

Mental Health Services Act Expenditure Report – Governor’s Budget

Fiscal Year 2020-21



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FUNDING OVERVIEW

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

The 2020-21 Governor's Budget indicates approximately \$2.4 billion was deposited into the MHSF in Fiscal Year (FY) 2018-19. The Governor's Budget also estimates that \$2.4 billion will be deposited into the MHSF in FY 2019-20 and FY 2020-21, respectively. The Governor's Budget also estimates \$53.7 million and \$61.3 million will be transferred to the Supportive Housing Program Subaccount, Mental Health Services Fund (3357) per WIC Section 5890(f) in FY 2019-20 and FY 2020-21, respectively.

Additionally, the 2020-21 Governor's Budget indicates approximately \$2.4 billion was expended from the MHSF in FY 2018-19. However, FY 2018-19 actual expenditures have not been reconciled at this time. Additionally, \$2.5 billion is estimated to be expended in FY 2019-20 and \$2.3 billion is estimated to be expended in FY 2020-21.

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

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

On a monthly basis, the State Controller's Office (SCO) distributes funds deposited into the MHSF to counties. Counties expend the funds for the required components consistent with a local plan, which is subject to a community planning process that includes stakeholders and is subject to County of Board of Supervisors approval. Per WIC Section 5892(h), counties with a population above 200,000 have three years to expend funds distributed for CSS, PEI, and INN components. Counties with a population less than 200,000 have five years to expend funds distributed for CSS, PEI, and INN components. All counties have ten years to expend funds distributed for CF/TN and WET components.

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

In 2018, the California State Auditor determined there was insufficient action taken by the state to ensure that unspent MHSA funds were being recovered and reallocated under the statutory time frames. With the passage of Chapter 38, Statutes of 2017 (AB 114), DHCS reverted and reallocated approximately \$411.1 million to counties. In 2018, Chapter 328, Statutes of 2018 (SB 193) established a methodology for determining county prudent reserves of MHSA funds and set the maximum prudent reserve level to 33 percent. Counties currently have over \$500 million in local reserves, of which \$161 million must be moved to their CSS or PEI components by June 30, 2020.

The MHSA has become a foundational element of California's mental health system in the 15 years since Proposition 63 was enacted. However, communities' behavioral health needs have evolved during that time and the Administration plans to update the Act to reflect this knowledge. Currently MHSA funds cannot be used for substance use disorder treatment. The Administration believes the Act should be updated to better focus on people with mental illness who are also experiencing homelessness, who are involved in the criminal justice system, and for early intervention for youth. The Administration will submit a proposal in the spring regarding this proposed reform.

Appendix 1 contains additional background information and an overview of legislative changes to the MHSA. Appendix 2 contains details about current county prudent reserves and the funding that must be moved to CSS or PEI by June 2020, totaling \$161 million or seven percent of the current annual MHSA budget. Appendix 3 contains year-by-year details on total MHSA allocations, when those allocations were spent, and how much funding was reverted. In the most recent year eligible for reversion, FY 2015-16, less than one percent of MHSA funds were reverted and reallocated to other counties. About 80 percent of MHSA funds are spent within two years of the allocation.

EXPLANATION OF ESTIMATED REVENUES & TRANSFERS

Table 1 displays estimated revenues from MHSA's one percent tax on personal income in excess of \$1 million. Personal income tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code Section 16475. The "Anticipated Accrual Amount" represents an accrual amount to be received. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2018-19 anticipated accrual amount shown in the Governor's Budget will not actually be deposited into MHSF until two fiscal years after the revenue is earned which is FY 2020-21.

The total revenue amount for each fiscal year includes income tax payments, interest income, and the anticipated accrual. The actual amounts collected differ slightly from the estimated revenues because the annual Governor's Budget 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 & Transfers – 2020-21 Governor's Budget¹
(Dollars in Millions)

Revenue or Transfer	FY 2018-19	FY 2019-20	FY 2020-21
Personal Income Tax	\$2,358.7	\$2,400.4	\$2,376.1
Interest Income Earned During Fiscal Year	8.8	13.7	13.7
Transfer to the Supportive Housing Program Subaccount (No Place Like Home)	0.0	-53.7	-61.3
Anticipated Accrual Amount	(584.5)	(572.8)	(511.4)
Total Estimated Revenue²	\$2,367.5	\$2,360.4	\$2,328.6

¹ Source: Personal Income Tax and Anticipated Accrual Amount (DOF Financial Research Unit – updated for Governor's Budget), Interest Income Earned (Fund Condition Statement in the FY 19-20 Governor's Budget: Income from Surplus Money Investments).

² Estimated available receipts do not include funds reverted under WIC Section 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 Table 2 displays the component amounts, the SCO distributes MHSA funds to counties monthly as a single amount that each county budgets, expends³, and tracks by component according to MHSA requirements.

**Table 2: MHSA Estimated Revenue
By Component⁴
(Dollars in Millions)**

Component	FY 2018-19	FY 2019-20	FY 2020-21
Community Services and Supports (Excluding Innovation)	\$1,709.3	\$1,704.2	\$1,681.2
Prevention and Early Intervention (Excluding Innovation)	427.3	426.0	420.3
Innovation	112.5	112.1	110.6
State Administration ⁵	118.4	118.0	116.4
Total Estimated Revenue	\$2,367.5	\$2,360.4	\$2,328.6

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

⁴ Actual receipts displayed are based upon the percentages specified in WIC Section 5892 for the components identified: 76% CSS; 19% PEI; 5% INN.

⁵ 5% State Administration WIC Section 5892(d).

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for State Operations and Local Assistance by each state entity receiving funds from the MHSF with actual expenditures for FY 2018-19, estimated expenditures for FY 2019-20, and projected expenditures for FY 2020-21. Table 3b displays the State Administrative Cap by fiscal year.

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

**Table 3a: MHSA Expenditures
State Operations and Local Assistance
2020-21 Governor's Budget
(Dollars in Thousands)**

Department	Actual 2018-19	Estimated 2019-20	Projected 2020-21
Judicial Branch	\$1,048	\$1,182	\$1,183
State Operations	1,048	1,182	1,183
California Health Facilities Financing Authority	4,036	4,000	4,000
State Operations	36	0	0
Local Assistance	4,000	4,000	4,000
Housing and Community Development	1,650	0	0
Local Assistance	1,650	0	0
Office of Statewide Health Planning and Development-State Operations	14,051	27,765	2,552
State Operations	3,527	2,765	2,552
Local Assistance	10,524	25,000	0
Department of Health Care Services	2,263,655	2,261,121	2,230,919
State Operations	14,540	18,767	18,749
Local Assistance			
MHSA Monthly Distributions to Counties ⁶	2,249,115	2,242,354	2,212,170
California Department of Public Health	22,282	33,414	2,443
State Operations	22,282	33,414	2,443

⁶ Local Assistance costs outside of the State Directed Cap.

Department	Actual 2018-19	Estimated 2019-20	Projected 2020-21
Department of Developmental Services	1,154	1,231	1,231
State Operations	414	491	491
Local Assistance	740	740	740
Mental Health Services Oversight & Accountability Commission	58,803	122,337	45,032
State Operations	38,803	19,466	15,876
Local Assistance	20,000	102,871	29,156
Department of Corrections and Rehabilitation	637	1,616	1,202
State Operations	637	1,616	1,202
Department of Education	163	170	171
State Operations	163	170	171
University of California	961	0	0
State Operations	961	0	0
Board of Governors of the California Community Colleges	99	7,104	104
State Operations	99	104	104
Local Assistance	0	7,000	0
California State University	0	3,000	0
State Operations	0	3,000	0
Financial Information System for California	0	-8	0
State Operations	0	-8	0
Military Department	1,420	1,483	1,515
State Operations	1,420	1,483	1,515
Department of Veterans Affairs	1,526	1,538	1,538
State Operations	256	268	268
Local Assistance	1,270	1,270	1,270
SB 84 Loan Assessment	156	356	364
State Operations	156	356	364

Department	Actual 2018-19	Estimated 2019-20	Projected 2020-21
Statewide General Administration⁷	2,826	1,846	2,781
State Operations	2,826	1,846	2,781
Total State Operations	87,168	84,920	47,699
Total Local Assistance⁸	2,287,299	2,383,235	2,247,336
Total Expenditures	\$2,374,467	\$2,468,155	\$2,295,035

⁷ Pro Rata assessment to the fund: General fund recoveries of statewide general administrative costs (i.e., indirect costs incurred by central service agencies) from special funds (Government Code Sections 11010 and 11270 through 11275). The Pro Rata process apportions the costs of providing central administrative services to all state departments that benefit from the services.

⁸Includes Local Assistance costs outside of the State Directed Cap.

**Table 3b: MHSA Expenditures
State Directed Cap
2020-21 Governor's Budget
(Dollars in Thousands)**

Component	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
Total MHSF Estimated Revenues and Transfers	\$2,367.5	\$2,360.4	\$2,328.6
State Directed Percentage Cap	5%	5%	5%
Estimated State Directed Revenue	118.4	118.0	116.4
Total State Directed Expenditures (includes funding re-appropriated and attributed to prior years)	125.4	225.8	82.9
Difference	-\$7.0	-\$107.8	\$33.6

Based upon estimated MHSA revenues, the five percent administrative cap is \$118.4 million and estimated administrative expenditures are \$125.4 million for 2018-19. For 2019-20, the estimated five percent administrative cap is \$118.0 million and the total estimated expenditures are \$225.8 million. For FY 2020-21, the projected five percent administrative cap is \$116.4 million and the total projected expenditures are \$82.9 million.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Supports

CSS, the largest component, is 76 percent⁹ of county MHSA funding. CSS funds direct services to individuals with severe mental illness. These services are focused on recovery and resilience while providing clients and families an integrated service experience. CSS has four service categories:

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

Full Service Partnerships

Full Service Partnerships (FSPs) consist of a service and support delivery system for the public mental health system's (PMHS) clients with the most complex needs, as described in 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 all clients consistent with MHSA target populations. GSD funds help counties improve programs, services, and supports for all clients and families and counties also use GSD funds to change their service delivery systems and build transformational programs and services. For example, counties may use GSD funds to include client and family services such as peer support, education and advocacy services, and mobile crisis teams. GSD programs also promote interagency and community collaboration and services, and develop the capacity to provide value-driven, evidence-based and promising

⁹ Welfare and Institutions Code Section 5892 requires counties to allocate 80% of MHSA funds to the CSS component and to allocate 5% of those funds to the INN component. Five percent of 80% equals 4%. Eighty percent minus 4% equals 76%. Therefore, Welfare and Institutions Code Section 5892 requires counties to allocate 76% of total MHSA funds to the CSS component.

clinical practices. Counties may only use this funding for mental health services and supports to address mental illness or emotional disturbance.

Outreach and Engagement Activities

Outreach and engagement activities target populations who are unserved or underserved. The activities help to engage those reluctant to enter the system and provide funds for screening of children and youth. Examples of organizations that may receive funding include, but are not limited to, racial-ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations, and health clinics.

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 MHSA, which includes improving or replacing existing technology systems and/or developing capital facilities to meet increased needs of the local mental health system. Counties received \$453.4 million for CF/TN projects and had through FY 2016-17 to expend these funds.

Counties must use funding for Capital Facilities to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with severe mental illness or that provide administrative support to MHSA funded programs. Counties must use funding for Technological Needs for county technology projects that contribute toward improving access to and delivery of mental health services.

3. Workforce Education and Training (WET)

In 2004, MHSA allocated \$444.5 million for the Workforce, Education and Training (WET) component. These funds support counties and the Office of Statewide Health Planning and Development (OSHPD) to enhance the public mental health workforce.

Local WET Programs

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

Statewide WET Programs

Pursuant to WIC Section 5820, OSHPD develops and administers statewide programs to increase the number of qualified personnel in the mental health workforce serving individuals who have a serious mental illness. In 2008, \$234.5

million was set aside from the total \$444.5 million WET allocation for state-administered WET programs. From 2008 to 2013, the former Department of Mental Health (DMH) administered the first Five-Year Plan of \$119.8 million. The Legislature transferred responsibility for administering the plan to OSHPD in 2013.

4. Prevention and Early Intervention

The MHSA allocates 19 percent 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.

5. Innovation

The MHSA allocates five percent of MHSA funds distributed to counties for the Innovation (INN) component, which provides counties the opportunity to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. The purpose of an INN project is to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration, or increase access to mental health services, including but not limited to, services provided through permanent supportive housing.

STATE DIRECTED EXPENDITURES

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

Judicial Branch**Total Resources**

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 1,048,000	\$ 1,182,000	\$ 1,183,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	6.0	6.0	6.0

General Overview

The Judicial Branch efforts to improve judicial administration for cases involving court users with mental illness impacts all case types. Projects are generally divided between juvenile and adult programs. MHSF moneys support both juvenile mental health and adult mental health projects.

Program Overview**Juvenile Mental Health Project****Program Description**

The Judicial Branch, Juvenile Court System, administers the Juvenile Mental Health Project to help fund 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. Juvenile mental health projects focus efforts on meeting the following objectives: increasing knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners; increasing ability and skills of judicial officers; developing links to stakeholder, determining training needs; and tracking and monitoring special court related programs.

Juvenile programs focus on meeting the unique needs of children with mental health conditions and their families. The goal is to reduce juvenile involvement in the courts through the use of therapeutic models of early intervention, assessment, and effective treatment responses for children at risk for juvenile court involvement in family, dependency, or delinquency courts. Projects involve youth participation in planning and attending multidisciplinary education programs on prevention and early intervention for juveniles with mental illness at risk of entering, or involved with, the court system. In addition to supporting children with mental illness, educational

programs for judges and court staff, as well as studies to identify effective practices, are used to identify and address the needs of families and their children.

Program Outcomes

Judicial Council staff have coordinated training workshops at conferences, summits, and roundtables to increase the knowledge and awareness of judicial officers, court staff, and justice system and treatment/service partners. Mental health education events have included: Child and Family Focused Education (CaFFE) Conference (April 8-12, 2019), Youth Court Summit (June 27-29, 2019), Youth Court Regional Roundtables (September 12, 2018 and May 7, 2019), and Beyond the Bench Conference (December 17-18, 2019). Staff have also assisted court administrators who manage special programs targeting youth with mental illness by developing linkages with local behavioral health departments, treatment/service providers, youth and their families, victims, and other juvenile justice partners through these statewide and regional forums.

Staff coordinate and foster the work of the Collaborative Justice Courts Advisory Committee (CJCAC) and its Juvenile Subcommittee, which supports juvenile behavioral health projects. The CJCAC is continuing much of the juvenile mental health work enumerated in the Mental Health Issues Implementation Task Force (MHIITF) [Final Report](#). Tracking and monitoring progress towards MHIITF recommendations and special court related programs helps inform Judicial Council work on identifying program outcomes and determine training needs. The Judicial Council tracks and monitors performance of court programs that serve juvenile court users with mental illness. Staff and committee work have helped identify the need for and development of several mental health resources. The Girls' Court Evaluation (December 2019) is a process evaluation of all girls' courts in California to assess workflow, program benefits, and promising practices to help assist other jurisdictions interested in starting a girls' court. The STAR Court Evaluation (September 2020) is providing a comprehensive outcome and process evaluation of the Los Angeles Succeeding Through Achievement and Resilience ([STAR](#)) Court. This is the first evaluation on the nationally recognized STAR court and will be the second published study on any girls' court. Staff is also working on the development of a Keeping Kids in School (KKIS) Juvenile Court Bench Guide (December 2019). The purpose of this juvenile court bench guide is to educate and assist judges on identifying the connection between education outcomes and the impact of trauma that can affect school performance, attendance, and behavior problems. The development of a Rule of Court concerning juvenile competency evaluators (December 2019), mandated by Assembly Bill 1214 ([AB 1214](#)), involved the collaboration between multi-disciplinary experts on mental health and volunteers from both the Collaborative Justice Courts Advisory Committee and Family and Juvenile Law Advisory Committee. The new Rule of Court articulates the training and experience needed for an expert to be competent in forensic evaluations of juveniles. The Judicial Council leverages electronic media along with the conferences, summits, and roundtables mentioned above, to assist court partners in developing links to local, state, and federal behavioral health stakeholders. Staff also maintain and utilize the Probate, Mental Health, and

Collaborative Justice Listservs to disseminate best/promising practices and identify/discuss emerging issues within behavioral/mental health.

Adult Mental Health Project

Program Description

The Judicial Branch, Adult Court System, administers the Adult Mental Health Project to help fund 2.0 positions to address the increased workload relating to adults who are in the mental health and criminal justice systems. Adult mental health projects focus efforts on accomplishing the following objectives: increasing knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners; increasing ability and skills of judicial officers; developing links to stakeholders, determining training needs; and tracking and monitoring special court related programs.

Adults in the mental health and criminal justice systems are involved in cases that cross multiple case types. The Judicial Council continues to address court users with mental illness and their families across all case types in order to ensure their ability to remain in the community. In addition to criminal courts, the ongoing work in adult courts includes addressing family reunification; court users with mental illness in probate and family courts; civil harassment; and housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure that court employees, especially direct service providers in behavioral health functions (e.g. child custody mediators), better understand and effectively respond to court customers with mental illness.

Program Outcomes

Judicial Council staff have coordinated training workshops at conferences, summits, and roundtables to help increase the knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners. Education events have included mental health content at: Self Help and Family Law Conference (Aug 22-24, 2018), Veterans and Military Families Summit (September 12, 2018), Homeless Court Working Summit (November 13, 2018), California Association for Collaborative Courts Conference (October 28-30, 2019), and Beyond the Bench Conference (December 17-18, 2019). The Veterans Summit was a one-day event featuring 4 sessions on legal rights afforded to veterans coping with mental health conditions (PTSD, TBI, and MST). This Summit helped identify the demand, interest, and need of specialized training on veterans/service members' related behavioral/mental health including treatment for trauma, secondary trauma, and impact on families (i.e. divorce, domestic violence, and custody). As mentioned, staff members leverage electronic media along with conferences, summits, and roundtables to assist court partners develop links to local, state, and federal behavioral/mental health stakeholders. Electronic media projects have included a behavioral health series of webinars, which are available online ([here](#)). Each webinar is intended to heighten the awareness and understanding on the intersection and overlap between the court system and behavioral/mental health in

order to help California court judges, court employees, and justice partner agencies better meet the needs of court users with mental health challenges. In collaboration with the Judicial Council's Center for Judicial Education & Research, an hour-long judicial officer training video on mental health is anticipated to be released in December 2019. This video features a panel discussion between judges on best practices and evidence-based strategies to help protect the rights of people with mental conditions in the civil and criminal context.

Staff coordinate and foster the work of the Collaborative Justice Courts Advisory Committee and its two subcommittees working on adult behavioral health issues: the Veterans in the Courts and Military Families Subcommittee and the Mental Health Subcommittee. The CJCAC is continuing much of the mental health work enumerated in the MHIITF Final Report. With CJCAC guidance and support, staff have developed several behavioral/mental health materials and resources. The MHSA Information Sheet (October 2019) informs courts about the different components of Proposition 63: MHSA and on accessing Innovation (INN) funds at the local county level to support court programs focused on addressing the needs of mentally ill court users. In conjunction with the Center for Court Innovation, the 2-day Veterans Treatment Court (VTC) Strategic Planning session on June 20 - 21, 2019 brought together court representatives and stakeholders from veteran's organizations across California to discuss the creation of a statewide VTC plan. Additionally, a Veterans Courts Study (2019 - 2020) has been launched to assess the effectiveness of VTCs in addressing the needs of veterans struggling with mental health issues such as Post Traumatic Stress Disorder, Traumatic Brain Injury, and substance abuse disorders. The Judicial Council also conducts court site visits to provide technical assistance and support to local courts to help them better meet the needs of court users with mental illness and co-occurring disorders.

California Health Facilities Financing Authority

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 36,000	\$ 0	\$ 0
Local Assistance Expenditures	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Positions	0.0	0.0	0.0

General Overview

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

Program Overview

Investment in Mental Health Wellness Grant Program (SB 82, 2013)

Program Description

The Investment in Mental Health Wellness Grant Program, created by the Chapter 34, Statutes of 2013 (SB 82), is intended to improve access to mental health crisis services available to California residents by funding a major statewide expansion of Mobile Crisis Support Teams, Crisis Stabilization Units, and Crisis Residential Treatment Programs through grants available to counties. The legislation set the goal of adding 25 Mobile Crisis Support Teams and 2,000 Crisis Stabilization Units and Crisis Residential Treatment Program beds. In June 2015, additional legislation, SB 75, gave CHFFA discretion to award up to \$3 million in available funding from the Grant Program for Peer Respite Care Programs. CHFFA conducted a total of six funding rounds for the Investment in Mental Health Wellness Grant Program: five funding rounds were for Mobile Crisis Support Teams, Crisis Residential Treatment Programs, and Crisis Stabilization Units, and one funding round was for Peer Respite Care Programs.

Program Outcomes

After completing all funding rounds, CHFFA approved 56 grant awards, benefitting 41 counties. Grant awards from the \$142.5 million one-time General Fund appropriation capital funding totaled \$136.5 million of which \$3 million were for Mobile Crisis Support Teams. In addition, \$4 million in MHSA funds was available for personnel funding in FY 2013-14, of which \$3,974,289 was awarded. An additional \$4 million ongoing in yearly personnel funding was appropriated by the Legislature. In FYs 2014-15 through 2017-18, \$4 million was awarded for each year. After the completion of all funding rounds, \$1,057 in available personnel funding was not awarded. The nine counties awarded the \$4 million and receiving personnel funding as a part of the Investment in Mental Health Wellness Grant Program for funding allocations in between FY 2013-14 and FY 2017-18 included Contra Costa, Lake, Los Angeles, Marin, Mendocino, Riverside, Sacramento, San Joaquin, and Santa Barbara. Future allocations starting FY 2018-19 are being made available to counties under the Children and Youth Program.

The capital funding grants CHFFA awarded funded an equivalent of 110 mobile crisis support teams, which includes 76 vehicles purchased and IT and equipment purchased for an equivalent of an additional 34 teams. Of the grant awards for mobile crisis support teams that included personnel funding, all of the approved 57.25 full-time equivalent personnel have been hired. 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](#), and [Peer Respite Funding Round](#).

Investment in Mental Health Wellness Grant Program for Children and Youth (“Children and Youth Program”) (SB 833, Section 20, 2016)

Program Description

CHFFA continues to receive on-going MHSA funding of \$4 million for county mobile crisis support team personnel funding grants, which CHFFA is allocating to support mobile crisis team personnel dedicated to children and youth ages 21 and under through the Children and Youth Program Chapter 30, Statutes of 2016 (SB 833).

The 2016-17 budget provided \$11 million in MHSA funding with \$185,000 for administrative costs and appropriated any remaining unencumbered funds in excess of \$6.717 million from the Investment in Mental Health Wellness Grant Program (SB 82) General Fund allocation to the Children and Youth Program.

The 2017-18 budget provided one-time funding for \$16.717 million in MHSA funding, with \$265,000 for administrative costs, to fund the Children and Youth Program.

All administrative costs have been spent for the Children and Youth Program.

The 2019-20 budget aligned and extended the MHSA allocations from the 2016-17 and 2017-18 budgets to have an encumbrance deadline of June 30, 2024 and provided flexibility in the use of MHSA funding to any of the four program types eligible to be funded in the Children and Youth Program.

The Children and Youth Program was established to address crisis mental health services for children and youth up to age 21. CHFFA is administering a competitive grant program, similar to the Investment in Mental Health Wellness Grant Program. Funds are awarded to counties that will be expanding mental health services in eligible program service areas outlined in the statute.

Program Outcomes

CHFFA received a total of six applications (from Butte, Marin, Monterey, Sacramento, San Francisco, and Santa Cruz counties), requesting approximately \$1.3 million from the 16-17 budget allocation and approximately \$2.9 million from the ongoing \$4 million in MHSA funds. CHFFA made four grant awards totaling \$730,324 from the 16-17 budget allocation and \$1,320,660 for up to five years from the ongoing \$4 million in MHSA funds to develop a total of six mobile crisis support teams, consisting of six vehicles and 16 full-time personnel.

Additional Information regarding CHFFA's mental health programs may be found [here](#).

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

Program Description

Chapter 43, Statutes of 2016 (AB 1618) and Chapter 322, Statutes of 2016 (AB 1628) authorized CHFFA to issue up to \$2 billion in revenue bonds to fund the "No Place Like Home" Program, and the 2018-19 budget and beyond provides a statutory limit of \$140 million in MHSA funding per year as the Maximum Annual Debt Service amount to be paid on the bonds, including bond Administrative Expenses, payable in connection with the No Place Like Home Program.

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

Due to legal challenges, implementation for the Program was delayed. Chapter 41, Statutes of 2018 (AB 1827) placed the No Place Like Home program on the November 2018 ballot (Proposition 2), where it was adopted by the voters as the No Place Like Home Act. This ratified existing law establishing the No Place Like Home Program as being consistent with the Mental Health Services Act approved through Proposition 63 in 2004. It also ratified the issuance of up to \$2 billion in previously authorized bonds. At the August 2019 CHFFA meeting, CHFFA approved the execution and delivery of certain bond documents and authorized the bonds to be designated as Social Bonds in order to issue approximately \$500 million to fund awards granted by HCD.

Office of Statewide Health Planning and Development

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 3,527,000	\$ 2,765,000	\$ 2,552,000
Local Assistance Expenditures	\$ 10,524,000	\$ 25,000,000	\$ 0
Positions	3.9	3.9	3.9

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

General Overview

In 2004, the Mental Health Services Act (MHSA) allocated \$444.5 million for Workforce, Education and Training (WET). These funds supported counties and the Office of Statewide Health Planning and Development (OSHPD) to enhance the public mental health workforce. In 2008, \$234.5 million was set aside from the total \$444.5 million WET allocation for state-administered WET programs. From 2008 to 2013, the former Department of Mental Health administered the first Five-Year Plan of \$119.8 million. The responsibility for administering the Plan was transferred to OSHPD in 2013.

Pursuant to Welfare and Institutions Code Section 5820, OSHPD develops and administers statewide programs to increase the number of qualified personnel in the Public Mental Health System (PMHS) serving individuals who have serious mental illness.⁹

OSHPD and the California Behavioral Health Planning Council (CBHPC) collaborated to develop the 2020-2025 MHSA WET Five-Year Plan, which is the third in a series of required Five-Year Plans. The new WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. In January 2019, CBHPC approved the 2020-2025 WET Five-Year Plan.¹⁰

The Fiscal Year (FY) 2019-20 Budget Act allocated \$25 million in one-time MHSA funding and \$35 million in one-time General Fund to implement the 2020-2025 WET Five-year Plan. This amount is available for encumbrance or expenditure until June 30, 2026. OSHPD may partner with MHSA Regional Partnerships to implement WET programs. Prior to the expenditure of these funds, OSHPD shall require Regional Partnerships to provide a 33 percent match of local funds to support the WET programs identified in the 2020-2025 WET Five-Year Plan.

In FY 2019-20, OSHPD is working with MHSA WET Regional Partnerships and stakeholders to develop specific programs supporting the Plan, and to determine specific project allocations. Once that is complete, OSHPD will begin implementing the new WET programs in FY 2020-21.

Program Overview

Stipend Program

Program Description

OSHPD contracts with educational institutions to provide stipends for graduate students seeking to become mental health professionals in exchange for working 12 months in the PMHS. Beginning in FY 2020-21, OSHPD plans to administer this program through the MHSA Regional Partnerships.

Program Outcomes

In FY 2018-19, OSHPD awarded three educational institutions who plan to award 145 stipends over the life of the agreement. The awardees granted 107 stipends in FY 2018-19, of which 68 percent of the students were from under-represented communities and 65 percent spoke a language in addition to English. The educational institutions plan to provide the remaining stipends in FY 2019-20.

Education Capacity-Psychiatric Mental Health Nurse Practitioner (PMHNP) Program

⁹ A percentage of positions are distributed among programs.

¹⁰ The full WET Five-Year Plan is located [here](#).

Program Description

OSHPD funds PMHNP education training programs to increase their capacity to train PMHNP students and provide clinical rotations in the PMHS.

Program Outcomes

In FY 2018-19, the program supported six training programs to co-locate 114 PMHNP students and staff in the PMHS. OSHPD is currently engaging stakeholders in the WET Plan implementation for increasing the capacity of PMHNP and Psychiatric Residency training programs.

Peer Personnel Program

Program Description

OSHPD funds organizations that conduct training of peer personnel on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related challenges.

Program Outcomes

In FY 2018-19, OSHPD awarded grants to five organizations to recruit, train, and place a projected 577 individuals in peer personnel positions across eight counties. In FY 2019-20, OSHPD awarded grants to five organizations to recruit, train, and place a projected 508 individuals in peer personnel positions across 27 counties. OSHPD intends to award more grants in FY 2020-21.

Train New Trainers Primary Care Psychiatry Fellowship Scholarship

Program Description

This program trains physicians how to complete a psychiatric interview in a medical setting, effectively diagnose and treat common psychiatric conditions, and teach these skills to their primary care colleagues. The University of California (UC) Irvine and UC Davis administer the training program. OSHPD administers the scholarship program to fund the tuition costs of program participants who meet specific eligibility requirements.

Program Outcomes

In FY 2018-19, OSHPD awarded 64 scholarships of \$15,500 each totaling \$992,000. For FY 2019-20, the budget allocated \$2.7 million in General Fund for this program to be spent over a five-year period. OSHPD intends to award up to 162 scholarships between FY 2019-20 through FY 2024-25.

Mental Health Shortage Designation ProgramProgram Description

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

Program Outcomes

As of September 2019, OSHPD facilitated federal approval of 26 new Mental Health Professional Shortage Area (MHPSA) designations, bringing the total to 236. There are 10.4 million Californians living in these designated MHPSAs.

Department of Health Care Services**Total Resources**

Program Budget	Actual 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 14,540,000	\$ 18,767,000	\$ 18,749,000
Local Assistance Expenditures*	\$2,249,115,000	\$2,242,354,000	\$2,212,170,000
Positions	38.0	41.0	41.0

*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 – State Operations

For FY 2019-20, MHSA state operations funding is estimated to support 36.0 FTEs.

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

- Reversion: DHCS is responsible for calculating reversion pursuant to WIC Section 5899. DHCS developed and implemented a fiscal reversion process and reverted and reallocated to counties approximately \$411.1 million from FY 2005-

06 through 2014-15. DHCS also issued reversion notices totaling approximately \$3.3 million to counties with a population of 200,000 or more that have not spent funds distributed in FY 2015-16. During the spring of 2020, DHCS will complete the reversion calculation for FY 2016-17. Reports of county funds subject to reversion are available on the DHCS [website](#).

- Redistribution of funds in Reversion Account: DHCS is responsible for administering the Reversion Account established pursuant to WIC Section 5892 (h)(1). DHCS also collects reverted funds remitted by counties and redistributes the funds to other counties on a monthly basis. DHCS has received and redistributed \$5.9 million to other counties during FY 2019-20. Reports of funds redistributed from the Reversion Account are available on the DHCS [website](#).
- Annual Revenue and Expenditure Reports: DHCS is responsible for developing and administering the MHSA Annual Revenue and Expenditure Report (ARER) per WIC Section 5899 (a). DHCS 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 calculates funds subject to reversion.
- Withhold: DHCS may withhold MHSA funds from counties that do not submit the ARER timely pursuant to WIC Section 5899 (e). DHCS implemented a withhold process for counties out of compliance with submitting their Annual Revenue and Expenditure Report on time. Each month, DHCS notifies the State Controller's Office (SCO) of counties that are out of compliance; the SCO withholds five percent of the monthly distribution until the county comes into compliance. Additional information is available on the DHCS [website](#).
- Monitor county prudent reserve levels: Counties are required to calculate a local prudent reserve level of not more than 33 percent of the average CSS revenue received in the previous five years. DHCS monitors county prudent reserve levels to determine that they are within the maximum level allowed. Counties are required to transfer any excess funds from the prudent reserve to CSS or PEI components by June 30, 2020. These funds are subject to reversion within 3 or five years, per WIC Section 5892. County prudent reserve levels are provided in Appendix 2.
- Performing fiscal audits of county MHSA expenditures: The Audits and Investigations (A&I) Division performs fiscal audits necessary to verify 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. DHCS A&I Division also performs special audits related to the use of MHSA funds. DHCS is 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. DHCS completed four audits during FY 2017-18, six audits during FY 2018-19, and expects to complete 18 audits during FY 2019-20 and forward.
- MHSA Allocation Schedule: DHCS is responsible for developing the methodology used for revenue allocation to counties pursuant to WIC Section 5892 (d). DHCS reviews and updates 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.

- MHSA Regulations: DHCS drafted MHSA fiscal regulations for reversion, prudent reserve, interest earned, accounting practices, and the ARER and submitted the draft regulations for public notice initiating the 45-day public comment period to the Office of Administrative Law in March 2019. DHCS is preparing the package for an additional 15 day posting. In accordance with the regulatory process, the fiscal regulations must be fully promulgated by March 2020. Additionally, DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package.
- MHSA Program Reviews: DHCS is responsible for conducting program reviews of performance contracts to determine compliance per WIC Section 5897 (d). DHCS established a process for conducting comprehensive program reviews of county MHSA-funded programs to determine compliance with MHSA statutes and regulations and the performance contract. The review appraises each MHSA component and includes service provider contract oversight, random sampling of Individual Services and Supports Plans, and interviews with Full Service Partnership clients to gain perspective. DHCS reviewed 17 counties in calendar year 2019 and will review 19 counties in calendar year 2020. Reports of county findings are available on the DHCS [website](#).
- County Performance Contracts: 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.
- Issue Resolution Process: DHCS reviews any critical performance issues from the MHSOAC or the CBHPC and takes action as appropriate. DHCS developed 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, works with Audits and Investigations or program oversight to complete the investigation.

Contracts:

DHCS contracts with California Institute for Behavioral Health Solutions (CIBHS) to provide statewide technical assistance to improve the implementation of MHSA and MHSA-funded programs. CIBHS provides technical assistance and a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of MHSA. The contract is funded at \$2,922,955 for FY 2018-19 and \$1.8 million for FYs 2019-20 and 2020-21.

DHCS contracts with UCLA to fund the California Health Information Survey, a phone survey that captures data on adults and youth in California. The survey gathers data on the health status of, and access to, healthcare services of an estimated 1.6 million adults ages 18-64. DHCS relies on information from this survey to measure mental health service needs and mental health program utilization. This contract funding

amount is \$712,425 for FY 2018-19, \$1,058,291 for FY 2019-20 and \$1,059,320 for FY 2020-21.

DHCS contracts with Mental Health Data Alliance to improve the quality of its data, and propose and implement solutions to identify errors in the Client Services and Information and MHSA Data Collection and Reporting (DCR) systems. This contract funding amount is \$712,425 for FY 2018-19, \$171,610 for FY 2019-20, and \$74,948 for FY 2020-21 with the agreement ending on December 31, 2020.

DHCS contracts with Didi Hirsch Mental Health Services to support suicide hotlines throughout California. The funding is used to improve and expand suicide prevention services provided by National Suicide Prevention Lifeline accredited call centers. This contract is funded at \$3,788,269 for FY 2018-19, \$6,559,476 for FY 2019-20, and \$6,654,560 for FY 2020-21.

DHCS contracts with Mental Health Associates of San Francisco to support the California Peer-Run Warm Line. This funding allows individuals across California to receive support from peer counselors who have experienced mental health challenges. This contract is funded at \$3.6 million for FYs 2019-20 and 2020-21.

California Behavioral Health Planning Council (CBHPC) – State Operations

The MHSA state operations funding supports 5.0 FTEs.

The CBHPC is responsible for the review of MHSA-funded mental health programs based on performance outcome data, reports from DHCS, and other sources. The CBHPC 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 CBHPC regularly issues reports and papers with research and recommendations on targeted aspects of the community mental health system. Additionally, the CBHPC advises the OSHPD 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 CBHPC. The CBHPC also advises the Administration and the Legislature on priority issues, including statewide planning.

Expenditures support council operations to include staffing, recording contract/fees, meeting space rental, Audio Visual for off-site meetings, lodging for quarterly meeting and conferences, staff and member training, and office supplies.

California Department of Public Health

Total Resources

Program Budget	Actual FY 2018-19*	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 22,282,000	\$ 33,414,000	\$ 2,443,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	13.3	13.3	13.3

** Actual Expenditures are based on the FY 2018-19 projected amounts.

General Overview

The California Department of Public Health (CDPH) works to protect the public's health and helps shape positive health outcomes for individuals, families and communities. CDPH works continuously to reduce health and mental health disparities among vulnerable and underserved communities to achieve health equity throughout California. CDPH supports the California Reducing Disparities Project, administered by the Office of Health Equity, and the All Children Thrive California Program, administered by the Injury and Violence Prevention Branch (formerly known as the Safe and Active Communities Branch), with Mental Health Services Act funds.

Program Overview

California Reducing Disparities Project (CRDP)

Program Description

The Mental Health Services Act (MHSA) currently supports 11.5 positions in CDPH Office of Health Equity (OHE). The OHE, Community Development, and Engagement Unit (CDEU) oversees the California Reducing Disparities Project (CRDP). This Prevention and Early Intervention mental health disparities project aims to grow and validate community-defined practices through a participatory evaluation approach that places communities at the center of those efforts. At a systems level, CRDP 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; and 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 to spend without regard to fiscal year) to implement and evaluate CRDP community-defined practices. In total, CDPH/OHE has awarded and executed 42 contracts and grants to implement the CRDP through 2022. These contracts and grants are composed of the following:

- A Statewide Evaluator
- Five Technical Assistance Providers
- Thirty-five Implementation Pilot Projects

- An Education Outreach and Awareness Consultant

Program Outcomes

- OHE Contract Managers continue to provide close monitoring of the Statewide Evaluator, the population specific Technical Assistance Providers, 35 pilot projects, as well as the Education, Outreach and Awareness Consultant. Ongoing activities include contractor and grantee monthly calls, facilitation of CRDP roundtable convenings, participation at cross population trainings, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting. Estimated Completion: Mid-2022
- OHE continues to attend and present at various mental health committees, workgroups and meetings at the local, regional and statewide level to provide CRDP updates and strategize on how to partner and leverage efforts regarding mental health equity. Estimated Completion: Ongoing
- OHE staff continue to serve as subject matter experts and technical assistance providers in health equity, cultural and linguistic competence, and mental health to internal and external stakeholders statewide and nationally. Estimated Completion: Ongoing
- OHE continues to provide ongoing administrative support to the 26 member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing program updates at the quarterly meetings. Estimated Completion: Ongoing

OHE is administering contracts to achieve the following:

- 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, SharePoint, web redesign and other platforms to keep stakeholders informed on program progress and achievements.
- Coordinate meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges.
- Conduct a statewide mental health survey, media training and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations.
- Produce annual issues and policies reports, education briefings, an inventory of county cultural competence advisory committees in California, and mental health collateral material.
- Provide intern and emerging leader stipends.

Additional OHE Information can be viewed here:

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

All Children Thrive California Program (ACT/CA)

Program Description

The MHSA currently supports a total of 1.8 positions in the CDPH Injury and Violence Prevention Branch (IVPB). The IVPB oversees the All Children Thrive California Program (ACT/CA). The ACT/CA is a three-year pilot program that engages cities in strategies to reduce the prevalence of adverse childhood experiences (ACEs), building on the national ACT Initiative prioritizing children's health in more than a dozen U.S. cities. The ACT/CA partners with Community Partners, Public Health Advocates, and the University of California, Los Angeles (UCLA), Center for Healthier Children, Families, and Communities, to set in motion a broad social movement focused on the wellbeing of children and families, establishing an infrastructure supporting its statewide deployment. By increasing the capacity of communities to address the root determinants of health, ACT/CA provides a replicable, evidence-based model that can bolster Accountable Health Communities, First 5 early childhood initiatives, and MHSA prevention efforts. Beginning in FY 2018-19, CDPH received \$10 million in MHSA funding to spend over three years to implement and evaluate the ACT/CA Program. CDPH/IVPB awarded one contract to Community Partners through June 30, 2021.

Program Outcomes

In FY 18-19, ACT/CA established an ACT/CA Equity Advisory Group (EAG) of state and local experts in trauma-and-equity-informed community programming to guide the design and implementation of the ACT/CA pilot program. ACT/CA has begun to identify evidence-based interventions and public health practices for preventing childhood trauma, diminishing its risks, and improving child, family, and community wellbeing. ACT/CA is also developing a data system and dashboard to track process and outcome measures of the pilot program.

Department of Developmental Services

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 414,000	\$ 491,000	\$ 491,000
Local Assistance Expenditures	\$ 740,000	\$ 740,000	\$ 740,000
Positions	3.0	3.0	3.0

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

General Overview

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 provide support for families.

DDS distributes MHSA funds to regional centers throughout California utilizing a competitive application process.

Cycle IV (FYs 2017-18 through 2019-20) MHSA projects commenced on December 6, 2017, and will continue until June 30, 2020.

Side by Side: Enriching Children's Lives through Parent-Provider Relationships (Harbor Regional Center)

Program Description

In collaboration with the Los Angeles County Department of Mental Health, the Los Angeles County Department of Children and Family Services and other local community partners, Harbor Regional Center is increasing knowledge about early childhood mental health and child development among regional center professionals and parents of children receiving services. The project provides symposiums for service providers and parents on topics such as Social and Emotional Development, Transdisciplinary Care, and Trauma-Informed Practices.

Program Outcomes

- In February, a three-hour training on *Social-Emotional Development in Young Children*, was attended by 78 service providers, resulting in an increased cross-sector understanding of the critical importance of social and emotional development.
- In February, 259 individuals attended the *Professional Symposium on Early Childhood Experiences and Resiliency*. Attendees reported that the event improved their knowledge of the subject matter.
- In June, 122 individuals attended the *Professional Symposium on Childhood Trauma and Trauma-Informed Practices*. Attendees reported that the event improved their knowledge of the subject matter.
- 47 parents attended the Parent Workshop in February on emotional health in children and 31 attended the Parent Workshop in June about the impacts of stress and trauma. Preliminary analysis of this data indicates that 64 percent experienced significant strain as a result of caring for their child based on the "Caregiver Strain Questionnaire" that was administered.

*Social-Sexual Education Project (North Bay Regional Center)*Program Description

In collaboration with multi-disciplinary local partners, this project is developing an evidence-based, social-sexual curriculum/educational program based on safe relationship development and sexual behavior to reduce the risk of victimization and entrance into the criminal justice system. This project is developing and providing a sharable web-based curriculum that will be available statewide.

Program Outcomes

- Twelve focus groups were conducted with a total of 46 adults with intellectual disabilities from 7 different organizations to assess effectiveness of materials created for the curricula, and 97.7 percent of respondents said they thought it would be useful in having a conversation about relationships. Furthermore, 82.9 percent of respondents said that they would be interested in taking a class that uses these materials.
- Ten pilot testers will use the lesson plans with consumers to continue to gather feedback to improve both a Beginner and Advanced curricula.

*Engaging Families to Effectively Support Their Child's Social and Emotional Development (South Central Los Angeles Regional Center)*Program Description

In collaboration with Eastern Los Angeles Family Resource Center, this project is training Early Start partners to provide evidence-based prevention and early intervention services to families and their children, including adult consumers with at-risk children. This project is improving identification of social and emotional delays, increasing referrals, and implementing evidence-based supports and services to enhance family relationships and improve social and emotional development.

Program Outcomes

- Three trainings were presented during this reporting period with the goal to increase family resource center and service provider capacity to provide evidence-based support to families and their children with moderate social and emotional challenges:
 - A training with 21 family resource center, regional center and community professionals on *Incredible Years Babies* parent curriculum was implemented in March.
 - A *Tree of Knowledge* training was attended by 27 Early Start service providers, regional center staff, family resource center staff, and parents in June.

- A professional development training on *Five Protective Factors* was held and was attended by 23 professionals in June.
- Through these activities, parents and professionals working closely with children learned how to better understand the child's social and emotional needs as well as how to support the child in problem-solving strategies and skills for coping with emotions.

Mental Health Assessment and Support Project (South Central Los Angeles Regional Center)

Program Description

In collaboration with the California Institute of Health and Social Services, this project is creating a specialized mental health triage team. The team is providing person-centered case formulation, treatment planning, mental health, psychiatric assessment, and referral services to persons with developmental disabilities at risk for co-occurring mental disorders.

Program Outcomes

- In April, a training on *How to Treat Co-Occurring Disorders in Individuals with Intellectual and Developmental Disabilities* was presented by Dr. Darlene Sweetland to 73 people from 9 different substance abuse disorder agencies. 74 percent gave an overall rating of 5 (with 5 being the highest score possible) for the question, "Overall, how would you rate this training?"; 24 percent gave an overall rating of 4; and 2 percent gave a rating of 3 or less. Thus, this training positively contributed to capacity-building among a majority of the professionals in attendance that see individuals with co-occurring disorders.
- The Triage Team has received approximately 46 consumer referrals from all target subgroups this reporting period. Twenty-six consumers were effectively linked to mental health services, supporting the goal of implementing person-centered case formulation, mental health and psychiatric assessment, and referral to services.

Bridging the Gap: Co-occurring Disorders and Developmental Disability (Valley Mountain Regional Center)

Program Description

In collaboration with multi-disciplinary local partners, this project is conducting an annual two-day conference for the three-year project cycle. Each conference includes trained experts in the field sharing information on understanding developmental disorders, application of therapeutic interventions, appropriate psychotropic interventions, crisis response, inpatient treatment, and collaboration on future behavioral health goals to close gaps in access and availability. These conferences will include multi-system

providers and professionals who will engage in table discussions that collaboratively address the complex needs of individuals with a dual diagnosis.

Program Outcomes

- Valley Mountain Regional Center conducted its second annual conference on the 9th and 10th of October, 2019.
- Preliminary results of the 2018 conference report the following findings that support the project's goal of providing an understanding to participants about developmental disorders and how to apply best-practice therapeutic interventions when co-occurring conditions are suspected:
 - 94 percent reported that attending the conference enhanced their ability to recognize whether the signs/symptoms of behavioral challenges are better accounted for by medical, mental health, and/or developmental issues.
 - 82 percent reported that they have referred to one or more of the supplemental books received at the conference to address the needs of individuals with co-occurring disorders.
 - 81 percent reported feeling more confident in providing mental health services for consumers with a dual diagnosis.

Summary of Overall Projects

To date, approximately 1,380 clinicians, service providers, regional center staff and other professionals, families, and consumers have participated and benefitted from these projects. Tools, resources, training curricula, PowerPoint presentations and other training materials for each specific project are available on each individual project's website.

Mental Health Services Oversight and Accountability Commission

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 38,803,000	\$ 19,466,000	\$ 15,876,000
Local Assistance Expenditures	\$ 20,000,000	\$ 102,871,000	\$ 29,156,000
Positions	36.0	39.0	51.0

General Overview

The Mental Health Services Oversight and Accountability Commission (Commission) was established in 2004 to provide oversight and accountability for portions of the Mental Health Services Act (MHSA), Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The Commission's primary roles include: (1) providing oversight, review, accountability, and evaluation of projects and programs supported by MHSA funds, (2) assessing whether services that are provided pursuant

to the MHSA are cost-effective and in accordance with recommended best practices, (3) participating in the decision making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system, (4) reviewing and approving county Innovation Program and Expenditure Plans, (5) providing counties technical assistance in MHSA program plan development to accomplish the purposes of the MHSA, and (6) administering the Mental Health Wellness Act of 2013 Triage Personnel grants. The Commission also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

The Commission's goal is to provide oversight and accountability for portions of the Mental Health Services Act. The Commission oversees efforts to eliminate disparities; promote wellness, recovery, and resiliency; and monitor outcomes for individuals living with serious mental illness and their families.

Program Overview

Plan Review

Program Description

The Commission receives 3-year county MHSA program and expenditure plans and annual updates and deploys staff to review the plans and to raise concerns with Department of Health Care Services (DHCS) if staff notice an element of the plan that appears to violate the MHSA. The Commission provides extensive technical assistance to support the counties in their development of MHSA programming and reporting. The Commission is exploring options to establish plan review standards that could guide and support the local plan review process.

Triage Grant Program

Program Description

Through the annual Budget Act and WIC Section 5848.5, the Commission is directed to establish a grant program available to counties to support increased capacity for crisis services. Since the establishment of that program, the Commission has received \$32 million per year in its budget to support the grant programs. Beginning with the FY 2018-19, funding for the Triage program was adjusted from \$32 million to \$20 million to reflect historic expenditures. The Commission awarded the second round of Triage grants to counties for adults, children and for school-mental health partnerships.

Based on lessons learned during the first round of Triage grants, the Commission strengthened the program moving forward, including:

- Modification of the application process to expedite program implementation.
- Issuance of three separate competitive grants each with a unique focus: adults and

transition age youth, children, and school mental health partnerships.

- Contracted with UC Davis and UC Los Angeles, to do a statewide evaluation for each of the three project types supported with Triage funds.

Stakeholder Advocacy

Program Description

The Commission provides funding to support stakeholder advocacy for improved mental health services and the associated outcomes. The Commission currently receives \$5.4 million annually for this purpose.

The Commission's budget for stakeholder advocacy efforts was increased from \$1.9 million to \$4.7 million beginning in FY 2018-19 to include funds for additional advocacy on behalf of diverse communities and veterans. This additional funding also increased the level of funding for existing individual contracts, up to \$670,000 each and required those contracts to be awarded on a competitive basis, all in an effort to enhance the effectiveness of these funds.

Currently, the Commission has stakeholder contracts in place for consumers, families, parents/caregiver of young children; transition age youth, veterans, LGBTQ, and diverse racial and ethnic communities.

In FY 2018-19, the Commission received an additional \$670,000 annually to provide stakeholder advocacy funds to improve mental health outcomes for immigrants and refugees. The Commission convened listening sessions throughout the state to better understand the needs of these communities and released the Request for Proposals in February 2019. The Commission awarded five contracts for immigrant and refugee stakeholder advocacy at its April 25, 2019, meeting.

Early Psychosis Intervention (EPI) Plus Program

Program Description

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

Since the passage of AB 1315, the Commission has established the required Advisory Committee to assist the Commission in developing the program, the state has established the Special Fund to receive revenues, and the Commission has begun to work with state, local, and national leaders on the issue of early psychosis treatment and interventions.

As part of that work, the Commission has facilitated a multi-county collaborative – using Commission operational funds and county Innovation funding – that has resulted in the commitment of \$10 million in public and private funds to support improvements in existing early psychosis programs and the development of a technical assistance, research and evaluation strategy to support those programs. The Commission is partnering with UC Davis, UC San Francisco and UC San Diego in this work.

The Commission's goal is to work with California's local mental health leaders, research and philanthropic partners, and others to build a statewide initiative that results in every county in California having an early psychosis system in place that can respond to people in need. Research – and the personal experiences of Californians and their family members – demonstrates that the early and appropriate response to psychosis can make the difference in the quality of life that people experience throughout their lifetime, as well as the cost of responding to their needs.

Mental Health Policy Fellowship

Program Description

The Commission is implementing the Mental Health Policy Fellowship Program. This program was established by Chapter 412, Statutes of 2017 (AB 1134)) and authorizes the Commission to create a Mental Health Policy Fellowship for a mental health professional and a mental health consumer. These Fellowships create an opportunity for collaborative learning for the Fellows, the Commission and stakeholders. The Fellowship Program seeks to expand opportunities for consumers and practitioners to inform the work of the Commission and public policy, while creating professional opportunities for consumers and practitioners to be exposed to the policy process and the work of the Commission. The Fellowships will enhance opportunities for the Commission to understand new and emerging challenges facing California's mental health system through the lens of practitioners and persons with lived experience. The Commission is establishing the Advisory Committee to provide guidance on the Fellowship Program goals, design, eligibility criteria, and application process.

Evaluations

Program Description

Through the annual Budget Act, the Commission receives funding to support research and evaluation of the impact of the MHSA on mental health care and mental health outcomes in California. Much of these funds have been dedicated to building the Commission's data and evaluation infrastructure used to monitor the fiscal and programmatic outcomes for California's mental health system as mentioned above. Funds are also made available to support targeted evaluations done through contractors, who are typically university-based researchers. Projects include:

- Assessment of System of Services for Older Adults
- Recovery Orientation of Community Services and Supports Component of the

MHSA

- Early Psychosis Evaluation
- Department of Justice Data Linkage
- Data Management and Data Visualization Tools
- Full Service Partnerships Pilot Classification & Analysis Project

Prevention and Early Intervention

Program Description

The MHSA allocates 19 percent 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.

The Commission provides oversight of county mental health systems, including county prevention and early intervention strategies. The MHSOAC issues and provides technical assistance for PEI regulations. As part of this work, the MHSOAC has developed a database to track the PEI programs, who they serve, and available outcomes.

As part of an ongoing effort, the MHSOAC established Learning Collaboratives, designed to provide counties with guidance and support needed for successful program implementation. To highlight successes, tackle challenges, and encourage inter-county collaboration, these learning communities meet throughout the year in order to address concerns and drive improvement initiatives.

More recently, Chapter 843, Statutes of 2018 (SB 1004) directed the Commission to establish priorities and a statewide strategy for prevention and early intervention services. The goal of this effort is to create a more focused approach to delivering effective prevention and early intervention services and increasing coordination and collaboration across communities and mental healthcare systems.

The Commission's PEI SB 1004 Project was created to establish priorities for investment and to develop a monitoring strategy. The project will also explore challenges and opportunities for strengthening mental health prevention and early intervention strategies across California. The Commission will explore best practices implemented in California, and elsewhere, and opportunities for increasing collaboration with private and public partners and existing mental healthcare systems.

The project will include community engagement, policy and research reviews, and data and analysis. The Commission will develop the plan with community members and will leverage previous and current efforts. Commission staff will review the latest

research on prevention and early intervention and will review the status of programs and services delivered throughout California.

Innovation

Program Description

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

The MHSOAC reviews and approves funding for INN programs for county mental health departments. Additionally, the MHSOAC provides technical assistance to help counties in their planning process. Since 2016, the MHSOAC has authorized more than \$700 million in funding to support INN programs statewide. During fiscal year 2016-17 the MHSOAC approved over \$68 million, in fiscal year 2017-18 the MHSOAC approved over \$149 million, and in 2018-19 the MHSOAC has approved over \$300 million. Currently, the MHSOAC has approved just over \$12 million dollars in the first four months of this fiscal year 2019-20.

In February 2018, the MHSOAC hosted its first innovation summit and brought together more than 300 stakeholders, mental health care professionals, policy makers and innovation leaders and others together to share and accelerate innovative approaches for transformation.

As a follow up to that effort, the Commission had received expenditure authority to spend \$5 million to launch an Innovation Incubator. The Commission's budget included \$2.5 million in Fiscal Year 2018-19 and \$2.5 million in 2019-20. These funds must be dedicated to strategies that have the potential to reduce the number of mental health consumers who become involved with the criminal justice system.

The 2018-19 Budget included an allocation of \$2.5 million to enhance innovation strategies to reduce the numbers of those deemed incompetent to stand trial (IST) in the criminal justice system. In January 2019 the Commission approved an operational plan for the initial phase of the incubator over two to three years.

The Commission will plan and manage the Innovation Incubator internally and contract out for services specific projects. This option allows the incubator to focus on statewide concerns yet allows the effort to contract for the majority of the work. The Commission is working on moderating and curating the learning from the three initial investments (\$2.5 million from fiscal year 18-19) made into addressing the criminal Justice population, and working to determine and execute this years (FY 2-19-20) \$2.5 million

in additional contracts for service specific projects to further reduce criminal justice involvement.

In February 2019, the Commission launched a youth innovation project to engage young people to conceive of and design innovations that would result in mental health services and approaches that are youth-driven and better aligned with their needs. The Youth Innovation Project Planning Committee, comprised of 14 committee members from 12 Counties, will be asked to provide support for the project, which includes the following three goals: (1) identify mental health challenges facing youth, (2) identify potential solutions to those challenges, and (3) support the presentation of solutions to county leaders for innovation investment.

Over the past 7 months, the Committee has held seven meetings and participated in a statewide conference focused on enhancing the well-being of children, youth and families. The Committee partnered with the Born This Way Foundation to conduct online surveys and focus groups to gather information about community strengths and barriers affecting mental wellness from over 500 youth across California.

The Committee used the information from the surveys and focus groups along with a literature review to identify challenges and/or opportunities affecting youth and their mental wellness. The Committee ultimately identified increasing preventative mental health services in schools and colleges as the focus of one or more idea labs with a goal to come together to develop an innovative strategy to respond to this challenge.

The Youth Project Planning Committee proposes to partner with 1 or more counties in each of the 3 regions of California (northern, southern and central) to plan a regional idea lab that brings together local youth and county leaders with public and private subject matter experts to serve as a resource in helping imagine new innovative solutions that will test ways to increase preventative mental health programming on school campuses.

Mental Health Student Services Act

Program Description

As a result of the high level of interest in school-county partnerships the legislature passed and the Governor signed the 2019 Budget Bill, Senate Bill 75, Mental Health Student Services Act (MHSSA), which provides \$40 million one-time funds in FY 2019-20 and \$10 million ongoing funding for the purpose of establishing additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education.

The MHSSA creates a competitive grant program managed by the Commission. Funds will be available for expenditure across a five-year period. Grant funds shall be used for services provided on K-12 campuses, suicide prevention services, dropout prevention

services, outreach to at-risk youth, placement assistance for ongoing services, and other services to respond to the mental health needs of students and youth.

California Department of Education

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 163,000	\$ 170,000	\$ 171,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.7	0.7	0.7

General Overview

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

The CDE's MHSP operates to provide information, resources and supports to local educational agencies, parents, students, and other stakeholders to address the multitude of mental health needs of K-12 students.

The CDE MHSP receives MHSA funding to increase local capacity to address mental health needs; increase awareness of student mental health and wellness among staff, parents, and students; reduce stigma of mental health issues; and promote healthy emotional development. MHSA funding supports a 0.7 Education Programs Consultant (EPC) position. While the funding does not include monies for program activities or grants, much of the work performed is related to building strategic partnerships that enhance mental health and wellness activities on school campuses across the state.

This EPC position is used to leverage other resources and to increase partnerships that can connect schools with external partners' activities.

University of California**Total Resources**

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 961,000	\$ 0	\$ 0
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.0	0.0	0.0

General Overview

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 UCLA.

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 Chancellor's Office**Total Resources**

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 99,000	\$ 104,000	\$ 104,000
Local Assistance Expenditures	\$ 0	\$ 7,000,000	\$ 0
Positions	0.5	0.5	0.5

General Overview

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education with 73 community college districts and 115 community colleges serving over 2.1 million students. MHSA funds support the Chancellor's Office with staff who support the development of mental health related policies, program best practices and identify resources to address the mental health needs of California community college students.

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

Program Description

The Chancellor's Office in partnership with the Foundation for California Community Colleges (FCCC) currently co-manages a \$400,000 MHSA funded project administered through the CalMHSA. These funds support the California Community Colleges (CCC) Health & Wellness Initiative. The CCC Health & Wellness Initiative is a statewide effort focused on prevention and early intervention strategies to support the mental health and wellness needs of California community college students. This initiative provides free resources for California community colleges around mental health awareness, suicide prevention training, Each Mind Matters materials, and a free 24/7 text-based support system (provided through a partnership with the Crisis Text Line). Additional activities include supporting the CCC to connect with their county behavioral health services to establish formal referral networks. In recognition of the significant needs of the CCC system, the Chancellor's Office prioritized resourcing two critical training components of the project, including prevention, early intervention, and mental health training and technical assistance available to the 115 colleges (\$275,000 annual contract) and Kognito, the online suicide prevention training that is currently available to 106 colleges (\$92,300 annual contract).

Program Outcomes

- Broadly disseminated EMM materials, products, and campaign information to CCC faculty, staff, and students. During the reporting period over 500,000 mental health informational materials were distributed during system wide conferences and other

distribution methods. Over 39,000 materials were downloaded from the CCC Health & Wellness Initiative website.

- 114,615 website visits to the CCC Health & Wellness Initiative project website, and 57,419 unique individuals visited the website. CCC Health & Wellness Initiative has had a 40 percent increase in website visits over the past three years.
- CCC Health and Wellness has increased the total number of CCC accessing Kognito suicide prevention gatekeeper trainings, bringing the total to 106 of 115 colleges. Cumulatively, 85,535 faculty, staff, and students have accessed the online trainings including 67,523 CCC students and 18,000 faculty and staff.
- 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.
 - CCC Health & Wellness staff distributed 365 CTL tool kits and over 175,000 materials 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 displayed at multiple locations throughout each of the 115 campuses. The outreach materials provide information to students about the CTL services, and instructs the CCC students to text the word “Courage” to access CTL services.
 - Approximately 4,245 students accessed CTL services and engaged in 7,322 conversations.
- The CCCCO 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.
- Wellness Central, the student-facing online health and wellness Canvas portal, has launched. Twenty-five training modules are currently available in the Canvas platform, which cover a variety of topics which range from Depression and Stress Management, to Hunger and Homelessness.
- The CCC Health & Wellness Initiative implemented the Student Wellness Ambassador Program, which trains community college students to serve as advocates for the mental health and wellness of their peers. The program is currently at 14 colleges with 16 student ambassadors.

California State University**Total Resources**

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 0	\$ 3,000,000	\$ 0
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.0	0.0	0.0

General Overview

The California State University (CSU) is comprised of 23 campuses and is the nation's largest and most affordable public four-year university system. MHSA funding was granted to CSU to support campus mental health and counseling services. These services help meet the increasing need for mental health services among college students with the goal to offer support and help students achieve their academic, personal, and professional goals.

The MHSA funds support existing and proposed CSU Mental Health Partnerships. The Partnerships require campuses to create a formalized partnership with a local mental health agency, establish and/or continue an ongoing peer-to-peer mental health education program, and provide ongoing training and resources to faculty and staff. With the MHSA funding, CSU faculty, staff, and students have made substantial progress in increasing awareness of student mental health issues and campus resources.

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

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 0	\$ -8,000	\$ 0
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.0	0.0	0.0

General Overview

The Financial Information System for California (FI\$Cal) project receives funding to transform the State with a single integrated financial management system that encompasses budgeting, accounting, procurement, cash management, and financial management and reporting. State agencies with accounting systems are required to use the FI\$Cal system and fund it.

The FI\$Cal project is a partnership of four control agencies: Department of Finance, State Controller's Office, State Treasurer's Office, and Department of General Services. The FI\$Cal system, through the adoption of best business practices, will: reengineer business processes; improve efficiency; enhance decision making and resource management; and provide reliable, accessible, and timely statewide financial information allowing the state to be more transparent.

Military Department

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 1,420,000	\$ 1,483,000	\$ 1,515,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	8.2	8.2	8.2

General Overview

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

Program Overview

CMD Behavioral Health Liaison Program

Program Description

The California Military Department, Behavioral Health Directorate administers the CMD Behavioral Health (BH) Liaison Program, which addresses the need of its population for Behavioral Health support and education. MHSA funds support 8.2 positions for Behavioral Health personnel that are available 24 hours a day, 7 days a week, to members of the CMD and their families. The CMD BH outreach program is designed to improve coordination of care between the members of the CMD, local County Veterans Services Officers, county mental health departments, and other public and private support agencies. CMD BH Liaisons educate members of the CMD and their families about mental health issues and the unique needs/experiences of its military population. BH Liaisons also enhance the capacity of the local mental health system through education and training about military culture. The CMD BH Liaisons assisted soldiers, airmen, civilian military department members, and their families in acquiring appropriate local, state, federal, private, public, and/or non-profit Behavioral Health Program support. Assisting soldiers, airmen, and department members in accessing the appropriate mental health care programs is extremely cost-efficient and

ensures that CMD members receive care by mental health clinicians who are trained to treat military-specific conditions.

Program Outcomes

CMD BH Liaisons partnered with academic clinical centers, veteran and civic groups, statewide behavioral health collaboratives, and federal and state installations in each of their regions to connect their catchment population to care and provide educational briefs (to groups and individuals).

CMD BH Liaisons contributed to and supported briefs about behavioral health, National Guard Behavioral Health resources, suicide prevention, motivational techniques, and general mental health resources in military unit newsletters, bulletins, and unit formations. They spoke on veteran, military, and emergency responder panels and advisory workgroups. They participated in statewide webinars, maintained two CA National Guard Behavioral Health informational Facebook pages, and used texting, and FaceTime to reach out to all Guard members and the public.

Department of Veterans Affairs

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 256,000	\$ 268,000	\$ 268,000
Local Assistance Expenditures	\$ 1,270,000	\$ 1,270,000	\$ 1,270,000
Positions	2.0	2.0	2.0

General Overview

The Department of Veterans Affairs (DVA) receives funding to support county mental health grant programs as well as 2.0 positions to oversee the grant program and support the statewide administration of informing veterans and family members about federal and state benefits including mental health services. With the support of MHSA funds, DVA administers grant programs for improving mental health services to veterans through County Veterans Services Offices (CVSO).

Program Overview

Mental Health Outreach and Services Grant Program

Program Description

The DVA continues to advocate for mental health resources and programs through its annual grant program. Each year DVA assists CVSOs throughout California in establishing their own projects to enhance and expand mental health services to

include treatment and other related recovery programs to Veterans and their families.

Program Outcomes

For FY 18/19, DVA awarded seven CVSOs a combined total of \$270,000 in support of mental health. The participating CVSOs coordinated with community, state, and VA-wide mental health outreach services. The goal was to provide the appropriate physical and mental healthcare needed to mitigate the harmful effects of combat, sexual assault, in-service injury and readjustment to civilian life. Additionally, DVA distributed a one-time payment to all County Veterans Service Offices in the sum of \$1 million. The funds assisted in expanding and enhancing each counties mental health services for veterans and their families.

Administrative Funds

For FY 19/20, DVA is currently overseeing 19 mental health county contracts with the combined sum of \$1,270,000. Below is a brief description of each one.

Contra Costa

Contra Costa CVSO will continue to contract with Contra Costa Television to produce a live, monthly call-in Television program entitled "Veterans' Voices." The television setting will allow veterans and their family members to learn about benefits and services as well as the ability to call in with questions. Each show they produce will focus on a specific theme, including mental health, supportive housing, and several other important topics that many veterans and their families face. Contra Costa CVSO will provide outreach to the senior veterans within their community. The CVSO will work closely with agencies, care providers, and housing facilities to develop a partnership in order to reach the veterans and dependents that reside or are served by their service. Their main objective is to assist these veterans in obtaining services and benefits including VA disability claims and pensions.

Fresno

Fresno CVSO will attend multiple outreach events including Stand Downs, Job Fairs, VA hospitals, and Vet Centers to identify and assist veterans in need of Mental Health Services. Their goal is to refer veterans to the correct agency for support, acquire access to aid for high risk veterans and assist the veteran in submitting their VA disability claims.

Imperial

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

Los Angeles

Los Angeles CVSO will collaborate with the U.S.VETS to expand and strengthen an already existing program called *Outside the Wire—Transition Assistance*. Their program provides free counseling to veteran college students and their families. The enhanced version will launch at 13 Community Colleges throughout Los Angeles County, and will address mental health, benefits, justice involvement, workforce development, homeless assistance, whole-family care, and suicide prevention. Los Angeles CVSO will focus on the hard to reach and vulnerable population veterans (other than honorable discharge) and their families, who do not seek services and often do not identify themselves as veterans. The LA CVSO will partner with the Department of Mental Health to identify, assess, and link veterans to intervention and prevention services. Their objective is to optimize the quality of life for veterans and their families through mental health intervention and prevention services.

Monterey

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

Nevada

Nevada CVSO, in partnership with Welcome Home Vets, will continue to operate the Nevada County Veterans Outreach and Resource Program. Their programs goal is to educate all veterans and family members during their transition, link them to services, as well as improve the mental health and well-being of all veterans in Nevada County.

Orange, Riverside and San Bernardino

Orange CVSO, Riverside CVSO and San Bernardino CVSO will each host a monthly free legal clinic. Through an MOU with Veterans Legal Institute, their focus will be towards the homeless and/or low-income veterans whose access to or maintenance of mental health treatment requires direct intervention of legal aid, which clients could otherwise not afford. The purpose of their At-Risk Veterans Free Legal Clinic is to provide outreach for vulnerable transitioning service members, Veterans, and their families to remove legal barriers preventing access to or maintenance of mental health care.

San Joaquin County Veterans Service Office

San Joaquin CVSO will provide mental health care and substance abuse treatment through the education, assessment and engagement of the veteran population living within the county. Their trainings modalities target a wide range of service members including but not limited to minorities, LGBTQ, women, homeless, and veterans living in the underserved, rural, and outlying communities. Veterans residing within San Joaquin County suffering from mental health and substance abuse disorders will find a variety of services coordinated to address their needs.

Solano County Veterans Service Office

Solano County CVSO maintains a Transitioning Assistance Program (TAP) process with Travis Air Force Base to counsel and refer discharging veterans. Screening is done five full days every week. The Solano CVSO participates in jail outreach performed on a weekly and an as-needed basis. The county also supports their local Stand Down by being a part of the planning committee and coordinating with the courts to get the court records of the veterans attending stand down, when the veteran requests vet court help.

Housing and Community Development

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 0	\$ 0	\$ 0
Local Assistance Expenditures	\$ 1,650,000	\$ 0	\$ 0
Positions	0.0	0.0	0.0

General Overview

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

Program Overview

NPLH Technical Assistance

Program Description

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

Program Outcomes

In September 2017, HCD received 58 applications out of an eligible pool of 60 applicant counties. HCD has awarded all applications received for a total of \$5,775,000. To improve the delivery of homelessness programs including the NPLH program, HCD combined the remaining NPLH technical assistance funds, \$425,000, with other

technical assistance funds to provide assistance to localities for capacity building. As of October 2019, HCD has committed approximately 6,500 hours and \$1 million towards this effort.

California Department of Corrections and Rehabilitation

Total Resources

Program Budget	Actual FY 2018-19	Estimated FY 2019-20	Projected FY 2020-21
State Operations Expenditures	\$ 637,000	\$ 1,616,000	\$ 1,202,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	3.0	3.0	3.0

*includes reappropriation of \$415k from FY 18/19

General Overview

The Council on Criminal Justice and Behavioral Health (CCJBH), which is located in the Office of the Secretary of the California Department of Corrections and Rehabilitation (CDCR), receives MHSA funds for 3.0 positions and \$670,000 on-going. Funds support activities to promote the implementation of effective prevention, diversion, and reentry policies and practices that reduce incarceration or recidivism among individuals with behavioral health challenges. These activities include examining patterns of health care service utilization among those formerly incarcerated, identifying local best practices and strategies to support the broader adoption of such practices, and providing recommendations to the Administration and the Legislature regarding policy changes that may result in enhanced community alternatives to incarceration. Funds support training and educational opportunities for council members, stakeholders and staff, and provide resources for communication and information dissemination efforts.

Contract funds are for organization(s) that represent individuals with lived experience in the justice and behavioral health systems to provide input and direction into the policy and program work of CCJBH as well as affect change locally. In addition, in FY 2018-19 CCJBH received \$150,000 each year for three years to provide expert consultation to the Department of State Hospitals (DSH) and county participants on diversion best practices and policies for individuals who are at-risk of being declared incompetent to stand trial for felony offenses.

Program Overview

Supporting AB 1810 Implementation (Pre-Trial Mental Health Diversion)

Program Description

In FY 2018-19 CCJBH received \$150,000 per year for three years to support the implementation of Chapter 34, Statutes of 2018 (AB 1810). The legislation specifically

directed CCJBH to provide consultation to the Department of State Hospitals (DSH) to implement the DSH Diversion Program, which focuses on felony pre-trial diversion for individuals at risk of being deemed incompetent to stand trial who are experiencing severe mental illness and who may be homeless or at risk of homelessness. In FY 2018-19 and into FY 2019-20 staff have supported DSH with a variety of responsibilities including developing and scoring county proposals, reviewing scopes of work, and acquiring or delivering technical assistance to the counties. Through a training contract with the Council on State Governments Justice Center (CSG), CCJBH supplies training to counties covering topics such as successful planning and implementation, sustainability, housing, and case planning. CCJBH also contracts with the Forensic Mental Health Association of California to provide training on best practices to state and county administrators.

Program Outcomes

In addition to providing on-going consultation to DSH and direct training and technical to county participants, funds will support information gathering and delivery of technical assistance to local and state leadership to promote the long-term adoption of pre-trial mental health diversion practices statement in FY 2019-20 through 2020-21. Through a competitive bidding process, CCJBH will award contracts to experts in pre-trial mental health diversion strategies and work across the necessary professions with critical roles in leadership such as district attorneys, judges, and other local elected officials to make the case for expanded diversion. CCJBH uses a state-level steering or advisory committee representing the various partners in diversion to identify policy issues during implementation, find common ground, seek resolutions, and propose recommendations for the Council to consider to strengthen the effectiveness and sustainable impact of AB 1810. Sample outcomes include a final set of policy recommendations and identified next steps to support expanded Mental Health Diversion statewide.

Lived Experience Stakeholder Contracts

Program Description

In FY 2018-19 CCJBH received \$795,000 per year ongoing to support one position to oversee the project and administer \$670,000 for stakeholder contracts to help reduce involvement in the criminal justice system for those individuals experiencing behavioral health issues. Following the spirit of MHSA funds, CCJBH is conducting a community engagement process to obtain input on how to best implement the intent of the legislature. The community engagement process will help inform the development of the competitive bid process for the stakeholder contracts.

Program Outcomes

CCJBH staff have executed a contract with California State University, Sacramento to facilitate the community engagement process. The community engagement process

was designed to target diverse populations including consumers, family members, and professionals to obtain their first-hand perspectives related to current needs and best practices of programs and policies that work in this intersection of criminal justice and behavioral health. The information gathered will help define the criteria used in the solicitation for the competitive bidding process. The solicitation is anticipated to be released in February 2020 and stakeholder contracts are anticipated to be awarded in May 2020.

Medi-Cal Utilization Project and General Council Support

Program Description

Criminal justice-involved people with behavioral health need cycle in and out of the system and incur high supervision costs as well as high health care costs. The Affordable Care Act provided an opportunity to improve outcomes for justice-involved people with behavioral health needs, as many justice-involved people became newly eligible for Medi-Cal and mental health and substance use treatment became included as essential health benefits. Because reforms such as AB 109 and Proposition 47 have moved the criminal justice system toward non-custodial sanctions, justice-involved people with behavioral health need are likely to seek Medi-Cal funded treatment in the community-based mental health system.

In FY 2016-17, CCJBH received ongoing funding to support the Medi-Cal Utilization Project, which involves research on health service access and utilization for people involved in the criminal justice system, especially justice-involved people with mental illness and substance use disorders. In FY 2017-18, CCJBH began work on the Medi-Cal Utilization Project with the goal of assessing if and how the Affordable Care Act (ACA) has reduced incarceration and recidivism rates while improving the quality of health care services through investments in behavioral health.

CCCJBH also received one analyst on-going to support the general work of the council including support for council meetings and trainings, communication strategies, and the development and dissemination of the annual legislative report and recommendations. This position enhances the council's capacity to track key policy issues in the intersection of behavioral health and criminal justice such as housing and homelessness, education and employment and child welfare and social services.

Program Outcomes

Work on the Medi-Cal Utilization project is ongoing and began in October 2017 when CDCR shared demographic data on justice-involved people released into the community with DHCS. Staff located paid Medi-Cal claims for people released from CDCR facilities between January 2012 and March 2017 who were eligible for Medi-Cal services. CCJBH released a report presenting findings from an initial phase of the research in December 2018, which indicated that justice-involved people accessed health services at higher rates post-ACA expansion compared to the rates at which they

accessed services pre-expansion. Current work on the project has involved examining the specialty mental health services that justice-involved people utilized. Findings from this stage of the analysis will be presented as statewide estimates as well as estimates generated for individual counties. Next steps include accessing updated data for more recent CDCR release cohorts, as well as describing patterns of access to and utilization of substance use disorder treatment services and physical health services. Sample outcomes include a policy brief that includes recommendations regarding investment in health services for justice-involved people.

Current key policy work for the council includes a juvenile justice roundtable with published statewide summary findings and recommendations and a policy brief on actions and strategies to reduce the rates of homelessness among individuals with behavioral health issues who are justice-involved. These products, and the full annual report to the Legislature with accompanying findings and recommendations, is published annually in December.

Appendix 1: Historical Information

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

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

Chapter 5, Statutes of 2011 (AB 100) amended WIC Sections 5813.5, 5846, 5847, 5890, 5891, 5892, and 5898. This law dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as Early and Periodic Screening, Diagnostic and Treatment, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of the former DMH. This bill deleted the county's responsibility to submit plans to the former DMH and the former 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 MHSF. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

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

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

Chapter 43, Statutes of 2016 (AB 1618) established the 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.

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

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

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

Appendix 2: Prudent Reserve Funding Levels

Prudent Reserve Funding Levels¹			
Prudent Reserve Balance from FY 2017-18 ARER ²			
County	Local Prudent Reserve Balance²	33% Maximum Prudent Reserve Level	Amount to be Transferred to CSS and/or PEI by June 30, 2020
Alameda	\$ 36,210,951.83	\$ 14,593,038.37	\$ 21,617,913.46
Alpine	\$ 592,407.00	\$ 354,639.39	\$ 237,767.61
Amador	\$ 1,607,714.00	\$ 652,458.45	\$ 955,255.55
Berkeley City	\$ 1,477,673.00	\$ 1,237,629.31	\$ 240,043.69
Butte	\$ 2,457,861.00	\$ 2,376,466.04	\$ 81,394.96
Calaveras	\$ 975,189.00	\$ 707,285.93	\$ 267,903.07
Colusa	\$ 468,478.00	\$ 583,058.38	\$ -
Contra Costa	\$ 7,579,248.17	\$ 9,306,042.67	\$ -
Del Norte	\$ 898,990.00	\$ 614,385.72	\$ 284,604.28
El Dorado	\$ 1,898,284.00	\$ 1,655,402.77	\$ 242,881.23
Fresno	\$ 19,490,383.04	\$ 10,081,463.06	\$ 9,408,919.98
Glenn	\$ 88,510.00	\$ 620,110.27	\$ -
Humboldt	\$ 1,428,507.70	\$ 1,467,705.70	\$ -
Imperial	\$ 130,047.00	\$ 2,026,098.18	\$ -
Inyo	\$ 856,780.82	\$ 416,717.71	\$ 440,063.11
Kern	\$ 16,004,488.03	\$ 8,716,008.31	\$ 7,288,479.72
Kings	\$ 2,138,118.00	\$ 1,699,926.60	\$ 438,191.40
Lake	\$ 1,169,461.00	\$ 836,050.87	\$ 333,410.13
Lassen	\$ 804,579.00	\$ 614,779.91	\$ 189,799.09
Los Angeles	\$ 160,725,402.00	\$ 116,483,541.70	\$ 44,241,860.30
Madera	\$ 6,674,739.00	\$ 1,785,654.22	\$ 4,889,084.78
Marin	\$ 2,175,490.00	\$ 2,315,078.74	\$ -
Mariposa	\$ 246,990.59	\$ 419,347.56	\$ -
Mendocino	\$ 2,197,777.00	\$ 1,018,338.01	\$ 1,179,438.99
Merced	\$ 4,361,558.14	\$ 3,010,581.84	\$ 1,350,976.30
Modoc	\$ 815,114.00	\$ 388,776.94	\$ 426,337.06
Mono	\$ 1,671,731.00	\$ 407,919.47	\$ 1,263,811.53
Monterey	\$ 3,062,858.06	\$ 4,795,236.73	\$ -
Napa	\$ 764,402.00	\$ 1,369,670.45	\$ -
Nevada	\$ 1,193,306.13	\$ 1,111,502.67	\$ 81,803.46
Orange	\$ 59,578,548.00	\$ 33,258,769.06	\$ 26,319,778.94
Placer	\$ 4,399,471.00	\$ 2,819,663.63	\$ 1,579,807.37

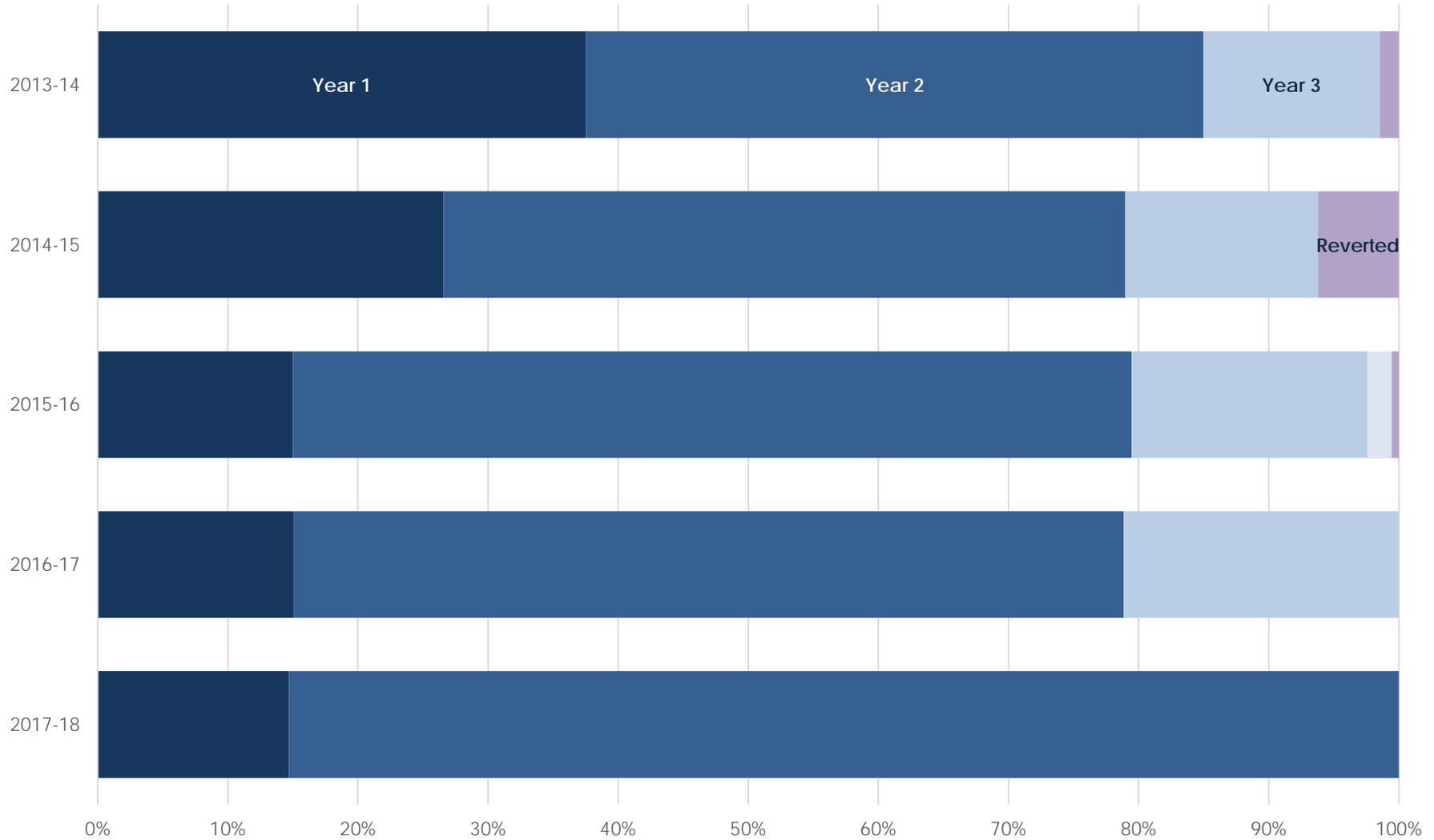
Plumas	\$ 1,058,648.00	\$ 563,639.93	\$ 495,008.07
Riverside	\$ 24,217,189.00	\$ 21,602,903.96	\$ 2,614,285.04
Sacramento	\$ 19,391,847.00	\$ 13,196,792.39	\$ 6,195,054.61
San Benito	\$ 941,758.00	\$ 803,135.40	\$ 138,622.60
San Bernardino	\$ 22,152,363.00	\$ 21,655,429.06	\$ 496,933.94
San Diego	\$ 42,193,120.00	\$ 33,478,185.53	\$ 8,714,934.47
San Francisco	\$ 7,259,570.00	\$ 7,578,949.83	\$ -
San Joaquin	\$ 11,794,245.00	\$ 6,939,866.04	\$ 4,854,378.96
San Luis Obispo	\$ 5,836,164.00	\$ 2,774,412.28	\$ 3,061,751.72
San Mateo	\$ 600,000.00	\$ 6,676,529.39	\$ -
Santa Barbara	\$ 2,023,113.00	\$ 4,744,661.15	\$ -
Santa Clara	\$ 20,757,505.84	\$ 18,703,636.72	\$ 2,053,869.12
Santa Cruz	\$ 3,538,705.88	\$ 2,997,367.57	\$ 541,338.31
Shasta	\$ -	\$ 1,972,883.62	\$ -
Sierra	\$ 741,451.88	\$ 362,970.48	\$ 378,481.40
Siskiyou	\$ 1,581,669.95	\$ 692,430.70	\$ 889,239.25
Solano	\$ 2,780,126.00	\$ 4,112,810.13	\$ -
Sonoma	\$ 926,727.91	\$ 4,643,162.51	\$ -
Stanislaus	\$ 500,000.00	\$ 5,283,972.38	\$ -
Sutter-Yuba	\$ 521,836.00	\$ 1,897,751.68	\$ -
Tehama	\$ 550,618.00	\$ 810,126.20	\$ -
Tri-City	\$ 3,558,621.00	\$ 2,287,572.95	\$ 1,271,048.05
Trinity	\$ 500,610.00	\$ 405,650.08	\$ 94,959.92
Tulare	\$ 9,931,268.00	\$ 4,993,505.77	\$ 4,937,762.23
Tuolumne	\$ 554,758.22	\$ 767,881.85	\$ -
Ventura	\$ 9,699,081.00	\$ 8,491,905.42	\$ 1,207,175.58
Yolo	\$ 514,069.00	\$ 2,225,417.74	\$ -
Total	\$ 538,270,123.19	\$ 408,406,899.42	\$ 161,304,369.28

¹Welfare and Institutions Code section 5892 (b)(2) requires counties to maintain a prudent reserve that does not exceed 33% of the average CSS revenue received from the Local MHSF in the proceeding 5 years.

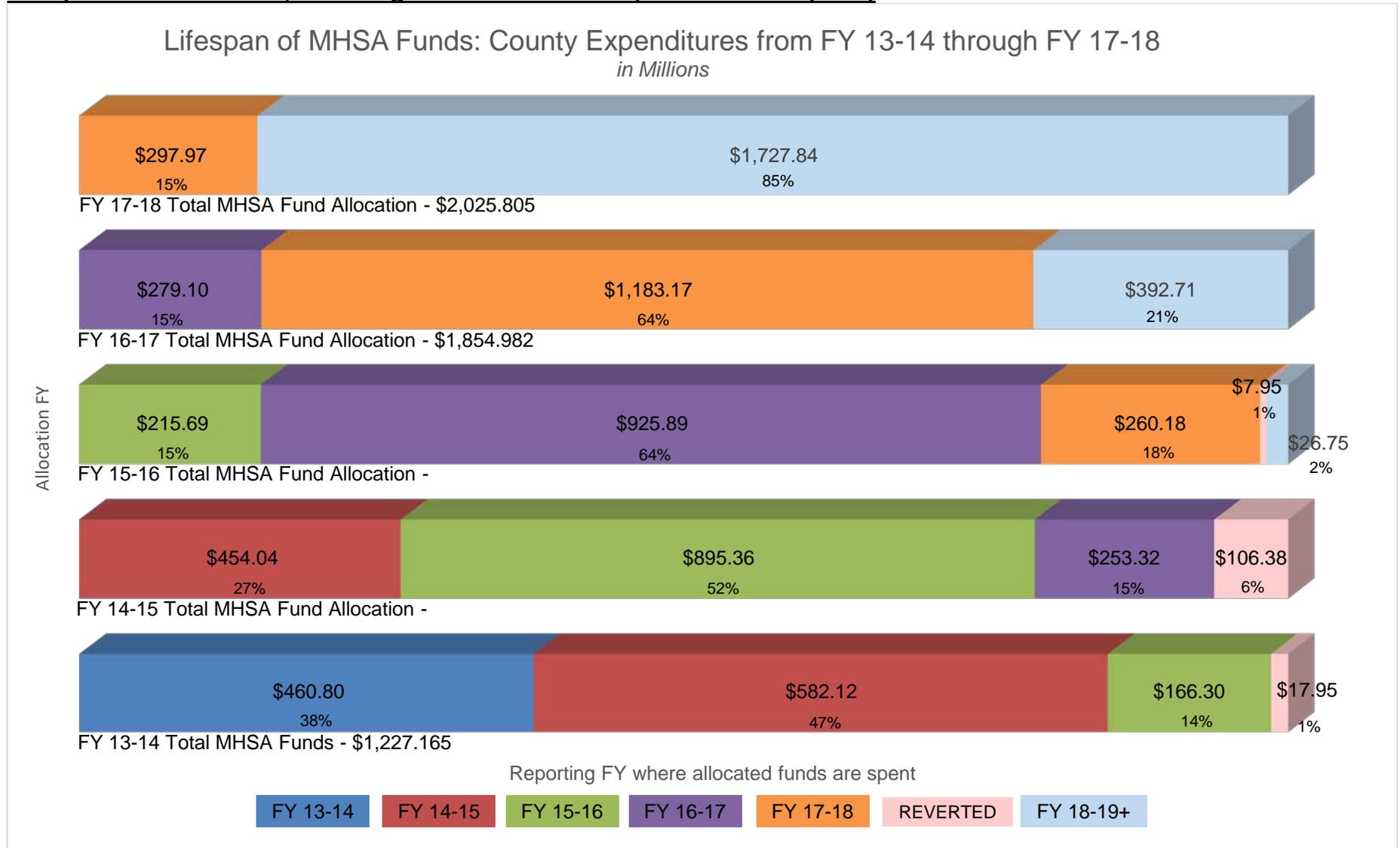
²Total Prudent Reserve ending balance as reported on FY 2017-18 ARER.

Appendix 3: Lifespan of MHSF funds, including reversion amounts (high level)

About 80% of MHSF Funds Spent in First Two Years



Lifespan of MHPA funds, including reversion amounts (detailed description)



Notes: Total MHPA Funds equals total funds distributed by the State Controller's Office to counties from July to June of each Fiscal Year plus interest, as reported on the MHPA Annual Revenue and Expenditure Report. Total MHPA expenditures are reported by counties on the MHPA Annual Revenue Expenditure Reports and accepted by DHCS. This amount equals the sum of CSS, PEI, and INN expenditures funded with MHPA dollars. The Reporting FY is defined as the current fiscal year that is being reported. The Allocation FY is defined as the year the funding is received. The spending of allocated funds can occur over a span of Reporting FYs. Large counties have three years to spend funds. Small counties have five years to spend funds.