Mental Health Services Act Expenditure Report

Fiscal Year 2011-12

CALIFORNIA DEPARTMENT OF

Mental Health

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EXECUTIVE SUMMARY

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals of serving children, transition age youth, adults, older adults and families with mental health needs.

As a part of the Fiscal Year (FY) 2011-12 budget process, on March 24, 2011, the Governor signed AB 100 (Committee on Budget, Chapter 29, Statutes of 2011). AB 100 redirected $861.2 million in MHSA funds to support the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) ($579.0 million), Mental Health Managed Care (MHMC) ($183.6 million) and AB 3632 Special Education ($98.6 million) programs. Consistent with the Governor's proposed realignment of MHSA functions to the counties, AB 100 reduces State Administrative expenditures, streamlines State oversight of the MHSA, and directs more MHSA funding, on a monthly basis, to county mental health programs. The changes in administration of the MHSA are reflected in this year's report and will require the entities charged with administering fiscal and programmatic aspects of the MHSA to work closely with the State Controller's Office as well as Department of Finance in order to estimate and make projections for MHSA funds for future distributions.

The MHSA imposes a one percent income tax on personal income in excess of $1 million. This tax has generated $7.5 billion in additional revenues for mental health services through the end of FY 2010-11. The FY 2012-13 Governor's Budget reflects an additional $1.2 billion in FY 2011-12 and $1.5 billion in FY 2012-13. On a cash basis, this equates to $883 million in FY 2011-12 and $1.1 billion in FY 2012-13.

Approximately $6.4 billion has been expended through FY 2010-11. Additionally, $1.6 billion is estimated to be expended in FY 2011-12 and $1.4 billion in FY 2012-13.

BACKGROUND

The Director of the California Department of Mental Health (DMH) is required by Welfare and Institutions Code (WIC) Section 5813.6 to annually submit two fiscal reports to the Legislature on the MHSA, one in January in conjunction with the Governor's Budget and the other in conjunction with the May Revision of the Governor's Budget. This legislation specifies that the reports contain information regarding the projected expenditures of Proposition 63 funding for each state department and for each major program category specified in the measure for local assistance and support. To meet this mandate, this report includes actual expenditures for FY 2010-11 and estimated expenditures for FY 2011-12. For FY 2012-13, projected expenditures were not made by DMH since, as the result of AB 100 (Committee on Budget, Chapter 29, Statutes of 2011), this responsibility will transfer to the counties and they will receive MHSA funds from the State Controller's Office on a monthly basis.

The MHSA addresses a broad continuum of prevention, early intervention and service needs and provides funding for the necessary infrastructure, technology and training elements that will effectively support the local mental health system. In addition to local planning, the MHSA specifies five major components of the MHSA program around which the DMH carried out an extensive stakeholder process to consider input from all perspectives. The MHSA specifies the percentage of funds to be devoted to each of these components and required DMH, in collaboration with the Mental Health Services Oversight and Accountability Commission (MHSOAC), to establish the requirements for use of the funds. Because of the complexity of each component, implementation of the five components was staggered.

An overview of the five components is listed below:

- **Community Services and Supports (CSS)**—This component refers to "System of Care Services" as required by the MHSA in WIC Sections 5813.5 and 5878.1-3. The change in terminology differentiates MHSA Community Services and Supports from existing and previously existing System of Care programs funded at the federal, state and local levels. The MHSA requires that "each county mental health program shall prepare and submit a three-year plan which shall be updated at least annually." Annual updates of this plan will be required pursuant to MHSA requirements.

  In their MHSA Three-Year Program and Expenditure Plans, counties are required to submit a listing of all programs for which MHSA funding is being requested that identifies the proposed expenditures for each type of funding (Full Service Partnership, System Development, and Outreach and Engagement) and for each target age group (Adult, Children and Youth, Older Adult, and Transition Aged Youth).

- **Capital Facilities and Technological Needs (CFTN)**—This component addresses the capital infrastructure needed to support implementation of the Community Services and Supports and Prevention and Early Intervention programs. It includes funding to improve or replace existing technology systems and for capital projects to meet program infrastructure needs.

- **Workforce Education and Training (WET)**—This component targets workforce development programs to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

- **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 unserved and underserved populations.

- **Innovation (INN)** —The goal of this component is to develop and implement promising practices designed to increase access to services by unserved and underserved groups, increase the quality of services, improve outcomes, and to promote interagency collaboration.

In addition to funding the components listed above, MHSA allowed for up to five percent of the total annual revenues received in the Mental Health Services Fund (MHSF) for support activities administered by DMH, which also includes the California Mental Health Planning Council (CMHPC). AB 100 reduced that amount to 3.5 percent of the total revenues received to support state level programs and administrative activities. Refer to the section, State Administrative Expenditures, beginning on page 17, for detail on the agencies receiving a portion of the 3.5 percent administrative funding.

For more information on MHSA activities, please visit the following website: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

EXPLANATION OF ESTIMATED REVENUES

By imposing a one percent income tax on personal income in excess of $1 million, the MHSA has generated approximately $7.5 billion through FY 2010-11. This includes both the income tax payments and interest income earned on the MHSF balance.

The amounts actually collected differ slightly from estimated MHSA revenues displayed in the Governor's Budget. This is because the Governor's Budget, 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. The fiscal information described in this report is presented on a cash basis and is reflective of funds actually received in the fiscal year. Table 1 provides a comparison between estimated revenues on an accrual basis for the Governor's Budget versus cash deposits into the MHSF in each fiscal year.

As shown in Table 1, "Cash Transfers" are similar under either accounting approach. These amounts represent the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). Similarly, "Interest Income" is comparable under either accounting approach.

The differences in the "Annual Adjustment Amount" are due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to the MHSF and the previous cash transfers. Therefore, the Annual Adjustment shown in the Governor's Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned.

Additionally, in accordance with AB 100, one half of the available funds for FY 2011-12 have already been distributed and the second distribution is scheduled, in law, to be made beginning no later than April 30, 2012. In FY 2012-13, funds in the MHSF will be distributed to counties on a monthly basis.

Table 1: Comparison between Mental Health Services Act Estimated Receipts And Governor's Budget (Dollars in Millions)

	Fiscal Year		
	2010-11	2011-12	2012-13
Governor's FY 2012-13 Budget[1]			
Cash Transfers	$905.4	$945.0	$1,004.0
Interest Income Earned During Fiscal Year	9.7	2.4	1.3
Annual Adjustment Amount	112.0	206.0	465.0
Estimated Revenues	**$1,027.1**	**$1,153.4**	**$1,470.3**
Estimated Receipts-Cash Basis			
Cash Transfers	$905.4	$945.0	$1,004.0
Interest Income Earned During Fiscal Year	9.7	2.4	1.3
Annual Adjustment Amount	225.0	-64.0	112.0
Estimated Available Receipts[2]	**$1,140.1**	**$883.4**	**$1,117.3**

[1]Source: FY 2012-13 MHSF (3085) Supplementary Schedule of Revenues and Transfers (Schedule 10R).

[2]Estimated available receipts do not include funds reverted under Welfare and Institutions Code (WIC) 5892(h) or administration funds not appropriated for use under WIC 5892(d).

OVERALL REVENUES

Table 2 below displays actual, estimated, and projected receipts deposited into the MHSF. Prior to FY 2008-09, this revenue was distributed to the five major components: CSS, WET, CFTN, PEI and INN based on percentages specified in the MHSA. Beginning in FY 2008-09, the MHSA no longer specifies a percentage of funding for the CFTN and WET components. In FY 2008-09, 5 percent of MHSA revenue was allocated for State Administrative support, 19 percent was allocated for PEI and the remaining 76 percent was allocated to CSS. Five percent of each of the funding streams from PEI and CSS is used to support the INN component. Actual receipts are shown for FY 2010-11, while estimated receipts are shown for FY 2011-12 and projected receipts for FY 2012-13.

Note: *For FY 2011-12, the legislature approved the Governor's Budget proposal to achieve an $861.2 million General Fund savings in FY 2011-12 based on amending the non-supplantation and maintenance-of-effort requirements of the MHSA to allow the use of MHSF for the Early Periodic Screening, Diagnosis and Treatment program (EPSDT, $579.0 million), Mental Health Managed Care (MHMC, $183.6 million) and AB 3632, Special Education Pupils ($98.6 million).*

Table 2: Mental Health Services Act (MHSA) Estimated Revenues

Estimated By Component on a Cash Basis

(Dollars in Millions)

	Fiscal Year		
	Actual Receipts[3]	**Estimated Receipts**	**Projected Receipts**
	2010-11	**2011-12**	**2012-13**
Community Services and Supports (Excluding Innovation)	$823.2	$647.9	$819.5
Prevention and Early Intervention (Excluding Innovation)	205.8	162.0	204.8
Innovation	54.1	42.6	53.9
State Administration	57.0	30.9	39.1
Total Estimated Revenue Receipts[4]	**$1,140.1**	**$883.4**	**$1,117.3**

[3] Actual receipts displayed are based upon the percentages specified in the MHSA for the components identified. Actual 2010-11 expenditures by component may vary.

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

EXPENDITURES FOR MHSA COMPONENTS

Expenditures from the MHSF are estimated to be $1.6 billion in FY 2011-12 and $1.4 billion in FY 2012-13. The MHSA specifies funding for the major components, which form the basis of the county's MHSA program. Estimated expenditures for the five major MHSA components are $660.3 million in FY 2011-12[5] and $1.4 billion in FY 2012-13. Implementation of each of the components was staggered. This is partly due to the complexity of each component and the MHSA requirement that local program and funding decisions be driven by a community stakeholder process at both the state and local levels as well as mandates for local hearings and comment periods.

To consider input from all perspectives when developing the guidelines for this program, DMH created an extensive stakeholder process at both the state and local levels. In addition, local planning efforts involve clients, families, caregivers and partner agencies in identifying community issues related to mental illness and resulting from lack of community services and supports. These efforts also serve to define the populations to be served and strategies that will be effective for providing the services, to assess capacity and to develop the work plan and funding requests necessary to effectively deliver the needed services.

AB 100 amended the MHSA provisions in WIC Sections 5890 through 5893, addressing fiscal and administrative responsibilities. In part, AB 100 amended these provisions to:

- Redirect MHSA funds to support three programs proposed for realignment ($861.2 million for EPSDT, MHMC and AB 3632); and
- Authorize the State Controller's Office (SCO) to distribute funds to the counties as specified.

This statutory change also aligns the administration of the MHSF to an accrual system used to develop the Governor's Budget beginning in FY 2011-12. AB 100 specifies the release of funds to counties, using formulas determined by the State and CMHDA. Beginning no later than April 30, 2012 and on a monthly basis thereafter, the SCO is required to distribute the funds remaining in the FY 2011-12 MHSA component allocations consistent with specified provisions of the MHSA (WIC Sections 5847, 5891 and 5892(j)).

[5] Total local assistance expenditures from the MHSF for FY 11-12 are $1.5 billion which includes $660.3 million for MHSA programs and $861.2 million for other community mental health programs: EPSDT, MHMC and AB 3632.

MHSA PROGRAM ACTIVITIES

General MHSA Provisions

Prior to FY 2011-12, the MHSA required that "each county mental health program shall prepare and submit a three-year program and expenditure plan (county plan) which shall be updated at least annually and approved by DMH after review and comment by MHSOAC." Since the passage of AB 100, the review and approval processes for both the MHSOAC and DMH have been removed although the counties are still required to post their updates for public comment. Additionally, county mental health boards are still required to conduct a public hearing on draft plans and annual updates at the close of the 30 day public comment period. Further, the county mental health board must continue to review the adopted plan or update, and make recommendations to the mental health departments if there are to be any revisions.

The MHSA also required that "the department shall establish requirements for the content of the plans." As of January 2009, the DMH along with input from stakeholders, successfully implemented guidelines for all five MHSA county plan components. The guidelines for the content of county plans are currently located on the following DMH website: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

In accordance with the spirit of the MHSA to involve stakeholders, DMH committed to an extensive and transparent stakeholder process, beginning with its first general stakeholders meeting held in December 2004. Statute and regulations require the counties to seek and incorporate stakeholder input in the development of county plans and updates. Further, statute and regulations require all county plans and updates be circulated for 30 days to stakeholders for review and comment prior to submission to DMH.

Below is a description of the five MHSA components that comprise each county plan and efforts to date.

1. Community Services and Support (CSS)

CSS refers to "System of Care Services" as required by the MHSA in WIC Sections 5813.5 and 5878.1-3. The change in terminology differentiates MHSA Community Services and Supports from existing and previously existing System of Care programs funded at the federal, state and local levels.

In their MHSA three-year program and expenditure plan, counties are required to submit a listing of all programs for which MHSA funding is being requested that identifies the proposed expenditures for each type of funding (Full Service Partnership, System Development, and Outreach and Engagement) and for each target age group (Adult, Children and Youth, Older Adult, and Transition Aged Youth).

To date, a total of $3.9 billion has been distributed for the CSS component since inception of the MHSA. County specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

MHSA Housing Program

DMH adopted the MHSA Housing Program as a one-time service category under the CSS component. On August 6, 2007, DMH along with the California Housing Finance Agency (CalHFA) and the California Mental Health Directors Association (CMHDA) announced a new housing program, the MHSA Housing Program. A total of $400 million of MHSA funds from the CSS component were set aside to fund the initial three and a half years of the Housing Program with the goal of creating 2,500 units of permanent supportive housing. This program provides both capital and rent subsidy funding for the development of permanent supportive housing for individuals with serious mental illness, and their families as appropriate, who are homeless or at risk of homelessness. This effort builds on the interagency collaboration established in 2005 with Governor Schwarzenegger's Homeless Initiative (see below).

On April 10, 2008, DMH Information Notice 08-11 was approved allowing counties to assign additional CSS funds to the MHSA Housing Program. Two Counties (San Francisco and Tri-Cities) assigned an additional $4.1 million of their CSS funds to the MHSA Housing Program. Table 3, on the following page, provides data on the success of the MHSA Housing Program as of October 2011.

Governor's Homeless Initiative (GHI)

In August 2005, the governor announced an initiative to address long-term homelessness in California. Part of the Initiative, now known as the Governor's Homeless Initiative (GHI), directed an interagency effort to provide capital funding for housing projects to develop permanent supportive housing and serve a target population of persons who are chronically homeless and have severe mental illness. The interagency effort included the Department of Housing and Community Development (HCD), CalHFA and DMH. The GHI called for HCD to utilize approximately $40 million of Proposition 46 funds as capital for the development of permanent supportive housing for homeless individuals with serious mental illnesses. An additional $3.15 million in MHSA funds were set aside to provide funding for capitalized rent subsidies and capacity building training in the counties.

Counties are an essential component of this effort as there is a long-term commitment to provide supportive services to developments that qualify for funding under the GHI. GHI funds have been awarded to 12 projects located throughout the state, creating 250 units for the target population. Through June 2011, approximately $29.6 million in GHI funds were awarded to 11 developments. Approximately $9.2 million is available.

Table 3: MHSA Housing Program
(As of October 2011)

MHSA Housing Program Funds Available	$400,000,000
MHSA Housing Program Funds Assigned	$404,137,919
Number of Counties with Approved Applications	28
Number of Counties that have assigned funds Number of Counties Opting Out Number of Counties who have not assigned funds	51 8 0
MHSA Applications Received Shared Housing Projects Rental Housing Projects	127 15 112
MHSA Loans Closed Total Dollars MHSA Units Units Receiving Capitalized Operating Subsidy	59 $152,093,413 971 276
MHSA Applications Approved and waiting to close Total Dollars MHSA Units Units Receiving Capitalized Operating Subsidy	45 $77,235,719 559 276
MHSA Applications in Process Total Dollars MHSA Units Units Receiving Capitalized Operating Subsidy	23 $31,889,558 246 109

2. Capital Facilities and Technological Needs (CFTN)

This component addressed the capital infrastructure needed to support implementation of the CSS and Prevention and Early Intervention programs. It included funding to improve or replace existing technology systems and for capital projects to meet the needs of the county mental health system.

The MHSA required that a portion of the revenues collected from FY 2004-05 through FY 2007-08 be set aside for the CFTN component of the county plan. In subsequent fiscal years, counties may use a portion of funding from the CSS component to meet ongoing CFTN needs.

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 used to fund county technology projects with the goal of improving access to and delivery of mental health services.

In March 2008, planning guidance was released for counties to access funds from the CFTN component. Because the MHSA limits the number of years MHSA funds are dedicated to this component, in the same year the guidance was released, a total amount of $460.8 million was made available. As of July 2011, 48 counties have submitted their CFTN component of the county plan. As of July 2011, approximately $235.9 million has been distributed for Capital Facilities projects and $224.9 million has been distributed for Technological Needs projects since the inception of the MHSA.

3. Workforce Education and Training (WET)

This component is intended to "remedy the shortage of qualified individuals to provide services to address severe mental illnesses (WIC Section 5820)." It required that each county identify workforce shortages in both the county staff and contract provider staff.

The planning guidance for the WET component was released in July 2007. As of July 2011, 51 counties had submitted their WET component of the county plan and annual update, and approximately $236.5 million has been distributed since inception of the MHSA. County specific information can be found at:
http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

An April 2009 analysis of WET plans submitted by 28 counties (representing 67.7 percent of California's total population), found that counties identified psychiatrists, licensed clinical social workers, marriage and family therapists and licensed supervising clinicians as the hardest positions to fill. The analysis also identified the need for proficiency in non-English languages: an estimated 7,800 additional staff are needed in California's ten most common non-English languages: Spanish, Tagalog, Cantonese, Vietnamese, Mandarin, Farsi, Chinese, Korean, Russian and Cambodian.

In accordance with MHSA, DMH developed a five year WET development plan which was reviewed and approved by the CMHPC. This plan addressed specific areas and guides DMH's statewide WET efforts. These efforts include expansion of postsecondary education to meet needs of occupational shortages; expansion of loan forgiveness and scholarship programs; establishment of stipend programs; and establishment of regional partnerships among mental health and educational systems. The following summarizes major state level activities to date.

Financial Incentive Programs

- Since its inception in 2005, over 1,000 second year students in Master's of Social Work Degree programs have received a stipend of $18,500. Upon graduation, the student works for a minimum of one year in the public mental health system for each year a stipend was received. Each year, over 50 percent of the students receiving stipends have proficiency in a non-English language and an average of 55 percent represents minorities.

- Since FY 2009-10, over 500 students obtaining Doctorates of Psychology, Masters Degrees in Marriage and Family Therapy and Psychiatric Mental Health Nurse Practitioners have received stipends of up to $18,500 in exchange for one year's work in the public mental health system for each year a stipend was received. Over 60 percent of the students who received stipends are proficient in a language other than English.

- Through the Mental Health Loan Assumption Program (MHLAP), educational loans of up to $10,000 are paid on behalf of mental health professionals who work in the public mental health system in hard to fill or hard to retain positions. Since the program's inception in FY 2008-09, over 1,000 individuals in 54 counties have received awards under this program. Approximately half of the awardees were employed by community based organizations and 30 percent of the awardees self-identified as consumers and/or family members.

Other WET Programs/Activities

- DMH and the Office of Statewide Health Planning and Development (OSHPD) have partnered to add a mental health track to the Song-Brown Residency Program for Physician Assistants. Since FY 2008-09, grants of $100,000 each to five Physician Assistant training programs have resulted in 667 students being exposed to MHSA principles and practices. Enhancements vary with the program, but mental health curriculum consistent with MHSA principles has been added to all programs. Other enhancements include rotations in the public mental health system, attendance at psychiatric clinical conferences/meetings and active collaboration with public mental health for some students.

- DMH and OSHPD have partnered to provide technical support to counties completing applications in order to obtain a federal designation as a "mental health professional shortage area." This designation allows the counties to compete for federal funding. For example, OSHPD approved 110 facilities for National Health Service Corps placement of mental health professionals, resulting in approximately $5.2 million annually in new federal funds beginning October 2010.

- In FYs 2008-09 and 2009-10, DMH and the Board of Behavioral Sciences partnered to provide technical assistance to the federal National Health Service Corps (NHSC) regarding the rigor of the licensure examination taken by California's social workers. As a result, California-licensed social workers became eligible for the federal NHSC loan repayment program in October 2010.

- Three universities (University of California, Davis; University of California, Los Angeles-Kern and University of California, San Francisco-Fresno) have expanded their psychiatric residency programs in areas of particular shortage, including specialists in Child Psychiatry, Integrated Psychiatry and Mental Health.

- Since their inception in FY 2008-09, the five Regional Partnerships throughout the State brought public mental health employers and educators together to ensure that the education mental health professionals receive addresses regional needs.

The Superior Region has launched a distance learning (distributed education) Bachelor and Master's of Social Work (BSW-MSW) program through CSU Chico and Humboldt State University to ensure that more social workers are available to serve this rural area. The Greater Bay Area Regional Partnership launched a new school of social work at CSU Monterey, a Psycho-Social Rehabilitation program at Contra Costa College and a Mental Health Core Competencies Project. The Central Region helped fund a rural-focused, weekend MSW program at CSU Sacramento and an online psychiatric mental health nurse practitioner program through CSU Fresno. The Central Region also trained over 50 Mental Health First Aid instructors to provide stigma-reducing mental health trainings in the community. The Los Angeles Region has expanded its Peer navigators program and partnered with universities for training and research to children and youth, transition-aged youth, adults and older adults. The Southern Region has pursued federal designations as mental health professional shortage areas, begun a three-year project to train cultural competency skills in therapy sessions and collaborated with consumers and family members to develop core competencies for the Southern Region.

- A statewide Technical Assistance Center that supports incorporation of consumers and family members, and cultural and ethnic communities as leaders and employees throughout the public mental health system.

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 unserved and underserved populations.

The planning guidance for the PEI component was released in September 2007. As of March 2011, the MHSOAC, under its statutory authority for the PEI component, approved 58 county MHSA plans. However, AB 100 removed the MHSOAC's statutory authority to review and approve PEI plans. Approximately $1.2 billion has been distributed since inception of the MHSA. This amount represents previous approvals for programs to be implemented at the local level, projects for statewide efforts, training, technical assistance and capacity building. County specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

DMH's PEI State Level Efforts

There are four PEI Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, Student Mental Health Initiative, and the Reducing Disparities Project. DMH has been involved at different stages in the planning and development of each of these projects, in partnership with CMHDA and the MHSOAC. This section summarizes DMH's participation to date in these projects.

Suicide Prevention

In 2007, DMH was directed, through a veto message to Senate Bill 1356 (Lowenthal), to convene a Suicide Prevention Plan Advisory Committee to advise DMH on the development of the *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution*. The Plan was completed in 2008 and has been widely disseminated. DMH established the Office of Suicide Prevention (OSP) in February 2008 to serve as a statewide resource on suicide prevention and to assist state and local activities in support of implementation of the *California Strategic Plan on Suicide Prevention*.

Thirty-four counties have submitted PEI component plans containing suicide prevention activities that support recommendations in the State Strategic Plan. Nineteen of these projects have suicide prevention as the primary activity and 24 actively coordinate with the OSP through monthly conference calls and other communications. In its role as a statewide education resource, the OSP regularly responds to requests for information and resources from stakeholders throughout California, develops and distributes an e-newsletter and annually updates county and state suicide data profiles. The OSP established a website that links users to educational materials and resources about preventing suicide. To support building capacity of accredited suicide prevention hotlines, the OSP also convenes monthly conference calls among the 10 accredited suicide prevention hotlines in California.

OSP staff serve as the lead on veterans mental health issues including partnerships with the California National Guard (CNG) and the California Department of Veterans Affairs (CDVA). The OSP acts as liaison for MHSA Memorandums of Understanding (MOUs) with CNG and CDVA, and works with ongoing DMH contracts to develop and enhance suicide prevention activities that benefit youth, consumers, and families. Staff also coordinate with the California Mental Health Services Authority (CalMHSA) and its contractors on the implementation of suicide prevention statewide projects. Staff currently participate on the following coordination efforts:

- Suicide Prevention Network Program Calls (Project 1);
- Regional and local Suicide Prevention Capacity Building Program partner call (Project 2); and,
- PEI program partner monthly partner coordination call.

Stigma and Discrimination Reduction

In the spring of 2007, the MHSOAC convened a committee to recommend strategies to reduce mental health stigma and discrimination. The committee recommended that a ten-year strategic plan be developed. At the request of the MHSOAC, DMH convened a fifty plus member stakeholder advisory committee to provide input on the development of the strategic plan. Public dialogue and subsequent feedback on a draft plan was obtained through two public workshops, a statewide conference call and written comments.

In June 2009, the 52-page Strategic Plan, consisting of four strategic directions, 26 recommended actions, and 134 next steps for local and statewide implementation was adopted by the MHSOAC. Dissemination of the *California Strategic Plan on Reducing Mental Health Stigma and* Discrimination began in late Fall 2010.

State level prevention program staff continue to provide leadership on implementing the four strategic directions identified in the approved *California Strategic Plan on Reducing Mental Health Stigma and Discrimination;* update and enhance the DMH stigma and discrimination reduction website; and provide technical assistance on stigma and discrimination reduction to state and local stakeholders. To ensure stigma and discrimination reduction efforts are addressed widely, state level prevention staff coordinate MOUs with United Advocates for Children and Families (UACF), California Network of Mental Health Clients (CNMHC) and the National Alliance on Mental Illness (NAMI). OSP staff are also engaged in CalMHSA key coordinating groups to have an overall understanding of the work being done and ensure the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* and continue to guide the work being done by (CalMHSA).

Student Mental Health Initiative

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 was developed through a stakeholder process involving K-12 and higher education representatives who shaped the development of the *Student Mental Health Initiative Proposal.* The SMHI proposal outlines the basic components, criteria and funding amounts for the K-12 and Higher Education SMHI grants, evaluation and training and technical assistance.

DMH did not have available funding to address student mental health but with its prevention and early intervention efforts, it leveraged previous MHSA MOUs and relationships with the California Department of Education (CDE) and Chancellor's Office of California Community Colleges (CCC) to address the mental health wellness of students in K-12 and community colleges, and collaborated with CalMHSA Higher Education funded systems to ensure student mental wellness, stigma and discrimination on campuses are addressed. OSP staff currently participate on the CCC Mental Health Advisory Committee for their CalMHSA funded program as well as on the CDE Policy Workgroup for their CalMHSA funded projects.

Reducing Disparities

In response to the call for national action to reduce mental health disparities and seek solutions for historically underserved communities in California, DMH, in partnership with MHSOAC, and in coordination with CMHDA and CMHPC, called for a key statewide policy initiative as a means to improve access, quality of care, and increase positive outcomes for racial, ethnic and cultural communities. In 2009, DMH launched a statewide PEI effort utilizing $3 million in MHSA state administrative funding; and an additional $60 million has been earmarked for future funding to local communities.

The Superior Region has launched a distance learning (distributed education) Bachelor and Master's of Social Work (BSW-MSW) program through CSU Chico and Humboldt State University to ensure that more social workers are available to serve this rural area. The Greater Bay Area Regional Partnership launched a new school of social work at CSU Monterey, a Psycho-Social Rehabilitation program at Contra Costa College and a Mental Health Core Competencies Project. The Central Region helped fund a rural-focused, weekend MSW program at CSU Sacramento and an online psychiatric mental health nurse practitioner program through CSU Fresno. The Central Region also trained over 50 Mental Health First Aid instructors to provide stigma-reducing mental health trainings in the community. The Los Angeles Region has expanded its Peer navigators program and partnered with universities for training and research to children and youth, transition-aged youth, adults and older adults. The Southern Region has pursued federal designations as mental health professional shortage areas, begun a three-year project to train cultural competency skills in therapy sessions and collaborated with consumers and family members to develop core competencies for the Southern Region.

- A statewide Technical Assistance Center that supports incorporation of consumers and family members, and cultural and ethnic communities as leaders and employees throughout the public mental health system.

<u>4. Prevention and Early Intervention (PEI)</u>

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 unserved and underserved populations.

The planning guidance for the PEI component was released in September 2007. As of March 2011, the MHSOAC, under its statutory authority for the PEI component, approved 58 county MHSA plans. However, AB 100 removed the MHSOAC's statutory authority to review and approve PEI plans. Approximately $1.2 billion has been distributed since inception of the MHSA. This amount represents previous approvals for programs to be implemented at the local level, projects for statewide efforts, training, technical assistance and capacity building. County specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

DMH's PEI State Level Efforts

There are four PEI Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, Student Mental Health Initiative, and the Reducing Disparities Project. DMH has been involved at different stages in the planning and development of each of these projects, in partnership with CMHDA and the MHSOAC. This section summarizes DMH's participation to date in these projects.

Suicide Prevention

In 2007, DMH was directed, through a veto message to Senate Bill 1356 (Lowenthal), to convene a Suicide Prevention Plan Advisory Committee to advise DMH on the development of the *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution*. The Plan was completed in 2008 and has been widely disseminated. DMH established the Office of Suicide Prevention (OSP) in February 2008 to serve as a statewide resource on suicide prevention and to assist state and local activities in support of implementation of the *California Strategic Plan on Suicide Prevention*.

Thirty-four counties have submitted PEI component plans containing suicide prevention activities that support recommendations in the State Strategic Plan. Nineteen of these projects have suicide prevention as the primary activity and 24 actively coordinate with the OSP through monthly conference calls and other communications. In its role as a statewide education resource, the OSP regularly responds to requests for information and resources from stakeholders throughout California, develops and distributes an e-newsletter and annually updates county and state suicide data profiles. The OSP established a website that links users to educational materials and resources about preventing suicide. To support building capacity of accredited suicide prevention hotlines, the OSP also convenes monthly conference calls among the 10 accredited suicide prevention hotlines in California.

OSP staff serve as the lead on veterans mental health issues including partnerships with the California National Guard (CNG) and the California Department of Veterans Affairs (CDVA). The OSP acts as liaison for MHSA Memorandums of Understanding (MOUs) with CNG and CDVA, and works with ongoing DMH contracts to develop and enhance suicide prevention activities that benefit youth, consumers, and families. Staff also coordinate with the California Mental Health Services Authority (CalMHSA) and its contractors on the implementation of suicide prevention statewide projects. Staff currently participate on the following coordination efforts:

- Suicide Prevention Network Program Calls (Project 1);
- Regional and local Suicide Prevention Capacity Building Program partner call (Project 2); and,
- PEI program partner monthly partner coordination call.

Stigma and Discrimination Reduction

In the spring of 2007, the MHSOAC convened a committee to recommend strategies to reduce mental health stigma and discrimination. The committee recommended that a ten-year strategic plan be developed. At the request of the MHSOAC, DMH convened a fifty plus member stakeholder advisory committee to provide input on the development of the strategic plan. Public dialogue and subsequent feedback on a draft plan was obtained through two public workshops, a statewide conference call and written comments.

In June 2009, the 52-page Strategic Plan, consisting of four strategic directions, 26 recommended actions, and 134 next steps for local and statewide implementation was adopted by the MHSOAC. Dissemination of the *California Strategic Plan on Reducing Mental Health Stigma and* Discrimination began in late Fall 2010.

State level prevention program staff continue to provide leadership on implementing the four strategic directions identified in the approved *California Strategic Plan on Reducing Mental Health Stigma and Discrimination;* update and enhance the DMH stigma and discrimination reduction website; and provide technical assistance on stigma and discrimination reduction to state and local stakeholders. To ensure stigma and discrimination reduction efforts are addressed widely, state level prevention staff coordinate MOUs with United Advocates for Children and Families (UACF), California Network of Mental Health Clients (CNMHC) and the National Alliance on Mental Illness (NAMI). OSP staff are also engaged in CalMHSA key coordinating groups to have an overall understanding of the work being done and ensure the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* and continue to guide the work being done by (CalMHSA).

Student Mental Health Initiative

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 was developed through a stakeholder process involving K-12 and higher education representatives who shaped the development of the *Student Mental Health Initiative Proposal.* The SMHI proposal outlines the basic components, criteria and funding amounts for the K-12 and Higher Education SMHI grants, evaluation and training and technical assistance.

DMH did not have available funding to address student mental health but with its prevention and early intervention efforts, it leveraged previous MHSA MOUs and relationships with the California Department of Education (CDE) and Chancellor's Office of California Community Colleges (CCC) to address the mental health wellness of students in K-12 and community colleges, and collaborated with CalMHSA Higher Education funded systems to ensure student mental wellness, stigma and discrimination on campuses are addressed. OSP staff currently participate on the CCC Mental Health Advisory Committee for their CalMHSA funded program as well as on the CDE Policy Workgroup for their CalMHSA funded projects.

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This initiative, entitled the California Reducing Disparities Project, is focused on the following five populations:

- African Americans;
- Asian/Pacific Islanders;
- Latinos;
- Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ); and
- Native Americans.

The goal of the five Strategic Planning Workgroups (SPWs) supporting these populations is to develop population-specific reports (strategic plans) that will form the basis of a statewide comprehensive strategic plan to identify new approaches and culturally appropriate strategies for reducing disparities.

The second phase will include implementing the strategic plans at the local level. The current implementation plan is to fund selected approaches, with a strong evaluation component, across the five target populations for a period of four years. After successful completion of this six year-plus investment in community-defined evidence, California will be in a position to better serve these communities and to replicate the new strategies, approaches and knowledge across the state and nation.

5. Innovation (INN)

The goals for the funding of the INN component are to develop new mental health approaches to 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.

The planning guidance for the INN component was released in January 2009. As of March 2011, the last month in which it had statutory authority to approve plans, the MHSOAC approved 35 county MHSA plans. Approximately $285.7 million has been distributed since inception of the MHSA. County specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

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STATE ADMINISTRATIVE EXPENDITURES

The MHSA allowed up to five percent of the total annual revenues in each fiscal year for state administrative expenditures to support DMH, CMHPC, MHSOAC and other state entities. After AB 100, and the reduction of administrative expenditures from five percent to 3.5 percent, MOUs between other state entities and DMH were reduced. MHSA activities are administered by the following agencies:

Judicial Branch (JB)

FY 2010-11	FY 2011-12	FY 2012-13
$1,003,000	$1,054,000	$1,048,000

Juvenile Court System

The JB 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 health illness in the juvenile court system or at risk for involvement in the juvenile court system.

FY 11-12 Deliverables

- Develop a research component to identify and evaluate programs for juvenile offenders with mental illness to increase understanding and needs related to the juvenile system
- Provide support for Judicial Officers who hear cases involving juvenile offenders with a mental illness
- Provide support to mental health related programs in juvenile court
- Identify, develop and provide appropriate mental health and interdisciplinary training opportunities for those working with Juvenile Offenders with mental illness

Adult Court System

The JB Adult Court System also receives funding and 2.0 positions to address the increased workload relating to adults in the mental health and criminal justice systems.

FY 11-12 Deliverables

- Increase understanding of mental health issues in adult courts
- Develop a research component to evaluate court programs for persons with mental illness in the Criminal Justice System

- Provide support to mental health-related programs in the courts
- Assist courts in their efforts to respond more effectively to individuals with mental illness in the courts
- Serve as a liaison between the Administrative Office of the Courts, DMH, Council on Mentally Ill Offenders and related executive branch Departments and community-based programs

State Controller's Office (SCO)

FY 2010-11	FY 2011-12	FY 2012-13
$714,000	$1,733,000	$1,259,000

The State Controller's Office receives MHSA funding for support of the 21st Century project, human resources management system.

Department of Consumer Affairs (DCA) Regulatory Boards

FY 2010-11	FY 2011-12	FY 2012-13
$94,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for DCA.

Office of Statewide Health Planning and Development (OSHPD)

FY 2010-11	FY 2011-12	FY 2012-13
$5,681,000	$6,993,000	$18,452,000

OSHPD receives funding and 1.0 position to increase the number of California communities federally designated as mental health professional shortage areas and to expand Physician Assistants' mental health preparation to include training on cultural competency, recovery, resilience and community collaboration.

FY 2011-12 Deliverables: Physician Assistant

- Since FY 2009-10, OSHPD awarded 12 Physician Assistant program applications from five programs. These five programs added a mental health track to the Song-Brown Residency Program for Physician Assistants (PAs). This has enabled 667 PA students to receive 12,268 hours of mental health clinical training. Upon graduation, these students will be able to provide education on psychotropic issues and facilitate the integration of public mental health, substance abuse and primary care services. The 2011-12 awards will be made in February 2012.

FY 2011-12 Deliverables: Mental Health Professional Shortage Area (MHPSA)

- Together with the Board of Behavioral Sciences, provided technical assistance to National Health Service Corps (NHSC) that resulted in California's LCSWs to be eligible for federal loan repayment. Status: Completed

- Provide technical assistance seminars/teleconferences to County Mental Health providers on benefits of, and how to apply for, the MHPSA designation. Status: Completed

- Recommended approval of 154 provider sites for NHSC placement of mental health professionals resulting in $6.8 million in new federal funds per year. Status: Completed

- Reviewed and approved 64 applications for designation as MHPSAs. Status: Ongoing

- Responded to 425 requests for individual technical assistance on MHPSA applications and benefits. Status: Completed

- These activities have resulted to date in 167 federally designated mental health professional shortage areas.

FY 2011-12 Positions (OSHPD-Health Professions Education Foundation Activities)

- OSHPD also receives funding and 4.0 full-time equivalent positions to provide educational loan repayments for mental health professionals to encourage work in the public mental health system in positions the county mental health directors deem to be hard to fill or hard to retain.

- In FY 2010-11 the cost of the positions was $263,925; in FY 2011-12 the cost is projected to be $204,815.

FY 2009-10 through FY 2011-12 Deliverables (OSHPD-Health Professions Education Foundation Activities)

- Since FY 2008-09, a total of 1,077 individuals in 54 counties received Mental Health Loan Assumption Program (MHLAP) awards totaling $10.3 million. Of these, 30 percent self-identified as consumers and/or family members; and 66 were bicultural and/or bilingual. Status: Completed

- FY 2011-12 Award process: Publish FY 2011-12 MHLAP applications on the internet. Status: Completed

- Conducted Technical Assistance calls to help potential applicants. Status: Completed

- Inform county mental health directors, community based organizations and individual applicants of the new award cycle through e-mails, letters and conference calls. Status: Ongoing

Note: Amounts displayed reflect funds budgeted under state operations and local assistance. The local assistance funds displayed are considered part of the 3.5 percent state administrative expenditures as reflected in Table 4, MHSA Expenditures.

Department of Aging

FY 2010-11	FY 2011-12	FY 2012-13
$236,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for CDA.

Department of Alcohol and Drug Programs (DADP)

FY 2010-11	FY 2011-12	FY 2012-13
$282,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for DADP.

Department of Health Care Services (DHCS)

FY 2010-11	FY 2011-12	FY 2012-13
$1,107,000	$863,000	$7,803,000

DHCS receives funding and 2.0 positions to manage and support a contract to develop and implement the interdepartmental California Mental Health Care Management Program (CalMEND). CalMEND serves to improve mental health care for Medi-Cal beneficiaries with severe mental illness or severe emotional disturbance (SED), while managing costs for this population.

The Budget Act of 2011 reduced the MHSA expenditure for FY 2011-12 to $863,000 and two positions for projects related to pharmacology and for mental illness.

DHCS has regularly-scheduled planning, coordination and training conference calls/webinars with CalMEND team members. DHCS directed selection of and contracting with pilot sites throughout the state for CalMEND mental health/primary care integration activities. DHCS provides technical experts to support the pilot programs and is conducting two-day learning sessions (and providing technical assistance) for staff from pilot agencies (county primary care and mental health providers).

FY 2011-12 Deliverables

- Modify selected change concepts to promote integration of publicly funded primary care and mental health services. Status: In progress
- Train primary care providers on mental health care principles and practices to improve their ability to provide care to persons with severe mental illness (SMI). Status: In progress
- Conduct medication therapy management service demonstration project. Status: In progress
- Continuation of pilot collaborative performance improvement projects with specialty county mental health services. Status: In progress
- Conduct Improving Client Service Capacity learning sessions geared toward improving transitions and recovery for clients with SMI. Status: In progress
- Continue research on the safety of medications for children/youth and develop an ongoing medication utilization review and management report. Status: In progress
- Implement a decision aid tool for use in the public mental health setting that will help people make specific, deliberate choices and provide information about options and outcomes relevant to the client's health status and personal values. Status: In progress
- Contract with University of California, Los Angeles to plan and develop process for how to use decision aids within public mental health settings. Status: Completed
- Work with client and family members to gain input on decision aid tools. Status: Ongoing

Managed Risk Medical Insurance Board (MRMIB)

FY 2010-11	FY 2011-12	FY 2012-13
$130,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for MRMIB.

Department of Developmental Services (DDS)

FY 2010-11	FY 2011-12	FY 2012-13
$1,131,000	$1,133,000	$1,129,000

- Inform county mental health directors, community based organizations and individual applicants of the new award cycle through e-mails, letters and conference calls. Status: Ongoing

Note: Amounts displayed reflect funds budgeted under state operations and local assistance. The local assistance funds displayed are considered part of the 3.5 percent state administrative expenditures as reflected in Table 4, MHSA Expenditures.

Department of Aging

FY 2010-11	FY 2011-12	FY 2012-13
$236,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for CDA.

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FY 2010-11	FY 2011-12	FY 2012-13
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- Train primary care providers on mental health care principles and practices to improve their ability to provide care to persons with severe mental illness (SMI). Status: In progress
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- Contract with University of California, Los Angeles to plan and develop process for how to use decision aids within public mental health settings. Status: Completed
- Work with client and family members to gain input on decision aid tools. Status: Ongoing

Managed Risk Medical Insurance Board (MRMIB)

FY 2010-11	FY 2011-12	FY 2012-13
$130,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for MRMIB.

Department of Developmental Services (DDS)

FY 2010-11	FY 2011-12	FY 2012-13
$1,131,000	$1,133,000	$1,129,000

DDS receives funding and 1.0 position to coordinate a statewide community-based system of mental health services for Californians with developmental disabilities by distributing funds to Regional Centers throughout California.

FY 2011-12 Deliverables

Through a Request for Applications process, distribute funds to six Regional Centers throughout California, each of which created and implemented innovative training projects focusing on early intervention and treatment for children and families impacted by mental health issues and adults with a dual diagnosis. Status: Ongoing

Launched the following DDS mental health website:
(http://www.dds.ca.gov/HealthDevelopment/MHSA_TrngRegProject.cfm

DDS is receiving MHSA funds for regional centers to develop and oversee innovative training. Some training events focus on early intervention and treatment for children and families impacted by mental health issues. Additional training addresses treatment options for adults with developmental disabilities and mental illness. This 3-year cycle will fund Regional Centers to:

- Improve the care for persons with developmental disabilities and mental illness by training direct service providers and families;
- Expand community capacity by providing best practice training for clinicians & other professionals; and,
- Address opportunities and obstacles towards improving the delivery systems at the local level by conducting Regional Planning Summits statewide.

Note: Amounts displayed reflect funds budgeted as state operations and local assistance. The local assistance funds displayed are considered part of the 3.5 percent state administrative expenditures as reflected in Table 4, MHSA Expenditures.

Department of Mental Health (DMH)

FY 2010-11	FY 2011-12	FY 2012-13
$26,394,000	$12,350,000	$0

DMH previously supported 147.0 positions and received MHSA funding to continue the statutory requirements of the MHSA. After AB 100, those positions were reduced to 24.0 positions as follows:

- CMHPC has 5.0 positions that provide oversight of DMH's workforce education and training activities, and technical assistance for county mental health departments in the development of workforce education and training plans. These positions sponsor a workgroup to develop a curriculum for training peer specialists and to evaluate the performance of local mental health programs.

- Multicultural Services has 5.0 positions that provide management, oversight and implementation of contracts for the California Reducing Disparities Project Capacity Building and Cultural Competence Consultant. These positions also work with counties to ensure compliance with the 1915(b) Specialty Health Services Consolidation Waiver and regulations pertaining to MHSA statewide reporting and tracking of access and disparities data, the continuance of cultural competency efforts in the public mental health system, and to develop and implement statewide Cultural Competency Plan Requirements for all counties, including technical assistance and review/scoring oversight.

- Community Services Division has 14.0 positions that provide data collection and analysis, policy recommendations for the design, implementation, and monitoring of MHSA statewide projects, and conduct budget and legislative bill analysis, fiscal forecasting and tracking of MHSA funding. Staff also collaborate with counties to conduct Needs Assessments of their workforce, and to write and issue Request for Proposals and MOUs based on their specified needs. Staff develops, implements, and monitors program and fiscal policies for counties. In addition, these positions provide information about suicide prevention and veterans' mental health initiatives, including data and statistics, best practices, training opportunities and educational resources for stakeholders.

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2010-11	FY 2011-12	FY 2012-13
$4,538,000	$5,484,000	$6,671,000

The MHSOAC receives funding and 22.0 positions to support its statutory oversight and accountability for the MHSA, Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The MHSOAC had three primary roles: (1) provide oversight, review and evaluation of projects and programs supported with MHSA funds; (2) review and/or approve local MHSA funding requests; and (3) ensure oversight and accountability of the public community mental health system. The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

In the role of reviewing and/or approving local MHSA funding requests, the MHSOAC was mandated to review and approve all funding specifically for two of the MHSA's five components: PEI and INN programs. The MHSOAC provides review and comment for the other three components, CSS, WET and CFTN.

With the passage of AB 100, the MHSOAC no longer approves PEI and INN plans. They are charged with providing technical assistance to the counties on MHSA matters as well as maintaining the integrity for evaluation and outcome responsibilities outlined in the MHSA.

Department of Rehabilitation (DOR)

FY 2010-11	FY 2011-12	FY 2012-13
$83,000	$0	0

The Budget Act of 2011 eliminated the MHSA funding for FY 2011-12 for DOR.

Department of Social Services (DSS)

FY 2010-11	FY 2011-12	FY 2012-13
$760,000	$0	$0

The Budget Act of 2011 eliminated the MHSA funding for FY 2011-12 for DDS.

California Department of Education (CDE)

FY 2010-11	FY 2011-12	FY 2012-13
$707,000	$273,000	$162,000

The CDE receives funding which supports 1.0 position to develop a permanent partnership for children's mental health to build capacity and services to support healthy emotional development, reduce the need of more intensive, costly interventions, school failure, dropout, and long-term poor outcomes. This position will also increase knowledge and capacity about effective prevention early intervention programs, services and strategies for local education agencies (LEA), county offices of education, Special Education Local Plan Areas (SELPA) and other partners working with students with, or at risk of, mental illness, including suicide risk. The Budget Act of 2011 reduced the MHSA expenditures and 2.0 positions for county mental health programs' work with local education agencies, county offices of education, and special education local plan areas to provide necessary services.

Deliverables

- Organize the California School Mental Health Strategic Dialogue to help build capacity among state and local educational agencies and their partners to advance school mental health and to be able to provide effective and sustainable school mental health services. Status: Completed

- Provide high quality professional development for school and district level staff to train and support school sites and classrooms in recognizing children's mental health disorders. Status: CDE signed a contract with the Placer County Office of Education to develop the Training Educators through Recognition and Identification Strategies. This system utilizes a train-the-trainers model which will be disseminated through workgroups in the eleven regions of the California County Superintendents Educational Services Association.

- Identify the demand for and type of interventions needed in the schools; completed through an existing contract between the CDE and WestEd.

The Counseling, Student Support and Learning Office (CSSLO) inserted two questions related to mental health into the core questions of the California Healthy Kids Survey, depression risk and suicidal ideation. Status: Ongoing

- Provide training to teachers and middle school and high school counselors in suicide prevention and developing youth resiliency needed to negotiate emotional challenges. Status: CDE is in the process of releasing a Request for Proposal "Getting Results" for an on-line training program composed of three modules. Module two is being financed with MHSA monies.

- Research, develop and disseminate via Listserv, relevant articles and information to the 125 SELPAs and 58 Special Education Administrators of County Offices. Status: Ongoing

California State Library (CSL)

FY 2010-11	FY 2011-12	FY 2012-13
$128,000	$0	$0

Actions taken by the 2011-12 Conference Committee eliminated funding for FY 2011-12 for CSL.

Board of Governors of the California Community Colleges (Board of Governors)

FY 2010-11	FY 2011-12	FY 2012-13
$213,000	$125,000	$105,000

The Board of Governors receives funding and 1.0 position to assist in developing policies and practices that address the mental health needs of students.

FY 2009-10 through FY 2011-12 Deliverables

- Identify, develop and disseminate effective mental health practices for California Community Colleges (CCCs) students and support Chancellor's Office by convening and overseeing an inter-disciplinary, inter-agency Mental Health Services Advisory Committee which includes student representatives. Status: Ongoing support for convening of the committee was eliminated with funding reduction and is now supported by a grant through 2014.

- Monitor local, state and national data and information related to mental health and education to identify the extent of mental health issues and need at community colleges; the extent of current delivery systems; promising models and practices; resource opportunities; partnership opportunities; information and findings are shared with stakeholders through Listserv, the CCC Chancellor's Office webpage, meetings, and conferences. Status: Ongoing.

- Plan, implement and evaluate training for faculty and staff to raise awareness on the issues of Post Traumatic Stress Disorder, Traumatic Brain Injury and

depression that impact student learning through the implementation of the Zellerbach Family Foundation Grant and selected CCCs. Status: Completed

- Collaborated with faculty from San Diego Community College District to implement a system-wide study of mental health needs of community colleges. Findings were presented to the Mental Health Services Advisory Committee and at the California Association of Postsecondary Education (CAPED) convention in October 2010. Status: Completed

- Enhance coordination of services and resources by fostering relationships with key system partners (Student Services administrators, Health Services staff and related organizations, Disabled Students Program and Services, CAPED, general counseling, etc.) who work on mental health or related issues, particularly partners working with students at higher risk of mental health issues (such as foster youth, returning veterans and underserved populations). Status: Ongoing

- Enhance established Mental Health Service webpage with mental health resources and information. Status: Ongoing

- Research and assess viability of other resource opportunities such as grant and foundation funding for CCC. Status: Ongoing

- Provide input, feedback and technical assistance to DMH, counties and other local and state entities on issues related to CCC student mental health. Status: Ongoing

- Assist community colleges seeking support or information to improve services and/or address current needs on their campus. Status: Ongoing

Note: The amounts shown also include funding for Local Assistance. (See Table 4 for specific Local Assistance expenditures.)

Financial Information System for California (FI$Cal)

FY 2010-11	FY 2011-12	FY 2012-13
$28,000	$137,000	$36,000

The FI$Cal project receives funding to transform the State's systems and workforce to operate in an integrated financial management system environment. The amount displayed represents the MHSF's share of cost to support the continued development of the FI$Cal project.

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: the DOF, the SCO, the State Treasurer's Office and the Department of General Services. DOF is the lead partner.

Military Department

FY 2010-11	FY 2011-12	FY 2012-13
$366,000	$540,000	$549,000

The Military Department receives funding and 3.0 positions to support a pilot behavioral health outreach program to improve coordination between the CNG, local veteran's services and county mental health departments throughout the state. The 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.

FY 2011-12 Deliverables

- Conduct education events to inform soldiers and their families about the ways to access mental health services. Status: Ongoing

- Develop military culture training for county civilian mental health providers and service agencies. Status: Completed 10 trainings to mental health providers and service agencies with an average of 50 attendees per training in 2010. Additional trainings will be scheduled in 2012.

- Provide information about county mental health programs to CNG behavioral health providers and Guard members. Status: Ongoing

- Present suicide prevention awareness to the County Veterans Service Officers and United States Department of Defense/United States Department of Veterans Affairs at the national conference. Status: Completed

- Publish articles about suicide prevention and mental health resources in the "Grizzly," the newsletter of the California National Guard. Status: Ongoing

Department of Veterans Affairs (DVA)

FY 2010-11	FY 2011-12	FY 2012-13
$445,000	$507,000	$500,000

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.

FY 2011-12 Deliverables

- Coordinate DVA Referral Management Branch for Operation Welcome Home initiative. Status: Ongoing

- Establish a statewide call center to assist veterans with resources about mental health and other services. Status: In progress

- Update and disseminate California Veterans Resource Book that includes enhanced information about mental health. Status: In progress

- Provide enhanced mental health information for veterans and families through funded MOUs with six counties (San Diego, Los Angeles, San Bernardino, Fresno, San Luis Obispo and Solano). Status: In progress

- Obtain contact information for close to 20,000 veterans a month through a MOU with Department of Motor Vehicles to include a question about military service on all driver's license, Identification Cards and renewal applications. Status: In progress

- Reduce stigma and discrimination and increase access to mental health services by developing and airing two television Public Service Announcements (PSA) with information about mental health and make PSAs available on DVD.
  Status: Completed

Note: Amounts displayed reflect funds budgeted as state operations and local assistance. The local assistance funds displayed are considered part of the 3.5 percent state administrative expenditures as reflected in Table 4, MHSA Expenditures.

MHSA Expenditures

Table 4, on the following page, summarizes MHSA expenditures for Local Assistance and State Administrative Costs by each state entity receiving a portion of MHSA funds. It displays actual expenditures for FY 2010-11, estimated expenditures for FY 2011-12, and the projected budget for FY 2012-13.

Based upon MHSF accrued revenues, the 3.5 percent administrative cap is $40.4 million and administrative expenditures are estimated at $31.2 million for FY 2011-12. For FY 2012-13, the projected 3.5 percent administrative cap is $51.5 million and the total projected expenditures are $40.1 million.

Table 4: Mental Health Services Act Expenditures
January 2012
(Dollars in Thousands)

	Actual FY 2010-11	Estimated FY 2011-12	Projected FY 2012-13
Local Assistance[6]			
Community Services and Supports	853,572	492,632	TBD
Prevention and Early Intervention	256,040	123,158	TBD
Innovation	119,332	32,410	TBD
Workforce Education and Training State Level Projects[7]	12,347	12,150	TBD
Capital Facilities and Technological Needs	2,295	0	TBD
Subtotal, Major Program Categories	**$1,243,586**	**$660,350**	**$1,400,000**
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)[8]	0	578,981	0
Mental Health Managed Care[8]	0	183,590	0
AB 3632, Special Education Pupils[8]	0	98,586	0
Total Local Assistance	**$1,243,586**	**$1,521,507**	**$1,400,000**
State Administrative Costs[9]			
Judicial Branch	$1,003	$1,054	$1,048
State Controller's Office	714	1,733	1,259
Department of Consumer Affairs Regulatory Boards	94	0	0
Office of Statewide Health Planning and Development [7]	5,681	6,993	18,452
Department of Aging	236	0	0
Department of Alcohol and Drug Programs	282	0	0
Department of Health Care Services	1,107	863	7,803
Department of Public Health	0	0	2,349
Managed Risk Medical Insurance Board	130	0	0
Department of Developmental Services	1,131	1,133	1,129
Department of Mental Health	26,394	12,350	0
Mental Health Svcs Oversight & Accountability Commission	4,538	5,484	6,671
Department of Rehabilitation	83	0	0
Department of Social Services	760	0	0
Department of Education	707	273	162
California State Library	128	0	0
Board of Governors of the California Community Colleges	213	125	105
Financial Information System for California	28	137	36
Military Department	366	540	549
Department of Veterans Affairs	445	507	500
Statewide General Admin Exp (Pro Rata)	0	24	13
Total Administration	**$44,040**	**$31,216**	**$40,076**
Total Expenditures	**$1,287,626**	**$1,552,723**	**$1,440,076**

[6] Local Assistance expenditures reflect funds to the counties for Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) MHSA component allocations, as well as funds for Innovation which are a subset (5% each) of CSS and PEI funding.

Allocation amounts for FY 2012-13 are not reflected since as the result of AB 100, this responsibility will transfer to the counties and they will receive MHSA funds from the State Controller's Office on a monthly basis.

[7] Amounts displayed include payments under the Workforce Education Training (WET) Loan Assumption program and $500,000 for expansion of the Song Brown program. Both programs are administered through OSHPD. This funding is shown in the State Operations portion of the Governor's Budget consistent with existing OSHPD program budgets.

[8] AB 100 allocated $861.2 million from the MHSF to counties to meet the General Fund obligation for FY 2011-12. Total includes $579.0 million to Early and Periodic Screening, Diagnosis and Treatment (EPSDT), $183.6 million to Mental Health Managed Care (MHMC) and $98.6 million to Special Education Pupils (known as AB 3632).

[9] State entities listed in Table 4 receive funding for "State Administrative Costs" in accordance with the 3.5 percent authorized by Welfare and Institutions Code Section 5892(d).