

Mental Health Services Act Expenditure Report

Fiscal Year 2010-11



CALIFORNIA DEPARTMENT OF
Mental Health

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EXECUTIVE SUMMARY

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for serving children, transition age youth, adults, older adults and families with mental health needs.

The MHSA imposes a one percent income tax on personal income in excess of \$1 million. This new tax has generated \$6.5 billion in additional revenues for mental health services through the end of Fiscal Year (FY) 2009-10. The Governor's Proposed Budget is expected to generate an additional \$895 million in FY 2010-11 and \$925 million in FY 2011-12. On a cash basis, this equates to \$1.1 billion in FY 2010-11 and \$765 million in FY 2011-12.

Approximately \$5.1 billion has been expended through FY 2009-10. Additionally, \$1.2 billion is estimated to be expended in FY 2010-11 and \$1.6 billion in FY 2011-12.

BACKGROUND

The Director of the California Department of Mental Health (DMH) is required by Welfare and Institutions Code (WIC) Section 5813.6 to annually submit two fiscal reports to the Legislature on the MHSA, one in January in conjunction with the Governor's Proposed Budget and the other in conjunction with the Governor's Budget May Revision. This legislation specifies that the reports contain information regarding the projected expenditures of Proposition 63 funding for each state department and for each major program category specified in the measure for local assistance and support. To meet this mandate, this report includes actual expenditures for FY 2009-10, estimated expenditures for FY 2010-11, and projected expenditures for FY 2011-12.

The MHSA addresses a broad continuum of prevention, early intervention and service needs and provides funding for the necessary infrastructure, technology and training elements that will effectively support the local mental health system. In addition to local planning, the MHSA specifies five major components of the MHSA program around which the DMH has created an extensive stakeholder process to consider input from all perspectives. The MHSA specifies the percentage of funds to be devoted to each of these components and requires DMH in collaboration with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish the requirements for use of the funds. Because of the complexity of each component, implementation of the five components was staggered.

An overview of the five components is listed below:

- **Community Services and Supports (CSS)**—“System of Care Services” described in the MHSA is now called “Community Services and Supports.” The CSS are the programs and services identified by each County Mental Health Department (County) through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations.
- **Capital Facilities and Technological Needs (CFTN)**—This component addresses the capital infrastructure needed to support implementation of the Community Services and Supports and Prevention and Early Intervention programs. It includes funding to improve or replace existing technology systems and for capital projects to meet program infrastructure needs.
- **Workforce Education and Training (WET)**—This component targets workforce development programs to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

- **Prevention and Early Intervention (PEI)**—This component supports the design of programs to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations.
- **Innovation (INN)** —The goal of this component is to develop and implement promising practices designed to increase access to services by unserved and underserved groups, increase the quality of services, improve outcomes, and to promote interagency collaboration.

In addition to funding the components listed above, MHSA allows for up to five percent of the total revenues received in the Mental Health Services Fund (MHSF) in each fiscal year to be used to support DMH including the California Mental Health Planning Council (CMHPC). Other state entities are also funded from the MHSF (see further detail beginning on Page 17).

For more information on MHSA activities, please visit the Web site at:
http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

EXPLANATION OF ESTIMATED REVENUES

By imposing a one percent income tax on personal income in excess of \$1 million, the MHSF has generated approximately \$6.5 billion through FY 2009-10. This includes both the income tax payments and interest income earned on the MHSF balance.

The amounts actually collected differ slightly from estimated MHSF revenues displayed in the Governor's Budget. This is because the Governor's Budget, prepared using generally accepted accounting principles, must show revenue as earned, and therefore, shows accruals for revenue not yet received by the close of the fiscal year. The fiscal information described in this report is presented on a cash basis and is reflective of funds actually received in the fiscal year. Table 1 provides a comparison between estimated revenues on an accrual basis for the Governor's Budget versus cash deposits into the MHSF in each fiscal year.

As shown in Table 1, "Cash Transfers" are similar under either accounting approach. These amounts represent the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). Similarly, "Interest Income" is comparable under either accounting approach.

The differences in the "Annual Adjustment Amount" are due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to the MHSF and the previous cash transfers. Therefore, the Annual Adjustment shown in the Governor's Budget will not actually be deposited into the MHSF until two fiscal years after the revenue is earned.

**Table 1: Comparison between Mental Health Services Act Estimated Receipts
And Governor's Budget
(Dollars in Millions)**

	Fiscal Year		
	2009-10	2010-11	2011-12
Governor's FY 2011-12 Budget¹			
Cash Transfers	\$799.0	\$827.0	\$824.0
Interest Income Earned During Fiscal Year	14.9	3.9	0.5
Annual Adjustment Amount	-60.0	64.0	100.0
Estimated Revenues	\$753.9	\$894.9	\$924.5
Estimated Receipts-Cash Basis			
Cash Transfers	\$799.0	\$827.0	\$824.0
Interest Income Earned During Fiscal Year	14.9	3.9	0.5
Annual Adjustment Amount	581.0	225.0	-60.0
Estimated Available Receipts²	\$1,394.9	\$1,055.9	\$764.5

¹Source: FY 2011-12 MHSF (3085) Supplementary Schedule of Revenues and Transfers (Schedule 10R).

²Estimated available receipts do not include funds reverted under Welfare and Institutions Code (WIC) 5892(h) or administration funds not appropriated for use under WIC 5892(d).

OVERALL REVENUES

Table 2 below displays actual, estimated, and projected receipts deposited into the MHSF. Prior to FY 2008-09, this revenue was distributed to the five major components: CSS, WET, CFTN, PEI, and INN based on percentages specified in the MHSA. Beginning in FY 2008-09, the MHSA no longer specifies a percentage of funding for the CFTN and WET components. In FY 2008-09, 5 percent of MHSA revenue was allocated for State Administrative support, 19 percent for PEI and the remaining 76 percent to CSS, with 5 percent of each of the funding streams from PEI and CSS used to support the INN component. Actual receipts are shown for FY 2009-10, while estimated receipts are shown for FY 2010-11 and projected receipts for FY 2011-12.

Note: *The FY 2011-12 Governor's Proposed Budget proposes to achieve an \$861.2 million General Fund savings in FY 2011-12 based on amending the non-supplantation and maintenance-of-effort requirements of the MHSA to allow the use of MHSF for the Early Periodic Screening, Diagnosis and Treatment (\$579.0 million), Mental Health Managed Care (\$183.6 million) and AB 3632, Special Education Pupils (\$98.6 million) through a two-thirds vote of the Legislature.*

Table 2: Mental Health Services Act (MHSA) Estimated Revenues
Estimated By Component on a Cash Basis
(Dollars in Millions)

	Fiscal Year		
	Actual Receipts	Estimated Receipts	Projected Receipts
	2009-10	2010-11	2011-12
Community Services and Supports (Excluding Innovation)	\$1,007.2	\$762.4	\$551.9
Prevention and Early Intervention (Excluding Innovation)	251.7	190.6	138.0
Innovation	66.3	50.1	36.4
State Administration	69.7	52.8	38.2
Total Estimated Revenue Receipts³	\$1,394.9	\$1,055.9	\$764.5

³ Estimated available receipts do not include funds reverted under the WIC 5892(h) or administration funds not appropriated for use under WIC 5892(d).

EXPENDITURES FOR MHSA COMPONENTS

The MHSA is estimated to expend \$1.2 billion in FY 2010-11 and \$1.6 billion in FY 2011-12 for administrative costs and the five major components. The MHSA specifies funding for the major components, which form the basis of the County's MHSA program. Estimated expenditures for the five major components in FY 2010-11 are \$1.2 billion and \$1.5 billion in FY 2011-12. Implementation of each of the components has been staggered. This is partly due to the requirement in the MHSA that local program and funding decisions be driven by a community stakeholder process at both the state and local levels and the requirement for mandated local hearings and comment periods.

To consider input from all perspectives when developing the guidelines for this program, DMH created an extensive stakeholder process at both the state and local levels. In addition, local planning efforts involve clients, families, caregivers and partner agencies in identifying community issues related to mental illness and resulting from lack of community services and supports. These efforts also serve to define the populations to be served and strategies that will be effective for providing the services, to assess capacity and to develop the work plan and funding requests necessary to effectively deliver the needed services.

MHSA PROGRAM ACTIVITIES

General MHSA Provisions

The MHSA requires that “each county mental health program shall prepare and submit a three-year program and expenditure plan (County Plan) which shall be updated at least annually and approved by DMH after review and comment by MHSOAC.”

The MHSA further requires that “the department shall establish requirements for the content of the plans.” DMH, with input from stakeholders, implemented the five components on a staggered basis. With the release of the planning guidelines for the INN component in January 2009, DMH successfully completed the implementation of all the County Plan components. The guidelines for the content of the County Plans can be located on the DMH Website at: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

In accordance with the spirit of the MHSA to involve stakeholders, DMH committed to an extensive and transparent stakeholder process, beginning with its first general stakeholders meeting held in December 2004. Statute and regulations require the Counties to seek and incorporate stakeholder input in the development of County Plans and updates. Further, statute and regulations require all County Plans and updates be circulated for 30 days to stakeholders for review and comment prior to submission to DMH.

There are five components that compose the County Plan. Below is a description of each component and efforts to date.

Community Services and Support (CSS)

CSS refers to “System of Care Services” as required by the MHSA in WIC Sections 5813.5 and 5878.1 to 5878.3. The change in terminology differentiates MHSA CSS from existing System of Care programs funded at the federal, state and local levels. CSS are the programs and services identified by each County Mental Health Department (County) through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations.

As required by the MHSA, Counties are currently submitting updates to the County Plan (Annual Updates). As of the date of this publication, a total of \$3.7 billion has been approved for distribution for the CSS component since inception of the MHSA. County specific information can be found at:

http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

MHSA Housing Program

DMH adopted the MHSA Housing Program as one service category under the CSS component. On August 6, 2007, DMH, the California Housing Finance Agency (CalHFA) and the California County Mental Health Directors Association (CMHDA) announced a new housing program, the MHSA Housing Program. A total of \$400 million of MHSA funds has been set aside for initial funding of the program. This new program provides both capital funding and rent subsidy funding for the development of permanent supportive housing for individuals with serious mental illness and their families, as appropriate, who are homeless or at risk of homelessness. This effort builds on the interagency collaboration established in 2005 with the Governor's Schwarzenegger's Homeless Initiative (see Page 14).

Table 3 provides data on the success of the MHSA Housing Program as of November 2010.

**Table 3: MHSA Housing Program
(As of November 2010)**

MHSA Housing Program Funds Available	\$400,000,000
MHSA Housing Program Funds Assigned (San Francisco County assigned additional \$2.163 million)	\$394,877,000
Number of Counties with Approved Applications	
Number of Counties with Approved Applications	27
Number of Counties that have assigned funds	46
Number of Counties Opting Out	6
Number of Counties who have not assigned funds	5
MHSA Applications Received	
MHSA Applications Received	107
Shared Housing Projects	22
Rental Housing Projects	85
MHSA Loans Closed	
MHSA Loans Closed	35
Total Dollars	\$102,940,000
MHSA Units	571
Units Receiving Capitalized Operating Subsidy	533
MHSA Applications Approved and waiting to close	
MHSA Applications Approved and waiting to close	50
Total Dollars	\$97,837,000
MHSA Units	620
Units Receiving Capitalized Operating Subsidy	364
MHSA Applications in Process	
MHSA Applications in Process	20
Total Dollars	\$35,732,000
MHSA Units	307
Units Receiving Capitalized Operating Subsidy	212
MHSA Applications in Pipeline	
MHSA Applications in Pipeline	25
Total Dollars	\$51,867,000
MHSA Units	494
Units Receiving Capitalized Operating Subsidy	190

Capital Facilities and Technological Needs (CFTN)

This component addresses the CFTN needed to provide programs and services for the CSS and PEI components. It includes funding to improve or replace existing technology systems and for capital projects to meet program infrastructure needs.

The MHSAs require that a portion of the revenues collected from FY 2004-05 through FY 2007-08 be set aside for the CFTN component of the County Plan. In subsequent fiscal years, Counties may use a portion of funding from the CSS component to meet ongoing CFTN needs.

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

In March 2008, planning guidance was released for Counties to access funds from the CFTN component. Because the MHSAs limit the number of years MHSAs funds are dedicated to this component, in the same year the guidance was released, a total amount of \$453.4 million was also made available. As of November 2010, 44 Counties have submitted their CFTN component of the County Plan. As of November 2010, approximately \$60.9 million has been approved for Capital Facilities projects and \$188.4 million has been approved for Technological Needs projects.

Workforce Education and Training (WET)

This component is intended to “remedy the shortage of qualified individuals to provide services to address severe mental illnesses (WIC Section 5820).” It required that each County identify workforce shortages in both the County staff and contract provider staff.

The planning guidance for the WET component was released in July 2007. As of November 2010, 50 Counties have submitted their WET component of the County Plan and approximately \$203.3 million has been approved for distribution since inception of the MHSAs. County specific information can be found at:
http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

An April 2009 analysis of WET plans submitted by 28 Counties (representing 67.7 percent of California’s total population), found that Counties identified psychiatrists, licensed clinical social workers, marriage and family therapists and licensed supervising clinicians as the hardest to fill positions. The analysis also identified the need for proficiency in non-English languages: an estimated 7,800 additional staff are needed in California’s ten most common non-English languages: Spanish, Tagalog, Cantonese, Vietnamese, Mandarin, Farsi, Chinese, Korean, Russian and Cambodian.

In accordance with MHSa, DMH developed a Five Year WET Development Plan which was reviewed and approved by the CMHPC. This plan addressed specific areas and guides DMH's Statewide WET efforts. These efforts include expansion of postsecondary education to meet needs of occupational shortages; expansion of loan forgiveness and scholarship programs; establishment of stipend programs; and establishment of regional partnerships among mental health and educational systems. The following summarizes major State Level activities to date.

Financial Incentive Programs

- Since its inception in 2005, 900 second year students in Master's of Social Work Degree programs have received a stipend of \$18,500. Upon graduation, the student works for a minimum of one year in the public mental health system for each year a stipend was received. Each year, over 50 percent of the students receiving stipends have proficiency in a non-English language and an average of 55 percent represent minorities.
- Since FY 2009-10, 241 students obtaining Doctorates of Psychology, Masters Degrees in Marriage and Family Therapy and Psychiatric Mental Health Nurse Practitioners have received stipends of up to \$18,500 in exchange for one year's work in the public mental health system for each year a stipend was received. Over 60 percent of the students who received stipends are proficient in a language other than English. Of these students, 102 have graduated and 118 are currently employed in the public mental health system.
- Through the Mental Health Loan Assumption Program (MHLAP), educational loans of up to \$10,000 are paid on behalf of mental health professionals who work in the public mental health system in hard to fill or hard to retain positions. In FY 2008-09, 288 individuals received awards under the MHLAP and in FY 2009-10, 309 individuals received awards under this program for a total of 597 individuals to date. Two hundred seventy-six of the awardees are county-employed and 273 are employed by community-based organizations. In addition, out of the total number of students who have participated in the program to date, 174 are self-identified as consumers and family members, 397 are bicultural and 291 are bilingual.

Other Programs/Activities

- DMH and the Office of Statewide Health Planning and Development (OSHPD) have partnered to add a mental health track to the Song-Brown Residency Program for Physician Assistants. Since FY 2008-09, grants of \$100,000 each to five Physician Assistant training programs have resulted in 667 students being exposed to MHSa principles and practice. Enhancements vary with the program, but mental health curriculum consistent with MHSa principles has been added to all programs. Other enhancements include rotations in the public mental health system, attendance at psychiatric clinical conferences/meetings and active collaboration with public mental health for some students.

DMH and OSHPD have partnered to provide technical support to Counties completing applications in order to obtain a federal designation as a “mental health professional shortage area.” This designation allows the Counties to compete for federal funding. For example, OSHPD approved 110 facilities for National Health Service Corps placement of mental health professionals, resulting in approximately \$3.2 million annually in new federal funds beginning October 2010.

- Three universities (University of California, Davis; University of California, Los Angeles-Kern and University of California, San Francisco-Fresno) have expanded their psychiatric residency programs or are working to establish new programs in areas of particular shortage, including specialists in Child Psychiatry, Integrated Psychiatry and Mental Health.
- Five Regional Partnerships working with California State University, Monterey Bay (CSUMB); California State University, Chico; California State University, Sacramento (CSUS); and the California State University Humboldt/Chico consortium) have added new Masters in Social Work (MSW) programs. As a result there were 40 additional MSW students in FY 2009-10 at CSUS, 40 at CSUS Chico and 50 more in FY 2010-11 at CSUMB. California State Fresno has a Psychiatric Nurse Practitioner Program with seven students graduating in 2011. Additional work is being done to develop distance learning programs for Associate’s and Bachelor’s degrees in Social Work.

Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations.

The planning guidance for the PEI component was released in September 2007. Having statutory authority for the PEI component, the MHSOAC, as of November 2010, has approved 58 county MHSA plans. Approximately \$735 million has been approved for distribution since the inception of the MHSA. This amount represents approvals for programs to be implemented at the local level, projects for statewide efforts, training, technical assistance and capacity building. County specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

PEI State Level Efforts

In 2007, the Governor Schwarzenegger directed DMH to convene a Suicide Prevention Plan Advisory Committee to advise DMH on the development of the *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution*. The Plan was completed in 2008 and has been widely disseminated. DMH established the Office of Suicide Prevention (OSP) in February 2008 to serve as a statewide resource on suicide prevention and to assist state and local activities in support of implementation of the *California Strategic Plan on Suicide Prevention*. Thirty-four Counties have submitted

PEI component plans containing suicide prevention activities that support recommendations in the State Strategic Plan. Nineteen of these projects have suicide prevention as the primary activity and 14 actively coordinate with the OSP through monthly conference calls and other communications. In its role as a statewide education resource, the OSP regularly responds to requests for information and resources from stakeholders throughout California. The OSP established a location within the DMH web site that links users to educational materials and resources about preventing suicide. To support building capacity of accredited suicide prevention hotlines the OSP also convenes monthly conference calls among the 10 accredited suicide prevention hotlines in California.

In the spring of 2007, the MHSOAC convened a Committee to recommend strategies to reduce mental health stigma and discrimination. The Committee recommended that a ten-year strategic plan be developed. At the request of the MHSOAC, DMH convened a fifty plus member stakeholder advisory committee to provide input on the development of the strategic plan. Public dialogue and subsequent feedback on a draft plan was obtained through two Public Workshops, a statewide conference call and written comments. In June 2009, the 52 page Strategic Plan, consisting of four Strategic Directions, 26 Recommended Actions, and 134 next steps for local and statewide implementation was adopted by the MHSOAC. Dissemination of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination began in late Fall 2010.

Innovation (INN)

The goals for the funding of the INN component are to develop new mental health approaches to increase access to unserved and underserved groups, increase the quality of services (including better outcomes), promote interagency collaboration, and increase access to services. An INN project contributes to learning, as opposed to providing a service, by “trying out” new approaches that can inform current and future practices/approaches in communities.

The planning guidance for the INN component was released in January 2009. Having statutory authority, the MHSOAC, as of November 2010, has approved 26 county MHSA plans. Approximately \$176 million has been approved for distribution since the inception of the MHSA. County specific information can be found at:
http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

Governor’s Schwarzenegger’s Homeless Initiative (GHI)

In August 2005, Governor Schwarzenegger announced an initiative to address long-term homelessness in California. Part of the Initiative, now known as the Governor Schwarzenegger’s Homeless Initiative (GHI), directed an interagency effort to provide capital funding for housing projects to develop permanent supportive housing and serve a target population of persons who are chronically homeless and have severe mental illness. The interagency effort included the Department of Housing and Community

Development (HCD), California Housing Finance Agency and DMH. The GHI called for HCD to utilize approximately \$40 million of Proposition 46 funds as capital for the development of permanent supportive housing for the homeless mentally ill. An additional \$3.15 million in MHSA funds were set aside to provide funding for capitalized rent subsidies and capacity building training in the Counties.

Counties are an essential component of this effort as there is a long-term commitment to provide supportive services to developments that qualify for funding under the GHI. GHI funds have been awarded to 12 projects located throughout the state, creating 250 units for the target population. These 12 developments have utilized all of the funding prescribed for the GHI.

Fiscal Policy Clarification

In addition to completing implementation of the five components of the County Plan, DMH also clarified for Counties fiscal policies that have a statewide effect. In December 2007, DMH revised and clarified many of the MHSA fiscal policies in order to simplify program administration and expedite distribution of funds to the Counties. Specifically, DMH streamlined the State/County performance contract (MHSA Agreement), changed many of the cash management policies, and provided guidance on the use of unexpended funds from prior years.

DMH included provisions in the MHSA Agreement with Counties to allow the addition of funding to the MHSA Agreement upon approval by DMH or the MHSOAC of a County Plan update. This expedited the distribution of funds, allowing Counties to rely on a Board of Supervisors approval of MHSA Plans. This process improvement also allows for the MHSA Agreement modifications to be administered between DMH and counties based upon the approved plan.

DMH has also moved to a cash-based system which ensures that sufficient MHSA funds are available to support the total funding level by component for the subsequent fiscal year. Revenues accumulate for 12 months in the MHSF prior to distribution in the subsequent State fiscal year and allow substantial cash payments to each County at the beginning of each fiscal year. Recently enacted Chapter 706, Statutes of 2010 (Senate Bill 1392), changes DMH's current distribution method. Prior to January 1, 2011, each County received 75 percent of the approved annual Plan amount upon Plan approval (and execution of a MHSA Agreement) or at the start of the fiscal year, whichever is later. The remaining 25 percent was distributed upon submission of the Annual MHSA Revenue and Expenditure Report. Counties that submitted the reports when due were able to access the remaining 25 percent of the MHSA dollars. Senate Bill 1392 now requires the DMH to distribute to Counties 100 percent of approved funds annually in a single lump sum effective January 1, 2011.

As enacted in 2005, the MHSA required the Counties to establish a local prudent reserve for the CSS component as part of the County Plan. This requirement ensures that the programs continue during years in which revenues are below recent averages

as adjusted by specific variables contained in the Act. Chapter 20, Statutes of 2009 (Assembly Bill 5), which was part of the FY 2009-10 Third Extraordinary Session, amended WIC Section 5847. In addition, it expanded the purpose of the local prudent reserve to include programs serving clients through both the CSS and the PEI components.

DMH developed financial models to determine the impact on services and programs if MHSA revenues are below recent averages adjusted by the prescribed variables. Based on these models, DMH, in consultation with the MHSOAC and the CMHDA, determined that a level of 50 percent of the most recent annual approved CSS and PEI funding level should be the local prudent reserve amount for each County.

As a result of declining revenues to the MHSF, DMH notified Counties that they could access their local prudent reserve on July 1, 2010.

STATE ADMINISTRATIVE EXPENDITURES

The MSHA allows up to five percent of the total annual revenues in each fiscal year for state administrative expenditures to support DMH, MHSOAC and other state entities. In the FY 2010-11 Governor's Proposed Budget, MSHF are allocated and funds the following activities:

Judicial Branch (JB)

FY 2009-10	FY 2010-11	FY 2011-12
\$999,000	\$1,012,000	\$1,063,000

Juvenile Court System

The JB Juvenile Court System receives funding and 4.0 positions to address the increased workload relating to mental health issues in the area of PEI for juveniles with mental health illness in the juvenile court system or at risk for involvement in the juvenile court system.

FY 2009-10 through FY 2010-11 Deliverables (Juvenile Court System)

- Conduct needs assessment of the courts and/or justice system partners to determine levels of need for wards with mental health or substance abuse issues. Status: Ongoing during FY 2010-11. The JB Juvenile Court System is coordinating with the Department of Alcohol and Drug Programs, local courts and other partners to determine needs and improve outcomes.
- Identify best and promising practices to improve case processing and outcomes with state and local partners. Status: Ongoing during FY 2010-11. The JB Juvenile Court System has introduced the Best Practices Approach Initiative which serves to identify state and national education and outreach programs designed to enhance the effectiveness of case processing and outcomes for juvenile offenders with a mental illness, and drafted a Briefing on Evidence-Based Practices to support the Initiative.
- Identify methods of evaluating effectiveness of mental health programs in juvenile courts. Track and monitor performance of court-related programs. Status: Ongoing during FY 2010-11. The JB Juvenile Court System has finalized recommendations for the juvenile subcommittee of the Task Force for Criminal Justice Collaboration on Mental Health Issues (the Task Force). In addition, mental health court rosters and databases have been updated. Future activities for FY 2010-11 and 2011-12 include reviewing outcomes of the Statewide Mental Health Court Evaluation and scheduling site visits to monitor and help implement evidence-based practices in juvenile probation.

- Develop and support educational materials for judicial officers who hear cases involving juvenile offenders with a mental illness. Status: Ongoing during FY 2010-11. The JB Juvenile Court System developed courses for the Beyond the Bench Conference and the California Youth Court Summit focused on best practices related to juvenile mental health issues. The JB is also in the process of implementing a website for disseminating best practices information and models and has disseminated materials to faculty and participants at various judicial training programs.
- Promote collaboration between courts and mental health providers by hosting regional meetings between the two. Status: Ongoing during FY 2010-11. The JB Juvenile Court System is in the process of developing a work plan and identifying potential partners.

Adult Court System

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

FY 2009-10 through FY 2010-11 Deliverables (Adult Court System)

- Assist courts in their efforts to respond more effectively to consumers by identifying best practices, conducting needs assessments, analyzing cost-benefit outcomes of court programs and collaborating with a variety of stakeholders for the mental health community. Status: Ongoing during FY 2010-11. The JB Adult Court System drafted a Mental Health Court Research Brief based on findings related to long-term effectiveness of mental health programs in courts. The JB Adult Court System also developed recommendations for the Task Force to improve outcomes for adults with mental illness in the criminal justice system. Activities for FYs 2010-11 and 2011-12 include establishment of a reentry program liaison and collaboration with other MHSA partners in support of California Veteran Court projects.
- Disseminate locally generated best and promising practices to trial courts. Develop and support educational programming for judicial officers working with offenders with a mental illness. Status: Ongoing during FY 2010-11. The JB Adult Court System has developed and implemented a list serve/ mailing list for judicial officers in mental health courts to share and disseminate locally generated best and promising practices. Activities for FY 2010-11 include publication of a briefing paper on evidence-based practices.
- Conduct regional symposia for judges and court personnel. Status: Ongoing during FY 2010-11. The JB Adult Court System sponsored regional two Elder Court Roundtables that focus on mental illness and related conditions. Future activities for FY 2010-11 include producing a webinar for attorneys that provide

pro bono legal services to underserved communities with emphasis on collaborative criminal justice principles.

- Participate in both local and national conferences related to best practices for persons with mental illness in the court system. Status: Ongoing during FY 2010-11.
- Collaborate with stakeholders, including local departments of mental health, treatment and service providers, and court users and their families. Status: Ongoing during FY 2010-11. The JB Adult Court System regularly meets with and provides technical assistance to drug and mental health court administrators. The JB Adult Court System also holds discussions with the California Association of Drug Court Professionals to support their ability to provide referrals and promote increased integration between courts and mental health providers.

State Controller’s Office (SCO)

FY 2009-10	FY 2010-11	FY 2011-12
\$295,000	\$714,000	\$1,733,000

The SCO receives MHSA funds to support the new Human Resource Management System (HRMS) payroll system for use by State departments. The State departments, including the DMH, are required to fund the new payroll system since the existing HRMS payroll system needs improvements in accuracy and timeliness.

Activities: Development of the State’s new HRMS/Payroll System, MyCalPAYS, which will include Personnel Administration, Organizational Management, Time Management, Benefits Administration, Payroll, and Employee/Manager Self Service functionality.

Department of Consumer Affairs (DCA) Regulatory Boards

FY 2009-10	FY 2010-11	FY 2011-12
\$271,000	\$122,000	\$120,000

The DCA receives funding and 1.0 position to ensure that educational and examination requirements for licensed/registered Marriage and Family Therapists (MFT), Clinical Social Workers (LCSW) and Educational Psychologists (LEP) include cultural competency, resilience and recovery principles.

FY 2009-10 through FY 2010-11 Deliverables

- Provide technical assistance in conjunction with the OSHPD to the federal National Health Service Corps (NHSC) that resulted in California-licensed LCSW eligibility for the federal loan repayment program. This could result in up to \$35 million per year in new federal funding for eligible Californians. Status: Completed
- Provide information and technical assistance to potential loan repayment applicants through partner organizations and interested parties. Status: Ongoing
- Developed and disseminated via video conferencing a “Best Practices Guide” for supervision of MFT Interns, Associate Clinical Social Workers and Licensed Professional Clinical Counselor (LPCC) Interns that embeds cultural competence, wellness and recovery. Status: Completed
- Researched and publicized federal and foundation funding opportunities for schools and mental health professionals in underserved areas. Status: Ongoing
- Implemented Chapter 26, Statutes of 2010 (Senate Bill 33) that requires integration of MHSA principles in MFT curriculum effective August 1, 2012 by:
 - 1) Developing and disseminating a chart summarizing the new curricular requirements.
 - 2) Training and providing technical assistance to 72 MFT educators and schools.
 - 3) Assisting 25 schools to become “early adopters” of new curriculum.
 - 4) Accepting applications in early 2011 for LPCC, a newly approved licensure category in California (this program is expected to add 3,000 LPCCs and Interns to the public mental health workforce in three years).

Status: The first three deliverables are complete, the final one is ongoing.

- Performing a review of relevant examination programs that includes how to incorporate the principles of the MHSA. Status: Ongoing

Office of Statewide Health Planning and Development (OSHPD)

FY 2009-10	FY 2010-11	FY 2011-12
\$436,000	\$881,000	\$895,000

The OSHPD receives funding and 1.0 position to increase the number of California communities federally designated as mental health professional shortage areas and to expand Physician Assistants' preparation to include training on cultural competency, recovery, resilience and community collaboration.

FY 2009-10 through FY 2010-11 Deliverables (Physician Assistant Deliverables)

- Since FY 2009-10, grants of \$100,000 each to five Physician Assistant training programs, resulting in 667 students being trained in MHSA curriculum through rotations, grand rounds and didactic training. Status: Completed.

FY 2009-10 through FY 2010-11 Deliverables (Mental Health Professional Shortage Area (MHPSA) Deliverables)

- Provide technical assistance to the NHSC that resulted in California's LCSWs to be eligible for federal loan repayment. Status: Completed
- Recommended approval of 128 provider sites for NHSC placement of mental health professionals resulting in \$3.2 million in new federal funds per year. Status: Completed
- Reviewed and approved 35 applications for designation as mental health professional shortage areas (MHPSAs). Status: Completed and ongoing
- Responded to 330 requests for individual technical assistance on MHPSA applications and benefits. Status: Completed
- Provide technical assistance seminars/teleconferences to County Mental Health providers on benefits of, and how to apply for, the MHPSA designation. Status: Five completed. Two seminars to be held in Northern and Southern California in March 2011.

FY 2009-10 through FY 2010-11 Positions (OSHPD-Health Professions Education Foundation Activities)

The OSHPD also receives funding and 2.0 positions to provide educational loan repayments for mental health professionals to encourage work in the public mental health system.

FY 2009-10 through FY 2010-11 Deliverables (OSHPD-Health Professions Education Foundation Activities)

- Since FY 2008-09, a total of 597 individuals in 52 counties received Mental Health Loan Assumption Program awards totaling \$4.7 million. Of these, 174 (29 percent) self-identified as consumers and/or family members; 397 (66 percent) were bicultural; and 291 (49 percent) were bilingual. Status: Completed
- FY 2010-11 Award process: Publish FY 2010-11 MHLAP application on the Internet. Status: Completed
- Conduct 10 Technical Assistance calls to help potential applicants. Status: Completed
- Inform County Mental Health Directors, Community Based Organizations and individual applicants of the new award cycle through e-mails, letters and conference calls. Status: Ongoing
- Provide 18 technical assistance site visits on how to successfully complete the MHLAP application. Status: Ongoing

Department of Aging

FY 2009-10	FY 2010-11	FY 2011-12
\$115,000	\$236,000	\$259,000

The Department of Aging receives funding and 2.0 positions are used to increase the agency’s infrastructure capacity to promote and support MHSA goals and projects that address older adult mental health.

FY 2009-10 through FY 2010-11 Deliverables

- Provide technical assistance at conferences and committees to promote participation of older adult stakeholders. These include California Mental Health Services Authority, MHSOAC, California Social Work Education Council, California Mental Health Directors Association (CMHDA), CMHPC, Alcohol and Drug Programs and the California Reducing Disparities Project. Status: Ongoing
- Provide educational presentations and resources at the community level regarding older adult mental health issues. Status: Ongoing

- Foster partnerships between local and state level organizations that address older adult mental health issues. Status: Ongoing
- Develop and provide training to the California Department of Aging staff and Area Agencies regarding older adult mental health issues. Status: In progress, due June 2011
- Gather and disseminate older adult mental health-based educational trainings, best practices and resources to stakeholders. Status: Ongoing
- Develop summary report of MHSA PEI Plans that have an older adult component. Status: Completed
- Develop summary report of MHSA Statewide Projects that have a funded older adult component. Status: Will be completed after MHSA Statewide Projects have been funded.
- Develop the Department of Aging webpage to promote training materials, evidenced-based practices, outreach and activities that department MHSA Memorandum of Understanding liaisons are participating in to promote older adult mental health issues. Status: In progress, spring 2011.

Department of Alcohol and Drug Programs (DADP)

FY 2009-10	FY 2010-11	FY 2011-12
\$251,000	\$289,000	\$267,000

The DADP receives funding and 2.0 positions to improve services to individuals with co-occurring disorders (COD) (i.e., individuals with mental health disorders and alcohol and other drug disorders).

FY 2009-10 through FY 2010-11 Deliverables

- Improve client access to quality treatment and position COD as an integral component of health care reform by creating and maintaining long-term partnerships with County Alcohol and Drug Program Administrators’ Association of California, CMHDA, Alcohol and Other Drug Policy Institute, California Institute for Mental Health and local entities. Status: Ongoing
- Improve COD provider capacity and increase quantity of certified COD providers by presenting evidence-based Dual Diagnosis Capability in Addiction Treatment and Dual Diagnosis Capability in Mental Health Treatment tools; three statewide conferences in FY 2009-10; anticipate same or more in FY 2010-11. Status: Ongoing

- Increase the number of culturally competent COD providers by reviewing CODs and their intersection with cultural competency at statewide meetings to providers. DADP will participate in more than a dozen events for COD cultural competency efforts during 2009 through 2011. Status: Ongoing
- Develop and electronically distribute COD E-Circular, a COD-focused e-newsletter that highlights current trends, providers and treatment options for hundreds of COD providers and policymakers throughout the state. This is produced twice yearly. Status: Ongoing
- Develop and maintain the COD website, introducing an Evidence-Based and Promising Practices page. Status: Ongoing

Department of Health Care Services (DHCS)

FY 2009-10	FY 2010-11	FY 2011-12
\$842,000	\$1,331,000	\$1,522,000

DHCS receives funding and 4.0 positions to manage and support a contract to develop and implement the interdepartmental California Mental Health Care Management Program (CaMEND). CaMEND serves to improve mental health care for Medi-Cal beneficiaries with severe mental illness or severe emotional disturbance (SED), while managing costs for this population.

DHCS has regularly-scheduled planning, coordination and training conference calls/webinars with CaMEND team members. DHCS directed selection of and contracting with pilot sites throughout the state for CaMEND mental health/primary care integration activities. DCHS provides technical experts to support the pilot programs and is conducting two-day learning sessions (and providing technical assistance) for staff from pilot agencies (county primary care and mental health providers).

FY 2009-10 through FY 2010-11 Deliverables

- Modify selected change concepts to promote integration of publicly funded primary care and mental health services. Status: In progress, expected completion is October 2011.
- Train primary care providers on mental health care principles and practices to improve their ability to provide care to persons with severe mental illness (SMI). Status: In progress, expected completion is October 2011.
- Conduct medication therapy management service demonstration project. Status: In progress during FY 2010-11.

- Continuation of pilot collaborative performance improvement projects with specialty county mental health services. Status: In progress, expected completion is October 2011.
- Conduct Improving Client Service Capacity learning sessions geared toward improving transitions and recovery for clients with SMI. Status: In progress during FY 2010-11.
- Continue research on the safety of medications for children/youth and develop an ongoing medication utilization review and management report. Status: In progress during FY 2010-11.
- Implement a decision aid tool for use in the public mental health setting that will help people make specific, deliberate choices and provide information about options and outcomes relevant to the client's health status and personal values. Status: In progress during FY 2010-11.
- Contract with University of California, Los Angeles to plan and develop process for how to use decision aids within public mental health settings. Status: Completed
- Work with client and family members to gain input on decision aid tools. Status: Ongoing

Managed Risk Medical Insurance Board (MRMIB)

FY 2009-10	FY 2010-11	FY 2011-12
\$81,000	\$171,000	\$177,000

MRMIB receives funding and 2.0 positions to improve the service delivery system for the Healthy Families Program (HFP); evaluate processes and policies for access to HFP mental health services; and communicate and collaborate among the HFP health plans and county mental health departments and between MRMIB and other state departments.

FY 2009-10 through FY 2010-11 Deliverables

- Develop a mental health screening and assessment tool for Serious Emotional Disturbance (SED) determinations. Status: In progress, expected completion is August 2011.
- Monitor mental health referral processes between HFP health plans and county mental health departments. Status: Ongoing

- Revise annual HFP health plan data collection template. Status: In progress, expected completion is March 2011.
- Revise HFP brochure that provides information to enrollee families about the services available under the HFP SED benefit. Status: Expected completion is February 2011.
- Revise and update the Memorandum of Understanding (MOU) between HFP health plans and county mental health departments. Updating the MOUs will better communicate the standards, processes and procedures to support consistent coordination of mental health services. Status: In progress, MRMIB and county mental health departments are working together to update the MOU. The expected completion date is February 2011.
- Conduct quarterly workgroup meetings with HFP health plans, county mental health departments, MRMIB, DMH and the CMHDA with the goal of improving service delivery to HFP enrollees served by multiple service delivery systems. Status: Ongoing
- Conduct a comprehensive evaluation of HFP health plan-provided mental health services and preparation of a final report recommending improvements in the provision, quality, coordination and continuity of mental health services. Status: The Mental Health and Substance Abuse Services report was completed by APS Health Care in June 2010.

Department of Developmental Services (DDS)

FY 2009-10	FY 2010-11	FY 2011-12
\$1,062,000	\$1,133,000	\$1,133,000

DDS receives funding and 1.0 position to coordinate a statewide community-based system of mental health services for Californians with developmental disabilities by distributing funds to Regional Centers throughout California.

FY 2009-10 through FY 2010-11 Deliverables

- Distribute, through a Request for Applications process, funds to six Regional Centers throughout California, each of which created and implemented innovative training projects focusing on early intervention and treatment for children and families impacted by mental health issues and adults with a dual diagnosis. Status: Ongoing
- Launch new DDS Mental Health Webpage (<http://www.dds.ca.gov/HealthDevelopment/index.cfm>) highlighting Regional Centers, the Developmental Disability/Mental Health Collaborative, and other

mental health agencies that address the overlap of developmental disabilities and mental health. Status: Completed

- Utilizing multiple data sets from developmental disabilities, mental health and corrections, DDS will create a needs assessment to improve the delivery systems at the local level for consumers living with a dual diagnosis. Status: Completed

Department of Mental Health (DMH)

FY 2009-10	FY 2010-11	FY 2011-12
\$31,094,000	\$32,988,000	\$34,617,000

DMH supports 147.0 positions and receives MHPA funding to continue the statutory requirements of the MHPA as follows:

- Director’s Office has 2.0 positions that provide technical assistance to Program Compliance by recommending audit tests/procedures for the fiscal component of specified county MHPA audits. Staff monitors the status of implementing recommendations identified in the Department of Finance’s (DOF) audit report and respond to inquiries and requests regarding the MHPA Program.
- CMPH has 5.0 positions that provide oversight of DMH’s workforce education and training activities, and technical assistance for county mental health departments in the development of workforce education and training plans. These positions sponsor a workgroup to develop a curriculum for training peer specialists and to evaluate the performance of local mental health programs.
- External Affairs has 1.0 position that provides information to various stakeholders, such as the media, general public, and other governmental agencies regarding the MHPA Program.
- Legal Services has 4.0 positions that provide legal research and advice, handle litigation and construct plans and policies concerning the legal issues associated with MHPA. Staff prepared court documents, reviews statutes, legislation and information notices, analyzes policy issues, reviews and prepares regulations, creates regulation packages for the Office of Administrative Law, and assists DMH in responding to requests by other agencies, individuals and groups working on the implementation of the MHPA.
- Legislation has 2.0 positions that review MHPA related bills, analyze policy and fiscal impacts, draft and submits proposed legislation that furthers the intent of MHPA, consult with program staff to respond to constituent concerns and questions and attend meetings with legislators, legislative staff and stakeholder groups on MHPA-related issues.

- Strategic Management has 1.0 position that develops the Strategic Plan and the Annual Report, which include goals and objectives directly related to MHSA. This position also serves as the representative in the Data Quality Strategy Workgroup, which is currently working to develop a quality control methodology that will improve the quality of MHSA data and enhance DMH's ability analyze data and produce outcome measures.
- Multicultural Services has 5.0 positions that provide management, oversight and implementation of contracts that the California Reducing Disparities Project Capacity Building and Cultural Competence Consultant. These positions also work with counties to ensure compliance with the 1915(b) Specialty Health Services Consolidation Waiver and regulations pertaining to MHSA statewide reporting and tracking of access and disparities data, and the continuance of cultural competency efforts in the public mental health system, and develop and implement statewide Cultural Competency Plan Requirements for all counties, including technical assistance and review/scoring oversight.
- Program Compliance has 13.0 positions that conduct financial and clinical program audits of county mental health program and contract providers to determine compliance with MHSA laws, regulations and policies; investigations of unusual occurrence reports (assaults, deaths, etc.); and criminal background checks on all direct care staff. Staff assures that county mental health programs and their contract providers are in compliance with the MHSA laws and regulations by completing such tasks as: system reviews; MHSA clinic certifications and recertifications; chart audits; and questionable medical billing assessments and referrals. Staff is also responsible for implementing and maintaining a system that assures compliance with facility licensing and program certification requirements for a range of 24-hour psychiatric and rehabilitation care facilities.
- Community Services Division has 56.0 positions that provide oversight, technical assistance, data collection and analysis, policy recommendations for the design, implementation, monitoring and evaluation of MHSA statewide projects, and conduct budget and legislative bill analysis, fiscal forecasting and tracking of MHSA funding. Staff also collaborates with counties to conduct Needs Assessments of their workforce, write and issues Request for Proposals and MOUs based on their specified needs, monitor the execution of contracts and process MHSA Agreement modifications. Staff develops, implements, monitors and evaluates program and fiscal policies for counties. In addition, these positions provide information about suicide prevention and veterans mental health initiatives, including data and statistics, best practices, training opportunities and educational resources for stakeholders.

- Administrative Services Division has 36.0 positions (14.0 positions in Administrative Services and 22.0 positions in Financial Services). The 14.0 positions in Administrative Services support the processing of payroll; development of classification proposals; hiring; employee discipline and performance management; space and facilities planning for headquarters staff; and training and workforce development. Staff oversees the DMH’s disaster preparedness system (including the development of a statewide mental health disaster plan), preparation and solicitation of acquisition documents and development and oversight of contractual agreements.

The 22.0 positions in Financial Services support all aspects of the development and administration of the MHSA programs’ budgets; technical support on budget/fiscal issues; performance of annual budget development activities; and response to legislative inquiries and analysis for budget hearings. Staff also supports the fiscal activities of MHSA to ensure accountability; efficient and accurate reporting of expenditures and revenues; coordination with DOF to develop MHSA revenue estimates; and coordination with DMH program and accounting staff on the estimated cash disbursements from the MHSF. Staff tracks MSHF cash receipts and cash outflow, monitors and analyzes cash components of the various accounts and each county subaccount monthly and ensures quarterly distributions are posted accurately and in a timely manner. In addition, staff establishes policies and guidelines to ensure counties are fiscally accountable and in compliance with the requirements in the MHSA.

- Information Technology has 22.0 positions that provide support to DMH and counties through the review and analysis of county funding requests related to the MHSA technological needs component; development and maintenance of automated tools to support MHSA functions (i.e., the Data Collection and Reporting tool and the Administrative Information Management System) and provide up-to-date fiscal detail information to counties. Staff also supports critical document workflows associated with the components of the MHSA programs and general MHSA infrastructure needs, including helpdesk, networking, e-mail, telecommunications and web support.

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2009-10	FY 2010-11	FY 2011-12
\$2,492,000	\$5,408,000	\$4,529,000

The MHSOAC receives funding and 22 positions to support its statutory oversight and accountability for the MHSA, Adult and Older Adult System of Care Act and Children’s Mental Health Services Act. The MHSOAC has three primary roles: (1) provide oversight, review and evaluation of projects and programs supported with MHSA funds,

(2) review and/or approve local MHSA funding requests and (3) ensure oversight and accountability of the public community mental health system. The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

In the role of reviewing and/or approving local MHSA funding requests, the MHSOAC is mandated to approve all funding specifically for two of the MHSA’s five components: PEI and INN programs. The MHSOAC provides review and comment for the other three components, CSS, WET and CFTN.

Department of Rehabilitation (DOR)

FY 2009-10	FY 2010-11	FY 2011-12
\$103,000	\$220,000	\$216,000

DOR receives funding and 2.0 positions to increase capacity of 26 County Mental Health/Department of Rehabilitation Cooperatives programs that support individuals with mental health disabilities to find and keep employment.

FY 2009-10 through FY 2010-11 Deliverables

- Provide information and technical assistance to local partners regarding the development of working relationships between DOR and County mental health. Status: Ongoing
- Develop new cooperative programs. Status: New programs established in Stanislaus County in FY 2010-11; Imperial and Lake Counties in FY 2009-10, with one new service contract to provide rehabilitation services; Butte County program established in FY 2008-09 with two new service contracts.
- Develop new and expand existing cooperative programs as resources allow. Status: In FY 2009-10 a new service contract was completed for San Francisco and Alameda counties; and contracts were expanded in Kern and Santa Barbara counties. Developed and amended 30 American Recovery and Reinvestment Act-funded contracts to support local cooperative program job placement programs for consumers.
- Provide training and technical assistance to local partnerships to develop and enhance vocational services by: 1) conducted 26 Trainings on contracts to 13 districts in FY 2009-10; and 2) distributed training catalogue to all 13 DOR districts and county mental health agencies in FY 2010. Status: Completed
- Develop and maintain tracking system for vocational assessments training for local partners. Status: The tracking system was completed in FY 2009-10, however, the maintenance for the system is ongoing.

- Provide administrative oversight to cooperative programs via comprehensive three day site visits. Status: Ongoing
- Complete site visits as needed for technical assistance, follow up to comprehensive monitoring site visits. Status: Ongoing
- Maintain ongoing communication with partners through participation in DOR's Cooperative Program Advisory Committee, CMHDA meetings. Status: Ongoing

Department of Social Services (DSS)

FY 2009-10	FY 2010-11	FY 2011-12
\$734,000	\$759,000	\$766,000

DSS receives funding and 5.0 positions to provide counties with technical assistance in establishing and administering California Wraparound programs consistent with MHSA requirements and Welfare and Institutions Code Section 18250.

FY 2009-10 through FY 2010-11 Deliverables

- Provide necessary support and assistance to counties to develop procedures, protocols and tools necessary to implement and administer the California Wraparound program. Provide trainings related to implementing this program and fiscal processes. Status: Ongoing
- Respond to county requests and provide training and technical assistance regarding issues related to administration of the California Wraparound program. Status: Ongoing
- Develop an annual schedule for regular county site visits to support the administration of the California Wraparound program. Status: In progress during FY 2010-11.
- Collaborate on relevant policy documents or proposed regulations that may impact or relate to programs and services common to both DSS and DMH. Status: Ongoing
- Provide instruction and consultation to county public health nurses to ensure accurate and adequate documentation in the Health and Education Passport in the Child Welfare Services/Case Management System. Status: Ongoing
- Develop procedures, protocols and tools necessary to implement and operate programs established pursuant to components of the MHSA and other programs and services common to both DSS and DMH. Status: Ongoing

- Facilitate county implementation of program monitoring of Wraparound outcomes in alignment with the State mandated outcomes and accountability. Status: Ongoing
- Facilitate county implementation and systemic alignment of the MHSA components with major DSS initiatives, specifically the Program Improvement Plan resulting from the Federal Child and Family Services Review (CFSR), as well as other relevant federal and State mandates in other program areas. Status: Ongoing
- Coordinate development of the MHSA performance outcomes with the Federal CF SR outcomes and California Wraparound Standards. Work with relevant teams/workgroups and county personnel regarding analysis of the collected data and respond to issues that the data identifies in order to improve performance with respect to well-being outcomes for children in foster care. Status: Ongoing
- Collaborate with outside national partners to build a framework that supports program fidelity for the California Wraparound program. This framework will focus on the safety, permanency and well-being of children receiving child welfare services. Status: Ongoing
- Collaborate with organizations to support policies and initiatives that assure children receive care and services consistent with good child welfare and mental health practices and the requirements of federal and state law. Status: Ongoing

California Department of Education (CDE)

FY 2009-10	FY 2010-11	FY 2011-12
\$523,000	\$940,000	\$711,000

The CDE receives funding and 3.0 positions to develop a permanent partnership for children’s mental health to build capacity and services to support healthy emotional development, reduce the need of more intensive, costly interventions, school failure, dropout, and long-term poor outcomes. These positions will also increase knowledge and capacity about effective prevention early intervention programs, services and strategies for local education agencies (LEA), county offices of education, Special Education Local Plan Areas (SELPA) and other partners working with students with, or at risk of, mental illness, including suicide risk.

FY 2009-10 through FY 2010-11 Deliverables

- Organize the California School Mental Health Strategic Dialogue to help build capacity among state and local educational agencies and their partners to advance school mental health and to be able to provide effective and sustainable school mental health services. Status: Completed
- Provide high quality professional development for school and district level staff to train and support school sites and classrooms in recognizing children’s mental health disorders. Status: CDE signed a contract with the Placer County Office of Education to develop the Training Educators through Recognition and Identification Strategies. This system utilizes a train-the-trainers model which will be disseminated through workgroups in the eleven regions of the California County Superintendents Educational Services Association.
- Identify the demand for and type of interventions needed in the schools. Completed through an existing contract between the CDE and WestEd. The Counseling, Student Support and Learning Office (CSSLO) inserted two questions related to mental health into the core questions of the California Healthy Kids Survey, depression risk and suicidal ideation. Status: Ongoing
- Provide training to teachers and middle school and high school counselors in suicide prevention and developing youth resiliency needed to negotiate emotional challenges. Status: CDE is in the process of releasing a Request for Proposal “Getting Results” for an on-line training program composed of three modules. Module two is being financed with MHSA monies.
- Research, develop and disseminate via Listserv, relevant articles and information to the 125 SELPAs and 58 Special Education Administrators of County Offices. Status: Ongoing

California State Library (CSL)

FY 2009-10	FY 2010-11	FY 2011-12
\$171,000	\$182,000	\$179,000

The CSL receives funding and 1.3 positions to provide reference and research and to develop and maintain a contemporary collection of materials (journals, books, reports) to support DMH staff to increase knowledge of recovery, resilience, cultural competency, evidence based practices and to increase leadership effectiveness and management skills.

FY 2009-10 through FY 2010-11 Deliverables

- Develop and distribute electronically “Studies in the News” (SITN), which summarizes and links readers to current news articles, research and reports on current mental health topics, including evidence based practices. Status: Ongoing
- Develop and distribute four to six special topic issues, such as veterans’ mental health issues. Status: Ongoing
- Establish and maintain a hardcopy book/journal/video DMH Library Collection at DMH headquarters. The collection was increased by over 300 publications in FY 2009-10. Status: Ongoing (the DMH collection opened September 2009)
- Add two research databases, providing access to additional full-text articles from online journals. Status: Completed
- Provide individual and group training to DMH employees on use of online library catalogs and databases. Status: Ongoing as needed.
- Regular meetings with DMH staff to understand and respond to DMH research and project needs. Status: Ongoing
- Pilot program to offer State library cards to county mental health employees, contractors and others that implement MHSA activities. Status: Ongoing
- Researching project to record digital stories about recovery, resiliency and hope by consumers for publication on DMH Internet and related websites. Status: Ongoing
- Provide research assistance related to MHSA activities to the Stigma Reduction Strategic Plan Advisory Committee, Suicide Prevention Strategic Plan Committee, State Hospitals, CDE, and Administrative Office of the Courts. Status: Completed

Board of Governors of the California Community Colleges (Board of Governors)

FY 2009-10	FY 2010-11	FY 2011-12
\$158,000	\$212,000	\$216,000

The Board of Governors receive funding and 1.0 position to assist in developing policies and practices that address the mental health needs of students.

FY 2009-10 through FY 2010-11 Deliverables

- Identify, develop and disseminate effective mental health practices for California Community Colleges (CCCs) students and support Chancellor's Office by convening and overseeing an inter-disciplinary, inter-agency Mental Health Services Advisory Committee which includes student representatives. Status: Ongoing
- Monitor local, state and national data and information related to mental health and education to identify the extent of mental health issues and need at community colleges; the extent of current delivery systems; promising models and practices; resource opportunities; partnership opportunities; information and findings are shared with stakeholders through list serves, the CCC Chancellor's Office webpage, meetings, and conferences. Status: Ongoing
- Plan, implement and evaluate training for faculty and staff to raise awareness on the issues of Post Traumatic Stress Disorder, Traumatic Brain Injury and depression that impact student learning through the implementation of the Zellerbach Family Foundation Grant and selected CCCs. Status: Ongoing
- Implement the American College Health Assessment system-wide study of mental health needs of community colleges. Status: Completed, findings were presented to the Mental Health Services Advisory Committee and at the California Association of Postsecondary Education (CAPED) convention in October 2010.
- Enhance coordination of services and resources by fostering relationships with key system partners (Student Services administrators, Health Services staff and related organizations, Disabled Students Program and Services, CAPED, general counseling, etc.) who work on mental health or related issues, particularly partners working with students at higher risk of mental health issues (such as foster youth, returning veterans and underserved populations). Status: Ongoing
- Enhance established Mental Health Service webpage with mental health resources and information. Status: Ongoing
- Research and assess viability of other resource opportunities such as grant and foundation funding for CCC. Status: Ongoing
- Provide input, feedback and technical assistance to DMH, counties and other local and state entities on issues related to CCC student mental health. Status: Ongoing

- Assist community colleges seeking support or information to improve services and/or address current needs on their campus. Status: Ongoing

Financial Information System for California (FI\$CAL)

FY 2009-10	FY 2010-11	FY 2011-12
\$0	\$28,000	\$190,000

The 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, including the DMH, will be required to use the system and, therefore, 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: the DOF, the SCO, the State Treasurer’s Office and the Department of General Services. DOF is the lead partner.

Military Department

FY 2009-10	FY 2010-11	FY 2011-12
\$215,000	\$451,000	\$552,000

The Military Department receives funding and 3.0 positions to support a pilot behavioral health outreach program to improve coordination between the California National Guard (CNG), local veteran’s services and county mental health departments throughout the state. The CNG educates Guard members about mental health issues and enhances the capacity of the local mental health system through education and training in military culture.

FY 2009-10 through FY 2010-11 Deliverables

- Conduct education events to inform soldiers and their families about the ways to access mental health services. Status: Ongoing
- Develop military culture training for county civilian mental health providers and service agencies. Status: Completed 10 trainings to mental health providers and service agencies with an average of 50 attendees per training in 2010. Additional trainings will be scheduled in 2011.
- Provide information about county mental health programs to CNG behavioral health providers and Guard members. Status: Ongoing

- Present suicide prevention awareness to the County Veterans Service Officers and United States Department of Defense/United States Department of Veterans Affairs at the national conference. Status: Completed
- Publish articles about suicide prevention and mental health resources in the “Grizzly,” the newsletter of the California National Guard. Status: Ongoing

Department of Veterans Affairs (DVA)

FY 2009-10	FY 2010-11	FY 2011-12
\$423,000	\$503,000	\$507,000

DVA receives funding and 2.0 positions to support a statewide administration to inform veterans and family members about federal benefits, local mental health departments and other services.

FY 2009-10 through FY 2010-11 Deliverables

- Coordinate DVA Referral Management Branch for Operation Welcome Home initiative. Status: Ongoing
- Establish a statewide call center to assist veterans with resources about mental health and other services. Status: Call center launched in August 2010 and plans to expand the statewide call center to 24-hour response service is targeted for February 2011.
- Update and disseminate of California Veterans Resource Book that includes enhanced information about mental health. Status: In process, an updated version is scheduled to be completed by February 2011.
- Provide enhanced mental health information for veterans and families through funded MOUs with six counties (San Diego, Los Angeles, San Bernardino, Fresno, San Luis Obispo and Solano). Status: In process, scheduled for completion in February 2011.
- Obtain contact information for close to 20,000 veterans a month through a MOU with Department of Motor Vehicles to include a question about military service on all driver’s license, Identification Cards and renewal applications. Status: In progress, estimated completion is July 2011.
- Reduce stigma and discrimination and increase access to mental health services by developing and airing two television Public Service Announcements (PSA) with information about mental health and make PSAs available on DVD. Status: Completed

MHSA Expenditures

Table 4 summarizes MHSA expenditures by the major component and by each state entity. It displays actual expenditures for FY 2009-10, the estimated budget for FY 2010-11, and the projected budget for FY 2011-12.

For FY 2010-11, the five percent administrative cap is \$52.8 million and administrative expenditures are \$47.9 million. For FY 2010-11, the estimated five percent administrative cap is \$38.2 million and the total projected expenditures for FY 2011-12 are \$49.7 million which exceeds the administrative cap by \$11.5 million. DMH will review the administrative cap at May Revision once revenue updates are available. DMH will work with the MHSOAC to identify potential reductions to remain within the administrative cap. Additionally, in light of the Governor's Budget proposal to redirect \$861.2 million MHSA funds for the Early and Periodic Screening, Diagnosis and Treatment, Mental Health Managed Care, and AB 3632, Special Education Pupils programs, and realign community mental health services to counties in FY 2011-12, the Administration acknowledges that state agencies' use of the MHSA fund must be reviewed.

**Table 4: Mental Health Services Act Expenditures
January 2011
(Dollars in Thousands)**

	Actual FY 2009-10	Estimated FY 2010-11	Projected FY 2011-12
Local Assistance			
Community Services and Supports	\$296,248	\$783,600	\$485,749
Workforce Education and Training State Level Projects ⁴	13,386	37,948	37,950
Capital Facilities and Technological Needs	1,216	0	0
Prevention and Early Intervention	195,949	216,200	110,227
Innovation	1,365,901	119,600	31,924
Subtotal, Major Program Categories	\$1,872,700	\$1,157,348	\$665,850
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) ⁵	0	0	578,981
Mental Health Managed Care ⁵	0	0	183,590
AB 3632, Special Education Pupils ⁵	0	0	98,586
Total Local Assistance	\$1,872,700	\$1,157,348	\$1,527,007
State Administrative Costs⁶			
Judicial Branch	\$999	\$1,012	\$1,063
State Controller's Office	295	714	1,733
Department of Consumer Affairs Regulatory Boards	271	122	120
Office of Statewide Health Planning and Development	436	881	895
Department of Aging	115	236	259
Department of Alcohol and Drug Programs	251	289	267
Department of Health Care Services	842	1,331	1,522
Managed Risk Medical Insurance Board	81	171	177
Department of Developmental Services	1,062	1,133	1,133
Department of Mental Health	31,094	32,988	34,617
Mental Health Svcs Oversight & Accountability Commission	2,492	5,408	4,529
Department of Rehabilitation	103	220	216
Department of Social Services	734	759	766
Department of Education	523	940	711
California State Library	171	182	179
Board of Governors of the California Community Colleges	158	212	216
Financial Information System for California	0	28	190
Military Department	215	451	552
Department of Veterans Affairs	423	503	507
Total Administration	\$40,265	\$47,580	\$49,652
GRAND TOTAL	\$1,912,965	\$1,204,928	\$1,576,659

⁴\$5 million in payments under the WET Loan Assumption program and \$500,000 for expansion of the Song Brown program in FYs 2010-11 and 2011-12. Both programs are administered through the Office of Statewide Health Planning and Development (OSHPD). This funding is shown in the State Operations portion of the Governor's Budget consistent with existing OSHPD program budgets.

⁵The FY 2011-12 Governor's Budget proposes to achieve an \$861.2 million General Fund savings in FY 2011-12 based on amending the non-supplantation and maintenance-of-effort requirements of the MHSA to allow the use of MHSF for Early Periodic Screening, Diagnosis and Treatment (\$579.0 million), Mental Health Managed Care (\$183.6 million) and AB 3632, Special Education Pupils (\$98.6 million) through a two-thirds vote of the Legislature.

⁶State entities listed in Table 4 receive funding for "State Administrative Costs" in accordance with the five percent authorized by Welfare and Institutions Code Section 5892(d).