

Mental Health Services Act Expenditure Report – Governor’s May Revise

Fiscal Year 2017-18



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Table of Contents

FUNDING OVERVIEW..... 1

EXPLANATION OF ESTIMATED REVENUES 2

REVENUES BY COMPONENT 3

MHSA FUND EXPENDITURES 4

STATEWIDE COMPONENT ACTIVITIES..... 7

1. Community Services and Support 7

2. Capital Facilities and Technological Needs 8

3. Workforce Education and Training..... 9

4. Prevention and Early Intervention..... 13

5. Innovation 13

STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES 14

Judicial Branch..... 14

California Health Facilities Financing Authority 18

Office of Statewide Health Planning and Development..... 20

Department of Health Care Services..... 20

California Department of Public Health 23

Department of Developmental Services..... 26

Mental Health Services Oversight and Accountability Commission 28

California Department of Education 29

University of California 31

Board of Governors of the California Community Colleges Chancellors Office..... 32

Financial Information System for California (FI\$Cal)..... 34

Military Department 34

Department of Veterans Affairs 35

Housing and Community Development..... 36

California Department of Corrections and Rehabilitation..... 37

Appendix 1: Historical Information..... 38

Appendix 2: MHSOAC Triage Grant Awards..... 40

Appendix 3: Department of Veterans Affairs County Grants 42

FUNDING OVERVIEW

The Mental Health Services Act (MHSA), passed as Proposition 63 in 2004 and effective January 1, 2005, established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into the MHSF annually. The 2017-18 Governor’s Budget indicates approximately \$1.870 billion was deposited into the MHSF in FY 2015-16. The 2017-18 Governor’s Budget also projects that \$1.844 billion will be deposited into the MHSF in FY 2016-17 and \$2.064 billion will be deposited into the MHSF in FY 2017-18.

Approximately \$1.524 billion was expended from the MHSF in FY 2015-16. Additionally, \$1.514 billion is estimated to be expended in FY 2016-17 and \$1.482 billion is estimated to be expended in FY 2017-18.

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

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

On a monthly basis, the State Controller’s Office (SCO) distributes funds deposited into the MHSF to counties. Counties expend the funds for the required components consistent with a local plan, which is subject to a community planning process that includes stakeholders and is approved by the County Board of Supervisors. Per Welfare and Institutions Code section 5892(h), counties have three years to expend funds distributed for CSS, PEI, and INN components, and ten years to expend funds distributed for CF/TN and WET components.

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

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

EXPLANATION OF ESTIMATED REVENUES

Table 1 displays estimated revenues from the MHSA’s one percent tax on personal income in excess of \$1 million. Personal Income Tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The “interest income” is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code section 16475. The “Annual Adjustment Amount” represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2015-16 annual adjustment amount shown in the May Revise will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2017-18.

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

**Table 1: MHSA Estimated Total Revenue at 2017-18 Governor’s May Revise
(Dollars in Millions)**

		FY 2015-16	FY 2016-17	FY 2017-18
Updated Governor’s FY 2017-18 Budget¹				
	Personal Income Tax	\$1,869.6	\$1,842.9	\$2,062.9
	Interest Income Earned During Fiscal Year	1.2	1.9	1.9
	Annual Adjustment Amount	[446.0]	[357.5]	[463.4]
Total Estimated Revenue²		\$1,870.8	\$1,844.8	\$2,064.8

¹ Source: Personal Income Tax and Annual Adjustment Amount (DOF Financial Research Unit – updated for Governor’s Budget), Interest Income Earned (Fund Condition Statement in the FY 17-18 Governor’s Budget: Income from Surplus Money Investments).

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

REVENUES BY COMPONENT

Table 2 displays the estimated MHSA revenue available by component and the five percent portion available for state administration. While the component amounts are shown here to display the statewide totals, the MHSA funds are distributed to counties monthly as a single amount that each county budgets, expends³, and tracks by component according to the MHSA requirements.

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

	FY 2015-16	FY 2016-17	FY 2017-18
Community Services and Supports (Excluding Innovation)	\$1,350.7	\$1,331.9	\$1,490.8
Prevention and Early Intervention (Excluding Innovation)	337.7	333.0	372.7
Innovation	88.9	87.7	98.1
State Administration ⁵	93.5	92.2	103.2
Total Estimated Revenue	\$1,870.8	\$1,844.8	\$2,064.8

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

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

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

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for Local Assistance by component, Table 3b displays expenditures for State Administration by each state entity receiving funds from the MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2015-16 and estimated expenditures for FY 2016-17 and FY 2017-18.

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

**Table 3a: MHSA Expenditures
Local Assistance
May 2017
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2015-16	FY 2016-17	FY 2017-18
Local Assistance			
Department of Health Care Services			
• MHSA Monthly Distributions to Counties ⁶	1,418,778	1,340,000	1,340,000
CSS (Excluding Innovation)	[1,078,271]	[1,018,400]	[1,018,400]
PEI (Excluding Innovation)	[269,568]	[254,600]	[254,600]
INN	[70,939]	[67,000]	[67,000]
Office of Statewide Health Planning and Development			
• WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds)	15,972	30,174	12,650
Total Local Assistance	1,434,750	1,370,174	1,352,650

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

Table 3b: MHSA Expenditures

	Actual	Estimated	Projected
	FY 2015-16	FY 2016-17	FY 2017-18
State Administration			
Judicial Branch	1,070	1,077	1,077
California Health Facilities Financing Authority <ul style="list-style-type: none"> • Mobile Crisis Services Grants 	3,999	15,000	4,000
OSHPD – Administration	3,369	3,357*	3,372*
OSHPD – Non-Administrative State Operations (including MHLAP)	12,132	15,975	10,004
Department of Health Care Services	8,415	15,288	9,298
Department of Public Health	5,097	14,248	50,217*
Department of Developmental Services <ul style="list-style-type: none"> • Contracts with Regional Centers 	1,222	1,155	1,148
Mental Health Services Oversight & Accountability Commission <ul style="list-style-type: none"> • Triage Grants beginning January 2014 (\$32.0 M annually) 	48,002	56,407	45,179
Department of Education	129	140	138
Board of Governors of the California Community Colleges	85	90	89
Financial Information System for California	188	150	135
Military Department	1,467	1,354	1,373
Department of Veterans Affairs <ul style="list-style-type: none"> • Provide information on local mental health services to veterans and families 	506	510	505
University of California	3,564	9,800	0
Department of Corrections and Rehabilitation	0	233	229
Department of Housing and Community Development	0	6,200	0
Statewide General Administration ⁷	0	2,701	2,867
Total Administration	\$89,245	\$143,685	\$129,631
Total of Local Assistance and Administration	\$1,523,995	\$1,513,859	\$1,482,281

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

⁷Pro 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.

**Table 3c: MHSA Expenditures
State Administrative Cap
May 2017
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2015-16	FY 2016-17	FY 2017-18
Total Estimated Revenue	\$1,870.8	\$1,844.8	\$2,064.8
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap	\$93.5	\$92.2	\$103.2
Total Administration (includes funding re-appropriated and attributed to prior years)	\$89.2	\$143.7	\$129.6
Difference	\$4.3	(\$51.4)	(\$26.4)

Based upon estimated MHSA revenues, the 5% administrative cap is \$93.5 million and administrative expenditures are estimated at \$89.2 million for 2015-16. For 2016-17, the estimated 5% administrative cap is \$92.2 million and the total estimated expenditures are \$143.7 million. For FY 2017-18, the projected 5% administrative cap is \$103.2 million and the total projected expenditures are \$129.6 million. The amount exceeding the administrative cap in 2016-17 and 2017-18 includes funding that has been re-appropriated and is attributed to prior year available funds.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Support

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

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

Full Service Partnerships

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

General System Development

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

Outreach and Engagement Activities

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

MHSA Housing Program

The MHSA Housing Program underwent changes during 2016. As of May 2016, the MHSA Housing Program ended and the Local Government Special Needs Housing Program (SNHP) began. The SNHP is administered by CalHFA and is designed to operate as a more streamlined version of the MHSA Housing Program, providing flexibility for counties to develop housing units locally, with CalHFA providing oversight and guidance to ensure funding is approved for financially viable proposals. In June 2016, the Department of Health Care Services (DHCS) issued [Information Notice 16-025](#) to provide more details on the SNHP and instructions for counties.

2. Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CF/TN) component provided funding from FY 2007-08 and FY 2008-09 to enhance the infrastructure needed to support implementation of the MHSA, which includes improving or replacing existing technology systems and/or developing capital facilities to meet increased needs of the local mental health system. Counties received \$453.4 million for CF/TN projects and have through FY 2017-18 to expend these funds.

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

3. **Workforce Education and Training**

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

Local WET Programs

In 2008, counties received \$210 million of the total allocation for local WET programs. They have through Fiscal Year (FY) 2017-18 to expend these funds.

Statewide WET Programs

Pursuant to WIC Section 5820, OSHPD administers statewide mental health programs that support the increase of qualified medical service personnel serving individuals who have a serious mental illness. In 2008, \$234.5 million was set aside from the total allocation for a state administered WET program. The first Five-Year Plan, of \$120 million, was administered by the former Department of Mental Health from 2008-2013. The program was transferred to OSHPD in 2013. The second Five-Year Plan, of \$114 million, funds statewide projects from 2014-2019.

OSHPD is currently implementing the programs identified in the WET Five-Year Plan⁸ for 2014 to 2019. Due to the varying nature of contract completion dates, some programs may not reflect FY 2016-17 outcomes data. The following describes statewide WET programs:

Current Programs

- **Stipend Program:** The California Mental Health Planning Council approved \$8.2 million for FY 2016-17) This allocation finances eight contracts with educational institutions for mental health professionals to practice in underserved locations in California. In exchange for receiving a stipend, students are required to commit to a 12-month service obligation in the County Public Mental Health System (PMHS). In FY 2015-16, the program awarded a stipend to 326 recipients, 66 percent were from under-represented communities and 65 percent spoke a language in addition to English. OSHPD awarded additional contracts to seven educational institutions to fund stipend programs for FY 2016-17 and FY 2017-18. The stipend program is projected to award 317 stipend recipients in FY 2016-17 and 325 recipients in FY 2017-18.
- **Psychiatric Residency Programs:** (The California Mental Health Planning Council approved \$411,322 for FY 2016-17) This allocation

⁸ A full copy of the WET Five-Year Plan can be found at the following link:
<http://www.oshpd.ca.gov/HWDD/pdfs/WET/WET-Five-Year-Plan-2014-2019-FINAL.pdf>

supports educational institutions to add eight psychiatric residents who perform their rotations in the PMHS and encourage them to continue working in the PMHS after certification by the Board of Psychiatry and Neurology. In FY 2015-16, eight psychiatric residents/fellows spent over 38,000 clinical rotation hours in the PMHS. In FY 2016-17, 12 psychiatric residents/fellows are projected to spend over 30,000 clinical rotation hours in the PMHS.

- **Education Capacity-Psychiatrists:** The California Mental Health Planning Council approved \$2.5 million for FY 2016-17) This allocation supports four psychiatric residency/fellowship programs in the PMHS supervising 35 psychiatric residents/fellows in FY 2015-16 and 31 psychiatric residents/fellows during FY 2016-17. In FY 2016-17, OSHPD awarded grants to support three psychiatric residency/fellowship programs in the PMHS, supervising 13 additional psychiatric residents/fellows.
- **Regional Partnerships (RPs):** The California Mental Health Planning Council approved \$3 million for FY 2016-17) Five RPs representing the Bay Area, Central Valley, Southern California, Los Angeles, and Superior Region counties have been established. As a consortium of county departments of mental health, community-based organizations, and educational institutions in their respective regions, RPs plan and implement programs that build and improve local workforce education and training resources. The RPs represent diverse counties, agencies, and organizations committed to expanding the PMHS in their respective regions. In FY 2015-16, the RPs developed a peer-provider pipeline program and a roving supervisor program, funded the creation of a Masters of Social Work program, provided leadership training, and sponsored a conference to encourage under-represented individuals to choose a career in mental/behavioral health. The RP’s provided technical assistance in treating co-occurring conditions and recovery-oriented care. The RPs, completed training for the American Society of Addiction Medicine criteria, and Motivational Interviewing. The RPs funded the development of a psychiatric residency program to aid in retention of skilled and culturally competent providers. RPs also funded, the creation of 12 core competencies in behavioral health services at Loma Linda University and provided outreach to community programs regarding information on mental health trainings.
- **Mental Health Shortage Designation Program:** MHSA Administrative Funds allocation of \$150,772 for FY 2016-17) This program increases federal workforce funding by expanding the number of California communities recognized by the federal Health Resources and Services Administration as having a shortage of mental health professionals. As of March 2017, OSHPD had received federal approval for 15 new Mental Health Professional Shortage Area (MHPSA) applications, bringing the total to 183 MHPSA designated in California. There are 7.4 million Californians living in these designated MHPSAs. This designation allows underserved communities to recruit

and retain clinicians through the National Health Service Corps Loan Repayment Program and OSHPD’s State Loan Repayment Program.

- **Mental Health Loan Assumption Program (MHLAP):** The California Mental Health Planning Council approved \$11.5 million for FY 2016-17) This program encourages mental health providers to practice in underserved locations in California by providing qualified applicants up to \$10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the PMHS. In FY 2015-16, MHLAP received 2,500 applications requesting over \$25 million. MHLAP awarded 1,528 individuals a total of \$12.3 million for FY 2015-16. Of those awardees, 71 percent self-identified as consumers and/or family members and 59 percent spoke a language in addition to English. In FY 2016-17, MHLAP received 2,383 applications requesting over \$23.4 million. As of April 2017, MHLAP is projected to award 1,552 individuals a total of \$13.4 million for FY 2016-17. Final numbers will be available after June 30, 2017.
- **Peer Personnel Preparation:** MHS Administrative Funds allocation of \$2 million in FY 2016-17 per the Enacted Budget) This allocation funds four organizations to support peer personnel, including families, by providing training on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related training and support to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. In FY 2015-16, OSHPD awarded grants to five organizations to recruit, train, and place 691 individuals in peer personnel positions across 20 counties. In FY 2016-17 OSHPD contracted with seven organizations to recruit, train, and place a projected number of 1,170 individuals in peer personnel positions across 34 counties. OSHPD intends to release requests for applications for additional grant funding opportunities in FY 2016-17.
- **Education Capacity-Psychiatric Mental Health Nurse Practitioners:** (The California Mental Health Planning Council approved \$2.1 million for FY 16-17) This allocation funds four programs to co-locate staff to increase the educational capacity of Psychiatric Mental Health Nurse Practitioners in the PMHS. In FY 2015-16, 55 Psychiatric Mental Health Nurse Practitioner students were trained in the PMHS and 56 Psychiatric Mental Health Nurse Practitioner students are projected to be trained during FY 2016-17. OSHPD intends to release requests for applications for additional grant funding opportunities in FY 2016-17.
- **Consumers and Family Members Employment:** The California Mental Health Planning Council approved \$4 million for FY 2016-17) In FY 2015-16, OSHPD funded 14 organizations to engage in activities that increase and support consumer and family member employment in the PMHS. Some of these contracts continue to fund activities in FY 2016-17. Activities include, but are not limited to, providing

training and technical assistance to PMHS employers, engaging consumers and family members in mentoring, self-help/support groups, trainings, professional development opportunities, and developing a comprehensive assessment of California’s consumer, family member, and parent/caregiver workforce in the PMHS. In FY 2015-16, approximately 100 organizations within the PMHS received services to increase their ability to employ consumers and family members. OSHPD intends to release requests for applications for additional grant funding opportunities in FY 2016-17.

- **Mini-Grants:** The California Mental Health Planning Council approved (\$447,331 or FY 2016-17) Mini-Grants fund organizations that engage in activities to promote mental/behavioral health careers to students. In FY 2015-16, OSHPD funded 26 organizations to support programs that encourage unrepresented, economically and educationally disadvantaged students in pursuit of mental/behavioral health careers. In FY 2016-17, OSHPD awarded grants to 42 organizations to support these activities.
- **CalSEARCH:** (The California Mental Health Planning Council did not approve funding for FY 2016-17) In FY 2014-15, OSHPD awarded funds to six organizations to provide students across different mental/behavioral health professions with short-term rotations and experiences in the PMHS. In FY 2015-16, four organizations were awarded funds to support this program. FY 2016-17 funding was reallocated to support a new “Pipeline Program”.
- **Retention:** The California Mental Health Planning Council approved \$500,000 for FY 2016-17) This allocation funds organizations that engage in activities to increase the retention of the PMHS workforce. In FY 2015-16, six organizations engaged in retention activities that supported 5,293 workers across 23 counties within the PMHS. During FY 2016-17, these six organizations are projected to support over 2,400 workers across 19 counties within the PMHS. In December 2016, OSHPD awarded grants to an additional 10 organizations. These additional organizations are projected to support 1,428 workers across 28 counties within the PMHS.
- **Evaluation:** The California Mental Health Planning Council approved \$250,000 for FY 2016-17) These funds will be used to identify changes in the mental health workforce and to determine the effectiveness of state levels programs.

Pending Program

- **Pipeline Program:** The California Mental Health Planning Council approved for FY 2016-17; \$227,000 in unspent funds reallocated from CalSEARCH) These funds will be used to support organizations that will construct region- and/or community-specific programs, such as “Grow-Your-Own Models,” that implement new or supplement existing pipeline

programs or coursework for a proposed target population. OSHPD released requests for applications for grant funding opportunities in FY 2016-17 with grant awards announced in April 2017.

4. Prevention and Early Intervention

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

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

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

5. Innovation

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

The INN component of the MHSA consists of 5% of CSS and 5% of PEI funds and provides counties the opportunity to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of INN is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. The MHSA-specified purposes for INN projects, all of which relate to potential or actual serious mental illness and to mental health

services and systems, are to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration and increase access to services. The county selects one of these as the primary purpose of an INN Project and addresses the primary purpose as a focus of its evaluation.

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

STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES

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

Judicial Branch

FY 2015-16	FY 2016-17	FY 2017-18
\$1,070,000 SO	\$1,077,000 SO	\$1,077,000 SO

Juvenile Court System

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

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

Innovative programs allow for youth participation in planning and attending multidisciplinary education programs. While some education content is designed specifically for youth, other programs offer sessions appropriate for both an adult and youth audience. These opportunities provide meaningful involvement of youth

in court programs, including youth court, and suicide, bullying, truancy and human trafficking prevention programs.

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

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

- Staffing the juvenile subcommittee of the Collaborative Justice Courts Advisory Committee, which is continuing much of the juvenile mental health work of the Mental Health Issues Implementation Task Force, which sunset on December 30, 2016, and focused on implementing the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its [final report](#). Section 6 of this report specifically addresses juvenile mental health issues.
- Identifying best practices for juveniles with mental illness in, or at risk of entering, the delinquency and dependency courts.
- Identifying model court protocols when responding to juveniles with mental illness in, or at risk of entering, the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Providing support for ongoing work to revise juvenile competency legislation, including presenting evidence at legislative hearings for AB 2695 (reintroduced as AB 689).
- Developing and disseminating resource materials for judicial officers and court professionals related to mental health screenings, assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, human trafficking and trauma, including the Human Trafficking in California Toolkit, juvenile collaborative court models, starting a juvenile collaborative court, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing content for juvenile and family court judges with interdisciplinary conferences including Beyond the Bench; annual juvenile primary assignment orientations; and juvenile and family law institutes, as well as supporting conferences and educational programs for family court staff; the annual Youth Court Summit, which is the only statewide peer court conference for judicial officers, justice partners and youth participants; and regional youth court roundtables, most recently held in San Diego, Sacramento and Monterey, which are designed to assist local jurisdictions in starting or expanding their youth court.

- The Judicial Council built on its published [briefing](#) about human trafficking by creating a Trafficking Tool Kit for juvenile and criminal court judicial officers. This tool kit contains background information and research on sex trafficking, as well as a legislative history, ethical considerations, sample protocols, relevant bench cards, promising practices, and more. The finalized tool kit should be available for distribution in Spring 2017.
- Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction, including addressing the mental health needs of victims and perpetrators.
- Youth education efforts at the annual Youth Court Summit centered on stigma and discrimination, as well as teen dating/family violence and hate crime reduction, taking a trauma-informed approach to the youth court system, substance abuse and the adolescent brain, cyberbullying, and children who are victims of sex trafficking, while also addressing the mental health needs of victims and perpetrators. This year’s summit will continue to provide workshops/trainings in the areas of trauma and resiliency and their influence on creative sentencing options in youth court as well as reducing substance use at school with peer-to-peer restorative accountability. Developing and implementing studies of effective practices in the area of Human Trafficking in girls’ courts and CSEC courts, in Juvenile Mental Health Courts, and in Youth Courts.

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

Adult Court System

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

Upon review of the final report of the Mental Health Issues Implementation Task Force, the Judicial Council determined that there is a need to address mentally ill court users and their families across all case types in order to ensure their ability to remain in the community. Consequently, the ongoing work in adult courts includes family reunification and reentry; mentally ill court users in probate and family courts; civil harassment; and housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure that court employees, especially those in behavioral health functions such as conservatorship investigators and child custody mediators, understand and respond effectively to mentally ill persons in the courts.

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

- Maintaining and updating the roster of collaborative justice courts including mental health and related courts in the state and providing information upon request to court and justice system partners, state and national policymakers, and the public.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Providing in-person and distance educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- Providing on-going support for interdisciplinary programs such as the Judicial Council’s Beyond the Bench conference, as well as programs in conjunction with the California State Bar Association, the California Association of Collaborative Courts (CACC), the American Bar Association, the Council on Mentally Ill Offenders, the Forensic Mental Health Association of California, and the California Homeless Court Coalition. For instance, support for the CACC statewide conference assisted in providing educational content addressing the mental health needs of adult and youth in the criminal juvenile court system to representatives in approximately 20 courts.
- Staffing the veterans’ issues subcommittee of the Collaborative Justice Courts Advisory Committee, focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the criminal justice and court system. Work includes implementing additional tools, such as the court form, the MIL100, that provides a way for veterans in the courts to self-identify so that justice involved veterans are able to better understand their dispositional options under Penal Code section 1170.9 and to seek remedies in civil or criminal courts that include recognition of trauma, brain injury, and other conditions that might be related to military service. The new MIL183 and MIL184, which provide veterans a simple form set to use to petition the court for a dismissal of their charges and sealing of their records under Penal Code section 1170.9. Additionally, the subcommittee is redesigning the veteran’s website to provide more information for veterans and military family members who are, or may become, involved in the court system.
- Staffing the newly formed Mental Health subcommittee of the Collaborative Justice Courts Advisory Committee, which will continue the work of the Mental Health Issues Implementation Task Force, which sunset on December 30, 2015, and focused on implementing the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues. This subcommittee reviews mental health and court related legislation and will focus on criminal justice issues related to incompetency to stand trial and supporting local and state initiatives, such as Stepping Up. The subcommittee will also focus on the emerging needs of the courts in non-criminal case types, as charged by the Judicial Council at the time of sunset of the Mental Health Issues Implementation Task Force, recognizing the impact of realignment, reentry, and other criminal justice policy changes on noncriminal caseloads.

- Coordinating and supporting the efforts of Judicial Council Advisory Bodies to continue efforts to implement recommendations of the Mental Health Issues Implementation Task Force.
- Developing and conducting regional and statewide trainings, as well as distance education, for family court services directors/managers, mediators, evaluators and child custody recommending counselors to help them meet mandatory education requirements. Training provided mental health content, such as workshops on vicarious trauma, neurological development, and understanding and treating traumatic stress, and help family court services staff provide mental health related services to high conflict families.
- Providing county specific technical assistance to Family Court Services offices in areas related to mental health including trauma informed care and vicarious trauma.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials, such as resources related to mental health firearm relinquishment reporting.
- Developing/supporting veterans court educational programming for judges and court teams related to adjudicating veterans with mental health issues and co-occurring disorders.
- Providing county specific technical assistance to Family Court Services offices in areas related to mental health including trauma informed care and vicarious trauma.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials, such as resources related to mental health firearm relinquishment reporting.
- Developing/supporting veterans court educational programming for judges and court teams related to adjudicating veterans with mental health issues and co-occurring disorders.
- Attending the California Department of Corrections, Division of Rehabilitative Programs, Director’s Stakeholder Advisory Working Group, which works to ensure collaboration.
- Attending and providing input into a Department of Health Care Services working group to identify issues surrounding incompetency to stand trial.

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

California Health Facilities Financing Authority

FY 2015-16	FY 2016-17	FY 2017-18
\$3,999,000 LA	\$15,000,000 LA	\$4,000,000 LA

The California Health Facilities Financing Authority (CHFFA) receives on-going MHSA funding of \$4,000,000 for county mobile crisis support team (MCST) personnel funding grants.

Overall Program Highlights and Facts:

CHFFA conducted a total of six funding rounds for the SB 82 (2013) Investment in Mental Health Wellness Grant Program: five funding rounds were for mobile crisis support, crisis stabilization and crisis residential treatment, and one funding round was for peer respite care. After the completion of all funding rounds, CHFFA approved a total of 56 grant awards for the benefit of 41 counties. Grant awards totaling \$136,460,897 for capital funding have been awarded. Specific to mobile crisis teams, a total of \$3,016,171.46 million was awarded to 15 counties.

In addition to the \$142.5 million, one-time General Fund appropriation up to \$4 million of MHSA funds was available for personnel funding in FY 2013-14, of which \$3,974,289 was awarded. This funding for personnel is only available for Mobile Crisis Support Teams awarded in the first and second funding round. An additional \$4 million in yearly personnel funding was appropriated by the Legislature for FYs 2014-15, 2015-16, and 2016-17, of which \$3,998,942 has been awarded for each year. Personnel funding under the program was only available for Mobile Crisis Support Teams. After the completion of all funding rounds, \$1,057 in available personnel funding was not awarded.

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

Preliminary Outcomes.

Sixty-one of the 76 approved vehicles have been purchased for the grant programs that were awarded capital funding for mobile crisis support teams. Of the grant awards for mobile crisis support that included personnel funding, 55.65 of the 58.25 FTE personnel have been hired.

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

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

Crisis Mental Health Services for Children and Youth.

SB 833 (2016) provided an additional \$11 million in 2016-17 to CHFFA to address crisis mental health services for children and youth up to age 21. CHFFA will administer a competitive grant program, similar to and leveraging the lessons learned from SB 82.

Funds will be awarded to counties who will be expanding mental health services in eligible program service areas outlined in the statute.

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

Office of Statewide Health Planning and Development

FY 2015-16*	FY 2016-17	FY 2017-18
\$15,501,000 SO	\$19,332,000 SO	\$13,376,000 SO
\$15,972,000 LA	\$30,174,000 LA	\$12,650,000 LA

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

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

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

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

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

Department of Health Care Services

FY 2015-16	FY 2016-17	FY 2017-18
\$8,415,000 SO	\$15,288,000 SO	\$9,298,000 SO
\$1,418,778,000 LA*	\$1,340,000,000 LA*	\$1,340,000,000 LA*

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

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

During FY 2016-17, DHCS received an appropriation of \$4 million, subject to the availability of funds, in one-time funding for suicide hotlines.

DHCS and the California Mental Health Planning Council (CMHPC) have a total of 28.0 MHSAs-funded FTEs.

Department of Health Care Services:

MHSA State operations funding supports 23.0 FTEs.

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

- Developing and administering the MHSAs Annual Revenue and Expenditure Report (ARER). DHCS updates the forms on an annual basis, provides technical assistance to counties in how to complete the report, reviews the ARERs upon submission for completeness, provides additional technical assistance to counties to correct any errors, and posts each ARER to the DHCS [website](#). DHCS tracks county expenditures and unspent funds and makes expenditure data available annually to the Legislature in the MHSAs County Expenditures by Component report.
- Annual [county performance contracts](#). Every year, DHCS reviews the Performance Contract and makes any necessary edits, negotiates the edits with the County Behavioral Health Directors Association of California, and processes the contracts through execution.
- Receiving and reviewing Critical Performance Issues from the MHSOAC or the CMHPC and taking action as appropriate. DHCS 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, will work with Audits and Investigations or Program Oversight to complete the investigation.
- Performing fiscal audits of county MHSAs expenditures. The Audits and Investigations Division has 3.0 FTEs to perform Fiscal audits necessary to ensure that county mental health departments are appropriately using MHSAs funds and accurately reporting expenditures on the ARER based upon an audit of county mental health departments own records. The following counties are scheduled for audit during FY 2016-17, to the extent that resources are available: Butte (FY 10-11), Fresno (FY 10-11), Los Angeles (FY 10-11), San Francisco (FY 10-11), San Joaquin (FY 10-11), Sacramento (FY 10-11), Santa Barbara (FY 10-11), Ventura (FY 10-11), and Yolo (FY 10-11). The DHCS Audits and Investigations Division also performs special audits related to the use of MHSAs. 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.
- Conducting program reviews of County MHSAs programs. DHCS continues to include MHSAs questions in the Medi-Cal Specialty Mental Health Services system review of each County Mental Health Plan on a triennial basis. DHCS is developing a protocol and review tool to use when completing onsite program

reviews of county MHSA-funded programs. DHCS is in the hiring process to fill the four new positions and expects to begin performing onsite reviews by the end of FY 2016-17. Each county will be reviewed on a triennial basis.

- Developing the MHSA allocation distribution methodology. DHCS reviews and updates the data used in the MHSA allocation distribution methodology on an annual basis to develop the monthly allocation schedule. DHCS provides the allocation schedule to the State Controller’s Office for use in distributing the monthly allocations to counties.
- Reviewing, developing, and amending MHSA regulations. DHCS is currently developing MHSA fiscal regulations for reversion, prudent reserve, accounting practices, and the Annual Revenue and Expenditure Report. DHCS, MHSOAC, and CBHDA met several times in the past year to discuss fiscal policies and the development of fiscal regulations. DHCS continues to develop the regulations and initial statement of reasons with the goal of fully promulgating regulations by mid-2018. Additionally, DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package.
- State level programs. DHCS continues to collaborate with various state and local government departments and community providers related to suicide prevention, stigma and discrimination reduction, and student mental health activities. Specifically, DHCS participates in the Student Mental Health Policy Workgroup, Interagency Prevention Advisory Council, and the Interagency Council on Veterans (recently disbanded).
- Developing Information Notices related to the MHSA.
- Reviewing legislation related to the MHSA and developing bill analyses and enrolled bill reports.
- Drafting reports related to the MHSA: [MHSA Expenditure Report \(January 2016\)](#), [MHSA Expenditure Report \(June 2016\)](#), [MHSA Housing Program Final Report \(October 2016\)](#), and [Suicide Prevention Hotline Report \(October 2016\)](#)

Contracts:

DHCS contracts with CIBHS to provide statewide technical assistance to improve the implementation of the MHSA and MHSA-funded programs. The contract is funded at \$4.144 million per year. CIBHS provides technical assistance and a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of the MHSA. Examples of technical assistance and trainings provided by this contract include working with counties to increase their capacity to identify and support local Community Defined Practices for meeting the needs of their community; utilizing the Learning Collaborative model to provide training on care coordination across sectors for high-risk, high-utilizing populations; and providing training and technical assistance to counties in implementing Continuum of Care Reform.

DHCS contracts with UCLA to fund the California Health Information Survey, a phone survey that captures data on adults and youth in California. This contract is funded at \$800,000 per year. The survey gathers data on the health status of and access to

healthcare services of an estimated 1.6 million adults ages 18-64. DHCS relies on this survey’s information to measure mental health service needs and mental health program utilization. In addition to data collection, UCLA also developed a [policy brief](#) about the mental health status of California veterans.

DHCS contracted with Harbage Consulting to assist with implementation of the planning grant for Certified Community Behavioral Health Clinics (CCBHC) and development of the grant application for the CCBHC demonstration project. This contract is funded at \$1 million. DHCS was recently notified that California was unsuccessful in obtaining additional grant funding.

DHCS also contracts with Mental Health Data Alliance and two other contractors to improve the quality of its data, and propose and implement solutions to remediate errors in the Client Services and Information and the MHSA Data Collection and Reporting systems. The contractor expects to produce a report of each county’s data quality by March 20, 2017 and develop a single draft plan for data quality improvement by June 2017. Data cleanup is expected to continue through August 2018. Total funding for these contracts is \$922,600.

California Mental Health Planning Council:

MHSA State operations funding supports 5.0 FTEs.

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

California Department of Public Health

FY 2015-16	FY 2016-17	FY 2017-18
\$5,097,000 SO	\$14,248,000 SO	\$50,217,000 SO

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

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

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

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

Program Highlights and Key Activities

FY 2016-17:

- In September 2016, OHE renewed an Interagency Agreement with the Department of Health Care Services (DHCS) and as outlined in OHE’s legislative mandate. This is done via a data workgroup, participation on the OHE Advisory Committee, and ongoing stakeholder engagement and strategic planning processes. CDPH’s responsibilities in the Interagency Agreement includes providing technical assistance to DHCS on cultural and linguistic competence, health equity, and health in all policies, which is a collaborative approach to improving the health of all people by incorporating health, equity and sustainability considerations into the decision-making process across sectors.
- OHE activities to finalize CRDP Phase II solicitations includes the following:
 - Reissuance of the NA Implementation Pilot Project solicitation and the review and scoring of proposals. OHE is currently in the process of obtaining one more Implementation Pilot Project for the NA population.
 - Issuance of the Education, Outreach and Awareness (EOA) solicitation and the review and scoring of proposals. The final solicitation under the CRDP umbrella is the EOA solicitation which has been drafted and is currently being reviewed. CDPH anticipates that the EOA solicitation will be issued by Fall 2017.
- OHE continues to provide ongoing administrative support to the twenty-six member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California’s Portrait of Promise: California’s Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The Statewide Plan can be viewed [here](#).

OHE administers contracts to:

- Finalize and disseminate a CRDP statewide strategic plan for reducing mental health disparities
- Operationalize strategies listed within the Statewide Plan, which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities
- Develop and finalize CRDP Phase II solicitations that are still outstanding, including the EOA
- Provide consultative recommendations on the planning, completion and archival components of the multifaceted and highly complex CRDP Phase II solicitation process
- Strategize on CRDP messaging and communications vis social media and other platforms to keep stakeholders informed and apprised on program achievements.
- Develop recommendations for CRDP Program Management infrastructure for contract managers and vendors
- Coordination of meeting and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences

OHE Outreach and Engagement Partners:

The list below includes committees that OHE CDEU has historically attended (on a limited basis at this time due to the CRDP Phase II launch) and will begin to attend more frequently in May 2017:

- Mental Health Services Oversight and Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee
- MHSOAC Services Committee
- Mental Health Services Act Partners Forum
- County Behavioral Health Directors Association of California Cultural Competence, Equity, and Social Justice Committee
- California Mental Health Planning Council (Various workgroups/committees)
- California Institute for Behavioral Health Solutions (Various workgroups/committees)
- Central Region Ethnic Services Managers
- Southern Region Ethnic Services Managers
- Bay Area Region Ethnic Services Managers
- State Interagency Team Workgroup to Eliminate Disparities and Disproportionality
- California Achieving a Better Life Experience
- California Committee on Employment of People with Disabilities
- California Mental Health Services Authority
- Workgroup to Eliminate Disparities and Disproportionalities
- Office of AIDS California Planning Group

- Climate and Mental Health Planning Committee
- Student Mental Health Policy Workgroup
- Social Determinants of Health and Structural Racism Committee
- Office of Minority Health, Regional Health Equity Council Region IX Behavioral Health Subcommittee
- Office of Minority Health, Regional Health Equity Council Region IX & X States Committee
- Defending Childhood Initiative Committee
- California Home Visiting Program Systems Integration Workgroup

Additional OHE Information can be viewed here:

- [OHE Website](#)
- [CRDP Website](#)
- [OHE California Reducing Disparities Project Phase II](#)

Department of Developmental Services

FY 2015-16	FY 2016-17	FY 2017-18
\$482,000 SO	\$415,000 SO	\$408,000 SO
\$740,000 LA*	\$740,000 LA*	\$740,000 LA*

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

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

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

DDS distributes MHSA funds to regional centers throughout California utilizing a competitive application process. The MHSA Request for Application process for the next cycle (Fiscal Yearss 2017/18 through 2019/20) is underway. Visit [here](#) for more information.

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

Central Valley Regional Center (CVRC)

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

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

FY 2014-15: \$109,846 FY 2015-16: \$151,497 FY 2016-17: \$120,544

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

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

Regional Center of the East Bay

County: Alameda

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

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

San Diego Regional Center

Counties: Imperial and San Diego

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

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

Westside Regional Center

County: Los Angeles

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

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

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

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

To date, over 3,500 clinicians, service providers, regional center staff and other professionals, families, and consumers have participated and benefitted from these

projects. Tools, resources, training curricula, PowerPoint presentations and other training materials for each specific project, are available on each project website.

Mental Health Services Oversight and Accountability Commission

FY 2015-16	FY 2016-17	FY 2017-18
\$48,002,000 SO	\$56,407,000 SO	\$45,179,000 SO

FY 2015-16 administrative funds are utilized as follows:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) receives funding and 33.0 positions to support its statutory oversight and accountability for the MHSA.

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

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

Beginning in FY 2013-14, \$32 million was appropriated for triage personnel grants. In FY 2014-15, \$19.4 million of the FY 2013-14 MHSOAC triage grant funds were re-appropriated to extend funding for additional grants and support suicide prevention efforts. In FY 2015-16 the MHSOAC re-appropriated triage funds for FY 2014-15 and 2015-16. MHSOAC also re-appropriated \$1 million for stakeholder contracts and \$350,000 from the CIBHS contract from FY 2015-16. Lastly, the MHSOAC re-appropriated \$2.5 million for research last year. Additional information regarding triage grants is available [here](#).

Some of the MHSOAC’s primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices.

- Providing oversight, review, training and technical assistance, for accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approving County Innovation plans.
- Receiving and reviewing county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.
- Implementing and managing the SB 82 Triage Program.

Additional MHSOAC Information can be viewed here:

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

California Department of Education

FY 2015-16	FY 2016-17	FY 2017-18
\$129,000 SO	\$140,000 SO	\$138,000 SO

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

The CDE oversees more than 6.2 million students and approximately 1,000 diverse and dynamic school districts in California’s 58 counties. The CDE receives MHSA funding to increase capacity in both staff and student awareness of student mental health issues and promote healthy emotional development.

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

In September 2014, the CDE was awarded the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) “Now is the Time” Project Advancing Wellness and Resilience in Education State Educational Agency (NITT-AWARE-SEA) Grant for the period from October 2014 through September 2019. Through this grant funding program, known as Project Cal-Well, the CDE and three local education agency (LEA) program partners are tasked with the following:

- Increase access and availability of mental health services and develop effective referral processes through pilot programs in three partner LEAs. This includes Youth Mental Health First Aid (YMHFA) training for school staff and community members in the area. YMHFA training is designed to teach adults who regularly

interact with young people (age twelve through eighteen) who may be in the first stage of developing a mental health problem or mental health crisis.

- Deliver YMHFA training to school staff, parents, and community partners throughout the state. YMHFA is most relevant when it identifies a young adult who is exhibiting the first signs of emotional, behavioral, or mental health crisis. This training also can address issues of young people who have long-term mental health challenges or a history of serious mental disorders.
- Share best practices on mental health strategies throughout the state. LEAs benefit from training which incorporates the latest evidence-based treatments and services available to students with mental health challenges

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

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

Program Highlights:

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

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

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

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

University of California

FY 2015-16	FY 2016-17	FY 2017-18
\$3,564,000 SO	\$9,800,000 SO	\$0 SO

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

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

- Prevention and Early Intervention
- Innovation
- Policy and Education

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

The UCLA Semel Institute’s program includes resources to support the Clinical and Translational Science Center as well as research, communication, education and

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

Board of Governors of the California Community Colleges Chancellors Office

FY 2015-16	FY 2016-17	FY 2017-18
\$85,000 SO	\$90,000 SO	\$89,000 SO

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

The Board of Governors of the California Community Colleges Chancellor’s Office (CCCCO) leads the country’s largest system of higher education with 72 community college districts and 113 community colleges. MHSA funds support the CCCCCO with staff who have been developing policies and program practices to address the mental health needs of California’s community college students. The CCCCCO completed Phase 1 implementation of the California Community Colleges Student Mental Health Program (CCC SMHP) in partnership with the Foundation for California Community Colleges (FCCC) on October 30, 2015. Upon successful completion of Phase I activities, CCC SMHP leveraged MHSA staff to apply for and secure a subsequent competitive award through CalMHSA. The total grant award in the amount of \$1.4 million is designated to sustain, on a limited basis, various CCC SMHP activities through Phase II of the statewide PEI projects. The statewide PEI projects are currently scheduled through June 2017, with the possibility of funding being extended beyond the current contract end date. The CCCCCO in partnership with the Foundation is in ongoing conversation with CalMHSA regarding funding beyond June 2017, and are optimistic regarding the prospect sustained funding for particular CCC SMHP components. In addition to sustainability funds potentially being made available through CalMHSA, the Chancellor’s Office is currently seeking to identify internal resources to sustain the CCC SMHP training and technical assistance available to the 113 colleges and the Kognito online suicide prevention training that is currently available to 104 colleges

The following is a brief summary of Phase II accomplishments since October 1, 2015:

- Broadly disseminated Each Mind Matters (EMM) materials, products and campaign information to California community college faculty, staff, and students. Collectively, over 50,042 EMM materials were distributed during system wide conferences and over 25,086 materials were downloaded from the CCC SMHP project [website](#).
- The project website continues to be populated with newly developed [products](#) from CCC SMHP including: 1) Trauma Informed Care fact; 2) Student Mental

Health 101 fact sheet; 3) Basic Needs: How Food and Housing Insecurities Impact Student Mental Health fact sheet; 4) 10 Regional College/County. The project website has been viewed by 55,000 unique visitors, with close to 250,000 page views. The newly developed PSAs have been viewed 912 since being posted approximately six months ago.

- A new student facing webpage within the CCC SMHP website was developed and launched March 2016. The site includes student resources, Each Mind Matters resources, Kognito training information, suicide prevention information and is regularly updated with CalMHSA program partner information.
- CCC SMHP has added two additional colleges that can access Kognito suicide prevention gatekeeper training, bringing the total to 102 of 113 colleges. Currently over 53,000 faculty, staff and students are accessing the online trainings.
- The CCC SMHP staff including the Chancellor’s Office Mental Health Specialist presented informational workshops and hosted resource information tables at three system wide conferences and disseminated Each Mind Matters and CCC SMHP Program materials.
- The Chancellor’s Office, in partnership with the Foundation are currently working with the Crisis Text Line, a national organization that facilitates text based mental health support. The goal of the collaboration is to implement a Crisis Text Line service specifically targeting California community college students. Crisis Text Line tool kits will be distributed to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on the college campuses. Tool kits include extensive outreach collateral, to be displayed at multiple locations throughout each of the 113 CCC. The outreach material is designed to inform students about the Crisis Text Line services, and instructs the CCC students to text the word “Courage” to a designated number. Students accessing the text service will be able to receive immediate and ongoing support from trained counselors available 24/7. The Chancellor’s Office will be hosting a system-wide webinar to educate faculty and staff about this newly available service and will be promoting this free resource in an ongoing capacity.
- The Chancellor’s Office will be sponsoring three regional trainings over the next two months including:
 - HIPAA/FERPA Compliance at Palomar College 04/21/17
 - Trauma Informed Care at Moorpark College 05/12/17
 - Trauma Informed Care at Sierra College 05/19/17
- Recognizing the significant barriers that returning Veteran students face, the Chancellor’s Office will be sponsoring multiple Welcome Home: Veteran’s on Campus training events beginning in the Fall 2017. The Chancellor’s Office will coordinate with the CCC SMHP team to host a minimum of seven Welcome Home training events across the CCC system, with a goal of training up to 500 additional faculty and staff regarding how to assist Veteran student’s transition into post-secondary.
- Moving forward, the Chancellor’s Office will be convening a quarterly workgroup composed of health and mental health practitioners from across the state to

discuss emerging issues around various issues including the prevention and early intervention needs of students, the faculty/staff training needs, and capacity building needs of the community colleges in general.

- The Chancellor’s Office in partnership with the RAND Corporation is actively engaged in a third wave to the Higher Education faculty/staff and student mental health surveys. Currently eight community colleges distributed both the faculty/staff and student surveys and RAND is in the process of analyzing the data. Subsequent findings from the Mental Health survey will be published within the next three-four months.

Program outcomes (from Phase I, 2012-2015) are available in the [California Community Colleges Student Mental Health Program Final Evaluation Report, May 2015](#)

Additional program information can be accessed at [here](#).

Financial Information System for California (FI\$Cal)

FY 2015-16	FY 2016-17	FY 2017-18
\$188,000 SO	\$150,000 SO	\$135,000 SO

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

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

Military Department

FY 2015-16	FY 2016-17	FY 2017-18
\$1,467,000 SO	\$1,354,000 SO	\$1,373,000 SO

The Military Department receives funding for 8.2 positions that are available 24 hours a day, 7 days a week, to guard members and their families. These personnel support the California Military Department Behavioral Health (CMD BH) outreach program, which is designed to improve coordination of care between the California National Guard (CNG), local County Veterans Services Officers, county mental health departments, and other public and private support agencies. The CMD BH Liaisons educate guard members and their families about mental health issues and enhance the capacity of the local mental health system through education and training about military culture. From March 2016 through March 2017, CMD BH Liaisons used MHSA funding to respond to over

6,354 guard member concerns, 1,513 of which required more than basic support and information. The CMD BH Liaisons assisted soldiers and airmen and their families in acquiring appropriate local, state, federal, private, public and/or non-profit Behavioral Health Program support. Assisting soldiers and airmen in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that service members receive care by mental health clinicians who are trained to treat military-specific conditions. MHSA-funded CMD BH Liaisons partnered with UCLA’s Nathanson Family Resilience Center’s Families Overcoming Under Stress (FOCUS) program to provide support to military families in the Southern California Region. CMD BH Liaisons also participated in statewide behavioral health collaboratives in each of their regions, such as the University of Southern California’s Center for Innovation and Research on Veterans and Military Families (USC CIR), Santa Barbara Collaborative, Antelope Valley Veterans Alliance, and San Diego Veterans Collaborative, among others. General areas of activity for the CNG BH Directorate include:

- Conducting education events to inform soldiers and their families about how to access mental health services.
- Presenting information about county mental health programs to all California National Guard behavioral health providers and CNG members.
- Presenting information to government, public, and non-profit agencies through briefings, conferences, panels, and presentations, about the unique experiences of military members and veterans.
- Providing webinars on suicide prevention, county services, and VA support.

CMD BH Liaisons contributed to and supported articles about behavioral health, suicide prevention, and mental health resources in military unit newsletters and bulletins. They spoke on veteran and military panels, such as the 3rd Annual UCLA Luskin Veterans Day Seminar, the 4th Annual Working with Military-Connected Families Conference and the California County Behavioral Health Association. They participated in statewide webinars, and they maintained two CA National Guard Behavioral Health informational Facebook pages in order to reach out to all Guard members and the public.

Department of Veterans Affairs

FY 2015-16	FY 2016-17	FY 2017-18
\$236,000 SO	\$240,000 SO	\$235,000 SO
\$270,000 LA	\$270,000 LA	\$270,000 LA

State Operations:

The Department of Veterans Affairs (DVA) receives funding for grant programs and 2.0 FTEs to support the statewide administration of informing veterans and family members about federal benefits, local mental health departments, and other services. DVA also administers grant programs for improving mental health services to veterans

through County Veterans Services Offices (CVSO), Stand Downs, marketing and participating in Veteran Treatment Courts, and promoting best practice models in educating incarcerated veterans about available benefits and services. In addition, DVA works in collaboration with the Department of Corrections and Rehabilitation to perform targeted outreach to help incarcerated veterans prepare for release. This outreach focuses on reconnecting inmates with the USDVA and/or Covered California, the reinstatement of disability compensation and/or pension, and other supportive services in the areas to which they are projected to be released.

Local Assistance:

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

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

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

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

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

Housing and Community Development

FY 2015-16	FY 2016-17	FY 2017-18
\$0 LA	\$6,200,000 LA	\$0 LA

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

On April 7, 2017, HCD issued the NPLH Technical Assistance Guidelines and Notice of Funding Availability. HCD estimates that it may take counties at least 45 days to plan and submit their applications. HCD is poised to receive applications and begin issuing the first allocation contracts in summer 2017. No NPLH applications have been received as of May 1, 2017.

California Department of Corrections and Rehabilitation

FY 2015-16	FY 2016-17	FY 2017-18
\$0 LA	\$233,000 LA	\$229,000 LA

California Department of Corrections and Rehabilitation received MHSA funds for 2.0 FTEs to support the Council on Mentally Ill Offenders (COMIO) and to strengthen and expand their activities while achieving Mental Health Services Act (MHSA) objectives and outcomes for designated target populations.

Appendix 1: Historical Information

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

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

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

AB 1467 (Chapter 23, Statutes of 2012) amended WIC §§ 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897, and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from the former DMH to the Department of Health Care Services (DHCS) and further clarified roles of the 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.

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

AB 1618 (Chapter 43, Statutes of 2016) established the No Place Like Home Program that is administered by the Department of Housing and Community Development. This bill also requires DHCS to: conduct program reviews of county performance contracts to determine compliance; post the county MHSA three-year program and expenditure plans, summary of performance outcomes reports and MHSA revenue and expenditure

reports; and allows DHCS to withhold MHSA funding from counties that are not submitting expenditure reports timely.

Appendix 2: MHSOAC Triage Grant Awards

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
Amount Allocated	\$32,000,000	\$32,000,000	\$32,000,000	\$32,000,000	
	Approved	Approved	Approved	Approved	FTE's⁹
Southern Region	\$10,848,000	\$10,848,000	\$10,848,000	\$10,848,000	
Ventura	\$840,259	\$2,126,827	\$2,242,542	\$2,364,043	23.0
Riverside	\$488,257	\$2,134,233	\$2,333,374	\$2,510,844	32.3
Santa Barbara	\$933,135	\$2,352,536	\$2,468,608	\$2,594,250	23.5
Orange	\$1,250,000	\$3,000,000	\$3,000,000	\$3,000,000	28.0
San Bernardino*	\$7,174,512	\$938,985	\$0	\$0	25.0
Region Total	\$10,686,163	\$10,552,581	\$10,044,524	\$10,469,137	131.8
Los Angeles	\$9,152,000	\$9,152,000	\$9,152,000	\$9,152,000	
Los Angeles	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0
Region Total	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0
Central	\$4,576,000	\$4,576,000	\$4,576,000	\$4,576,000	
Yolo	\$221,736	\$505,786	\$496,247	\$504,465	8.3
Calaveras	\$41,982	\$73,568	\$73,568	\$73,568	1.0
Tuolumne	\$74,886	\$132,705	\$135,394	\$135,518	3.0
Sacramento	\$545,721	\$1,309,729	\$1,309,729	\$1,309,729	20.8
Mariposa	\$88,972	\$196,336	\$203,327	\$210,793	4.3
Placer	\$402,798	\$750,304	\$667,827	\$688,417	13.6
Madera	\$163,951	\$389,823	\$410,792	\$396,030	4.2
Merced	\$359,066	\$868,427	\$882,550	\$893,026	8.0
Fresno*	\$2,953,099	\$120,001	\$0	\$0	11.5
Region Total	\$4,852,211	\$4,346,679	\$4,179,434	\$4,211,546	74.7
Bay Area	\$6,208,000	\$6,208,000	\$6,208,000	\$6,208,000	
Sonoma	\$351,672	\$871,522	\$897,281	\$923,888	8.0
Napa	\$126,102	\$411,555	\$403,665	\$382,313	6.0
San Francisco	\$1,751,827	\$4,204,394	\$4,204,394	\$4,204,394	61.5
Marin	\$137,065	\$315,738	\$320,373	\$326,746	3.0
Alameda	\$311,220	\$765,811	\$785,074	\$804,692	11.6
Region Total	\$2,677,886	\$6,569,020	\$6,610,787	\$6,642,033	90.1

⁹ FTEs are the total number of FTEs proposed to be hired during the grant period.

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
Superior	\$1,216,000	\$1,216,000	\$1,216,000	\$1,216,000	
Butte	\$358,519	\$514,079	\$199,195	\$3,277	18.0
Lake	\$26,394	\$52,800	\$52,800	\$52,800	1.0
Trinity	\$60,697	\$145,672	\$145,672	\$145,672	2.5
Nevada	\$289,260	\$694,169	\$728,878	\$765,321	11.8
Region Total	\$734,870	\$1,406,720	\$1,126,545	\$967,070	33.3
Total	\$22,753,130	\$32,000,000	\$31,086,290	\$31,414,786	512.9
Funds Remaining	\$9,246,870	\$0	\$913,710	\$585,214	
Golden Gate Bridge, Highway & Transportation District*	\$7,000,000	\$0	\$0	\$0	
Remaining Balance	\$2,246,870	\$0	\$913,710	\$585,214	
*Re-appropriated \$19.3 million of the FY 2013-14 funds for additional county Triage programs and for suicide prevention efforts. The OAC funded two additional county Triage programs (San Bernardino and Fresno) and the Golden Gate Bridge project.					

Appendix 3: Department of Veterans Affairs County Grants

Proposals were awarded to eight County Veterans Services Offices (CVSO) for local assistance grants. The following is a synopsis of the services and outreach they provide, along with a summary of each of the CVSOs second quarter (01/01/16 – 12/31/16) contributions.

Calaveras - \$22,500

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

The CVSO’s Outreach Coordinator and Veterans Specialists continue to focus efforts on reaching out to local agencies that promote several types of programs and events that will benefit their veteran community. During the 2nd quarter, staff attended and participated in local community events including VA health care clinics and workshops. Over 50 veterans were assisted due to these outreach efforts, including 14 veterans who were enrolled into the VA healthcare system.

Contra Costa - \$22,500

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

During the 2nd quarter, “Veterans’ Voices” aired 3 episodes; “Substance Abuse: Know Thy Enemy” (how to recognize and seek treatment), “Get Straight Answerers” (valuable VA benefits), and “My Child, There are Many Like It but This One is Mine” (an important discussion regarding parenting). As a result of the 3 televised shows, more than 275 unique visits were made to Contra Costa CVSO’s social media pages (Twitter and Facebook) and its own [website](#). While the shows were being televised, 22 people contacted the show by phone, emails, chats, or private messages. The three televised shows resulted in 238 veterans filing for VA benefits.

Fresno - \$45,000

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

During the 2nd quarter, Fresno CVSO staff attended 9 public outreach events and visited with veterans inside Chowchilla Prison. This resulted in 101 veterans being screened for Post-Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST). Due to this outreach, 30 veterans submitted service related disability compensation claims and non-service related disability pensions related to PTSD.

Imperial - \$25,000

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

Through outreach (public presentations/ jail visits), the project has served 59 veterans resulting in 48 initial mental health claims in the 2nd quarter. Seven veterans received immediate emergency services through the Imperial County Behavioral Health Services; fourteen veterans were referred to the La Jolla Veterans Medical Center; nine were referred to a local mental health provider and thirty-two veterans were referred to the onsite Yuma Veterans Center representative.

Riverside - \$45,000

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

During the 2nd quarter, Equine Assisted Learning and Therapy program provided therapy sessions to a total of 35 people, including veterans, spouses, and dependents. Referrals were made by the Loma Linda VA and the Riverside CVSO.

Solano - \$45,000

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

During the 2nd quarter, the CVSO performed 175 PTSD and mental health screenings and filed 525 behavioral health related compensation and pension claims. In addition, staff made contact with 78 incarcerated veterans and 160 homeless veterans. Upon release from jail, veterans are transported to the VA funded residential treatment facility. The homeless veterans are referred to the non-profits in Solano, Yolo, and Sacramento.

Sonoma - \$45,000

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

During the 1st quarter 12 veterans (7 women, 5 men) received individual therapy. Combined, 64 sessions of individual therapy were provided. The Case Coordinator continues to participate in community outreach efforts, including the VA, VSO, North Bay Veterans Services, and Vet Connect to promote both the Women’s Group and a Men’s Group.

Tehama - \$20,000

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

With the support of MHSA funds, the Tehama CVSO was able to provide information and assistance to over 250 veterans including incarcerated veterans, homeless veterans, and veterans who visited the satellite offices in Corning and Molinos, CA. The Tehama CVSO also provided assistance to 75 veterans, including incarcerated veterans and veterans who visited the satellite office, in Corning. Subsequently 10 disability compensation claims were filed.