planning. Under the MHSA, the CMHPC advises the Office of Statewide Health Planning and Development on education and training policy development, collaborates on the statewide needs assessment and provides oversight for the five-year plan development. Each five-year plan must be reviewed and approved by the CMHPC.

California Department of Public Health

FY 2014-15	FY 2015-16	FY 2016-17
\$3,558,000	\$50,074,000	\$18,066,000

The Mental Health Services Fund currently supports a total of 11.5 positions in the California Department of Public Health (CDPH) Office of Health Equity (OHE). The OHE, Community Development and Engagement Unit (CDEU) oversees the California Reducing Disparities Project (CRDP) which is designed to improve access, quality of care, and increase positive outcomes for five populations: African Americans; Asian/Pacific Islanders; Latinos; Native Americans; and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) individuals. The CDPH received \$15 million for four years, starting in FY 2012-13, for a total of \$60 million to implement and evaluate CRDP community-defined practices. The accrued \$60 million is appropriated without regard to fiscal year. The OHE is implementing a staggered approach to announcing awards. The Statewide Evaluator (SWE) and the Technical Assistance Providers (TAPs) intent to award were announced in February 2016. The Implementation Pilot Projects (IPPs) intent to award was announced on May 2, 2016. Next to be awarded are the CRDP Capacity Building Pilot Projects (CBPPs) which will be announced in late May 2016. The final solicitation under the CRDP umbrella is the Education, Outreach and Awareness (EOA) proposal which is currently under development. CDPH anticipates that the EOA solicitation will be issued in fall 2016. In total, there will be more than 40 contracts and grants funded for six years.

Program Highlights and Key Activities

FY 2015-16:

OHE worked with the DHCS through an Interagency Agreement to complete an updated mental health disparity and inequities report as outlined in OHE's legislative mandate. The departments provide ongoing technical support for specific projects. For example, DHCS is the reviewer and scorer for CRDP Phase II proposals and OHE is supporting the development of the revised DHCS county mental health Cultural Competence Plan Requirements (CCPR).

- OHE activities to finalize CRDP Phase II solicitations:
 - Issued CRDP Phase II pre-draft solicitations for public comment and incorporated stakeholder feedback prior to finalizing the solicitations.
 - Conducted conferences for bidders.
 - Planned and facilitated CRDP-focused intra/inter-department CRDP scoring team trainings on health equity, cultural and linguistic competence, state contracting practices, and evaluation.
 - Coordinated and participated in CRDP scoring team orientation meetings in preparation for application review and selection.
 - Ongoing development of the CRDP Phase II final solicitation, EOA component (plan to post the final CRDP solicitation, EOA in fall 2016).
- Provided ongoing administrative support to the OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of [California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity \(Statewide Plan\)](#).
- OHE administers contracts to:
 - Continue to convene a thirty-member body, known as the California Mental Health Services Act (MHSA) Multicultural Coalition (CMMC), composed of diverse representatives from the mental health field to:
 - Transform the public mental health system;
 - Complete State of the State reports on mental health disparities; and
 - Provide guidance and direction from a cultural and linguistic competence lens on efforts effecting underserved populations in the mental health field.
 - Finalize a statewide strategic plan for reducing mental health disparities.
 - Incorporate additional stakeholder feedback, and graphically design and format the legislatively-mandated Statewide Plan.
 - Develop and include four data questions related to race in the California Health Interview Survey that will increase OHE's ability to conduct public health surveillance of mental health disparities.
 - Assist OHE with execution of strategies listed within the Statewide Plan, which pertains to mental health disparities and recommendations to achieve health and mental health equity for all communities.

- Engage African Americans at stakeholder forums to gather feedback on how to effectively communicate and partner with the African American community on addressing the social determinants of health and mental health that continues to impact disadvantaged communities.
- Develop and finalize all CRDP Phase II solicitations that are still outstanding with the EOA.
- Provide consultative recommendations on the planning, completion and archival components of the multifaceted and highly complex CRDP Phase II solicitation process.

OHE Outreach and Engagement Partners:

The OHE CDEU staff actively participates in the following committees (on a limited basis at this time due to CRDP Phase II activities):

- Mental Health Services Oversight and Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee
- MHSOAC Services Committee
- MHSA Partners Forum
- County Behavioral Health Directors Association of California Cultural Competence, Equity, and Social Justice Committee
- California Mental Health Planning Council (Various workgroups/committees)
- California Institute for Behavioral Health Solutions (Various workgroups/committees)
- Central Region Ethnic Services Managers
- Southern Region Ethnic Services Managers
- Bay Area Region Ethnic Services Managers
- State Interagency Team Workgroup to Eliminate Disparities and Disproportionality
- California Stakeholder Process Coalition
- CMMC

Additional OHE Information can be viewed here: [OHE Website](#), [CRDP Website](#), [OHE California Reducing Disparities Project Phase II](#)

Department of Developmental Services

FY 2014-15	FY 2015-16	FY 2016-17
\$440,000 SO	\$482,000 SO	\$438,000 SO
\$740,000 LA*	\$740,000 LA*	\$740,000 LA*

* Information above does not reflect final expenditures; the Department of Developmental Services uses an accrual-basis accounting system that allows DDS three years to liquidate its Current Fiscal Year encumbrances (State of California Government Code Chapter 1 Section 16304).

The MHSA funds a total of 3.0 positions.

The Department of Developmental Services (DDS) oversees MHSA funding for regional centers (RCs) that develop innovative projects. These projects focus on prevention, early intervention, and treatment for children and adult consumers with mental health diagnoses, and also provide support for families. Dual diagnosis refers to individuals with developmental disabilities and co-occurring mental health diagnoses.

DDS distributes MHSA funds to RCs throughout California utilizing a competitive application process. Cycle III (Fiscal Years 2014/15 through 2016/17) MHSA projects are underway. A brief description of each project is included below:

Central Valley Regional Center (CVRC)

- The [Central Valley Regional Center \(CVRC\)](#) is developing a training curriculum, convening training, and providing statewide technical assistance to potential RC vendors to address the lack of competency trainers within communities and reduce incarceration time. The information developed will be available to all counties.
- The CVRC also enhanced the content of CVRC's prior Cycle II MHSA project, [Foundations of Infant Mental Health Training Program](#), by promoting culturally competent clinical care and systems coordination in early childhood mental health through team-based learning. The counties served include Fresno, Kings, Madera, Mariposa, Merced, and Tulare.

Regional Center of the East Bay

County: Alameda

- [The Schreiber Center](#), a new specialized mental health clinic, provides psychiatric assessment, medication management, and individual group therapy to consumers with dual diagnosis.

San Diego Regional Center

Counties: Imperial and San Diego

- [Psychiatric Navigation Project](#) responds to, and addresses, the complex needs of dually diagnosed transition age youth (TAY) who are high utilizers of emergency rooms and acute psychiatric facilities.

Westside Regional Center

County: Los Angeles

- [Evidence Based Practices for Dual Diagnosis](#) provides training on three Los Angeles county-approved evidence-based practices and their application in prevention and early intervention for consumers with dual diagnoses.

- [Project UNITE](#) provides new and enhanced specialized services and supports for transition age youth with, or at risk of, dual diagnosis.

Over 500 clinicians, service providers, RC staff and other professionals, families, and consumers have participated and benefitted from these projects. Tools, resources, training curricula, including PowerPoint presentations, and other training materials for each specific project are available on each project website.

Mental Health Services Oversight and Accountability Commission

FY 2014-15	FY 2015-16	FY 2016-17
\$52,599,000 SO	\$49,575,000 SO	\$44,355,000 SO

FY 2015-16 administrative funds are utilized as follows:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) receives funding and 30.0 positions to support its statutory oversight and accountability for the MHSA.

The MHSA established the MHSOAC to oversee the MHSA and the community mental health systems of care. One of the priorities for the MHSOAC is to oversee and account for the MHSA in ways that support increased local flexibility and result in reliable outcome information documenting the impact of the MHSA on the public community mental health system in California. The MHSOAC is committed to accounting for the impact of the MHSA on the public mental health system in ways that are measurable and relevant to local and state policymakers and California communities.

The MHSOAC provides vision and leadership, in collaboration with government and community partners, clients, and their family members to ensure Californians understand mental health is essential to overall health. The MHSOAC holds public mental health systems accountable and provides oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families.

Beginning in FY 2013-14, \$32 million was appropriated for triage personnel grants. In FY 2014-15, \$19.4 million of the FY 2013-14 MHSOAC triage grant funds were re-appropriated to extend funding for additional grants and support suicide prevention efforts.

Some of the MHSOAC's primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices.

- Providing oversight, review, training and technical assistance, for accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approving County Innovation plans.
- Receiving and reviewing county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.
- Implementing and managing the SB 82 Triage Program.

Additional information regarding the MHSOAC is available on the following website links:

<http://www.mhsoac.ca.gov/>

http://www.mhsoac.ca.gov/MHSOAC_Publications/Fact-Sheets.aspx

California Department of Education

FY 2014-15	FY 2015-16	FY 2016-17
\$127,000 SO	\$149,000 SO	\$137,000 SO

MHSA funds support a 0.7 FTE Education Programs Consultant (EPC) position and a 0.2 FTE Office Technician (OT) at the California Department of Education (CDE) to support student mental health needs throughout the state.

The CDE oversees more than 6.2 million students and approximately 1,000 diverse and dynamic school districts in the 58 counties. The CDE receives MHSA funding to increase capacity in both staff and student awareness of student mental health issues and promote healthy emotional development.

MHSA funding leverages fiscal resources such as the existing noncompetitive Statewide Kindergarten through Twelfth Grade (K–12) Student Mental Health contract awarded by the California Mental Health Services Authority (CalMHSA) to provide PEI stigma reduction strategies that increase student safety and well-being.

In September 2014, the CDE was awarded the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) “Now is the Time” Project Advancing Wellness and Resilience in Education State Educational Agency (NITT-AWARE-SEA) Grant for the period from October 2014 through September 2019.

Through this grant funding program, known as Project Cal-Well, the CDE and three local education agency (LEA) program partners are tasked with the following:

- Increase access and availability of mental health services and develop effective referral processes through pilot programs in three partner LEAs; this includes Youth Mental Health First Aid (YMHFA) training for school staff and community

members in the area. YMHFA training is designed to teach adults who regularly interact with young people (age twelve through eighteen) who may be in the first stage of developing a mental health problem or mental health crisis.

- Deliver YMHFA training to school staff, parents, and community partners throughout the state. YMHFA is most relevant when it identifies a young adult who is exhibiting the first signs of emotional, behavioral, or mental health crisis. This training also can address issues of young people who have long-term mental health challenges or a history of serious mental disorders.
- Share best practices on mental health strategies throughout the state; local educational agencies benefit from training which incorporates the latest evidence-based treatments and services available to students with mental health challenges

Funding the EPC position allows ongoing collaboration with local, state, national, and international agencies committed to identifying best and promising practices to share with the K–12 field. It also allows for the identification of further funding opportunities as the current MHSA allocation does not provide funding for program implementation.

Funding the OT position will allow continued project support and assistance with preparing materials for off-site meetings, trainings, and conferences. This position also is to provide on-site clerical assistance with documents relating to student mental health, including the Student Mental Health Policy Workgroup (SMHPW) and Project Cal-Well activities.

Program Highlights:

- Development and delivery of the National Alliance on Mental Illness (NAMI) on Campus High School (NCHS) workshops for high school students and advisors. NCHS workshops promote the student voice, increase awareness of mental health and wellness, provide suicide prevention strategies, inspire advocacy, promote acceptance for students experiencing mental health issues, and promote a positive school climate that fosters healthy, respectful relationships among students, staff, and parents/guardians/caregivers, and strengthens students' feelings of connectedness to their school.
- Development and dissemination of the Guide to Student Mental Health and Wellness in California. This descriptive, highly readable guide is designed to help all school personnel and related stakeholders recognize types of mental health disorders, refer those identified with mental health issues for professional help, and use classroom strategies to accommodate students' mental health needs.
- Coordination of the work of the SMHPW, which provides policy recommendations to address student mental health needs for the State Superintendent of Public Instruction and the California State Legislature.
- Dissemination of student mental health information and resources, including opportunities to participate in MHSA activities, that reach more than 8,000 school

staff, county and community mental health service providers, and other stakeholders via the CDE Mental Health listserv.

Presentations and representation of the CDE were made at the following events:

- Annual State Migrant Parent Education Conference
- Annual California Conference on American Indian Education
- Annual California Association of African American Superintendents and Administrators Conference
- Annual California Mental Health Advocates for Children and Youth Conference
- Annual California ParaEducator Conference
- Annual California School Boards Association Conference
- Annual Northern California Safe and Healthy Schools Conference
- Teens Tackle Tobacco Conferences
- California Mental Health Planning Council
- California Mental Health Advocates for Children and Youth Board
- State Council on Educational Opportunities for Military Children

Additional information about the CDE student mental health activities is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/>

University of California

FY 2014-15	FY 2015-16	FY 2016-17
\$1,636,000 SO	\$13,364,000 SO	\$0 SO

The University of California (UC) received funding in FY 2014-15 to fund two Behavioral Health Centers of Excellence. Grant funding for the two centers will allow researchers to explore areas such as telehealth, delivery of behavioral health care, the economics of prevention, and how medical and mental health services might be better integrated into clinical settings. One center is housed at UC Davis and the other at UC Los Angeles.

Board of Governors of the California Community Colleges Chancellors Office

FY 2014-15		
\$85,000 SO	\$104,000 SO	\$94,000 SO

The MHSA funding supports 1.0 position at the Chancellor's Office. The amount provided by MHSA administrative funds do not fully cover the cost of the position, so the Chancellor's Office provides the balance of the support from Student Services administrative funds (general funds). The individual previously filling the 1.0 position within the Chancellor's Office recently retired. In recognition of the critical importance of sustaining the work conducted over the last 6 years, the Chancellor's Office is expediting the recruitment process to refill the position.

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education with 72 community college districts and 113 community colleges. MHSA funds support the CCCCCO with staff who have been developing policies and program practices to address the mental health needs of California's community college students. The CCCCCO completed Phase 1 implementation of the California Community Colleges Student Mental Health Program (CCC SMHP) in partnership with the Foundation for California Community Colleges (FCCC). Along with serving as the project's fiscal agent, the FCCC has provided a total of 1.5 FTE⁷ that assist in providing additional program support funded from the grant. The CCC SMHP leveraged MHSA staff as a resource to receive a competitive award of \$6.9 million from the California Mental Health Services Authority (CalMHSA) in 2011. Subsequent to receiving this initial award, the CCC SMHP applied for and received additional funding from CalMHSA for a total award of \$10.1 million. The activities and funding for Phase 1 were completed on October 30, 2015. Upon successful completion of Phase I activities, CCC SMHP leveraged MHSA staff to apply for and secure a subsequent competitive award through CalMHSA. The total grant award in the amount of \$1.4 million is designated to sustain, on a limited basis, various CCC SMHP activities through Phase II of the statewide PEI projects. The statewide PEI projects are currently scheduled through June 2017, with the possibility of funding being extended beyond the current contract end date. The following is a brief summary of accomplishments achieved during Phase I & II:

- 228,141 community college faculty, staff, and students have been reached through training, technical assistance, campus grants, events, and outreach. Training topics have included: Threat Assessment, Question Persuade Refer (QPR), Welcome Home: Veterans on Campus, Behavioral Intervention Team, Peer to Peer, Gay Alliance Safe Zone, Trauma Informed Care, Mental Health First Aid (MHFA), and Applied Suicide Intervention Skills Training (ASIST).
- 45,233 community college faculty, staff, and students are accessing Kognito on-line suicide prevention gatekeeper training at 101 community colleges statewide.
- 57 regional trainings have been implemented on community college campuses, including 27 Welcome Home: Veterans on Campus trainings
- 108 community colleges completed assessment calls on mental health capacity and needs with individual consultants (required by the CCC SMHP prior to implementing any of the Kognito course modules).
- 1,657 days of technical assistance has been provided to community colleges.
- 32 webinars have been completed reaching 1,096 participants. Topics have included: Active Minds, Strategies to Evaluate Student Mental Health Needs, ReachOut, Jed Foundation, A Guide to Behavioral Intervention Teams, Suicide Prevention Resource Center, Trevor Project Ally Workshop, Affordable Care Act—Young Invincibles, and How to Support LGBTQ Youth. The Healthy Transitions curriculum was developed for young adults transitioning out of foster

⁷ .50 Program Officer, 1.0 Program Specialist.

care with the purpose of increasing awareness of mental and physical wellness. The curriculum was distributed statewide to all 54 CalMHSAs member counties, and is currently being implemented on 22 community college campuses across the state. The curriculum is available for download on the CCC SMHP website (see below).

- Product Development: To date, a total of 30 products have been completed including fact sheets, policy briefs, training videos, tools, public service announcements (PSAs) and an online searchable database.
- [www.cccstudentmentalhealth.org website](http://www.cccstudentmentalhealth.org): is the main repository for information on the CCC SMHP. This website contains factsheets on special populations, mental health counseling internship programs, and responding to distressed on-line students; policy briefs; tools such as an MOU template for working with county mental health departments; training videos; and an online searchable database of best practices, programs and policies on community college student mental health. A toolkit to promote relationships between the community colleges and county mental health departments was recently released and provided to all county behavioral health directors and MHSAs coordinators. Evaluation reports and information are also available on the website.
- The CCC SMHP staff continues to meet quarterly with higher education partners, the CSU, and the UC Office of the President to collaborate and share resources that address student mental health concerns. Staff from the Steinberg Institute attended the most recent Partner's meeting, held in September 2015. Through February 2016, the website has been accessed by 102,348 unique visitors, for a total of 603,067 page views, and an average of 152 average visits per day.
- The Chancellor's Office, in partnership with the Foundation, was successful in its application for funding for Phase II of CalMHSAs PEI statewide projects. Out of 13 applicants, only 5 were awarded funding, and the CCC SMHP was the only education project to receive funding.

Phase II of the CCC SMHP began October 1, 2015 and contains the following major goals and objects:

- Broadly disseminate products already developed by program partners during Phase I, especially focused on innovative approaches and targeting diverse and underserved populations such as LGBTQ, first generation or immigrant, African American, Native American, and others.
- Provide training and technical assistance to colleges and student clubs, groups or organizations to increase mental health awareness on campuses.
- Develop and institutionalize a regional infrastructure for student mental health based on regional models that exist in the Chancellor's Office. The proposed regional structure for this project will be the California community colleges' 10 Health Services Regions.
- Continue to provide the Kognito Solutions suicide prevention online gatekeeper trainings to all colleges at no cost. Currently, 100 of the 113 colleges are

utilizing these courses that were made available as part of the CCC SMHP Phase I.

- Increase the relevance, satisfaction and usage of student mental health resources and support among CCC's.
- Collaborate and coordinate with other Phase II PEI funded partners.

The following is a brief summary of Phase II accomplishments since October 1, 2015:

- Broadly disseminated Each Mind Matters (EMM) materials, products and campaign information to California community college faculty, staff, and students. Over 1,500 EMM materials were distributed during system wide conferences and over 10,500 materials were downloaded from the CCC SMHP project website www.cccstudentmentalhealth.org.
- The project website continues to be populated with newly developed [products](#) from CCC SMHP including 1) Culturally Responsive Services for Asian American Pacific Islander Student Success; 2) Addressing Student Mental Health: Begin with a Needs Assessment; 3) Paper Implementation Guide for California Community Colleges; 4) Public Service Announcements – Adapted 4 PSA's from CalMHSA partner University of California Office of the President (UCOP) to include CCC information and resources.
- CCC SMHP has added two additional colleges that can access Kognito suicide prevention gatekeeper training, bringing the total to 102 of 113 colleges. Currently over 45,000 faculty, staff and students are accessing the online trainings.
- The CCC SMHP, with leadership from the MHSA supported position will continue to participate on ongoing policy decisions and mental health and wellness resource development to leverage additional support for faculty, staff and students within the CCC system

Outcomes (from Phase I, 2012-2015) – Source: [California Community Colleges Student Mental Health Program Final Evaluation Report, May 2015](#):

- The 19% rate of psychological distress found for California community college students (and equivalent to students at UC and CSU) was substantially higher than the 3.5% rate commonly reported for the general population (Ward, Schiller, & Freeman, 2013), but comparable to rates reported in other studies of higher education populations (Hunt & Eisenberg, 2010);
- Rates of psychological distress varied across subgroups of students. Higher rates were reported by biracial students (22.9%), students with disabilities (36.2%), and LGBTQ students (29.1%);
- Despite similar rates of psychological distress, students from the CCC system reported consistently higher rates of impaired academic performance due to mental health issues than their counterparts in the other systems of higher education (CSU and UC);

- Despite experiencing comparable levels of psychological distress, students in the CCCs were half as likely to receive referrals for counseling or mental health services as their peers in the other state systems;
- CCC students who were referred for services (other than self-referral) were substantially more likely to report being referred for mental health services by a faculty member or teaching assistant (TA) than were UC or CSU students, consistent with higher rates of CCC faculty and staff reporting talking with a student about their mental health problems than UC and CSU faculty and staff;
- At baseline, fewer than half of the faculty and staff in all three systems reported being aware of the warning signs of psychological distress, or felt they had the necessary skills to discuss mental health issues with students or were confident in their ability to help students address mental health issues;
- UC and CSU students reported much higher rates of receiving services on campus compared to the rates reported by CCC students. The lower rates of service among CCC students do not appear to be compensated by use of services off-campus.

Formal evaluations results of Phase II funding will be available during the final quarters of the contract cycle currently scheduled through June 2017.

Additional program information can be accessed at [California Community College Training and Technical Assistance](#) or [California Community Colleges Chancellor's Office](#).

Financial Information System for California (FI\$Cal)

FY 2014-15	FY 2015-16	FY 2016-17
\$70,000 SO	\$188,000 SO	\$150,000 SO

The Financial Information System for California (FI\$Cal) project receives funding to transform the State's systems and workforce to operate in an integrated financial management system environment. State agencies with accounting systems will be required to use the system and are required to fund it.

The system is being designed to include standardized accounting, budgeting, and procurement features. Currently early in its development, FI\$Cal is headed by four partner agencies: Department of Finance, SCO, State Treasurer's Office and Department of General Services.

Military Department

FY 2014-15	FY 2015-16	FY 2016-17
\$1,313,000 SO	\$1,600,000 SO	\$1,615,000 SO

The Military Department receives funding for 8.2 positions that are available 24 hours a day, 7 days a week. These personnel support the Behavioral Health outreach program, which is designed to improve coordination of care between the California National Guard (CNG), local County Veterans Services Officers, county mental health departments, and other public and private support agencies. The CNG educates guard members and their families about mental health issues and enhances the capacity of the local mental health system through education and training about military culture. From January 2015 through December 2015, the CNG used MHSAs funding to respond to over 9,198 guard member concerns, 1,567 of which required more than basic support and information. The CNG assisted soldiers and airman (and their families) in acquiring appropriate local, state, federal, private, public and/or non-profit Behavioral Health Program support. Assisting soldiers and airmen in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that service members receive care by mental health clinicians who are trained to treat military-specific conditions. MHSAs-funded CNG Behavioral Health liaisons partnered with UCLA's Nathanson Family Resilience Center Star Behavioral Health Provider Program, training 810 community mental health professionals on the unique needs of the military patient during 18 training events. General areas of activity for the CNG Behavioral Health Directorate include:

- Conducting education events to inform soldiers and their families about how to access mental health services.
- Presenting information about county mental health programs to CNG behavioral health providers and Guard members.
- Presenting information to government, public, and non-profit agencies through briefings, conferences, panels, and presentations, about the unique experiences of military members and veterans.
- Providing webinars on suicide prevention, county services, and VA support.

CNG Behavioral Health Liaisons contributed to and supported articles about Behavioral Health, Suicide Prevention, and mental health resources in the "Grizzly", the newsletter of the California National Guard, as well as other publications.

Department of Veterans Affairs

FY 2014-15	FY 2015-16	FY 2016-17
\$228,000 SO	\$240,000 SO	\$247,000 SO
\$270,000 LA	\$270,000 LA	\$270,000 LA

State Operations:

The Department of Veterans Affairs (DVA) receives funding for grant programs and 2.0 FTEs to support the statewide administration of informing veterans and family members about federal benefits, local mental health departments, and other services. DVA also administers grant programs for improving mental health services to veterans through County Veterans Services Offices (CVSO), Stand Downs, marketing and participating in Veteran Treatment Courts, and promoting best practice models in educating incarcerated veterans about available benefits and services. In addition, DVA works in collaboration with the Department of Corrections and Rehabilitation to perform targeted outreach to help incarcerated veterans prepare for release. This outreach focuses on reconnecting inmates with the USDVA and/or Covered California, the reinstatement of disability compensation and/or pension, and other supportive services in the areas to which they are projected to be released.

Local Assistance:

In FY 2015-16, the DVA awarded local assistance grants to the following CVSOs: Calaveras, Contra Costa, Fresno, Imperial, Riverside, Solano, Sonoma, and Tehama. Information for each county's use of funds is provided in Appendix 3. Overall, these CVSOs will use their funding to expand and/or promote mental health services in their community utilizing the following strategies:

- Promoting programs that encourage early intervention of mental health needs for veterans and their families.
- Providing timely and effective referrals to the appropriate service providers.
- Providing services to Veteran Treatment Courts and/or incarcerated veterans
- Develop Veteran Peer Support programs in collaboration with applicable county behavioral health departments.
- Reducing stigma and encouraging those with mental health needs to seek help by adopting educational mental health programs for veterans and their families.
- Enhancing the mental and physical healthcare of veterans and their families.
- Ensuring newly discharged service members and veterans are educated on the available services provided by the United States Department of Veterans Affairs (USDVA) specific to mental health services. Examples of available services through the USDVA include treatment for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI).

For FY 2016-17, DVA will again invite all CVSOs to submit applications for funding to enhance and/or promote mental health services to include treatment and other related recovery programs to veterans currently residing in or returning to the community from their military service as they transition back to civilian life.

Additional information regarding DVA programs and services is available on the following link:

<https://www.calvet.ca.gov/VetServices/Pages/Mental-Health-Grant-Program-For-Counties.aspx>

State Controller's Office

FY 2014-15	FY 2015-16	FY 2016-17
\$33,000 SO	\$0 SO	\$0 SO

The State Controller's Office (SCO) received MHSA funds in 2014-15 to support the 21st Century Project, the development of a new Human Resource Management System (HRMS) payroll system for use by state departments.

Appendix 1: Historical Information

In November 2004, California voters passed Proposition 63 (the Mental Health Services Act (MHSA) or the Act). The Act established a one percent income tax on personal income over \$1 million for the purpose of funding mental health systems and services in California. The Act created a broad continuum of prevention, early intervention, innovative programs, services and infrastructure, technology and training elements to effectively support the mental health system.

AB 5 (Chapter 20, Statutes of 2009-10 3rd Ex. Sess.) amended WIC §§ 5845, 5846, and 5847. This law, enacted as urgency legislation, clarified that the MHSA shall administer its operations separate and apart from the former Department of Mental Health (DMH), streamlined the approval process for county plans and updates, and provided timeframes for the former DMH and MHSA to review and/or approve plans.

AB 100 (Chapter 5, Statutes of 2011) amended WIC §§ 5813.5, 5846, 5847, 5890, 5891, 5892, and 5898. This bill dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as EPSDT, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of DMH. This bill deleted the county's responsibility to submit plans to the former DMH and the former DMHs responsibility to review and approve these plans. To assist counties in accessing funds without delay, Section 5891 was amended to direct the State Controller to continuously distribute, on a monthly basis, MHSA funds to each county's Local Mental Health Services Fund. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

AB 1467 (Chapter 23, Statutes of 2012) amended WIC §§ 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897, and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from the former DMH to the Department of Health Care Services (DHCS) and further clarified roles of the MHSA and DHCS. Section 5847 was amended to provide county board of supervisors with the authority to adopt plans and/or updates provided the county comply with various laws such as Sections 5847, 5848, and 5892. In addition, the bill amended the stakeholder process counties are to use when developing their three-year program and expenditure plan and annual updates.

SB 82 (Chapter 34, Statutes of 2013), known as the Investment in Mental Health Wellness Act of 2013, utilizes MHSA funds to expand crisis services statewide. This bill also restored MHSA state administration from 3.5 percent to 5 percent.

Appendix 2: MHSOAC Triage Grant Awards

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
Amount Allocated	\$32,000,000	\$32,000,000	\$32,000,000	\$32,000,000	
	Approved	Approved	Approved	Approved	FTE's⁸
Southern Region	\$10,848,000	\$10,848,000	\$10,848,000	\$10,848,000	
Ventura	\$840,259	\$2,126,827	\$2,242,542	\$2,364,043	23.0
Riverside	\$488,257	\$2,134,233	\$2,307,808	\$2,510,844	32.3
Santa Barbara	\$933,135	\$2,352,536	\$2,468,608	\$2,594,250	23.5
Orange	\$1,250,000	\$3,000,000	\$3,000,000	\$3,000,000	28.0
San Bernardino*	\$7,174,512	\$938,985	\$0	\$0	25.0
Region Total	\$10,686,163	\$10,552,581	\$10,018,958	\$10,469,137	131.8
Los Angeles	\$9,152,000	\$9,152,000	\$9,152,000	\$9,152,000	
Los Angeles	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0
Region Total	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0
Central	\$4,576,000	\$4,576,000	\$4,576,000	\$4,576,000	
Yolo	\$221,736	\$505,786	\$496,247	\$504,465	8.3
Calaveras	\$41,982	\$73,568	\$73,568	\$73,568	1.0
Tuolumne	\$74,886	\$132,705	\$135,394	\$135,518	3.0
Sacramento	\$545,721	\$1,309,729	\$1,309,729	\$1,309,729	20.8
Mariposa	\$88,972	\$196,336	\$203,327	\$210,793	4.3
Placer	\$402,798	\$750,304	\$667,827	\$688,417	13.6
Madera	\$163,951	\$389,823	\$410,792	\$396,030	4.2
Merced	\$359,066	\$868,427	\$882,550	\$893,026	8.0
Fresno*	\$2,953,099	\$120,001	\$0	\$0	11.5
Region Total	\$4,852,211	\$4,226,678	\$4,179,434	\$4,211,546	74.7
Bay Area	\$6,208,000	\$6,208,000	\$6,208,000	\$6,208,000	
Sonoma	\$351,672	\$871,522	\$897,281	\$923,888	8.0
Napa	\$126,102	\$411,555	\$403,665	\$382,313	6.0
San Francisco	\$1,751,827	\$4,204,394	\$4,204,394	\$4,204,394	63.7
Marin	\$137,065	\$315,738	\$320,373	\$326,746	3.0
Alameda	\$311,220	\$765,811	\$785,074	\$804,692	11.6
Region Total	\$2,677,886	\$6,569,020	\$6,610,787	\$6,642,033	92.3

⁸ FTEs are the total number of FTEs proposed to be hired during the grant period.

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
Superior	\$1,216,000	\$1,216,000	\$1,216,000	\$1,216,000	
Butte	\$358,519	\$514,079	\$199,195	\$3,277	18.0
Lake	\$26,394	\$52,800	\$52,800	\$52,800	1.0
Trinity	\$60,697	\$145,672	\$145,672		2.5
Nevada	\$289,260	\$694,169	\$728,878	\$765,321	11.8
Region Total	\$734,870	\$1,406,720	\$1,126,545	\$821,398	33.3
Total	\$22,753,130	\$31,879,999	\$31,060,724	\$31,269,114	515.1
Funds Remaining	\$9,246,870	\$120,001	\$939,276	\$730,886	
Golden Gate Bridge, Highway & Transportation District*	\$7,000,000	\$0	\$0	\$0	
Remaining Balance	\$2,246,870	\$120,001	\$939,276	\$730,886	
*Re-appropriated \$19.3 million of the FY 2013-14 funds for additional county Triage programs and for suicide prevention efforts. The OAC funded two additional county Triage programs (San Bernardino and Fresno) and the Golden Gate Bridge project.					

Appendix 3: Department of Veterans Affairs County Grants

The Department of Veterans Affairs awarded grants to 13 County Veterans Services Offices (VSO) in the following counties: Contra Costa, Imperial, Lassen, Los Angeles, Merced, Monterey, Nevada, Placer, San Luis Obispo, Santa Cruz, Solano, Sonoma, and Tehama). The following is a brief synopsis of the services and outreach the VSOs will provide with the funding in FY 2015-2016:

- **Contra Costa County** (awarded \$25,000) – Veterans' Voices is a community television program and companion website produced and designed to enhance the mental and physical healthcare of Veterans and their families. Similar to the CalVet Local Interagency Network Coordinators program, rather than provide direct services, this program will serve to connect veterans to the programs, services and organizations that provide support, intervention and treatment, and a sense of belonging.
- **Imperial County** (awarded \$20,000) – The Imperial County VSO, in partnership with the Imperial County Behavioral Health Services, and the Yuma Vet Center has proposed to continue developing mental health outreach and delivery strategies to identify and serve veterans who are suffering mental disorders such as Post Traumatic Stress Disorder, depression, anxiety, schizophrenia, and other mental disorders. These efforts will include incarcerated veterans and target family members who may be directly affected by the veteran's disorders. The veterans and related family members will be provided with resources, linkages and assistance to cope with the immediate effects of mental disorders while the veterans themselves are channeled to appropriate agencies for assistance.
- **Lassen County** (awarded \$20,000) – Consistent with the DVA Strategic Plan for 2010-2015, the Veteran Peer Specialist (VPS) program consists of veterans who are trained by the VSO to facilitate access to veteran's services and by the Behavioral Health Department to identify, engage, and provide basic behavioral health services to veterans and their family members.
- **Los Angeles County** (awarded \$20,000) – The Los Angeles County VSO will focus on the hard to reach vulnerable population of men and women veterans (other than honorable discharge) and their families who do not seek services and often do not identify themselves as veterans who are out on the streets with nowhere to turn. Partnering with the Los Angeles County Department of Mental Health, a Veteran Outreach Liaison will integrate with a community outreach team to identify, assess, and link veterans to intervention and prevention services. The objective is to optimize the quality of life for veterans and their families through mental health intervention and prevention services.
- **Merced County** (awarded \$20,000) – The *Resilient Warrior Campaign* is designed to promote the use of mental health care and substance abuse treatment through the education, assessment and engagement of the veteran population living in Merced County. Targeted populations include minorities and veterans living in the underserved, outlying communities within the county. The program will offer a Mental Health First Aid course presented by the Merced

County Mental Health Department and provide outreach events in five of the six incorporated cities within Merced County during the duration of the grant period.

- **Monterey County** (awarded \$20,000) – The Veterans Reintegration Transition Program (VTRP) will provide early intervention and services by assisting veterans and their dependents with filing benefit claims with the U.S. Department of Veterans Affairs, provide referral to mental health providers, help in finding permanent housing, and guide veterans and their families to medical services. This program will work in collaboration with the County Department of Mental Health, County Department of Social Services, County Department of Human Services, California Department of Veterans Affairs, community partners and the U.S. Department of Veterans Affairs.
- **Nevada County** (awarded \$20,000) – The Nevada County VSO, in partnership with Welcome Home Vets, Sierra College, Nevada County Department of Social Services, Nevada County Department of Adult Protective Services, Nevada County Department of Behavioral Health, Nevada County Stand Down, Nevada County Court System, Nevada County In-Home Supportive Services, Gold Country Community Senior Services, Sierra Senior Services, Sierra Nevada Memorial Hospital, and the Tahoe Forest Health System, will continue the Nevada County Veterans Outreach and Resource Program. This program includes a three-tiered approach to reaching out and connecting veterans within Nevada County to behavioral health support and other services. This proposal is in Year Three of a three-year implementation period. In order to fill the gaps in coordination and outreach, the activities will continue to primarily be organized by a paid contractor position, the Veterans Outreach Coordinator.
- **Placer County** (awarded \$20,000) – The Placer County VSO will use this grant to fund bi-monthly outreach to the Women’s Health Care Clinic within the VHA Northern California Health Care system. Through a collaborative effort, this program will work to help female veterans through the VA Process of Woman’s Health Care. One of the main goals is to enhance these veterans’ quality of life for themselves and their families. It also includes support time within the office to ensure all claims filed are correctly and properly guided through adjudication.
- **San Luis Obispo County** (awarded \$20,000) – This proposed project is designed to better serve veterans living with mental health issues and educate the community by providing education, accessibility and benefits advocacy. The VSO’s goal is to help veterans by providing easy access to Federal, State, County, and local resources by bringing these resources to where the veterans live, work, and play throughout the county of San Luis Obispo. This type of outreach will give the VSO the ability to provide veterans with mental health issues including serious mental illnesses, with timely and effective referrals to mental health service providers.
- **Santa Cruz County** (awarded \$20,000) – The Santa Cruz VSO will employ a Veterans’ Benefits Outreach Representative (VBO Rep) to focus on the County’s most difficult to access and serve veteran population. This individual will be accredited by the California Department of Veterans Affairs, and will, therefore, be able to complete pension and compensation claims on behalf of the eligible

veteran. The VBO Rep will be equipped with the necessary technology to order records, to obtain signatures, and to conduct all aspects of benefits claims in the field. In this manner, the VBO Rep will serve the veteran where they are in the community without requiring a traditional appointment in an office environment. The Santa Cruz VSO expects this approach will increase the likelihood of these individuals accessing benefits.

- **Solano County** (awarded \$25,000) – Solano County’s program will provide mental health outreach and counseling through its military discharge locations, jail and prison outreach, veteran court development, and Stand Down events.
- **Sonoma County** (awarded \$20,000) – County of Sonoma, Human Services Department, Adult and Aging Services Division, and Veterans Services Office will provide mental health outreach and treatment services to men and women veterans and their families in Sonoma County through the *Forgotten Warriors Project*. The Adult and Aging Services Division and the VSO will continue to subcontract services with Sonoma County’s Verity organization, the sole rape crisis and trauma center in Sonoma County and the only 24/7 Sexual Assault Crisis Line in Sonoma County.
- **Tehama County** (awarded \$20,000) – The Tehama County VSO, Veterans Mental Health Outreach Program, will work to reach the veterans in Tehama County where they live, work, and play and provide them and their families with greater access to benefits and services they have earned through military service. The broader community goal is to create a safety net and seamless system of care using existing community organizations. The Tehama County Department of Mental Health professionals will use evidence based practices, such as “Seeking Safety” which will focus on individuals who are experiencing trauma, with a substance abuse component and has been proven successful in dealing with PTSD. They will also use Moral Recognition Therapy (MRT) and Wellness Recovery Action Plans.