Mental Health Services Act Expenditure Report – Governor's Budget

Fiscal Year 2023-24

GAVIN NEWSOM
GOVERNOR
State of California

Mark A. Ghaly, MD, MPH
Secretary
California Health and Human Services Agency

Michelle Baass
Director
Department of Health Care Services

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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FUNDING OVERVIEW

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004, became effective January 1, 2005, and established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of $1 million is deposited into the MHSF. Pursuant to Welfare and Institutions Code (W&I) Section 5813.6, the Department of Health Care Services (DHCS) shall submit to the Legislature information regarding the projected expenditure of Proposition 63 funding for each state department, and for each major program category specified in the measure for local assistance. This report shall include actual past-year expenditures, estimated current-year expenditures, and projected budget-year expenditures of local assistance funding. In addition, this report shall include a complete listing of state support expenditures for the current year and for the budget year for DHCS. This includes the number of state positions and any contract funds.

The 2023-24 Governor's Budget indicates approximately $5.4 billion was deposited into the MHSF in Fiscal Year (FY) 2021-2022. The Governor's Budget also estimates that $3.5 billion will be deposited into the MHSF in FY 2022-23 and $3.4 billion will be deposited in FY 2023-24. The Governor's Budget also estimates an annual transfer to the Supportive Housing Program Subaccount, Mental Health Services Fund (3357) per W&I Section 5890(f) of $125 million in FY 2021-22, $140 million in FY 2022-23 and $140 million in FY 2023-24.

The 2023-24 Governor's Budget indicates approximately $6.5 billion was expended from the MHSF in FY 2021-22. Additionally, $3.6 billion is estimated to be expended in FY 2022-23 and $3.4 billion is projected to be expended in FY 2023-24.
The MHSA addresses a broad continuum of prevention, early intervention, and service needs as well as providing funding for infrastructure, technology, and training for the community mental health system. The MHSA specifies five required components:

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

On a monthly basis, the State Controller's Office (SCO) distributes funds deposited into the MHSF to counties. 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 subject to County of Board of Supervisors approval. Per W&I Section

5892(h), counties with a population at or above 200,000 have three years to expend funds distributed for CSS, PEI, and INN components. Counties with a population less than 200,000 have five years to expend funds distributed for CSS, PEI, and INN components. All counties have ten years to expend funds distributed for CF/TN and WET components.

In addition to local programs, MHSA authorizes up to five percent of revenues for state directed purposes. These include administrative and programmatic functions performed by a variety of state entities.

Appendix 1 provides a history of legislation that significantly impacted the MHSA.

Appendix 2 contains details about county prudent reserve maximum allowable amounts and current funding levels.

Appendices 3 and 4 contain year-by-year details on total MHSA allocations, when those allocations were spent, and how much funding was reverted. About 80 percent of MHSA funds are spent within two years of the allocation.

EXPLANATION OF ESTIMATED REVENUES & TRANSFERS

Table 1 displays estimated revenues from MHSA's one percent tax on personal income in excess of $1 million. Personal income tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code Section 16475. The "Anticipated Accrual Amount" represents an accrual amount to be received. 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 2021-22 anticipated accrual amount shown in the Governor's Budget will not actually be deposited into MHSF until two fiscal years after the revenue is earned which is FY 2023-24.

The total revenue amount for each fiscal year includes income tax payments, interest income, and the anticipated accrual. The actual amounts collected differ slightly from the estimated revenues because the annual Governor's Budget 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 & Transfers
2023-34 Governor's Budget[1]
(Dollars in Millions)

Revenue or Transfer	FY 2021-22	FY 2022-23	FY 2023-24
Personal Income Tax	$5,566.6	$3,631.1	$3,564.4
Interest Income Earned During Fiscal Year	$2.1	$2.1	$2.1
Transfer to the Supportive Housing Program Subaccount (No Place Like Home)	-$125	-$140.0	-$140.0
Revenue Transfer to General Fund per GC Section 20825.1(c)	-$0.7	$0	$0
Anticipated Accrual Amount[2]	[$2,987.5]	[$1,323.5]	[$1,268.3]
Total Estimated Revenue[3]	$5,443.1	$3,493.2	$3,426.5

[1] Source: Personal Income Tax and Anticipated Accrual Amount (DOF Financial Research Unit – updated for Governor's Budget), Interest Income Earned (Fund Condition Statement in the FY 2023-24 Governor's Budget: Income from Surplus Money Investments).

[2] The FY 2021-22 'anticipated accrual' amount shown in the Governor's Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2023-24 due to the reconciliation of tax receipts owed to or from the MHSF and the previous cash transfers.

[3] Estimated available receipts do not include funds reverted under W&I Section 5892(h). Actual expenditures for the prior years, estimated expenditures for past year pending reconciliation, appropriated current year funds per the 2022-23 Budget Act, and budget year appropriations per the 2023-24 Governor's Budget.

REVENUES BY COMPONENT

Table 2 displays the estimated MHSA revenue available by component and the five percent portion available for state-directed purposes. While Table 2 displays the component amounts, the SCO distributes MHSA funds to counties monthly as a single amount that each county budgets, expends[4], and tracks by component according to MHSA requirements.

Table 2: MHSA Estimated Revenue
By Component[5]
2023-24 Governor's Budget
(Dollars in Millions)

Component	FY 2021-22	FY 2022-23	FY 2023-24
Community Services and Supports (Excluding Innovation)	$3,929.9	$2,522.1	$2,473.9
Prevention and Early Intervention (Excluding Innovation)	$982.5	$630.5	$618.5
Innovation	$258.5	$165.9	$162.8
State-Directed Purposes[6]	$272.2	$174.7	$171.3
Total Estimated Revenue	**$5,443.1**	**$3,493.2**	**$3,426.5**

[4] W&I Section 5892(h)(1) provides that counties have three years to expend funding for CSS, PEI, and INN components, and ten years to expend funding for CF/TN and WET components. W&I Section 5892(h)(3) provides that counties with a population of less than 200,000 have five years to expend CSS, PEI, and INN components.

[5] Actual receipts displayed are based upon the percentages specified in W&I Section 5892 for the components identified: 76% CSS; 19% PEI; 5% INN.

[6] 5% State-Directed Purposes W&I Section 5892(d).

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for State Operations and Local Assistance by each state entity receiving funds from the MHSF with actual expenditures for FY 2021-22, estimated expenditures for FY 2022-23, and projected expenditures for FY 2023-24. Table 3b displays the funding for State-Directed Purposes Cap by fiscal year.

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

Table 3a: MHSA Expenditures
State Operations and Local Assistance
2023-24 Governor's Budget
(Dollars in Thousands)

Department	Actual 2021-22	Estimated 2022-23	Projected 2023-24
Judicial Branch			
State Operations	$1,191	$1,263	$1,251
California Health Facilities Financing Authority			
Local Assistance	$16,070	$18,219	$4,000
Housing and Community Development			
Local Assistance	$154	$433	$0
Department of Health Care Access and Information			
State Operations	$2,757	$3,001	$605
Local Assistance	$7,978	$11,992	$2,000
Department of Health Care Services			
State Operations	$13,990	$10,721	$10,701
Local Assistance[7]	$6,338,918	$3,349,584	$3,282,537
California Department of Public Health			
State Operations	$13,755	$5,202	$2,598

[7] Includes Local Assistance costs outside of the State Directed Cap.

Department	Actual 2021-22	Estimated 2022-23	Projected 2023-24
Department of Developmental Services			
State Operations	$274	$511	$511
Local Assistance	$730	$740	$740
Mental Health Services Oversight & Accountability Commission			
State Operations	$24,514	$59,023	$13,663
Local Assistance	$158,410	$107,405	$34,306
Department of Corrections and Rehabilitation			
State Operations	$1,049	$1,082	$1,081
Department of Education			
State Operations	$127	$192	$192
Board of Governors of the California Community Colleges			
State Operations	$110	$115	$115
Department of Human Resources			
State Operations	$0	$150	$150
Military Department			
State Operations	$1,261	$1,604	$1,661
Department of Veterans Affairs			
State Operations	$270	$299	$298
Local Assistance	$1,270	$1,270	$1,270
SB 84 Loan Assessment			
State Operations	$509	$509	$505
Statewide General Administration[8]			
State Operations	$5,536	$3,625	$3,001
Less Funding Provided by General Fund[9]			

[8] Pro Rata assessment to the fund: General fund recoveries of statewide general administrative costs (i.e., indirect costs incurred by central service agencies) from special funds (Government Code Sections 11010 and 11270 through 11275). The Pro Rata process apportions the costs of providing central administrative services to all state departments that benefit from the services.

[9] Less Funding Provided by General fund: a transfer from 4260-695-3085 to 4260-112-0001 per Chapter 2, Statutes of 2021 (SB 115). Notwithstanding any other law, all funding appropriated in this item is for state implementation costs described in subdivision (d) of Section 5892 of the W&I Code.

Department	Actual 2021-22	Estimated 2022-23	Projected 2023-24
Local Assistance	-$100,000		
Total State Operations	$65,343	$87,297	$36,332
Total Local Assistance[10]	$6,423,530	$3,489,643	$3,324,853
Total Expenditures	$6,488,873	$3,576,940	$3,361,185

* *Fiscal year 2021-22 display reflects the best available information for use at the time of publication.*

[10] Includes Local Assistance costs outside of the State Directed Cap.

Table 3b: MHSA Expenditures
State-Directed CAP
2023-24 Governor's Budget
(Dollars in Millions)

Component	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
Total MHSF Revenues and Transfers	$5,443.1	$3,493.2	$3,426.5
State Directed Percentage Cap	5%	5%	5%
State Directed Revenue	$272.2	$174.7	$171.3
Total State Directed Expenditures (includes funding re-appropriated and attributed to prior years)	$150.0	$258.4	$106.0
Difference[11]	$122.2	-$83.7	$65.3

Based upon actual MHSA revenues, the five percent state-directed purposes cap is $272.2 million and actual state-directed expenditures are $150.0 million for 2021-22. For 2022-23, the estimated five percent administrative cap is $174.7 million and the total estimated expenditures are $258.4 million. For FY 2023-24, the projected five percent administrative cap is $171.3 million and the total projected expenditures are $106.0 million.

[11]The amount exceeding the state-directed cap includes funding that has been re-appropriated and is attributed to prior year available funds. The expenditures are higher than the 5% state-directed cap due to the availability of prior years' unspent funding from the state-directed cap.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Supports

CSS, the largest component, is 76 percent[12] 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
- MHSA Housing Program

Full Service Partnerships

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

General System Development

General System Development (GSD) funds are used to improve programs, services, and supports for all clients consistent with MHSA target populations. GSD funds help counties improve programs, services, and supports for all clients and families. Counties also use GSD funds to change their service delivery systems and build

[12] W&I Section 5892 requires counties to allocate 80% of MHSA funds to the CSS component and to allocate 5% of those funds to the INN component. Five percent of 80% equals 4%. Eighty percent minus 4% equals 76%. Therefore, W&I Section 5892 requires counties to allocate 76% of total MHSA funds to the CSS component.

transformational programs and services. For example, counties may use GSD funds to 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 value-driven, evidence-based and promising clinical practices. Counties may only use this funding for mental health services and supports to address mental illness or emotional disturbance.

Outreach and Engagement Activities

Outreach and engagement activities target 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, but are not limited to, racial-ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations, and health clinics.

MHSA Housing Program

The Mental Health Service Act Housing Program was developed in 2008 as a result of voter approved Proposition 63 and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve persons with serious mental illness and their families who are homeless or at risk of homelessness. The MHSA Housing Program sunset in 2016.

2. Capital Facilities and Technological Needs

The CF/TN component provided funding from FY 2007-08 to enhance the infrastructure needed to support implementation of 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 had through FY 2016-17 to expend these funds.

Counties must use funding for Capital Facilities 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. Counties must use funding for Technological Needs for county technology projects that contribute toward improving access to and delivery of mental health services.

3. Workforce Education and Training

In 2004, MHSA allocated $444.5 million for the WET component. These funds support counties and the Department of Health Care Access and Information (HCAI) to enhance the public mental health workforce.

Local WET Programs

In FY 2006-07 and FY 2007-08, counties received $210 million of the total allocation for local WET programs. They had through FY 2016-17 to expend these funds.

Statewide WET Programs

Pursuant to W&I Section 5820, HCAI develops and administers statewide programs to increase the number of qualified personnel in the mental health workforce serving individuals who have a serious mental illness. In 2008, $234.5 million was set aside from the total $444.5 million WET allocation for state-administered WET programs. From 2008 to 2013, the former Department of Mental Health (DMH) administered the first Five-Year Plan of $119.8 million. The Legislature transferred responsibility for administering the plan to HCAI in 2013. The HCAI is administering the 2020-2025 WET Plan supported with $15 million General Fund and $45 million MHSF as of the 2021 Budget Act.

4. Prevention and Early Intervention

The MHSA allocates 19 percent of MHSA funds distributed to counties for PEI programs and services. The overall purpose of the PEI component is to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for underserved populations. The PEI component enumerates outcomes that collectively move the PMHS from an exclusive focus on late-onset crises to inclusion of a proactive "help first" approach.

5. Innovation

The MHSA allocates five percent of MHSA funds distributed to counties for the INN component, which provides counties the opportunity to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. The purpose of an INN project is to

increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration, or increase access to mental health services, including but not limited to, services provided through permanent supportive housing.

STATE DIRECTED EXPENDITURES

The state directed expenditures allotted to state entities receiving MHSA funding are as follows:

JUDICIAL BRANCH

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expendis	$1,191	$1,263	$1,251
Local Assistance Expenditure	$0	$0	$0
Positions	6	6	6

General Overview

The Judicial Branch works to improve judicial administration for cases involving court users with mental illness which can impact all case types. MHSF funds support both juvenile mental health and non-criminal adult mental health projects.

Program Description

The Judicial Council's Center for Families, Children & the Courts (CFCC) administers the Family and Juvenile Mental Health Program to address mental health issues for prevention and early intervention purposes in those individuals with mental illness currently in, or at risk for, involvement in the court system. Juvenile projects focus on meeting the unique needs of children and families with mental health conditions with the goal of reducing juvenile involvement in the courts using therapeutic models of early intervention, assessment, and effective treatment responses for children at risk for juvenile court involvement in family, dependency, or delinquency courts. Because adults in the mental health system are involved in cases that cross multiple case types, the ongoing work in adult courts includes addressing family reunification; court users with mental illness in probate and family courts; civil harassment; and housing and small claims matters. The

work also seeks to improve services for self-represented litigants with mental illness to ensure that court employees, especially direct service providers, better understand and effectively respond to court customers with mental illness, and to give court leadership the tools needed to work actively with county mental health leadership to ensure that their communities have full access to all the mental health resources available. The program objectives are available on the California Courts Family and Juvenile Mental Health Program Goals webpage.

Program Outcomes

Judicial Council staff develop training for conferences, summits, and roundtables, including on demand/virtual education, along with tools/resources to increase the knowledge and awareness of judicial officers, court staff, and justice system and treatment/service partners. During the COVID-19 pandemic most education events have been held virtually. Much of this content is available to courts and professionals through the California Courts website, including on a newly developed Mental Health webpage specifically tailored to provide on demand training and education resources to court partners. Mental health content developed and finalized during this fiscal year includes the items labelled as "new" on those webpages, as well as mental health related education offered during the 2022 Child and Family Focused Education conference, including sessions on neurodiversity, trauma, and resiliency. Work currently in progress during this fiscal year includes the development and recording of additional mental health related webinars, a mental health roundtable for judicial officers and attorneys addressing different case scenarios, a family court bench guide on supporting the behavioral health of youth, juvenile mental health bench cards, and a series of briefings designed to provide actionable information to court leadership and behavioral health stakeholders on juvenile mental health needs of court customers and avenues to accessing behavioral health services. Other work that is partially funded through MHSA funds includes supporting the Collaborative Justice Courts Advisory Committee with their charge, maintaining and utilizing the Probate, Mental Health, Family Treatment Court Judicial Officers, Self-Help, Equal Access, and Collaborative Court Listservs to disseminate best/promising practices and identify/discuss emerging issues within behavioral/mental health; participating in the California Department of Health Care Services and Department of Social Services CalAIM Foster Care Model of Care Workgroup which is creating a long-term plan for how children and foster youth receive health care services; and working on mental health issues relevant to veterans and military families, including the implementation of the California Veterans Treatment Court Strategic Plan.

Administrative Funds

MHSA funds are used to fill staffing positions to support the work described above. Contracts utilizing MHSA funds include faculty contracts for mental health related education programs and for contracts associated with some research studies.

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$0	$0	$0
Local Assistance Expenditure	$16,070	$18,219	$4,000
Positions	0	0	0

General Overview

The California Health Facilities Financing Authority (CHFFA) supports two programs with MHSA funding: the Investment in Mental Health Wellness Grant Program for Children and Youth and the No Place Like Home Program.

Program Descriptions and Outcomes

Investment in Mental Health Wellness Grant Program for Children and Youth (Children and Youth Program)

Program Description

Chapter 30, Statutes of 2016 (SB 833) expanded the Investment in Mental Health Wellness Act to provide competitive grants to counties or counties applying jointly with public agencies or private nonprofit corporations to fund facility acquisition, construction and renovation costs, furnishings and equipment acquisition, information technology costs and applicable program startup or expansion costs for crisis stabilization, crisis residential treatment mobile crisis support teams, and family respite care programs dedicated to children and youth ages 21 and under. To support the Children and Youth Program, the 2013 Budget Act included $4 million ongoing MHSF to support personnel funding for mobile crisis support teams. Beginning in 2016-17, the $4 million ongoing MHSF is to support personnel funding for mobile crisis support teams dedicated to children and youth ages 21 and under.

To expand the Program, the 2016 Budget Act included $10.815 million one-time MHSF, available until June 30, 2019. The 2019 Budget Act, Item 0977-490 extended the availability of funds until June 30, 2024. The 2023 Governor's Budget assumes the $10.815 million one-time MHSF will be spent in 2022-23. Additionally, $8.3 million one-time General Fund was shifted from the unspent 2013 Budget Act Investment in Mental Health Wellness Grant Program funding to the Children and Youth Program. This funding was reappropriated until June 30, 2024 by the 2016 Budget Act, Item 0977-490, 2017 Budget Act, Item 0977-491, and 2019 Budget Act, Item 0977-490. The 2023 Governor's Budget assumes the remaining $3.7 million out of the $8.3 million one-time General Fund will be spent in 2022-23.

Moreover, the 2016 Budget Act included $16.7 million one-time General Fund available until June 30, 2019 for the Children and Youth Program. The 2017 Budget Act reverted the $16.7 million one-time General Fund and replaced it with $16.7 million one-time MHSF. The 2019 Budget Act, Item 0977-490 extended the availability of $16.452 million until June 30, 2024. The 2023 Governor's Budget assumes the remaining $3.4 million out of the 16.452 million one-time MHSF will be spent in 2022-23.

Program Outcomes

The key objective of the Children and Youth Program is to expand treatment services and capacity by adding at least 120 crisis stabilization and crisis residential treatment beds, add at least 200 mobile crisis support teams, and expand family respite care. To date, CHFFA has awarded four rounds of funding intended to support 75 crisis stabilization and crisis residential treatment beds, add 23 mobile crisis support teams, and develop one family respite care facility.

Additional Information regarding CHFFA's mental health programs may be found here.

No Place Like Home Program (AB 1618 and AB 1628)

Program Description

Chapter 43, Statutes of 2016 (AB 1618) and Chapter 322, Statutes of 2016 (AB 1628) authorized CHFFA to issue up to $2 billion in revenue bonds to fund the No Place Like Home (NPLH) Program, and the 2018-19 budget and beyond provides a statutory limit of $140 million in MHSA funding per year as the maximum annual debt service amount to be paid on the bonds, including bond administrative expenses, payable in connection with the NPLH Program.

Due to legal challenges, implementation for the Program was delayed. Chapter 41, Statutes of 2018 (AB 1827) placed the NPLH program on the November 2018 ballot (Proposition 2), where it was adopted by the voters as the No Place Like Home Act. This ratified existing law establishing the NPLH Program as being consistent with the MHSA approved through Proposition 63 in 2004. It also ratified the issuance of up to $2 billion in previously authorized bonds. At the August 2019 CHFFA meeting, CHFFA approved the execution and delivery of certain bond documents and authorized the bonds to be designated as Social Bonds. Bonds were issued in the amount of $500 million in November 2019 and $450 million in October of 2020 to fund awards granted by HCD. The final tranche of $1.05 billion was issued in April 2021, fully exhausting the $2 billion in authorized bonds.

The revenue bonds are backed by income tax receipts collected under the MHSA and fund the construction and rehabilitation of permanent supportive housing for homeless individuals with mental illness. The Department of Housing and Community Development (HCD) is administering the loan and grant program for awarding funds to counties to finance capital costs for permanent supportive housing, while CHFFA issued the revenue bonds for the program.

Program Outcomes

Through December 2022, HCD has made 156 awards totaling approximately $1,911,376,910 in 46 counties. Of these awards, HCD made awards to four Alternative Process Counties in the amount of $1,070,149,587 that will result in approximately 4,855 NPLH assisted units. Alternative Process Counties are those counties with five percent or more of the state's homeless population who are designated to receive and administer their own allocations. In addition, HCD has awarded $841,227,323 to 42 counties in the balance of the state for 141 projects that will result in 2,997 NPLH assisted units. Together, it is anticipated that 7,852 NPLH-assisted units will be produced. This is the last planned round of funding for the program.

HOUSING AND COMMUNITY DEVELOPMENT

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$0	$0	$0
Local Assistance Expenditure	$154	$433	$0
Positions	0	0	0

General Overview

In 2016 the Department of Housing and Community Development (HCD) received MHSA funding of $6,200,000 appropriated by Welfare and Institutions Code section 5849.10, for the provision of technical assistance and application preparation assistance to counties for the NPLH program.

Program Description

The purpose of NPLH is to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or are at-risk of chronic homelessness, and who are in need of mental health services. The NPLH Technical Assistance (TA) Grants were awarded to counties to fund eligible activities that support the planning, design and implementation of Coordinated Entry Systems, permanent supportive housing, and the accompanying supportive services for individuals suffering from serious mental illness.

Program Outcomes

In September 2017, HCD received applications from 58 counties. HCD awarded all applications received for a total of $5,775,000. Counties had until June 30, 2020, to expend funds to improve the delivery of homelessness programs including the NPLH program, HCD combined the remaining NPLH technical assistance funds, $425,000, with other technical assistance funds to provide assistance to localities for capacity building. To date, HCD committed approximately 12,300 hours towards this effort.
The remaining NPLH technical assistance funds are expected to be used to provide technical assistance to NPLH-funded rental housing developments.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

Total Resources

Program Budget*	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$2,757	$3,001	$605
Local Assistance Expenditures	$7,978	$11,992	$2,000
Positions	1.9	1.9	1.9

*Display only: Figures reflect breakout of State funding sources (State Operations and Local Assistance), which includes the amounts designated for MHSA State Administrative 5% cap.

General Overview

Pursuant to W&I Code Section 5820, HCAI develops and administers statewide programs to increase the number of qualified personnel in the PMHS serving individuals who have serious mental illness.[13]

HCAI and the California Behavioral Health Planning Council (CBHPC) collaborated to develop the 2020-2025 MHSA WET Five-Year Plan, which is the third in a series of required Five-Year Plans. The current WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. In January 2019, CBHPC approved the 2020-2025 WET Five-Year Plan.[14]

The 2019 Budget Act allocated $25 million in one-time MHSA funding and $35 million in one-time General Fund to implement the 2020-2025 WET Five-year Plan. As of June 30, 2020, the Administration reverted $20 million of the General Fund approved in the 2019 Budget Act for the 2020-2025 WET Program and replaced the reverted General Fund with $20 million in MHSA funding from the State Administration Account. This amount is available for encumbrance or expenditure until June 30, 2026.

To implement the 2020-2025 WET Plan, HCAI awarded $40 million in grants for the Regional Partnership (RP) Grant Program and $16.1 million for the Psychiatric Education Capacity Expansion (PECE) program.

The 2020 Budget Act reappropriated $7.2 million to extend the encumbrance or expenditure period for the previous WET Five-Year Plan until June 30, 2021. The reappropriation continues support of the 2014-2019 WET Five-Year Plan.

The 2022 Budget Act appropriated $10 million in MHSA funding to implement the Golden State Opportunities Program. This program will provide grants to students in postgraduate mental health programs who commit to working in a California-based nonprofit eligible setting.

[13] A percentage of positions are distributed among programs.
[14] The full WET Five-Year Plan is located here.

Program Descriptions and Outcomes

Regional Partnership (RP) Grant Program

Program Description

HCAI awarded $40 million in grants to MHSA Regional Partnerships (RPs) in FY 2020-21 to implement the RP Grant Program. HCAI required RPs to commit to a 33 percent match of local funds to support the activities in the RP Grant Program. The RP program funds five WET RPs responsible for administering programs that oversee training and support to the PMHS workforce in their region.
Each RP has one or more of the following components: pipeline development, undergraduate college and university scholarships, clinical Master and Doctoral graduate education stipends, loan repayment programs, and retention activities.

Program Outcomes

In FY 2021-22, RPs solicited applications for individual awards and in FY 2022-23 RPs have opened a new application cycle and are projected to award 11 scholarships, 15 stipends, 1,620 loan repayment grants, in addition to supporting pipeline and retention programs.

Psychiatric Education Capacity Expansion (PECE) program: Psychiatric Mental Health Nurse Practitioner (PMHNP)

Program Description
HCAI developed a new Psychiatric Education Capacity Expansion (PECE) program for increasing the capacity of Psychiatric Mental Health Nurse Practitioner (PMHNP) training programs. HCAI funds PMHNP education training programs to increase their capacity to train PMHNP students and provide clinical rotations in the PMHS.

Program Outcomes

HCAI supported four training programs in FY 2021-22 that are projected to add 296 PMHNP slots over a five-year period. HCAI intends to award more grants in FY 2022-23.

Psychiatric Education Capacity Expansion (PECE) program: Psychiatry Residency Program

Program Description

HCAI funds psychiatry residency training programs to increase their capacity to train residents/fellows and provide clinical rotations in the PMHS.

Program Outcomes

HCAI supported three training programs in FY 2021-22 that are projected to add 36 residency/fellowship slots over a five-year period. HCAI intends to award more grants in FY 2022-23.

Peer Personnel Training and Placement Program

Program Description

HCAI funds organizations that support individuals with lived experience as a mental/behavioral health services consumer, family member, or caregiver placed in designated peer positions within the PMHS. Grantees conduct recruitment and outreach, career counseling, training, placement, and six months of support services.

Program Outcomes

In FY 2021-22, HCAI awarded grants to four organizations to recruit, train, and place a projected 565 individuals in peer personnel positions across 20 counties. In FY 2022-23, HCAI awarded grants to two organizations to recruit, train, and place a projected 515 individuals in peer personnel positions across four counties. HCAI intends to award more grants in FY 2023-24.

Mental Health Shortage Designation Program

Program Description

The Mental Health Shortage Designation Program identifies communities experiencing mental health professional shortages as defined by the federal Health Resources and Services Administration. The shortage designation allows mental health sites and individuals to draw down federal and state funds to support workforce development through student loan repayment programs: National Health Service Corps Loan Repayment Program and the State Loan Repayment Program.

Program Outcomes

Between April 2022 and September 2022, HCAI completed the facilitated federal three-year renewal and updated all the existing Mental Health Professional Shortage Area (MHPSA) designations, there are now 265 MHPSAs in California. There are 14.2 million Californians living in these designated MHPSAs.

Pending Program

Golden State Social Opportunities Program

This program will provide grants to students who are enrolled in a postgraduate program of a University of California or California State University campus or an independent institution of higher education, if the student commits to working in a California-based nonprofit for a period of two years upon completion of the postgraduate program.

DEPARTMENT OF HEALTH CARE SERVICES

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$13,990	$10,721	$10,701
*Local Assistance Expenditures	$6,338,918	$3,349,584	$3,282,537
Positions	38	41	41

** Less Funding $100,000,000 Provided by General Fund in FY 2021-22*

General Overview

State Operations

For FY 2021-22, MHSA state operations funding is estimated to support 36.0 positions at DHCS. In addition, there are 5.0 positions at the California Behavioral Health Planning Council (CBHPC).
DHCS is responsible for a range of fiscal and programmatic oversight activities of MHSA-funded programs including:

- Reversion Calculations
- Redistribution of funds in Reversion Account
- Annual Revenue and Expenditure Reports

- Withhold Process
- Monitor county prudent reserve levels
- Performing fiscal audits of county MHSA expenditures
- MHSA Allocation Schedule
- MHSA Regulations
- MHSA Program Reviews
- County Performance Contracts
- Issue Resolution Process

California Behavioral Health Planning Council

CBHPC is responsible for the review of MHSA-funded mental/behavioral health programs based on performance outcome data and reports from DHCS and other sources. This includes the development of the annual Data Notebook to the local advisory boards for their input on county performance in specific areas of the system funded by MHSA. The CBHPC regularly issues recommendations on targeted aspects of the community mental/behavioral health system. Additionally, the CBHPC advises HCAI on education and training policy, collaborates on their statewide needs assessment, and provides oversight for the five-year plan development, approving it every five years. The CBHPC also advises the Administration and the Legislature on priority issues, including statewide planning and advocating for adults living with a serious mental illness and children with severe emotional disturbances.

FY 2021-2022 expenditures support council operations, including staffing, recording contract/fees, meeting space rental, audio visual for off-site meetings, lodging for 40 CBHPC members to attend quarterly meetings and conferences, 5.0 positions, and office supplies. In addition, monthly operational expenses are charged to the CBHPC by DHCS per position.

The CBHPC projects FY 2022-23 spending to slightly increase above past year spending as in-person meetings resumed in April of 2022. The CBHPC held two meetings in the past fiscal year and will hold four quarterly meetings in FY 2022-2023.
FY 2023-2024 estimated spending is anticipated to be consistent with FY 2022-2023, as the only impact to spending is anticipated to be typical hotel market value increases.

Contracts

Statewide technical assistance for MHSA community and county programs:

DHCS contracts with the Center for Applied Research Solutions to provide statewide technical assistance, trainings, a resource library, consultation services, and learning collaboratives for the MHSA funded community and county level programs. The contract is funded at $1.6 million annually for FY 2020-21, FY 2021-22, and FY 2022-23.

Information gathering survey:

DHCS contracts with University of California, Los Angeles (UCLA) to fund the California Health Information Survey, a phone survey that captures data on adults and youth in California. The survey gathers data on the health status of, and access to, healthcare services of an estimated 1.6 million adults ages 18-64. DHCS uses information from this survey to measure mental health service needs and mental health program utilization. This contract is funded at $907,500 for FY 2021-22, $907,500 for FY 2022-23, $1,392,000 for FY 2023-24 and $1,392,000 for 2024-25.

Adverse Childhood Experiences Aware Program

DHCS also contracts with UCLA to implement the Adverse Childhood Experiences (ACEs) Aware program, which trains medical providers to screen for ACEs, to help improve and save lives. UCLA sub-contracts and partners with University of California, San Francisco (UCSF) under the program name of the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN) to provide scientific and program assistance with ACEs Aware implementation activities such as outreach to providers, training curriculum development, administering ACEs Aware grants, ACEs Aware communications, data reporting, and program evaluation. The total value of the contract with UCLA is $174,737,580 for work done from 10/1/2021 to 3/31/2025. DHCS is planning to receive funding for this program (for the final three years of the contract) in the amount of $135.1 million TF ($67.55 million MHSF) estimated over a three-year period with $44.1 million TF ($22.05 million MHSF) in FY 2022-23, $45.5 million TF ($22.75 MHSF) in FY 2023-24, and $45.5 million TF ($22.75 million MHSF) in FY 2024-25.

California Department of Public Health

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$13,755	$5,202	$2,598
Local Assistance Expenditure	$0	$0	$0
Positions	5.5	5.5	5.5

General Overview

The California Department of Public Health (CDPH) works to protect the public's health and helps shape positive health outcomes for individuals, families and communities. CDPH works continuously to reduce health and mental health disparities among vulnerable and underserved communities to achieve health equity throughout California. CDPH supports the California Reducing Disparities Project (CRDP), administered by the Office of Health Equity (OHE), and the All Children Thrive California Program (ACT/CA), administered by the Center for Healthy Communities (CHC), Injury and Violence Prevention Branch (IVPB), with MHSA funds.

Program Description and Outcomes

California Reducing Disparities Project

Program Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$12,797	$3,065	$2,598
Positions	3.75	3.75	5.5

Program Description

The MHSA fund currently supports 3.8 positions in CDPH/OHE. The OHE, Community Development and Engagement Section (CDES) staff oversees the California Reducing Disparities Project (CRDP) and provide ongoing high touch technical assistance on operational, fiscal, and programmatic management and implementation. This prevention and early intervention mental health disparities project aims to grow and validate community-defined evidence practices (CDEPS) through a community based participatory evaluation approach. At a systems level, CRDP is designed to improve access and quality of care for the following five populations: African American; Asian and Pacific Islander; Latinx; Native American; and Lesbian, Gay, Bisexual, Transgender, and Queer.

Beginning in 2012-13, CDPH received $15 million a year for four years (a total of $60 million available to spend without regard to fiscal year) to implement and evaluate CRDP CDEPS. In total, CDPH/OHE has awarded and executed 44 contracts and grants to implement the CRDP Phase II. These contracts and grants include:

- A Statewide Evaluator,
- Five Technical Assistance Providers,
- Thirty-five Implementation Pilot Projects,
- An Education Outreach and Awareness Consultant,
- A Cultural Broker, and
- An Event Coordination Consultant.

In addition to the contracts and grants listed above, in 2022, CDES added two other contractors listed below:

- A Communication & Media Technical Assistance Provider, and
- A Meeting Facilitator for the Continuance of CRDP.

CRDP Phase II was originally slated to sunset in April 2022, however the California State Legislature appropriated $63.1 million in General Funds in the 2021-22 budget to extend CRDP Phase II, of which $58.1 million is available through June 2026.

Program Outcomes

OHE Contract Managers continue to provide close monitoring of the Statewide Evaluator, the population specific Technical Assistance Providers, the 35 Implementation Pilot Projects, a Communication and Media Technical Assistance Provider and Meeting Facilitator for the CRDP continuance. Ongoing activities include contractor and grantee monthly calls, facilitation of CRDP roundtable convenings, attendance at cross population sustainability steering committee meetings, processing of invoices, and planning for the CRDP annual meeting. Estimated Completion: This will vary due to the new funding stream. The 35 Implementation Pilot Project grants were scheduled to end in April 2022, however as mentioned above due to the new State General funding, these grants have been amended and extended for an additional four years. The five Technical Assistance Provider contracts and Statewide Evaluation contract will also be amended and extended.

As of December 2021, all 35 Implementation Pilot Projects completed and submitted their CRDP Phase II Local Evaluation Reports. OHE will be making these reports available via the CDPH website over the next several months. The CRDP Statewide Evaluation Report is expected to be released in March 2023 following CDPH and CalHHS approval.

The final report of the California Mental Health Services Survey, a deliverable of the Education, Outreach and Awareness Contract and developed by the National Opinion

Research Center (NORC) at the University of Chicago, was completed in Fall 2021. This survey seeks to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. The final report was recently approved by CalHHS. OHE will be releasing this report by March 2023, and it is intended to inform current and future mental health disparities reduction initiatives (i.e., CRDP Phase II extension, Children and Youth Behavioral Health Initiative, etc.).
OHE continues to attend and present at various mental health committees, workgroups and meetings at the local, regional, and statewide level to provide CRDP updates and strategize on how to partner and leverage efforts regarding mental health equity. Estimated Completion: Ongoing

OHE staff continue to serve as subject matter experts and technical assistance providers in health equity, cultural and linguistic competence, and mental health to internal and external stakeholders statewide and nationally. Estimated Completion: Ongoing

OHE continues to provide ongoing administrative support to the 26 member OHE Advisory Committee on a quarterly basis to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing program updates. Estimated Completion: Ongoing

The CRDP Statewide Evaluation final report, developed by the Psychology Applied Research Center at Loyola Marymount University was completed in the summer of 2022. The evaluation is focused on two objectives: to evaluate the overall CRDP Phase II effectiveness in identifying and implementing strategies to reduce mental health disparities and to determine the effectiveness of community defined evidence practices. The final report is being reviewed by CDPH Leadership and will be forwarded to CalHHS for review/approval before the final dissemination. We expect this report to be released in March 2023. This report is intended to inform current and future mental health disparities reduction and community defined evidence practices.

OHE is administering contracts to achieve the following:

- Operationalize strategies listed within the Statewide Plan to Reduce Mental Health Disparities, which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities.

- Support community defined evidence practices at the local level to offer prevention and early intervention mental health services to underserved and underrepresented diverse populations.
- Aid in the COVID-19 emergency response effort to outreach and engage community members that continue to be impacted by offering tele counseling and virtual support group services, information on testing and vaccination sites, food distribution, and other resources to remain safe.
- Strategize on CRDP messaging and communications via social media, SharePoint, web redesign and other platforms to keep stakeholders informed on program progress and achievements.
- Coordinate meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges.
- Provide media training and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations.
- Produce annual issues and policies reports, education briefings, and mental health collateral material.
- Supervise intern and emerging leaders to help grow the public health and mental health workforce.

Additional OHE Information can be viewed here:

- OHE Website
- CRDP Website
- CRDP External Website

All Children Thrive California Program (ACT/CA)

Program Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$958	$2,137	$0
Positions	1.75	1.75	0

Program Description

The ACT-CA was a three-year MHSA-funded pilot program that engaged cities in strategies to reduce the prevalence of adverse childhood experiences (ACEs), building on the national ACT Initiative prioritizing children's health in more than a dozen U.S. cities. The ACT-CA partnered with Community Partners, Public Health Advocates (PHA), and the UCLA Center for Healthier Children, Families, and Communities, to set in motion a broad social movement focused on the wellbeing of children and families, establishing an

infrastructure supporting its statewide deployment. By increasing the capacity of communities to address the root determinants of health, ACT-CA provided a replicable, evidence-based model, that may bolster Accountable Health Communities, First 5 early childhood initiatives, and MHSA prevention efforts.

Program Outcomes

On December 31, 2021, the ACT-CA program completed all legislatively required activities as described by the 2018 Budget Act (Chapter 29, Statutes of 2018). IVPB and completed efforts to oversee and support the ACT-CA Program and provided close monitoring of this project.

ACT-CA was reauthorized through the 2021 Budget Act (Chapter 21, Statutes of 2021) as a grant for a performance period of five years from January 1, 2022, to December 31, 2026, to carry out implementation of the ACT-CA project as the "pilot phase" concluded. CDPH received $25 million General Fund to enter into a grant with the ACT program partners, including Community Partners, PHA, and UCLA.

Administrative Funds

Beginning in FY 2018-19, CDPH received $10 million in MHSA funding to spend over three years in the 2018 Budget Act (Chapter 29, Statutes of 2018) to implement and evaluate the ACT-CA Program. The MHSA funding supported a total of 1.75 positions in the CDPH/IVPB to oversee the ACT-CA Program. IVPB staff served as subject matter experts, provided technical assistance, leveraged other related department initiatives and projects for the benefit of the project, and ensured that required reports were submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Legislature. Unspent MHSA funds were reallocated from FY 2021-22 to 2022-23 to conclude project close-out activities.

Additional ACT-CA information can be viewed here:

All Children Thrive - California

DEPARTMENT OF DEVELOPMENTAL SERVICES

Total Resources

Program Budget	Actual FY 2021-2022*	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$274	$511	$511
Local Assistance Expens	$730	$740	$740
Positions	3	3	3

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

General Overview

DDS oversees MHSA funding for regional centers that develop innovative projects. These projects focus on prevention, early intervention, and treatment for children and adults with mental health diagnoses and provide support for families.

Program Description

Three Cycle V (FY 2020-21 through FY 2022-23) projects are currently in progress at Redwood Coast Regional Center (RCRC), San Diego Regional Center (SDRC) and South Central Los Angeles Regional Center (SCLARC). RCRC's Families and Supports Together Project (F.A.S.T.) targets improved social and emotional development in children birth to age five in Mendocino, Lake, Humboldt, and Del Norte Counties. SDRC's Peer LINKS Project provides mental health services to consumers ages 14 and older with developmental disabilities in Imperial County. SCLARC's Children's Collaborative Mental Health Project (CCMHP) provides person-centered mental health assessment and referrals to consumers ages 10-17 that are dually diagnosed or at risk of developing a mental health disorder in South Central Los Angeles.

Program Outcomes

RCRC's F.A.S.T. Project has served 142 children, and hosted Provider and Parent Academies with 224 participants. SDRC's Peer LINKS Project have ensured that 93.8% of participants received mental health services within 12 months of intake assessment and has connected 72.5% of participants with social support. SCLARC's CCMHP Project has provided ongoing training to community clinicians on best practices for treating individuals who are dually diagnosed with mental health and substance use disorders and holds a Youth and Family

Wellness Fair for children ages 10 through 17 and their families. All Cycle V projects are estimated to be completed by June 30, 2023. Cycle VI projects (FY 2023-24 through FY 2025-26) will commence in July of 2023.

Administrative Funds

DDS distributes $740,000 in MHSA funds every fiscal year to regional centers in three-year cycles utilizing a competitive application process. The State Operations budget includes funding for Headquarters staffing. Regional Centers work in partnership via subcontracts with local systems of care such as county mental health and private mental health agencies, alcohol/other drug services, and educational entities.

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$24,514	$59,023	$13,663
Local Assistance Expenditure	$158,410	$107,405	$34,306
Positions	44.7	52.0	56.0

General Overview

MHSOAC was established in 2004 to provide oversight and accountability of the MHSA, Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The MHSOAC's primary roles include: (1) providing oversight, review, accountability, and evaluation of projects and programs supported by MHSA funds, (2) assessing services that are provided pursuant to the MHSA are cost-effective and in accordance with recommended best practices, (3) participating in the decision making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system, (4) reviewing and approving county Innovation Program and Expenditure Plans, (5) providing counties technical assistance in MHSA program development to accomplish the purposes of MHSA, and (6) administering grants funded by the MHSA. The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

The MHSOAC's goal is to provide oversight and accountability for the MHSA. The MHSOAC oversees efforts to eliminate disparities; promote wellness, recovery, and

resiliency; and monitor outcomes for individuals living with serious mental illness and their families.

Program Overview and Descriptions

Mental Health Wellness Program

Chapter 34, Statutes of 2013 (SB 82) authorized the MHSOAC to establish the Triage Grant Program to provide grants to county behavioral health departments to hire personnel who provide mental health crisis intervention, treatment, and case management services designed to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible. The MHSOAC's budget includes $20 million annually to support the Program. The first round of Triage Grant Program funding was awarded to 24 counties between 2013 and 17 providing services focused on adults and transitional age youth between the ages of 16 and 24. The second round of Triage Grant Program between 2017 and 2020 was awarded to 20 counties to operate 15 adult and transitional age youth programs (16-24), 11 child and youth program (under 18), and 4 school-county collaboratives (enrolled K-12).

Chapter 47, Statutes of 2022 (SB 184) modified the Program by authorizing MHSOAC to award grants to various entities, not only county behavioral health departments, including community-based organizations, and expanded the authorized use of the grants. The MHSOAC also renamed the Triage Grant Program to the Mental Health Wellness Program. The grants may support mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, family respite care, family supportive training and related services, and triage personnel resources for children and youth 21 years of age and under. In FY 2022-23, the MHSOAC estimates awarding $17 million to expand hospital emergency psychiatric assessment, treatment, and healing units which reduce unnecessary emergency department utilization and hospitalizations and $3 million to support technical assistance and evaluation contracts.

Additional information may be found here.

Community Advocacy

The MHSOAC budget includes $6.7 million MHSF to support the Advocacy Program that provides grants to local and state-level organizations to conduct advocacy, outreach, engagement, training, and education for unserved and underserved populations. The target populations include mental health consumers, families of mental health consumers,

parents and caregivers, children and youth (K-12), transition age youth, diverse and ethnic communities, and LGBTQ+, veteran, immigrant, and refugee communities.

In August of 2019, the MHSOAC awarded a three-year statewide advocacy contract in the amount of $2 million for mental health advocacy on behalf of transition age youth. The contract expired on December 31, 2021, and a new Request for Proposal was released in 2022 in the amount of $2 million for a three-year contract term.

In 2022, the MHSOAC awarded four local-level advocacy contracts on behalf of immigrants and refugees for $402,500 each and one state-level advocacy contract in the amount of $400,000 for a three-year term. In FY 2022-23 the MHSOAC received $670,000 per year in additional funding to support expanded advocacy for immigrant and refugee populations and awarded four additional local-level advocacy contracts and increased the state-level advocacy contract to $800,000.

In FY 2022-23 the MHSOAC received $670,000 per year in additional funding to support advocacy efforts on behalf of K-12 students and their families.

Additional information may be found here.

Anti-Bullying Campaign

The 2021 Budget Act allocated funds for the MHSOAC to launch a youth-focused anti-bulling initiative that leveraged social media to support youth. The project is part of a broader initiative targeting Anti-Asian hate. Specifically, the 2021 Budget Act allocated $5 million one-time Mental Health Services Act funds for a social media campaign and $300,000 to provide support to the MHSOAC for the implementation of this project, which has four significant themes: Anti-bullying, youth driven, focused on race/ethnic/language-focused communities and social media driven support for the mental health care.

The MHSOAC formed an advisory committee to support this project. The MHSOAC entered into contract with an agency called Media Cause. Currently, Media Cause is nearing the completion of the discovery phase of their work, having done research, surveys, and interviews with youth and adult allies. The next steps will be to develop a comprehensive social media strategy leading into development and production.

COVID-19 Response

In response to the COVID-19 pandemic, the MHSOAC re-prioritized $2,020,000 in available funding to support community response to growing mental health needs. The

MHSOAC has invested $880,000 to strengthen school mental health strategies targeting social emotional learning and suicide prevention. The MHSOAC entered into contracts with five non-profit providers to enhance the support they provide for schools.

The remaining funds were allocated through a sole source process to support improved opportunities for county behavioral health programs. To address disparities the MHSOAC has invested $1,140,000 in a project to support the replication of a successful Solano County innovation. Funding is available to provide technical assistance to counties to better understand the work of CDPH's California Reducing Disparities Project and to replicate that work.

Additional information may be found here.

Early Psychosis Intervention (EPI) Plus Program

Chapter 414, Statutes of 2017 (AB 1315) established the EPI Plus Program to be administered by the MHSOAC. The program will expand the provision of high quality, evidence-based early psychosis and mood disorder detection, and intervention services by providing additional funding received from private donations and federal, state, and private grants to counties through a competitive selection process.

MHSOAC released the first Request for Application (RFA) in April of 2020. Five awards, each in the amount of $2 million was made available to counties, city mental health departments and counties acting jointly to expand the provision of evidence-based early intervention of psychosis services. The second RFA was released in February of 2021 and two additional awards were made by the MHSOAC in April of 2021.The MHSOAC has contracted with UC Davis to provide technical assistance to all the grantees.

Additional information may be found here.

Mental Health Policy Fellowship

Chapter 412, Statutes of 2017 (AB 1134) authorized MHSOAC to establish the Mental Health Policy Fellowship Program for a mental health professional and a mental health consumer. These Fellowships create an opportunity for collaborative learning through the lens of practitioners and persons with lived experience for the Fellows, the MHSOAC and the impacted communities. The MHSOAC established an Advisory Committee to provide guidance on the Fellowship Program goals, design, eligibility criteria, and application process. The first application period for the Fellowship program opened in October 2022.

Additional information may be found here.

Evaluations

Through the annual Budget Act funding, MHSOAC supports research and evaluation of the impact of the MHSA on mental health care and mental health outcomes in California. Using data management and visualization tools the MHSOAC tracks consumer-level data and community indicators to evaluate the impact of mental health services and to increase public understanding and awareness. Additionally, there are ongoing evaluation projects for Mental Health Wellness, Mental Health Student Services, Full-Service Partnerships and Early Psychosis programs.

Prevention and Early Intervention

The MHSOAC provides oversight of county mental health systems, including county prevention and early intervention strategies. The MHSOAC issues and provides technical assistance for PEI regulations. The MHSOAC has developed a database to track the PEI programs, who they serve, and available outcomes. More recently, Chapter 843, Statutes of 2018 (SB 1004) directed the MHSOAC to establish priorities and a statewide strategy for prevention and early intervention services.

Suicide Prevention

Chapter 38, Statutes of 2017 (AB 114) directed the MHSOAC to develop a statewide strategic suicide prevention plan. The MHSOAC adopted Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025 in November 2019. This report led to the establishment of the Office of Suicide Prevention within the Department of Public Health. Through the 2020 Budget Act, the MHSOAC was authorized to allocate $2 million of its budget over the next two fiscal years to begin implementing the strategic plan. The MHSOAC since has formed a multi-county learning collaborative with 35 counties to support local strategic planning and implementation, training for educators on suicide screening and triage, identifying prevention opportunities using administrative data, best practice Suicide Fatality Review training, and increasing awareness of lethal means safety practices by creating a new online resource for the public.

Innovation

The MHSOAC reviews and approves funding for INN programs for county mental health departments and provides technical assistance to help counties in their planning process. During FY 2021-22 MHSOAC approved over $50 million.

There are currently six multi-county collaborative innovation projects: Data-Driven Recovery, Full-Service Partnerships, Psychiatric Advanced Directives, Crisis Now, Fiscal Sustainability, Incubator Systems Analysis, and Youth Innovation.

Mental Health Student Services Act

Chapter 51, Statutes of 2019 (Senate Bill 75) established the Mental Health Student Services Act (MHSSA) which authorized the MHSOASC to support mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education by providing competitive grants. Funds are to be used for services provided on K-12 campuses, suicide prevention services, dropout prevention services, outreach to at-risk youth, placement assistance for ongoing services, and other services to respond to the mental health needs of students and youth. The 2023 Governor's Budget includes the following MHSF for this Program: $140 million in FY 2021-22, $101.5 million in FY 2022-23, and $10 million in FY 2023-24.

Through a competitive grant program managed by the MHSOAC, 18 counties out of 38 that applied received grants in 2020. In 2021-22 and 2022-23, 57 out of 58 counties were awarded the grants and are currently contracted.
Additional information may be found here.

Youth Drop-In Centers

The Allcove™ Youth Drop-In Centers Program aims to increase accessibility to affordable mental health and wellness services for youth between the ages of 12 to 25 and their families, including behavioral health, physical health, housing, education, and employment support, and linkage to other services. The 2019 Budget Act included $15 million one-time MHSF, available until June 30, 2022, to support the Program.

After a competitive bid process, the MHSOAC awarded grants to five applicants. In 2020, the MHSOAC allocated $10 million to directly fund grants to expand youth drop-in centers and $4.6 million to Stanford University to provide Technical Assistance to grantees to ensure program quality and assist the expansion of youth drop-in centers across the state.

In February of 2020, the MHSOAC released a Request for Applications (RFA) for the Youth Drop-In Center grants. At its May 2020 meeting, the MHSOAC awarded $10 million in total funding to five applicants. Each program will receive $2 million for a four-year grant term and will implement, adopt, and adapt the *Allcove*™ youth drop-in center model

which was adapted from Australia's Headspace model. The *Allcove*™ model was developed in Santa Clara County with MHSA Innovation funding.

Additional information may be found here .

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$1,049	$1,082	$1,081
Local Assistance Expenditure	$0	$0	$0
Positions	2	3	3

General Overview

The Council on Criminal Justice and Behavioral Health (CCJBH) receives $411,000 ongoing MHSA funds for staffing and $670,000 ongoing contract funding for stakeholder advocacy contracts and associated program administration, to support mental health outreach and services for justice-involved populations. The CCJBH website has more detailed information related to the projects and publications that are produced using MHSA funds.

Program Descriptions and Outcomes

CCJBH funds the following projects with MHSA funds:

- Diversion Project
- Lived Experience Projects
- Medi-Cal Utilization Project and
- Juvenile Justice

Diversion Project

Program Description

During FY 2021-22 and 2022-23, CCJBH used the remaining 3-year allocation of $150,000 per year, authorized for CCJBH to support the implementation of Chapter 34, Statutes of 2018 (AB 1810). In June 2021, CCJBH established a contract with the Council on State Governments (CSG) Justice Center to convene cross sector stakeholders to learn current

diversion trends and barriers and provide additional training and technical assistance to counties covering topics such as successful program planning and implementation, sustainability, housing, and case planning. The knowledge gained from these efforts culminated into a final report summarizing the effectiveness of existing mental health diversion policies and practices, and providing recommendations on what changes may be made (and how) in order to advance mental health diversion programs throughout California.

Program Outcomes

CSG successfully surveyed the state to gain an understanding of current diversion trends and identified pertinent barriers to educate stakeholders through a final report of findings and recommendations for practical application. In addition, CCJBH provided the necessary technical assistance to county teams to provide statewide education on best practices and assistance on further developing their diversion programs

Under the CSG Justice Center contract, CCJBH funded:

- A survey to assess diversion implementation across the state;
- Six Community Learning Sessions on diversion training and technical assistance to16 county teams that included collaborative participation from a judge, defense attorney, prosecutor, and behavioral health service provider representative;
- 10 Regional Listening Sessions included diverse professionals and lived experience participants;
- Three Topical Workgroup Sessions to discuss diversion challenges related to substance use and treatment, housing and private insurance; and
- A final report including the information and feedback gathered during activities to document both current policy challenges, including those relevant to COVID-19, and policy recommendations to overcome these challenges in a diversion strategic plan.

The CSG Justice Center is scheduled to present the final recommendations at the February 2023 CCJBH Workgroup meeting.

Lived Experience Projects

Program Description:

CCJBH has continued to contract with the California State University, Sacramento (CSUS), to assist with stakeholder engagement activities (e.g., key informant interviews and listening sessions) to gather feedback from the BH/JI population to learn more from their

perspective about topics such as employment in the behavioral health and criminal justice sectors and behavioral health services experiences and treatment preferences.

In addition, CCJBH contracts with five local-level, deliverable-based Lived Experience Project (LEP) community-based organizations that represent the behavioral health regions across California. These LEP contracts aim to increase local and State advocacy capacity, expand education and training opportunities, promote organizational and community awareness, and improve collaborative efforts and partners at a regional/local level.
Both the CSUS and LEP contracts are scheduled to end in June of 2023.

Program Outcomes

As part of their engagement efforts, CSUS has coordinated with local community-based organizations to host four regional listening session to gather LE input on behavioral health service experiences and treatment preferences. Feedback from these regional listening sessions will be summarized in a report projected to be issued in the spring of 2023.

Additional LEP work completed during the reporting period included the development of feedback for Medi-Cal Justice Involved Specialty with the support of the LEP Advisory Team and CCJBH in the CalMHSA Stakeholder Advisory Committee Meetings.

Medi-Cal Utilization Project

Program Description

The Medi-Cal Utilization Project (MCUP) leverages matched data between CDCR and DHCS to examine and monitor enrollment into Medi-Cal after individuals are released from prison, including selection of Medi-Cal Managed Care Plans, as well as access to and utilization of Medi-Cal behavioral health services for those who suffer with mental illness(es) and substance use disorders.

Program Outcomes

MCUP began in October 2017 and is ongoing. The most recent data was published in the 2021 CCJBH Annual Legislative Report, which involved examining a "pipeline" from prison release to Medi-Cal service utilization, including timely enrollment and utilization metrics. In addition, CCJBH staff have worked to support DHCS' CalAIM initiative through the creation of a *Brief Overview of the Department of Health Care Services (DHCS)' California Advancing and Innovating Medi-Cal (CalAIM) Proposals that Impact the Criminal Justice*

Population, which details the proposals that will impact the BH/JI population.

Juvenile Justice

Program Description

CCJBH developed a Juvenile Justice Compendium and Toolkit Request for Proposal to support the implementation efforts of SB 823 (Chapter 337, Statutes of 2020). The contract was issued to the RAND Corporation in April 2022 to provide a compilation of information related to best practices and evidence-based programs that have been shown to be effective in serving justice-involved youth who have serious behavioral health needs.

Program Outcomes

The Evidence-Based and Emerging Practices and Programs Compendium is scheduled for completion by February 2023, followed by the System Capacity Development Toolkit, which will be completed in December 2023. The final product resulting from this contract is a Training and Technical Assistance Plan, which is projected to be completed in April 2024.

Administrative Funds

MHSA funds are used to support 3.0 CCJBH positions (an Associate Government Program Analyst (AGPA), a Research Scientist III, and a Health Program Specialist I). These staff positions allow CCJBH to effectively manage projects and support Council activities, such as Council meetings, workgroups, annual reports, and policy analysis assignments.

These positions enhance the Council's capacity to track key policy issues in the intersection of behavioral health and criminal justice, such as housing and homelessness, education and employment, and child welfare and social services, by developing and deploying subject matter expertise to inform and shape policy and program development efforts.

CALIFORNIA DEPARTMENT OF EDUCATION

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$127	$192	$192
Local Assistance Expenditure	$0	$0	$0
Positions	.8	.8	.8

General Overview

The mission of CDE's Mental Health Services Program (MHSP) is to provide school staff with knowledge and skills to identify, support, and respectfully serve students who are experiencing a mental health issue and to help provide opportunities for youth, parents, and communities to learn about and participate in activities that address mental health and wellness. This mission has been the cornerstone of the MHSP work and will continue to drive future activities to ensure that student mental health needs are appropriately addressed, and programs, resources, and supports are embedded in public schools throughout California.

Program Description

The CDE's MHSP operates to provide information, resources, and supports to local educational agencies (LEAs), parents, students, and other state and local partners to address the multitude of mental health issues faced by our kindergarten through grade twelve (K–12) school communities, including staff, students, and their families.

The CDE's MHSP utilizes MHSA funding to support a 0.7 Education Programs Consultant (EPC) position and .10 for an Office Technician to help LEAs build local capacity to address the increasing mental health needs of students; increase awareness of student mental health and wellness among staff, parents, and students; reduce stigma of mental health issues; and promote healthy emotional development. While the funding does not include monies for program activities, grants, or contracts, much of the work performed is related to building strategic partnerships that enhance mental health and wellness activities on school campuses across the state. The EPC position has continued to leverage partnerships and other resources, including funding opportunities, free trainings, informational webinars, etc., that can help build, sustain, and enhance school-based mental health supports and programs across California public schools.

BOARD OF GOVERNORS OF THE CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$110	$115	$115
Local Assistance Expenditure	$0	$0	$0
Positions	.5	.5	.5

General Overview

The Board of Governors of the California Community Colleges Chancellor's Office (Chancellor's Office) leads the country's largest system of higher education with 73 community college districts and 116 community colleges serving over 1.8 million students (including CalBright an exclusively online campus). MHSA funds provide partial support for a position at the Chancellor's Office for the development of mental health related policies, program best practices, and the identification of resources to address the mental health needs of California community college students.

CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$0	$150	$150
Local Assistance Expenditure	$0	$0	$0
Positions	1.0	1.0	1.0

General Overview

In 2022-23, the Department of Human Resources (CalHR) received the first $150,000 or two-year limited term MHSA funding for one position to support the Mental Health Services Oversight and Accountability Commission. Funds are being used to evaluate the efficacy and feasibility of expanding or creating state service classifications inclusive of behavioral health peer roles.

Program Description and Projected Outcomes

By June 30, 2024, CalHR staff will complete an evaluation of state personnel, classification policies, examining alignment with goals of incorporating the role of behavioral health peers into the state civil service. As part of the evaluation, CalHR staff will examine the suitability of establishing or revising classifications with consideration of the experience of participating in behavioral health recovery and the role of behavioral health peers. Furthermore, the evaluation will assess which departments may benefit from the inclusion of behavioral health peers.

CALIFORNIA MILITARY DEPARTMENT

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expenditures	$1,261	$1,604	$1,661
Local Assistance Expenditure	$0	$0	$0
Positions	8.2	8.2	8.2

General Overview

The California Military Department's (CMD) efforts to increase psychoeducational opportunities and connect its department members with resources appropriate for their behavioral health needs, improves overall readiness and wellness. The Military Department supports the Behavioral Health Liaison Program with MHSA funding.

Program Description

The CMD, Behavioral Health Directorate administers the CMD Behavioral Health (BH) Liaison Program, which addresses the needs of its population for behavioral health support and education. MHSA funds support 8.2 positions for Behavioral Health personnel that are accessible 24 hours a day, 7 days a week, to members of the CMD and their families. The CMD BH outreach program is designed to improve coordination of care between the members of the CMD, local County Veterans Services Officers, county mental health departments, and other public and private support agencies statewide. CMD BH Liaisons educate members of the CMD and their families, supervisors, and leadership about mental health issues and the unique needs/experiences of its military population. BH Liaisons also enhance the capacity of the local mental health system through education and training about military culture. The CMD BH Liaisons assisted Army Guard,

Air Guard, State Guard, civilian military department members, and their families, in acquiring appropriate local, state, federal, private, public, and/or non-profit Behavioral Health Program support. Assisting CMD members in accessing appropriate mental health care programs is extremely cost-efficient and ensures that CMD members receive care by referrals to mental health clinicians and programs trained to treat military-specific conditions.

Program Outcomes

8 CMD licensed clinicians and 1 board-certified healthcare administrator (8.2 FTE) covered the behavioral health and program support needs of a statewide CMD beneficiary population of over 20,917 members (in addition to support of their family members as needed).

DEPARTMENT OF VETERANS AFFAIRS

Total Resources

Program Budget	Actual FY 2021-22	Estimated FY 2022-23	Projected FY 2023-24
State Operations Expendis	$270	$299	$298
Local Assistance Expenditure	$1,270	$1,270	$1,270
Positions	2	2	2

General Overview

The California Department of Veterans Affairs (CalVet) receives funding to support county mental health grant programs as well as 2.0 positions to oversee the grant program and support the statewide administration of informing service members, veterans and their families about federal and state benefits to include mental health services. With the support of the Mental Health Services Act (MHSA) funds, CalVet administers grant programs for improving mental health services to veterans through their County Veterans Service Offices (CVSO).

Program Description

CalVet continues to advocate for mental health resources and programs through its annual grant program. Each year CalVet assists CVSOs throughout California in establishing their own projects to enhance and expand mental health services to include treatment and other related recovery programs to veterans and their families.

Program Outcomes

During FY 2021-22 CalVet awarded a total of $1.27 million to 14 CVSOs through the MHSA grant program in support of mental health outreach and support services. MHSA funding has provided an avenue for CVSOs to help veterans apply for and receive increased services and benefits in education, healthcare, housing, VA claims, justice-involved services, legal services, outreach, and training.

Administrative Funds

For Fiscal Years 2020-21 and 2021-22, CalVet combined both years and offered the CVSOs a 2-year grant (July 1, 2020 – June 30, 2022). The RFA was sent to all CVSOs on December 17, 2019, with a return deadline of February 14, 2020. The CVSO applicants proposed activities that provided various mental health outreach and services to assist service members, veterans, and their families to successfully readjust and assimilate to civilian life.

APPENDIX 1: HISTORICAL BACKGROUND

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

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

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

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

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

Chapter 43, Statutes of 2016 (AB 1618) established the NPLH Program that is administered by the Department of Housing and Community Development. This bill also requires DHCS to conduct program reviews of county performance contracts to determine compliance; post the county MHSA three-year program and expenditure plans, summary of performance outcomes reports and MHSA revenue and expenditure reports; and allows DHCS to withhold MHSA funding from counties that are not submitting expenditure reports timely.

Chapter 38, Statutes of 2017 (AB 114) provided that funds subject to reversion as of July 1, 2017, were deemed reverted and returned to the county of origin for the originally intended purpose. This bill also increased the time that small counties (less than 200,000) must expend MHSA funds from 3 years to 5 years, and provided that the reversion period for INN funding begins when MHSOAC approves the INN project.

Chapter 328, Statues of 2018 (SB 192) amended W&I Sections 5892 and 5892.1. This bill clarified that a county's prudent reserve for their Local MHSF shall not exceed 33 percent of the average CSS revenue received in the Local MHSF, in the previous five years. This bill required counties to reassess the maximum amount of the prudent reserve every five years and to certify the reassessment as part of its Three-Year Program and Expenditure Plan or annual update. This bill also established the Reversion Account within the fund, and required MHSA funds reverting from the counties, and the interest accrued on those funds, be placed in the Reversion Account.

Chapter 26, Statutes of 2019 (SB 79) amended W&I Sections 5845, 5892 and 5892.1. This bill amended the MHSA by not reverting Innovation Funds to the State, as long as the Innovation funds are identified in the plan for innovative programs that has been approved by the MHSOAC. The Innovation funds are encumbered under the terms of the approved project or plan, including amendments approved by the MHSOAC, or until three years after the date of approval, or five years for a county with a population of less than 200,000, whichever is later.

Chapter 13, Statutes of 2020 (AB 81) amended W&I Sections, 5847 and 5892. This bill enacts the flexibility of MHSA funds to allow counties to accommodate for social distancing and public gathering due to the COVID Public Health Emergency. This bill amended the timeframe for counties to submit their Three-Year Program and Expenditure plan, Plan or Annual Update for FY 2020-21. This bill allowed counties to transfer Prudent Reserve to CSS and PEI components to meet local needs for FY 2020-21 due to COVID Public Health Emergency. This bill also allowed more flexibility for counties to allocate their MHSA funds and allowed counties to determine the allocation percentage for CSS programs for FY 2020-21. This bill also extended the reversion date for MHSA funds,

including AB 114 funds, and any interest accruing on those funds from July 1, 2019, and July 1, 2020 to July 1, 2021.

Chapter 75, Statutes of 2021 (AB 134) amended W&I Code section 5847 and 5892. This bill extended most of the FY 2020-21 flexibilities to July 1, 2022, including the timeframe for counties to submit their Three-Year Program and Expenditure plan, or Annual Update for FY 2021-22; counties ability to transfer Prudent Reserve to CSS for PEI components to meet local needs; and allowed flexibility to allocate CSS funds across CSS service categories.

APPENDIX 2: PRUDENT RESERVE FUNDING LEVELS

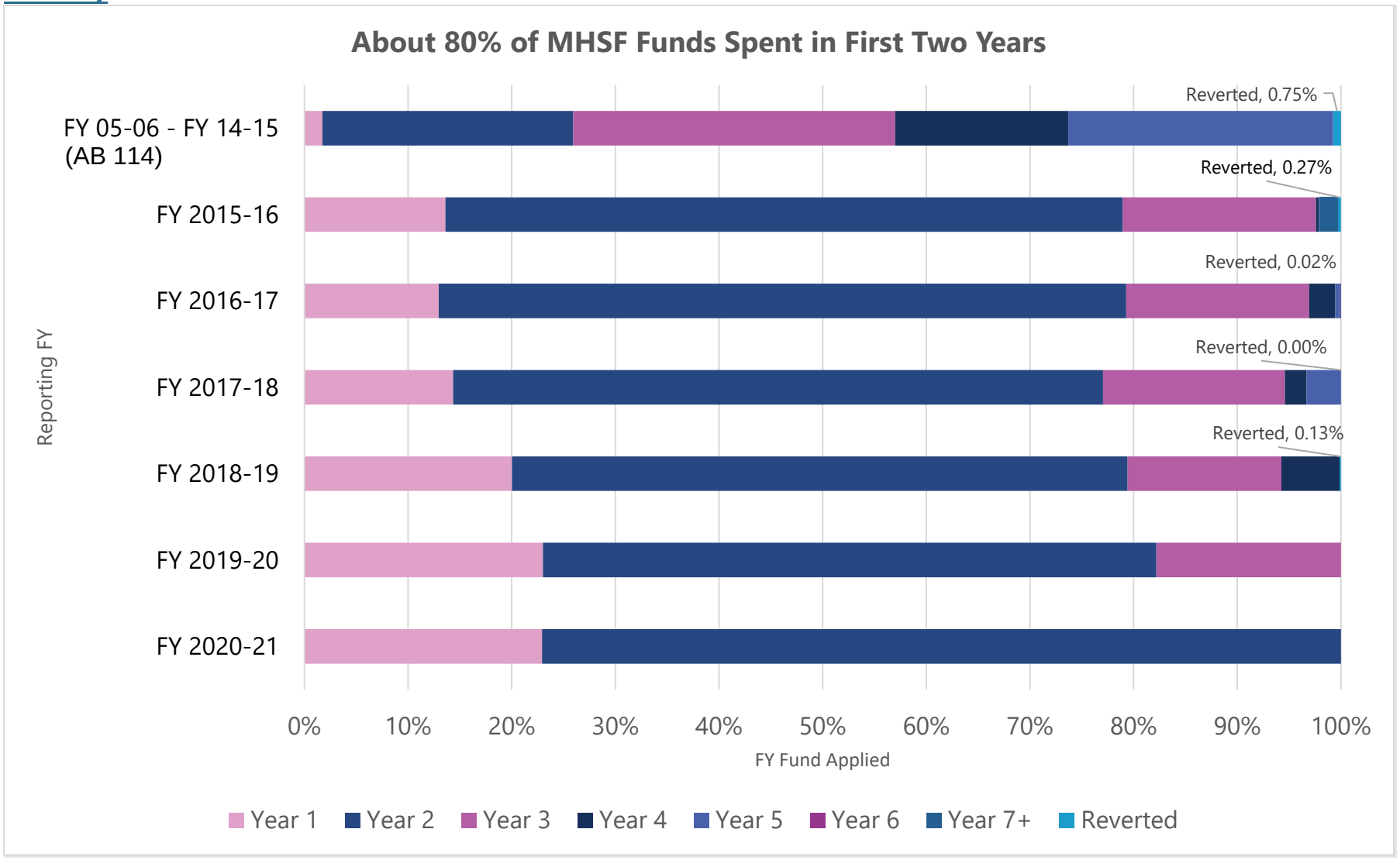
Prudent Reserve Funding Levels FY 2020-21[1]			
County	**FY 20-21 Prudent Reserve Balance[2]**	**33% Maximum Prudent Reserve Level**	**Amount to be transferred to CSS and/or PEI by June 30, 2020**
Alameda	$ 14,593,038	$ 16,316,272	$ -
Alpine	$ 354,639	$ 360,158	$ -
Amador	$ 652,458	$ 686,956	$ -
Berkeley City	$ 1,237,629	$ 1,368,236	$ -
Butte*	$ 2,457,861	$ 2,605,829	$ -
Calaveras	$ 647,740	$ 748,606	$ -
Colusa	$ 585,300	$ 606,997	$ 2,242[3]
Contra Costa	$ 7,579,248	$ 10,479,562	$ -
Del Norte	$ 614,386	$ 642,629	$ -
El Dorado	$ 1,655,402	$ 1,812,229	$ -
Fresno	$ 10,081,463	$ 11,194,727	$ -
Glenn	$ 88,510	$ 651,113	$ -
Humboldt*	$ 1,439,391	$ 1,603,348	$ -
Imperial	$ 430,047	$ 2,224,436	$ -
Inyo**	$ 668,926	$ 434,007	$ 252,208
Kern	$ 7,476,296	$ 9,680,615	$ -
Kings	$ 1,184,797	$ 1,863,749	$ -
Lake	$ 836,050	$ 906,233	$ -
Lassen	$ 614,780	$ 640,194	$ -
Los Angeles	$ 116,483,541	$ 128,302,345	$ -
Madera	$ 1,701,689	$ 1,963,533	$ -
Marin	$ 2,175,490	$ 2,603,517	$ -
Mariposa	$ -	$ 436,519	$ -
Mendocino	$ 1,018,338	$ 1,107,914	$ -
Merced	$ 2,958,713	$ 3,320,077	$ -
Modoc	$ 356,545	$ 400,633	$ -
Mono	$ 404,926	$ 424,011	$ -
Monterey	$ 4,795,236	$ 5,279,625	$ -
Napa	$ 764,402	$ 1,496,496	$ -
Nevada	$ 1,111,502	$ 1,198,998	$ -
Orange	$ 33,258,769	$ 36,738,835	$ -

Prudent Reserve Funding Levels FY 2020-21[1]			
County	**FY 20-21 Prudent Reserve Balance[2]**	**33% Maximum Prudent Reserve Level**	**Amount to be transferred to CSS and/or PEI by June 30, 2020**
Placer	$ 2,819,664	$ 3,141,809	$ -
Plumas*	$ 563,639	$ 584,024	$ -
Riverside	$ 21,602,904	$ 24,130,336	$ -
Sacramento	$ 13,196,792	$ 14,646,408	$ -
San Benito*	$ 790,759	$ 869,622	$ -
San Bernardino	$ 21,655,429	$ 23,937,592	$ -
San Diego	$ 33,478,186	$ 37,063,727	$ -
San Francisco	$ 7,259,570	$ 8,568,713	$ -
San Joaquin	$ 6,939,866	$ 7,697,986	$ -
San Luis Obispo	$ 2,774,412	$ 3,043,589	$ -
San Mateo	$ 8,879,780	$ 7,542,822	$ -
Santa Barbara	$ 2,023,113	$ 5,253,656	$ -
Santa Clara	$ 18,703,637	$ 20,691,020	$ -
Santa Cruz	$ 2,997,367	$ 3,283,141	$ -
Shasta	$ 374,414	$ 2,149,859	$ -
Sierra	$ 354,094	$ 369,933	$ -
Siskiyou*	$ 692,431	$ 738,338	$ -
Solano	$ 2,938,194	$ 4,497,192	$ -
Sonoma	$ 944,980	$ 5,142,997	$ -
Stanislaus	$ 500,000	$ 5,855,380	$ -
Sutter-Yuba	$ 521,836	$ 2,070,571	$ -
Tehama*	$ 550,618	$ 876,205	$ -
Tri-City	$ 2,148,824	$ 2,534,267	$ -
Trinity*	$ 389,723	$ 420,757	$ -
Tulare	$ 4,993,506	$ 5,523,234	$ -
Tuolumne	$ 506,883	$ 819,793	$ -
Ventura	$ 8,491,905	$ 9,333,831	$ -
Yolo	$ 2,224,069	$ 2,465,950	$ -

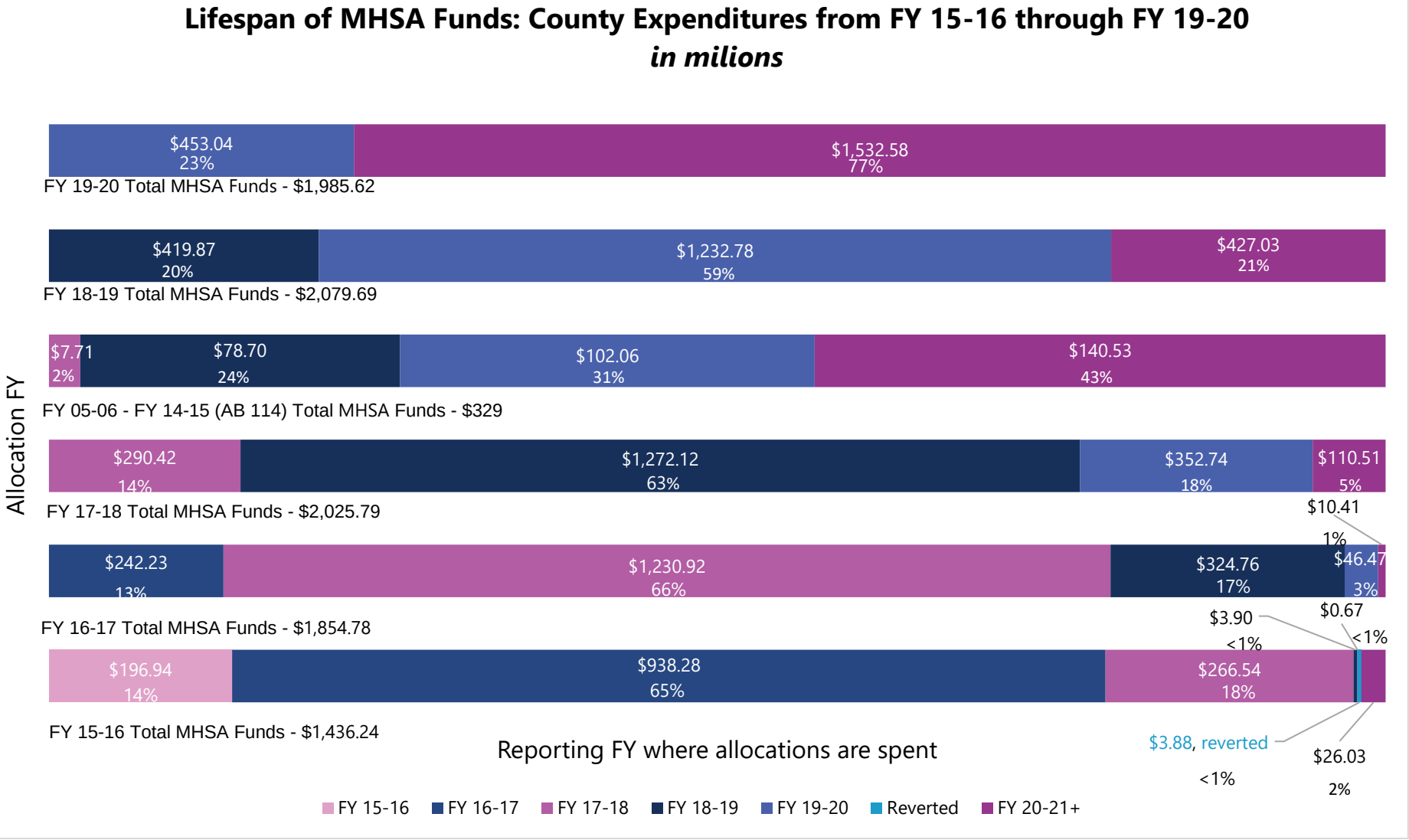
[1]W&I Code section 5892 (b)(2) requires counties to maintain a prudent reserve that does not exceed 33% of the average CSS revenue received from the Local MHSF in the proceeding 5 years. The Local Prudent Reserve assessment was conducted in FY 2018-19 with CSS allocations from FY 2013-14 through FY 2017-18. The next Local Prudent Reserve calculation will occur in FY 2023-24.

Prudent Reserve Funding Levels FY 2020-21[1]			
County	**FY 20-21 Prudent Reserve Balance[2]**	**33% Maximum Prudent Reserve Level**	**Amount to be transferred to CSS and/or PEI by June 30, 2020**
[2]Prudent Reserve ending balance as reported on FY 2020-21 ARER.			
[3]Per the California Code of Regulations 3420.30 (f), counties may reassess the Prudent Reserve funding level more frequently at the county level, which may allow for a new Prudent Reserve maximum level, based on the most recent assessment			
* Indicates the county has not submitted a final ARER for FY 2020-21. The FY 2019-20 Prudent Reserve amount is shown. ** Indicates the county has not submitted a final ARER for FY 2019-20 or 2020-21. The FY 2018-19 Prudent Reserve amount is shown.			

APPENDIX 3: LIFESPAN OF MHSA FUNDS, INCLUDING REVERSION AMOUNTS (HIGH LEVEL)



APPENDIX 4: LIFESPAN OF MHSA FUNDS, INCLUDING REVERSION AMOUNTS (DETAILED)



Notes:

- Appendix 2 contains year-by year details on total MHSA allocations, when those allocations were spent, and how much funding was reverted.
- Total MHSA Funds equals total funds distributed by the State Controller's Office to counties from July to June of each FY plus interest, as reported on the MHSA Annual Revenue and Expenditure Report. Total MHSA expenditures are reported by counties on the MHSA Annual Revenue Expenditure Reports and accepted by DHCS. This amount equals the sum of CSS, PEI, and INN expenditures funded with MHSA dollars. The Reporting FY is defined as the current fiscal year that is being reported. The Allocation FY is defined as the year the funding is received. The spending of allocated funds can occur over a span of Reporting FYs. Large counties have three years to spend funds. Small counties have five years to spend funds.
- With the passage of Chapter 38, Statutes of 2017 (AB 114), DHCS reverted and reallocated approximately $411.1 million to counties.
- The first graphic shows a chronological timeline of the allocated funds expended each fiscal year. About 80% of each allotment of annual funds is spent within two fiscal years of expenditures.
- The second graphic shows a high-level overview of which allocated FY funds are utilized to cover each FY expenditure based on a reversion timeline.
- Appendices 3 and 4 show the funds subject to Reversion as of July 1, 2021. The October 2022 Reversion Report can be found here.

APPENDIX 5: DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATIVE FUNDS

Alameda

The Alameda CVSO will work with Swords to Plowshares to provide outreach, intake, and representation to vulnerable veterans with complex mental health benefit claims. They will remove legal barriers and increase access for veterans to VA Healthcare, monetary benefits, and housing assistance.

Contra Costa

Contra Costa CVSO will continue to contract with Contra Costa Television to produce a live, monthly call-in Television program entitled "Veterans' Voices." They will also provide outreach to senior veterans and veterans attending community colleges within the county. They will work with agencies, care providers, and housing facilities to develop a partnership in order to reach the veterans and dependents that reside within their county.

Fresno

The Fresno CVSO will attend multiple outreach events including Stand Downs, Job Fairs, VA Hospitals, and Vet Centers to identify and assist veterans in need of mental health services. They will refer veterans to the correct agency for support, acquire access to aid for high-risk veterans and assist the veteran in submitting their VA disability claims.

Imperial

The Imperial CVSO will collaborate with the Imperial County Behavioral Health Services Department and the Yuma Veterans Center to provide mental health outreach services. They will expand their services to reach the underserved veterans to include justice-involved veterans, homeless veterans, and veterans who live in rural areas of the county.

Los Angeles

The Los Angeles CVSO will collaborate with U.S.VETS to expand and strengthen the Outside the Wire program. This program provides free counseling to veteran college students and their families.

Monterey

The Monterey CVSO will pre-screen, counsel and advocate for veterans, reservists and guard members that have mental illness or substance abuse issues. Their outreach will focus on the Transitional Assistance Program, Veterans Treatment Court and Stand Downs.

Nevada

The Nevada CVSO, in partnership with Welcome Home Vets, will operate the Nevada County Veterans Outreach and Resource Program. They will educate all veterans and family members during their transition, link them to services, as well as improve the mental health and well-being of all veterans in Nevada County by offering free counseling.

Orange

The Orange CVSO will work with U.S. VETS and Veterans Legal Institute at local community colleges. Together they will offer several veteran and family related services, VA claim assistance, mental health services and legal aid.

Riverside

The Riverside CVSO will create an outreach team to partner with 10 local colleges, the USDVA Suicide Prevention Team, the Riverside County Department of Behavioral Health Outreach team, Veterans Legal Institute, California Superior Court (Veterans Court) and the Riverside County Department Office of Aging. Together they will provide mental health services, legal services and transportation services to student, senior, and justice involved veterans.

San Bernardino

The San Bernardino CVSO will host a monthly free legal clinic. Working with Veterans Legal Institute, they will provide they will provide mental health related services to homeless and/or low-income veterans whose access to or maintenance of mental health treatment requires direct intervention of legal aid.

San Francisco

The San Francisco CVSO will work with Swords to Plowshares to provide outreach, intake, and free legal counseling and representation to vulnerable veterans with complex mental health benefit claims. They will remove legal barriers and increase access for veterans to VA Healthcare, monetary benefits and housing assistance.

Santa Clara

The Santa Clara CVSO will hire a Social Worker to build partnerships with key staff from variety of local agencies, conduct proactive outreach to undeserved veterans (students, seniors and justice involved) and provide screening and case management to connect those veterans to benefits, services, and supports.

Solano

The Solano CVSO will maintain a Transitioning Assistance Program process with Travis Air Force Base to counsel and refer discharging service members. This program will provide outreach to county jails and provide support to the county Veteran Treatment Court. The office also supports their local Stand Down by being a part of the planning committee.

Sonoma

The Sonoma CVSO will collaborate with Legal Aid of Sonoma County, Veterans Resource Centers of America and Santa Rosa Junior College. Veterans will have access to legal aid, housing assistance, case management, mental health screening and counseling, transportation, benefit screening, and enrollment services within the Santa Rosa Junior College Community.