

**Mental Health Services Act Expenditure Report – Governor’s Budget**

*Fiscal Year 2018-19*



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## **FUNDING OVERVIEW**

The Mental Health Services Act (MHSA), passed as Proposition 63 in 2004 and effective January 1, 2005, established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into the MHSF annually. The 2018-19 Governor's Budget indicates approximately \$1.798 billion was deposited into the MHSF in Fiscal Year (FY) 2016-17. The 2018-19 Governor's Budget also projects that \$2.095 billion will be deposited into the MHSF in FY 2017-18 and \$2.235 billion will be deposited into the MHSF in FY 2018-19.

Approximately \$1.951 billion was expended from the MHSF in FY 2016-17. Additionally, \$1.964 billion is estimated to be expended in FY 2017-18 and \$2.083 billion is estimated to be expended in FY 2018-19.

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 approved by the County Board of Supervisors. Per Welfare and Institutions Code (WIC) Section 5892(h), counties have three years to expend funds distributed for CSS, PEI, and INN components, and ten years to expend funds distributed for CF/TN and WET components.

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

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

## **EXPLANATION OF ESTIMATED REVENUES**

Table 1 displays estimated revenues from the MHSA's one percent tax on personal income in excess of \$1 million. Personal Income Tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code section 16475. The "Annual Adjustment Amount" represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2016-17 annual adjustment amount shown in the January Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2018-19.

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

**Table 1: MHSA Estimated Total Revenue at 2018-19 Governor's Budget  
(Dollars in Millions)**

		<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>Updated Governor's FY 2018-19 Budget<sup>1</sup></b>				
	Personal Income Tax	\$1,795.7	\$2,088.8	\$2,229.4
	Interest Income Earned During Fiscal Year	2.6	5.9	5.9
	Annual Adjustment Amount	[311.7]		
<b>Total Estimated Revenue<sup>2</sup></b>		<b>\$1,798.3</b>	<b>\$2,094.7</b>	<b>\$2,235.3</b>

<sup>1</sup> Source: Personal Income Tax and Annual Adjustment Amount (DOF Financial Research Unit – updated for Governor's Budget), Interest Income Earned (Fund Condition Statement in the FY 18-19 Governor's Budget: Income from Surplus Money Investments).

<sup>2</sup> Estimated available receipts do not include funds reverted under Welfare and Institutions Code (WIC) 5892(h).

**REVENUES BY COMPONENT**

Table 2 displays the estimated MHSA revenue available by component and the five percent portion available for state administration. While the component amounts are shown here to display the statewide totals, the MHSA funds are distributed to counties monthly as a single amount that each county budgets, expends<sup>3</sup>, and tracks by component according to the MHSA requirements.

**Table 2: MHSA Estimated Revenue  
By Component<sup>4</sup>  
(Dollars in Millions)**

	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Community Services and Supports (Excluding Innovation)	\$1,298.4	\$1,512.4	\$1,613.9
Prevention and Early Intervention (Excluding Innovation)	324.6	378.1	403.5
Innovation	85.4	99.5	106.2
State Administration <sup>5</sup>	89.9	104.7	111.8
<b>Total Estimated Revenue</b>	<b>\$1,798.3</b>	<b>\$2,094.7</b>	<b>\$2,235.3</b>

<sup>3</sup> Welfare and Institutions Code Section 5892(h) provides that counties have three years to expend funding for Community Services and Supports, Prevention and Early Intervention, and Innovation components, and ten years to expend funding for Capital Facilities Technological Needs and Workforce Education and Training components.

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

<sup>5</sup> 5% State Administration WIC §5892(d).

**MHSA FUND EXPENDITURES**

Table 3a displays MHSA expenditures for Local Assistance by component, Table 3b displays expenditures for State Administration by each state entity receiving funds from the MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2016-17 and estimated expenditures for FY 2017-18 and projected expenditures for FY 2018-19.

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

**Table 3a: MHSA Expenditures  
Local Assistance  
January 2018  
(Dollars in Thousands)**

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>Local Assistance</b>			
Department of Health Care Services <ul style="list-style-type: none"> <li>MHSA Monthly Distributions to Counties<sup>6</sup></li> </ul>	1,827,038	1,827,038	1,827,038
CSS (Excluding Innovation)	[1,388,549]	[1,388,549]	[1,388,549]
PEI (Excluding Innovation)	[347,137]	[347,137]	[347,137]
INN	[91,352]	[91,352]	[91,352]
Office of Statewide Health Planning and Development <ul style="list-style-type: none"> <li>WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds)</li> </ul>	26,587	12,650	0
California Housing Facilities Financing Authority	14,814	20,452	144,000
<b>Total Local Assistance</b>	<b>1,868,439</b>	<b>1,860,140</b>	<b>1,971,038</b>

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

**Table 3b: MHSA Expenditures  
State Administration  
January 2018  
(Dollars in Thousands)**

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>State Administration</b>			
Judicial Branch	1,066	1,128	1,129
California Health Facilities Financing Authority <ul style="list-style-type: none"> <li>• Mobile Crisis Services Grants</li> </ul>	185	265	0
OSHPD – Administration	7,026	13,436	2,808
Department of Health Care Services	7,583	13,672	9,374
Department of Public Health	12,106	11,839	42,384
Department of Developmental Services <ul style="list-style-type: none"> <li>• Contracts with Regional Centers</li> </ul>	1,155	1,166	1,167
Mental Health Services Oversight & Accountability Commission <ul style="list-style-type: none"> <li>• Triage Grants beginning January 2014 (\$32.0 M annually)</li> </ul>	40,965	56,839	47,896
Department of Education	131	156	156
University of California	7,970	0	1,830
Board of Governors of the California Community Colleges	87	94	94
Financial Information System for California	150	132	0
Military Department	1,279	1,391	1,414
Department of Veterans Affairs <ul style="list-style-type: none"> <li>• Provide information on local mental health services to veterans and families</li> </ul>	481	514	515
Department of Corrections and Rehabilitation	89	237	237
Department of Housing and Community Development <sup>7</sup>	0	0	0
Supplemental Pension Payment to CalPERS	0	0	156
Statewide General Administration <sup>8</sup>	2,701	2,867	2,826

<sup>7</sup> 2017-18 does not yet include one-time \$6.2 million carryover from 2016-17 for DHCD (2240) No Place Like Home Housing Program. This will reduce the total amount of administrative cap available.

<sup>8</sup> Pro Rata assessment to the fund: General fund recovers 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.



<b>Total Administration</b>	<b>\$82,974</b>	<b>\$103,736</b>	<b>\$111,986</b>
<b>Total Local Assistance (Table 3a)</b>	<b>1,868,439</b>	<b>1,860,140</b>	<b>1,971,038</b>
<b>Total of Local Assistance and Administration</b>	<b>\$1,951,413</b>	<b>\$1,963,876</b>	<b>\$2,083,024</b>

**Table 3c: MHSA Expenditures  
State Administrative Cap  
January 2018  
(Dollars in Thousands)**

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Total Estimated Revenue	\$1,798.3	\$2,094.7	\$2,235.3
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap <sup>9</sup>	\$89.9	\$104.7	\$111.8
Total Administration (includes funding re-appropriated and attributed to prior years)	\$83.0	\$103.7	\$112.0
<b>Difference</b>	<b>\$6.9</b>	<b>\$1.0</b>	<b>(\$0.2)</b>

Based upon estimated MHSA revenues, the 5% administrative cap is \$89.9 million and administrative expenditures are estimated at \$83.0 million for 2016-17. For 2017-18, the estimated 5% administrative cap is \$104.6 million and the total estimated expenditures are \$103.7 million. For FY 2018-19, the projected 5% administrative cap is \$111.6 million and the total projected expenditures are \$112.0 million. The amount exceeding the administrative cap in 2018-19 includes funding that has been re-appropriated and is attributed to prior year available funds. The projected expenditures are higher than the 5% administrative cap due to the availability of prior years' unspent funding from the administrative cap.

<sup>9</sup> 2017-18 does not yet include one-time \$6.2 million carryover from 2016-17 for DHCD (2240) No Place Like Home Housing Program. This will reduce the total amount of administrative cap available.

## **STATEWIDE COMPONENT ACTIVITIES**

### **1. Community Services and Support**

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

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

#### **Full Service Partnerships**

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

#### **General System Development**

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

### Outreach and Engagement Activities

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

## **2. Capital Facilities and Technological Needs**

The Capital Facilities and Technological Needs (CF/TN) component provided funding from FY 2007-08 to enhance the infrastructure needed to support implementation of the MHSA, which includes improving or replacing existing technology systems and/or developing capital facilities to meet increased needs of the local mental health system. Counties received \$453.4 million for CF/TN projects and had through FY 2016-17 to expend these funds.

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

### 3. Workforce Education and Training

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

#### Local WET Programs

In 2008, counties received \$210 million of the total allocation for local WET programs. They have through FY 2017-18 to expend these funds. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for oversight of these funds.

#### Statewide WET Programs

Pursuant to WIC Section 5820, OSHPD develops and administers statewide mental health workforce development programs to increase the number of qualified personnel serving individuals who have a serious mental illness. In 2008, \$234.5 million was set aside from the total \$444 million WET allocation for state- administered WET programs. From 2008 to 2013, the former Department of Mental Health administered the first Five-Year Plan of \$120 million. The responsibility for administering the plan was transferred to OSHPD in 2013.

OSHPD is currently administering the programs identified in the 2014-2019 WET Five-Year Plan.<sup>10</sup> OSHPD presented a draft plan to the California Mental Health Planning Council (CMHPC) for review and approval. Due to the varying nature of contract completion dates, some programs may not reflect FY 2016-17 outcomes data. The following describes statewide WET programs and related activities:

#### Current Programs

- **Stipend Program:** For FYs 2016-17 and 2017-18, a total of \$16.3 million is allocated for this program. This allocation supports seven contracts with educational institutions. The institutions award stipends to students seeking to become mental health professionals in exchange for working 12 months in the County Public Mental Health System (PMHS). In FY 2016-17, the program awarded a stipend to 330 recipients, of which 69 percent were from under-represented communities and 62 percent spoke a language in addition to English. The program is projected to award 321 stipend recipients in FY 2017-18.

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<sup>10</sup> A full copy of the WET Five-Year Plan can be found at the following link:  
<http://www.oshpd.ca.gov/HWDD/pdfs/WET/WET-Five-Year-Plan-2014-2019-FINAL.pdf>

- **Psychiatric Residency Programs:** In FY 2016-17, OSHPD administered \$411,322 in available funding related to a contract awarded during the 2008-13 Five-Year Plan. The awardee used the funds to support psychiatric residents as they performed their rotations, exposing the students to careers in the PMHS. Funding did not continue in FY 2017-18 as these programs were replaced by the Education Capacity-Psychiatrists program.
- **Education Capacity – Psychiatrists:** For FYs 2016-17 and 2017-18, a total of \$5 million is allocated for this program. Funds awarded in previous years supported four psychiatric residency/fellowship programs, allowing 51 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS during FY 2016-17. In FY 2016-17, OSHPD awarded grants to support three additional psychiatric residency/fellowship programs and allowing 41 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS. OSHPD intends to release requests for applications for additional grant funding opportunities in FY 2017-18.
- **Education Capacity – Psychiatric Mental Health Nurse Practitioners:** For FYs 2016-17 and 2017-18, a total of \$4.2 million is allocated for this program. Funds awarded in previous years supported four training programs in co-locating 54 Psychiatric Mental Health Nurse Practitioner students and staff in the PMHS, increasing educational capacity in FY 2016-17. In FY 2016-17, OSHPD awarded grants to four additional organizations, which are projected to train 115 individuals in the PMHS.
- **Regional Partnerships (RPs):** There are five RPs, representing the Bay Area, Central Valley, Southern California, Los Angeles, and Superior Region counties. As a consortium of county departments of mental health, community-based organizations, and educational institutions in their respective regions, RPs plan and implement programs that build and improve local workforce education and training resources to expand the PMHS in their respective regions. In FY 2016-17, CMHPC approved \$3 million for the RPs to create career development programs, on-line psychosocial rehabilitation programs, and expand the number of supervised hours in the PMHS leading to licensure. The RPs also held conferences and developed trainings for professionals and peers designed to address the varied needs of those in the PMHS.
- **Mental Health Shortage Designation Program:** For FY 2017-18, MHSA Administrative Funds allocation of \$150,772 augment federal funds to support this program. The Shortage Designation Program (SDP) is related to mental health workforce development, but is not part of the five-year plan. The SDP identifies communities experiencing shortages of mental health professionals 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, such

as the National Health Service Corps Loan Repayment Program and the State Loan Repayment Program. As of July 2017, OSHPD facilitated federal approval of 11 new Mental Health Professional Shortage Area (MHPSA) applications, bringing the total to 194. There are 7.9 million Californians living in these designated MHPSAs.

- **Mental Health Loan Assumption Program (MHLAP):** The California Mental Health Planning Council approved \$11.5 million for FY 2017-18. This program encourages mental health providers to practice in underserved locations in California by providing qualified applicants up to \$10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the PMHS. In FY 2016-17, MHLAP received 2,383 applications requesting over \$23 million. MHLAP awarded 1,514 individuals a total of \$13 million for FY 2016-17. Of those awardees, 67 percent self-identified as consumers and/or family members and 55 percent spoke a language in addition to English. As of August 2017, MHLAP is projected to award approximately 1,245 individuals a total of \$12.5 million for FY 2017-18. Final numbers will be available after June 30, 2018.
- **Peer Personnel Preparation:** For FY 2016-17 and FY 2017-18, a total of \$4 million MHSA Administrative Funds are allocated to this program. Peer Personnel is a related activity, but is not included in the five-year plan. This allocation funds organizations to conduct training of peer personnel on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related challenges. Funds awarded in previous years supported eleven organizations that recruited, trained, and placed 714 individuals into peer personnel positions across 35 counties in FY 2016-17. In FY 2016-17, OSHPD awarded grants to an additional seven organizations to recruit, train, and place a projected number of 1,170 individuals in peer personnel positions across 34 counties. In FY 2017-18, OSHPD awarded grants to an additional nine organizations to recruit, train, and place a projected number of 868 individuals in peer personnel positions across 38 counties. OSHPD will conduct another grant cycle in FY 2017-18.
- **Consumers and Family Members Employment:** For FYs 2016-17 and 2017-18, a total of \$8 million is allocated for this program. Funds awarded in previous years supported five organizations to engage in activities that increase and support consumer and family member employment in the PMHS in FY 2016-17. Activities include, but are not limited to, providing training and technical assistance employers, engaging consumers and family members in mentoring, self-help/support groups, trainings, professional development opportunities, and developing a comprehensive assessment. In FY 2017-18, OSHPD awarded nine grants organizations that will serve individuals and employers in 37 California counties, as well as one grant to an entity to carry out activities promoting employment in all counties.

- **Mini-Grants:** For FYs 2016-17 and 2017-18, a total of \$894,662 is allocated for this program. Mini-Grants fund organizations that engage in activities to promote mental/behavioral health careers to students. In FY 2016-17, OSHPD funded 42 organizations to support programs that encourage unrepresented, economically and educationally disadvantaged students in pursuit of mental/behavioral health careers. OSHPD will release a request for applications for additional funding opportunities in FY 2017-18.
- **Retention:** For FYs 2016-17 and 2017-18, a total of \$1 million is allocated for this program. This allocation funds organizations that engage in activities to increase the retention of the PMHS workforce. In FY 2016-17, OSHPD awarded six organizations with funds to support retention activities that supported 6,800 workers across 28 counties.
- **Evaluation:** For FYs 2016-17 and 2017-18, a total of \$500,000 is allocated for evaluation. These funds will be used to identify changes in the mental health workforce and to determine the effectiveness of state levels programs. OSHPD anticipates engaging contractors in Spring 2018 to complete this work.

#### Pending Program

- **Public Mental/Behavioral Health Pipeline Program:** For FYs 2016-17 and 2017-18, a total of \$1 million is allocated to this program. These funds will be used to support organizations that will construct region- and/or community-specific programs, such as “Grow-Your-Own Models,” to implement new or supplement existing pipeline programs or coursework for target populations. In June 2017, OSHPD awarded grants to 10 organizations providing services across 11 counties.

#### **4. Prevention and Early Intervention**

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

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

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

## **5. Innovation**

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

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

Counties use their INN funds to design, pilot, and evaluate a project that accomplishes one of the following: introduces new mental health practices or approaches, including but not limited to PEI; makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; or introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. Results of INN evaluations support the county and its community stakeholders in deciding whether to continue the project, or elements of the project, with other funding and what successful approaches and lessons learned may be disseminated to other counties.



## **STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES**

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

### **Judicial Branch**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$1,066,000 SO	\$1,128,000 SO	\$1,129,000 SO

### **Juvenile Court System**

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

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

Innovative programs allow for youth participation in planning and attending multidisciplinary education programs that address prevention and early intervention for juveniles with mental illness at risk of, or involved with, the court system. While some education content is designed specifically for youth, other programs offer sessions appropriate for both an adult and youth audience. These opportunities provide meaningful involvement of youth in court programs, including youth court. Subject areas in these programs include depression and suicide, bullying, truancy, addiction trauma, adolescent brain development and mental health, and human trafficking treatment and prevention programs.

In addition to children with mental illness, judges and court staff assist with identifying and obtaining effective assessment and treatment of parents with mental illness when their children are involved in the court systems. Educational programs for judges and court staff, as well as studies to identify effective practices, are used to identify and address the needs of these families and their children.

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

- Staffing the juvenile subcommittee of the Collaborative Justice Courts Advisory Committee, which is continuing much of the juvenile mental health work of the Mental Health Issues Implementation Task Force, which sunset on December 30, 2016, and focused on implementing the 137 recommendations

made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its [final report](#). Section 6 of this report specifically addresses juvenile mental health issues.

- Coordinating and documenting the work of Judicial Council Advisory Committees, including the Collaborative Justice Courts Advisory Committee, that were assigned juvenile court related Mental Health Issues Implementation Task Force recommendations by Judicial Council internal committee chairs.
- Identifying best practices for juveniles with mental illness in, or at risk of entering, the delinquency and dependency courts.
- Identifying and gathering model court protocols when responding to juveniles with mental illness in, or at risk of entering, the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency, psychotropic medication and dependency or delinquency court.
- Providing support for ongoing work to revise juvenile competency legislation, including analyzing AB 935.
- Developing and disseminating resource materials for judicial officers and court professionals related to mental health screenings, assessments, treatment including competency and psychotropic medication, risk assessments, recidivism in the juvenile justice system, performance measurements, human trafficking and trauma, including the Human Trafficking in California Toolkit, juvenile collaborative court models, starting a juvenile collaborative court, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing content for juvenile and family court judges with interdisciplinary conferences including Beyond the Bench; annual juvenile primary assignment orientations; and juvenile and family law institutes, as well as supporting conferences and educational programs for family court staff; the annual Youth Court Summit, which is the only statewide peer court conference for judicial officers, justice partners and youth participants; and regional youth court roundtables, most recently held in San Diego, Sacramento and Monterey, which are designed to assist local jurisdictions in starting or expanding their youth court.
- The Judicial Council built on its published [briefing](#) about human trafficking by creating a Trafficking Tool Kit for juvenile and criminal court judicial officers. This tool kit contains background information and research on sex trafficking, as well as a legislative history, ethical considerations, sample protocols, relevant bench cards, promising practices, and more. The finalized tool kit is available on the California courts website.
- Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction, including addressing the mental health needs of victims and perpetrators.
- Youth education efforts at the annual Youth Court Summit centered on stigma and discrimination, as well as teen dating/family violence and hate crime

reduction, taking a trauma-informed approach to the youth court system, substance abuse and the adolescent brain, cyberbullying, and children who are victims of sex trafficking, while also addressing the mental health needs of victims and perpetrators. This year's summit provided workshops/trainings in the areas of trauma and resiliency and their influence on creative sentencing options in youth court, the needs of adolescent girls, bias, as well as reducing substance use at school with peer-to-peer restorative accountability. Developing and implementing studies of effective practices in the area of Human Trafficking in girls' courts and CSEC courts, in Juvenile Mental Health Courts, and in Youth Courts.

- Research studies that address effective practices for addressing juvenile with mental illness or at risk juveniles have been initiated, as follows: Girls' Court Study, Youth Court Study, review of effective practices in juvenile collaborative justice courts.
- Technical assistance and education programs and materials are provided to Family Court managers, supervisors, and behavioral health court professionals regarding juvenile and parental mental illness, treatment and assessment, and related family issues.

Additional program information is available [here](#).

### Adult Court System

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

Upon review of the final report of the Mental Health Issues Implementation Task Force, the Judicial Council determined that there is a need to address mentally ill court users and their families across all case types in order to ensure their ability to remain in the community. This determination recognized that adults in the mental health and criminal justice systems are involved in cases that cross multiple case types.

Consequently, in addition to criminal courts, the ongoing work in adult courts includes family reunification; mentally ill court users in probate and family courts; civil harassment; and housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure that court employees, especially those in behavioral health functions such as conservatorship investigators and child custody mediators, understand and respond effectively to mentally ill persons in the courts.

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

- Maintaining and updating the roster of collaborative justice courts including mental health and related courts in the state and providing information upon request to court and justice system partners, state and national policymakers, and the public.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Providing in-person and distance educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- Providing on-going support for interdisciplinary programs such as the Judicial Council's Beyond the Bench conference, as well as programs in conjunction with the California State Bar Association, the California Association of Collaborative Courts (CACC), the American Bar Association, the Council on Mentally Ill Offenders, the Forensic Mental Health Association of California, and the California Homeless Court Coalition. For instance, support for the CACC statewide conference assisted in providing educational content addressing the mental health needs of adult and youth in the criminal juvenile court system to representatives in approximately 20 courts.
- Staffing the veterans' issues subcommittee of the Collaborative Justice Courts Advisory Committee, focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the criminal justice and court system. Work includes implementing additional tools, such as the court form, the MIL100, that provides a way for veterans in the courts to self-identify so that justice involved veterans are able to better understand their dispositional options under Penal Code section 1170.9 and to seek remedies in civil or criminal courts that include recognition of trauma, brain injury, and other conditions that might be related to military service. The new MIL183 and MIL184, which provide veterans a simple form set to use to petition the court for a dismissal of their charges and sealing of their records under Penal Code section 1170.9. Additionally, the subcommittee is redesigning the veteran's website to provide more information for veterans and military family members who are, or may become, involved in the court system and is providing a statewide training for mentors in Veterans courts.
- Staffing the Mental Health subcommittee of the Collaborative Justice Courts Advisory Committee, which is continuing the work of the Mental Health Issues Implementation Task Force by addressing recommendations from the Mental Health Issues Implementation Task Force that were assigned to the committee by the Judicial Council internal committee chairs. This subcommittee reviews mental health and court related legislation and will focus on criminal justice issues related to incompetency to stand trial (IST) and supporting local and

state initiatives, such as Stepping Up. The subcommittee will also focus on the emerging needs of the courts in non-criminal case types, as charged by the Judicial Council at the time of sunset of the Mental Health Issues Implementation Task Force, recognizing the impact of realignment, reentry, and other criminal justice policy changes on noncriminal caseloads.

- Conducted site visits to a state hospital and a jail based treatment center to better understand IST issues. Will conduct future site visits as determined to be necessary.
- Gather information on three community based IST restoration programs. Continue to identify innovative programs and share information with relevant stakeholders.
- Proposed amendments to Rule of Court 4.130(d)(2) to provide guidelines for alienist reports for competence evaluations.
- Collaborating with the Department of State Hospitals (DSH) to provide information to Court Executives regarding DSH's new electronic file sharing system.
- Coordinating and supporting the efforts of Judicial Council Advisory Bodies to continue efforts to implement recommendations of the Mental Health Issues Implementation Task Force.
- Developing and conducting regional and statewide trainings, as well as distance education, for family court services directors/managers, mediators, evaluators and child custody recommending counselors to help them meet mandatory education requirements. Training provided mental health content, such as workshops on vicarious trauma, neurological development, and understanding and treating traumatic stress, and help family court services staff provide mental health related services to high conflict families.
- Providing county specific technical assistance to Family Court Services offices in areas related to mental health including trauma informed care and vicarious trauma.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials, such as resources related to mental health firearm relinquishment reporting.
- Developing/supporting veterans court educational programming for judges and court teams related to adjudicating veterans with mental health issues and co-occurring disorders.

- Attending and providing input into a Department of Health Care Services working group to identify issues surrounding incompetency to stand trial.
- Implement a study to assess the opportunities for homeless courts to collaborate with local mental health providers and the cost/benefits of homeless courts in addressing these issues.

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

### **California Health Facilities Financing Authority**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$185,000 SO	\$265,000 SO	\$0 SO
\$14,814,000 LA	\$20,452,000 LA	\$144,000,000 LA

### **Investment in Mental Health Wellness Act of 2013:**

The California Health Facilities Financing Authority (CHFFA) receives on-going MHSA funding of \$4 million for county mobile crisis support team personnel funding grants as part of the Investment in Mental Health Wellness Act of 2013 (SB 82). This funding for personnel is only available for Mobile Crisis Support Teams. During FY 2016-17 and 2017-18, \$3,998,942 was awarded each year. After the completion of all funding rounds, \$1,057 in available personnel funding was not awarded.

The nine counties awarded and receiving personnel funding from MHSA as a part of the Investment in Mental Health Wellness Grant Program include Contra Costa, Lake, Los Angeles, Marin, Mendocino, Riverside, Sacramento, San Joaquin, and Santa Barbara.

CHFFA conducted a total of six funding rounds for the SB 82 (2013) Investment in Mental Health Wellness Grant Program: five funding rounds were for mobile crisis support, crisis stabilization and crisis residential treatment, and one funding round was for peer respite care. After the completion of all funding rounds, CHFFA approved a total of 56 grant awards for the benefit of 41 counties. Grant awards totaling \$136,460,897 for capital funding have been awarded. Specific to mobile crisis teams, a total of \$3,016,171 was awarded to 15 counties.

Sixty-one of the 76 approved vehicles have been purchased for the grant programs that were awarded capital funding for mobile crisis support teams. Of the grant awards for mobile crisis support that included personnel funding, counties have hired all of the 57.25 approved personnel.

Additional information on counties selected for funding may be found at the following links:

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

### Children and Youth Investment in Mental Health Wellness Grant Program:

SB 833 (2016) provided an additional \$11,000,000 in 2016-17 and AB 97 (2017) provided an additional \$16,717,000 in 2017-18 to CHFFA to fund the Children and Youth Investment in Mental Health Wellness Grant Program as authorized by SB 833 (2016).

With the passage of SB 833 in 2016, the Children and Youth Investment in Mental Health Wellness Grant Program (“CY Program”) was created with the intent to increase mental health services for children and youth 21 years of age and under for the purpose of developing a complete continuum of crisis services. Working with counties, the CY Program will fund facility acquisition, construction/renovation, equipment acquisition, and applicable startup or expansion costs to provide mental health services for children and youth as well as provide family care throughout the state.

CHFFA will administer a competitive grant program similar to, and leveraging the lessons learned from, SB 82. Funds will be awarded to counties that will be expanding mental health services in eligible program service areas outlined in the statute.

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

### Office of Statewide Health Planning and Development

FY 2016-17	FY 2017-18	FY 2018-19
\$7,026,000 SO	\$13,436,000 SO	\$2,808,000 SO
\$26,587,000 LA	\$12,650,000 LA	\$0 LA

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

The Office of Statewide Health Planning and Development (OSHPD) administers the statewide Workforce Education Training (WET) funds and develops mental health programs that support the increase of qualified medical service personnel serving individuals with mental illnesses. Information about the use of local assistance WET funds is provided in the Statewide Component Activities section.

MHSa state operations funds support 11.0 full time equivalents. Administrative costs are estimated at \$1.4 million in both FY 2016-17 and FY 2017-18.

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

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

**Department of Health Care Services**

FY 2016-17	FY 2017-18	FY 2018-19
\$7,583,000 SO	\$13,672,000 SO	\$9,374,000 SO
\$1,827,038,000 LA*	\$1,827,038,000 LA*	\$1,827,038,000 LA*

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

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

During FY 2016-17 and 2017-18, DHCS received an appropriation of \$4 million, subject to the availability of funds. DHCS is working on establishing contracts for a one-time funding for suicide hotlines.

DHCS and the CMHPC have a total of 27.0 MHSA-funded FTEs.

**Department of Health Care Services:**

MHSA State operations funding supports 22.0 FTEs.

DHCS is responsible for a range of fiscal and programmatic oversight activities of MHSA-funded programs including:

- Developing and administering the MHSA Annual Revenue and Expenditure Report (ARER). DHCS updates the forms on an annual basis, provides technical assistance to counties in how to complete the report, reviews the ARERs upon submission for completeness, provides additional technical assistance to counties to correct any errors, and posts each ARER to the DHCS [website](#). DHCS tracks county expenditures and unspent funds and makes expenditure data available annually to the Legislature in the MHSA County Expenditures by Component report.
- Annual [county performance contracts](#). Every year, DHCS reviews the Performance Contract and makes any necessary edits, negotiates the edits with the County Behavioral Health Directors Association of California, and processes the contracts through execution.
- Receiving and reviewing Critical Performance Issues from the MHSOAC or the CMHPC and taking action, as appropriate. DHCS has a process for reviewing each Critical Performance Issue to determine necessary action. Depending on the Issue, DHCS may decide that additional review is necessary and, if so, DHCS Audits and Investigations and/or Program Oversight will complete an investigation.



- Performing fiscal audits of county MHSA expenditures. The Audits and Investigations Division has 3.0 FTEs to perform Fiscal audits necessary to ensure that county mental health departments are appropriately using MHSA funds and accurately reporting expenditures on the ARER based upon an audit of county mental health department records. The DHCS Audits and Investigations Division may perform special audits related to the use of MHSA. DHCS is also responsible for handling county appeals of audit findings. These appeals are conducted by an Administrative Law Judge in accordance with the Administrative Procedures Act and are formal hearings.
- Conducting program reviews of county MHSA programs. DHCS continues to include MHSA questions in the Medi-Cal Specialty Mental Health Services system review of each County Mental Health Plan on a triennial basis. DHCS has developed a draft protocol and review tool to use when completing onsite program reviews of county MHSA-funded programs. DHCS hired 1.0 FTE Staff Mental Health Specialist and 2.0 FTEs Associate Governmental Program Analysts who began performing onsite reviews in January 2018. It is anticipated that each county will be reviewed on a triennial basis.
- Developing the MHSA allocation distribution methodology. DHCS reviews and updates the data used in the MHSA allocation distribution methodology on an annual basis to develop the monthly allocation schedule. DHCS provides the allocation schedule to the SCO for use in distributing the monthly allocations to counties.
- Reviewing, developing, and amending MHSA regulations. DHCS is currently developing MHSA fiscal regulations for reversion, prudent reserve, accounting practices, and the ARER. DHCS, the MHSOAC, and CBHDA met several times in the past year to discuss fiscal policies and the development of fiscal regulations. DHCS continues to develop the regulations and initial statement of reasons with the goal of submitting the Notice of 45-day posting to the Office of Administrative Law by January 2019. Additionally, DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package.
- Reversion calculation for FY 2005-06 through FY 2014-15: DHCS is finalizing the amount of unspent funds deemed reverted and returned to the county of origin from FY 2005-06 through FY 2014-15 for CSS, PEI, INN, WET, and CFTN components.
- State level programs. DHCS continues to collaborate with various state and local government departments and community providers related to suicide prevention, stigma and discrimination reduction, and student mental health activities through involvement with the Interagency Prevention Advisory Council.
- Developing Information Notices related to the MHSA.
- Reviewing legislation related to the MHSA and developing bill analyses and enrolled bill reports.
- Drafting reports related to the MHSA: [MHSA Expenditure Report, May 2017](#).

Contracts:

DHCS contracts with CIBHS to provide statewide technical assistance to improve the implementation of the MHSA and MHSA-funded programs. The contract is funded at \$4.144 million per year. CIBHS provides technical assistance and a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of the MHSA. Examples of technical assistance and trainings provided by this contract include working with counties to increase their capacity to address the diverse communities through training and technical assistance that strengthen county cultural competence plans and implementation of those plans and utilizing the Learning Collaborative model to provide training on care coordination across sectors for high-risk, high-utilizing populations.

DHCS contracts with UCLA to fund the California Health Information Survey, a phone survey that captures data on adults and youth in California. This contract is funded at \$800,000 per year. The survey gathers data on the health status of and access to healthcare services of an estimated 1.6 million adults ages 18-64. DHCS relies on this survey's information to measure mental health service needs and mental health program utilization. In addition to data collection, UCLA also developed a [policy brief](#) about the use of mental health services among adults with mental health needs.

DHCS also contracts with the Mental Health Data Alliance and Agreeya Solutions to improve the quality of its data, and propose and implement solutions to remediate errors in the Client Services and Information and the MHSA Data Collection and Reporting systems. Data cleanup is expected to continue through Spring 2019. Total funding for these contracts is \$922,600.

#### California Mental Health Planning Council:

MHSA State operations funding supports 5.0 FTEs.

The CMHPC is responsible for the review of MHSA-funded mental health programs based on performance outcome data and other reports from the DHCS and other sources. The CMHPC issues an annual Data Notebook to the local advisory boards for their input on county performance in specific areas of the system, including MHSA-funded programs, and subsequently releases a Summary Report. The CMHPC regularly issues reports and papers with research and recommendations on targeted aspects of the community mental health system. Additionally, the CMHPC advises the Office of Statewide Health Planning and Development on education and training policy, collaborates on their statewide needs assessment and provides oversight for the five-year plan development. Each five-year plan must be reviewed and approved by the CMHPC. The CMHPC also advises the Administration and the Legislature on priority issues, including statewide planning.

#### California Department of Public Health

FY 2016-17	FY 2017-18	FY 2018-19
\$12,106,000 SO	\$11,839,000 SO	\$42,384,000 SO

The MHSA currently supports a total of 11.5 positions in the California Department of Public Health (CDPH) Office of Health Equity (OHE). The OHE, Community Development and Engagement Unit (CDEU), oversees the California Reducing Disparities Project (CRDP), which is designed to improve access, quality of care, and increase positive outcomes for the following five populations:

- African Americans
- Asian/Pacific Islanders
- Latinos
- Native Americans
- Lesbian, Gay, Bisexual, Transgender, Queer and Questioning

Beginning in Fiscal Year (FY) 2012-13, CDPH received \$15 million a year for four years, (a total of \$60 million available without regard to fiscal year) to implement and evaluate CRDP community-defined practices. In total, OHE has awarded and executed 40 contracts and grants to implement the CRDP, which include:

- A Statewide Evaluator
- Five Technical Assistance Providers
- Eleven Capacity Building Pilot Projects
- Twenty-three Implementation Pilot Projects

### Program Highlights and Key Activities

FY 2017-18:

- OHE activities to finalize CRDP Phase II solicitations includes the following:
  - Issuance of the Education, Outreach and Awareness (EOA) solicitation and the review and scoring of proposals. The final solicitation under the CRDP umbrella is the EOA solicitation, which has been drafted and is currently under review. CDPH issued the EOA Request for Information in January 2018, and expects to release the official solicitation during March/April 2018.
- OHE continues to provide ongoing administrative support to the twenty-six member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The Statewide Plan can be viewed [here](#).

OHE administers contracts to:

- Finalize and disseminate a CRDP statewide strategic plan for reducing mental health disparities

- Operationalize strategies listed within the Statewide Plan, which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities
- Strategize on CRDP messaging and communications via social media, web redesign and other platforms to keep stakeholders informed and apprised on program achievements
- Develop recommendations for CRDP Program Management infrastructure for contract managers and vendors
- Coordination of meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges

### OHE Outreach and Engagement Partners:

The list below includes committees that OHE CDEU participates on regularly and/or as requested:

- Mental Health Services Oversight and Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee
- MHSOAC Services Committee
- Mental Health Services Act Partners Forum
- County Behavioral Health Directors Association of California Cultural Competence, Equity, and Social Justice Committee
- California Mental Health Planning Council (Various workgroups/committees)
- California Institute for Behavioral Health Solutions (Various workgroups/committees)
- Central Region Ethnic Services Managers
- Southern Region Ethnic Services Managers
- Bay Area Region Ethnic Services Managers
- State Interagency Team Workgroup to Eliminate Disparities and Disproportionality
- California Achieving a Better Life Experience
- California Committee on Employment of People with Disabilities
- California Mental Health Services Authority
- Workgroup to Eliminate Disparities and Disproportionalities
- Office of AIDS California Planning Group
- Climate and Mental Health Planning Committee
- Student Mental Health Policy Workgroup
- Social Determinants of Health and Structural Racism Committee
- Office of Minority Health, Regional Health Equity Council Region IX Behavioral Health Subcommittee
- Office of Minority Health, Regional Health Equity Council Region IX & X States Committee
- Defending Childhood Initiative Committee
- California Home Visiting Program Systems Integration Workgroup

Additional OHE Information can be viewed here:

- [OHE Website](#)
- [CRDP Website](#)

### **Department of Developmental Services**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$415,000 SO	\$426,000 SO	\$427,000 SO
\$740,000 LA*	\$740,000 LA*	\$740,000 LA*

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

The Mental Health Services Act (MHSA) funds a total of 3.0 positions.

The Department of Developmental Services (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 provides support for families.

Cycle III (FYs 2014-15 through 2016-17) MHSA projects concluded on June 30, 2017. A brief description of each project is included below:

#### *Central Valley Regional Center (CVRC)*

Counties: Fresno, Kings, Tulare, Madera, Mariposa, Merced

- Central Valley Regional Center (CVRC) developed a training curriculum, convened a training, and provided statewide technical assistance to potential RC vendors to address the lack of competency trainers within communities and reduce incarceration time.

FY 2014-15: \$109,846

FY 2015-16: \$151,497

FY 2016-17: \$120,544

- CVRC also enhanced the content of their prior Cycle II MHSa project, [Foundations of Infant Mental Health Training Program](#), by promoting culturally competent clinical care and systems coordination in early childhood mental health through team-based learning.

FY 2014-15: \$152,363      FY 2015-16: \$67,710      FY 2016-17: \$147,209

*Regional Center of the East Bay*

County: Alameda

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

FY 2014-15: \$123,900      FY 2015-16: \$105,000      FY 2016-17: \$105,000

*San Diego Regional Center*

Counties: Imperial and San Diego

- [Psychiatric Navigation Project](#) responded, and addressed, the complex needs of dually diagnosed transition age youth who identified as high utilizers of emergency rooms and acute psychiatric facilities.

FY 2014-15: \$133,200      FY 2015-16: \$134,310      FY 2016-17: \$135,420

*Westside Regional Center*

County: Los Angeles

- [Evidence Based Practices for Dual Diagnosis](#) provides training on three Los Angeles County-approved evidence-based practices, Triple P-Positive Parenting Program, Trauma Focused Cognitive Behavioral Therapy Training, and Integrating Child-Parent Psychotherapy. Training included prevention and early intervention for consumers with dual diagnoses.

FY 2014-15: \$107,010      FY 2015-16: \$153,169      FY 2016-17: \$94,401

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

FY 2014-15: \$113,681      FY 2015-16: \$128,314      FY 2016-17: \$137,426

In Cycle III, over 4, 281 consumers, families, clinicians, service providers, regional center staff and other professionals participated and benefitted from these projects. Tools, resources, training curricula, PowerPoint presentations and other training materials for each specific project are available on each project website.

Cycle IV MHSa Projects (FY 2017-18 through 19/20) have commenced. Information on Cycle IV projects can be found on [DDS' website](#). Regional centers funded in Cycle IV are currently working on their projects' web pages, which will contain further project details and resources.

Additional information can be viewed here:

[DDS website](#)

### **Mental Health Services Oversight and Accountability Commission**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$40,965,000 SO	\$56,839,000 SO	\$15,896,000 SO
\$0 LA	\$0 LA	\$32,000,000 LA

FY 2016-17 administrative funds are utilized as follows:

The MHSOAC receives funding and 36.0 positions to support its statutory oversight and accountability for the MHSA.

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

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

Beginning in FY 2013-14, \$32 million is appropriated annually for the MHSOAC to administer the triage personnel grant program. In FY 2014-15, \$19.4 million of the FY 2013-14 MHSOAC triage grant funds were re-appropriated to extend funding for counties. In FY 2015-16 the MHSOAC re-appropriated triage funds for FY 2014-15 and 2015-16. The Commission will release the next round of grants for a three year term in January 2018.

In addition to the \$32 million annual funding for triage personnel grants, SB 833, Chapter 30, Statutes 2016 provided the MHSOAC with \$3 million one-time funds for children's crisis services and training. The Commission received approval to expend the funds in June 2017 and released a Request for Application in January 2018 for the \$3 million children's crisis services and training grants.

MHSOAC also re-appropriated \$1 million for stakeholder contracts and \$350,000 from the CIBHS contract from FY 2015-16. The MHSOAC re-appropriated \$2.5 million for research in FY 2015-16. MHSOAC re-appropriated \$5,564,700 from 2013-14, 2014-15, 2015-16 in the 2016 Budget Act, which was comprised \$495,988 of salary savings for IT contracts, \$4,020,000 for advocacy contracts that had been awarded through the competitive bid process, \$585,214 in triage grant funds, \$293,498 for evaluation contracts, and \$170,000 for a Transition Age Youth advocacy contract. Additional information regarding triage grants is available [here](#).

The 2017 Budget Act appropriated \$100,000 to the MHSOAC for the development of a statewide suicide prevention plan. The first stakeholder meeting was held in Shasta County during March 2018.

Some of the MHSOAC's primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices.
- Providing oversight, review, training and technical assistance, for accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approving County Innovation plans.
- Receiving and reviewing county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.
- Implementing and managing the SB 82 Triage Program.
- Implementing and managing stakeholder contracts

Additional MHSOAC Information can be viewed here:

- [MHSOAC Website](#)
- [MHSOAC Fact Sheet](#)

### **California Department of Education**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$131,000 SO	\$156,000 SO	\$156,000 SO

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

The CDE oversees more than 6.2 million students and approximately 1,000 diverse and dynamic school districts in California's 58 counties. The CDE receives MHSA funding to



increase capacity in both staff and student awareness of student mental health issues and promote healthy emotional development.

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

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

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

#### Program Highlights:

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

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

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

Additional information about the CDE student mental health activities is available on the CDE Mental Health Web page located [here](#).

### **University of California**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$7,970,000 SO	\$0 SO	\$1,830,000 SO

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

UC Davis Behavioral Health Center of Excellence was launched on October 1, 2014, with initial funding from MHSA. The Center's mission is to expand research opportunities, accelerate innovation for future funding, with a vision of better understanding the brain and behavior. The Center's mission is to bridge sciences with policy and educate the next generation to be leaders for mental health. The Behavioral Health Center at UC Davis focuses on these three areas:

- Prevention and Early Intervention
- Innovation
- Policy and Education

UC Davis conducts webinar series, lecture videos and symposiums. Information regarding upcoming events can be found [here](#).

The UCLA Semel Institute's program includes resources to support the Clinical and Translational Science Center, as well as research, communication, education and outreach programs of the Center for Health Services and Society. The UCLA program is addressing mental health disparities through innovations in community engagement, dissemination of evidence-based practice, and innovations in research and communication and information technology. The UCLA program also promotes development of leadership in behavioral health sciences and services and innovations in approaches to community partnerships in mental health services. Further information can be found [here](#).

### **Board of Governors of the California Community Colleges Chancellors Office**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$87,000 SO	\$94,000 SO	\$94,000 SO

The MHSA funding provides partial support for 1.0 position at the Chancellor's Office.

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education with 72 community college districts and 114 community colleges serving over 2.1 million students. MHSA funds support the CCCCCO with staff who have been developing policies and program practices and identifying resources to address the mental health needs of California's community college students. Following the completion of the Phase II contract with the CCCCCO in partnership with the Foundation for California Community Colleges (FCCC) entered into contract with CalMHSA, in the amount of \$400,000, to sustain California Community Colleges Student Mental Health Program (CCC SMHP) outreach and dissemination activities through June 30, 2018. With the reduction in CCC SMHP contract funds available through CalMHSA, the CCCCCO prioritized resourcing two critical training components of the project including prevention, early intervention, and mental health training and technical assistance available to the 114 colleges (\$275,000 annual contract) and Kognito, the online suicide prevention training that is currently available to 104 colleges (\$87,500 annual contract). Additional details regarding accomplishments of Phase III are included in the narrative below.

The following is a brief summary of Phase II accomplishments since July 1, 2016, through June 30, 2017:

- Broadly disseminated Each Mind Matters (EMM) materials, products and campaign information to California community college faculty, staff, and students. Collectively, over 242,000 EMM materials were distributed during system wide conferences and other distribution methods, over 25,086 materials were downloaded from the CCC SMHP project [website](#).
- The project website continues to be populated with newly developed [products](#) from CCC SMHP including: 1) Trauma Informed Care fact sheet; 2) Student Mental Health 101 fact sheet; 3) Basic Needs: How Food and Housing

Insecurities Impact Student Mental Health fact sheet; 4) Disabled Students Programs and Services Students with Mental Health Disabilities fact sheet. 5) Meeting Basic Needs to Support Students' Mental Health and Success fact sheet.

- The CCC SMHP project website has been viewed by 55,000 unique visitors, with close to 252,094 page views. The recently launched student mental health Public Service Announcements have been viewed 1,205 over the course of 10 months.
- CCC SMHP has increased the total number of CCC assessing Kognito suicide prevention gatekeeper trainings, bringing the total to 104 of 114 colleges. Currently over 61,245 faculty, staff and students are accessing the online trainings.
- The CCC, in partnership with the FCCC are currently working with the Crisis Text Line (CTL), a national organization that facilitates text based mental health support. The goal of the collaboration is to implement a CTL service specifically targeting California community college students.
  - Over 250 CTL tool kits were distributed to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on the college campuses.
  - Tool kits included extensive outreach collateral materials that are now being displayed at multiple locations throughout each of the 114 campuses.
  - The outreach materials are designed to inform students about the CTL services, and instructs the CCC students to text the word "Courage" to access CTL services.
  - Students accessing the service receive immediate and ongoing support from trained counselors available 24/7.
  - The CCC hosted a system-wide informational webinar, teaching 130 CCC faculty and staff, providing information about this newly available service and will be promoting this free resource in an ongoing capacity.
  - During May-July 2017, approximately 416 students accessed CTL services. The initial launch of the service was considered a soft launch as it took place during the summer months when the fewest number of students are on campus. In anticipation of an upsurge of CTL service usage, additional outreach materials will be distributed in September 2017.
- The CCC sponsored five regional trainings including:
  - Palomar College: HIPAA/FERPA Compliance (event live streamed across the state)
  - Moorpark/Sierra Colleges: Trauma Informed
  - Coastline Community College: Safe Zone LGBTQ
  - Los Angeles Pierce College: Screening, Brief Intervention and Referral to Treatment

- As part of the CCC SMHP, the CCCCCO supported implementation of 26 mini-grants that reached a total of 10,300 CCC faculty, staff and students. These events included:
  - **Southwestern College** hosted a Mental/Health Fair targeting under-served populations.
  - **Moorpark College** hosted two De-Stress events during finals week.
  - **Cuesta College** hosted an Awareness Gallery to promote mental health awareness as part of their Mental Health Matters activities in May.
  - **Yuba College** hosted a Mental Health First Aid training course teaching students to identify, understand, and respond to mental health concerns.
  - **Ohlone College** launched a stress management campaign to reduce stress before finals week.
  - **Santa Rosa College** hosted on-campus stress reduction activities in May.
  - **Pasadena City College** hosted a mental health movie event highlighting mental health awareness with a screening of A New State of Mind.
  - **College of the Canyons** offered MHFA and Safe Zone trainings to students during spring semester.
  - **Santiago Canyon College** promoted the Kognito Challenge and support Mental Health Matters Day in spring.
  - **Santa Ana College** hosted “Healing through Art” mental health enhancement workshops.
  - **Hartnell College** hosted an on-campus Health and Wellness Event including de-stress activities.
  - **Rio Hondo College** hosted a 4 days of mental health activities including information/promotional tabling, Suicide Prevention Workshops, art therapy, and yoga.
  - **Mt. San Antonio College** hosted a De-Stress Fest including stress management workshops during spring semester.
  - **Woodland College** showed multiple viewings of the documentary/film “Resilience” including a post-movie discussion.
  - **San Diego City College** hosted resource and activity tables at a one-day campus-wide health and wellness event called Stress Less for Increased Success.
  - **San Bernardino Valley College** hosted a one-day wellness event including engaging group activities to promote self-awareness and self-compassion.
  - **Gavilan College** hosted 4 days of tabling and stress-buster activities in May.
  - **Columbia College** a health and wellness event and a wellness activity to promote mental health services awareness.
  - **Bakersfield College** hosted a “Movies for Mental Health” movie session with discussion led by facilitators.

- **San Joaquin Delta College** hosted a “Mind Matters Movie Day”.
  - **City College of San Francisco** hosted “Send Silence Packing” and tables for promoting EMM materials.
  - **Berkeley City College** hosted an awareness gallery including showcasing mental health themed art.
  - **Grossmont College** hosted a massage therapist and dog therapy event during finals month.
  - **Palomar College** hosted a “Music Wellness” event demonstrating stress relief through music.
  - **Clovis Community College** hosted an Active Minds speaker, conducted student panel presentations, and hosted a spring event focused on mental health and wellness awareness.
- Recognizing the significant barriers that returning Veteran students face, the CCC will be sponsoring a minimum of seven Welcome Home: Veteran’s on Campus training events with a goal of training up to 500 additional faculty and staff regarding how to assist Veteran student’s transition into post-secondary. Beginning during Fall 2017, Welcome Home Trainings were scheduled at the following campuses:
    - Hartnell College
    - Shasta College
    - East Los Angeles College
    - Saddleback College
  - The CCCO regularly convenes a core group of advisors composed of health and mental health practitioners from across the state to discuss various issues including the prevention, early intervention and mental health needs of students, the faculty/staff training needs, and the capacity building needs of the community colleges in general. The group also provides ad hoc support to assess feasibility of pending legislation that will potentially impact CCC student health and/or mental health services.
  - The CCCC met with workgroup members for in-person meetings a total of six times throughout the year and has hosted two teleconferences to identify key program development and expansion activities including:
    - Development of student facing on-line health and wellness portal in the CCCC On-Line Education. In partnership with the CCCC Online Education Initiative, this project is in very early development and additional information will be provided as it becomes available.
    - Development of an “Exemplary Program” PSA, featuring the integrative health/mental health care model operating at Santa Rosa Junior College. Upon completion, this PSA will be used to educate community colleges throughout the

State regarding optimal service delivery that includes prevention and early intervention strategies (project is currently being cost out to determine feasibility).

- The CCCO in partnership with the RAND Corporation completed the third wave to the Higher Education faculty/staff and student mental health surveys. Currently eight community colleges distributed both the faculty/staff and student surveys and RAND is in the process of analyzing the data. Subsequent findings from the Student Mental Health survey will be published within the next six months.

Additional program information can be accessed at [the project website located at CCC SMHP.](#)

### **Financial Information System for California (FI\$Cal)**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$150,000 SO	\$132,000 SO	\$0 SO

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

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

### **Military Department**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$1,279,000 SO	\$1,391,000 SO	\$1,414,000 SO

The Military Department receives funding for 8.2 positions that are available 24 hours a day, 7 days a week, to members of the California National Guard (CNG) and their families. These personnel support the California Military Department Behavioral Health (CMD BH) outreach program, which is designed to improve coordination of care between the CNG, local County Veterans Services Officers, county mental health departments, and other public and private support agencies. The CMD BH Liaisons educate guard members and their families about mental health issues and enhance the capacity of the local mental health system through education and training about military culture. From September 2016 through September 2017, CMD BH Liaisons used MHSA funding to respond to over 14,543 guard member concerns, 3,250 of which required more than basic support and information. The CMD BH Liaisons assisted soldiers and airmen, and their families, in acquiring appropriate local, state, federal, private, public

and/or non-profit Behavioral Health Program support. Assisting soldiers and airmen in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that service members receive care by mental health clinicians who are trained to treat military-specific conditions. MHS-funded CMD BH Liaisons partnered with UCLA's Nathanson Family Resilience Center's Families Overcoming Under Stress (FOCUS) program to provide support to military families in the Southern California Region. CMD BH Liaisons also participated in statewide behavioral health collaborative in each of their regions, such as the University of Southern California's Center for Innovation and Research on Veterans and Military Families (USC CIR), Santa Barbara Collaborative, Ventura Collaborative, Fresno and Bakersfield Veterans Groups, Valley Veterans Alliance and San Diego Collaborative, among others. General areas of activity for the CNG BH Directorate include:

- Participating in Veterans and VA Family panels regarding issues and resources
- Supporting Public Broadcasting Service's National Meeting on Veterans Support needs
- Conducting education events to inform soldiers and their families about how to access mental health services.
- Presenting information about county mental health programs to all California National Guard behavioral health providers and CNG members.
- Presenting information to government, public, and non-profit agencies through briefings, conferences, panels, and presentations, about the unique experiences of military members and veterans.

CMD BH Liaisons contributed to and supported articles about behavioral health, National Guard Behavioral Health resources, suicide prevention, motivational techniques, and general mental health resources in military unit newsletters and bulletins. They spoke on veteran and military, and emergency responder panels, such as the California Professional Firefighters Association Behavioral Health Task Force, and the UCLA/Greater Los Angeles VA (GLAVA) Veteran Family Wellness Center Advisory Workgroup Meeting. They participated in statewide webinars, and they maintained two CA National Guard Behavioral Health informational Facebook pages, used texting, and FaceTime in order to reach out to all Guard members and the public.

### **Department of Veterans Affairs**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$211,000 SO	\$244,000 SO	\$245,000 SO
\$270,000 LA	\$270,000 LA	\$270,000 LA



### State Operations:

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

### Local Assistance:

In FY 2016-17, the DVA awarded local assistance grants to eight CVSOs to expand and/or promote mental health services in their community utilizing the following strategies:

- Promote programs that encourage early intervention of mental health needs for veterans and their families.
- Provide timely and effective referrals to the appropriate service providers.
- Provide services to Veteran Treatment Courts and/or incarcerated veterans.
- Develop Veteran Peer Support programs in collaboration with applicable county behavioral health departments.
- Reduce stigma and encourage those with mental health needs to seek help by adopting educational mental health programs for veterans and their families.
- Enhance the mental and physical healthcare of veterans and their families.
- Ensure newly discharged service members and veterans are educated on the available services provided by the USDVA specific to mental health services.

Additional information for each county's use of funds is provided in Appendix 3.

For FY 2017-18, DVA invited all CVSOs to submit a Request for Application (RFA) for funding to enhance and/or promote mental health services to include treatment and other related recovery programs to veterans currently residing in or returning to their community from their military service as they transition back to civilian life. CalVet received 20 applications and awarded 7 contracts totaling \$270,000 to seven counties. The participating CVSOs are Contra Costa, Imperial, Orange, Placer, San Joaquin, Solano, and Sonoma.

Additional information regarding DVA programs and services is available [here](#).

**Housing and Community Development**

FY 2016-17	FY 2017-18	FY 2018-19
\$0 LA	\$0 LA	\$0 LA

The Department of Housing and Community Development received MHSAs funding of \$6,200,000<sup>11</sup> for the provision of technical assistance and application preparation assistance to counties for the No Place Like Home (NPLH) program.

The NPLH Technical Assistance Grant Notice of Funding Availability (NOFA) closed on September 30, 2017. HCD received 58 applications out of an eligible pool of 60 applicant counties. The total amount of the applications received is \$5,775,000.00. HCD has approved 31 award packages to date and projects that all remaining awards will be completed by the end of January 2018.

**California Department of Corrections and Rehabilitation**

FY 2016-17	FY 2017-18	FY 2018-19
\$89,000 LA	\$237,000 LA	\$237,000 LA

California Department of Corrections and Rehabilitation (CDCR) receives MHSAs funds for 2.0 FTEs to support the Council on Criminal Justice and Behavioral Health (CCJBH) and to strengthen and expand their activities while achieving Mental Health Services Act (MHSAs) objectives and outcomes for designated target populations. Reducing incarceration is one of the negative outcomes of untreated mental illness that the MHSAs aims to address.

Through these funds CCJBH is further able to accomplish tasks and activities that support the use of effective prevention and diversion policies and practices that reduce incarceration or that reduce recidivism among individuals across the lifespan with behavioral health challenges. 1.0 FTE supports an Associate Governmental Program Analyst and 1.0 FTE supports a Research Scientist (III). MHSAs funds further support enhanced training and educational opportunities for council members, stakeholders and staff, as well as, resources for enhanced communication and information dissemination efforts.

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<sup>11</sup> 2017-18 does not yet include one-time \$6.2 million carryover from 2016-17 for DHCD (2240) No Place Like Home Housing Program. This will reduce the total amount of administrative cap available.

**Appendix 1: Historical Information**

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

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

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

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

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

AB 1618 (Chapter 43, Statutes of 2016) established the No Place Like Home 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.

AB 114 (Chapter 38, Statutes of 2017) 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) have to expend MHSA funds from 3 years to 5 years, and provided that the reversion period for INN funding begins when the MHSOAC approves the INN project.

**Appendix 2: MHSOAC Triage Grant Awards**

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17		
<b>Amount Allocated</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>		
					Proposed	Actual
	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>FTE's<sup>7</sup></b>	<b>FTE's<sup>10</sup></b>
<b>Southern Region</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>		
Ventura	\$840,259	\$2,126,827	\$2,242,542	\$2,364,043	23.0	20.5
Riverside	\$488,257	\$2,134,233	\$2,333,374	\$2,510,844	32.3	25.0
Santa Barbara	\$933,135	\$2,352,536	\$2,468,608	\$2,594,250	23.5	21.0
Orange	\$1,250,000	\$3,000,000	\$3,000,000	\$3,000,000	28.0	23.8
San Bernardino*	\$7,174,512	\$938,985	\$0	\$0	25.0	28.0
<b>Region Total</b>	<b>\$10,686,163</b>	<b>\$10,552,581</b>	<b>\$10,044,524</b>	<b>\$10,469,137</b>	<b>131.8</b>	<b>118.3</b>
<b>Los Angeles</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>		
Los Angeles	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0	127.0
<b>Region Total</b>	<b>\$3,802,000</b>	<b>\$9,125,000</b>	<b>\$9,125,000</b>	<b>\$9,125,000</b>	<b>183.0</b>	<b>127.0</b>
<b>Central</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>		
Yolo	\$221,736	\$505,786	\$496,247	\$504,465	8.3	6.0
Calaveras	\$41,982	\$73,568	\$73,568	\$73,568	1.0	1.0
Tuolumne	\$74,886	\$132,705	\$135,394	\$135,518	3.0	3.0
Sacramento	\$545,721	\$1,309,729	\$1,309,729	\$1,309,729	20.8	18.8
Mariposa	\$88,972	\$196,336	\$203,327	\$210,793	4.3	4.3
Placer	\$402,798	\$750,304	\$667,827	\$688,417	13.6	8.7
Madera	\$163,951	\$389,823	\$410,792	\$396,030	4.2	4.2
Merced	\$359,066	\$868,427	\$882,550	\$893,026	8.0	9.0
Fresno*	\$2,953,099	\$120,001	\$0	\$0	11.5	7.0
<b>Region Total</b>	<b>\$4,852,211</b>	<b>\$4,346,679</b>	<b>\$4,179,434</b>	<b>\$4,211,546</b>	<b>74.7</b>	<b>62.0</b>
<b>Bay Area</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>		
Sonoma	\$351,672	\$871,522	\$897,281	\$923,888	8.0	8.0
Napa	\$126,102	\$411,555	\$403,665	\$382,313	6.0	5.0

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

	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>		
San Francisco	\$1,751,827	\$4,204,394	\$4,204,394	\$4,204,394	61.5	46.0
Marin	\$137,065	\$315,738	\$320,373	\$326,746	3.0	3.0
Alameda	\$311,220	\$765,811	\$785,074	\$804,692	11.6	12.0
<b>Region Total</b>	<b>\$2,677,886</b>	<b>\$6,569,020</b>	<b>\$6,610,787</b>	<b>\$6,642,033</b>	<b>90.1</b>	<b>74.0</b>
<b>Superior</b>	<b>\$1,216,000</b>	<b>\$1,216,000</b>	<b>\$1,216,000</b>	<b>\$1,216,000</b>		
Butte	\$358,519	\$514,079	\$199,195	\$3,277	18.0	12.5
Lake	\$26,394	\$52,800	\$52,800	\$52,800	1.0	1.0
Trinity	\$60,697	\$145,672	\$145,672	\$145,672	2.5	3.0
Nevada	\$289,260	\$694,169	\$728,878	\$765,321	11.8	11.8
<b>Region Total</b>	<b>\$734,870</b>	<b>\$1,406,720</b>	<b>\$1,126,545</b>	<b>\$967,070</b>	<b>33.3</b>	<b>28.3</b>
<b>Total</b>	<b>\$22,753,130</b>	<b>\$32,000,000</b>	<b>\$31,086,290</b>	<b>\$31,414,786</b>	<b>512.9</b>	<b>409.6</b>
<b>Funds Remaining</b>	<b>\$9,246,870</b>	<b>\$0</b>	<b>\$913,710</b>	<b>\$585,214</b>		
Golden Gate Bridge, Highway & Transportation District*	\$7,000,000	\$0	\$0	\$0		
<b>Remaining Balance</b>	<b>\$2,246,870</b>	<b>\$0</b>	<b>\$913,710</b>	<b>\$585,214</b>		
*Re-appropriated \$19.3 million of the FY 2013-14 funds for additional county Triage programs and for suicide prevention efforts. The OAC funded two additional county Triage programs (San Bernardino and Fresno) and the Golden Gate Bridge project.						

### **Appendix 3: Department of Veterans Affairs County Grants**

Proposals were awarded to eight County Veterans Services Offices (CVSO) for local assistance grants. The following is a synopsis of the services and outreach they provide, along with a summary of each of the CVSOs contributions during the grant period (07/01/16-06/30/17).

#### **Calaveras - \$22,500**

Calaveras CVSO coordinates with county organizations to identify veterans in need of referrals to the CVSO and local mental health/substance abuse services. To support its objective, the CVSO employs Veteran Peer Support Volunteers to provide critical outreach to veterans and their families in Calaveras including mental health resources.

During the grant period, staff attended and participated in local community events including VA health care clinics and workshops. Over 75 veterans were assisted due to these outreach efforts, including 24 veterans who were enrolled into the VA healthcare system. The CVSO's Outreach Coordinator and Veterans Specialists continue to focus efforts on reaching out to local agencies that promote several types of programs and events that will benefit their veteran community.

#### **Contra Costa - \$22,500**

Contra Costa CVSO will continue to contract with Contra Costa Television to produce a live, monthly call-in television program entitled "Veterans' Voices." "Veterans' Voices" is designed to enhance the mental and physical health of veterans and their families. This program serves to connect veterans to services and organizations that provide support, intervention and treatment.

During the grant period, "Veterans' Voices" aired 12 episodes. As a result of the 12 televised shows, more than 3,676 unique visits were made to Contra Costa CVSO's social media pages (Twitter and Facebook) and its own [website](#). While the shows were being televised, 263 people contacted the show by phone, emails, chats, or private messages. The 12 televised shows resulted in 323 veterans filing for VA benefits.

#### **Fresno - \$45,000**

Fresno CVSO connects newly discharged soldiers and other veterans with the appropriate mental health and substance use services in order to mitigate the harmful effects of combat, sexual assault, in-service injury, and readjustment/assimilation to civilian life. The CVSO will accomplish this by networking with local agencies to provide services including education, prevention, intervention, incarceration, and improved access.

During the grant period, Fresno CVSO staff attended 32 public outreach events and visited with veterans inside Chowchilla Prison. Over 380 veterans were screened for Post-Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST). Due to this outreach, 131 veterans submitted service related disability compensation claims and non-service related disability pensions related to PTSD.

**Imperial - \$25,000**

Imperial CVSO provides a Veterans Outreach Representative (VOR). The VOR will identify veterans, including incarcerated and homeless, who are in need of mental health services. The VOR performs outreach activities in remote areas and provides educational presentations on the benefits of seeking mental health assistance within the community.

Through outreach (public presentations/ jail visits), the project has served 132 veterans resulting in 87 initial mental health claims throughout the grant period. Fourteen veterans received immediate emergency services through the Imperial County Behavioral Health Services; 40 veterans were referred to the La Jolla Veterans Medical Center; 17 were referred to a local mental health provider; and, 68 veterans were referred to the onsite Yuma Veterans Center representative.

**Riverside - \$45,000**

Riverside CVSO collaborates with Equus Medendi, an equine assisted learning and psychotherapy treatment program. This an alternative and short-term treatment approach facilitated by a professional team that consists of a licensed Mental Health Professional, a Certified Equine Specialist and carefully selected horses. This program addresses a variety of mental health and human growth challenges including PTSD, depression, anxiety, military sexual trauma, substance abuse, anger management and relationship issues.

During the grant period, Equus Medendi provided 159 therapy sessions to 39 unduplicated veterans and family members. Referrals were provided by the Riverside County Veterans Service Office and the Loma Linda VA Medical Center.

**Solano - \$45,000**

Solano CVSO continues to provide services and referrals associated with mental health, including claim assistance, treatment, and other necessary supportive services. The Transitional Assistance Program at Travis Air Force Base, incarcerated veterans, and Solano Stand Down will be the primary focus of the CVSO.

During the grant period, the CVSO performed 628 PTSD and mental health screenings and filed 1593 behavioral health related compensation and pension claims. In addition, staff made contact with 261 incarcerated veterans and 436 homeless veterans. Upon release from jail, veterans are transported to the VA funded residential treatment facility. The homeless veterans are referred to the non-profits in Solano, Yolo, and Sacramento.

**Sonoma - \$45,000**

Sonoma CVSO subcontracts services with Sonoma County's Verity organization, the sole rape crisis and trauma center, as well as the only 24/7 Sexual Assault Crisis Line in Sonoma County. Verity's counseling services are provided to veterans at no charge by certified rape crisis counselors and other licensed behavioral health clinicians.



During the grant period, outreach, case management/coordination, family support and follow-up referrals were provided to 165 veterans and their families. Thirty men and women received individual and group counseling services and treatment provided by the Lead Counselor. The Case Coordinator continues to participate in community outreach efforts, including the VA, VSO, North Bay Veterans Services, and Vet Connect to promote both the Women's Group and a Men's Group.

**Tehama - \$20,000**

Tehama CVSO funds a part-time Veteran Service Representative (VSR) who works out of a satellite office in Corning, CA. In addition to providing services in Corning, the VSR will also provide services to incarcerated veterans at the local county jail on a weekly basis and participate in local outreach events to educate veterans about mental health services and programs in the community.

With the support of MHSA funds, the Tehama CVSO was able to provide information and assistance to over 253 veterans including incarcerated veterans, homeless veterans, and veterans who visited the satellite offices in Corning and Molinos, CA. Subsequently 103 VA disability compensation claims were filed.