

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

*Fiscal Year 2022-23*



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

*Fiscal Year 2022-23*

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## **FUNDING OVERVIEW**

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

The 2022-23 Governor’s Budget indicates approximately \$3.0 billion was deposited into the MHSF in Fiscal Year (FY) 2020-21. The Governor’s Budget also estimates that \$3.7 billion will be deposited into the MHSF in FY 2021-22 and \$3.8 billion will be deposited in FY 2022-23. The Governor’s Budget also estimates an annual transfer to the Supportive Housing Program Subaccount, Mental Health Services Fund (3357) per W&I Section 5890(f) of \$108 million in FY 2020-21, \$140 million in FY 2021-22 and \$140 million in FY 2022-23.

The 2022-23 Governor’s Budget indicates approximately \$3.0 billion was expended from the MHSF in FY 2020-21. Additionally, \$3.6 billion is estimated to be expended in FY 2021-22 and \$3.6 billion is projected to be expended in FY 2022-23.

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

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

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

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

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

Appendix 2 contains details about county prudent reserve maximum allowable amounts and current funding levels. Appendices 3 and 4 contain year-by-year details on total MHSA allocations, when those allocations were spent, and how much funding was reverted. About 80 percent of MHSA funds are spent within two years of the allocation.

### **EXPLANATION OF ESTIMATED REVENUES & TRANSFERS**

Table 1 displays estimated revenues from MHSA’s one percent tax on personal income in excess of \$1 million. Personal income tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The “interest income” is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code Section 16475. The “Anticipated Accrual Amount” represents an accrual amount to be received. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2020-21 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 2022-23.

The total revenue amount for each fiscal year includes income tax payments, interest income, and the anticipated accrual. The actual amounts collected differ slightly from the estimated revenues because the annual Governor’s Budget reflects revenue earned, and therefore includes accruals for revenue not yet received by the close of the fiscal year.

**Table 1: MHSA Estimated Total Revenue & Transfers  
2022-23 Governor’s Budget<sup>1</sup>**

**(Dollars in Millions)**

<b>Revenue or Transfer</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>
Personal Income Tax	\$2,951.5	\$3,664.8	\$3,790.1
Interest Income Earned During Fiscal Year	\$2.6	\$1.9	\$1.9
Transfer to the Supportive Housing Program Subaccount (No Place Like Home)	-\$108.0	-\$140.0	-\$140.0
Anticipated Accrual Amount <sup>2</sup>	[\$325.5]	[\$1,436.3]	[\$1,417.1]
<b>Total Estimated Revenue<sup>3</sup></b>	<b>\$2,846.1</b>	<b>\$3,526.7</b>	<b>\$3,652.0</b>

<sup>1</sup> 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 2022-23 Governor’s Budget: Income from Surplus Money Investments).

<sup>2</sup> The FY 2020-21 ‘anticipated accrual’ amount shown in the Governor’s Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2022-23 due to the reconciliation of tax receipts owed to or from the MHSF and the previous cash transfers.

<sup>3</sup> Estimated available receipts do not include funds reverted under W&I Section 5892(h). Actual expenditures for the prior years, estimated expenditures for past year pending reconciliation, appropriated current year funds per the 2021-22 Budget Act, and budget year appropriations per the 2022-23 Governor’s Budget.

**REVENUES BY COMPONENT**

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

**Table 2: MHSA Estimated Revenue  
By Component<sup>5</sup>  
2022-23 Governor’s Budget**

**(Dollars in Millions)**

<b>Component</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>
Community Services and Supports (Excluding Innovation)	\$2,054.9	\$2,546.3	\$2,636.7
Prevention and Early Intervention (Excluding Innovation)	\$513.7	\$636.6	\$659.2
Innovation	\$135.2	\$167.5	\$173.5
State-Directed Purposes <sup>6</sup>	\$142.3	\$176.3	\$182.6
<b>Total Estimated Revenue</b>	<b>\$2,846.1</b>	<b>\$3,526.7</b>	<b>\$3,652.0</b>

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

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

<sup>6</sup> 5% State-Directed Purposes W&I Section 5892(d).

**MHSA FUND EXPENDITURES**

Table 3a displays MHSA expenditures for State Operations and Local Assistance by each state entity receiving funds from the MHSF with actual expenditures for FY 2020-21, estimated expenditures for FY 2021-22, and projected expenditures for FY 2022-23. Table 3b displays the funding for State-Directed Purposes Cap by fiscal year.

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

**Table 3a: MHSA Expenditures  
State Operations and Local Assistance  
2022-23 Governor’s Budget**

(Dollars in Thousands)

<b>Department</b>	<b>Actual 2020-21*</b>	<b>Estimated 2021-22</b>	<b>Projected 2022-23</b>
<b><u>Judicial Branch</u></b>			
State Operations	\$1,072	\$1,210	\$1,212
<b><u>California Health Facilities Financing Authority</u></b>			
Local Assistance	\$4,000	\$4,000	\$30,949
<b><u>Housing and Community Development</u></b>			
Local Assistance	-\$512	\$0	\$0
<b><u>Department of Health Care Access and Information</u></b>			
State Operations	\$4,595	\$2,648	\$566
Local Assistance	\$43,525	\$0	\$2,000
<b><u>Department of Health Care Services</u></b>			
State Operations	\$18,330	\$14,049	\$10,459
Local Assistance <sup>7</sup>	\$2,773,591	\$3,350,340	\$3,491,384
<b><u>California Department of Public Health</u></b>			
State Operations	\$11,533	\$11,357	\$2,515
<b><u>Department of Developmental Services</u></b>			
State Operations	\$251	\$511	\$511
Local Assistance	\$682	\$740	\$740

<sup>7</sup> Includes Local Assistance costs outside of the State-Directed Purposes Cap.

Department	Actual	Estimated	Projected
	2020-21*	2021-22	2022-23
<b><u>Mental Health Services Oversight &amp; Accountability Commission</u></b>			
State Operations	\$7,554	\$35,397	\$33,158
Local Assistance	\$90,246	\$145,285	\$28,830
<b><u>Department of Corrections and Rehabilitation</u></b>			
State Operations	\$1,197	\$1,066	\$1,066
<b><u>Department of Education</u></b>			
State Operations	\$137	\$186	\$186
<b><u>Board of Governors of the California Community Colleges</u></b>			
State Operations	\$97	\$110	\$110
<b><u>Military Department</u></b>			
State Operations	\$934	\$1,531	\$1,559
<b><u>Department of Veterans Affairs</u></b>			
State Operations	\$254	\$284	\$285
Local Assistance	\$1,270	\$1,270	\$1,270
<b><u>SB 84 Loan Assessment</u></b>			
State Operations	\$508	\$509	\$509
<b><u>Statewide General Administration<sup>8</sup></u></b>			
State Operations	\$2,781	\$5,536	\$3,574
<b>Total State Operations</b>			
	\$49,243	\$74,394	\$55,710
<b>Total Local Assistance<sup>9</sup></b>			
	\$2,912,802	\$3,501,635	\$3,555,173
<b>Total Expenditures</b>			
	\$2,962,045	\$3,576,029	\$3,610,883

\* Fiscal year 2020-21 display reflects the best available information for use at the time of publication.

<sup>8</sup> 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.

<sup>9</sup> Includes Local Assistance costs outside of the State-Directed Purposes Cap.

**Table 3b: MHSA Expenditures  
State-Directed Cap  
2022-23 Governor’s Budget**

**(Dollars in Millions)**

<b>Component</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
Total MHSF Revenues and Transfers	\$2,846.1	\$3,526.7	\$3,651.9
State Directed Percentage Cap	5%	5%	5%
State Directed Revenue	\$142.3	\$176.3	\$182.6
Total State Directed Expenditures (includes funding re-appropriated and attributed to prior years)	\$188.5	\$255.7	\$119.5
<b>Difference<sup>10</sup></b>	-\$46.2	-\$49.4	\$63.1

Based upon actual MHSA revenues, the five percent state-directed purposes cap is \$142.31 million and actual state-directed expenditures are \$188.5 million for 2020-21. For 2021-22, the estimated five percent administrative cap is \$176.3 million and the total estimated expenditures are \$255.7 million. For FY 2022-23, the projected five percent administrative cap is \$182.6 million and the total projected expenditures are \$119.5 million.

<sup>10</sup>The amount exceeding the state-directed cap includes funding that has been re-appropriated and is attributed to prior year available funds. The expenditures are higher than the 5% state-directed cap due to the availability of prior years’ unspent funding from the state-directed cap.

## **STATEWIDE COMPONENT ACTIVITIES**

### **1. Community Services and Supports**

CSS, the largest component, is 76 percent<sup>11</sup> of county MHSAs 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
- MHSAs Housing Program

#### **Full Service Partnerships**

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

#### **General System Development**

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

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<sup>11</sup> W&I Section 5892 requires counties to allocate 80% of MHSAs funds to the CSS component and to allocate 5% of those funds to the INN component. Five percent of 80% equals 4%. Eighty percent minus 4% equals 76%. Therefore, W&I Section 5892 requires counties to allocate 76% of total MHSAs funds to the CSS component.

## **Outreach and Engagement Activities**

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

## **MHSA Housing Program**

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

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

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

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

## **3. Workforce Education and Training**

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

### **Local WET Programs**

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

## **Statewide WET Programs**

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

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

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

### **5. Innovation**

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

**STATE DIRECTED EXPENDITURES**

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

**Judicial Branch**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$1,072	\$1,210	\$1,212
Local Assistance Expenditures	\$0	\$0	\$0
Positions	6	6	6

**General Overview**

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

**Program Overview**

**Program Description**

The Judicial Council’s Center for Families, Children & the Courts (CFCC) administers the Family and Juvenile Mental Health Program to address mental health issues in the area of prevention and early intervention for those with mental illness currently in, or at risk for, involvement in the court system. The program objectives include:

- increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners;
- increase ability and skills of judicial officers;
- develop linkages with local mental health service providers and stakeholders;
- determine training needs;
- identify and disseminate best practices for mentally ill youth in juvenile courts; and,
- track/monitor special court related mental health programs.

Juvenile projects focus on meeting the unique needs of children and families with mental health conditions. 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. In addition, juvenile projects seek to provide all judicial officers hearing cases involving children, including family and guardianship proceedings, with specialized bench guides, education, and access to referrals to allow

them to properly assess the mental health needs of the families before them. Adults in the mental health system are involved in cases that cross multiple case types. The ongoing work in adult courts includes addressing family reunification; court users with mental illness in probate and family courts; civil harassment; and housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure court employees, especially direct service providers, better understand and effectively respond to court customers with mental illness. In both juvenile and adult case types, a further goal is to give court leadership the tools it needs to work actively with county mental health leadership to ensure that their communities have full access to all the mental health resources available.

### Program Outcomes

Judicial Council staff develop training for conferences, summits, roundtables, including on demand/virtual education, along with tools/resources to increase the knowledge and awareness of judicial officers, court staff, and justice system and treatment/service partners. During the COVID-19 pandemic most education events have been held virtually. Recognizing the critical need for behavioral health information due to the increasing prevalence of mental illness and suicide in the general population, recent mental health education offerings and tools/resources include:

- Webinars for Self-Help Center staff titled [Assisting Underserved Communities in Self-Help Law](#) and Contemplating Race, Access to Justice, and Equity;
- Webinar developed with the National Center for Youth Law on Understanding the Nuts and Bolts of Mental Health Care for Children and Families;
- Training for Supervised Visitation providers with workshops on understanding mental health basics, how the parent-child relationship is impacted by mental health, and balancing neutrality and strategies for working with families with behavioral health issues;
- Published the [Juvenile Collaborative Court Models: Juvenile Mental Health Court](#) briefing;
- Annual Youth Court Summit. Co-hosted with the California Association of Youth Courts, the theme of this virtual summit was “Empowered Youth Ending the School to Prison Pipeline,” and included content on addressing mass incarceration, the effects Adverse Childhood Experiences and trauma, and promising practices for youth courts;
- Mental health related education at the Child and Family Focused Education conference, including a session featuring a father’s lived experience of parenting a child in a mental health crisis;
- Mental health related education at the Family Court Services Directors, Managers, Supervisors and Court Administrators’ Training Symposium including a session on trauma, emotion and the brain.
- Developed the [Homeless Court Program Webinar](#) to help courts better serve those who are homeless or housing insecure;
- Series of briefings on juvenile mental health needs examining ways to engage the courts to work with partners to access necessary mental health services to meet those needs;

- Webinar for judicial officers and court system partners to share updates and promising practices for remote hearings and other approaches to keep court staff and customers safe during the pandemic;
- Provided additional education about courts specifically designed to better meet the mental health and service needs of those at risk of or have been Commercially Sexually Exploited Children. These new resources are:
  - [An Evaluation of the Succeeding Through Achievement and Resilience \(STAR\) Court \(2021\)](#). This report details the results of a comprehensive evaluation of Los Angeles’ STAR Court, created for those who are at risk of or have been commercially sexually exploited.
  - [How CSEC Courts have been Impacted by COVID](#) (32:25), [Transcript](#). This webinar is a follow up to the girls’ court evaluation report discussing how COVID has impacted three of the courts in the original study.
- Developed a [Substance Abuse Focus Grant Infographic](#) to showcase data collected through the grant;
- Updated and expanded mental health related content on the [California Courts website](#);
- Provided Judges Guide to Mental Health Jargon and Judges Guide to Juvenile Mental Health Guides to judicial officers.

Additional work planned for the 2021-22 fiscal year includes a series of webinars, bench guides, and briefings designed to provide actionable information to court leadership and behavioral health stakeholders on juvenile mental health needs of court customers and avenues to accessing behavioral health services.

All education programs held by the CFCC seek to incorporate mental health content, where appropriate, leveraging resources for mental health services in a variety of case types, encouraging coordination of intake across juvenile/guardianship/family law cases, and supporting problem solving calendars and courts that assist in resolving cases involving mental health issues. Key components of this project include the incorporation of feedback from courts and stakeholders to ensure that educational content provides relevant mental health content that meets the needs of court and court-connected professionals, and the incorporation of youth voices into the trainings that will affect them and their families. Other work that is partially funded through MHSA funds includes:

- Webinar on Protecting the Rights of Litigants with Mental Health Conditions for judicial officers;
- Staffing the Collaborative Justice Courts Advisory Committee which is continuing key aspects of the mental health work enumerated in the Mental Health Issues Implementation Task Force (MHIITF) [Final Report](#);
- Maintaining and utilizing the Probate, Mental Health, Family Treatment Court Judicial Officers, Self-Help, Equal Access, and Collaborative Justice Listservs to disseminate best/promising practices and identify/discuss emerging issues within behavioral/mental health;

- Participating in the California Department of Health Care Services and Department of Social Services CalAIM Foster Care Model of Care Workgroup which is creating a long-term plan for how children and foster youth receive health care services and provide an opportunity for stakeholders to provide feedback on ways to improve the current system of care for children and youth in foster care;
- Working on mental health issues relevant to veterans and military families, including the implementation of [California Veterans Treatment Court Strategic Plan](#), that will improve court responses for veterans and military families. Work in this area includes providing training at the California Association of Collaborative Court’s Annual Conference, which supported the Strategic Plan’s Goal 1 (accurately identify justice-involved veterans in California) and Goal 5 (provide training and education to courts on how to better connect justice-involved veterans with services) by providing information on promising practices and collaborative court standards, including NADCP Best Practice Standards and Equity and Inclusion Toolkit. These resources are intended to assist courts in their effort to increase access to justice and mental health services for vulnerable populations, including veterans served in VTC, since they are disproportionately impacted by mental health conditions (PTSD, TBI, and MST) through their military service and exposure to combat.
- Staffing the [Work Group on Homelessness](#). Created by Chief Justice Tani Cantil-Sakauye, the workgroup is studying and recommending ways the judicial branch can further address the mental health challenges of people experiencing homelessness or facing the possibility of losing their homes, including juveniles and adults not involved in the criminal justice system.

Administrative Funds

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

**California Health Facilities Financing Authority**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$0	\$0	\$0
Local Assistance Expenditures	\$4,000	\$4,000	\$30,949
Positions	0	0	0

**General Overview**

The California Health Facilities Financing Authority (CHFFA) supports the Investment in Mental Health Wellness Grant Program for Children and Youth with MHSF. CHFFA also

finances the No Place Like Home Program through MHSF revenue transfers into the Supportive Housing Program, MHSF.

## **Program Overview**

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

#### Program Description

CHFFA receives \$4 million MHSF annually to support the [Children and Youth Program](#) as described in Chapter 30, Statutes of 2016 (SB 833). The Children and Youth Program provides competitive grants to counties to support crisis residential treatment, crisis stabilization treatment, crisis stabilization, mobile crisis support teams, and family respite care dedicated to children and youth ages 21 and under.

In addition to the ongoing MHSF, the 2022-23 Governor’s Budget reflects \$26.949 million one-time MHSF carryover in 2022-23 to support the Children and Youth Program. The carryover includes a \$10.497 million carryover per 2016 Budget Act, Item 0977-101-3085, provision 1, as reappropriated by the 2019 Budget Act, Item 0977-490. The carryover also includes a \$16.452 million carryover per 2017 Budget Act, Item 0977-101-3085, provision 1, as reappropriated by 2019 Budget Act, Item 0977-490.

#### Program Outcomes

In the first funding round that closed on February 28, 2019, 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 2016-17 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 General Fund 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 the first funding round awards can be found [here](#).

In the second funding round that closed on January 29, 2021, CHFFA received a total of 13 applications (from Contra Costa, Humboldt, Kings, Los Angeles, Merced, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Cruz, and Tulare), requesting approximately \$29.7 million and approximately \$2.5 million for up to five years from the ongoing \$4 million in MHSA funds. CHFFA made nine awards totaling \$14.1 million in capital funding from the one-time MHSA allocation and \$1.5 million from the ongoing MHSA allocation to develop one nine-bed crisis residential treatment facility, five crisis stabilization facilities with a combined total of 24 beds, one family respite facility, and eight mobile crisis support teams consisting of six vehicles and 16.75 full-time equivalent personnel. Additional information regarding the second funding round awards can be found [here](#).

In the third funding round that closed on October 29, 2021, CHFFA received a total of ten applications from eight counties (Kings, Mendocino, Merced, Monterey, Orange, Riverside, Santa Cruz, and Tulare) and two non-profit organizations requesting approximately \$68.3 million in capital funding and approximately \$1.2 million in personnel funding, for up to five years, from the ongoing \$4 million in MHSA funds. CHFFA made five awards totaling approximately \$16.3 million in capital funding (\$7.6 from the General Fund allocation and \$8.7 from the one-time MHSA allocation) and \$161,055 for up to five years from the ongoing \$4 million in MHSA allocation to develop three crisis residential treatment facilities with a combined total of 26 beds, two crisis stabilization facilities with a combined total of 16 beds, and one mobile crisis support team consisting of one vehicle and two full-time equivalent personnel. Additional information regarding the third funding round can be found [here](#).

A total of \$8.1 million in capital funding for mobile crisis support team programs (\$3.7 million in General Fund and \$4.4 million in MHSA funding) and \$1 million in on-going MHSA mobile crisis support team personnel funding remains available for a fourth funding round, with an application submission deadline of July 29, 2022.

### No Place Like Home Program (NPLH) Program

#### 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 NPLH Program. Subsequently, Chapter 41, Statutes of 2018 (AB 1827) established the NPLH Act. This ratified existing law establishing the NPLH Program as being consistent with the MHSA approved through Proposition 63 in 2004. It also ratified the issuance of up to \$2 billion in previously authorized bonds.

CHFFA loans the proceeds of these bonds to HCD to fund grants or loans to counties for the construction and rehabilitation of permanent supportive housing for persons who are experiencing homelessness, chronic homelessness, or who are in need of mental health services. Specifically, CHFFA supports the payment of debt service on these bonds by monthly revenue transfers from the MHSF to the Supportive Housing Subaccount, MHSF in an amount up to \$140 million for each calendar year, per W&I Section 5890(f). Under a services contract between CHFFA and HCD, per W&I 5849.35, CHFFA agrees to pay HCD up to \$140 million for HCD to implement and administer grants or loans to counties for supportive housing. The services contract is a contingent obligation of CHFFA.

#### Program Outcomes

Bonds were issued in the amount of \$500 million in November 2019 and \$450 million in October 2020 to fund awards granted by HCD. The final tranche of \$1.05 billion will be issued in April 2022, fully exhausting the \$2 billion in authorized bonds.

Through June 30, 2021, HCD has made awards totaling approximately \$1.345 billion to 43 counties. Of these awards, HCD made awards to four Alternative Process Counties in the amount of \$772.3 million that will result in approximately 7,471 affordable apartments, of which 5,330 will be NPLH assisted units. Alternative Process Counties are those counties with five percent or more of the state’s homeless population who are designated to receive and administer their own allocations. In addition, \$572.8 million was awarded to 39 counties in the balance of the state for 91 projects that will result in approximately 6,480 affordable apartments, of which 2,155 will be NPLH assisted. The fourth and final round of funding is planned for June 2022.

**Housing and Community Development**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$0	\$0	\$0
Local Assistance Expenditures	-\$512	\$0	\$0
Positions	0	0	0

**General Overview**

In 2016 HCD received MHSA funding of \$6,200,000 appropriated by W&I 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 applications from 58 counties. HCD 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 committed approximately 6,500 hours and \$1 million towards this effort.

Counties had until June 30, 2020 to expend funds. At the end of FY 2019-20, an amount of \$587,412.30 remained. NPLH Technical Assistance activities will be funded with \$160,000 of these funds and the remaining funds were used to provide technical assistance to localities, including but not limited to for the Homekey Round 1 and Round 2 applicants. Technical assistance activities included training on the development of appropriate supportive service plans as well as the use of Housing First principles. This data can be used to support HCD in modifications to future Homekey NOFAs, program requirements, and technical assistance.

**Department of Health Care Access and Information**

*Formerly known as Office of Statewide Health Planning and Development*

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$4,595	\$2,648	\$566
Local Assistance Expenditures	\$43,525	\$0	\$2,000
Positions	1.9	1.9	1.9

\*Display only: Figures reflect breakout of State funding sources (State Operations and Local Assistance), which includes the amounts designated for MHPA State-Directed funding.

**General Overview**

In 2004, the MHPA allocated \$444.5 million for WET. These funds supported counties and tHCAI to enhance the public mental health workforce. In 2008, \$234.5 million was set aside from the total \$444.5 million WET allocation for the state administration of 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 HCAI in 2013.

Pursuant to W&I Section 5820, HCAI develops and administers statewide programs to increase the number of qualified personnel in the PMHS serving individuals who have serious mental illness.<sup>12</sup>

HCAI and the California Behavioral Health Planning Council (CBHPC) collaborated to develop the 2020-2025 MHPA WET Five-Year Plan, which is the third in a series of required Five-Year Plans. The current WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate

<sup>12</sup> A percentage of positions are distributed among programs.

or medical school with increased coordination at the local level. In January 2019, CBHPC approved the 2020-2025 WET Five-Year Plan.<sup>13</sup>

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

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

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

## **Program Overview**

### *Regional Partnership (RP) Grant Program*

#### Program Description

HCAI awarded \$40 million in grants to the MHSA RPs in FY 2020-21 to implement the RP Grant Program. HCAI required RPs to commit to a 33 percent match of local funds to support the activities in the RP Grant Program. The RP program funds five WET RPs responsible for administering programs that oversee training and support to the PMHS workforce in their region.

Each RP has one or more of the following components: pipeline development, undergraduate college and university scholarships, clinical Master and Doctoral graduate education stipends, loan repayment programs, and retention activities.

#### Program Outcomes

In FY 2020-21, RPs began ramping up their programs. In FY 2021-22, RPs are projected to award 80 scholarships, 214 stipends, 989 loan repayment grants, and support 1,222 pipeline participants and 8,118 retention activity participants. In FY 2022-23, RPs are projected to award 80 scholarships, 199 stipends, 822 loan repayment grants, and support 1,222 pipeline participants and 8,118 retention activity participants.

### *PECE program: Psychiatric Mental Health Nurse Practitioner (PMHNP)*

#### Program Description

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<sup>13</sup> The full WET Five-Year Plan is located [here](#).

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

#### Program Outcomes

HCAI awarded \$4.4 million in PECE grants to four training programs in FY 2020-21 that are projected to add 296 PMHNP slots over a five-year period.

#### *PECE program: Psychiatry Residency Program*

#### Program Description

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

#### Program Outcomes

HCAI awarded \$11.7 million in PECE grants to three training programs in FY 2020-21 that are projected to add 36 residency/fellowship slots over a five-year period.<sup>11</sup>

#### *Peer Personnel Training and Placement Program*

#### Program Description

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

#### Program Outcomes

In FY 2020-21, HCAI awarded grants to five organizations to recruit, train, and place a projected 557 individuals in peer personnel positions across 40 counties. In FY 2021-22, HCAI awarded grants to four organizations to recruit, train, and place a projected 565 individuals in peer personnel positions across 20 counties. HCAI intends to award more grants in FY 2022-23.

#### *Mental Health Shortage Designation Program*

#### Program Description

The Mental Health Shortage Designation Program identifies communities experiencing mental health professional shortages as defined by the federal Health Resources and Services Administration. The shortage designation allows mental health sites and

individuals to draw down federal and state funds to support workforce development through student loan repayment programs: National Health Service Corps Loan Repayment Program and the State Loan Repayment Program.

**Program Outcomes**

As of September 2021, HCAI facilitated federal approval of three new Mental Health Professional Shortage Area (MHPSA) designations, bringing the total to 276. There are 14.5 million Californians living in these designated MHPSAs.

**Department of Health Care Services**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditu	\$18,330	\$14,049	\$10,459
Local Assistance Expenditu	\$2,773,591	\$3,350,340	\$3,491,384
Positions	38	41	41

**DHCS – State Operations**

For FY 2021-22, MHSA state operations funding is estimated to support 36.0 positions at DHCS. In addition, there are 5.0 positions at the California Behavioral Health Planning Council.

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 W&I 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. Due to the COVID-19 Public Health Emergency, Chapter 13, Statutes of 2020 (AB 81) allowed the extension of the reversion period to July 1, 2021, for unspent funds that were originally subject to reversion on July 1, 2019 and July 1, 2020. During the spring of 2021, DHCS completed the reversion calculation to determine unspent fund balances for FY 2016-17, FY 2017-18 and Chapter 38, Statutes of 2017 (AB 114) funds. All Counties had until June 30, 2021, to fully expend FY 2016-17 and AB 144 funds. Counties with a population of 200,000 or more must have fully expended FY 2017-18 and FY 2018-19 funds by June 30, 2021. Counties with a populations of 200,000 or less must have expended FY 2015-16 funds by June 30, 2021. Any unspent funds will revert and reallocate to counties for future use. 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 W&I Section 5892 (h)(1). DHCS also collects reverted funds remitted by counties and redistributes the funds to other counties on a monthly basis. 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 W&I 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 W&I Section 5899 (e). DHCS implemented a withhold process for counties out of compliance with submitting their ARER on time. Each month, DHCS notifies the State Controller’s Office (SCO) of counties that are out of compliance; the SCO withholds twenty-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 were 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 three or five years, per W&I 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 12 audits during FY 2020-21 and projects to complete 24 audits in FY 2021-22.
- MHSA Allocation Schedule: DHCS is responsible for developing the methodology used for revenue allocation to counties pursuant to W&I 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. The FY 2021-22 allocation schedule is available [here](#).
- MHSA Regulations: DHCS is responsible for developing regulations to implement the MHSA, as needed. DHCS is currently 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 W&I 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. DHCS reviewed 19 counties in calendar year 2020, 18 counties in calendar year 2021, and expects to complete 20 counties in calendar year 2022. 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 Mental Health Services Oversight and Accountability Commission (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 the Center for Applied Research Solutions (CARS), to provide statewide technical assistance, trainings, a resource library, consultation services, and Learning Collaboratives for the MHSA funded community and county level programs. The contract is funded at \$1.6 million annually for FY 2020-21, FY 2021-22, and FY 2022-23.

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 was \$1.1 million for FY 2020-21, \$907,500 for FY 2021-22, and \$907,500 for FY 2022-23.

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 \$409,172 for FY 2020-21, and the agreement ended on December 31, 2021.

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. As of November 2021, this contract has expended \$2,382,776.96 for FY 2020-21 and \$0 for 2021-22.

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 annually for FYs 2020-21 and FY 2021-22.

In FY 2022-23, DHCS is proposing to utilize \$22.05 million (Local Assistance) to expand training to medical providers on adverse childhood experiences screenings.

*California Behavioral Health Planning Council – State Operations*

The MHSA state operations funding supports 5.0 positions.

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 HCAI 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**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$11,533	\$11,357	\$2,515
Local Assistance Expenditures	\$0	\$0	\$0
Positions	13.8	13.8	12.1

**General Overview**

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

**Program Overview**

California Reducing Disparities Project

Program Resources

<b>Program Budget</b>	<b>Actual 2020-21</b>	<b>Estimated 2021-22</b>	<b>Projected 2022-23</b>
State Operations Expenditures	\$8,677	\$8,174	\$2,515
Positions	12.1	12.1	12.1

Program Description

The MHSA fund currently supports 12.1 positions in CDPH/OHE. The OHE, Community Development and Engagement Unit (CDEU) staff oversee the CRDP and provide ongoing high touch technical assistance and direction related to operational, fiscal and programmatic management and implementation. This prevention and early intervention mental health disparities project aims to grow and validate community-defined practices through a community based 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 American; Asian and Pacific Islander; Latinx; Native American; and Lesbian, Gay, Bisexual, Transgender, and Queer.

Beginning in 2012-13, CDPH received \$15 million a year for four years (a total of \$60 million available to spend without regard to fiscal year) to implement and evaluate CRDP community-defined practices. In total, CDPH/OHE has awarded and executed 44 contracts and grants to implement the CRDP Phase II through June 2023. 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
- A Cultural Broker
- An Event Coordination 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, attendance at cross population sustainability steering committee meetings, facilitation of the data committee, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting. Estimated Completion: Varies; 35 Implementation Pilot Project grants end in April 2022, 5 Technical Assistance Provider contracts end in December 2022, and the Statewide Evaluation contract ends June 2023.
- OHE continues to attend and present at various mental health committees, workgroups and meetings at the local, regional, statewide and national level to provide CRDP updates and strategize on how to partner and leverage efforts regarding mental health equity. Estimated Completion: Ongoing
- OHE staff continue to serve as subject matter experts and technical assistance providers in health equity, cultural and linguistic competence, and mental health to internal and external stakeholders statewide and nationally. Estimated Completion: Ongoing
- OHE continues to provide ongoing administrative support to the 26 member OHE Advisory Committee on a quarterly basis to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California’s Portrait of Promise: California’s Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing program updates at the quarterly meetings. Estimated Completion: Ongoing

OHE is administering contracts to achieve the following:

- Operationalize strategies listed within the [Statewide Plan to Reduce Mental Health Disparities](#), which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities.
- Support community defined evidence practices (CDEPs) at the local level to offer prevention and early intervention mental health services to underserved and underrepresented diverse populations.
- Aid in the COVID-19 emergency response effort to outreach and engage community members most impacted by the pandemic by offering tele counseling and virtual support group services, information on testing and vaccination sites, food distribution, and other resources to remain safe.
- Serve as key subject matter experts and cultural brokers to CDPH on informing guidelines and processes related to COVID-19 messaging to underserved 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.
- Administered a statewide mental health survey to approximately 4,300 Californians.
- Provide media training and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations.
- Produce annual issues and policies reports, education briefings, an inventory of county cultural competence advisory committees in California, and mental health collateral material.
- Provide intern and emerging leader stipends to help grow the public health and mental health workforce.

Additional OHE Information can be viewed here:

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

All Children Thrive California Program (ACT/CA)

Program Resources

Program Budget	Actual 2020-21	Estimated 2021-22	Projected 2022-23
State Operations Expenditures	\$2,856	\$3,183	\$0
Positions	1.75	1.75	0

## Program Description

The ACT-CA is a three-year pilot program that engages cities in strategies to reduce the prevalence of adverse childhood experiences, building on the national ACT Initiative prioritizing children’s health in more than a dozen U.S. cities. The ACT-CA partnered with Community Partners, Public Health Advocates, 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 provided a replicable, evidence-based model, that could bolster Accountable Health Communities, First 5 early childhood initiatives, and MHSa prevention efforts.

## Program Outcomes

- IVPB supported the ACT-CA Program and provide close monitoring of this project. Activities include multiple calls and meetings per week to provide technical assistance and assistance with synergistic activities; participation in quarterly progress report meetings; payment of invoices, and assistance with budget and Scope of Work amendments.
- The ACT-CA Program:
  - Maintained and supported an Equity Advisory Group (EAG) that met on a quarterly basis with approximately 15 members who represent organizations who work on behalf of priority populations in California.
  - Completed and submitted a literature review, compiled a list of model programs, and has completed an effort that identified model public health practices and interventions with the greatest likelihood for feasibility; scaling; and that elevate equity, community participation, and community leadership for implementation in the targeted jurisdictions.
  - Developed and disseminated a Toolkit for cities and counties that will describe model programs, policies, strategies and best practices for promoting equity and ensuring community participation.
  - Engaged 17 jurisdictions in policy change activities and funded 15 jurisdictions to conduct policy change activities through the RFA process.
  - Coached and provided technical assistance to support targeted jurisdictions in their efforts to improve child wellbeing.
  - Supported a peer-learning network and webinars/educational seminars with the targeted jurisdictions.
  - Completed and submitted an Evaluation Plan in partnership with CDPH. Work to complete the Final Evaluation Report is underway.
  - ACT-CA was reauthorized in the 2021 Budget Act as a grant for a performance period of five years from January 1, 2022 to December 31, 2026 to carry out implementation of the ACT-CA project as the “pilot phase” sunsets. CDPH will receive \$25 million in funding from the state general fund to enter into a grant with the ACT program partners, including Community Partners, Public Health Advocates, and UCLA. CDPH may also enter into agreements with the State Department of Social Services

and the Office of the California Surgeon General for purposes of implementing this program. IVPB is currently supporting the development of a new grant with the ACT-CA Program; IVPB recently reviewed and approved 7 jurisdictions’ responses to its Planning Grant RFA which funds planning activities for the RFA opportunity released on January 1, 2022.

### Administrative Funds

Beginning in 2018-19, CDPH received \$10 million in MHSA funding to spend over three years to implement and evaluate the ACT-CA Program. The MHSA funding supported a total of 1.75 positions in the CDPH/IVPB to oversee the ACT-CA Program, including an Associate Governmental Program Analyst to perform fiscal and contract management activities, and portions of a Health Program Specialist II and Staff Services Manager I. A Program Manager and Epidemiologist also served in-kind. IVPB staff served as subject matter experts, provided technical assistance, leveraged other related department initiatives and projects for the benefit of the project, and ensured that required reports are submitted to the Mental Health Services Oversight and Accountability Commission and the Legislature. CDPH/IVPB awarded one contract to Community Partners through December 31, 2021.

IVPB administered this contract to achieve the following:

- Establishment of an EAG
- Identification of evidence-based interventions and public health practices and developing model programs, policies, and practices for implementation by cities and counties
- Development and sharing of an online Toolkit for cities and counties
- Recruitment and provision of coaching and technical assistance to help cities and counties establish strategies
- Establishment of a peer-learning network, webinars, and educational seminars
- Evaluation of the impact of activities and a report of findings
- Development and execution of the new grant with the ACT Program for implementation that has been reauthorized by the state legislature in the 2021 Budget Act.

Additional ACT-CA information can be viewed here:

[All Children Thrive - California](#)

**Department of Developmental Services**

Total Resources

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$251	\$511	\$511
Local Assistance Expenditures	\$682	\$740	\$740
Positions	3	3	3

**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.

**Actual, Projected and Estimated Projects**

Approximately 2,260 clinicians, service providers, regional center staff and other professionals, families, and consumers have participated and benefitted from Cycle IV (FY 2017-2020) and Cycle V (FY 2020-2023) projects, with additional Cycle V projects currently in progress. Tools, resources, training curricula, PowerPoint presentations and other training materials for each specific project are available on each individual project’s website. Appendix 5 includes information about projects funded during Cycle V.

**Mental Health Services Oversight and Accountability Commission**

Total Resources

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$7,554	\$35,397	\$33,158
Local Assistance Expenditures	\$90,246	\$145,285	\$28,830
Positions	41.6	45.3	47

**General Overview**

MHSOAC was established in 2004 to provide oversight and accountability for portions of the MHSA, Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The MHSOAC’s primary roles include: (1) providing oversight, review, accountability, and evaluation of projects and programs supported by MHSA funds, (2) assessing 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 MHSAs program plan development to accomplish the purposes of the MHSAs, and (6) administering the Mental Health Wellness Act of 2013 Triage Personnel grants. The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

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

## **Program Overview**

### Triage Grant Program

#### Program Description

The Triage Grant Program, authorized in Chapter 34, Statutes of 2013 (commencing with Section 5848.5) of Part 3.8 of Division 5 of the W&I, is a competitive grant program to pay for county-run or sponsored entities to develop mental health crisis support programs, such as crisis intervention, stabilization, treatment, rehabilitative services, and mobile crisis support teams. The MHSOAC is appropriated \$20 million MHSF in local assistance annually to support the Triage Grant program.

The MHSOAC awarded the second round of Triage grants to 20 counties. The funding will establish 30 Triage programs for adults, children and youth age 0-21 and for school-mental health partnerships. The next round of Triage funding will begin in the summer of 2022.

### Stakeholder Advocacy

#### Program Description

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

The MHSOACs 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. In FY 2019-20 an additional \$670,000 per year was made available for mental health advocacy on behalf of immigrant and refugee communities. 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 MHSOAC has stakeholder contracts in place for consumers, families, parents/caregiver of young children; transition age youth, veterans, LGBTQ, diverse racial and ethnic communities, and immigrants and refugees.

### 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 MHSOAC. The 2019 Budget Act included \$20 million one-time MSHF (\$548,000 state operations and \$19,452,000 local assistance), available over four years, for the EPI Plus program. The EPI Plus program provides competitive grants to counties for the development or expansion of high-quality, evidence-based early psychosis and mood disorder detection and intervention services.

Since the passage of AB 1315, the MHSOAC has established the required Advisory Committee to assist in developing the program. The Committee is made up of subject matter experts with knowledge related to mental health care including consumers, behavioral health directors, clinicians, researchers, a private health plan representative, a parent, and an expert in medical technologies. The Advisory Committee gathered for four full-day meetings between June 2019 and January 2020. The state has established the Special Fund to receive revenues, and the MHSOAC has begun to work with state, local, and national leaders on the issue of early psychosis treatment and interventions.

After receiving input from the MHSOAC, the Advisory Committee, and the public on the most strategic approach to allocate AB 1315 funds, the MHSOAC released the first Request for Application (RFA) in April of 2020. Five awards, each in the amount of \$2 million was made available to counties, city mental health departments and counties acting jointly. In July of 2020 the MHSOAC awarded the funds to five counties to expand the provision of evidence-based early intervention of psychosis services.

The second RFA was released in February of 2021 and awards were made by the MHSOAC in April of 2021. The MHSOAC has contracted with UC Davis to provide technical assistance to all of the grantees.

As part of that work, the MHSOAC has facilitated a multi-county collaborative, using 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 MHSOAC is partnering with UC Davis, UC San Francisco, and UC San Diego in this work.

### Mental Health Policy Fellowship

#### Program Description

The MHSOAC is implementing the Mental Health Policy Fellowship Program. This program was established by Chapter 412, Statutes of 2017 (AB 1134) and authorizes the MHSOAC 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 MHSOAC and stakeholders. The Fellowships will enhance opportunities for the MHSOAC to understand new and emerging challenges facing California’s mental health system through the lens of practitioners and persons with lived experience. The MHSOAC 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 MHSOAC 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 MHSOACs 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:

- Early Psychosis Evaluation
- Linking consumer-level data across service systems to understand the impact of mental services
- Tracking community indicators to increase public understanding and awareness
- Data Management and Data Visualization Tools
- Full Service Partnerships Pilot Classification & Analysis Project
- Triage (SB82/SB833) Initiative Summative Evaluation
- Mental Health Student Services Act Evaluation

### Prevention and Early Intervention

#### Program Description

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

More recently, Chapter 843, Statutes of 2018 (SB 1004) directed the MHSOAC to establish priorities and a statewide strategy for prevention and early intervention

services. 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 MHSOACs 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 MHSOAC will explore best practices implemented in California, and elsewhere, and opportunities for increasing collaboration with private and public partners and existing mental healthcare systems.

### Innovation

#### Program Description

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 FY 20-21 the MHSOAC approved over \$84 million. The MHSOAC has approved just over \$4 million dollars in the first three months of FY 2021-22.

The MHSOAC received \$5 million in expenditure authority in the 2018 Budget Act to launch an Innovation Incubator. The MHSOAC’s budget included \$2.5 million in FY 2018-19 and \$2.5 million in FY 2019-20.

In 2019 and 2020, the MHSOAC launched six, multi-county collaboratives:

- **The Data-Driven Recovery Project.** Five counties are linking criminal justice and behavioral health data to better understand the needs of individuals with mental health needs in the criminal justice system. These counties are deploying data-informed practices and piloting new strategies: Sacramento, San Bernardino, Nevada, Plumas and Yolo.
  - **Data-Driven Recovery Project Second Cohort.** In 2020, five more counties joined the data project, some of them to specifically link to work with the Judicial Council to divert defendants with mental health needs into services: Calaveras, El Dorado, Lassen, Marin and Modoc.
- **Full-Service Partnerships.** Seven counties are evaluating and refining their FSPs to improve the results from the “whatever it takes” approach. More than \$1 billion is spent annually on FSPs statewide. Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, Ventura, and Stanislaus are working together to assess their programs and develop metrics to support improvement efforts.
- **Psychiatric Advanced Directives.** Five counties are exploring options to deploy advanced directives to improve the response to individuals who are

in crisis from law enforcement, as well as physical and behavioral health workers: Fresno, Orange, Mariposa, Monterey, and Shasta counties.

- **Crisis Now.** Eleven counties are developing comprehensive and financially sustainable crisis response systems designed to better meet the needs of individuals and reduce incarceration and hospitalization: Berkeley, Butte, Inyo, Modoc, Nevada, Placer, Plumas, Solano, Shasta, Sacramento and Yolo.
- **Fiscal Sustainability.** Three counties are assessing the effectiveness of interventions to reduce justice-involvement of individuals with mental health needs and developing strategies for improving performance and financial sustainability. All three counties received significant one-time funds from the Department of State Hospitals: Sacramento, San Luis Obispo and Santa Barbara.
- The MHSOACs **Incubator Systems Analysis** is assessing the learnings across the incubator projects, working with county leaders to develop a continuous improvement framework to inform future county Innovation projects, and assessing how the MHSOAC can better support innovations in the counties.

In February 2019, the MHSOAC 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, were 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.

The Youth Project Planning Committee proposed to partner with one or more counties in each of the three 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. These subject matter experts serve as a resource in helping imagine new innovative solutions that will test ways to increase preventative mental health programming on school campuses. The first Idea Lab was hosted at UC Santa Barbara on December 6, 2019 and was a collaboration between the MHSOACs Youth Innovation Committee, All Children Thrive, and Santa Barbara County Department of Behavioral Wellness, with support and participation from Ventura, Kern, Imperial, and San Luis Obispo counties. Over 150 youth advocates and adult allies from the above counties attended the event, including students, county representatives, mental health professionals, teachers, parents, and school administrators. With adults in a listening and support role, youth voices were fully heard, and their ideas flourished into what became a productive and innovative discussion.

The second and third Idea labs were adapted to a virtual format following the public health response to the pandemic. Utilizing the learnings from the first Idea lab, the Committee successfully worked with local youth to create a two-day format that utilized a modified version of Power-Mapping and electronic submissions of thematic art pieces

from local youth. As in the first lab, youth led discussions about identified issues and solutions leading to innovative concepts that may improve mental health outcomes in schools.

### *Mental Health Student Services Act*

#### Program Description

Chapter 51, Statutes of 2019 (Senate Bill 75) established the Mental Health Student Services Act (MHSSA). The 2019 Budget Act included \$50 million one-time MHSF in 2019-20, available over five years, and \$10 million in 2021-22 and ongoing MHSF to support the MHSSA Partnership Grant Program to provide competitive grants to counties for additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education. Counties use the funds to support 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.

In November 2019, the MHSOAC authorized the release of a competitive grant application program divided into two phases. The first phase included grants for existing school-county partnerships that provides an opportunity to expand their partnership or develop new programs in a short timeframe. The second phase provides funding to new or emerging partnerships. The new and emerging applicants were provided additional time in recognition of their need for additional time to establish partnerships.

In December 2019, the MHSOAC released a Request for Applications (RFA) for Mental Health Student Services grants. At its April 2020 meeting, the MHSOAC awarded grants to ten county partnerships with existing school mental health partnerships. In July 2020, the MHSOAC awarded grants to eight county partnerships to support the implementation of new or emerging partnership programs. A total of 38 applications were received and 18 grants were awarded.

The 2021 Budget Act (Chs. 21, 69, 43, 84, 240 Stats. 2021) includes an additional \$105 million one-time MHSF (\$10 million state operations and \$95 million local assistance) to provide MHSSA Partnership Grant Program funding to the 20 counties that applied for funding but were not previously awarded. The 2021 Budget Act also included \$100 million in federal State Fiscal Recovery Funds to provide MHSSA Partnership Grant Program funding to all California counties. Chapter 2, Statutes of 2021 (SB 115) swapped the State Fiscal Recovery Fund with Mental Health Services Fund, and split the \$100 million total into \$85 million for local assistance and \$15 million for state operations. However, this is not reflected at the 2022 Governor’s Budget.

### *Allcove™ Youth Drop-In Centers*

#### Program Description

After a competitive bid process, the MHSOAC awarded grants to the five applicants to support the implementation of five youth drop-in centers which will provide integrated health, behavioral health and mental health services to transition age youth and their families. The 2019 Budget Act provided the MHSOAC with \$15 million one-time MHSF (\$411,000 state operations, \$14,589,000 local assistance), available over three years, to support the Allcove™ Youth Drop-In Center program. The program provides grants to counties to establish centers that serve as a one-stop-shop for mental health, physical health, substance use counseling, and educational, vocational, and peer support services for youth 12 to 25 years of age and their families in an innovative, comprehensive, and youth-friendly way.

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

In February of 2020, the MHSOAC released a Request for Applications (RFA) for the Youth Drop-In Center grants. In response to feedback received on the effects of the COVID-19 crisis on county operations, the due date for applications was extended to late April of 2020. At its May 2020 meeting, the MHSOAC awarded \$10 million in total funding to five applicants. The applicants include two county behavioral health departments, one University of California, and two health care districts. Each program will receive \$2 million for a four-year grant term and will be included in the learning collaborative of other grantees which are operating similar models around the state. These programs will adopt and adapt the Allcove™ youth drop-in center model which was adapted from Australia’s Headspace model. The Allcove™ model was developed in Santa Clara County with MHSA Innovation funding.

**California Department of Corrections and Rehabilitation**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$1,197	\$1,066	\$1,066
Local Assistance Expenditures	\$0	\$0	\$0
Positions	2	3	3

**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 \$382,000 ongoing MHSA funds for 3.0 positions (an Associate Government Program Analyst (AGPA), a Research Scientist III and a Health Program Specialist I) and \$670,000 ongoing contract funding for stakeholder advocacy contracts, and associated program administration, to support mental health outreach and services for criminal justice-involved populations. In particular, MHSA 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 also support training and educational opportunities for Council members, stakeholders and staff, as appropriate, and provide resources for communication and information dissemination efforts. The [CCJBH website](#) has more detailed information related to the projects and publications that are produced using MHSA funds.

In addition, in FY 2018-19 CCJBH received an annual allocation of \$150,000 for three years to provide expert consultation to the Department of State Hospitals (DSH) and counties on diversion best practices and policies for individuals who are at-risk of being declared incompetent to stand trial (IST) for felony offenses.

## **Program Overview**

### Lived Experience Projects

#### Program Description

CCJBH supports multiple projects designed to elevate the perspectives of individuals with lived experience into state and local level policies in the areas of prevention, diversion, and reentry. In particular, to engage individuals with lived experience, CCJBH entered into contracts to facilitate community and statewide stakeholder engagement activities, as well as to elevate the voices of individuals with lived experience through regional stakeholder contracts. These project objectives were developed collaboratively to produce work products that educate and promote positive changes at the state and local level.

#### Program Outcomes

CCJBH’s contract with California State University, Sacramento facilitates community and stakeholder engagement activities such as key informant interviews, population-specific listening sessions and regional forums throughout the state to obtain first-hand perspectives related to current needs and best practices of effective programs and policies in the intersection of criminal justice and behavioral health. Thus far, CCJBH has focused on promoting the hiring of people with lived experience in the behavioral health and criminal justice systems (see [Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields](#)).

CSUS also facilitated community engagement events that helped define the regional Lived Experience Project (LEP), which consists of five local level contracts, one for each behavioral health region. In late FY 2019-20 and early FY 2020-21, CCJBH entered into contracts with the Anti-Recidivism Coalition (ARC), Cal Voices (Southern and Superior), Los Angeles Regional Reentry Partnership (LARRP) and Transitions Clinic Network

(TCN) to increase local and State advocacy capacity of those with lived experience, expand education and training opportunities, promote organizational and community awareness, and improve collaborative efforts and partners at a regional/local levels. In the final quarter of 2020, and during 2021, the contractors began work to conduct outreach, awareness, and education activities at the local level, implementing the activities from their unique proposals. These contracts will continue through FY 2022-23.

CCJBH also established a statewide LEP Advisory Team comprised of representatives from each of the LEP contractors, which meets quarterly for CCJBH to share project updates for LEP contractor review and feedback. From this LEP Advisory Team process, LEP contractors coordinated with CCJBH to gather broad subject matter expertise from individuals with lived experience to inform other CCJBH projects such as the Public Health Meets Public Safety project, as well as the development the data used for the SB 369 inventory of re-entry barriers and solutions which was used in the [final report](#).

Finally, CCJBH developed a Juvenile Justice Compendium and Toolkit Request for Proposal that was released in Fall 2021, with the purpose of providing a compilation of information related to best practices and evidence-based programs that have been shown to be effective in serving justice involved youth who have serious behavioral health needs. The contract is expected to be awarded spring 2022.

### Medi-Cal Utilization Project

#### Program Description

The Medi-Cal Utilization Project monitors access to and utilization of Medi-Cal behavioral health services for people involved in the criminal justice system, especially justice-involved individuals with mental illness and substance use disorders. Of particular interest is if and how the Affordable Care Act has reduced incarceration and recidivism rates while improving access to and quality of behavioral health services; however, these data may also be used to examine the impact of other relevant initiatives.

#### Program Outcomes

Leveraging the newly established Statewide [Inter-Agency Data Exchange Agreement](#), CCJBH drafted a Business Use Case Proposal to share data between CDC and the Department of Health Care Services, which went into effect in March 2021. The data linkage and analysis plan was improved, and a process is now in place for the sharing of updated data. With this new agreement in place, CCJBH resumed MCUP reporting, which involved examining a “pipeline” from prison release to Medi-Cal service utilization, including timely Medi-Cal enrollment and behavioral health services utilization metrics. The “pipeline” data was included in the 2021 CCJBH Annual Legislative Report.

In addition, CCJBH remains actively committed to supporting DHCS’ California Advancing and Innovating Medi-Cal (CalAIM) initiative, a multi-year effort to improve the

quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reforms. In August 2021, during the federal public comment period, CCJBH submitted to the Centers for Medicare and Medicaid Services a [letter of support](#) for DHCS’ Section 1115 Demonstration waiver, which is an essential component of the CalAIM initiative that directly addresses several CCJBH priorities. Specifically, DHCS’ CalAIM Section 1115 Demonstration requests federal authority to deliver targeted Medi-Cal services to justice-involved individuals with significant clinical and social needs for 90 days prior to release from state prisons, county jails, and youth correctional facilities into the community. In addition, DHCS’ CalAIM Section 1115 Demonstration requests federal funding to support capacity building among providers, plans, counties, and justice agencies to ensure their readiness to support effective pre-release care for justice-involved populations. For more on this effort, see [Brief Overview of the Department of Health Care Services \(DHCS\)’ California Advancing and Innovating Medi-Cal \(CalAIM\) Proposals that Impact the Criminal Justice Population, which](#) details the proposals that will impact the justice-involved population.

### Pre-Trial Mental Health Diversion

#### Program Description

Using the \$150,000 authorized for CCJBH from FY2018-19 to FY 2020-21 to support the implementation of Chapter 34, Statutes of 2018 (AB 1810), CCJBH has worked to provide consultation to 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 IST who are experiencing severe mental illness and who may be homeless or at risk of homelessness. CCJBH staff have supported DSH through a variety of activities, including developing and scoring county proposals, reviewing scopes of work, participating in workgroups, as well as acquiring and delivering training and technical assistance to counties.

#### Program Outcomes

CCJBH completed the second year of this project by holding three trainings for individuals working in the field of diversion, led by Dr. Sarah Desmarais, Senior Vice President at Policy Research Associates, on criminogenic needs and risk mitigation with regards to pre-trial diversion programs. In addition, in June 2021, CCJBH entered into a one-year training and technical assistance contract with the CSG Justice Center to provide on-going subject matter expert specialty consultation and technical assistance throughout FY 2021-22 to support county diversion planning and implementation. The knowledge gained from these efforts will culminate into a final report summarizing the effectiveness of existing mental health diversion policies and practices, and providing recommendations on what changes must be made (and how) in order to advance mental health diversion programs to ensure their success throughout California.

For a detailed description of each of these and other CCJBH projects, visit the [CCJBH Projects](#) web page.

Administrative Activities

The funding for staff positions allows CCJBH to effectively manage these projects while incorporating their activities into broader Council activities such as Council meetings, workshops, annual reports, and policy analysis assignments. The Health Program Specialist I position provides support to a variety of projects related to incorporating the perspectives of individuals with lived experience including contract management and program implementation, and research on Forensic Peer Support Specialists. The Research Scientist III position supports the Medi-Cal Utilization Project and helps design and carry out original data analyses on an ad hoc basis and in response to emergent policy priorities. The AGPA position provides ongoing support to 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. These positions enhance the Council’s capacity to track key policy issues in the intersection of behavioral health and criminal justice, such as housing and homelessness, education and employment and child welfare and social services. For additional information regarding the work of the council, visit the [CCJBH website](#).

**California Department of Education**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$137	\$186	\$186
Local Assistance Expenditures	\$0	\$0	\$0
Positions	.8	.8	.9

**General Overview**

The California Department of Education (CDE) serves 6.2 million students, 10,000 schools, and 1,100 school districts. Its purpose is to provide a world-class education for all students, from early childhood to adulthood. As the leading educational agency in the state, the CDE serves by innovating and collaborating with educators, schools, parents, and community partners. Together, as a team, we prepare students to live, work, and thrive in a multicultural, multilingual, and highly connected world.

The MHSA funding provides partial support for a 0.9 position Education Programs Consultant (EPC) position to help support and build 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. While the funding does not include monies for program

activities, grants or contracts, much of the work performed is related to building strategic partnerships that enhance mental health and wellness activities on school campuses across the state.

### **Program Description**

The mission of CDE’s 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.

This EPC position is used to leverage other resources and to increase partnerships that can connect schools with external partners’ activities. Leveraged fiscal resources include:

- \$9 million grant (2019-2025) funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Project Advancing Wellness and Resilience in Education State Educational Agency Grant, also known in California as Project Cal-Well. Project Cal-Well will expand partnerships and collaboration between state and local educational systems to promote the healthy development of school-aged youth and prevent youth violence;
- Secured \$1 million multi-year grant (August 2021-September 2022) from Blue Shield of California’s BlueSky Signature Program aimed to support access to youth mental health services across the state’s education system. This funding will support:
  - Designing a new, statewide system to help increase access to mental and behavioral health services and to help school districts expand access to preventative programming and other innovative treatment models.
  - Scaling youth mental health training for more educators with flexibility in trainings.
  - Enhancing content such as evolving programming to be more trauma-informed and culturally affirming, particularly for BIPOC youth (Black, Indigenous, and People of Color).
  - Creating a statewide Medi-Cal technical assistance guide that Local Education Agencies can use to help more families access mental and behavioral health benefits.

- Secured \$750,000 from Department of Health Care Services’ CalHOPE and \$250,000 from Blue Shield of California’s BlueSky Signature Program to support the Angst: Building Resilience Program Statewide Initiative. This documentary-based program, which includes a documentary and accompanying curriculum, is designed to raise awareness around anxiety and mental wellness. The film features interviews with children and young adults discussing the impact anxiety has had on their lives during the pandemic. *Angst* also features a special interview with Michael Phelps, one of the greatest athletes of all time, who is also a mental health advocate.

The goal is to help people identify and understand the symptoms of anxiety and encourage youth to reach out for help. The film and curriculum help raise awareness, connect students with support, and provide hope and coping strategies. *Angst* screens in schools, communities and theaters around the world.

Part of the CalHOPE funding will also help support A Trusted Space, developed by the same executive producer who created *Angst* during the onset of the pandemic in response to the concern educators had over students who were not showing up for virtual classes. The 43-minute film features teachers, parents, students, and renowned experts including Linda Darling-Hammond and Pedro Noguera, among others. The accompanying research-based SEL curriculum provides a practical, empathetic, and scientific understanding of how trauma impacts behavior and learning, and how to manage it within any classroom setting. The curriculum shares specifically how to develop 5 core social emotional 'muscles' to help teachers improve their mental health while also creating trust with youth, to mitigate the effects of stress and open young minds to learning.

### **Program Outcomes**

- In 2020-21, CDE coordinated and delivered 124 virtual YMHFA Trainings and trained over 1,700 school staff, educators, community members and parents throughout the state. To date, almost 18,000 have received the YMHFA Training as part of Project Cal-Well and the efforts of the CDE. Through funding garnered from Blue Shield of California’s BlueSky Initiative, we are expanding our reach to ensure thousands of school personnel gain the skills and have the resources they need to support student mental health. Efforts also included scheduling instructor certification trainings and recruitment of local instructors to assist in delivering the high number of requests. The COVID-19 pandemic forced us to pivot to a virtual delivery of the training which has produced favorable results in the number of trainings held and people trained.
- Since the beginning of the 2021-22 school year, we have scheduled 80 virtual and 15 in-person YMHFA Trainings. Several districts have requested training for all staff (between 400-3,000 staff) prompting us to schedule and deliver simultaneous sessions, weekly and/or daily. With these large requests, we will exceed our goal of training 6,000 staff this year.

- Collaborated with Kaiser Permanente and Alliance for a Healthier Generation to host a 7-part staff wellness webinar series for the 2021-22 school year. The professional learning series on staff well-being, including stress management, holistic well-being, and positive work culture. The webinars include:
  - Advance Staff Well-Being Through Awareness
  - Communicate Healthy Boundaries for Individual and Collective Well-Being
  - Grow Relationships with Effective Complaining and Gratitude
  - Filling Your Cup: Positive Self-Care Strategies for Educators
  - Build a Positive Work Culture by Leveraging Team Members’ Strengths
  - Model the Path to Self-Regulation for Students and Colleagues
  - Give and Receive Feedback for Impactful Relationships
  
- Collaborated with the California Alliance for Children and Family Services (CACFS), the California Children’s Trust, and the Catalyst Center to create an interactive map intended to be a tool for providers, policy makers, education partners, youth, families, and others who are looking for services in their community. Each of the interactive “pins” on the map contains additional information about that organization including location, types of services offered, contact information, and budget.
- Coordinated and delivered six National Alliance on Mental Illness (NAMI) on Campus High School (NCHS) workshops for high school students and advisors. NCHS workshops promote the student voice, increase awareness of mental health and wellness, provide suicide prevention strategies, inspire advocacy, promote acceptance for students experiencing mental health issues, and promote a positive school climate that fosters healthy, respectful relationships among students, staff, and parents/guardians/caregivers, and strengthens students’ feelings of connectedness to their school. Over 70 high schools in California currently have an active NCHS Club and are increasing awareness of mental health issues and sharing resources and supports campus-wide.
  
- Disseminated student mental health information and resources, including opportunities to participate in MHSA activities, via the CDE Mental Health listserv. The listserv reaches more than 10,000 school staff, county and community mental health service providers, and other stakeholders.
  
- Disseminated information and resources available through MHSOAC, Each Mind Matters (EMM), Directing Change, and other former CalMHSA partners. Email blasts are sent weekly to over 8,000 educators.
  
- Collaborated with the Office of the Surgeon General (OSG) to assist in the development of a trauma-informed training for educators. The OSG will enter into a contract with WestEd to develop a trauma-informed training. The OSG is also interested in collaborating with the CDE and the Student Mental Health Policy Workgroup (SMHPW)\* to submit a policy recommendation to include mental health instruction in the teaching credentialing standards as those will soon be

reviewed. *\*It is important to note the SMHPW has been on hiatus since November 2020 while the CDE’s administration worked to align the various CDE sponsored workgroups with existing and emerging initiatives and mandates.*

- Collaboration with the University of Southern California’s (USC) Suzanne Dworak School of Social Work and the California’s Treatment and Services Adaptation Center for Resilience, Hope and Wellness in Schools to promote the Trauma Informed Skills for Educators (TISE) curriculum designed to enhance educator knowledge about trauma and its impact on students through an 8-module, asynchronous training. TISE helps equip adults to engage with and support youth who’ve been exposed to trauma.
- Collaboration with Wellness Together to co-sponsor an annual conference that is specifically dedicated to addressing student mental wellness.

This Student Wellness Conference is designed to inspire and assist school districts, across the state and nation, to identify strategies that support students’ mental health. Workshops address mental wellness and education as we work together to promote student mental wellness and improve school climate across the state. All county, district, and school staff members are invited to learn about current trends, program development and implementation. Adults that work with and/or around K-12 students play pivotal roles and have influence over students’ lives. This conference aims to equip these adults to use this influence to reap positive outcomes. Workshops are designed for all staff members, including classified staff, who too often do not receive professional development in this area.

Conference attendees learn how to: (1) use practical skills from the leading state and national voices in student mental health; (2) promote mental wellness for students and educators; (3) create a positive school climate; and (4) address social-emotional barriers to increase student learning.

The Student Mental Wellness Conference has gained international attention and this year focused its first day on local California issues and the remaining two days focused on global mental health issues within school communities.

CDE’s MHSP staff will continue to the partnership with Wellness Together to convene this annual conference. Co-sponsorship from the CDE includes conference planning, including selection of conference site, keynote and plenary speakers, and workshop presenters. There is no financial support provided by the CDE to convene this conference.

- Coordinated with Wellness Together to host the first annual Mind Out Loud virtual student event on May 4-6, 2021 from 3:30-5:00 pm to engage middle and high school students to boldly discussing mental health and suicide prevention.

This event engaged over 2,000 students and staff from across the state to connect with their peers, hear from dynamic and inspiring speakers such as author, Angie Thomas; Max Stossel from Netflix’s Social Dilemma; American rapper and poet, Propaganda; American actor, Shane Harper; up and coming 12-year -old artist, Nahoah Life; and American Rapper, Big Sean.

- Collaborate to plan the second annual Mind Out Loud virtual student event to be held on Saturday, March 12, 2022 from 10:00 am -4:00 pm. The event is expected to draw a larger number of students and staff from throughout the state and nation to hear from motivating adult and youth speakers address the issue of mental wellness.
- MHSP staff also assisted in promoting the Mind Out Loud Student Representative opportunity. Students apply to serve as a Mind Out Loud student representative to be a part of a group who works towards raising mental health awareness, ending stigma, educating peers about suicide prevention, and advocating for the mental health and wellness of students.
- Convened the SMHPW’s Suicide Prevention Committee that meets bi-monthly (twice per month) due to the increase in youth suicides and the increasing mental health needs exacerbated by the pandemic. The committee discusses new research, trending data, new and emerging resources and provides guidance to local educational agencies (LEAs) in strengthening their suicide prevention policies and protocols. The group also plans the monthly educator and parent webinars and provides guidance to LEAs who have experienced a student or staff suicide.
- Coordinated the Statewide Suicide Postvention Response Team to help LEAs navigate the postvention process after a student or staff suicide. Subject matter experts, suicide survivors, and advocates assist them with procedures, communication, messaging, media, and memorials.
- Coordinated the Building a Network of Safety for School Communities Monthly Webinar Series. Subject matter experts lead the discussion on prevention, intervention, and postvention promising and best practices, strategies and resources. The webinars provide an opportunity for educators and school staff gain skills and resources for supporting students.
- Coordinated the Building a Network of Safety for School Communities bi-monthly (every other month) Parent Webinar Series.
- Collaborated with subject matter experts, including Directing Change and Teen Line to deliver Suicide Prevention 101 for Parents: Recognizing Signs and What to Do webinar in English, Spanish and Hmong. Topics covered during the webinars include recognizing warning signs for suicide, how to have a conversation with your teen about your concerns; actions to take if your teen is

having suicidal thoughts; tips and resources to support emotional and mental health during COVID-19, and information about raising resilient teens.

Collaborated with SDCOE to deliver the Supporting Your Children During an Uncertain School Year: Tips for Managing Anxiety webinar which included easy-to-use- strategies for helping parents create safe and supportive environments for their children and reduce the incidents of anxiety.

- Developed a list of curated school community mental health and suicide prevention trainings available for LEAs to use as part of their suicide prevention policy as required by *Education Code Section 215*. The list, developed by the Heard Alliance, with input from the SMHPW's Suicide Prevention Committee, is divided into tiered levels consistent with the Multi-teared System of Support. It categorizes the tier at which the programs and trainings should be used. It also includes other pertinent information such as a brief description of the curriculum/programs; whether the program is evidence-based and any annotations to research; intended audience (grade level); duration of the curriculum/program; cost and access; and who is eligible to implement/teach it. The comprehensive list of resources also includes how the programs can be implemented, via in-person or online.
- Although the SMHPW was on hiatus, its Suicide Prevention Committee continue to meet due to the urgency of suicide prevention.
- Coordinated with LivingWorks and San Diego County Office of Education to provide middle and high school staff and students with online suicide prevention training- at no cost, as required by AB 1808. To date, almost 20,000 middle and high school staff and students have completed the online training program. Hosted an informational webinar to explain the Start training and share feedback from users in an effort to increase usage.
- Collaborated with the California School Boards Association (CSBA) to ensure their suicide prevention policy was more aligned with the CDE'S Model Youth Suicide Prevention Policy. The CDE MHSP staff will present alongside CSBA and Directing Change to address how school boards can implement best practices and garner stakeholder engagement in an effort to prevent youth suicide and also provide an overview of related board policies and resources.
- Provided technical assistance to the SB224 Coalition and the team supporting SB 21 to help them determine next steps in advancing their bill proposals.

**Board of Governors of the California Community Colleges Chancellor’s Office**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$97	\$110	\$110
Local Assistance Expenditures	\$0	\$0	\$0
Positions	.5	.5	.5

**General Overview**

The Board of Governors of the California Community Colleges Chancellor's Office (Chancellor’s Office) leads the country’s largest system of higher education with 73 community college districts and 116 community colleges serving over 1.8 million students (including one college that is completely online). MHSA funds support the Chancellor’s Office with staff who support the development of mental health related policies, program best practices and the identification of resources to address the mental health needs of California community college students.

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

Program Description

The Chancellor’s Office uses student equity funds to 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, and Crisis Text Line materials that promote a free 24/7 text-based support system (provided through a partnership with the Crisis Text Line). Additional activities include supporting the California community colleges to connect with their county behavioral health services to establish formal referral networks. In recognition of the significant needs of the California Community Colleges 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 115 colleges (\$108,300 annual contract).

Program Outcomes

- From October 2020-December 2020, the CCC Health and Wellness website had 38,081 total visits, 20,138 unique users, and 80,699 page views.
- CCC Health and Wellness has increased the total number of California community colleges accessing Kognito suicide prevention gatekeeper trainings, bringing the total to 115 of the 115 brick and mortar colleges. Cumulatively, 109,304 faculty, staff, and students have accessed the online trainings.

- The Chancellor’s Office, in partnership with the Foundation for California Community Colleges is 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.
  - During Fall 2020, CCC Health & Wellness staff distributed 82 physical CTL tool kits 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 California Community College students to text the word “Courage” to access CTL services. The digital Crisis Text Line toolkits are also available to all colleges via the website.
  - From October 2020-December 2020, 427 individual people have used the Crisis Text Line by texting “COURAGE.”
  - From October 2020-December 2020, 582 conversations were recorded, showing that several individuals utilized the service more than once.
  - 44.7 percent of conversations reported that anxiety and stress is the top reason students utilize the Crisis Text Line.
  - Relationship problems, depression/sadness, and isolation/loneliness are also highly reported to be common factors for students utilizing the Crisis Text Line.
  - 18.4 percent of conversations report suicide or self-harm as an issue reported for texting the Crisis Text Line.
  - 9.3 percent of students reported that COVID-19 is the reason for utilizing the Crisis Text Line.
- The Chancellor’s Office regularly convenes with 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 California Community College 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, ranging 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 20 student ambassadors. The Wellness Ambassadors participated in the October 2020 Kognito Challenge which led to 149 new Kognito completions. For the Fall 2020 semester, the Wellness Ambassadors conducted 163 virtual presentations with a total attendance of 119,642 people, emailed 116,023 people, created 370 social media posts which had over 7,870 impressions, and texted or called 195 people.

- The Chancellor’s Office developed and launched a toolkit in February 2021, titled “Partnering with Local Mental Health Providers to Support Foster Youth in College”, which was accompanied by a webinar featuring a panel of experts and toolkit contributors. The toolkit highlights an innovative strategy to leverage existing funding and connect these students to community mental health services. In 2018-2020, John Burton Advocates for Youth (JBAY) and the Los Angeles County Department of Mental Health (LACDMH) led a multi-year effort with 11 community colleges to co-locate services and establish strong referral pathways with community providers. The toolkit is designed to help other California community colleges replicate their success.
- The 2017-18 and 2018-19 state budgets provided the Chancellor’s Office with two appropriations of one-time funding to distribute to the colleges in order to expand mental health services, provide training and to develop stronger relationships with county behavioral health departments and community-based mental health service providers. Under AB 1809, 114 California community colleges received a proportion of a \$10 million appropriation based on their prior-year student population data. Under SB 85, 15 community college districts, representing 27 individual colleges, received \$4.5 million in funding. Some key accomplishments that resulted from this investment include:
  - 1) 55,607 students were screened for mental health service needs.
  - 2) Mental Health support funds have supported service provision to 42,450 students.
  - 3) Colleges have established 151 formal partnerships and 738 informal partnerships with county behavioral health departments and community-based organizations.

The 2019 state budget, Assembly Bill (AB) 74, Chapter 23, provided the Chancellor’s Office with \$7 million of one-time funding, which funded 16 community college districts representing 27 individual colleges to build or expand student mental health programs, practices, and policies. These 16 community college districts began implementing their proposed projects in May 2020. These districts will submit their first progress report in July 2021, covering the reporting period of May 1, 2020 thru June 30, 2021.

**California Military Department**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$934	\$1,531	\$1,559
Local Assistance Expenditures	\$0	\$0	\$0
Positions	8.2	8.2	8.2

## **General Overview**

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

## **Program 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 statewide. CMD BH Liaisons educate members of the CMD and their families, supervisors, and leadership about mental health issues and the unique needs/experiences of its military population. BH Liaisons also enhance the capacity of the local mental health system through education and training about military culture. The CMD BH Liaisons assisted 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 referrals to mental health clinicians and programs 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 formations, other workplace and special event gatherings. They spoke virtually and in-person on veteran, military, and emergency responder panels and advisory workgroups, and sat on regional healthcare boards. They participated in statewide webinars, maintained two CA National Guard Behavioral Health informational Facebook pages, and used texting, FaceTime, Zoom, and MS Teams to reach out to all Guard members and the public. This year a large portion of their support was virtual, both synchronous and asynchronous, and through

electronic means. When in person, they communicated while observing all recommended force health protection protocols.

Administrative Funds

The CMD is funded entirely in the administrative category. The administrative funds are used to fund 8.2 positions. Those individuals brief CMD members in groups and individually, and connect members and their families to the behavioral health resources that they qualify for based on their individual circumstances.

**Department of Veterans Affairs**

**Total Resources**

<b>Program Budget</b>	<b>Actual FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Projected FY 2022-23</b>
State Operations Expenditures	\$254	\$284	\$285
Local Assistance Expenditures	\$1,270	\$1,270	\$1,270
Positions	2	2	2

**General Overview**

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

Program Description

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

Program Outcomes

During FY 2020-21 CalVet awarded a total of \$1.27 million to 15 CVSO’s through the MHSA grant program in support of mental health outreach and support services. MHSA funding has provided an avenue for CVSO’s to help veterans apply for and receive increased services and benefits in education, healthcare, housing, VA claims, justice-involved services, legal services, outreach and training.

Appendix 6 provides information on the programs funded during 2020-2021.

## **Appendix 1: Historical Background**

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

Chapter 20, Statutes of 2009-10 3rd Ex. Sess. (AB 5) amended W&I Sections 5845, 5846, and 5847. This law, enacted as urgency legislation, clarified that 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 W&I Sections 5813.5, 5846, 5847, 5890, 5891, 5892, and 5898. This law dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as Early and Periodic Screening, Diagnostic and Treatment, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of the former DMH. This bill deleted the county’s responsibility to submit plans to the former DMH and the former 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 W&I Sections 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897, and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from the former DMH to DHCS and further clarified roles of 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 NPLH Program that is administered by HCD. 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 W&I Sections 5892 and 5892.1. This bill clarified that a county’s prudent reserve for their Local MHSF shall not exceed 33 percent of the average CSS revenue received in the Local MHSF, in the previous five years. This bill required counties to reassess the maximum amount of the prudent reserve every five years and to certify the reassessment as part of its Three-Year Program and Expenditure Plan or annual update. This bill also established the Reversion Account within the fund, and required MHSA funds reverting from the counties, and the interest accrued on those funds, be placed in the Reversion Account.

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

Chapter 13, Statutes of 2020 (AB 81) amended W&I Sections, 5847 and 5892. This bill enacts the flexibility of MHSA funds to allow counties to accommodate for social distancing and public gathering due to the COVID Public Health Emergency. This bill amended the timeframe for counties to submit their Three-Year Program and Expenditure plan, Plan or Annual Update for FY 2020-21. This bill allowed counties to transfer Prudent Reserve to CSS and PEI components to meet local needs for FY 2020-21 due to COVID Public Health Emergency. This bill also allowed more flexibility for counties to allocate their MHSA funds and allowed counties to determine the allocation percentage for CSS programs for FY 2020-21. This bill also extended the reversion date for MHSA funds, including AB 114 funds, and any interest accruing on those funds from July 1, 2019 and July 1, 2020 to July 1, 2021.

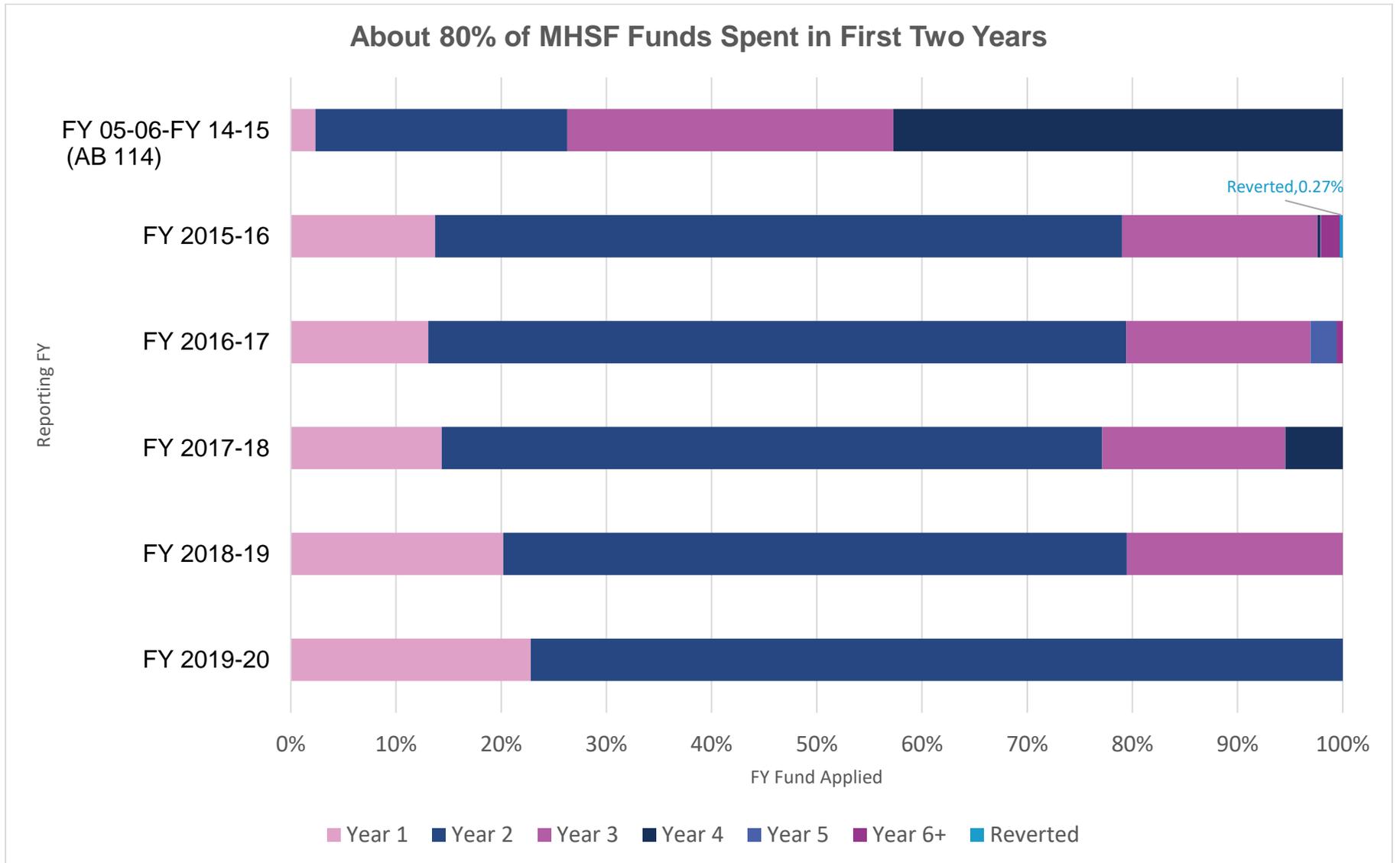
Chapter 75, Statutes of 2021 (AB 134) amended W&I Code section 5847 and 5892. This bill extended most of the FY 2020-21 flexibilities to July 1, 2022, including the timeframe for counties to submit their Three-Year Program and Expenditure plan, or Annual Update for FY 2021-22; counties ability to transfer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

**Appendix 2: Prudent Reserve Funding Levels**

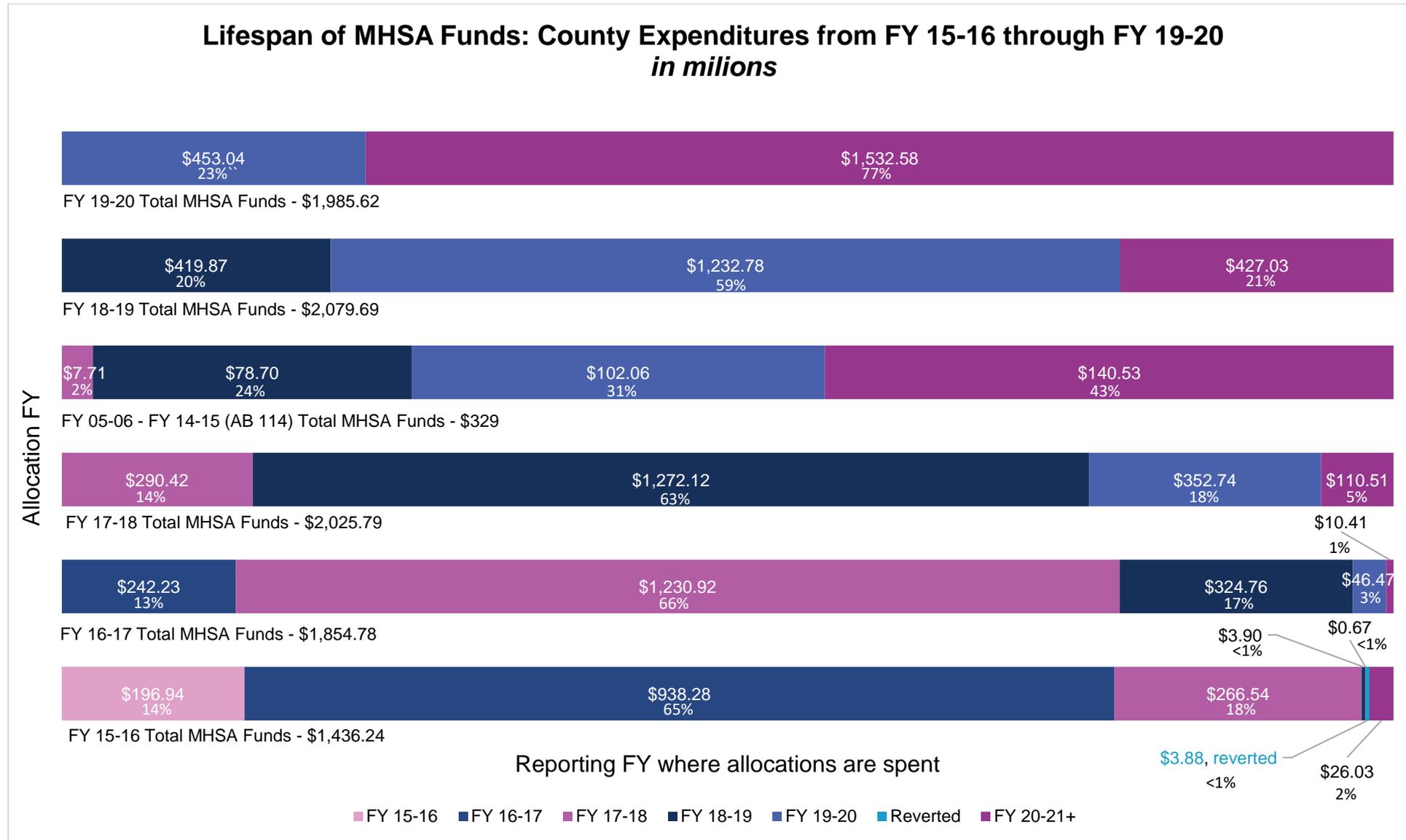
<b>Prudent Reserve Funding Levels FY 2020-21<sup>1</sup></b>			
<b>County</b>	<b>FY 19-20 Prudent Reserve Balance<sup>2</sup></b>	<b>33% Maximum Prudent Reserve Level</b>	<b>Amount transferred to CSS and/or PEI by June 30, 2020</b>
Alameda	\$ 14,593,038	\$ 14,593,038	\$ -
Alpine	\$ 354,639	\$ 354,639	\$ -
Amador	\$ 652,458	\$ 652,458	\$ -
Berkeley City	\$ 1,237,629	\$ 1,237,629	\$ -
Butte*	\$ 2,376,466	\$ 2,376,466	\$ -
Calaveras	\$ 647,740	\$ 707,286	\$ -
Colusa	\$ 585,300	\$ 583,058	\$ 2,242 <sup>3</sup>
Contra Costa	\$ 7,579,248	\$ 9,306,043	\$ -
Del Norte	\$ 614,386	\$ 614,386	\$ -
El Dorado	\$ 1,655,402	\$ 1,655,403	\$ -
Fresno	\$ 10,081,463	\$ 10,081,463	\$ -
Glenn	\$ 88,510	\$ 620,110	\$ -
Humboldt	\$ 1,439,391	\$ 1,467,706	\$ -
Imperial	\$ 430,047	\$ 2,026,098	\$ -
Inyo*	\$ 668,926	\$ 416,718	\$ 252,208
Kern	\$ 7,476,296	\$ 8,716,008	\$ -
Kings	\$ 1,184,797	\$ 1,699,927	\$ -
Lake	\$ 836,050	\$ 836,051	\$ -
Lassen	\$ 614,780	\$ 614,780	\$ -
Los Angeles	\$ 116,483,541	\$ 116,483,542	\$ -
Madera	\$ 1,701,689	\$ 1,785,654	\$ -
Marin	\$ 2,175,490	\$ 2,315,079	\$ -
Mariposa	\$ -	\$ 419,348	\$ -
Mendocino	\$ 1,018,338	\$ 1,018,338	\$ -
Merced	\$ 2,958,713	\$ 3,010,582	\$ -
Modoc	\$ 356,545	\$ 388,777	\$ -
Mono	\$ 404,926	\$ 407,919	\$ -
Monterey	\$ 4,795,236	\$ 4,795,237	\$ -
Napa	\$ 764,402	\$ 1,369,670	\$ -
Nevada	\$ 1,111,502	\$ 1,111,503	\$ -
Orange	\$ 33,258,769	\$ 33,258,769	\$ -
Placer	\$ 2,819,664	\$ 2,819,664	\$ -
Plumas	\$ 563,639	\$ 563,640	\$ -
Riverside	\$ 21,602,904	\$ 21,602,904	\$ -
Sacramento	\$ 13,196,792	\$ 13,196,792	\$ -
San Benito	\$ 790,759	\$ 803,135	\$ -
San Bernardino	\$ 21,655,429	\$ 21,655,429	\$ -
San Diego	\$ 33,478,186	\$ 33,478,186	\$ -
San Francisco	\$ 7,259,570	\$ 7,578,950	\$ -
San Joaquin	\$ 6,939,866	\$ 6,939,866	\$ -
San Luis Obispo	\$ 2,774,412	\$ 2,774,412	\$ -
San Mateo	\$ 600,000	\$ 6,676,529	\$ -

<b>Prudent Reserve Funding Levels FY 2020-21<sup>1</sup></b>			
<b>County</b>	<b>FY 19-20 Prudent Reserve Balance<sup>2</sup></b>	<b>33% Maximum Prudent Reserve Level</b>	<b>Amount transferred to CSS and/or PEI by June 30, 2020</b>
Santa Barbara	\$ 2,023,113	\$ 4,744,661	\$ -
Santa Clara	\$ 18,703,637	\$ 18,703,637	\$ -
Santa Cruz	\$ 2,997,367	\$ 2,997,368	\$ -
Shasta	\$ -	\$ 1,972,884	\$ -
Sierra	\$ 354,094	\$ 362,970	\$ -
Siskiyou	\$ 692,431	\$ 692,431	\$ -
Solano	\$ 2,780,126	\$ 4,112,810	\$ -
Sonoma	\$ 944,981	\$ 4,643,163	\$ -
Stanislaus	\$ 500,000	\$ 5,283,972	\$ -
Sutter-Yuba	\$ 521,836	\$ 1,897,752	\$ -
Tehama	\$ 550,618	\$ 810,126	\$ -
Tri-City	\$ 2,148,824	\$ 2,287,573	\$ -
Trinity	\$ 389,723	\$ 405,650	\$ -
Tulare	\$ 4,993,506	\$ 4,993,506	\$ -
Tuolumne	\$ 554,758	\$ 767,882	\$ -
Ventura	\$ 8,491,905	\$ 8,491,905	\$ -
Yolo	\$ 964,069	\$ 2,225,418	\$ -
<sup>1</sup> W&I section 5892 (b)(2) requires counties to maintain a prudent reserve that does not exceed 33% of the average CSS revenue received from the Local MHSF in the proceeding 5 years. The Local Prudent Reserve assessment was conducted in FY 2018-19 with CSS allocations from FY 2013-14 through FY 2017-18. The next Local Prudent Reserve calculation will occur in FY 2023-24.			
<sup>2</sup> Prudent Reserve ending balance as reported on FY 2019-20 ARER.			
<sup>3</sup> Per the California Code of Regulations 3420.30 (f), counties may reassess the Prudent Reserve funding level more frequently at the county level, which may allow for a new Prudent Reserve maximum level, based on the most recent assessment.			
* Indicates the county has not submitted a final ARER therefore, FY 2018-19 Prudent Reserve amount is shown.			

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



**Appendix 4: Lifespan of MHPA funds, including reversion amounts (detailed)**



Notes:

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

**Appendix 5: Department of Developmental Services**

**Cycle V (FY 2020-21 through 2022-23)**

**Redwood Coast Regional Center (RCRC)**

Counties served: Mendocino County, Lake County, Humboldt County, and Del Norte County

*Local Assistance Expenditures FY 2020-21 Estimated: \$187,366*

*Local Assistance Expenditure FY 2021-22 Projected: \$192,128*

**Families and Supports Together (F.A.S.T.)**

**Program Description:**

RCRC, in collaboration with several local agencies, will target improved social and emotional development in children birth to age five. Participating agencies include Easter Seals to implement early intervention programs, North Coast Nurture Center to provide Incredible Years (IY) training, Autism Intervention Professionals (AIP) for behavior consultation, and RL Therapies for speech and ancillary therapy.

Outcomes in this Reporting Period (July through December 2021):

- Served 62 (34 new) children
- Noted that 32 of 36 children exiting the program at age 3 demonstrated an increase in social emotional development
- Enrolled 9 children with reported behavior concerns into the IY Program
- Provided services to 36 children via AIP, with 10 demonstrating improvements in adaptive skills during the reporting period
- Offered two Academies, with 63 Providers attending and 100% of those returning evaluations indicating satisfaction with the presentation impact/quality and recommending the Academy to others
- Provided monthly Parent Academies (both in English and Spanish) to 35 Parents, with 100% of evaluations indicating that they would recommend the Parent Academy, that the material was easy/very easy to understand, and that the information presented would be helpful with supporting their child's development or with the development of children with whom they work

**San Diego Regional Center (SDRC)**

Counties served: Imperial

*Local Assistance Expenditures Estimated FY 2020-21: \$331,378*

*Local Assistance Expenditures Projected FY 2021-22: \$331,466*

**Peer LINKS**

Program Description:

In collaboration with the NAMI, the project will provide mental health services to consumers ages 14 and older with developmental disabilities.

Outcomes in this Reporting Period (July through December 2021):

- Consumers showed improvements in a variety of areas, including lower levels of depression, anxiety, and anger, as well as increased satisfaction in mental, physical, and social health
- Strengthened the relationship with Imperial County Behavioral Health Services
- Developed additional marketing materials, specifically, a design for a bulletin board advertisement
- Provided peer support and counseling
- Provided outreach to Imperial County Behavioral Health Services, Jackson House Crisis House, Healthy San Diego, Imperial Valley ROP, Imperial County Office of Education, Calexico School District, and Southwest High School, El Centro Hospital, El Centro Medical Regional Center, Community Based Organizations, including health and behavioral health providers (Clínicas del Pueblo), law enforcement (Imperial County Probation Department), Motiva Associate and Rhombus in Imperial Valley, LGBT Resource Center, Fred Finch, and others
- Conducted outreach at two, large community events: World Mental Health Day at Imperial Valley College, and Domestic Violence Awareness Month hosted by WomanHaven, A Center for Family Solutions
- Program materials were circulated by the Chamber of Commerce to all of their members
- Posted a digital billboard strategically in a high visibility area, to increase awareness of the program
- Noted enrollment of 50 participants since the beginning of the program
- Conducted outreach to more than 20 families
- Provided outreach and training to over 20 professionals and service providers

**South Central Los Angeles Regional Center (SCLARC)**

Area Served: South Central Los Angeles

*Local Assistance Expenditures Estimated FY 2020-21: \$162,904*

*Local Assistance Expenditures Projected FY 2021-22: \$206,860*

**Children’s Collaborative Mental Health Project (CCMHP)**

Program Description:

In partnership with Kendren Community Mental Health Center and Shields for Families, the project will provide person-centered mental health assessment and referrals to

consumers ages 10-17 that are dually diagnosed or at risk of developing a mental health disorder.

Outcomes this Reporting Period (July through December 2021):

- Launched the planning process for a community resource fair to take place in May 2022, or if restrictions on community events continue during that time, an alternative community resource event, such as a vaccination clinic in collaboration with Kedren Community Mental Health Center
- Conducted interdisciplinary team meetings to collaborate, develop plans, and link children to appropriate services
- Noted the number of children who have participated in CCMHP Project: 30
- Noted the number of families who have participated in CCMHP Project: 34
- Noted the number of professionals who have participated in CCMHP Project: 51
- Conducted the following Trainings:
  - Mental Health First Aid, an 8-hour Training for Service Coordinators who interact with youth, with Certification (50 participated)
  - Caregiver capacity-building trainings to support increased understanding of mental health conditions, treatment options, and support for families to enhance understanding of systems of care
  - Managing Crisis in The Moment: Mental Illness and Police Involvement

## **Appendix 6: Department of Veterans Affairs Administrative Funds**

### **Alameda**

The Alameda CVSO will work with Swords to Plowshares and target outreach to mental health services providers and other key partners in the county. Their goal is to improve knowledge of and access to culturally competent mental health resources, veteran-centered social services, and Veterans Affairs (VA) benefits in Alameda County.

### **Butte**

The Butte CVSO will contract with a licensed Clinical Psychologist who is an accredited mental health service provider to assess, diagnose, provide nexus letters, and/or complete VA-approved Disability Benefits Questionnaires for veterans who have been screened as possible candidates for VA disability claims.

### **Contra Costa**

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

### **Fresno**

The Fresno CVSO will attend multiple outreach events including Stand Downs, Job Fairs, VA Hospitals, and Vet Centers to identify and assist veterans in need of mental health services. 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**

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

### **Los Angeles**

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

### **Monterey**

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

### **Nevada**

The Nevada CVSO, in partnership with Welcome Home Vets, will operate the Nevada County Veterans Outreach and Resource Program. Their program's 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 by offering free counseling.

**Orange**

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

**Riverside**

The Riverside CVSO will collaborate with the VA Suicide Prevention Team, Riverside University Health System, and Veterans Legal Institute. Collectively they will provide mental health related services to student veterans and their family members.

**San Bernardino**

The San Bernardino CVSO will host a monthly free legal clinic. Through a Memorandum of Understanding (MOU) with Veterans Legal Institute, the focus will be towards homeless and/or low-income veterans whose access to or maintenance of mental health treatment requires direct intervention of legal aid.

**San Francisco**

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

**San Joaquin**

The San Joaquin CVSO will focus on mental health care and substance abuse treatment through the education, assessment and engagement of the veteran population living within the county. Their trainings will target a wide range of veterans including justice involved, minorities, LGBTQ, women, homeless, and veterans living in rural and outlying communities.

**Solano**

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

**Sonoma**

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