Mental Health Services Act Expenditure Report

Fiscal Year 2015-2016

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Fiscal Year 2015-16

Table of Contents

FUNDING OVERVIEW

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004 and effective January 1, 2005, established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into the MHSF annually. The revised 2015-16 Governor's Budget indicates approximately $1.282 billion was deposited into the MHSF in Fiscal Year (FY) 2013-14. The revised 2015-16 Governor's Budget also projects that $1.768 billion will be deposited into the MHSF in FY 2014-15 and $1.807 billion will be deposited into the MHSF in FY 2015-16.

Approximately $1.297 billion was expended from the MHSF in FY 2013-14. Additionally, $1.508 billion is estimated to be expended in FY 2014-15 and $1.475 billion is estimated to be expended in FY 2015-16.

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

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

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

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

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

EXPLANATION OF ESTIMATED REVENUES

Table 1 displays estimated revenues from the MHSA's one percent tax on personal income in excess of $1 million. Personal Income Tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code 16475. The "Annual Adjustment Amount" represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2013-14 annual adjustment amount shown in the January Budget will not actually be deposited into MHSF until two fiscal years after the revenue is earned which is FY 2015-16.

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

Table 1: MHSA Estimated Total Revenue at 2015-16 May Revise

(Dollars in Millions)

		FY 2013-14	FY 2014-15	FY 2015-16
Revised Governor's FY 2015-16 Budget[1]				
	Personal Income Tax	$1,281.0	$1,767.0	$1,806.0
	Interest Income Earned During Fiscal Year	0.5	0.6	0.6
	Annual Adjustment Amount	[94.0]	[412.0]	[408.0]
Total Estimated Revenue[2]		**$1,281.5**	**$1,767.6**	**$1,806.6**

[1] Source: Personal Income Tax and Annual Adjustment Amount (DOF Financial Research Unit – updated for May Revise), Interest Income Earned (Fund Condition Statement in the FY 15-16 Governor's Budget: Income from Surplus Money Investments).

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

REVENUES BY COMPONENT

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

Table 2: MHSA Estimated Revenue
By Component[3]
(Dollars in Millions)

	FY 2013-14	FY 2014-15	FY 2015-16
Community Services and Supports (Excluding Innovation)	$925.2	$1,276.2	$1,304.1
Prevention and Early Intervention (Excluding Innovation)	231.3	319.1	326.1
Innovation	60.9	84.0	85.8
State Administration[4]	64.1	88.4	90.3
Total Estimated Revenue	**$1,281.5**	**$1,767.6**	**$1,806.6**

[3] Actual receipts displayed are based upon the percentages specified in the MHSA for the components identified: 80% Community Services and Supports (CSS); 20% Prevention and Early Intervention (PEI); 5% Innovation (from CSS and PEI). WIC 5892(a)(3), (5), and (6).
[4] 5% State Administration WIC 5892(d).

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for Local Assistance by component, Table 3b displays expenditures for State Administration by each state entity receiving funds from the MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2013-14 and estimated expenditures for FY 2014-15 and FY 2015-16.

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

Table 3a: MHSA Expenditures
Local Assistance
May 2015
(Dollars in Thousands)

	Actual	Estimated	Projected
	FY 2013-14	**FY 2014-15**	**FY 2015-16**
Local Assistance			
Department of Health Care Services • MHSA Monthly Distributions to Counties[5]	1,235,772	1,340,000	1,340,000
CSS (Excluding Innovation)	[939,186]	[1,018,400]	[1,018,400]
PEI (Excluding Innovation)	[234,797]	[254,600]	[254,600]
INN	[61,789]	[67,000]	[67,000]
Office of Statewide Health Planning and Development (OSHPD) • WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds)	10,969	35,078	12,650
Total Local Assistance	**1,246,741**	**1,375,078**	**1,352,650**

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

Table 3b: MHSA Expenditures
State Administration
May 2015
(Dollars in Thousands)

	Actual	Estimated	Projected
	FY 2013-14	**FY 2014-15**	**FY 2015-16**
State Administration			
Judicial Branch	1,038	1,058	1,050
State Controller's Office	40	0	0
California Health Facilities Financing Authority • Mobile Crisis Services Grants	4,474	4,000	4,000
OSHPD – Administration	3,053	3,907*	3,307*
OSHPD – Non-Administrative State Operations	9,437	16,935	10,000
Department of Health Care Services	8,897	9,399	9,134
Department of Public Health	1,620	18,557*	50,070*
Department of Developmental Services • Contracts with Regional Centers	1,128	1,180	1,211
Mental Health Services Oversight & Accountability Commission Triage Grants beginning January 2014 ($32.0 M annually)	18,083	60,742*	41,372*
Department of Education	178	136	145
Board of Governors of the California Community Colleges	117	87	103
Financial Information System for California	225	70	188
Military Department	1,138	1,387	1,590
Department of Veterans Affairs • Provide information on local mental health services to veterans and families	376	511	504
University of California	0	15,000*	0
Total Administration	**$49,804**	**$132,969**	**$122,674**
Total of Local Assistance and Administration	**$1,296,545**	**$1,508,047**	**$1,475,324**

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

Table 3c: MHSA Expenditures
State Administrative Cap
May 2015
(Dollars in Thousands)

	Actual	Estimated	Projected
	FY 2013-14	**FY 2014-15**	**FY 2015-16**
Total Estimated Revenue	$1,281.5	$1,767.6	$1,806.6
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap	$64.1	$88.4	$90.3
Total Administration	$49.8	$133.0	$122.7
Difference	**$14.3**	**($44.6)**	**($32.3)**

Based upon estimated MHSA revenues, the 5% administrative cap is $88.4 million and administrative expenditures are estimated at $133.0 million for 2014-15. The amount exceeding the administrative cap in 2014-15 has been reappropriated subject to available funds in future years. For 2015-16, the projected 5% administrative cap is $90.3 million and the total projected expenditures are $122.7 million. A portion of this total has been appropriated from available administrative funds in prior years.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Support (CSS)

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

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

Full Service Partnerships (FSPs)

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

General System Development (GSD)

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

Outreach and Engagement (O/E) Activities

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

MHSA Housing Program

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

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

1. As of December 10, 2014, approximately $71.9 million dollars of MHSA Housing Program funds remain 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. To date counties have committed over 80% of the initial $400 million MHSA funds allocated for the MHSA Housing Program. Many counties have not committed funds to specific projects either because the overall total remaining to the county does not support a project over the course of 20+ years (this includes COSR payments), the amount available to the county is not sufficient for a project or there are counties such as Los Angeles and Orange who do have substantial totals uncommitted to a specific project but are committed to developing projects and the expenditure of these funds.

2. Capital Facilities and Technological Needs (CF/TN)

This component provided funding from FY 2007-08 and FY 2008-09 to enhance the infrastructure needed to support implementation of the MHSA, which includes improving or replacing existing technology systems and/or developing capital facilities to meet increased needs of the local mental health system. Counties

received $453.4 million for CF/TN projects and have through FY 2017-18 to expend these funds.

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

3. Workforce Education and Training (WET)

This component provides funding to both counties and the Office of Statewide Health Planning and Development (OSHPD) to enhance the public mental health workforce.

Local WET Programs

Counties received $216 million for local WET programs and have through FY 2017-18 to expend these funds.

Statewide WET Programs

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

OSHPD is currently implementing some of the programs identified in the WET Five-Year Plan[5] while other identified programs are pending implementation. The following describes statewide WET programs that are currently being implemented and those that are pending implementation:

Current Programs

- **Stipend Program:** ($8.75 million allocation in FY 2014-15) finances 11 contracts with educational institutions for mental health professionals to practice in underserved locations of California in exchange for doing supervised hours and a 12-month service obligation in the County Public Mental Health System (PMHS). From July 1, 2013 to June 30, 2014,

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

369 individuals were awarded a stipend and performed their field placement in the PMHS. Of the 369 individuals awarded a stipend, 70 percent were from under-represented communities and 58 percent spoke another language in addition to English. In FY 2014-15, the stipend program is projected to award a total of 306 stipend recipients.

- **Psychiatric Residency Programs**: ($433,742 allocation in FY 2014-15) supports educational institutions to add 8 psychiatric residents who perform their rotations in the PMHS and encourage them to continue working in PMHS after certification by the Board of Psychiatry and Neurology.
- **Education Capacity-Psychiatrists**: ($2.25 million allocation in FY 2014-15) supports 4 psychiatric residency/fellowship programs to co-locate faculty in the PMHS and to supervise a total of 41 psychiatric residents/fellows in the PMHS.
- **Regional Partnerships (RPs)**: ($3 million allocation in FY 2014-15) is jointly administered by the DHCS and OSHPD. Five RPs representing Bay Area, Central Valley, Southern CA, Los Angeles, and Superior Region counties have been established. As consortia of county departments of mental health, community based organizations (CBOs), and educational institutions in their respective regions, RPs plan and implement programs that build and improve local workforce education and training resources. The RPs represent diverse counties, agencies, and organizations committed to expanding the PMHS in respective regions. In FY 2013-14, RPs provided programming and technical assistance that promoted health equity and cultural diversity training, high school mental health career pathways, roving clinical supervisor program, efficient and effective training and utility of peer navigators, and launching an online job board that provides a listing of available positions in behavioral health. In FY 2014-15 the RPs sponsored a high school conference on behavioral health career pathways, conducted motivational interviewing and crisis intervention training, contributed financial support for social work distributed learning programs, and provided training and academic support for psychiatry residents.
- **Mental Health Shortage Designation Program**: ($140,000 allocation in MHSA Administrative Funds in FY 2014-15) increases federal workforce funding by expanding the number of California communities recognized by the federal Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals. As of November 2014, 155 Mental Health Professional Shortage Areas (MHPSA) have been designated in California. There are 5,980,803 Californians living in these areas. For the calendar year of 2014, there have been 20 MHPSA applications submitted to the federal government and 16 approved MHPSA designations. These underserved communities are able to recruit and retain clinicians through the National Health Service Corps (NHSC)

Loan Repayment Program and OSHPD's State Loan Repayment Program (SLRP).

- **Mental Health Loan Assumption Program (MHLAP)**: ($10 million allocation in FY 2014-15) encourages mental health providers to practice in underserved locations of California by providing qualified applicants up to $10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the County PMHS. In FY 2013-14, MHLAP received more than 2,123 applications requesting over $21,230,000. MHLAP awarded 1,301 individuals a total of $10,474,966. Of those awardees, 66 percent self-identified as consumers and/or family members and 58 percent spoke a language in addition to English. In FY 2014-15, MHLAP received 1,607 applications requesting over $16,070,000. As of April 2015, MHLAP awarded 1.102 individuals a total of $9,647,462.
- **Peer Personnel Preparation**: ($2 million allocation from MHSA Administrative Funds in FY 2014-15 per Senate Bill 82 (Chapter 34, Statutes of 2013)) funds four organizations to support peer personnel, including families, by providing training on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related training and support to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. In FY 2014-15, four organizations have recruited 233 individuals to participate in training programs, trained 192 individuals, and placed 96 individuals in positions with the PMHS across 6 counties.
- **Education Capacity-Psychiatric Mental Health Nurse Practitioners**: ($1.5 million allocation in FY 2014-15) will fund programs to co-locate staff time to increase the educational capacity of Psychiatric Mental Health Nurse Practitioners in PMHS. In FY 2014-15, 29 Psychiatric Mental Health Nurse Practitioner Students will be trained in PMHS via contracts.
- **Consumers and Family Members Employment**: ($5 million allocation in FY 2014-15) funds organizations that engage in activities that increase and support consumer and family member employment in PMHS. Activities include but are not limited to providing training and technical assistance to PMHS employers; engaging consumers and family members in mentoring, self-help/support group, and trainings; and developing a comprehensive assessment of California's consumer, family member, and parent/caregiver workforce in the PMHS.
- **Mini-Grants:** ($250,000 allocation in FY 2014-15) funded organizations that engage in activities to promote mental/behavioral health careers to students.

Pending Programs

- **CalSEARCH**: ($250,000 allocation in FY 2014-15) will fund organizations to provide students across different mental/behavioral health professions short-term rotations and experiences in the PMHS. The RFA was released on February 20, 2015, and award announcements were made in April 2015.
- **Retention**: ($250,000 allocation in FY 2014-15) will fund organizations that engage in activities to increase the retention of the public mental health workforce. The RFA was released on April 10, 2015, and award announcements will be made in the beginning of June 2015.
- **Evaluation**: ($686,023 allocation in FY 2014-15) will establish baseline information against which comparable data may speak to changes in outcomes due to workforce investments and determine the effectiveness of the strategies at county, regional, and state levels.

4. Prevention and Early Intervention (PEI)

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

PEI focuses on reducing the following negative outcomes that may result from untreated mental illness, such as suicide, incarceration, school failure or drop out, unemployment, homelessness, prolonged suffering, and removal of children from their homes.

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

On November 21, 2014, the MHSOAC approved draft regulations for PEI-funded services. These regulations are focused on the PEI outcomes articulated in the MHSA, while supporting maximum flexibility for counties to bring about these outcomes using program approaches that have demonstrated their effectiveness. The draft regulations strengthen requirements for consistent tracking of program activities and, when enacted, will require counties to report evaluation results for all their PEI-funded programs.

5. Innovation (INN)

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

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

Counties use their INN funds to design, pilot, and evaluate a project that accomplishes one of the following: introduces new mental health practices or approaches, including but not limited to PEI; makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; or introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. Results of INN evaluations support the county and its community stakeholders to decide whether to continue the project, or elements of the project without INN funding and what successful approaches and lessons learned to disseminate to other counties.

STATE OPERATIONS (SO) AND ADMINISTRATIVE EXPENDITURES

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

Judicial Branch

FY 2013-14	FY 2014-15	FY 2015-16
$1,038,000 SO	$1,058,000 SO	$1,050,000 SO

Juvenile Court System

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

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

- Staffing the juvenile subcommittee and juvenile competency working group as part of the work of 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. Section 6 of this report specifically addresses juvenile mental health issues. This information can be viewed at the following link: http://www.courts.ca.gov/documents/Mental_Health_Task_Force_Report_042011.pdf
- Identifying best practices for juveniles with mental illness in the delinquency and dependency courts; designing and implementing evaluation projects of California juvenile mental health courts.
- Identifying model court protocols when responding to juveniles with mental illness in the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Developing and disseminating resource materials for judicial officers and court professionals on research papers related to mental health screenings, assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing juvenile and family court judges with interdisciplinary conferences including Beyond the Bench, annual juvenile primary assignment orientations, juvenile and family law institutes as well as educational programs for family court staff, and the annual Youth Court Summit.

- The Judicial Council published a briefing that discusses the definition and scope of human trafficking, risk factors for becoming a trafficking victim, the dynamics of how perpetrators maintain trafficking victims, and how trafficking cases present themselves in courtrooms. The document demonstrates overlap between human trafficking and mental health issues. The information can be located at the following link: http://www.courts.ca.gov/documents/AOCBrief_Human_Traficking.pdf
- Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction.

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

Adult Court System

The Judicial Branch, Adult Court System, also receives funding and 2.0 positions to address the increased workload relating to adults who are 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, focused on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues.
- Maintaining and updating the roster of collaborative justice courts including mental health and related courts in the state and providing information upon request to court and justice system partners, state and national policymakers, and the public.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- On-going support for interdisciplinary programs such as the Judicial Council's Beyond the Bench conference, as well as programs in conjunction with the California State Bar Association, the California Association of Collaborative Courts, the American Bar Association, and the California Homeless Court Coalition.
- Staffing the veterans' issues subcommittee of the Collaborative Justice Courts Advisory Committee focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the court system.

- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials.
- Developing/supporting veterans court educational programming for judges and court teams related to adjudicating veterans with mental health issues and co-occurring disorders.
- A preliminary release of an evaluation report for the reentry court pilot project is now available which analyzes the high revocation rates of California's parolees and alternatives to prison for parole violators with a history of substance abuse and/or mental illness. The report suggests that court programs are identifying previously unrecognized and unmet mental health needs and connecting participants to mental health treatment services and preliminary findings indicated that this decreased the amount of time parolees with mental health issues are incarcerated.
  http://www.courts.ca.gov/documents/CA-Reentry-Cts-PrelimFind.pdf
  http://www.courts.ca.gov/documents/AOCBriefParolee0612.pdf

The Judicial Council was given the William T. Rossiter Award from the Forensic Mental Health Association in March 2015 for the council's contributions and global leadership in addressing the needs of criminal offenders with mental illness in California. http://www.courts.ca.gov/28996.htm

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

State Controller's Office (SCO)

FY 2013-14	FY 2014-15	FY 2015-16
$40,000 SO	$0 SO	$0 SO

The SCO received MHSA funds in 2013-14 to support the development of 21st Century Project, the development of a new Human Resource Management System (HRMS) payroll system for use by state departments. HRMS was implemented in 2013, but the project experienced many problems during the piolet stage and the project has been suspended.

California Health Facilities Financing Authority (CHFFA) Investment in Mental Health Wellness Grant Program

FY 2013-14	FY 2014-15	FY 2015-16
$4,474,000 LA	$4,000,000 LA	$4,000,000 LA

CHFFA received a one-time MHSA appropriation of $500,000 from the General Fund (available for encumbrance and expenditure until June 30, 2016) in 2013-14 for

administrative expenses associated with the implementation of SB 82 (Chapter 23, Statutes of 2013) (WIC section 5848.5). CHFFA also receives on-going MHSA funding of $4,000,000 for county mobile crisis support team (MCST) personnel grants.

Administrative Expenses

CHFFA's administrative expenses are for CHFFA overhead expenses associated with implementation and oversight of the program, as well as consultant services provided by the California Institute for Behavioral Health Solutions (CIBHS; the technical advisor identified in SB 82). CIBHS provides technical assistance related to the implementation of SB 82 on an "as needed" basis.

Program Highlights and Facts:

CHFFA received 43 grant applications from 39 counties for the first, second, and third funding rounds. In the first funding round, in April 2014, the CHFFA board awarded $3,974,289 to 9 counties for MCST personnel funding. In the second funding round, in December 2014, the CHFFA board awarded $24,654 in MCST personnel funding for one county, leaving $1,057 remaining in available funds. The third funding round closed on March 30, 2015; however, CHFFA did not receive any applications for the remaining $1,057 in personnel funding. To date, counties awarded grant funding in the first and second funding rounds for all crisis residential, stabilization, and mobile crisis programs include: Alameda, Butte, Contra Costa, Fresno, Lake, Los Angeles, Marin, Mendocino, Merced,[6] Monterey, Nevada, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Sonoma, Ventura, and Yolo. CHFFA estimates the following timeline of events for the remainder of this calendar year:

- Final allocations (awards) for third funding round determined by June 2015.
- Ongoing grant disbursements and monitoring.
- Execution of Grant Agreements for the second and third funding rounds.
- Fourth funding round will be established and completed.

Preliminary Outcomes

So far, for MCSTs, the counties have purchased 30 out of the 43 approved vehicles and counties have hired 29.75 full time equivalents (FTE) of the approved 58.25 FTE. Additional information on counties selected for funding may be found at the following websites:

First Funding Round:
http://www.treasurer.ca.gov/chffa/imhwa/allocations.pdf

Second Funding Round:

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

http://www.treasurer.ca.gov/chffa/imhwa/allocations_2.pdf

Additional CHFFA program information may be found at the following website:
http://www.treasurer.ca.gov/chffa/imhwa/index.asp

Office of Statewide Health Planning and Development (OSHPD)

FY 2013-14	FY 2014-15*	FY 2015-16*
$12,490,000 SO	$20,843,000 SO	$13,307,000 SO
$10,969,000 LA	$35,078,000 LA	$12,650,000 LA

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

OSHPD administers the statewide WET funds and develops mental health programs that support the increase of qualified medical service personnel serving individuals who have a serious mental illness.

A total of 11.0 FTEs are supported using MHSA state operations funding. In FY 2014-15, administrative costs are $3,907,000. In FY 2015-16 the costs are projected to be $3,307,000.

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

Additional information about OSHPD can be located at the following link:
http://oshpd.ca.gov/HWDD/WET.html

Department of Health Care Services (DHCS)

FY 2013-14	FY 2014-15	FY 2015-16
$8,897,000 SO	$9,399,000 SO	$9,134,000 SO
$1,235,772,000 LA*	$1,340,000,000 LA*	$1,340,000,000 LA*

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

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

DHCS has a total of 24.0 FTEs funded.

DHCS Mental Health Services Division (MHSD):

19.0 FTEs funded.

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

Contracts:

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

DHCS also contracts with UCLA to fund mental health questions on the California Health Interview Survey (CHIS). CHIS is a phone survey that captures various health data on several adults and youth in California. This contract is funded at $800,000 per year, for collection of 40 mental health questions. This 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.

California Mental Health Planning Council (CMHPC):

5.0 FTEs funded.

CMHPC fulfills federal and state mandates under Public Law 102-321 and WIC sections 5771, 5771.3, 5771.5, and 5772. The CMHPC is charged with advocating for children with serious emotional disturbances and adults with serious mental illness by monitoring and reporting on the public mental health system. The CMHPC also advises the Administration and the Legislature on priority issues, including participation in statewide planning.

California Department of Public Health (CDPH)

FY 2013-14	FY 2014-15	FY 2015-16
$1,620,000 SO	**$18,558,000 SO	**$50,070,000 SO

**$60 million for CRDP, appropriated without regard to fiscal year is reflected in this table.

A total of 5.5 positions in the CDPH Office of Health Equity (OHE) are currently supported with MHSA funding. OHE oversees the California Reducing Disparities Project (CRDP) which is designed to improve access, quality of care, and increase positive outcomes for five populations: African Americans; Asian/Pacific Islanders; Latinos; Native Americans; and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) individuals. CDPH receives $15 million each year, starting in FY 2012-13, for a total of $60 million to implement and evaluate CRDP community-defined practices. Expenditure of the funds will begin in FY 2015-16.

Program Highlights and Key Activities

FY 2014-15:

- Worked with DHCS through an Interagency Agreement to develop a baseline mental health disparity and inequities report as outlined in OHE's legislative mandate. The departments meet monthly to share updates on health and mental health equity initiatives and data needs. Additionally, OHE provided ongoing technical assistance for the development of the revised DHCS county mental health Cultural Competence Plan Requirements (CCPR) through participation on the CCPR Interim Taskforce.
- Contracted with CRDP Phase I project leads to include the five Strategic Planning Workgroups (SPW), California MHSA Multicultural Coalition (CMMC), and the CRDP Strategic Plan facilitator/writer to maintain community engagement activities and extend the reach to geographic areas and subpopulation groups not previously engaged during the CRDP Phase I statewide outreach efforts. Deliverables include:
    - Community forums with stakeholders to highlight recommendations included in community-authored Population Reports;
    - Conferences to share the draft CRDP Strategic Plan to Reduce Mental Health Disparities and gather further input from diverse populations, service providers and policy makers on additional approaches to achieve mental health equity for diverse populations;
    - SPW meetings to convene subject matter experts and leverage next steps on providing input to CDPH on how to implement the CRDP recommendations statewide and at the local level.
- California Pan-Ethnic Health Network (CPEHN), in partnership with OHE, conducted a 35-day public comment period for the draft CRDP Strategic Plan, which started January 12, 2015, and ended on February 17, 2015. Five town halls were convened statewide and over 900 comments were submitted.

CPEHN, the contractor, was charged with drafting the Strategic Plan, and will finalize the document in the summer of 2015.

- Continued monitoring a technical writing team to assist in the design of CRDP Phase II solicitations.
- Continued subject matter expert (SME) and key informant interviews with over 40 experts and community members. The interviews assisted in providing input on the design of CRDP Phase II framework and development of draft solicitations.
- Convened a CRDP Brain Trust comprised of six experts in the fields of mental health, community-defined evidence, reducing health disparities, and evaluation.
- Participated at stakeholder engagement forums to describe the CRDP Phase II framework and gather feedback on the CRDP Phase II solicitations.
- Posted draft pre-solicitations for CRDP Phase II implementation on BidSync for the purpose of obtaining public comment on the drafts before they are issued as Request for Proposals. Public comments will be reviewed and considered prior to the final solicitations being posted online.
- Provided ongoing administrative support to the OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's draft Statewide Plan to Promote Health and Mental Health Equity. (http://www.cdph.ca.gov/programs/Pages/OHEStatewidePlan.aspx).
- Implemented contracts to:
    - Graphically design the legislatively-mandated Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity-Demographic Analysis & Strategic Plan. The draft plan is pending release.
    - Embed into the CHIS four additional race data questions that will increase OHE's ability to conduct public health surveillance of mental health disparities.
- Pending contract to assist the OHE with execution of strategies listed within the Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity – Demographic Analysis & Strategic Plan, which pertains to mental health disparities and recommendations.
- Pending contract of CRDP efforts to finalize over 60 contracts for Phase II roll out efforts.

<u>OHE Outreach and Engagement Partners:</u>

The OHE Community Development and Engagement Unit staff actively participates in the following committees:

- MHSOAC Cultural and Linguistic Competence Committee
- MHSOAC Services Committee
- MHSA Partners Forum

- County Behavioral Health Directors Association of California Cultural Competence, Equity, and Social Justice Committee
- CMHPC (Various workgroups/committees)
- CIBHS (Various workgroups/committees)
- Central Region Ethnic Services Managers
- Southern Region Ethnic Services Managers
- Bay Area Region Ethnic Services Managers
- State Interagency Team Workgroup to Eliminate Disparities and Disproportionality
- California Stakeholder Process Coalition
- CMMC

Additional OHE Information can be viewed here:

OHE Website: http://www.cdph.ca.gov/programs/Pages/OHEMain.aspx

CRDP Website: http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProject.aspx

CRDP Phase II Webinar Recording: http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseII.aspx

Department of Developmental Services (DDS)

FY 2013-14	FY 2014-15	FY 2015-16
$388,000 SO	$440,000 SO	$471,000 SO
$740,000 LA	$740,000 LA	$740,000 LA

Total of 3.0 positions funded.

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

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

Central Valley Regional Center (CVRC)
Counties: All 58

- *The Mental Health/Developmental Disabilities Collaborative/Facing Issues for Persons with Developmental Disabilities Involved in the Criminal Justice System* assists consumers and RCs in navigating the criminal justice system and shortening incarceration time by establishing competency to stand trial training and identifying resources within the community.

Central Valley Regional Center (CVRC)
Counties: Fresno, Kings, Madera, Mariposa, Merced, and Tulare

- Enhancing Cultural Competence in Clinical Care Settings/The 4C expands the content of CVRC's prior Cycle II MHSA project, *Foundations of Infant Mental Health Training Program*, by promoting culturally competent clinical care and systems coordination in early childhood mental health through team-based learning.

Regional Center of the East Bay
County: Alameda

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

San Diego Regional Center
Counties: Imperial and San Diego

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

Westside Regional Center
County: Los Angeles

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

- Project UNITE provides new and enhanced specialized services and supports for TAY with, or at risk of, dual diagnosis.

Additional RC project information, which is currently being updated, is available at http://www.dds.ca.gov/HealthDevelopment/MHSA_RCFundingInfo.cfm.

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2013-14	FY 2014-15	FY 2015-16
$18,083,000 SO	$60,742,000 SO	$41,372,000 SO

FY 2014-15 administrative funds are utilized as follows:

The MHSOAC receives funding and 30.0 positions to support its statutory oversight and accountability for the MHSA.

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

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

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

Some of the MHSOAC's primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices.
- Providing oversight, review, training and technical assistance, for accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approving County Innovation programs.

- Receiving and reviewing county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.
- Implementing and managing the SB 82 Triage Program.

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

California Department of Education (CDE)

FY 2013-14	FY 2014-15	FY 2015-16
$178,000 SO	$136,000 SO	$145,000 SO

A 0.7 Personnel Year (PY) Education Programs Consultant (EPC) position and a 0.2 PY Office Technician (OT) position are funded in the California Department of Education (CDE).

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

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

The CDE was recently awarded the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) “Now is the Time” Project Advancing Wellness and Resilience in Education State Educational Agency (NITT-AWARE-SEA) Grant. MHSA funding, in conjunction with the NITT-AWARE-SEA grant funding will allow the CDE to:

- Deliver Youth Mental Health First Aid (YMHFA) training to school staff, parents, and community partners throughout the state. YMHFA is designed for adults who regularly interact with young people (age twelve through eighteen) to help those who may be experiencing a mental health issue, an addiction challenge, or who are in crisis.

Funding the EPC position continues to allow ongoing collaboration with local, state, national, and international agencies committed to identifying best and promising practices to share with the K–12 field.

Funding the OT position will allow continued project support and assistance with preparing materials for off-site meetings, trainings, and conferences.

The MHSA funding also allows the CDE to seek additional opportunities to develop and implement programs and activities that address the mental health needs of K–12 students.

Program Highlights:

- Develop and deliver the Training Educators through Recognition and Identification Strategies (TETRIS) workshops throughout the state. The TETRIS workshops provide training and professional development designed to increase knowledge and capacity to assist school staff in providing effective prevention and intervention strategies for students experiencing mental health issues, mental illness, and suicide risk.
- Develop and deliver the National Alliance on Mental Illness (NAMI) on Campus High School (NCHS) workshops for high school students and advisors. NCHS workshops promote the student voice, increase awareness of mental health and wellness, provide suicide prevention strategies, inspire advocacy, promote acceptance for students experiencing mental health issues, and promote a positive school climate that fosters healthy, respectful relationships among students, staff, and parents/guardians/caregivers, and strengthens students' feelings of connectedness to their school.
- Revise the California *Educator's Guide to Student Mental Health and Wellness* annually. This guide is designed to help all school personnel and related stakeholders identify and support students with mental health issues.
- Coordinate the Student Mental Health Policy Workgroup (SMHPW), which provides policy recommendations on student mental health issues for the State Superintendent of Public Instruction and the California State Legislature.
- Disseminate student mental health information and resources, including opportunities to participate in MHSA activities, that reach more than 8,000 school staff, county and community mental health service providers, and other stakeholders via the CDE Mental Health listserv.

Presentations at the following conferences and representation of the CDE at committee meetings:

- Annual State Migrant Parent Education Conference
- Annual American Indian Education Conference
- Annual California Mental Health Advocates for Children and Youth Conference
- Annual California Paraeducator Conference
- Annual California School Boards Association Conference
- Annual Northern California Safe and Healthy Schools Conference
- Annual Tools for Change Conference
- Teens Tackle Tobacco Conferences

- Riverside County Safe Schools Summit
- MHSOAC's Cultural and Linguistic Competence Committee
- CMHPC
- California Mental Health Advocates for Children and Youth Board

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

University of California (UC)

FY 2013-14	FY 2014-15	FY 2015-16
$0 SO	$15,000,000 SO	$0 SO

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

Board of Governors of the California Community Colleges Chancellors Office

FY 2013-14	FY 2014-15	FY 2015-16
$117,000 SO	$87,000 SO	$103,000 SO

This project supports 1.0 position at the Chancellor's Office.

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education which includes 112 colleges and 72 college districts. 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 CCCCO continues to implement the California Community Colleges Student Mental Health Program (CCC SMHP) in partnership with the Foundation for California Community Colleges (FCCC). Along with serving as the project's fiscal agent, the FCCC also provides a total of 2.5 staff[7] that assists in providing additional program support funded via the grant. The CCC SMHP leveraged MHSA staff as a resource to receive a competitive award from California Mental Health Services Authority (CalMHSA) in 2011 for the amount of $6.9 million. Subsequent to receiving this initial award, the CCC SMHP has applied for and received additional funding from CalMHSA for a total award of $10.1 million.

The CCC SMHP was originally scheduled to conclude by June 30, 2014. However, a 16 month extension was provided by CalMHSA to continue promoting faculty and staff

[7] .50 Program Officer, 1.0 Program Specialist, .50 administrative support.

training, peer to peer support, suicide prevention, and training for transition aged foster youth (Healthy Transitions curriculum). Funding and activities related to this extension, which will conclude by October 2015, is $2.6 million and includes some carryover funding from the original project. Program activities for the 2014-2015 year are as follows:

- Continue to sustain select campus-based grants to 24 community colleges that provide faculty and campus staff training, suicide prevention strategies, the development of peer-to-peer resources, as well as continuing to implement the Healthy Transitions curriculum for transition-aged foster youth at select colleges. The keys to this campus work are the utilization of effective practices as well as collaborative partnerships with county mental health departments, CBOs, and California State University (CSU) and UC campuses. Award amounts for FY 2014-15 to these 24 colleges range from $10,000 to $100,000, depending on the scope and range of deliverables identified by the colleges in coordination with the CCC SMHP team. The focus of the activities and where the grants were located was also informed by CalMHSA's project manager.
- Training and technical assistance services will continue to be provided, with an emphasis on support to the 24 grant recipients and on providing regional trainings on priority topics. These include an emphasis on ways the colleges can collaborate with community partners and county behavioral health, as well as the development of products and resources that can be used beyond the life of the grant. Sustainability activities will also include re-branding of products and the website to reflect CalMHSA's statewide Each Mind Matters campaign.
- Emphasis will be placed on developing and promoting online and web-based approaches in order to achieve the greatest access and participation for faculty, staff and students. All webinars are archived, and products and resources that have been developed are available for download via the project website.
- Recent webinars and trainings have focused on vulnerable populations, including the Gay Alliance Safe Zone Training and Trauma Informed Care.
- The CCC SMHP continues to provide 99 of the 112 colleges with access to online interactive suicide prevention training through Kognito Interactive, which is a company that provides online interactive professional development tools and training.
- From July 1, 2012 to December 31, 2014, CCC SMHP reached a total of 130,613 faculty, staff and students through activities, such as PEI trainings, workshops, events, presentations, outreach, training and technical assistance, webinars, and campus activities (this number does not include the website statistics or Kognito users – provided below).
- To date, over 31,000 faculty, staff, and students participated in Kognito on-line suicide prevention gatekeeper trainings, and 111, or 99%, of the 112 colleges utilized some form of TTA services through initial calls, TTA, webinars, trainings, or regional forums.
- The CCC SMHP's electronic newsletter distribution reaches 2,544 people.

- The training for student veterans, entitled "Welcome Home," has been implemented at 25 colleges with over 1,000 participants. This training was originally developed as a pilot project under separate grant funding from the Zellerbach Family Foundation, making it readily available for implementation under this current grant.
- A key priority for training has been behavioral intervention trainings. This has been implemented at 10 colleges, with a total number of 430 participants.
- The CCC SMHP website, www.cccstudentmentalhealth.org, has continued to be a valuable resource to colleges and the public, evidenced by the large numbers of visitors to the website as follows:
    - 454,077 page views
    - 159,249 visitors to website
    - 60,978 total unique Internet Protocols
- Twenty-three products, resources, and tools were developed with an additional four products in progress and under review. These include the www.cccstudentmentalhealth.org website, factsheets on special populations, mental health counseling internship programs, and responding to distressed on-line students; policy briefs; tools such as an MOU template for working with county mental health; training videos; and an online searchable database of best practices, programs and policies on community college student mental health. A toolkit to promote relationships between the colleges and county mental health was recently released and provided to all county behavioral health directors and MHSA coordinators.
- The CCC SMHP staff continues to meet quarterly with higher education partners, the CSU, and the UC Office of the President to collaborate and share resources that address student mental health concerns.
- The Chancellor's Office Advisory Group on Student Mental Health (COAGSMH) holds quarterly meetings of CCC stakeholders, which includes representation from faculty and student senates, Chief Student Services Officers (CSSOs – representing vice presidents of student services), NAMI, family advocates; and transition aged youth. The COAGSMH's goal and function is to provide guidance and input into the implementation of the CCC SMHP.
- CalMHSA recently released an RFA for sustainability funding of the PEI statewide projects. Staff from the Chancellor's Office and the FCCC are currently working on submitting an application for this funding in order to sustain the momentum and impact achieved so far with the CCC SMHP.

Outcomes:

- Preliminary outcome information provided by the CCC SMHP's evaluators (the Pacific Institute for Research and Evaluation – PIRE, and CalMHSA's evaluator, RAND) indicate that:
    - CCC students report that a range of mental health problems impact their academic performance, including anxiety, depression, and other issues.

- About 19% of students report having mental health problems, a rate comparable to other studies of higher education students.
- Faculty and staff reported talking to students about mental health issues at least once (79% of respondents).
- The majority of faculty and staff report that they can identify resources or people to refer students who are in distress (Evaluating the California Mental Health Services Authority Student Mental Health Initiative Year 1 Findings, 2013).

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 2013-14	FY 2014-15	FY 2015-16
$225,000 SO	$70,000 SO	$188,000 SO

FI$Cal project receives funding to transform the State's systems and workforce to operate in an integrated financial management system environment. State agencies with accounting systems will be required to use the system and are required to fund it.

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

Military Department

FY 2013-14	FY 2014-15	FY 2015-16
$1,138,000 SO	$1,387,000 SO	$1,590,000 SO

The Military Department receives funding for 8.2 positions that are available 24 hours a day, 7 days a week, and support the Behavioral Health outreach program designed to improve coordination between the California National Guard (CNG), local County Veterans' Services Officers, county mental health departments, and other support agencies. The CNG educates guard members and their families about mental health issues and enhances the capacity of the local mental health system through education and training about military culture. From July 2014 through March 2015, the CNG used MHSA funding to respond to 8,290 guard member concerns, 1,629 of which required more than basic support and information. They also referred 9 military families to UCLA's Tele-behavioral health program and over 44 families to its FOCUS program, increasing access to care. The CNG assists soldiers and airman (and their families) in

acquiring appropriate local, state, federal, private, public, and/or non-profit Behavioral Health program support. Assisting soldiers and airmen in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that service members receive care by mental health clinicians who are trained to treat military-specific conditions. From July 2014 to April 2015, MHSA-funded CNG Behavioral Health liaisons partnered with UCLA's Nathanson Family Resilience Center Star Behavioral Health Provider Program, training 585 community mental health professionals on the unique needs of the military patient during 18 training events. General areas of activity include:

- Conducting education events to inform soldiers and their families about the ways to access mental health services.
- Presenting information about county mental health programs to CNG behavioral health providers and Guard members.
- Publishing articles about Behavioral Health, Suicide Prevention, and mental health resources in the "Grizzly," the newsletter of the CNG, as well as other publications.

Department of Veterans Affairs (DVA)

FY 2013-14	FY 2014-15	FY 2015-16
$186,000 SO	$241,000 SO	$234,000 SO
$190,000 LA	$270,000 LA	$270,000 LA

DVA receives funding for grant programs and 2.0 FTEs to support the statewide administration of informing veterans and family members about federal benefits, local mental health departments, and other services. DVA also administers grant programs for improving mental health services to veterans through County Veterans Service Offices (CVSO), marketing and participating in Veteran Treatment Courts, and promoting best practice models in educating incarcerated veterans about available benefits and services.

Key Activities and Highlights:

In FY 2014-15, the DVA awarded local assistance grants to the following CVSOs: Contra Costa, Fresno, Imperial, Lassen, Monterey, Nevada, San Bernardino, San Luis Obispo, Solano, Sonoma, and Stanislaus. Information for each county's use of funds is provided in Appendix 3.

The CVSOs will use their funding to expand and/or promote mental health services in their community utilizing the following strategies:

- Promoting programs that encourage early intervention of mental health needs for veterans and their families.
- Providing timely and effective referrals to the appropriate service providers.

- Reducing stigma and encouraging those with mental health needs to seek help by adopting educational mental health programs for veterans and their families.
- Enhancing the mental and physical healthcare of veterans and their families.
- Ensuring newly discharged service members and veterans are educated on the available services provided by United States Department of Veterans Affairs (USDVA) specific to mental health services. Examples of available services through the USDVA include Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and Traumatic Brain Injury (TBI) treatment.

For FY 2015-16, DVA will again invite all CVSOs to submit applications for funding to enhance and/or promote mental health services to include treatment and other related recovery programs to veterans currently residing in or returning to the community from their military service as they transition back to civilian life.

Additional information regarding DVA programs and services is available on the following link:
https://www.calvet.ca.gov/VetServices/Pages/Mental-Health-Grant-Program-For-Counties.aspx

Appendix 1: Historical Information

In November 2004, California voters passed Proposition 63 (the Mental Health Services Act (MHSA) or the Act). The Act established a one percent income tax on 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 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 WIC § 5813.5, 5846, 5847, 5890, 5891, 5892 and 5898. This bill dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as EPSDT, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of DMH. 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. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

AB 1467 (Chapter 23, Statutes of 2012) amended WIC § 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897 and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from 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.

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

Appendix 2: MHSOAC Triage Grant Awards

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
Amount Allocated	**$32,000,000**	**$32,000,000**	**$32,000,000**	**$32,000,000**	
	Approved	**Approved**	**Approved**	**Approved**	**FTE's**
Southern Region	**$10,848,000**	**$10,848,000**	**$10,848,000**	**$10,848,000**	
Ventura	$840,259	$2,126,827	$2,242,542	$2,364,043	23.0
Riverside	$488,257	$2,134,233	$2,307,808	$2,510,844	32.3
Santa Barbara	$933,135	$2,352,536	$2,468,608	$2,594,250	23.5
Orange	$1,250,000	$3,000,000	$3,000,000	$3,000,000	28.0
San Bernardino*	$7,174,512	$938,985	$0	$0	25.0
Region Total	**$10,686,163**	**$10,552,581**	**$10,018,958**	**$10,469,137**	**106.8**
Los Angeles	**$9,152,000**	**$9,152,000**	**$9,152,000**	**$9,152,000**	
Los Angeles	$3,802,000	$9,125,000	$9,125,000	$9,125,000	183.0
Region Total	**$3,802,000**	**$9,125,000**	**$9,125,000**	**$9,125,000**	**183.0**
Central	**$4,576,000**	**$4,576,000**	**$4,576,000**	**$4,576,000**	
Yolo	$221,736	$505,786	$496,247	$504,465	8.3
Calaveras	$41,982	$73,568	$73,568	$73,568	1.0
Tuolumne	$74,886	$132,705	$135,394	$135,518	3.0
Sacramento	$545,721	$1,309,729	$1,309,729	$1,309,729	20.8
Mariposa	$88,972	$196,336	$203,327	$210,793	4.3
Placer	$402,798	$750,304	$667,827	$688,417	13.6
Madera	$163,951	$389,823	$410,792	$396,030	4.2
Merced	$359,066	$868,427	$882,550	$893,026	8.0
Region Total	**$1,899,112**	**$4,226,678**	**$4,179,434**	**$4,211,546**	**63.2**
Bay Area	**$6,208,000**	**$6,208,000**	**$6,208,000**	**$6,208,000**	
Sonoma	$351,672	$871,522	$897,281	$923,888	8.0
Napa	$126,102	$411,555	$403,665	$382,313	6.0
San Francisco	$1,751,827	$4,204,394	$4,204,394	$4,204,394	63.7
Marin	$137,065	$315,738	$320,373	$326,746	3.0
Alameda	$311,220	$765,811	$785,074	$804,692	11.6
Fresno*	$2,953,099	$120,001	$0	$0	11.5
Region Total	**$5,630,985**	**$6,689,021**	**$6,610,787**	**$6,642,033**	**103.8**

Superior	**$1,216,000**	**$1,216,000**	**$1,216,000**	**$1,216,000**	
Butte	$358,519	$514,079	$199,195	$3,277	18.0
Lake	$26,394	$52,800	$52,800	$52,800	1.0
Trinity	$60,697	$145,672	$145,672	$145,672	2.5
Nevada	$289,260	$694,169	$728,878	$765,321	11.8
Region Total	**$734,870**	**$1,406,720**	**$1,126,545**	**$967,070**	**33.3**
Total	**$22,753,130**	**$32,000,000**	**$31,060,724**	**$31,414,786**	**490.1**
Funds Remaining	**$9,246,869.78**	**$0.00**	**$939,275.51**	**$585,214.16**	
Golden Gate Bridge, Highway & Transportation District**	$7,000,000	$0	$0	$0	
Remaining Balance	**$2,246,869.78**				
*Reappropriated $19.3 million of the FY 2013-14 funds. The OAC funded two additional county Triage programs (San Bernardino and Fresno).					
**Redirected $7 million of the reappropriation for suicide prevention efforts.					

Appendix 3: Department of Veterans Affairs County Grants

Proposals were submitted by and awarded to eleven County Veterans Service Offices for local assistance grants (Contra Costa, Fresno, Imperial, Lassen, Monterey, Nevada, San Bernardino, San Luis Obispo, Solano, Sonoma, and Stanislaus). The following is a brief synopsis of the services and outreach they will provide with the funding in FY 2014-15:

- Contra Costa County (awarded $25,000) – Contra Costa County Veterans Service Office will contract with Contra Costa Television, part of the Contra Costa County Administrator's Office of Communications and Media and a public service of the Contra Costa County Board of Supervisors, to produce a live, monthly call-in television program entitled "Veterans' Voices." The goal of Veterans' Voices is to enhance the mental and physical healthcare of Veterans and their families through the use of a community television program and a companion website.
- Fresno County (awarded $25,000) – The purpose of Fresno County's service is to connect newly discharged soldiers and other veterans with the appropriate mental health and substance abuse services in order to mitigate the harmful effect of combat, sexual assault, in-service injury, and readjustment/assimilation to civilian life by providing education, networking, prevention, intervention, and improved access to support services.
- Imperial County (awarded $25,000) – The Imperial County Veteran Services Office will continue to perform outreach activities in remote areas and provide intensive case management. Deliver public informational/educational meetings related to mental health disorders with local agencies, veteran's organizations, military installations, US customs and Immigration, prisons, and educational entities. Increase the number of claims associated with mental disorders. Hold one countywide event to identify volunteer/mentoring Mental Health Treatment professionals.
- Lassen County (awarded $20,000) – Lassen County's proposal follows the DVA Strategic Plan for 2010-2015, which specifically addresses veteran's courts and Native American veterans. This grant gives Lassen County Behavioral Health Department (LCBHD) and the County Veteran Service Office the opportunity to provide behavioral health services for veterans, assisting veterans in gaining employment skills, and eventually moving them into careers with LCBHD or another employer.
- Monterey County (awarded $25,000) – The Veterans Reintegration Transition (VRT) program will provide early intervention and services by assisting veterans and their dependents in filing benefit claims with the USDVA, provide referrals to mental health providers, help in finding permanent homes, and guiding veterans and families in need of medical services. The VRT representatives are DVA-accredited experienced county veteran service representatives.
- Nevada (awarded $25,000) – The purpose of this project is to improve the mental health and well-being of veterans in Nevada County by increasing outreach and referrals to mental health services. The project will meet this purpose by

identifying veterans that may need support in Nevada County, increasing collaboration among non-profits and government agencies serving veterans, and creating a peer model support system.

- San Bernardino (awarded $25,000) – Partnering with the Incredible Edible Community Garden utilizing a long-term community approach, the county will address a variety of veteran reintegration issues encompassing employment, community involvement/engagement, self-worth, and mental health and human growth challenges including PTSD, depression, anxiety, and relationship concerns.
- San Luis Obispo (awarded $25,000) – The purpose of the proposed project is to better serve veterans living with mental health issues and educate the community by providing education, accessibility, and benefits advocacy. The county will provide timely and effective referrals to service providers that those veterans with mental health issues need.
- Solano County (awarded $25,000) – Solano County's program will provide mental health outreach and counseling through its military discharge locations, jail and prison outreach, veteran court development, and Stand Down events.
- Sonoma County (awarded $25,000) – Sonoma County proposes to provide mental health outreach and treatment services to men and women veterans and their families in Sonoma County through the Forgotten Warriors Project. The Forgotten Warriors Project will improve long-term health indicators for men and women veterans in Sonoma County that will ease their transition back to the civilian world.
- Stanislaus County (awarded $25,000) – The goal of the program is to provide mental health outreach activities and services to improve combat veterans access to mental health services. Conduct mental health assessments and provide referrals to mental health services for veterans (prevention, intervention, and access to services). Leverage mental health programs and resources available to veterans by collaborating with mental health providers.