

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

*Fiscal Year 2018-19*



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## **FUNDING OVERVIEW**

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004, became effective January 1, 2005, and established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into MHSF annually. The 2018-19 Governor's May Revise indicates approximately \$1.759 billion was deposited into MHSF in Fiscal Year (FY) 2016-17. The 2018-19 Governor's Budget also projects that \$2.057 billion will be deposited into MHSF in FY 2017-18 and \$2.230 billion will be deposited into MHSF in FY 2018-19.

Approximately \$1.951 billion was expended from MHSF in FY 2016-17. Additionally, \$2.006 billion is estimated to be expended in FY 2017-18 and \$2.083 billion is estimated to be expended in FY 2018-19.

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

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

On a monthly basis, the State Controller's Office (SCO) distributes funds deposited into 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 (W&I) 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, 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 MHSA are provided in Appendix 1.

## **EXPLANATION OF ESTIMATED REVENUES**

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

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

**Table 1: MHSA Estimated Total Revenue at 2018 – Governor's May Revise  
(Dollars in Millions)**

	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>Updated Governor's FY 2017-18 Budget<sup>1</sup></b>			
Personal Income Tax	\$1,756.6	\$2,051.8	\$2,224.9
Interest Income Earned During Fiscal Year	2.6	5.1	5.1
Anticipated Accrual Amount	[272.5]	[398.0]	[521.1]
<b>Total Estimated Revenue<sup>2</sup></b>	<b>\$1,759.2</b>	<b>\$2,056.9</b>	<b>\$2,230.0</b>

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

<sup>2</sup> Estimated available receipts do not include funds reverted under W&I Section 5892(h).

**REVENUES BY COMPONENT**

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

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

	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Community Services and Supports (Excluding Innovation)	\$1,270.1	\$1,485.1	\$1,610.1
Prevention and Early Intervention (Excluding Innovation)	317.5	371.3	402.5
Innovation	83.6	97.7	105.9
State Administration <sup>5</sup>	88.0	102.8	111.5
<b>Total Estimated Revenue</b>	<b>\$1,759.2</b>	<b>\$2,056.9</b>	<b>\$2,230.0</b>

**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 MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2016-17 and estimated expenditures for FY 2017-18 and projected expenditures for FY 2018-19.

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

<sup>3</sup> W&I §5892(h) provides that counties have three years to expend funding for CSS, PEI, and INN components, and ten years to expend funding for CF/TN and WET components.

<sup>4</sup> Actual receipts displayed are based upon the percentages specified in MHSF for the components identified: 80% CSS; 20% PEI; 5% INN (from CSS and PEI). W&I §5892(a)(3), (5), and (6).

<sup>5</sup> 5% State Administration W&I §5892(d).

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

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>Local Assistance</b>			
Department of Health Care Services <ul style="list-style-type: none"> <li>MHSA Monthly Distributions to Counties<sup>6</sup></li> </ul>	1,827,038	1,827,038	1,827,038
CSS (Excluding Innovation)	[1,388,549]	[1,388,549]	[1,388,549]
PEI (Excluding Innovation)	[347,137]	[347,137]	[347,137]
INN	[91,352]	[91,352]	[91,352]
Office of Statewide Health Planning and Development <ul style="list-style-type: none"> <li>WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds)</li> </ul>	19,012	38,437	0
California Housing Facilities Financing Authority	14,814	20,452	140,000
<b>Total Local Assistance</b>	<b>1,860,864</b>	<b>1,885,927</b>	<b>1,967,038</b>

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

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

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
<b>State Administration</b>			
Judicial Branch	1,066	1,128	1,129
California Health Facilities Financing Authority	185	265	4,000
• Mobile Crisis	0	3,735	0
• Children's MH Crisis Grants (one-time funding)	0	16,717	0
OSHPD – Administration	14,601	3,437	3,023
Department of Health Care Services	7,583	13,672	10,099
Department of Public Health	12,106	11,839	42,384
Department of Developmental Services			
• Contracts with Regional Centers	1,155	1,166	1,167
Mental Health Services Oversight & Accountability Commission			
• Triage Grants beginning January 2014 (\$32.0 M annually)	40,965	56,839	47,896
Department of Education	131	156	156
Board of Governors of the California Community Colleges	87	94	94
Financial Information System for California	150	132	0
Military Department	1,279	1,391	1,410
Department of Veterans Affairs			
• Provide information on local mental health services to veterans and families	481	514	515
University of California	7,970	0	1,830
Department of Corrections and Rehabilitation	89	237	237
Department of Housing and Community Development <sup>7</sup>	0	6,200	0
Supplemental Pension Payment to CalPERS	0	0	156

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



Statewide General Administration <sup>8</sup>	2,701	2,867	2,826
<b>Total Administration</b>	<b>\$90,549</b>	<b>\$120,389</b>	<b>\$116,922</b>
<b>Total Local Assistance (Table 3a)</b>	<b>\$1,860,864</b>	<b>\$1,885,927</b>	<b>\$1,967,038</b>
<b>Total of Local Assistance and Administration</b>	<b>\$1,951,413</b>	<b>\$2,006,316</b>	<b>\$2,083,960</b>

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

	<b>Actual</b>	<b>Estimated</b>	<b>Projected</b>
	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Total Estimated Revenue	\$1,759.2	\$2,056.9	\$2,230.0
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap	\$88.0	\$102.8	\$111.5
Total Administration (includes funding re-appropriated and attributed to prior years)	\$90.5	\$120.4	\$116.9
<b>Difference</b>	<b>(\$2.6)</b>	<b>(\$17.5)</b>	<b>(\$5.4)</b>

Based upon estimated MHSA revenues, the 5% administrative cap is \$88 million and administrative expenditures are estimated at \$90.5 million for 2016-17. For 2017-18, the estimated 5% administrative cap is \$102.8 million and the total estimated expenditures are \$120.4 million. For FY 2018-19, the projected 5% administrative cap is \$111.5 million and the total projected expenditures are \$116.9 million. The amount exceeding the administrative cap in 2017-18 and 2018-19 includes funding that has been re-appropriated and is attributed to prior year available funds.

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

## **STATEWIDE COMPONENT ACTIVITIES**

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

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

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

#### **Full Service Partnerships**

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

#### **General System Development**

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

### **Outreach and Engagement Activities**

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

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

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

Funding for Capital Facilities must 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 must be used for county technology projects with the goal of improving access to and delivery of mental health services.

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

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

### **Local WET Programs**

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

### **Statewide WET Programs**

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

OSHPD is currently administering the programs identified in the 2014-2019 WET Five-Year Plan.<sup>10</sup> The Plan includes \$114.5 million in funding available to spend in any fiscal year until they expire on June 30, 2018. The California Behavioral Health Planning Council (CBHPC) approved the second five-year plan, which includes program descriptions and funding levels. Due to the varying nature of contract completion dates, some programs may not reflect FY 2016-17 outcomes data. The following describes statewide WET programs and related activities:

### **Current Programs**

- **Stipend Program:** For FYs 2016-17 and 2017-18, a total of \$16.3 million was allocated for this program. This allocation supports seven contracts with educational institutions. The institutions award stipends to students seeking to become mental health professionals. In exchange for working 12-months in the County PMHS. In FY 2016-17, the program awarded 330 stipends. Sixty-nine percent of the awardees were from under-represented communities and 62 percent spoke a language in addition to English.
- **Psychiatric Residency Programs:** In FY 2016-17, OSHPD administered \$411,322 in available funding related to a contract awarded during the 2008-13 Five-Year Plan. The awardee used the funds to support eight psychiatric residents as they perform their rotations, exposing the students to careers in the PMHS. Funding will not continue in FY 2017-18, as these programs have been replaced by the Education Capacity-Psychiatrists program.
- **Education Capacity – Psychiatrists:** For FYs 2016-17 and 2017-18, a total of \$5 million was allocated for this program. Funds awarded in previous years supported four psychiatric residency/fellowship programs,

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

allowing 51 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS during FY 2016-17. In FY 2016-17, OSHPD awarded grants to support three additional psychiatric residency/fellowship programs, allowing 41 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS. In February 2018, OSHPD released requests for applications for additional grant funding opportunities in April 2018.

- **Education Capacity – Psychiatric Mental Health Nurse Practitioners:** For FYs 2016-17 and 2017-18, a total of \$4.2 million was allocated for this program. Funds awarded in previous years supported four training programs in co-locating 54 Psychiatric Mental Health Nurse Practitioner students and staff in the PMHS, increasing educational capacity in FY 2016-17. In FY 2016-17, OSHPD awarded grants to four additional organizations, which are projected to train 115 individuals in the PMHS.
- **Regional Partnerships (RPs):** There are five RPs, representing the Bay Area, Central Valley, Southern California, Los Angeles, and Superior Region counties. As a consortium of county mental health, community-based organizations, and educational institutions, RPs plan and implement programs that build and improve local WET resources to expand the PMHS in their respective regions. In FY 2016-17, CBHPC approved \$3 million for the RPs to create career development programs, on-line psychosocial rehabilitation programs, and expand the number of supervised hours in the PMHS leading to licensure. The RPs also held conferences and developed trainings for professionals and peers designed to address the varied needs of those in the PMHS.
- **Mental Health Shortage Designation Program:** For FY 2017-18, a MHSA Administrative Funds allocation of \$150,772 augmented federal funds to support this program. The Shortage Designation Program (SDP) is related to mental health workforce development, but is not part of the five-year plan. The SDP identifies communities experiencing shortages of mental health professionals as defined by the federal Health Resources and Services Administration. The shortage designation allows mental health sites and individuals to draw down federal and state funds to support workforce development through student loan repayment programs: National Health Service Corps Loan Repayment Program and the State Loan Repayment Program. As of January 2018, OSHPD facilitated federal approval of 12 new Mental Health Professional Shortage Area (MHPSA) applications, bringing the total to 195. There are 7.8 million Californian's living in these designated MHPSAs.
- **Mental Health Loan Assumption Program:** (CBHPC approved \$10 million for FY 2017-18.) This program encourages mental health providers to practice in underserved locations in California by providing qualified applicants up to \$10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the PMHS. In FY 2016-17, MHLAP received 2,383 applications requesting

over \$23 million. MHLAP awarded 1,514 individuals a total of \$13 million for FY 2016-17. Of those awardees, 67 percent self-identified as consumers and/or family members and 55 percent spoke a language in addition to English. As of March 2018, MHLAP is projected to award approximately 1,290 individuals a total of \$12.9 million for FY 2017-18. Final numbers will be available after June 30, 2018.

- **Peer Personnel Preparation:** For FY 2016-17 and FY 2017-18, a total of \$4 million MHS Administrative Funds were allocated to this program. Peer Personnel is a related activity, but is not included in the five-year plan. This allocation funds organizations to conduct training of peer personnel on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related challenges. Funds awarded in previous years supported eleven organizations that recruited, trained, and placed 714 individuals into peer personnel positions across 35 counties in FY 2016-17. In FY 2016-17, OSHPD awarded grants to an additional seven organizations to recruit, train, and place a projected number of 1,170 individuals in peer personnel positions across 34 counties. In FY 2017-18, OSHPD awarded grants to an additional nine organizations to recruit, train, and place a projected number of 868 individuals in peer personnel positions across 38 counties. In June 2018, OSHPD awarded funding to five organizations in response to the Peer Personnel Training and Placement Grant Guide.
- **Consumers and Family Members Employment:** For FYs 2016-17 and 2017-18, a total of \$8 million was allocated for this program. Funds awarded in previous years supported five organizations to engage in activities that increase and support consumer and family member employment in the PMHS in FY 2016-17. Activities include, but are not limited to, providing training and technical assistance to employers, engaging consumers and family members in mentoring, self-help/support groups, trainings, professional development opportunities, and developing a comprehensive consumer and family member workforce assessment. In FY 2017-18, OSHPD awarded nine grants to organizations that will serve individuals and employers in 37 California counties, as well as, one grant to an entity to carry out activities promoting employment in all counties.
- **Mini-Grants:** For FYs 2016-17 and 2017-18, a total of \$894,662 was allocated for this program. Mini-Grants fund organizations that engage in activities to promote mental/behavioral health careers to students. In FY 2016-17, OSHPD funded 42 organizations to support programs that encourage unrepresented, economically and educationally disadvantaged students in pursuit of mental/behavioral health careers. In February 2018 OSHPD released requests for applications for additional funding opportunities in FY 2017-18 and announced awards in May 2018.
- **Retention:** For FYs 2016-17 and 2017-18, a total of \$1 million was allocated for this program. This allocation funds organizations that engage in activities to increase the retention of the PMHS workforce. In

FY 2016-17, OSHPD awarded six organizations funds to support retention activities for 6,800 workers across 28 counties.

- **Evaluation:** For FYs 2016-17 and 2017-18, a total of \$500,000 was allocated for evaluation. These funds will be used to identify changes in the mental health workforce and to determine the effectiveness of state levels programs. OSHPD has retained contractors to complete this work.
- **Public Mental/Behavioral Health Pipeline Program:** For FYs 2016-17 and 2017-18 a total of \$1 million was allocated to this program. These funds will be used to support organizations that will construct region- and/or community-specific programs, such as “Grow-Your-Own Models,” to implement new or supplement existing pipeline programs or coursework for target populations. In June 2017, OSHPD awarded grants to 10 organizations providing services across 11 counties. In May 2018, OSHPD released a notice of intent to award funds to twelve organizations.

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

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

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 MHSAOAC is responsible for providing PEI policy direction, including implementing 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 INN projects to be funded pursuant to paragraph (6) of subdivision (a) of W&I Section 5892. Counties shall expend funds for their INN programs upon approval by the MHSAOAC pursuant to W&I Section 5830. The MHSAOAC is responsible for establishing policy and writing regulations for INN programs and expenditures (W&I Section 5846(a)).

The INN component of 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 purposes for INN projects, are to: increase access to underserved groups; increase the quality of services including measurable outcomes; promote interagency and community collaboration; or increase access to mental health services, including but not limited to, services provide through permanent supportive housing. The county selects one of these as the primary purpose of an INN Project.

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; introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings; or supports participation in housing program design to stabilize a person's living situation while also providing supportive services onsite. Results of INN evaluations support the county and its community stakeholders in deciding whether to continue the project, or elements of the project, with other funding and what successful approaches and lessons learned may be disseminated to other counties.



## **STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES**

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

### **Judicial Branch**

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

### **General Overview**

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

### **Juvenile Court System**

The Judicial Branch, Juvenile Court System, receives funding and 4.3 positions to address the increased workload relating to mental health issues in the area of PEI 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 that address PEI for juveniles with mental illness at risk of entering or, or involved with, the court system. While some education content is designed specifically for youth, other programs offer sessions appropriate for both an adult and youth audience. These opportunities provide meaningful involvement of youth in court programs, including youth court. Subject areas in these programs include depression and suicide, bullying, truancy, addiction, trauma, adolescent brain development and mental health, and human trafficking treatment and prevention programs.

In addition to children with mental illness, judges and court staff assist with identifying and obtaining effective assessment and treatment for parents with mental illness when children are involved in the court system. 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.

## **Adult Court System**

The Judicial Branch, Adult Court System, also receives funding and 2.0 positions to address the increased workload relating to adults who are in the mental health and criminal justice systems.

Adults in the mental health and criminal justice systems are involved in cases that cross multiple case types. The Judicial Council continues to address court users with mental illness and their families across all case types in order to ensure their ability to remain in the community.

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

## **Actual**

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

- Staffing the juvenile subcommittee of the Collaborative Justice Courts Advisory Committee (CJCAC), which is continuing much of the juvenile mental health work of the Mental Health Issues Implementation Task Force (MHIITF), 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](#).
- Coordinating and documenting the work of Judicial Council advisory, including CJCAC, that were assigned juvenile court related MHIITF recommendations by Judicial Council internal committee chairs.
- Identifying and disseminating best practices that improve case processing and outcomes for juveniles with mental illness in, or at risk of entering, the delinquency, and dependency courts.
- Disseminating locally generated best/promising practices as identified through gathering of court protocols for responding to juveniles with mental illness who are in, or at risk of entering, the delinquency, and dependency court systems.
- Tracking and monitoring the performance of collaborative juvenile court programs receiving grant funds that are designed to more effectively serve juvenile court users with mental illness.
- Staffing a workgroup focusing on the issue of juvenile competency.
- Developing and disseminating resource materials and job aids for judicial officers and court professionals related to mental health screenings, assessments, treatment including competency and psychotropic medication, risk assessments,

recidivism in the juvenile justice system, performance measurements, human trafficking and trauma, juvenile collaborative court models, starting a juvenile collaborative court, and integrating evidence-based practices into justice system practices.

- Increasing the ability and skill level of juvenile judicial officers who hear cases involving mentally ill youth by ensuring that mental health is a priority issue for judicial education.
- Developing and supporting educational programming for judicial officers working with mentally ill court users including training for judicial officers, court staff and partner agencies in the juvenile system at the biennial Beyond the Bench Conference; annual juvenile primary assignment orientations; and juvenile and family law institutes, as well as supporting conferences and educational programs for family court staff.
- Assisting the court administrators who manage special programs that target mentally ill youth by developing linkages with local departments of mental/behavioral health, treatment/service providers, youth and their families, victims, and other juvenile justice partners through statewide and regional symposia.
- Providing statewide and regional symposia youth courts and issues associated with meeting the special needs of youth at risk of entering delinquency or dependency system. The annual Youth Court Summit is the only statewide peer court conference for judicial officers, justice partners and youth participants, and regional youth court roundtables.
- The 2017 Youth Court Summit workshops included sessions on addiction, discipline, and behavior management, successful youth court models, issue of race and bias, trauma-informed approaches to youth court systems, improving interpersonal communication, and the unique needs of girls. Approximately three regional roundtable symposia are held annually. The roundtables are designed to assist local jurisdictions in starting or expanding their youth court and encourage collaboration between the court and county mental health providers and other local service providers.
- Identifying and disseminating best practices by conducting research studies that address effective practices for addressing juvenile with mental illness or at risk juveniles. Studies that have been initiated are, as follows: STAR Court Evaluation, California girls' court process evaluation, mental health court research update, Youth Court Study, and a review of effective practices in juvenile collaborative justice courts.
- Technical assistance and education programs and materials are provided to Family Court managers, supervisors, and behavioral health court professionals regarding juvenile and parental mental illness, treatment, and assessment, and related family issues.

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

The Adult Mental Health project is focusing its efforts 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.
- Providing technical assistance and resource information for new and/or expanding mental health courts.
- Conducting technical assistance site visits to grant recipient local courts to identify needs and facilitate court-community planning activities to address local issues pertaining to the needs of court users with mental illness.
- Tracking and monitoring the performance of grant recipient local collaborative courts designed to more effectively serve high-risk, high-needs populations, and provide technical assistance, when needed, to improve outcomes.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, and criminal including disseminating job aids to judicial officers serving mentally ill court users in these case types.
- Determining the training needs in the area of mental health and developing interdisciplinary training opportunities, both in-person and distance, for judicial officers, court staff, and interdisciplinary teams. Trainings include information regarding effective courtroom and case management, and evidence-based supervision practices.
- Disseminating locally generated best/promising practices to trial courts and other stakeholders through trainings and presentations in a variety of venues, including 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, the American Bar Association, the Council on Criminal Justice and Behavioral Health, the Forensic Mental Health Association of California, and the California Homeless Court Coalition.
- Staffing the Veterans' and Military Families subcommittee of CJCAC, focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the criminal justice, juvenile and family court system.
- Staffing the Mental Health subcommittee of CJCAC, which is continuing the work of MHIITF by addressing recommendations from the Criminal Justice Collaboration on Mental Health Issues Task Force that were assigned to the committee by the Judicial Council. This subcommittee reviews mental health and court related legislation and will focus on criminal justice issues related to Incompetency to Stand Trial (IST), developing linkages between court administrators with local departments of mental/behavioral health treatment/service providers, and supporting local and state initiatives, such as Stepping Up.
- Conducting research on misdemeanor Incompetent to Stand Trial restoration programs. Judicial Council staff interviewed treatment and criminal justice

stakeholders representing approximately ten counties to identify current practices related to competency restoration for misdemeanants and drafted a briefing document for CJCAC.

- Drafting a briefing to assist the courts in accessing MHSAs innovations funds at the local level to support the creation of court programs focused on addressing the needs of mentally ill court users.
- Conducting user testing to identify the needs of the public searching for mental health information on the Judicial Council website. Developing content for the web site that will be launched in summer.
- Continuing to identify innovative programs and share information with relevant stakeholders, including innovative approaches to community based IST programs.
- Maintaining a mental health listserv for judges, court staff, treatment providers, attorneys, and other partners for improving communication, sharing tools, and disseminating best practices.
- Coordinating and supporting the efforts of Judicial Council Advisory Bodies to continue efforts to implement recommendations of MHITF.
- Developing and conducting regional and statewide symposia, as well as distance education, for judges and court personnel, including family court services directors/managers, mediators, evaluators and child custody recommending counselors to help them meet mandatory education requirements. Recent trainings provided mental health content, such as workshops perinatal mental illness, attachment and affect communication; understanding and treating traumatic stress in infants and young children; managing compassion fatigue and secondary trauma; understanding and intervening with high conflict parents; and the effects of stress on adults and children; building resilience. Planning and training activities at these symposia included those conducted by community partners.
- Providing county specific technical assistance to Family Court Services offices in areas related to mental health including the complex mental, physical, and cognitive effects of Adverse Childhood Experiences and effective techniques to overcome damaging thoughts, behaviors, and habits; and mediator preparation for centering, stabilizing, and analyzing their work with high conflict families.
- Partnering with the Department of Justice to identify mental health record reporting errors and provide technical assistance to courts that have challenges with reporting mental health records for the purpose of firearms prohibition.
- Developing/supporting veterans court educational programming to increase the ability and skill level for judicial officers and court teams related to adjudicating veterans with mental health issues and co-occurring disorders. Attending and providing input into a Department of Health Care Services working group to identify issues surrounding IST.

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

## **Estimated**

### **Juvenile Mental Health**

- Creating a girls' court web page that will inform court stakeholders about what a girls' court is, how it works, how to help reduce trauma in trafficking victims, and how to develop a court.
- Creating a Human Trafficking web page that will house work on the topic and inform juvenile justice stakeholders on how best to deal with mental health, trauma, and other issues in trafficking victims who are in court systems.
- Holding the 2018 California Youth Summit and youth court roundtables to assist courts and court partners in implementing peer-based alternatives to delinquency court options.
- Developing a curriculum and bench tools for judicial officers on the use of psychotropic medication in the foster care population.

### **Adult Mental Health**

- Holding a Homeless Court working summit for homeless court teams. This event will be in the fall of 2018 and include the ability for participants to attend a veteran's stand-down and homeless court session. It will also include content on the needs of homeless children and transition-aged youth.
- Veterans and Military Families Summit in September 2018. This one-day event will have a special focus on the needs of female veterans and those affected by Military Sexual Trauma.
- Implementing a study to assess the opportunities for homeless courts to collaborate with local mental health providers and the cost/benefit of homeless courts in addressing these issues.
- Launching a study of Veterans Courts in California that will assess the effectiveness of these courts in addressing the needs of veterans struggling with mental health issues such as Post Traumatic Stress Disorder, Traumatic Brain Injury, or substance abuse disorders.
- Revise and update collaborative court rules of court to ensure that they address current needs and practices in mental health, drug, and other collaborative courts.
- Assist courts in the implementation of pending mental health diversion programs by providing them information on potential legislative changes, gathering data, developing podcasts focused on appropriate legislation, and conducting other outreach or training, as appropriate.
- Develop a podcast episode for courts focused on court users with mental health issues.

**Projected****Juvenile Mental Health**

- Revising Rules of Court concerning communication between probate and juvenile court for cases involving involuntary medication for children in foster care.
- Developing an implementation plan for Family Collaborative Courts to meet the needs of at-risk family court litigants with child custody disputes.
- Conducting comprehensive outcome evaluation of additional girls' courts across California, similar to the STAR Court evaluation.
- Evaluation of the effects of Proposition 35 (2012) and other trafficking-related laws on girls' courts.
- Holding an annual Youth Court Summit and roundtables.

**Adult Mental Health**

- Developing a data dashboard for collaborative justice courts, particularly mental health courts, in which courts can view data on the people coming into their courts and then use that data to evaluate trends.
- Evaluating the impact of new legislation on drug and mental health courts.
- Holding the multidisciplinary Family Law Education Programs in conjunction with the Family Law Institute in spring of 2019 to provide training to judicial officers, mental health professionals in Family Court Services, attorneys, and court staff.

**California Health Facilities Financing Authority**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$185,000 SO	\$265,000 SO	\$4,000,000 SO
\$14,814,000 LA	\$20,452,000 LA	\$140,000,000 LA

**General Overview**

The California Health Facilities Financing Authority (CHFFA) receives on-going MHSA funding of \$4 million for county mobile crisis support team personnel funding grants through the Investment in Mental Health Wellness Grant Program (SB 82).

The 2016-17 budget provided \$11,000,000 in MHSA funding with \$185,000 for administrative costs and reappropriated any remaining unencumbered funds from the Investment in Mental Health Wellness Grant Program (SB 82) General Fund allocation to the Children and Youth Investment in Mental Health Wellness Grant Program. The 2017-18 budget provided one time funding for \$16.717 million in MHSA funding with \$265,000 for administrative costs to be used to fund the Children and Youth Investment in Mental Health Wellness Grant Program.

**Investment in Mental Health Wellness Grant Program:**

CHFFA conducted a total of six funding rounds for the) Investment in Mental Health Wellness Grant Program: five funding rounds were for mobile crisis support teams, crisis stabilization and crisis residential treatment, and one funding round was for peer respite care. After completing all funding rounds, CHFFA approved 56 grant awards, benefitting 41 counties. Grant awards for capital funding totaled \$136,460,897; grant awards for mobile crisis support teams total \$3,016,171.

In addition to the \$142.5 million, a one-time General Fund appropriation of \$4 million of MHSA funds was available for personnel funding in FY 2013-14, of which \$3,974,289 was awarded. An additional \$4 million in yearly personnel funding was appropriated by the Legislature for FYs 2014-15 through 2017-18, of which \$3,998,942 has been awarded for each year. After the completion of all funding rounds, \$1,057 in available personnel funding was not awarded. The nine counties awarded and receiving personnel funding as a part of the Investment in Mental Health Wellness Grant Program include Contra Costa, Lake, Los Angeles, Marin, Mendocino, Riverside, Sacramento, San Joaquin, and Santa Barbara.

CHFFA also awarded capital-funding grants to fund vehicles and equipment for an equivalent of 110 mobile crisis support teams, which includes 76 vehicles purchased and equipment purchased for an equivalent of an additional 34 teams. Of the grant awards for mobile crisis support teams that included personnel funding, all of the approved 57.25 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](#).

**Children and Youth Investment in Mental Health Wellness (SB 833, Section 20)**

SB 833 (2016) established the Children and Youth Investment in Mental Health Wellness Grant Program ("Children and Youth Program") to address crisis mental health services for children and youth up to age 21. CHFFA will administer a competitive grant program, similar to the Investment in Mental Health Wellness Grant Program. Funds will be awarded to counties who will be expanding mental health services in eligible program service areas outlined in the statute.



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

Assembly Bill AB 1618 and AB 1628, both signed by the Governor, authorize the issuance of \$2 billion in revenue bonds to fund the “No Place Like Home” program. The revenue bonds will be backed by income tax receipts collected under MHSA, and will fund the construction and rehabilitation of permanent supportive housing for homeless individuals with mental illness. The Department of Housing and Community Development will administer a competitive grant program for awarding funds among counties to finance capital costs for permanent supportive housing, while CHFFA will be the issuer of the revenue bonds for the program. CHFFA board approved the issuance of up to \$2 billion in revenue bonds and certain bond documents at the August 2017 Authority meeting.

The 2018-19 budget provides a statutory limit of \$140 million in MHSA funding per year as the Maximum Annual Debt Service amount to be paid on the bonds, including bond Administrative Expenses, payable in connection with the No Place Like Home Program.

Due to legal challenges, this program has not yet been implemented. AB 1827 (Chapter 41, Statutes of 2018) places the No Place Like Home program on the ballot in November 2018 for adoption by the voters.

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

**Office of Statewide Health Planning and Development**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$14,601,000 SO	\$3,437,000 SO	\$3,023,000 SO
\$19,012,000 LA	\$38,437,000 LA	\$0 LA

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

The OSHPD administers the statewide 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.

The MHSA state operations funds support 11.0 full time equivalents and state-level contracts. Administrative costs are \$1.4 million in FY 2016-17 and estimated at \$808,000 in FY 2017-18.

State operations funding also includes an annual appropriation of \$2 million for the Peer Personnel Preparation which facilitates the deployment of peer personnel to

provide triage and targeted case management as a service to clients and family members.

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

**Department of Health Care Services**

FY 2016-17	FY 2017-18	FY 2018-19
\$7,583,000 SO	\$13,672,000 SO	\$10,099,000 SO
\$1,827,038,000 LA*	\$1,827,038,000 LA*	\$1,827,038,000 LA*

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

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

During FY 2016-17 and 2017-18, DHCS received an appropriation of \$4 million and \$4.3 million, respectively, in one-time funding for suicide hotlines.

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

**Department of Health Care Services:**

The MHSA state operations funding supports 22.0 FTEs.

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

- Developing and administering MHSA Annual Revenue and Expenditure Report (ARER). DHCS updates the forms on an annual basis, provides technical assistance to counties in how to complete the report, reviews the ARERs upon submission for completeness, provides additional technical assistance to counties to correct any errors, and posts each ARER to the DHCS [website](#). DHCS tracks county expenditures and unspent funds and makes expenditure data available annually to the Legislature in MHSA County Expenditures by Component report.
- Annual [county performance contracts](#). Every year, DHCS reviews the Performance Contract and makes any necessary edits, negotiates the edits with the County Behavioral Health Directors Association of California, and processes the contracts through execution.
- Receiving and reviewing Critical Performance Issues from the MHSOAC or the CBHPC 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 MHSA expenditures. The Audits and Investigations Division has 3.0 FTEs to perform fiscal audits necessary to ensure that county mental health departments are appropriately using MHSA funds and accurately reporting expenditures on the ARER based upon an audit of county mental health departments own records. The DHCS Audits and Investigations Division also performs special audits related to the use of MHSA. 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 MHSA programs. DHCS has developed a draft protocol and review tool to use when completing onsite program reviews of county MHSA-funded programs. DHCS hired 1.0 FTE Staff Mental Health Specialist and 2.0 FTE Associate Governmental Program Analysts and expects to pilot program reviews in four counties beginning in July 2018. DHCS plans to fully implement the onsite review process in January 2019. Each county will be reviewed on a triennial basis.
- Developing MHSA allocation distribution methodology. DHCS reviews and updates the data used in MHSA allocation distribution methodology on an annual basis to develop the monthly allocation schedule. DHCS provides the allocation schedule to the SCO for use in distributing the monthly allocations to counties.
- Reviewing, developing, and amending MHSA regulations. DHCS is currently developing MHSA fiscal regulations for reversion, prudent reserve, accounting practices, and the ARER. DHCS continues to develop the regulations and initial statement of reasons and plans to submit the public notice initiating the 45-day public comment period to the Office of Administrative Law in January 2019. Additionally, DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package. By January 2019, DHCS intends to submit the public notice that announces these proposed regulations and initiates the 45-day public comment period to Office of Administrative Law for publication in the California Regulatory Notice Register.
- Reversion calculation for FY 2005-06 through FY 2014-15: DHCS is finalizing the amount of unspent funds deemed reverted and returned to the county of origin from FY 2005-06 through FY 2014-15 for CSS, PEI, INN, WET, and CF/TN components.
- State level programs. DHCS continues to collaborate with various state and local government departments and community providers related to suicide prevention and student mental health activities through involvement with the Interagency Prevention Advisory Council.
- Developing Information Notices related to MHSA.
- Reviewing legislation related to MHSA and developing bill analyses and enrolled bill reports.
- Drafting reports related to MHSA: [MHSA Expenditure Report, January 2018](#)

**Contracts:**

DHCS contracts with CIBHS to provide statewide technical assistance to improve the implementation of 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 MHSA. An example of technical assistance and training provided by this contract includes working with counties to improve chart documentation, develop quality measures, and assistance with planning, coordination, and delivery of behavioral health services. Another example is training to counties regarding privacy requirements to ensure that personal information and personal health information is not included in documents posted to the internet (i.e., MHSA Three Year Program and Expenditure Plans and Annual Updates).

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.

DHCS contracts with Mental Health Data Alliance to improve the quality of its data, and propose and implement solutions to identify errors in the Client Services and Information and MHSA Data Collection and Reporting (DCR) systems. This project is expected to continue through March 2019. DHCS also contracts with AgreeYa Solutions to streamline and strengthen the integrity of the DCR application so it conforms to DHCS technology and security standards. Total funding for these contracts is \$922,600.

**California Behavioral Health Planning Council:**

The MHSA State operations funding supports 5.0 FTEs.

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

**California Department of Public Health**

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

**General Overview**

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). This PEI mental health disparities project aims to grow and validate community-defined practices through a participatory evaluation approach that places communities at the center of those efforts. At a systems level, CRDP is designed to improve access, quality of care, and increase positive outcomes for the following five populations:

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

Beginning in 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, CDPH/OHE has awarded and executed 41 contracts and grants to implement the CRDP through 2022. These contracts and grants are composed of:

- A Statewide Evaluator;
- Five Technical Assistance Providers;
- Eleven Capacity Building Pilot Projects; and
- Twenty-four Implementation Pilot Projects

**Program Highlights and Key Activities**

FY 2017-18:

- OHE Contract Managers continue to provide high-touch monitoring of the 35 pilot projects, as well as the population specific Technical Assistance Providers and the Statewide Evaluator. Ongoing activities include contractor and grantee monthly calls, processing of invoices, conducting site visits, and planning for the CRDP annual meeting.
- OHE will finalize and issue the last CRDP Phase II solicitation, the Education, Outreach & Awareness component. This solicitation focuses on media training and storytelling to heighten the general public's awareness on mental health. A

mental health poll will be created to gather data about the general public's understanding on mental health.

- OHE attends and presents at various mental health committees, workgroups and convening's at the local, regional and statewide level to provide CRDP updates and strategize on how to partner and leverage efforts regarding mental health equity
- 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 CRDP is included in this report and OHE staff is responsible for providing updates on the progress of the project at the quarterly meetings. The Statewide Plan can be viewed [here](#).

OHE administers contracts to:

- Finalize and disseminate a CRDP statewide strategic plan for reducing mental health disparities, which was recently approved and will be disseminated in Spring 2018;
- Operationalize strategies listed within the Statewide Plan, which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities;
- Strategize on CRDP messaging and communications via social media, SharePoint; web redesign and other platforms to keep stakeholders informed and apprised on program achievements;
- Develop recommendations for CRDP Program Management infrastructure for contract managers and vendors; and
- Coordination of meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges

### **OHE Mental Health Partners:**

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

- Mental Health Services Oversight and Accountability Commission (MHSOAC)
- MHSA Partners Forum
- County Behavioral Health Directors Association of California, Cultural Competence, Equity, and Social Justice Committee
- California Mental Health Planning Council
- California Institute for Behavioral Health Solutions
- Central Region Ethnic Services Managers (County Mental Health Departments)
- Southern Region Ethnic Services Managers (County Mental Health Departments)

- Bay Area Region Ethnic Services Managers (County Mental Health Departments)
- State Interagency Team Workgroup to Eliminate Disparities and Disproportionality
- California Achieving a Better Life Experience
- CalMHSA
- Office of AIDS California Planning Group
- 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
- CA Future Health Workforce Behavioral Health Subcommittee
- Adolescent Sexual Health Workgroup
- School Based Health-center Alliance
- Adolescent Preventative Health Initiative

Additional OHE Information can be viewed here:

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

**Department of Developmental Services**

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

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

**General Overview**

The MHSA funds a total of 3.0 positions. The DDS oversees MHSA funding for regional centers that develop innovative projects. These projects focus on prevention, early intervention, and treatment for children and adults with mental health diagnoses, and provides support for families.

**Actual, Projected and Estimated Projects**

Cycle III (FYs 2014 -15 through 2016 -17) MHSA projects concluded on June 30, 2017. For a description of each project, please see previous report.

Cycle IV (FYs 2017-18 through 2019-20) MHSA Projects commenced on

December 6, 2017.

A brief description of each project is included below:

***Harbor Regional Center***

County: Los Angeles County

**Side by Side: Enriching Children's Lives through Parent-Provider Relationships**

In collaboration with the Los Angeles County DMH, the Los Angeles County Department of Children and Family Services, and other local community partners, the project will convene a planning and advisory board to identify local needs and system challenges. The project will provide symposiums for service providers and parent workshops, culminating in a final symposium inclusive of service providers and parents. This project will specifically:

- Develop and increase competence of the early intervention workforce;
- Guide future trainings on early intervention;
- Increase parental knowledge of child development;
- Improve engagement with families;
- Increase progress in social and emotional development; and,
- Increase collaboration and coordination of services.

FY 2017-18: \$130,001.00      FY 2018-19: \$142,718.00      FY 2019-20: \$123,247.00

***North Bay Regional Center***

Counties: Sonoma, Solano, Napa

**Social-Sexual Education Project**

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

FY 2017-18: \$197,796.45      FY 2018-19: \$222,531.02      FY 2019-20: \$212,191.49



***South Central Los Angeles Regional Center***

County: Los Angeles County

**Engaging Families to Effectively Support Their Child's Social and Emotional Development**

In collaboration with Eastern Los Angeles Family Resource Center, this project will train Early Start partners to provide evidence-based PEI services to families and their children, including adult consumers with children at risk. This project will also improve identification of social and emotional delays, increase referrals, and implement evidence-based supports and services to enhance family relationships and improve social and emotional development.

FY 2017-18: \$175,145.12      FY 2018-19: \$134,770.12      FY 2019-20: \$157,770.12

**Mental Health Assessment and Support Project**

In collaboration with the California Institute of Health and Social Services, this project will create a specialized mental health triage team. The team will provide person-centered case formulation, treatment planning, mental health, psychiatric assessment, and referral services to persons with developmental disabilities at risk for co-occurring mental disorders. Additionally, through community collaboration, the project will specifically:

- Increase internal and external identification of dually diagnosed consumers;
- Train service coordinators in making appropriate referrals and recognizing mental health conditions;
- Train vendors in recognizing characteristics of co-occurring diagnoses; and,
- Increase the number of mental health clinicians capable of serving this population locally

FY 2017-18: \$150,010.00      FY 2018-19: \$184,480.00      FY 2019-20: \$206,290.00

***Valley Mountain Regional Center***

Counties: San Joaquin, Stanislaus, Calaveras, Tuolumne, and Amador

**Evidence-Based Practices for Behavioral Health Providers**

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

include multi-system providers and professionals who will engage in table discussions that collaboratively address the complex needs of the dually diagnosed.

FY 2017-18: \$86,945.00      FY 2018-19: \$55,500.00      FY 2019-20: \$40,500.00

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

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

Additional information can be viewed on [DDS' website](#).

**Mental Health Services Oversight and Accountability Commission**

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

Administrative funds are utilized as follows:

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

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

The MHSOAC provides oversight and accountability of the Mental Health Services Act through, in collaboration with government and community partners, clients, and their family members, to develop strategies to overcome stigma and discrimination related to mental health. The MHSOAC can identify critical issues related to the performance of a county mental health program, and may refer the issue to the State Department of Health Care Services for increased oversight of mental health 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 grant efforts. In FY 2015-16 the MHSOAC re-appropriated triage funds for FY 2014-15 and 2015-16. The next round of grants for a three-year term were released in January 2018.

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

The MHSOAC re-appropriated \$2.5 million for research in FY 2015-16. In FY 2016-17 the MHSOAC re-appropriated \$495,988 of salary savings for IT contracts, \$4,020,000 for advocacy contracts that had been awarded through the competitive bid process, \$585,214 in triage grant funds, \$293,498 for evaluation contracts, and \$170,000 for a Transition Age Youth advocacy contract. Additional information regarding triage grants is available [here](#). In FY 2017-18 the MHSOAC was appropriated \$100,000 through AB 114 for developing a strategic statewide suicide prevention plan.

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 MHSOAC 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 MHSOAC funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approving County INN plans.
- Receiving county three-year program and expenditure plan, annual updates and ARERs.
- Implementing and managing the SB 82 Triage Program.
- Implementing and managing stakeholder contracts

Additional MHSOAC Information can be viewed here:

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

**California Department of Education**

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

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

The CDE receives MHSA funding to increase capacity in both staff and student awareness of student mental health issues and promote healthy emotional development.

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

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

MHSA funding leverages fiscal resources such as the 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 Grant also known in California as Project Cal-Well.

**Program Highlights:**

- Development and delivery of the National Alliance on Mental Illness 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.
- 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.
- Dissemination of information and resources available through MHSOAC, Each Mind Matters (EMM), Directing Change, and other former CalMHSA partners.
- Development and dissemination of model suicide prevention policy as required by Assembly Bill 2246. Coordination, marketing, and broadcasting of AB 2246 Webinar to assist local educational agencies in learning about the requirements of the new law.
- Coordination, marketing, and broadcasting of a suicide prevention webinar to provide information on prevention, intervention, and postvention strategies.
- Coordination and oversight of a Master of Social Work Intern from the University of Southern California.
- Collaboration with statewide mental health organizations to plan, coordinate, and convene the annual Mental Health Matters Day (MHMD) at the state capitol and local MHMD at high school campuses throughout the state.

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 Mental Health Advocates for Children and Youth Conference
- California Consortium for Independent Study Conference
- California Behavioral Health Planning Council
- California Mental Health Advocates for Children and Youth Board

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

**University of California**

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

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

UC Davis Behavioral Health Center of Excellence was launched on October 1, 2014, with initial funding from MHSA. The Center's mission is to expand research opportunities, accelerate INN 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:

- PEI
- INN
- 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 2016-17	FY 2017-18	FY 2018-19
\$87,000 SO	\$94,000 SO	\$94,000 SO

**General Overview**

The Board of Governors of the California Community Colleges Chancellor's Office (CCCCO) leads the country's largest system of higher education with 72 community college districts and 114 community colleges serving over 2.1 million students. MHSA funds support the Chancellor's Office with staff who have been developing policies and program practices and identifying resources to address the mental health needs of California's community college students

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

**Actual**

The Chancellor's Office in partnership with the Foundation for California Community Colleges (Foundation) currently co-manages a \$400,000 MHSA funded project administered through the CalMHSA. These funds support the California Community Colleges Student Mental Health Program (CCC SMHP). The goals of the CCC SMHP

include but are not limited to conducting outreach and dissemination activities, providing mental health training to CCC faculty, staff and students, increasing the use of prevention, early intervention, and suicide prevention strategies across the CCC system, and supporting CCC to connect with their county behavioral health services to create formal referral networks. In recognition of the significant needs of the CCC system, the Chancellor's Office prioritized resourcing two critical training components of the project including prevention, early intervention, and mental health training and technical assistance available to the 114 colleges (\$275,000 annual contract) and Kognito, the online suicide prevention training that is currently available to 105 colleges (\$87,500 annual contract).

Additional details regarding accomplishments are included in the narrative below.

- Broadly disseminated EMM materials, products and campaign information to CCC faculty, staff, and students. During the reporting period over 137,000 EMM materials were distributed during system wide conferences and other distribution methods. Over 56,322 materials were downloaded from the CCC SMHP project website.
- Newly developed CCC SMHP products on the website include: 1) Basic Needs/Mental Health related survey data 2) CCC Mental Health/Basic Need Liaison Point of Contact Directories 3) CCC SMHP monthly newsletters 4) Crisis Text Line outreach collateral materials.
- 104,031 unique visitors viewed the CCC SMHP project website, with 476,860 individual page views. 2,106 unique visitors viewed the CCC SMHP Public Service Announcements.
- CCC SMHP has increased the total number of CCC accessing Kognito suicide prevention gatekeeper trainings, bringing the total to 105 of 114 colleges. Cumulatively, 70,606 faculty, staff, and students have accessed the online trainings including 54,673 CCC students and 15,933 faculty and staff.
- The CCC, in partnership with the FCCC are currently working with the Crisis Text Line (CTL), a national organization that facilitates text based mental health support. The goal of the collaboration is to implement a CTL service specifically targeting California community college students.
  - CCC SMHP staff distributed 365 CTL tool kits to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on the college campuses. Tool kits included extensive outreach collateral materials that are displayed at multiple locations throughout each of the 114 campuses. The outreach materials provide information to students about the CTL services, and instructs the CCC students to text the word "Courage" to access CTL services.
  - Approximately 1500 students accessed CTL services.
- As part of the CCC SMHP, twenty-two mini-grants were issued to CCC across the system. Once implemented, mini-grant activities will reach up to 10,000 CCC faculty, staff, and students.

- Recognizing the significant barriers that returning Veteran students face, the CCC will be sponsoring a minimum of seven Welcome Home: Veteran's on Campus training events with a goal of training up to 500 additional faculty and staff regarding how to assist Veteran student's transition into post-secondary educational. Beginning during Fall 2017, Welcome Home Trainings were conducted/scheduled for implementation:

Hosting Campus	Date
Hartnell	September 8, 2017
Shasta College	October 13, 2017
East LA	October 26, 2017
West LA	April 27, 2018
Rio Hondo	June 22, 2018
Moreno Valley	August 2018
Mission College	TBD
Taft/Bakersfield Co-Hosting	TBD
LA Pierce	TBD

- The CCCCCO regularly convenes a core group of advisors composed of health and mental health practitioners from across the state to discuss various issues including the prevention, early intervention and mental health needs of students, the faculty/staff training needs, and the capacity building needs of the community colleges in general. The group also provides ad hoc support to assess feasibility of pending legislation that will potentially impact CCC student health and/or mental health services.
- The CCCCCO met with workgroup members for in-person meetings a total of six times throughout the year and has hosted two teleconferences to identify key program development and expansion activities.
- Significant progress has occurred on the student facing, on-line health and wellness Canvas portal. Twenty-five training modules are developed and will be available in the Canvas platform by Fall 2019. Topics include:
  - Addiction
  - Alcohol
  - Anxiety
  - Concern for Family/Friends
  - Contraception
  - DACA
  - Dental Care
  - Depression
  - First Aid
  - First Generation Students
  - Health Care
  - Homelessness
  - How to Help Others in Distress
  - Hunger



- Illness
- LGBTQ
- Mood and Food
- Nutrition
- Sexual Assault
- Stress Management
- Veterans
- The CCC SMHP is sponsoring the development of an “Exemplary Program” PSA, featuring the integrative health/mental health care model operating at Santa Rosa Junior College. Upon completion, this PSA will be used to educate community colleges throughout the State regarding optimal service delivery that includes PEI strategies.

### **Estimated**

The MHSA funds will provide ongoing support for 0.5 of a position at the Chancellor's Office. The staff person, in coordination with CCC SMHP staff at the Foundation, will continue to support CCC SMHP program goals as identified above. Additionally, the 2017-18 state budget included \$4.5 million dollars to be distributed to CCC in the form of grants. The Chancellor's Office staff, in partnership with the Steinberg Institute and the Legislature, will facilitate the distribution of these funds, which will support mental health services at participating CCC.

### **Projected**

The MHSA funding will be used for partial support for 1.0 position at the Chancellor's Office.

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

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

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

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

**Military Department**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$1,279,000 SO	\$1,391,000 SO	\$1,410,000 SO

**General Overview**

The California Military Department's Behavioral Health (CMD BH) office received \$1,391,000 in FY 2017-18 funding for 8.2 positions for Behavioral Health personnel that are available 24 hours a day, 7 days a week, to members of the CMD and their families. CMD BH outreach program 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. CMD BH Liaisons educate guard members, their families, and members of the CMD about mental health issues, and they enhance the capacity of the local mental health system through education and training about military culture. From January through December 2017, CMD BH Liaisons used MHSA funding to respond to 12,465 behavioral health concerns, 3,203 of which required more than basic support and information. The CMD BH Liaisons assisted soldiers and airmen, civilian military department members, and their families, in acquiring appropriate local, state, federal, private, public and/or non-profit Behavioral Health Program support. Assisting soldiers, airmen, and department members in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that 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, Santa Barbara Collaborative, Ventura Collaborative, Fresno and Bakersfield Veterans Groups, Valley Veterans Alliance, West Los Angeles/UCLS Veteran and Family Wellness Center Advisory Group, and San Diego Collaborative. General areas of activity for the CNG BH Directorate include:

- Participating in Veterans and VA Family panels regarding issues and resources
- Maintaining 2 social media pages for public outreach/intervention.
- Maintaining State internet website with information for 24/7 resource/assistance.
- Conducting education events to inform soldiers and their families about how to access mental health services.
- Presenting information about county mental health programs to all California National Guard behavioral health providers and CNG members.
- Presenting information to government, public, and non-profit agencies through briefings, conferences, panels, and presentations, about the unique experiences of military members and veterans.

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

**Actual**

Expenditure of \$1,279,200 funded 8.2 positions (salary and benefits), and travel associated with outreach to organizations, support agencies, and the CMD supported population. Expenditures also included communication costs for cell phone connectivity for each of the Behavioral Health Liaison's 24/7 response capability for 12,465 total contacts.

**Estimated**

Estimated expenditures of \$1,391,000 for FY 2017-2018, will cover the same costs as the previous actual expenses. CMD Behavioral Health will fund 8.2 positions (salary and benefits) and travel associated with outreach to organizations, support agencies, and the CMD supported population. Expenditures will also cover communication costs for each of the Behavioral Health Liaison's 24/7 response capability.

**Projected**

Projected expenditures for the FY 2018-2019 will cover same costs as actual and estimated expenses: projected costs for 8.2 positions (salary and benefits) and travel associated with outreach to organizations, support agencies, and the CMD supported population. Expenditures will also cover communication costs for each of the Behavioral Health Liaison's 24/7 response capability.

**Department of Veterans Affairs**

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

**State Operations:**

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

DVA also administers grant programs for improving mental health services to veterans through County Veterans Services Offices (CVSO), Stand Downs, 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 US DVA 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 2017-18, the DVA awarded local assistance grants to seven 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 (US DVA) specific to mental health services.

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

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

**Housing and Community Development**

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

The NPLH Technical Assistance Grant Notice of Funding Availability (NOFA) closed on September 30, 2017. HCD received 58 applications out of an eligible pool of 60 applicant counties. The total amount of the applications received is \$5,775,000.00. HCD

has approved \$3,075,000.00 to date and will award the remaining applications pending necessary documentation from applicants.

**California Department of Corrections and Rehabilitation**

<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
\$89,000 SO	\$237,000 SO	\$237,000 SO

**General Overview**

California Department of Corrections and Rehabilitation (CDCR) receives MHSA funds for 2.0 FTEs to support the Council on Criminal Justice and Behavioral Health (CCJBH) and to strengthen and expand their activities while achieving MHSA objectives and outcomes for designated target populations. One of the objectives of the MHSA is to reduce incarceration associated with untreated mental illness.

Through these funds, CCJBH is further able to accomplish tasks and activities that support the use of effective prevention and diversion policies and practices that reduce incarceration or that reduce recidivism among individuals across the lifespan with behavioral health challenges. These activities include examining patterns of health care service utilization among those formerly incarcerated, identifying local best practices and broader adoption of such practices, and providing recommendations to the Administration and the Legislature regarding policy changes that address risks associated with recidivism and support community alternatives to incarceration. 1.0 FTE supports an Associate Governmental Program Analyst and 1.0 FTE supports a Research Scientist (III). MHSA funds further support enhanced training and educational opportunities for council members, stakeholders and staff, as well as, resources for enhanced communication and information dissemination efforts.

## **Actual**

In FY 2017-18 the Council assessed if and how the Affordable Care Act (ACA), through Medi-Cal expansion to low income adults and the inclusion of mental health and substance use treatment as essential health benefits, has supported California to prevent incarceration and pursue a reduction in recidivism through investments in behavioral health services. In addition, the Council sought to understand how the administration and delivery of Medi-Cal programs can be improved in the most cost-effective manner.

### **In FY 2017-18 the Council Completed the Following Deliverables:**

- Dissemination of 2016 Annual Legislative Report
  - Distributed 200+ copies
  - Conducted key legislative visits, &
  - Provided over a dozen presentations/trainings at the local, state & federal level (see Appendix C of the 2017 Annual Report)
- Launched the CCJBH/ DHCS Medi-Cal Utilization Project
  - Executed a Memorandum of Understanding between CDCR and DHCS to permit a Research Scientist III to work within both departments to lead the Medi-Cal utilization project.
  - Executed a data use agreement between CDCR and DHCS allowing the use of CDCR data by the Research Scientist III to be linked to DHCS data systems.
- Strengthened Communication and Outreach Efforts (see Appendix C 2017 Annual Report and visit <https://sites.cdcr.ca.gov/ccjbh/>)
- Developed 2017 Annual Legislative Findings and Recommendations through:
  - 6 county program and staff visits
  - Quarterly meetings and informational workshops
  - Summer educational site visit
  - Key informant interviews
  - Statewide online survey
  - Literature reviews and secondary research

The 2017 CCJBH Annual Report examines behavioral health care and the justice-involved, including current promising programs to prevent incarceration and effectively expand the workforce in a cost-effective way. The report discusses the following topics:

- A. Behavioral Health Care and the Justice-Involved
- Criminal justice reforms have made behavioral health services a public safety issue
  - Health care reforms have enhanced the capacity of behavioral health services to support public safety
  - Policies that can be implemented to maximize the benefit of behavioral health care for the justice-involved

- Initiatives such as the Whole Person Care pilot and the Drug Medi-Cal Organized Delivery System can support developing interventions that work for the justice-involved with significant behavioral health challenges,
- B. How to build the capacity of the workforce through individuals with lived experience in the behavioral health and/or criminal justice system in order to reduce the incarceration of individuals with behavioral health challenges, and
- C. Spotlight on promising programs to prevent incarceration and recidivism in five California counties.

The report features over 20 recommendations that instruct the State and counties to maximize Medi-Cal programs for justice involved populations so that more flexible funding sources, like MHSA, can be strategically used to fill in gaps in services, such as diversion programming, and to expand services to underserved and unserved populations. The report may be accessed [here](#).

### **Estimated**

The remainder of FY 2017-18 focused on developing and completing the first CCJBH/DHCS Medi-Cal Utilization Project report. This is a collaborative research project between CDCR and DHCS to assess whether physical and behavioral health services are associated with preventing recidivism among those at-risk of incarceration, homelessness, and hospitalization.

### **Core Project Goals:**

1. Inform and increase understanding among policymakers and program administrators regarding health care utilization of former offenders and implications,
2. Provide information to state and county administrators to consider to support decision-making and improve service delivery to the formerly incarcerated with complex health needs, including behavioral health, and
3. For the sub-population of individuals who use a significant amount of resources (e.g. super-utilizers) within this cohort, seek to bend the cost curve by targeting them with interventions.

Preliminary results from the report will explore questions such as did Medi-Cal utilization of behavioral health services increase after the ACA, who accessed what services, and what was the quality of that service. The first full report will be published by the end of the FY 2017-2018.

### **Projected**

In FY 2018-2019 the Council will work on the following areas:

- Investigate available existing evidence regarding best practices with individuals with co-occurring disorders that are justice-involved,

- Identify strategies to address barriers to employment for individuals who are justice-involved, especially to promote the hiring of peer providers, substance use counselors, and community health workers in the behavioral health workforce,
- Develop a transition plan for the new administration that outlines what has been accomplished and what is a priority to be accomplished by the State to support the prevention, diversion and successful reentry of individuals with behavioral health challenges who are, or who are at risk of, justice involvement, and
- Continue the Medi-Cal Utilization Project, supplying county level data and exploring methods to examine the association between recidivism/convictions and healthcare.



## **Appendix 1: Historical Information**

In November 2004, California voters passed Proposition 63 (the Mental Health Services Act 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 W&I §§ 5845, 5846, and 5847. This law, enacted as urgency legislation, clarified that MHSA shall administer its operations separate and apart from the former DMH, streamlined the approval process for county plans and updates, and provided timeframes for the former DMH and MHSA to review and/or approve plans.

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

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

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

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

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

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

**Appendix 2: MHSOAC Triage Grant Awards**

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17		
<b>Amount Allocated</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>	<b>\$32,000,000</b>		
					<b>Propo sed</b>	<b>Actua l</b>
	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>FTE's<sup>7</sup></b>	<b>FTE's<sup>10</sup></b>
<b>Southern Region</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>	<b>\$10,848,000</b>		
Ventura	\$840,259	\$2,126,827	\$2,242,542	\$2,364,043	23.0	20.5
Riverside	\$488,257	\$2,134,233	\$2,333,374	\$2,510,844	32.3	27.0
Santa Barbara	\$933,135	\$2,352,536	\$2,468,608	\$2,594,250	23.5	21.0
Orange	\$1,250,000	\$3,000,000	\$3,000,000	\$3,000,000	28.0	30.8
San Bernardino*	\$7,174,512	\$938,985	\$0	\$0	25.0	32.0
<b>Region Total</b>	<b>\$10,686,163</b>	<b>\$10,552,581</b>	<b>\$10,044,524</b>	<b>\$10,469,137</b>	<b>131.8</b>	<b>131.3</b>
<b>Los Angeles</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>	<b>\$9,152,000</b>		
Los Angeles	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0	127.0
<b>Region Total</b>	<b>\$3,802,000</b>	<b>\$9,125,000</b>	<b>\$9,125,000</b>	<b>\$9,125,000</b>	<b>183.0</b>	<b>127.0</b>
<b>Central</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>	<b>\$4,576,000</b>		
Yolo	\$221,736	\$505,786	\$496,247	\$504,465	8.3	6.0
Calaveras	\$41,982	\$73,568	\$73,568	\$73,568	1.0	1.0
Tuolumne	\$74,886	\$132,705	\$135,394	\$135,518	3.0	3.0
Sacramento	\$545,721	\$1,309,729	\$1,309,729	\$1,309,729	20.8	18.8
Mariposa	\$88,972	\$196,336	\$203,327	\$210,793	4.3	4.3
Placer	\$402,798	\$750,304	\$667,827	\$688,417	13.6	8.7
Madera	\$163,951	\$389,823	\$410,792	\$396,030	4.2	4.2
Merced	\$359,066	\$868,427	\$882,550	\$893,026	8.0	9.0
Fresno*	\$2,953,099	\$120,001	\$0	\$0	11.5	7.0
<b>Region Total</b>	<b>\$4,852,211</b>	<b>\$4,346,679</b>	<b>\$4,179,434</b>	<b>\$4,211,546</b>	<b>74.7</b>	<b>62.0</b>
<b>Bay Area</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>	<b>\$6,208,000</b>		
Sonoma	\$351,672	\$871,522	\$897,281	\$923,888	8.0	8.0
Napa	\$126,102	\$411,555	\$403,665	\$382,313	6.0	5.0
San Francisco	\$1,751,827	\$4,204,394	\$4,204,394	\$4,204,394	61.5	46.0

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

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

Proposals were awarded to seven CVSO for local assistance grants. The following is a synopsis of the services and outreach they provide.

#### **Contra Costa - \$30,000**

Contra Costa County Veterans Service Office will continue to contract with Contra Costa Television to produce a live, monthly call-in Television program entitled "Veterans' Voices." Providing a television medium ("Veterans' Voices") that allow a Veteran or their family members to call in with questions about mental health, healthcare, housing and benefits. Listening to a panel of providers explain services available, or listening to experiences of other Veterans will provide a greater sense of understanding about themselves and their needs as well as bring relief to stigmas and barriers that are preventing them from asking for help.

#### **Imperial - \$40,000**

Imperial CVSO has partnered with the Imperial County Behavioral Health Services department and the Yuma Veterans Center to provide mental health outreach services. With funding from Prop 63, the CVSO will be able to expand its services to reach the underserved Veterans including justice-involved Veterans, homeless Veterans, and Veterans who live in rural areas of the county. With support from the grant program, the CVSO will be able to employ a Veteran Outreach Representative that will be responsible for the development, coordination, and implementation of Veteran outreach activities with the focus on mental health.

#### **Orange - \$40,000**

With Prop 63 funding support, the CVSO will host a monthly free legal clinic. Through an MOU with Veterans Legal Institute, the focus will be towards the homeless and/or low-income clients whose access to or maintenance of mental health treatment requires direct intervention of legal aid, which clients could otherwise not afford. The purpose of the At-Risk Veterans Free Legal Clinic is to provide outreach for vulnerable transitioning service members, Veterans, and their families to remove legal barriers preventing access to or maintenance of mental health care.

#### **Placer - \$40,000**

This grant will open the door of re-entry services specifically to homeless Veterans whom are pending, participating, and/or exiting the Placer County Veteran Treatment Court Program. The focus is to reduce the number of Veteran recidivism into the criminal justice system and to increase the number of successful Veteran completions within the Placer County VTC. One of Veteran Services main goals is prevention through identification of the at risk Veteran populations by first responders such as county jail staff, VSO's, and medical professionals. The grant will help support "wrap-around" case management by providing education of benefits/claims, access to employment, housing, and development of life skills through peer support mentorships.

**San Joaquin - \$40,000**

With funding support from CalVet's Prop 63 grant program, the CVSO will be able to assist in mental health outreach and provide intensive case management to prevent homelessness and suicide to VTC participants. The goals of the court are to rehabilitate, expunge criminal records, and connect Veterans to benefits and services that will support life-long positive changes and reduce recommitment of crimes and jail stays.

**Solano - \$40,000**

Prop 63 funds will be used 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, justice involved Veterans, and Solano Stand Down will be the main focus of the CVSO.

**Sonoma - \$40,000**

The County will continue to subcontract services with Sonoma County's Verity organization, the sole rape crisis and trauma center in Sonoma County and the only 24/7 Sexual Assault Crisis Line in Sonoma County. Through the funding support from the Prop 63 mental health grant, Verity's counseling services are provided to Veterans at no charge by California State Certified Rape Crisis Counselors and licensed clinicians.