Mental Health Services Act Expenditure Report

Fiscal Year 2013-14

EDMUND G. BROWN JR.
GOVERNOR
State of California

Diana S. Dooley
Secretary
California Health and Human Services Agency

Toby Douglas
Director
Department of Health Care Services

May 2013

Mental Health Services Act Expenditure Report

Fiscal Year 2013-14

TABLE OF CONTENTS

OVERVIEW OF HOW FUNDING WORKS 1
EXPLANATION OF ESTIMATED REVENUES 2
OVERALL REVENUES 3
MHSA COMPONENT EXPENDITURES 4

STATEWIDE COMPONENT ACTIVITIES 6
- COMMUNITY SERVICES AND SUPPORT 6
- MHSA HOUSING PROGRAM 9
- CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS 10
- WORKFORCE EDUCATION AND TRAINING 11
- PREVENTION AND EARLY INTERVENTION 13
- INNOVATION 15

STATE ADMINISTRATIVE EXPENDITURES 16
- JUDICIAL BRANCH 16
- STATE CONTROLLER'S OFFICE 18
- OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT 18
- DEPARTMENT OF HEALTH CARE SERVICES 19
- DEPARTMENT OF PUBLIC HEALTH 20
- DEPARTMENT OF DEVELOPMENTAL SERVICES 21
- MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION 22
- CALIFORNIA DEPARTMENT OF EDUCATION 23
- BOARD OF GOVERNORS OF THE CALIFORNIA COMMUNITY COLLEGES 24
- FINANCIAL INFORMATION SYSTEM FOR CALIFORNIA 25
- MILITARY DEPARTMENT 25
- DEPARTMENT OF VETERANS AFFAIRS 26

APPENDIX 27
END NOTES 28

OVERVIEW OF HOW FUNDING WORKS

Passed as Proposition 63, the Mental Health Services Act (MHSA) generated approximately $1.191 billion in FY 2011-12. The 2013-14 May Revision projects the MHSA to generate $1.430 billion in FY 2012-13 and $1.133 billion in FY 2013-14.

Approximately $1.842 billion has been expended in FY 2011-12. Additionally, $1.407 billion is estimated to be expended in FY 2012-13 and $1.404 billion is estimated to be expended in FY 2013-14.

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

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

MHSA funds are distributed to counties by the State Controller's Office on a monthly basis. Counties expend these funds for these components, consistent with a local plan subject to a community planning process developed with stakeholders, and approved by the County Board of Supervisors.

In addition to local programs, the MHSA includes up to 3.5 percent of revenues for state administration. These include administrative functions at the state level by the Department of Health Care Services and Office of Statewide Health Planning and Development, among other state departments. It also funds evaluation of the MHSA by the Mental Health Services Oversight and Accountability Commission, which was established by the MHSA.

EXPLANATION OF ESTIMATED REVENUES

By imposing a one percent income tax on personal income in excess of $1 million, the MHSA has generated approximately $1.430 billion in FY 2012-13. This amount includes both income tax payments and interest income earned on the MHSA balance.

The amounts actually collected differ slightly from estimated MHSA revenues estimated for the May Revision. The May Revision, prepared using generally accepted accounting principles, must show revenue as earned, and therefore, shows accruals for revenue not yet received by the close of the fiscal year. Table 1 displays estimated revenues for the FY 2013-14 May Revision.

As shown in Table 1, "Cash Transfers" amounts represent the net personal income tax receipts transferred into the State Mental Health Services Fund (S-MHSF) in accordance with Revenue and Taxation Code Section 19602.5(b). Similarly, "interest income" is the interest earned.

"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 S-MHSF and the previous cash transfers, the Annual Adjustment shown in the Governor's Budget will not actually be deposited into S-MHSF until two fiscal years after the revenue is earned.

Table 1: Mental Health Services Act Estimated Receipts

(Dollars in Millions)

		FY 2011-12	FY 2012-13	FY 2013-14
FY 2013-14 May Revision [1]				
	Cash Transfers	$910.0	$1,183.0	$1,089.0
	Interest Income Earned During Fiscal Year	2.7	2.8	1.8
	Annual Adjustment Amount	278.0	244.0	42.0
Estimated Revenues		**$1,190.7**	**$1,429.8**	**$1,132.8**

[1] Source: Cash Transfers and Annual Adjustment Amount (DOF Financial Research Unit), Interest Income Earned (Schedule 10R).

OVERALL REVENUES

Table 2 below displays actual, estimated and projected receipts deposited into the S-MHSF. Actual receipts are shown for FY 2011-12, while estimated receipts are shown for FY 2012-13 and projected receipts for FY 2013-14.

Table 2: Mental Health Services Act (MHSA) Revenues

Estimated By Component

(Dollars in Millions)

	Actual Receipts[2] FY 2011-12	Estimated Receipts FY 2012-13	Projected Receipts FY 2013-14
Community Services and Supports (Excluding Innovation)	$873.2	$1,048.6	$830.9
Prevention and Early Intervention (Excluding Innovation)	218.3	262.2	207.7
Innovation	57.5	69.0	54.6
State Administration	41.7	50.0	39.6
Total Estimated Revenue Receipts[3]	**$1,190.7**	**$1,429.8**	**$1,132.8**

[2] Actual receipts displayed are based upon the percentages specified in the MHSA for the components identified. Actual expenditures by component may vary: 80% Community Services and Supports; 20% Prevention and Early Intervention; 5% Innovation; 3.5% State Administration.

[3] Estimated available receipts do not include funds reverted under the WIC 5892 (h) administration funds not appropriated for use under WIC 5892 (d).

MHSA COMPONENT EXPENDITURES

MHSA expenditures for Local Assistance and State Administrative Costs by each state entity receiving a portion of MHSA funds are in Table 3. The table displays actual expenditures for FY 2011-12, estimated expenditures for FY 2012-13, and the projected budget for FY 2013-14.

Based upon estimated MHSF revenues, the 3.5 percent administrative cap is $50.0 million and administrative expenditures are estimated at $39.4 million for FY 2012-13. For FY 2013-14, the projected 3.5 percent administrative cap is $39.6 million and the total projected expenditures are $42.0 million. If the state administrative expenditures continue to exceed the administrative cap in the Fall, we will propose current year reductions.

Table 3: Mental Health Services Act Expenditures

May 2012

(Dollars in Thousands)

	Actual	Estimated	Projected
	FY 2011-12	**FY 2012-13**	**FY 2013-14**
Local Assistance			
Funding for MHSA Components Total (DHCS and OSHPD)	*$1,812,375*	*$1,367,775*	*$1,361,744*
Community Services and Supports	853,572	922,788	921,690
Prevention and Early Intervention	256,040	276,970	276,640
Innovation	119,332	129,164	129,010
Workforce Education and Training State Level Projects (OSHPD)	17,381	36,190	31,744
Capital Facilities and Technological Needs	2,295	2,663	2,660
Subtotal, Major Program Categories	**$1,248,620**	**$1,367,775**	**$1,361,744**
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	379,029	0	0
Mental Health Managed Care	120,187	0	0
AB 3632, Special Education Pupils	64,539	0	0
Total Local Assistance	**$1,812,375**	**$1,367,775**	**$1,361,744**

Table 3 (continued): Mental Health Services Act Expenditures

May 2012

(Dollars in Thousands)

	Actual	Estimated	Projected
	FY 2011-12	**FY 2012-13**	**FY 2013-14**
State Administrative Costs			
Judicial Branch	1,054	1,061	1,049
State Controller's Office	1,733	1,584	0
Office of Statewide Health Planning and Development[4]	6,613	518	2,433
Department of Health Care Services	452	9,341	9,959
Department of Public Health	0	17,342	17,195
Department of Developmental Services	1,133	1,129	1,128
Department of State Hospitals	12,210	0	0
Mental Health Svcs Oversight & Accountability Commission	5,340	6,925	7,863
Department of Education	251	159	179
Board of Governors of the California Community Colleges	109	103	126
Financial Information System for California	103	141	225
Military Department	539	561	1,351
Department of Veterans Affairs	433	496	505
Statewide General Admin Exp (Pro Rata)	24	13	0
Total Administration	**$29,994**	**$39,373**	**$42,013**
Total Expenditures	**$1,842,369**	**$1,407,148**	**$1,403,757**

[4] Approximately $10.0 million funding is for loan assumptions under Workforce Education and Training State Level Projects. FY2012-13 funds reappropriated to FY 2013-14 ($632,000 State Operations and $1,585,000 Local Assistance).

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Support (CSS)

The majority of MHSA funds are dedicated to the CSS Component. CSS has four service categories:
1) Full Service Partnership (FSP) Funds;
2) General System Development Funds;
3) Outreach and Engagement Funding; and,
4) MHSA Housing Program Funds.

Full Service Partnerships (FSPs)

FSPs consist of a service and support delivery system for public mental health systems hardest to serve clients found in Welfare and Institutions Code Sections 5800 et. seq (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care). The MHSA requires that most of the CSS component budget be allocated to FSPs as it is designed to serve Californians in all phases of life that experience the most severe mental health challenges because of illness or circumstance. A prime example of a target population is the homeless with serious mental illness. This population has been historically underserved and experienced inadequate access to needed services. FSPs provide counties with flexible funding and a collection and reporting system used to demonstrate accountable and transparent impacts of this individual and tailored service delivery system. (UCLA Center for Healthier Families and Communities and EMT Assoc)

Most (98%) of the MHSA expenditures in the three-year period reviewed in this report were for Community Services and Supports (CSS) with all counties implementing some CSS programs. CSS are geared toward serving un-served and underserved populations with an emphasis on eliminating disparities in access to care and improving mental health outcomes for those groups.

FSP programs utilize the “whatever it takes” approach in meeting service goals and is the largest expenditure of the CSS component funding. FSPs provide a broad array of coordinated and intensive services that have demonstrated to be effective in reducing homelessness, improving educational attainment and reducing justice system involvement. (UCLA Center for Healthier Families and Communities and EMT Assoc)

The four tables below summarize and provide a demonstrative analysis of service impacts distributed within the targeted demographic groups identified as: Children / Youth (CYF), Transitional Aged Youth (TAY), Adults (A), Older Adults (OA) and “summarizes the savings that are incurred in a limited number of public services for the recipients of FSP services.” (UCLA Center for Healthier Families and Communities and EMT Assoc) The conservative projections are based on behavioral and physical health services that would be incurred because of criminal justice system involvement attributed to these challenges.” (UCLA Center for Healthier Families and Communities

and EMT Assoc) Estimated costs of days in jails and prisons for individuals diagnosed with serious mental illness or youth/ children diagnosed with serious mental illness projected to avoid unnecessary institutionalization and/or out of home placements can be mitigated because of CSS. This truncated sample provides iterations of the complexities in serving FSP clients within today's public mental health system. Statistically significant cost expenditures are reported in Tables 4, 5, 6, and 7.

Table 4: FSP Per-Person Annualized Cost per Client by Age Group

(Fiscal Year 2008-09)

(UCLA Center for Healthier Families and Communities and EMT Assoc)

	Number Served	Sum of Days	Number of Client Years	Annualized Cost per FSP-Client	Daily Cost per FSP Client	FSP Total Costs	% of total FSP Costs in 2008-09
Child/ Youth/ Families	4,296	983,137	2,693.7	$21,931.29	$60.09	$59,076,305	19%
Transitional Age Youth	4,593	1,064,015	2,915.1	$18,553.96	$50.83	$54,086,655	17.4%
Adults	9,640	2,404,022	6,586.4	$26,737.23	$73.25	$176,102,066	56.7%
Older Adults	1,388	344,979	945.1	$22,303.26	$61.10	$21,078,807	6.8%
Total	19,917	4,796,203	13,140.3			$310,343,835	100.0%

- The average annualized cost across all groups is $23,617.71 (FY 2008-09)
- The average daily cost across all groups is $60.31 (FY 2008-09)

Table 5: FSP Percent of Core Cost Components Devoted to FSPs

(Fiscal year 2008-09)

(UCLA Center for Healthier Families and Communities and EMT Assoc)

	CYF		TAY		Adults		Older Adults	
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Housing	$2,600,279	4.4%	$3,421,055	6.3%	$20,137,423	11.4%	$1,020,645	4.8%
Program Services	$56,476,031	95.6%	$50,665,599	93.7%	$155,964,643	88.6%	$20,058,161	95.2%
Total	$59,076,305	100.0%	$54,086,655	100.0%	$176,102,066	100.0%	$21,078,807	100.00%

Table 6: FSP Per-Person Annualized Cost per Client by Age Group

(Fiscal Year 2009-10)

(UCLA Center for Healthier Families and Communities and EMT Assoc)

	Number Served	Sum of Days	Number of Client Years	Annualized Cost per FSP-Client	Daily Cost per FSP Client	FSP Total Costs	% of total FSP Costs in 2009-10
Child/ Youth/ Families	6,348	1,444,331	3957.1	$17,481.79	$47.90	$69,177,192	18.3%
Transitional Age Youth	6,623	1,619,816	4,437.9	$13,741.40	$37.65	$60,982,974	16.1%
Adults	12,733	3,456,407	9,469.6	$23,626.13	$64.73	$223,729,986	59.1%
Older Adults	1,764	480,383	1,316.1	$18,785.22	$51.47	$24,723,227	6.5%
Total	27,486	7,000,937	19,180.7			$378,613,381	100.00%

- The average annualized cost across all groups is $19,739.29 (SFY 09/10)
- The average daily cost across all groups is $50.55 (SFY 09/10)

Table 7: FSP Percent of Core Cost Components Devoted to FSPs

(Fiscal year 2009-10)

(UCLA Center for Healthier Families and Communities and EMT Assoc)

	CYF		TAY		Adults		Older Adults	
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Housing	$ 1,686,344	2.4%	$ 3,675,433	6.0%	$22,691,038	10.1%	$1,385,451	10.0%
Program Services	$ 67,490,847	97.6%	$ 57,307,540	94.0%	$201,038,984	94.0%	$23,337,776	90.0%
Total	$69,177,192	100.0%	$ 60,982,974	100.0%	$223,729,986	100.0%	$24,723,227	100.%

General System Development (GSD) Funds

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. General system development funds are needed to help counties improve programs, services and supports for all clients and families (including initial Full Service Partnership populations and others) to change their service delivery systems and build transformational programs and services. Examples for this kind of funding are client and family services such as peer support, education and advocacy services, mobile crisis teams, funds to promote interagency and community collaboration and services, and funds to 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 the mental illness or emotional disturbance.

Outreach and Engagement Funds

Outreach and engagement activities are specifically aimed at reaching un-served populations. Examples of this type of funding would be: racial ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics; organizations that help individuals who are homeless or incarcerated, and that link potential clients to services; funds for clients and families to reach out to those that may be reluctant to enter the system; funds for screening of children and youth; and school and primary care-based outreach to children and youth who may have serious emotional disorders.

The proportion of CSS funds spent on Outreach and Engagement was highest in small counties. This is consistent with the larger proportion of difficult-to-reach populations that are present in small and oftentimes remote, rural counties. (UCLA Center for Healthier Families and Communities and EMT Assoc)

MHSA Housing Program

DHCS continues to partner with the California Housing Finance Agency (CalHFA), and the California Mental Health Directors Association (CMHDA), to complete the goal of the MHSA Housing Program of creating 10,000 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 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 both capital and operating subsidy funding for the development of permanent supportive housing for individuals with serious mental illness and who are homeless or at risk of homelessness. Affordable housing with necessary supports has proven effective in assisting individuals in their recovery.

Program Facts:

- As of March 31, 2013, 172 MHSA Housing Applications have been received from 37 counties and two cities;
- 149 of these applications have received loan approval, creating 2,325 units of supportive housing for the homeless, mentally ill;
- Of the applications that have received loan approval, 75 applications and 1,095 MHSA units are either occupied or ready for occupancy;
- Approximately $163,712,747 of MHSA Housing Program funds remains uncommitted. This amount includes MHSA Housing Program funds, any interest earned through assignment of funds to CalHFA, and additional funds assigned to CalHFA by counties. (CalHFA, April 3, 2013)

Program Highlight:

An example of a successful MHSA supportive housing partnership that demonstrates the commitment to serve the mentally ill is best described within the Ford Apartments. In this development, Los Angeles County Mental Health collaborated with a private housing developer, a property management company, and additional service providers to develop 151 units of affordable housing, of which 90 units are specific to Adults and Older Adults who are homeless and mentally ill. The partnership between county mental health, property management and service providers contributed to zero evictions during the first 6 months of housing for all 90 MHSA tenants. While this was a very complex goal, it demonstrates the true spirit of the MHSA Housing Program. Project specific information can be located at the following link:
http://www.novoco.com/low_income_housing/resource_files/other/novogradac_jtc_2012-03_lihtc_pg12.pdf

Detailed program information can be located at the following website:
http://www.dhcs.ca.gov/services/MH/Pages/MHSAHousing.aspx

2. Capital Facilities and Technological Needs (CFTN)

This component supports the capital infrastructure needed to support implementation of the MHSA which includes funding to improve or replace existing technology systems and to develop capitol facilities to meet increased needs of the local mental health system. Counties received $457,207,308 for CFTN projects. Counties have until FY 2017-18 to expend these funds.

Funding for Capital Facilities (CF) 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 (TN) is used to fund county technology projects with the goal of improving access to and delivery of mental health services.

Program Highlights:

Los Angeles County decided to split their CF/TN funds with 30 percent going towards CF and 70 percent going to TN. With these funds, the County intends to use CF funds to upgrade the following facilities:

- Wellness Center in Huntington Park serving adults;
- Mental Health Center in downtown Los Angeles serving adults;
- Mental Health Center in West Valley serving adults and older adults;
- Mental Health Center in Long Beach serving adults, older adults, and Transitional Aged Youth (TAY); and,
- Mental Health Center in Arcadia serving Adults, Older Adults, and TAY.

Additionally, the County will modernize the following infrastructure systems with TN funds:

- Electronic Health Record Systems (EHR)
    - Infrastructure, security and privacy
    - Practice Management
    - Clinical Data Management
    - EHR Interoperability Components

3. Workforce Education and Training (WET)

The Workforce Education and Training (WET) programs "remedy the shortage of qualified individuals" to provide services that address severe mental illnesses pursuant to Welfare and Institutions Code (WIC) Section 5820.

Statewide Programs (OSHPD)

Program Activities

- Development of a new WET Five-Year Plan April 2014 – April 2019. The plan will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators.
- Statewide WET Programs
    - Contracts with Institutions to Provide Stipends to Students in Mental Health Programs ($10 million)
    - Contracts with Psychiatric Residency Programs ($1.35 million)
    - Contract with Statewide Technical Assistance Center ($800,000)
    - Contracts with Regional Partnerships ($9 million)
- Financial Incentive Programs: 11 contracts with institutions to provide stipends to students in mental health programs that totaled approximately $10 million per fiscal year.
- Mental Health Loan Assumption Program (MHLAP): Encourages mental health professionals 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 retain position in the community.

- Song-Brown Residency Program for Physician Assistants in Mental Health: Physician Assistants programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding.
- Expanded Psychiatric Residency Programs: Increases capacity of postsecondary education to meet the needs of identified mental health occupational shortages.
- Statewide Technical Assistance Center: Offers training and technical assistance services to county mental health agencies to ensure they can strategically plan to recruit, hire, train, support, and retain a multicultural consumer, family member, and parent/caregiver workforce.
- Regional Partnerships: Expands outreach to multicultural communities, increases the diversity of the mental health workforce, reduces the stigma associated with mental illness, and promotes the use of web-based technologies and distance learning techniques.
- Mental Health Services Act Shortage Designation Program: Increases federal workforce funding by increasing the number of California communities recognized by the federal Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals. Currently there are 137 mental health professional shortage areas (MHPSA); 140 mental health providers recruited through the National Health Service Corps (NHSC); and, 1,635 NHSC and State Loan Repayment Program sites throughout California.

Program Highlights:

- WET Five-Year Plan Needs Assessment: OSHPD is requesting a one-time increase in budget authority of $196,000 for fiscal year 2013-14 to contract with an independent evaluator to perform a needs assessment that will inform the development of the next WET Five-Year Plan.
- The Statewide Technical Assistance Center has organized a statewide summit of peer specialists on May 17, 2013 to discuss implementing peer certification. Such certification will enable peer providers to better access employment providing public mental health system services.

In the MHLAP from FY 2008-09 to FY 2012-13, 41 percent of awardees have identified themselves as consumers and/or family members.

MHLAP Applications FY 2008-09 to FY 2012-13							
	Applications Received	**Individuals Awarded**	**Funds Requested**	**Educational Debt**	**Funds Awarded**	**Counties Supported**	**Consumer/ Family Member**
FY 2008-09	1,236	288	$15,454,813	$60,729,395	$2,285,277	44	29%
FY 2009-10	1,498	309	$12,683,961	$80,331,133	$2,469,239	52	35%
FY 2010-11	1,009	474	$10,030,983	$71,177,144	$4,523,757	50	35%
FY 2011-12	1,659	661	$16,581,901	$111,533,342	$5,365,680	55	53%
FY 2012-13	1,823	1,109	$17,968,953	$122,828,475	$9,383,649	53	54%

MHLAP Applications FY 2008-09 to FY 2012-13							
	Applications Received	Individuals Awarded	Funds Requested	Educational Debt	Funds Awarded	Counties Supported	Consumer/ Family Member
Total	3,482	1,770	$34,550,854	$234,361,817	$14,749,329		

Detailed program information can be located at the following website:
http://www.oshpd.ca.gov/General_Info/Healthcare_Workforce.html
http://www.oshpd.ca.gov/HPEF/

4. Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for un-served and underserved populations.

PEI Statewide Projects

The Mental Health Services Oversight and Accountability Commission (MHSOAC) initially approved a number of Prevention and Early Intervention (PEI) Statewide Projects with four years of set aside funding to make an impact on a statewide basis. The Suicide Prevention Statewide Project, Stigma and Discrimination Reduction Statewide Project, and the Student Mental Health Initiative (SMHI) are administered by the California Mental Health Services Authority (CalMHSA), which is a joint powers authority of county mental health departments.

DHCS Suicide Prevention

Within the DHCS Mental Health Services Division (MHSD), the Policy and Quality Assurance Branch (PQAB) is responsible for the Suicide Prevention Program.

PQAB serves as the lead on veterans mental health issues including partnerships with the California National Guard (CNG) and the California Department of Veterans Affairs (CDVA). Staff also coordinates with the implementation of the Suicide Prevention Statewide Projects. Additionally, PQAB is lead on the SAMHSA LGBTQ Youth Suicide Prevention Project. The Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Youth Suicide Prevention Project is funded by a three year federal grant that will promote acceptance of culturally diverse students, particularly LGBTQ youth, increase the capacity of peer and adult gatekeepers to recognize warning signs and risk factors of suicide, and increase knowledge and use of LGBTQ resources specific to this target population. This project will also increase the number of mental health professionals in California trained to recognize and manage suicide risk among clients.

Program Activities:

- Collaborate with the California Department of Education and California Community Colleges Office of the Chancellor to address student mental health needs in the K-12 system and the community college system.
- Maintain a website that links users to educational materials and resources about preventing suicide.
- Support building capacity of accredited suicide prevention hotlines, also convenes monthly conference calls among the 10 accredited suicide prevention hotlines in California.
- In an effort to educate, support and coordinate local efforts, host bi-monthly calls with County Suicide Prevention Liaisons.
- Develop and disseminate monthly electronic newsletter.
- Develop county level suicide data profiles.
- Coordinate activities with the California Mental Health Services Authority (CALMHSA) statewide project on suicide prevention and occasional in-state trainings and conferences.
- Respond to requests for information.

DHCS Stigma and Discrimination Reduction

The California Strategic Plan on Reducing Mental Health Stigma and Discrimination Plan addresses prevention and early intervention activities, including public education and contact campaigns, to confront the fundamental causes of stigmatizing attitudes and discriminatory actions. This ten-year Plan provides a blueprint for action at the local and state levels, as well as an informational resource for government, community-based organizations, consumer and family groups, and others. It serves as a resource document for individuals, both within and outside of the mental health field, who are dedicated to ensuring the complete social inclusion of people of all ages living with mental health challenges.

Program Activities:

- Provides subject matter expertise for state and local partners
- Maintains a Stigma and Discrimination web site
- Provides technical assistance on the California Strategic Plan, disseminates it and monitors its implementation
- Conduct presentations at local and state conferences
- Respond to requests for information from a broad range of stakeholders

DHCS Student Mental Health

The overall purpose of the Student Mental Health Initiative (SMHI) is to provide an opportunity for California's public schools and higher education institutions to improve policies and programs in ways that strengthen student mental health. The SMHI outlines the basic components, criteria and funding amounts for the K-12 and Higher Education SMHI grants, evaluation and training and technical assistance.

Program Activities:

- DHCS staff collaborates with the California Department of Education and California Community Colleges Office of the Chancellor to address student mental health needs in the K-12 system and the community college system.
- Maintain a student Mental Health website, and coordinate activities with CalMHSA on their Student Mental Health Initiative.
- Respond to requests for information from a broad range of stakeholders.
- Participate on the California Department of Education and California Community Colleges Office of the Chancellor Mental Health Advisory Committee meetings and coordinate occasional in-state events such as trainings and conferences.

5. Innovation (INN)

The goals for the funding of the INN component are to develop new mental health approaches, increase access to unserved and underserved groups, increase the quality of services (including better outcomes), promote interagency collaboration and increase access to services. An INN project contributes to learning, as opposed to providing a service, by "trying out" new approaches that can inform current and future practices/approaches in communities. INN projects may initiate, support and expand collaboration and linkages, especially connections between systems, organizations and other practitioners not traditionally defined as a part of the mental health care.

Implementing the INN component, during a state fiscal crisis, required community stakeholders and county community mental health to partner and fund local supports for mental health issues in non-traditional community based settings. This becomes a true test of a community collaboration program model that puts resources into natural networks which, as the recovery model states is key to long-term wellness. (Lee, 2012) This recent analysis of 86 work plans reflects the following trends (Lee, 2012):

- 58 percent of the plans make changes to an existing mental health practice/approach, including adaptation for a new setting or community.
- 48 percent of the plans improve the quality and outcomes of services.
- 27 percent Increase access to services for underserved populations.
- 70 percent of programs serve individuals with serious mental illness.
    - 55 percent focus on treatment.
    - 37 percent focus on early intervention.
- 83 percent of plans provide services to the Transitional Aged Youth.
- 37 percent of plans provide are assessing new approaches in serving the underserved Latino communities.
- A significant focus area or 64 percent of the plans expand service design and delivery by persons with mental illness and their family members (peer services).

STATE ADMINISTRATIVE EXPENDITURES

Below are the administrative expenditures for state entities receiving MHSA funding:

Judicial Branch

FY 2011-12	FY 2012-13	FY 2013-14
$1,054,000	$1,061,000	$1,049,000

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 prevention and early intervention for juveniles with mental health illness in the juvenile court system or at risk for involvement in the juvenile court system.

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

- Identifying best practices in meeting the needs of juveniles with mental illness in the delinquency and dependency courts; design and implement evaluation projects of California juvenile mental health courts.
- Identifying model protocols for responding to juveniles with mental illness in the delinquency and dependency systems.
- Staffing workgroups focusing on responding to the unique needs of juveniles with mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Developing resource materials for judicial officers and other court professionals including: topical research briefing papers related to mental health screenings and assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, and integrating evidence based practices into justice system practices.
- Identifying, developing and executing appropriate mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness. Educational opportunities are offered through various venues including programs for juvenile and family court judges, statewide interdisciplinary conferences including Beyond the Bench, and for judicial officers, parents, coordinators and other youth court professionals at the annual Youth Court Summit. Youth education efforts also focus on impacting stigma and discrimination through sessions focusing on teen dating violence, LGBTQ issues and hate crime reduction.
- Providing technical assistance and resource support for juvenile mental health courts.

Additional program information can be accessed at the following link:
http://www.courts.ca.gov/5982.htm

Adult Court System

The Judicial Branch, Adult Court System also receives funding and 3.0 positions to address the increased workload relating to adults in the mental health and criminal justice systems.

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:

- Staffing the Mental Health Issues Implementation Task Force whose focus is on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its final report.
- Assisting the courts in responding more effectively to offenders and other court users with mental illness by identifying best practices, conducting needs assessments, analyzing outcomes of court programs, evaluating process outcomes, and collaborating with a variety of criminal justice and mental health partners.
- Identifying and developing educational content for judicial officers, interdisciplinary teams related to mental health issues, effective courtroom and case management, and evidence-based supervision practices. Educational content is integrated into regularly scheduled judicial officer education programs including criminal law, family law, and probate and mental health law sessions, and family dispute resolution programs. In addition, support is provided for interdisciplinary programs including Beyond the Bench and for programs offered in conjunction with organizations with common interests including the California State Bar Association, the California Association of Drug Court Professionals, the American Bar Association, and the California Homeless Court Coalition.
- Staffing the veterans issues working group focusing on support of judicial officers and interdisciplinary teams working with military veterans in the court system who may be dealing with mental health issues stemming from post-traumatic stress syndrome, traumatic brain injury, military sexual trauma, etc.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials including the recently published *Elder Abuse Pocket Reference: A Medical Legal Resource for California Judicial Officers* and the *Human Trafficking Cases in California's Courts: Successful Practices in the Emerging Field of Human Trafficking* research brief. In addition, an evaluation report of the reentry court pilot project is now available. This project is designed to address high revocation rates of California's parolees and to provide an alternative to prison for parole violators with a history of substance abuse and/or mental illness.

More information can be located at the following link:
http://www.courts.ca.gov/5982.htm

State Controller's Office (SCO)

FY 2011-12	FY 2012-13	FY 2013-14
$1,733,000	$1,584,000	$0

The SCO has received MHSA funds to support the 21st Century Project, the development of a new Human Resource Management System (HRMS) payroll system for use by state departments. No funding is proposed for this for FY 2013-14.

Office of Statewide Health Planning and Development (OSHPD)

FY 2011-12	FY 2012-13	FY 2013-14
$6,613,000	$10,518,000	$12,433,000

In FY 2012-13 the administrative costs are $518,000; in FY 2013-14 the costs are projected to be $2,433,000. FY 2012-13 funding, of $632,000, is being reappropriated for expenditure in FY 2013-14.

In FY 2012-13, the cost of the 1.0 FTE that is dedicated to WET is $103,000; in FY 2013-14, the cost is projected to be $108,000.

There are 6.5 full-time employees working on other WET funded programs including 5.5 for the Mental Health Loan Assumption Program (MHLAP) and 1.0 for the Mental Health Professional Shortage Area Designations.

In FY 2012-13, $36,708,000 is distributed programmatically in the following manner:

Program/Activity	Funding	Note
WET Contracts	$21,150,000	Contracts for stipends, psychiatric residency programs, statewide technical assistance center and the regional partnerships.
MHLAP Program	$10,000,000	Provides qualified applicants with loan repayment in exchange for employment in the PMHS.
Unallocated	$6,000,000	Unallocated until the development of the next WET Five-Year Plan, due April 1, 2014.
Song-Brown PA Mental Health Program	$625,000	Adds a mental health track to the Song-Brown Residency Program for PAs.
Shortage Designation Program	$130,000	Assists counties apply for federal designation as mental health professional shortage areas.
Personnel		
MHLAP Staff Support	$917,000	Support the MHLAP program
WET Staff Support	$103,000	Support the WET programs

Proposed Re-Appropriation		
Spring Finance Letter (SFL) 002	-$2,217,000	SFL 002 proposes to re-appropriate the projected unexpended funds from FY 2012-13 to FY 2013-14.

Additional information can be located at the following link:
http://www.oshpd.ca.gov/HPEF/

Department of Health Care Services (DHCS)

FY 2011-12	FY 2012-13	FY 2013-14
$452,000	$9,341,000	$9,959,000

Total of 19.0 positions funded.

DHCS Mental Health Services Division (DHCS-MHSD):
DHCS-MHSD is responsible for overseeing the development and reporting of MHSA outcomes and the tracking, distribution, and reporting of MHSA funds. DHCS is developing county performance contracts, reviewing current allocation methodology for monthly distribution of MHSA funds; developing Annual Revenue and Expenditure Report (RER) forms and reviewing county RER submissions; reviewing issues submitted through the Issue resolution Process; and, reviewing and amending MHSA regulations. DHCS-MHSD is also responsible for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health programs.

DHCS Pharmacy Benefits Division (DHCS-PBD):
DHCS-PBD in collaboration with the Child & Family Services Division of the California Department of Social Services, initiated a quality improvement project to improve the oversight and monitoring of psychotropic medication in children and youth in foster care. MHSA funded this three year project beginning July 1, 2012 and is scheduled to be completed by June 30, 2015.

Contracts:
DHCS contracts with the University of California Los Angeles (UCLA) to conduct a mental health phone survey that captures data on adults and youth sample groups throughout California as a part of the California Health Interview Survey (CHIS). This contact is funded at $800,000 per year. This field assessment tool estimates the health status and measures access to healthcare services of an estimated 1.6 million adults ages 18-64 served in the community mental health system. DHCS relies on this survey's information to measure mental health service needs and mental health program utilization. CHIS specifically measuring the following:

- Estimate the prevalence of mental disorders in California
- Estimates the number persons who are not receiving mental health services that are in need of them
- Estimates the number of clients who are receiving insufficient services

DHCS also contracts with the California Institute for Mental Health (CiMH) to provide statewide technical assistance to improve the implementation of MHSA and MHSA funded programs. The contract is funded at $4.144 million per year.

CiMH has provided training and implementation support in the areas of:

- County integration of mental health, substance use treatment and primary care service systems to support the development of a coordinated system of care
- Community based prevention and early intervention of mental health conditions to improve the community member's ability to identify mental illness and to be first responders in a crisis
- Increased clinical provider service capacity and the improvement of outcomes at the local level through the promotion of evidenced based and promising practices in clinical services
- Consumer focused education and training that builds their capacity to influence the types of public mental health services provided and their effectiveness
- Evaluation activities including consumer perception of care and effectiveness of training interventions

Department of Public Health (DPH)

FY 2011-12	FY 2012-13	FY 2013-14
$0	$17,342,000	$17,195,000

The DHCS Office of Multicultural Services transferred 4.0 FTE to the Office of Health Equity (OHE) at DPH during FY 2012-13. The California Reducing Disparities Project (CRDP) received a $60 million commitment, starting in FY 2012-13 for four years, from the Legislature to implement a statewide policy initiative. The initiative is designed to improve access, quality of care, and increase positive outcomes for racial, ethnic, and LGBTQ communities in the public mental health system utilizing the CRDP statewide strategic plan scheduled to be finalized in 2013. CDPH anticipates completion and release of a Request for Proposal (RFP) for the second phase of the CRDP in October 2013. This will be the mechanism for implementing the recommendations outlined in the strategic plan.

Key Activities and Highlights:

OHE supports California in complying with the Dymally-Alatorre Bilingual Services Act (1973) Title 9, CCR, and Section 1810.410 (a) (3). This law requires California State agencies to provide translated materials and serve monolingual customers in languages other than English. This is achieved by overseeing a contract with Avantpage Inc. whose scope of work is to:

- Offer translation services in over 12 "Threshold Languages".
- Provide translation and cross translation services for MHSA related documents for state and local partners within identified threshold languages to include, Arabic; Armenian; Cambodian; Chinese; Farsi; Hmong; Korean; Lao; Russian; Spanish; Tagalog and Vietnamese.

- Translate 15 MHSA documents into 9 languages to date to inform and educate individuals on mental health related matters.

OHE has ongoing authority to accomplish the following tasks:

- A Master Multi-Provider County Mental Health Cultural Competency Consultant contract consisting of 16 cultural competence consultants to advise CDPH and the OHE on cultural and linguistic competence in policy, practices, and procedures to reduce disparities.
- Assist in efforts to offer the California Brief Multicultural Scale trainings to county mental health providers.
- Support efforts to provide an Interpreter Training Program to mental health providers working with underserved and inappropriately served multicultural communities.

More information is available at:
http://www.cdph.ca.gov/programs/Pages/CaliforniaReducingDisparitiesProject(CRDP).aspx

Department of Developmental Services (DDS)

FY 2011-12	FY 2012-13	FY 2013-14
$393,000 SO	$389,000 SO	$388,000 SO
$740,000 LA	$740,000 LA	$740,000 LA

DDS receives MHSA support funding for 3.0 FTE to coordinate a statewide community-based system of mental health services for Californians with developmental disabilities. DDS distributes MHSA local support funding to Regional Centers throughout California utilizing a competitive Request for Application (RFA). The listed projects below have been awarded based on the following program priorities: 1) Enhancing Community Capacity; 2) System Improvement; 3) Service Integration; and 4) Replication of existing mental health projects.

DDS has awarded the following Regional Centers (RCs) with MHSA local support funds:

- Alta California Regional Center (ACRC) – Two Projects
  - The *Substance Abuse Reduction Project*
  - *MHSA Forums*
- Central Valley Regional Center (CVRC)
  - *Foundations of Infant Mental Health Training Program*
- North Bay Regional Center (NBRC) – Two Projects
  - *Building Bridges*
  - *Project Connect*
- Regional Center of the East Bay
  - Administers the dual system (County Mental Health departments and RCs) Mental Health Consultant positions and funds the Mental Health/Developmental Disabilities Collaborative quarterly meetings.

- San Gabriel/Pomona Regional Center
  - Project Hope
- Westside Regional Center – Two Projects
  - Tools for Accessing Quality of Services
  - *Los Angeles Transitional Age Youth Service Integration Project* (*LATAY SIP)*

Program Highlights and Facts:

All funded RCs provide these three core program components:

- Evidence-based and performance-based
- Included an ongoing multi-disciplinary collaborative process that identify local needs and solve local system issues
- Included a mechanism to share information and resources statewide (such as webinars, web pages, and databases)

Additional MHSA-DDS information can be located at the following website:
http://www.dds.ca.gov/HealthDevelopment/MHSA_Funding2011_2014.cfm

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2011-12	FY 2012-13	FY 2013-14
$5,340,000	$6,925,000	$7,863,000

MHSOAC receives funding and 21.0 positions to support its statutory oversight and accountability for the MHSA. The May Revision proposes $947,000 in additional funding for the Commission to implement the Master Plan for Evaluation approved by the Commission on March 28, 2013.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) provides the vision and leadership, in collaboration with clients, their family members and underserved communities, to ensure an enhanced continuum of care for individuals at risk for and living with serious mental illness and their families by holding public systems accountable and by providing oversight, eliminating disparities, promoting mental wellness, and supporting recovery and resiliency resulting in positive outcomes in California's community based mental health system.

The MHSOAC was established to provide oversight and accountability for the Mental Health Services Act (MHSA), Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The MHSOAC's primary roles include:

- Provide oversight, review, accountability, and evaluation of projects and programs supported with MHSA funds,
- Ensure that services provided pursuant to the MHSA are cost-effective and in accordance with recommended best practices,

- Provide oversight and accountability of the public community mental health system, (4) Review and approve county Innovation Program and Expenditure Plans, and
- Provide counties technical assistance in MHSA program plan development and to accomplish the purposes of the MHSA.

The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

Additional information regarding the MHSOAC is available on the following website links:
http://www.mhsoac.ca.gov/default.aspx
http://www.mhsoac.ca.gov/MHSOAC_Publications/Fact-Sheets.aspx

California Department of Education (CDE)

FY 2011-12	FY 2012-13	FY 2013-14
$251,000	$159,000	$179,000

The California Department of Education (CDE) represents over 6.2 million students and approximately 1000 diverse and dynamic school districts. CDE receives MHSA funding to increase capacity in both staff and student awareness of mental health issues and promote healthy emotional development utilizing the funded .6 full-time equivalent (FTE) position. This resource leverages a non-competitive contract awarded by the California Mental Health Services Authority (CalMHSA) to serve Statewide Kindergarten through Twelfth Grade (K-12) Student Mental Health Prevention and Early Intervention (PEI) stigma reduction strategies. This position builds relationships with local, state, national and international agencies committed to identifying best and promising practices to share with the K-12 field.

Program Highlights:

Presentations at the following conferences and committee meetings:
- Annual State Migrant Parent Education Conference
- Annual American Indian Education Conference
- Annual California Mental Health Advocates for Children and Youth Conferences
- Annual California Para-educator's conference
- Mental Health Services Oversight and Accountability Commission's Cultural and Linguistic Competence Committee
- California Mental Health Planning Council

Key Communication Forum:
- Coordination of the Student Mental Health Policy Workgroup (SMHPW). Activity includes dissemination of student mental health information, including opportunities to participate in MHSA activities utilizing over 8,000 school staff,

county and community mental health service providers, and other stakeholders via a list serve.
- Provides policy recommendations on student mental health issues for the State Superintendent of Public Instructions and the California Legislature.

Promising Practices:
- Training Educators through Recognition and Identification Strategies Training the Trainers (TETRIS). TETRIS provides training and professional development designed to increase knowledge and capacity among school staff on effective prevention and intervention strategies for students experiencing mental health issues, illness, and suicide risk.

Additional information can be located at the following link:
http://www.cde.ca.gov/ls/cg/mh/

Board of Governors of the California Community Colleges Chancellors Office

FY 2011-12	FY 2012-13	FY 2013-14
$109,000	$103,000	$126,000

The Board of Governors (CCCCO) leads the country's largest system of higher education which includes 112 colleges and 72 college districts. This MHSA funds support the CCCCO with staff who have been developing policies and program practices to address the mental health needs of California community college students. The CCCO continues to implement the California Community Colleges Student Mental Health Program (CCCSMHP) which was developed by leveraging MHSA resources to receive a competitive award from CalMHSA in 2011 for the amount of $4.8 million.

Program Activity:

- Continued coordination and administration of 23 grants that serve 30 college campuses by providing faculty and campus staff training on suicide prevention strategies and introduction to peer-to-peer resources designed to promote prevention and early intervention strategies.

Promising Practices:

- The development of Behavior Intervention Teams (BIT) to address the growing issues of campus violence and threats. 112 colleges have participated in BIT training and that equates to 68 percent of all California Junior College Campuses.
- 15 webinars have been provided to date providing pertinent topics such as mental health assessment models and model website templates for community mental health resources.

Additional program information can be located at the following websites:
http://www.cccstudentmentalhealth.org/training/
http://extranet.cccco.edu/Divisions/StudentServices/MentalHealthServices.aspx

Financial Information System for California (FI$CAL)

FY 2011-12	FY 2012-13	FY 2013-14
$103,000	$141,000	$225,000

The 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, therefore, 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: DOF, SCO, the State Treasurer's Office and Department of General Services.

Military Department

FY 2011-12	FY 2012-13	FY 2013-14
$539,000	$561,000	$1,351,000

The Military Department receives funding and 3.0 positions to support a pilot behavioral health outreach program to improve coordination between the California National Guard (CNG), local County Veterans' Services Officers and County mental health departments throughout the State. CNG educates Guard members about mental health issues and enhances the capacity of the local mental health system through education and training in military culture. The CA Military Department also responds to soldiers and airmen in crisis, and through education assists them in acquiring appropriate Local, State, Federal, private, public and/or non-profit Behavioral Health program support. Assisting soldiers and airmen in accessing the appropriate County, Federal, or private mental health care programs is extremely cost efficient and ensures that service members receive care by mental health clinicians that are trained to treat military-specific conditions.

Program Highlights:

The Governor has proposed in his budget to expand this successful and innovative program from 3 to 8 full-time positions.

2013-2014 Deliverables

- Conduct education events to inform soldiers and their families about the ways to access mental health services.
- Present information about County mental health programs to CNG behavioral health providers and Guard members.
- Publish articles about suicide prevention and mental health resources in the "Grizzly," the newsletter of the California National Guard.

More detailed information can be found at the following link:
http://www.calguard.ca.gov/mh/Pages/default.aspx

Department of Veterans Affairs (DVA)

FY 2011-12	FY 2012-13	FY 2013-14
$164,000 SO	$226,000 SO	$235,000 SO
$269,000 LA	$270,000 LA	$270,000 LA

The DVA receives funding and 2.0 positions to support a statewide administration to inform veterans and family members about federal benefits, local mental health departments and other services.

Appendix

Historical Information:

In November 2004, California voters passed Proposition 63 (the Mental Health Services Act (MHSA) or the Act). The Act imposed a one percent income tax on individuals earning 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 Mental Health Services Oversight and Accountability Commission (MHSOAC) 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 DMH and MHSOAC to review and/or approve plans.

AB 100 (Chapter 5, Statutes of 2011) amended W&I §§ 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. Among the provisions of this bill was the adoption of Section 5847(b) which deleted the county's responsibility to submit plans to DMH and for DMH 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.

AB 1467 (Chapter 23, Statutes of 2012) amended W&I §§ 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897 and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from DMH to the Department of Health Care Services (DHCS) and further clarified roles of the MHSOAC 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 updates.

END NOTES

1. Lee, D. (2012). *Consulting Psychologist.* Sacramento : Mental Health Services Oversight and Accountability, Innovation Program Trends.

2. UCLA Center for Healthier Children, Youth and Families. (2011-June). *California's Investment in the Public Mental Halth System: Prop 63 Brief 1.* Sacramento: Mental Health Oversight and Accountability Commission.

3. UCLA Center for Healthier Families and Communities and EMT Assoc, I. (n.d.). *Fulll Service Partnership Program Statewide Costs and Cost Offsets.* Sacramento: Mental Health Services and Accountability Commission.