

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

Fiscal Year 2019-20



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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. The 2019 Governor's May Revise indicates approximately \$2.124 billion was deposited into MHSF in Fiscal Year (FY) 2017-18. The 2019 Governor's May Revise also projects that \$2.418 billion will be deposited into MHSF in FY 2018-19 and \$2.483 billion will be deposited into MHSF in FY 2019-20.

Approximately \$2.089 billion was expended from MHSF in FY 2017-18. Additionally, \$2.581 billion is estimated to be expended in FY 2018-19 and \$2.724 billion is estimated to be expended in FY 2019-20.

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

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

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

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

Appendix 1 contains additional background information and an overview of legislative changes to the MHSA.

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 2017-18 anticipated accrual amount shown in the Governor’s May Revise will not actually be deposited into MHSF until two fiscal years after the revenue is earned which is FY 2019-20.

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

**Table 1: MHSA Estimated Total Revenue at 2019 – Governor’s May Revise
(Dollars in Millions)**

		FY 2017-18	FY 2018-19	FY 2019-20
Updated Governor’s FY 2019-20 May Revise¹				
	Personal Income Tax	2,119.1	2,409.6	2,474.8
	Interest Income Earned During Fiscal Year	5.3	8.8	8.8
	Anticipated Accrual Amount	[443.6]	[644.8]	[640.7]
Total Estimated Revenue²		2,124.4	2,418.4	2,483.6

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

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

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

	FY 2017-18	FY 2018-19	FY 2019-20
Community Services and Supports (Excluding Innovation)	1,533.8	1,746.1	1,793.1
Prevention and Early Intervention (Excluding Innovation)	383.5	436.5	448.3
Innovation	100.9	114.9	118.0
State Administration ⁵	106.2	120.9	124.2
Total Estimated Revenue	2,124.4	2,418.4	2,483.6

MHSa FUND EXPENDITURES

Table 3a displays MHSa expenditures for Local Assistance by component, Table 3b displays expenditures for State Administration by each state entity receiving funds from the MHSF, and Table 3c displays the State Administrative Cap by fiscal year. Tables 3a and 3b display actual expenditures for FY 2017-18 and estimated expenditures for FY 2018-19 and projected expenditures for FY 2019-20.

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

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

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

⁵ 5% State Administration W&I § 5892(d).

**Table 3a: MHSA Expenditures
Local Assistance
May Revise 2019
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2017-18	FY 2018-19	FY 2019-20
Local Assistance			
Department of Health Care Services	2,009,301	2,297,460	2,383,002
<ul style="list-style-type: none"> MHSA Monthly Distributions to Counties⁶ 			
CSS (Excluding Innovation)	1,527,069	1,746,070	1,793,146
PEI (Excluding Innovation)	381,767	436,517	488,286
INN	100,465	114,873	117,970
Office of Statewide Health Planning and Development <ul style="list-style-type: none"> WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds) 	16,465	11,000	0
California Health Facilities Financing Authority	3,999	160,453	144,000
Housing and Community Development	4,550	1,650	0
Mental Health Services Oversight and Accountability Commission	0	20,000	20,000
Department of Developmental Services <ul style="list-style-type: none"> Contracts with Regional Centers 	740	740	740
Department of Veterans Affairs	269	1,270	1,270
Total Local Assistance	2,035,324	2,492,573	2,549,012

⁶ The MHSA monthly distributions to counties are single monthly payments. 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. After allocating 5% of the CSS funds to INN and 5% of the PEI funds to INN, the county is left with 76% for CSS, 19% for PEI and 5% for INN.

**Table 3b: MHSAs Expenditures
State Administration
May Revise 2019
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2017-18	FY 2018-19	FY 2019-20
State Administration			
Judicial Branch	1,128	1,134	1,134
California Health Facilities Financing Authority	254	0	0
OSHPD – Administration	13,410	3,051	103,051
Department of Health Care Services	8,739	14,540	14,878
California Department of Public Health	10,705	22,282	33,307
Department of Developmental Services <ul style="list-style-type: none"> • Contracts with Regional Centers 	426	479	480
Mental Health Services Oversight & Accountability Commission <ul style="list-style-type: none"> • Triage Grants beginning January 2014 	13,491	39,566	16,852
Department of Corrections and Rehabilitation	237	1,182	1,182
Department of Education	137	163	163
University of California	869	961	0
Board of Governors of the California Community Colleges	94	99	99
Financial Information System for California	132	0	(8)
Military Department	1,387	1,420	1,466
Department of Veterans Affairs	225	256	256
SB 84 Loan Assessment (CalPERS)	0	156	356
Statewide General Administration ⁸	2,867	2,826	1,842
Total Administration	54,101	88,115	175,058
Total Local Assistance (Table 3a)	2,035,324	2,492,573	2,549,012
Total of Local Assistance and Administration	2,089,425	2,580,688	2,724,070

⁸ 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.

**Table 3c: MHSA Expenditures
State Administrative Cap
May Revise 2019
(Dollars in Thousands)**

	Actual	Estimated	Projected
	FY 2017-18	FY 2018-19	FY 2019-20
Total Estimated Revenue	2,124.4	2,418.4	2,483.6
Administrative Percentage Cap	5%	5%	5%
Estimated Administrative Cap	106.2	120.9	124.2
Total Administration (includes funding re-appropriated and attributed to prior years)	54.1	88.1	175.1
Difference	52.1	32.8	(50.9)

Based upon estimated MHSA revenues, the 5% administrative cap is \$106.2 million and estimated administrative expenditures are \$54.1 million for 2017-18. For 2018-19, the estimated 5% administrative cap is \$120.9 million and the total estimated expenditures are \$88.1 million. For FY 2019-20, the projected 5% administrative cap is \$124.2 million and the total projected expenditures are \$175.1 million.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Supports

CSS, the largest component, is 76%⁷ of county MHSA funding. CSS funds direct services to individuals with severe mental illness. These services are focused on recovery and resilience while providing clients and families an integrated service experience. CSS has four service categories:

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

⁷ Welfare and Institutions Code, Section 5892 requires counties to allocate 80% of MHSA funds to the CSS component and to allocate 5% of those funds to the INN component. Five percent of 80% equals 4%. Eighty percent minus 4% equals 76%. Therefore, Welfare and Institutions Code, Section 5892 requires counties to allocate 76% of total MHSA funds to the CSS component.

Full Service Partnerships

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

General System Development

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

Outreach and Engagement Activities

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

2. Capital Facilities and Technological Needs

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

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

3. Workforce Education and Training (WET)

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

Local WET Programs

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

Statewide WET Programs

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

The California Behavioral Health Planning Council (CBHPC) approved the 2014-2019 WET Five-Year Plan.¹⁰ The Plan, which OSHPD administers, includes program descriptions and funding levels. The \$114.7 million in funding for the WET Program expired on June 30, 2018. The FY 2018-19 Budget Act allocated \$10 million in one-time MHSAs funding to support the following WET Programs:

- Stipend Program
- Educational Capacity (Psychiatric Mental Health Nurse Practitioners Program)

¹⁰ [MHSAs Workforce Education and Training Five-Year Plan 2014-2019](#)

In addition, the budget included a one-time appropriation of \$1 million to support the Train New Trainers Primary Care Psychiatry Fellowship Scholarship Program, administered in partnership with the University of California at Irvine Medical School.

Due to the varying nature of contract completion dates, some programs may not reflect FY 2017-18 outcomes data. The following describes statewide WET programs and related activities:

- **Stipend Program:** In FY 2017-18, \$8.2 million was allocated for this program. In FY 2018-19, \$5 million was allocated for this program. In FY 2017-18, the program supported seven educational institutions that awarded 310 stipends to students seeking to become mental health professionals in exchange for working 12-months in the PMHS. Sixty-seven percent of the awardees were from under-represented communities and 61 percent spoke a language in addition to English. In August 2018, OSHPD awarded grants to three educational institutions to fund stipend programs. OSPD projected that the stipend programs will support 112 stipend recipients in FY 2018-19 and 38 stipend recipients in FY 2019-20. OSHPD intends to award additional grants in FY 2018-19
- **Mental Health Shortage Designation Program:** For FY 2018-19, an 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 mental health professional shortages as defined by the federal Health Resources and Services Administration. The shortage designation allows mental health sites and individuals to draw down federal and state funds to support workforce development through student loan repayment programs: National Health Service Corps Loan Repayment Program and the State Loan Repayment Program. As of February 2019, OSHPD facilitated federal approval of 21 new Mental Health Professional Shortage Area (MHPSA) designations, bringing the total to 231. There are 10.4 million Californian's living in these designated MHPSAs.
- **Peer Personnel Preparation:** For FY 2017-18 and FY 2018-19, \$2 million of MHSA administrative funds were allocated to this program annually. Peer Personnel is a related activity, but is not included in the five-year plan. This program supports organizations that conduct training of peer personnel on issues that may include crisis management, suicide prevention, recovery planning, targeted case management, and other related challenges. In FY 2017-18 the program supported 12 organizations that recruited, trained, and placed 734 individuals in peer personnel positions across 40 counties. In May 2018, OSHPD awarded grants to an additional five organizations to recruit, train, and place a projected 663 individuals in peer personnel positions across 21 counties. OSHPD intends to award additional grants in FY 2018-19.

- **Train New Trainers Primary Care Psychiatry Fellowship Scholarship Program:** For FY 2018-19, a total of \$1 million in one-time funding was allocated for this program. This program trains physicians on how to complete a psychiatric interview in a medical setting, effectively diagnose and treat common psychiatric conditions, and teach these skills to their primary care colleagues. As of February 2019, OSHPD awarded 40 scholarships of \$15,500 each, and intends to award 24 additional scholarships in FY 2018-19.
- **Education Capacity – Psychiatric Mental Health Nurse Practitioners:** In FY 2017-18, \$2.1 million was allocated for this program. In FY 2018-19, \$5 million was allocated for this program. In FY 2017-18, the program supported six training programs in co-locating 98 Psychiatric Mental Health Nurse Practitioner students and staff in the PMHS. As of February 2019, OSHPD awarded grants to four organizations that project to train an additional 82 individuals in the PMHS. OSHPD intends to award additional grants in FY 2018-19.
- **Education Capacity – Psychiatrists:** In FY 2017-18, \$2.1 million was allocated for this program. The funding for this program ended in FY 2017-18. In FY 2017-18, this program supported two psychiatric residency/fellowship programs, which allowed 21 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS. In April 2018, OSHPD awarded grants to support three additional psychiatric residency/fellowship programs that project to allow 39 psychiatric residents/fellows an opportunity to experience supervised time in the PMHS.
- **Consumers and Family Member Employment:** In FY 2017-18, \$4 million was allocated for this program. The funding for this program ended in FY 2017-18. This program supported nine organizations that engaged in activities to increase and support consumer and family member employment in the PMHS in FY 2017-18 and FY 2018-19. Activities included 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.
- **Mini-Grants:** In FY 2017-18, \$447,331 was allocated for this program. Mini-Grants funded organizations that engaged in activities promoting careers in mental/behavioral health to students. OSHPD awarded grants to 31 organizations to support programs that encouraged unrepresented, economically disadvantaged, and educationally disadvantaged students to pursue mental/behavioral health careers.
- **Retention:** In FY 2017-18, \$500,000 was allocated for this program. The funding for this program ended in FY 2017-18. This program supported ten organizations that engaged in retention activities for over 7,200 workers across 28 counties.
- **Evaluation:** In FY 2017-18, \$250,000 was allocated for evaluation. These funds were used to identify changes in the mental health workforce and to

determine the effectiveness of state-administered programs as part of the work to develop the 2020-2025 WET Five-Year Plan.

- **Public Mental/Behavioral Health Pipeline Program:** In FY 2017-18, \$2.2 million was allocated to this program. The funding for this program ended in FY 2017-18. This program supported organizations that construct region and/or community-specific programs, such as “Grow-Your-Own Models.” This program implemented new or supplemented existing pipeline programs or coursework for target populations. In May 2018, OSHPD awarded grants to 12 organizations providing services across 19 counties.
- **Mental Health Loan Assumption Program:** CBHPC approved \$10 million for FY 2017-18. The funding for this program ended in FY 2017-18. This program encouraged 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 2017-18, MHLAP received 2,289 applications requesting over \$22 million. MHLAP awarded 1,383 individuals a total of \$11 million, which includes \$1 million of prior year unspent funds. Of those awardees, 68 percent self-identified as consumers and/or family members and 57 percent spoke a language in addition to English.
- **Regional Partnerships (RPs):** In FY 2016-17, CBHPC (formerly the California Mental Health Planning Council) 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. Five RPs were developed to represent counties in the Bay Area region, Central Valley region, Southern California region, Los Angeles region, and the Superior region. As a consortium of county mental health, community-based organizations, and educational institutions, RPs planned and implemented programs that built and improved local WET resources to expand the PMHS in their respective regions. There was no funding allocated in FY 2017-18 or FY 2018-19 and all five RP grant agreements were closed out in September 2017.
- **Psychiatric Residency Programs:** In FY 2016-17, OSHPD administered \$411,322 in available funding related to a contract awarded during the FY 2008-13 Five-Year Plan. The awardee used the funds to support eight psychiatric residents as they performed their rotations, exposing the students to careers in the PMHS. Funding was discontinued in FY 2017-18, as these programs were replaced by the Education Capacity-Psychiatrists program.

4. Prevention and Early Intervention

The MHSA allocates 19% of MHSA funds distributed to counties for Prevention and Early Intervention (PEI) programs and services. The overall purpose of the PEI component is to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for

underserved populations. The PEI component enumerates outcomes that collectively move the PMHS from an exclusive focus on late-onset crises to inclusion of a proactive "help first" approach.

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

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

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

5. Innovation

The MHSA allocates 5% of MHSA funds distributed to counties for the Innovation (INN) component, which provides counties the opportunity to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. The purpose of an INN project is to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration, or increase access to mental health services, including but not limited to, services provided through permanent supportive housing.

For the last two years, the MHSOAC has been working to strengthen the overall strategy for mental health Innovation by encouraging counties to be more strategic in their investment, providing technical assistance and training, assisting with research and evaluation and dissemination. The INN component requires counties to invest in innovations that have the potential to fundamentally transform mental health services and the outcomes achieved. INN funding allows counties to test new, unproven approaches to service delivery, or adapt existing strategies with a potential to become tomorrow's best practices to improve mental health services.

The MHSOAC reviews and approves funding for INN programs for county mental health departments. Additionally, the MHSOAC provides technical assistance to help counties in their planning process. Since 2016, the MHSOAC has authorized more than \$374 million in funding to support INN programs statewide. During fiscal year 2016-17 the MHSOAC approved over \$68 million, in fiscal year 2017-18 the MHSOAC approved over \$149 million, and during the first four months of fiscal year 2018-19 the MHSOAC has approved over \$156 million.

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

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

In March 2019, the Commission launched a youth innovation project to engage young people to conceive of and design innovations that would result in mental health services and approaches that are youth-driven and better aligned with their needs.

STATE OPERATIONS AND ADMINISTRATIVE EXPENDITURES

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

Judicial Branch

FY 2017-18	FY 2018-19	FY 2019-20
\$1,128,000 SO	\$1,134,000 SO	\$1,134,000 SO

General Overview

The Judicial Branch efforts to improve judicial administration for cases involving court users with mental illness impacts all case types. The Judicial Branch generally divides projects 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 prevention and early intervention for juveniles with mental illness who are in the juvenile court system or at risk for involvement in the juvenile court system.

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

Innovative programs allow for youth participation in planning and attending multidisciplinary education programs that address prevention and early intervention for juveniles with mental illness at risk of entering, or involved with, the court system. While some education content is designed specifically for youth, other programs offer sessions appropriate for both adult and youth audiences. 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.

FY 17-18 Actual

Juvenile Mental Health

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

Increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners

- Disseminated 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, delinquency and dependency court systems.
- Staffed a rule of court development group focused on the issue of juvenile competency. Staff worked with the Family and Juvenile Law Advisory Committee and Collaborative Justice Advisory Committee members to implement Assembly Bill 1214 (AB 1214) juvenile justice competency legislation. AB 1214 implementation required the Judicial Council, in conjunction with multi-disciplinary stakeholders, to adopt a rule of court identifying the training and experience needed for an expert to be competent in forensic evaluations of juveniles and adopt rules to implement other requirements.
- Developed a webinar detailing the court process when a request to prescribe psychotropic medication to a foster youth is issued.
- Developed and supported educational programming for judicial officers working with court users with mental illness including training for judicial officers, court staff, and partner agencies in the system at the biennial Beyond the Bench Conference, annual juvenile primary assignment orientations, juvenile and family law institutes, as well as supported conferences and educational programs for family court staff.
- Held the 2018 Youth Court Summit at Sonoma State University in Rohnert Park, CA where over 240 youth and adults attended the conference. The Summit featured workshop sessions that addressed behavioral health:
 - a. Addressing ACEs Through Creative Sentencing Options
 - b. Strength-Based Justice: Moving Kids from At-Risk to At-Hope
 - c. Trauma-Informed Care: Youth Court and Restorative Principles
 - d. Understanding the Teenage Brain Explains Why Youth Courts Work
 - e. Gender and LGBTQ Targeted Bullying Behavior
- Published a series of briefings on various juvenile collaborative court models and how to implement an effective juvenile collaborative court model

Increase ability and skills of judicial officers

- Identified and disseminated best practices that improve case processing and outcomes for juveniles with mental illness in, or at risk of entering, delinquency and dependency courts
- Developed and disseminated 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 system, performance measurements, human trafficking and trauma, juvenile collaborative court models, starting a juvenile collaborative court, and integrating evidence-based practices into the justice system.
- Increased the ability and skill level of juvenile judicial officers who hear cases involving youth with mental illness by ensuring mental health is a priority issue for judicial education

Develop links to stakeholders

- Assisted court administrators who manage special programs targeting youth with mental illness 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.
- Provided statewide and regional symposia on youth courts that focus on meeting the special needs of youth at risk of entering delinquency or dependency systems. 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.
- Approximately three regional roundtable symposia were held. The roundtables were 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.

Determine training needs

- Staffed the juvenile subcommittee of the Collaborative Justice Courts Advisory Committee (CJCAC). The CJCAC is continuing much of the juvenile mental health work of the Mental Health Issues Implementation Task Force (MHIITF), which sunset on December 30, 2016. The MHIITF focused on implementing the 137 recommendations the Task Force for Criminal Justice Collaboration on Mental Health Issues made in its [final report](#).

Track and monitor special court related programs

- Coordinated and documented the work of Judicial Council advisory committees, including CJCAC, that were assigned juvenile court related MHIITF recommendations by Judicial Council internal committee chairs.

- Tracked and monitored the performance of collaborative juvenile court programs receiving grant funds that are designed to more effectively serve juvenile court users with mental illness.
- Conducted a comprehensive outcome and process evaluation of the Los Angeles Succeeding Through Achievement and Resilience Court, a collaborative court for victims and survivors of sexual exploitation and trafficking.
- Conducted a process evaluation of girls' courts across California.

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

Adult Mental Health

The Adult Mental Health project is focusing its efforts in the following objectives:

Increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners

- Provided technical assistance and resource information for new and/or expanding mental health courts
- Drafted a briefing to inform and assist the courts on the different components of Proposition 63: MHSA and accessing Innovation (INN) funds at the local county level to support the creation of court programs focused on addressing the needs of mentally ill court users.
- Continued to identify innovative programs and share information with relevant stakeholders, including innovative approaches to community-based IST programs.
- Developed and conducted regional and statewide symposia and 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 on 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, the effects of stress on adults and children, building resilience, and cultural and gender considerations in domestic violence cases. Planning and training activities at these symposia included those conducted by community partners.
- Provided 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.
- Held the Veterans and Military Families Summit in September 2018. This one-day event featured sessions on legal rights afforded to veterans coping with mental health conditions (PTSD, TBI, and MST); improving mental health

services through collaboration with criminal justice partners, Cal Vets, and MHSOAC; and promoting best practice standards related to veteran mentors. One session had a special focus on meeting the needs of female veterans and those affected by Military Sexual Trauma.

- At a statewide Self Help and Family Law Conference, conducted a workshop discussing techniques for court staff to effectively assist self-represented litigants with mental health conditions. The presentation addressed implicit biases, mental health and substance abuse. The program also provided an overview of Laura's Law and Assisted Outpatient Treatment programs.
- Conducted user testing to identify the needs of the public searching for mental health information on the Judicial Council website.
- Held a Homeless Court working summit for homeless court teams in November 2018. This event included the ability for participants to attend a homeless court session.

Increase ability and skills of judicial officers

- Assisted 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.
- Developed/supported 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. Attended and provided input into a Department of Health Care Services working group to identify issues surrounding IST.

Develop links to stakeholders

- Staffed the Mental Health subcommittee of CJCAC, which continued the work of MHITF 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.

Determine training needs

- Conducted 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.
- Determined the training needs in mental health and developed interdisciplinary training opportunities, both in-person and distance, for judicial officers, court

staff, and interdisciplinary teams. More information about these training opportunities can be found [here](#).

- Partnered 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.

Track and monitor special court related programs

- Maintained and updated 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.
- Tracked and monitored the performance of Recidivism Reduction Fund (RRF) grant recipient programs. Local collaborative courts receiving RRF funds were designed to more effectively serve high-risk and high-needs populations. Technical assistance, when needed, was available to help improve program outcomes.
- Tracked and monitored the performance of parolee reentry courts that serve parolees with co-occurring disorders.
- Launched a study of Veterans Courts in California that assesses 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.
- Staffed 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.
- Conducted research on misdemeanor IST 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.
- Implemented a homeless court program (HCP) study to assess best practices and provide a cost/benefit analysis. Strategies to improve HCPs included a whole person care approach and centralized coordinated services, which included mental health.

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

FY 18-19 Actual and Estimated

Juvenile Mental Health

Increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners

- Creating a girls' court web page to inform court stakeholders about girls' court, including 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.
- Developing training resources, in collaboration with the Collaborative Courts Advisory Committee, for judges and attorneys to provide background on the indicated use of and the effects of psychotropic medications on children.
- Updating the Juvenile Mental Health website to include behavioral/mental health resources and materials that are current, promote best practices standards, and are evidence based.
- Planning Beyond the Bench (BTB) 2019 Conference training sessions related to juvenile mental health issues for judges, local, state, and tribal court leaders, attorneys, probation officers, social workers, family court professionals, and court users. Beyond the Bench is a multidisciplinary statewide conference devoted to meaningful physical, remote, and equal access to the justice system.

Increase ability and skills of judicial officers

- Developing a Keeping Kids in School juvenile court bench guide to educate and assist judges on identifying the connection between education outcomes and the impact of trauma that can affect school performance, attendance, and behavior problems.
- Developing a curriculum and bench tools for judicial officers on the use of psychotropic medication in the foster care population.

Develop links to stakeholders

- Holding the 2019 California Youth Summit and youth court roundtables to assist courts and court partners in implementing peer-based alternatives to delinquency court options.

Track and monitor special court related programs

- Developing a tool kit for youth courts

Adult Mental Health

Increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners

- Developing a briefing on Homeless Court Programs (HCP) to help guide and assist jurisdictions to establish a HCP. Recommendations will focus on best practice standards, funding sources, and collaboration between behavioral health and criminal justice partnerships to ameliorate the rate of homelessness, resolve outstanding minor offenses and warrants (generally arising out of the condition of homelessness), and improve mental health services.
- Assisting 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.
- Developing a podcast episode for courts focused on court users with mental health issues.
- Holding the multidisciplinary Child and Family Focused Education (CaFFE) conference in conjunction with the Family Law Institute on April 8-12, 2019 to provide statewide training to judicial officers, mental health professionals in Family Court Services, attorneys, and court staff.
- Updating the Mental Health website and content on Judicial Resources Network (JRN) to include behavioral/mental health resources and materials that are current, promote best practices standards, and are evidence based.
- Planning Beyond the Bench (BTB) 2019 Conference training sessions related to behavioral and mental health issues for judges, local, state, and tribal court leaders, attorneys, probation officers, social workers, family court professionals, and court users. Beyond the Bench is a multidisciplinary statewide conference devoted to meaningful physical, remote, and equal access to the justice system.

Increase ability and skills of judicial officers

- Revising MIL-100 form which is an optional form that may be used in any type of case to give judicial officers notification of a litigant's military or veteran status when considering possible legal benefits and protections.
- Drafting Assembly Bill 865 (AB 865) form for justice involved military service members and veterans. AB 865 requires courts to consider Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other service-induced mental health problems as mitigating factors for convictions that occurred prior to January 1, 2015.

Develop links to stakeholders

- Hosting two regional round tables for judicial officers and court administrators to help support the implementation of mental health diversion under Assembly Bill 1810 (Pen. Code, §§ 1001.35, 1001.36):

1. Northern Round Table (in Sacramento County) on April 5, 2019
2. Southern Round Table (in San Bernardino County) on May 20, 2019

Determine training needs

- 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.

FY 19-20 Projected

Juvenile Mental Health

Increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners

- Holding an annual Youth Court Summit and roundtable.

Increase ability and skills of judicial officers who hear cases

- Revising Rules of Court concerning communication between probate and juvenile court for cases involving involuntary medication for children in foster care.

Develop links to stakeholders

- Developing a homeless youth court model targeted at addressing the unique needs of homeless youth and transition-aged youth.

Determine training needs

- Developing an implementation plan for Family Collaborative Courts to meet the needs of at-risk family court litigants with child custody disputes.
- Evaluating how the needs related to mental health within juvenile courts have changed since the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues: [Final Report](#) and Mental Health Issues Implementation Task Force: [Final Report](#) were drafted.
- Identifying emerging issues facing courts and providing technical assistance to courts seeking strategies to better meet the needs of litigants with behavioral health issues.

Track and monitor special court related programs

- Evaluation of the effects of Proposition 35 (2012) and other trafficking-related laws on girls' courts.

Adult Mental Health

Increase knowledge and awareness with courts, partners, and stakeholders

- Evaluating and discussing behavioral/mental health training sessions at the October 2019 California Association for Collaborative Courts (CACC) conference. CACC provides training, technical assistance, and mutual support to collaborative courts in the State of California. The conference helps promote and advance evidence-based practice guidelines for collaborative court programs.

Develop links to stakeholders

- Conducting outreach to stakeholders on Strategic Plan for Veterans Courts project to create a statewide plan.

Determine training needs

- Evaluating how the needs of the courts have changed since the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues: [Final Report](#) (April, 2011) and Mental Health Issues Implementation Task Force: [Final Report](#) were drafted.
- Identifying the emerging issues facing courts and providing technical assistance to courts seeking strategies to better meet the needs of litigants with behavioral health issues.

Track and monitor special court related programs

- 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.
- Mental health court research update.

California Health Facilities Financing Authority

FY 2017-18	FY 2018-19	FY 2019-20
\$254,000 SO	\$0 SO	\$0 SO
\$3,999,000 LA	\$160,453,000 LA	\$144,000,000 LA

General Overview

The California Health Facilities Financing Authority (CHFFA) continues to receive on-going MHSa funding of \$4 million for county mobile crisis support team personnel funding grants, which CHFFA is allocating to support mobile crisis team personnel dedicated to children and youth through the Investment in Mental Health Wellness

Grant Program for Children and Youth (SB 833, Section 20, Chapter 30, Statutes of 2016).

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

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

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

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 in MHSA funds was available for personnel funding in FY 2013-14, of which \$3,974,289 was awarded. An additional \$4 million ongoing in yearly personnel funding was appropriated by the Legislature. In FYs 2014-15 through 2017-18, \$3,998,942 was awarded for each year. After the completion of all funding rounds, \$1,057 in available personnel funding was not awarded. The nine counties awarded the \$4 million and receiving personnel funding as a part of the Investment in Mental Health Wellness Grant Program for funding allocations in the 13-14 budget through the 17-18 budget include Contra Costa, Lake, Los Angeles, Marin, Mendocino, Riverside, Sacramento, San Joaquin, and Santa Barbara. Future allocations starting from the 18-19 budget are being made available to counties in the first funding round under the Children and Youth Program.

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

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

SB 833, Section 20 (2016) established the Children and Youth (“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 that will be expanding mental health services in eligible program service areas outlined in the statute. CHFFA developed regulations on an emergency basis, which were approved in November 2018 and CHFFA opened its first funding round on November 30, 2018 with an application submission deadline of February 28, 2019. CHFFA received a total of six applications (from Santa Cruz, Sacramento, Marin, San Francisco, Monterey, and Butte Counties) requesting approximately \$1.3 million from the 16-17 allocation and approximately \$2.9 million from the ongoing \$4 million in MHSA funds.

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

Projected

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

Assembly Bill AB 1618 (Chapter 43, Statutes of 2016) and AB 1628 (Chapter 322, Statutes of 2016) authorized CHFFA to issue up to \$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 the MHSA, and will fund the construction and rehabilitation of permanent supportive housing for homeless individuals with mental illness. The Department of Housing and Community Development will administer a grant program for awarding funds among counties to finance capital costs for permanent supportive housing, while CHFFA will issue the revenue bonds for the program. The CHFFA board approved issuing up to \$2 billion in revenue bonds and certain bond documents at the August 2017 Authority meeting.

Due to legal challenges, implementation for this program was delayed. AB 1827 (Chapter 41, Statutes of 2018) placed the No Place Like Home program on the November 2018 ballot (Proposition 2) where it was adopted by the voters.

Office of Statewide Health Planning and Development

FY 2017-18	FY 2018-19	FY 2019-20
\$13,410,000 SO	\$3,051,000 SO	103,051,000 SO
\$16,465,000 LA	\$11,000,000 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.

OSHPD administers the statewide WET funds and develops mental health programs that support the increase of qualified medical service personnel serving individuals with mental illness. Information about the use of local assistance WET funds is provided in the Statewide Component Activities section of this report.

In FY 2018-19, MHSA state operations funds total \$3.5 million, supporting 5.0 full-time equivalents, state-level contracts, and an ongoing annual appropriation of \$2 million for the Peer Personnel Preparation Program. In FY 2019-20, MHSA state operations funds total \$3.5 million to support the multi-year administration of the remaining contracts through FY 2019-20. OSHPD's administrative costs were \$808,000 in FY 2017-18 and are estimated at \$1.5 million for FY 2018-19.

The one-time \$11 million appropriation allocated from Local Assistance in FY 2018-19 includes \$10 million for WET Stipend and Education Capacity Programs and \$1 million for the Train New Trainers Primary Care Psychiatry Fellowship Scholarship Program. This one-time appropriation includes expenditure authority to support the administration of these programs through FY 2020-21 and of the \$10 million for WET, \$476,000 is for administrative costs.

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

Department of Health Care Services

FY 2017-18	FY 2018-19	FY 2019-20
\$8,739,000 SO	\$14,540,000 SO	\$14,878,000 SO
\$2,009,301,000 LA	\$2,297,460,000 LA	\$2,383,002,000 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 and the CBHPC have a total of 38.0 MHSA-funded FTEs.

DHCS – State Operations

The MHSA state operations funding supports 33.0 FTEs.

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

- Revenue and Expenditure Reports: 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.
- 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.
- Issue Resolution Process: 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 performs 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 funds. DHCS is responsible for handling county appeals of audit findings. These appeals are conducted by an Administrative Law Judge in accordance with the Administrative Procedures Act and are formal hearings. DHCS prepared four audits during FY 2017-18 and expects to prepare 18 audits during FY 2018-19 and forward.
- MHSA Program Reviews: DHCS developed a tool to use when completing onsite program reviews of county MHSA-funded programs. DHCS will review 20 counties each calendar year beginning January 2019.
- MHSA Allocation Schedule: 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.
- MHSA Regulations: DHCS drafted MHSA fiscal regulations for reversion, prudent reserve, accounting practices, and the ARER. DHCS submitted the draft regulations for public notice initiating the 45-day public comment period to the Office of Administrative Law in March 2019. Additionally, DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package. During Spring 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: DHCS finalized 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, and is finalizing funds subject to reversion for FY 2015-16.

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 funding amount is \$1,058,291 for FY 19-20. 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. Funding for FY 2018-19 is \$115,354 and the project is expected to continue through March 2020.

DHCS contracts with Didi Hirsch Mental Health Services to support suicide hotlines throughout California. The funding is used to improve and expand suicide prevention services provided by National Suicide Prevention Lifeline accredited call centers. Funding is \$4.3 million for FY 2018-19 and ongoing.

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.

FY 2017-18 Actual

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

FY 2018-19 Actual and Estimated

The CBHPC will continue to fund 5.0 FTEs and 1 Student Assistant. The primary expense is the Quarterly Council meetings.

FY 2019-20 Projected

The CBHPC projects spending to be the same in 2019-2020 with increases in meeting space rental consistent with industry trends.

California Department of Public Health

FY 2017-18	FY 2018-19	FY 2019-20
\$10,705,000 SO	\$22,282,000 SO	\$33,307,000 SO

Office of Health Equity

General Overview

The Mental Health Services Act (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 Prevention and Early Intervention mental health disparities project aims to grow and validate community-defined practices through a participatory evaluation approach that places communities at the center of those efforts. At a systems level, CRDP is designed to improve access, quality of care, and increase positive outcomes for the following five populations:

- African Americans
- Asian/Pacific Islanders
- Latinos
- Native Americans
- 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 to spend without regard to fiscal year) to implement and evaluate CRDP community-defined practices. In total, CDPH/OHE has awarded and executed 42 contracts and grants to implement the CRDP through 2022. The last and final contract under the CRDP is the Education Outreach and Awareness Consultant that was recently finalized. These contracts and grants are composed of:

- A Statewide Evaluator;
- An Education Outreach and Awareness Consultant;
- Five Technical Assistance Providers; and
- Thirty-five Implementation Pilot Projects.

Program Highlights and Key Activities

FY 2017-18 Actual

- OHE Contract Managers continued 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 included contractor and grantee monthly calls, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting.
- OHE finalized and issued the last CRDP Phase II solicitation, the Education, Outreach and 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. On August 29, 2018, CDPH issued a Notice of Intent to Award to the CA Pan Ethnic Health Network by CDPH.
- OHE attended and presented at various mental health committees, workgroups and convenings 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 served as subject matter experts in health equity, cultural and linguistic competence, and mental health on department wide initiatives and projects.
- OHE provided ongoing administrative support to the 26 member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing updates on the progress of the project at the quarterly meetings. The Statewide Plan can be viewed [here](#).

OHE administered contracts to:

- Finalize and disseminate a CRDP statewide strategic plan for reducing mental health disparities, which was approved and 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 on program progress and achievements;
- Develop CRDP contract/contractor policies and procedures manual(s) to ensure consistent and equitable program direction for the 42 contractors/grantees; and
- Coordinate 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 Behavioral 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
- Office of AIDS California Planning Group
- Social Determinants of Health and Structural Racism Committee
- Office of Minority Health, Regional Health Equity Council Region IX Behavioral Health Subcommittee
- CA Future Health Workforce Behavioral Health Subcommittee
- Adolescent Sexual Health Workgroup
- School Based Health-Center Alliance
- Adolescent Preventative Health Initiative

FY 2018-19 Actual and Estimated

- OHE Contract Managers will continue to provide high-touch monitoring of the 35 pilot projects, as well as the Education, Outreach and Awareness Consultant, population specific Technical Assistance Providers, and the Statewide Evaluator. Ongoing activities include contractor and grantee monthly calls, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting.

- OHE attends and presents at various mental health committees, workgroups, and convenings 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 staff serve as subject matter experts in health equity, cultural and linguistic competence, and mental health on department wide initiatives and projects.
- OHE continues to provide ongoing administrative support to the 26 member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing updates on the progress of the project at the quarterly meetings.

OHE is administering contracts to:

- Conduct a statewide mental health poll, media training, and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations;
- Produce annual issues and policies reports, education briefings, an inventory of county cultural competence advisory committees in California, and mental health collateral material;
- Coordinate meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges;
- Provide intern and emerging leaders stipends; and
- Train the OHE team on Mental Health First Aid.

FY 2019-20 Projected

- OHE Contract Managers will continue to provide high-touch monitoring of the 35 pilot projects, as well as the Education, Outreach and Awareness Consultant, population specific Technical Assistance Providers and the Statewide Evaluator. Ongoing activities include contractor and grantee monthly calls, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting.
- OHE plans to attend and present at various mental health committees, workgroups and convenings 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 staff will serve as subject matter experts in health equity, cultural and linguistic competence, and mental health on department wide initiatives and projects.
- OHE will continue to provide ongoing administrative support to the 26 member OHE Advisory Committee to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's

Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing program updates at the quarterly meetings.

OHE plans to administer contracts to:

- Conduct a statewide mental health poll, media training and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations;
- Produce annual issues and policies reports, education briefings, an inventory of county cultural competence advisory committees in California, and mental health collateral material;
- Provide intern and emerging leaders stipends;
- Coordinate meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges.

Additional OHE Information can be viewed here:

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

Safe and Active Communities Branch

General Overview

The MHSA supports 1.8 positions in the CDPH, Safe and Active Communities Branch (SACB). SACB oversees the All Children Thrive California Program (ACT/CA). This three-year pilot program engages cities in strategies to reduce the prevalence of adverse childhood experiences (ACEs), building on the national ACT initiative prioritizing children's health in more than a dozen U.S. cities. In partnership with Community Partners, Public Health Advocates, and the University of California, Los Angeles (UCLA) Center for Healthier Children, Families, and Communities, ACT/CA sets in motion a broad social movement focused on the wellbeing of children and families, establishing an infrastructure supporting its statewide deployment. By increasing the capacity of communities to address the root determinants of health, ACT/CA provides a replicable, evidence-based model that can bolster Accountable Health Communities, First 5 early childhood initiatives, and Proposition 63 prevention efforts.

Beginning in FY 2018-19, CDPH received an additional \$10 million in MHSA funding to spend over three years to implement and evaluate the ACT/CA Program. CDPH/SACB has awarded one contract to Community Partners through June 30, 2021.

FY 2018-19 Actual and Estimated

- The SACB Contract Manager is in the process of hiring a Staff Services Analyst to perform fiscal and contract management activities such as monitoring expenditures and processing invoices.
- The SACB Contract Manager negotiated and awarded a 30-month contract to Community Partners.
- The SACB Contract Manager and Research Scientist will participate and provide support to the All Children Thrive Equity Advisory Group (ACT/EAG).
- The SACB Contract Manager monitors the fiscal aspects of the contract and together with the Research Scientist will continue to provide technical assistance through monthly calls and in-person meetings.
- SACB program staff attend and present at various committees, workgroups, and convenings statewide to provide updates and leverage related efforts.
- SACB staff serve as subject matter experts on childhood adversity and promoting resilience on department-wide initiatives and projects.

SACB is administering a contract to:

- Establish an EAG of state and local experts in trauma- and equity-informed community programming to guide the design and implementation of the ACT/CA pilot program.
- Identify evidence-based interventions and public health practices for preventing childhood trauma, diminishing its risks, and improving child, family, and community wellbeing.
- Develop a data system and dashboard to track process and outcome measures of the pilot program.

FY 2019-20 Projected

- The SACB Contract Manager and Research Scientist will participate and provide support to the ACT/EAG.
- The SACB Contract Manager will monitor the fiscal aspects of the contract and together with the Research Scientist will provide technical assistance through monthly calls and in-person meetings.
- SACB program staff will attend and present at various committees, workgroups, and convenings statewide to provide updates and leverage related efforts.
- SACB staff will serve as subject matter experts on childhood adversity and promoting resilience on department-wide initiatives and projects.

SACB will administer a contract to:

- Develop model programs, policies, and practices for implementation by cities and counties to prevent childhood trauma, and to promote child wellbeing and individual and community resilience.

- Conduct an awareness campaign to prevent childhood trauma and to counter its effects.
- Recruit and provide coaching and technical assistance to help cities and counties establish strategies to prevent ACEs and to promote individual and community resilience and child wellbeing.
- Develop and share an online ACT Toolkit for cities and counties with model public health strategies for addressing ACE their communities.
- Establish a peer-learning network to provide facilitated, structured opportunities for participating cities and counties to share collaboration and mobilization strategies, policy and program innovations, measurement and reporting templates, and lessons learned.
- Develop and conduct a quarterly statewide webinar series for mayors, city council members, city managers, and local health department directors.
- Provide educational seminars for city officials in each of the League of California City's 16 regions, make presentations at the League's Annual Conference, and publish articles in the League's monthly magazine.

FY 2020-21 Projected

- The SACB Contract Manager and Research Scientist will participate and provide support to the ACT/EAG.
- The SACB Contract Manager will monitor the fiscal aspects of the contract and together with the Research Scientist will provide technical assistance through monthly calls and in-person meetings.
- SACB program staff will attend and present at various committees, workgroups, and convenings statewide to provide updates and leverage related efforts.
- SACB staff will serve as subject matter experts on childhood adversity and promoting resilience on department-wide initiatives and projects.

SACB will administer a contract to:

- Provide coaching and technical assistance to help cities and counties establish strategies to prevent ACEs and to promote individual and community resilience and child wellbeing.
- Maintain a peer-learning network to provide facilitated, structured opportunities for participating cities and counties to share collaboration and mobilization strategies, policy and program innovations, measurement and reporting templates, and lessons learned.
- Conduct a quarterly statewide webinar series for mayors, city council members, city managers, and local health department directors.
- Provide educational seminars for city officials in each of the League of California City's 16 regions, make presentations at the League's Annual Conference, and publish articles in the League's monthly magazine.
- Evaluate the impact of the ACT/CA pilot program activities, identify best practices, and report findings and recommendations to CDPH, the MHSOAC, the

Senate Committee on Budget and Fiscal Review, and the Assembly Committee on Budget.

Department of Developmental Services

FY 2017-18	FY 2018-19	FY 2019-20
\$426,000 SO	\$479,000 SO	\$480,000 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 FTEs.

The Department of Developmental Services (DDS) oversees MHSA funding for regional centers that develop innovative projects. These projects focus on prevention, early intervention, and treatment for children and adults with mental health diagnoses, and provides support for families.

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

Actual, Projected and Estimated Projects

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

A brief description of each project is included below:

Harbor Regional Center

County: Los Angeles

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

In collaboration with the Los Angeles County Department of Mental Health, the Los Angeles County Department of Children and Family Services, and other local community partners, 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. The expected outcomes of this project include:

- 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: \$142,718.86 FY 2019-20: \$123, 248.39

North Bay Regional Center (NBRC)

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 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, 898.88 FY 2018-19: \$222,531.02 FY 2019-20: \$212,191.49

South Central Los Angeles Regional Center

County: Los Angeles

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 prevention and early intervention services to families and their children, including adult consumers with children at risk. This project is also intended to 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 plans to:

- Increase internal and external identification of dually diagnosed consumers;
- Train service coordinators in making appropriate referrals and recognizing mental health conditions;
- Train regional center service providers 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

Bridging the Gap: Co-occurring Disorders and Developmental Disability

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

To date, over 398 clinicians, service providers, regional center staff and other professionals, families, and consumers have participated and benefitted from these projects. Tools, resources, training curricula, PowerPoint presentations and other training materials for each specific project are available on each project website.

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

Mental Health Services Oversight and Accountability Commission

FY 2017-18	FY 2018-19	FY 2019-20
\$13,491,000 SO	\$39,566,000 SO	\$16,852,000 SO
\$0 LA	\$20,000,000 LA	\$20,000,000 LA

FY 2017-18 Actual

- MHSOAC staffing: 36 positions
- \$32 million reserved for the SB 82 Triage grant program
- \$4.7 million reserved for statewide stakeholder advocacy contracts
- Balance of \$8.5 million supports Commission operations, evaluation and technical assistance
- Assembly Bill 114, Chapter 38, Statutes of 2017 appropriated \$100,000 from the MHSA fund to the Commission to develop a statewide suicide prevention strategic plan

The Governor's 2017-18 budget included a reappropriation from 2016 in the amount of \$5,564,700 that was available for encumbrance or expenditure until June 30, 2018.

FY 2018-19 Estimated

- MHSOAC staffing: 36 positions
- \$20 million reserved for the SB 82 Triage grant program
- \$5.4 million reserved for statewide stakeholder advocacy contracts (includes an additional \$670,000 for immigrants and refugees advocacy)
- \$2.5 million for the Innovation Incubator
- Balance of \$10.6 million fund supports Commission operations, evaluation and technical assistance

The 2018-19 budget reappropriated \$20,000,000 of the Commission's 2017-18 triage grant program for encumbrance or expenditure until June 30, 2021.

FY 2019-20 Projected

- MHSOAC staffing: 36 positions
- \$20 million reserved for the SB 82 Triage grant program
- \$5.4 million reserved for statewide stakeholder advocacy contracts
- \$2.5 million for the Innovation Incubator
- Balance of \$10.6 million fund supports Commission operations, evaluation and technical assistance

Strengthening Fiscal, Programmatic and Outcome Oversight and Accountability

For the past three years, the Commission has been working to strengthen fiscal, programmatic and outcome oversight and accountability for California's PMHS.

The MHSA requires each county mental health plan to follow a community planning process to ensure that mental health systems are designed around the needs of the community. To support that effort and the accompanying public accountability that community planning supports, the Commission has developed a suite of transparency tools that make accessible and searchable every county's program planning and reporting information. The first stage of that work, displaying counties' fiscal information, was released June 2017. As currently presented on the Commission's website, the fiscal transparency tool allows the public and policy makers to view mental health revenues, expenditures and unspent funds, statewide and for each county. Detailed fiscal information is available by MHSA category, other sources of funding, and also is available across several years.

In response to concerns including inconsistent reporting, unspent funds, and lack of clarity in the rules and requirements for the reversion of unspent funds, the Commission initiated a project in early 2016 to better understand the requirements of the reversion policy, how it has been implemented by the state, how counties have responded to the

practices, and whether there is sufficient public access to information on mental health revenue, expenditures, and unspent funds. As a result of that work, in April 2017, the Commission publicly released a report on fiscal reversion. As a response to that work, the Legislature and the Governor passed Assembly Bill 114, Statutes of 2017, to reset the state fiscal reversion policies.

Second, the Commission has developed an online, searchable database of county MHSA programs that would allow the public to quickly view information on more than 21,000 MHSA funded programs. This tool will allow the public to see how those funds are spent in their counties and allow searchable reviews of county spending priorities. Overtime the Commission will add information on who is served by those programs – to the extent the data are available – including information on race, ethnicity, age, sexual orientation, gender identity, language spoken, disability status, and veteran status. The goal is to support community awareness of how counties are responding to community needs. The on-line tool was demonstrated at the November 2018 Commission Meeting and was released to the public on April 10, 2019. It may be accessed [here](#).

Third, the Commission has begun to explore ways to share program outcomes data to support statewide learning about best practices and to inform the public about how MHSA program investments are translating into results. The Commission has developed an online tool displaying selected program outcomes by county and statewide. The initial release focuses on Full Service Partnerships (FSP), the largest single programming area under MHSA, constituting roughly 38 percent of county expenditures in MHSA programs. Outcomes displayed in this tool are drawn from regular county reports submitted to DHCS. The Commission receives and analyzes county FSP data through a data sharing agreement with DHCS. The on-line FSP tool was released to the public on April 10, 2019. It may be accessed [here](#).

As part of that work on program outcomes, the Commission in 2015 released regulations that require the counties to report both on program outcomes and on who is being served by each program. The Commission's regulatory authority extends only to Innovation and Prevention and Early Intervention Programs, which make up a small portion of overall mental health programs. As a result, the Commission is unable to report on who is served by the entire system, but will be able to report on two of the three core components of the MHSA with detailed information on age, race, ethnicity, gender identity, sexual orientation, language spoken, veteran status, and other characteristics. This reporting requirement is intended to ensure that the counties and the public have the information needed to understand who is being served, to map and monitor disparities in access to care, and to better understand which segments of their populations are being served by which programs.

In December 2017, the Commission began receiving the first data on Prevention and Early Intervention and Innovation programs from the counties in response to these regulations. By mid-2018, the Commission received the Annual Reports from all 59 counties. This information is being analyzed to evaluate programmatic trends, including whether the programs are serving the intended populations and whether they

are addressing the seven negative outcomes of untreated mental illness specified in the Mental Health Services Act. Information from these reports is being used to populate parts of the Commission's on-line transparency data tools.

The third component of the Commission's broad strategy to establish oversight and accountability involves the monitoring of outcomes. The MHSA identifies seven core outcomes that should be pursued through mental health investments, including reductions in homelessness, suicide, the removal of children from their homes, educational failure, unemployment, criminal justice involvement and prolonged suffering. These goals are in addition to reducing disparities in improving access to care, promoting recovery and other goals.

The Commission is working to link mental health data with state administrative data from a number of other departments as a strategy for monitoring these outcomes. In November 2017, the Commission released a report on opportunities to reduce the number of mental health consumers who become involved with the criminal justice system. As part of that effort, the Commission began to match mental health data to criminal justice data. The goal of that work is to better understand which programs have the best success, and for whom, at preventing criminal justice involvement. Preliminary findings will be released in late 2019.

Similarly, the Commission has a current project on improving educational outcomes for children with mental health needs. The Commission is working with the California Department of Education (CDE) on opportunities to share mental health and education data to monitor educational outcomes and better understand how to best serve children and youth. A draft report is scheduled to be released in 2019.

Additional efforts will be underway in 2019 to monitor employment outcomes using data held by the Employment Development Department, and child welfare outcomes through a partnership with the Department of Social Services and DHCS.

The Commission is also currently drafting a Suicide Prevention Plan for California as required by Assembly Bill 114, Statutes of 2017. The plan will include proposals to track risks, attempts and other information associated with suicide and suicide prevention and will be released in 2019.

Plan Review

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

Triage

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

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

- Modified the application process to expedite program implementation
- Issued three separate competitive grants each with a unique focus: adults and transition age youth, children, and school mental health partnerships
- Contracted with UC Davis and UC Los Angeles, to do a statewide evaluation for each of the three project types supported with Triage funds

Appendix 2 provides a list of the counties and grant amounts awarded.

Stakeholder Contracts

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

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

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

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

Assembly Bill 1315 Early Psychosis Intervention (EPI) Plus Program

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

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

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

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

Assembly Bill 1134 Mental Health Policy Fellowship Program

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

Evaluations

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

- Assessment of System of Services for Older Adults
- Recovery Orientation of Community Services and Supports Component of the MHSA
- Early Psychosis Evaluation
- Department of Justice Data Linkage
- Data Management and Data Visualization Tools
- Full Service Partnerships Pilot Classification & Analysis Project
- Population Level Outcome Measures

Implementation of new Legislation in 2018

Senate Bill 1113 (Morning, Chapter 354, Statutes of 2018 authorized the Commission, in consultation with the Labor and Workforce Development Agency, to establish a framework and voluntary standard for mental health in the workplace and provide guidance to California's employer community to put in place strategies and programs, determined by the commission, to support the mental health and wellness of employees. Commission staff have engaged public and private agencies to begin to build strategies for workplace mental health. This work has included meetings with California Department of Human Resources, local and statewide business owners, and international organizations to discuss strategies. Commission staff have provided Mental Health First Aid training for other governmental agencies, a practice which is commonly acknowledged as a strategy to increase awareness and reduce stigma. Preliminary work also includes conducting research on best practices and review of existing workplace mental health standards.

Senate Bill 1004 (Wiener), Chapter 843, Statutes of 2018 requires the Commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The Commission has established a subcommittee and is working on a framework to implement this legislation.

- [MHSA Website](#)

California Department of Education

FY 2017-18	FY 2018-19	FY 2019-20
\$137,000 SO	\$163,000 SO	\$163,000 SO

The MHSA funds support a 0.7 FTE Education Programs Consultant (EPC) position and a 0.2 FTE Office Technician (OT) at the 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 meetings, trainings, and conferences. This position also provides clerical assistance with documents relating to student mental health and wellness, including the Student Mental Health Policy Workgroup (SMHPW) and Project Cal-Well activities and supporting the annual Student Mental Wellness Conference.

MHSA funding leverages fiscal resources such as the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration “Now is the Time” Project Advancing Wellness and Resilience in Education State Educational Agency Grant, also known in California as Project Cal-Well, as well as the U.S. Department of Justice Project STOP, aimed at reducing school violence.

Program Highlights:

- Coordination and delivery of the National Alliance on Mental Illness (NAMI) on Campus High School (NCHS) workshops for high school students and advisors. NCHS workshops promote the student voice, increase awareness of mental health and wellness, provide suicide prevention strategies, inspire advocacy, promote acceptance for students experiencing mental health issues, and promote a positive school climate that fosters healthy, respectful relationships among students, staff, and parents/guardians/caregivers, and strengthens students’ feelings of connectedness to their school.
- Collaboration with NAMI California to plan the first annual youth mental health symposium
- Development and dissemination of *A Guide to Increase Mental Health Services to Students*. This guide was developed to assist schools and districts on building

capacity to better address mental health challenges among students. The document describes the professionals authorized to provide mental health and mental health related supports. With this information schools, districts and county offices of education can make informed decisions on what staff to hire depending on their needs and priorities.

- 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 (SSPI) 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.
- Dissemination of model suicide prevention policy as required by Assembly Bill 2246.
- Collaboration with the external partners, such as the Trevor Project, to monitor the implementation of Assembly Bill 2246.
- Coordination, marketing, and broadcasting of a suicide prevention webinar to provide information on prevention, intervention, and postvention strategies.
- Collaboration with the MHSOAC to determine new pathways for meeting students' mental health needs
- Coordination of the SSPI's Multi-agency Mental Health Workgroup to solidify relationships between education and county behavioral health departments to help address mental health needs of students through MHSA funding.
- Collaboration with Mental Health America of California and other partners to plan the annual Mental Health Matters Day.
- Collaboration with California Health Occupations Students of America (CalHOSA) to assist in planning first annual youth mental health day.

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
- Annual California Student Mental Health Wellness Conference
- Annual Statewide Parent Teacher Association (PTA) Conference
- Annual California Behavioral Health Directors Association Policy Forum
- Annual PTA Legislative Conference
- Annual Breaking Barriers Conference

- Annual California Association of School Psychologist Conference
- California Behavioral Health Planning Council Member
- Mental Health America of California Board Member
- California Mental Health Advocates for Children and Youth Board Member

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

University of California

FY 2017-18	FY 2018-19	FY 2019-20
\$869,000 SO	\$961,000 SO	\$0 SO

The University of California (UC) received funding to support two Behavioral Health Centers of Excellence. Grant funding for the two centers allows researchers to explore areas such as telehealth, delivery of behavioral health care, the economics of prevention, and how medical and mental health services can be better integrated into clinical settings. One center is housed at UC Davis and the other at UCLA. UC Davis Behavioral Health Center of Excellence was launched on October 1, 2014, with initial funding from MHSA. The Center’s mission is to expand research opportunities, accelerate innovation for future funding, with a vision of better understanding the brain and behavior. The Center’s mission is to bridge sciences with policy and educate the next generation to be leaders for mental health. The Behavioral Health Center at UC Davis focuses on these three areas:

- Prevention and Early Intervention
- Innovation
- Policy and Education

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

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

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

FY 2017-18	FY 2018-19	FY 2019-20
\$94,000 SO	\$99,000 SO	\$99,000 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 73 community college districts and 115 community colleges serving over 2.1 million students. MHSA funds support the Chancellor’s Office with staff who support the development of mental health related policies, program best practices and identify resources to address the mental health needs of California community college students

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

Actual

The Chancellor’s Office in partnership with the Foundation for California Community Colleges (FCCC) currently co-manages a \$400,000 MHSA funded project administered through the CalMHSA. These funds support the California Community Colleges (CCC) Health & Wellness Initiative. The CCC Health & Wellness Initiative is a statewide effort focused on prevention and early intervention strategies to support the mental health and wellness needs of California community college students. This initiative provides free resources for California community colleges around mental health awareness, suicide prevention training, Each Mind Matters materials, and a free 24/7 text-based support system (provided through a partnership with the Crisis Text Line). Additional activities include supporting the CCC to connect with their county behavioral health services to establish formal referral networks. In recognition of the significant needs of the CCC system, the Chancellor’s Office prioritized resourcing two critical training components of the project, including prevention, early intervention, and mental health training and technical assistance available to the 115 colleges (\$275,000 annual contract) and Kognito, the online suicide prevention training that is currently available to 107 colleges (\$87,500 annual contract).

Additional details regarding accomplishments are included in the narrative below.

- The Student Mental Health Program (SMHP) has been rebranded as the CCC Health & Wellness Initiative in order to better encompass the variety of programs and services provided, such as basic needs resources including Cal Fresh Outreach. The redesigned website includes pages that are specifically targeted for students to access help and resources.
- Broadly disseminated EMM materials, products, and campaign information to CCC faculty, staff, and students. During the reporting period over 500,000 mental health informational materials were distributed during system wide

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

- Newly developed resources on the website include: 1) Supporting Latino/a Students' Mental Health video 2) Basic Needs Summary Report, 3) Mental Health Services Directory, 4) Disaster Response Resources, 5) Kognito Suicide Prevention gatekeeper training Tips and Resources.
- 114,615 website visits to the CCC Health & Wellness Initiative project website, 57,419 unique individuals visited the website. CCC Health & Wellness Initiative has had a 40% increase in website visits over the past three years,
- CCC Health and Wellness has increased the total number of CCC accessing Kognito suicide prevention gatekeeper trainings, bringing the total to 105 of 115 colleges. Cumulatively, 85,535 faculty, staff, and students have accessed the online trainings including 67,523 CCC students and 18,000 faculty and staff.
- The CCC, in partnership with the FCCC are currently working with the Crisis Text Line (CTL), a national organization that facilitates text-based mental health support. The goal of the collaboration is to implement a CTL service specifically targeting California community college students.
 - CCC Health & Wellness staff distributed 365 CTL tool kits and over 175,000 materials to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on the college campuses. Tool kits included extensive outreach collateral materials that are displayed at multiple locations throughout each of the 115 campuses. The outreach materials provide information to students about the CTL services, and instructs the CCC students to text the word "Courage" to access CTL services.
 - Approximately 4,245 students accessed CTL services and engaged in 7,322 conversations.
- The CCCCO regularly convenes a core group of advisors composed of health and mental health practitioners from across the state to discuss various issues including the prevention, early intervention and mental health needs of students, the faculty/staff training needs, and the capacity building needs of the community colleges in general. The group also provides ad hoc support to assess feasibility of pending legislation that will potentially impact CCC student health and/or mental health services.
- Significant progress has occurred on the student facing, on-line health and wellness Canvas portal, Wellness Central. Twenty-five training modules are developed and will be available in the Canvas platform by Spring 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
 - Mood and Food
 - Sexual Assault
 - Veterans
 - LGBTQ
 - Nutrition
 - Stress Management
- The CCC Health & Wellness Initiative is sponsoring the development of an “Exemplary Program” Public Service Announcement (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.
 - The CCC Health & Wellness Initiative implemented the Student Wellness Ambassador Program, which trains community college students to serve as advocates for the mental health and wellness of their peers. The program is currently at 14 colleges with 16 student ambassadors.
 - In Spring 2019, the Health & Wellness Initiative will provide 10 colleges with up to \$750 and 14 colleges in augmented counties with up to \$1,500 to support a mental health awareness event/activity, which is usually part of a “May Mental Health Matters Day”. In addition to monetary support, participating colleges will receive a box of CCC Health & Wellness and Each Mind Matters materials to disseminate during their hosted activity or event.

Estimated

The MHSA funds will provide ongoing support for partial of 1.0 position at the Chancellor’s Office. The staff person, in coordination with CCC Health & Wellness staff at the Foundation, will continue to support the initiative’s goals as identified above. Additionally, the CCCCCO recently distributed \$4.5 million dollars in FY 2017-2018 funds, through a competitive request for application process, to support the implementation of the CCC Mental Health Services (MHS) program. The CCCCCO received applications from 46 of the 115 colleges and selected 15 to participate in the grant program. The goal of the CCC MHS program is to increase the availability of mental health services for students, to provide suicide prevention and mental health training to faculty, staff and students and to assist CCCs to establish formal partnerships with their county behavioral health departments. Additionally, the CCCCCO distributed \$10 million dollars appropriated in the 2018-19 California state budget to 114 California Community Colleges. Sustaining the MHSA funding in support of a partial position within the Chancellor’s Office will be particularly important as the MHS funds allocated in the 2017-18 and the 2018-19 state budgets are designated to go to the colleges and do not allow for increased staffing within the Chancellor’s Office to monitor and support these programs.

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)

FY 2017-18	FY 2018-19	FY 2019-20
\$132,000 SO	\$0 SO	(\$8,000) SO

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

The system is 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

FY 2017-18	FY 2018-19	FY 2019-20
\$1,387,000 SO	\$1,420,000 SO	\$1,466,000 SO

General Overview

The California Military Department's (CMD) Behavioral Health (BH) office received \$1.420 million in FY 2018-19, which CMD used to fund 8.2 positions for Behavioral Health personnel that are available 24 hours a day, 7 days a week, to members of the CMD and their families. The CMD BH outreach program is designed to improve coordination of care between the 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. BH Liaisons also enhance the capacity of the local mental health system through education and training about military culture. The CMD BH Liaisons assisted soldiers and airmen and 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 academic clinical centers, veterans and civic groups, statewide behavioral health collaboratives, and federal and state installations in each of their regions to connect their catchment population to care. General areas of activity for the CNG BH Directorate include:

- Supporting Veteran regional stand downs
- Participating in Veterans and VA Family panels regarding issues and resources
- Maintaining two 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 CNG BH 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, bulletins, and unit formations. They spoke on veteran, military, and emergency responder panels and advisory workgroups. They participated in statewide webinars, maintained two CA National Guard Behavioral Health informational Facebook pages, and used texting, and FaceTime to reach out to all Guard members and the public.

Actual

Expenditure of \$1,387,000 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.

Estimated

Estimated expenditures of \$1,420,000 for FY 2018-19, will be used for the same expenditure categories as the previous year's actual expenses. CMD BH 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

Expenditures of \$1,467,000 for FY 2019-20 will cover the same expenditure categories as the current and prior fiscal year: 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

FY 2017-18	FY 2018-19	FY 2019-20
\$225,000 SO	\$256,000 SO	\$256,000 SO
\$269,000 LA	\$1,270,000 LA	\$1,270,000 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 2018-19, 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.

In Spring 2019, CalVet distributed one-time payments to all County Veterans Service Offices totaling \$1 million. CalVet determined each counties funding level based on the county Veteran population, with minor adjustments. Counties will use the funds to expand and enhance mental health services for Veterans and their families.

Housing and Community Development

FY 2017-18	FY 2018-19	FY 2019-20
\$4,550,000 LA	\$1,650,000 LA	\$0 LA

The Department of Housing and Community Development (HCD) 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 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 was for \$5,775,000. HCD has awarded all applications received.

To improve the delivery of homelessness programs including the NPLH program, HCD combined the remaining NPLH technical assistance funds, \$425,000, with other technical assistance funds to provide more than 13,000 hours of assistance to localities.

California Department of Corrections and Rehabilitation

FY 2017-18	FY 2018-19	FY 2019-20
\$237,000 SO	\$1,182,000 SO	\$1,182,000

General Overview

The California Department of Corrections and Rehabilitation (CDCR) receives MHSA funds for 3.0 FTEs and \$670,000 for contracts 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.

Beginning in FY 2018-19 CCJBH received funds to provide expert consultation to the Department of State Hospitals (DSH) over the next three years for county contracts to provide diversion programs for individuals who are at-risk of being declared Incompetent to Stand Trial (IST) for felony offenses. In addition, CCJBH was awarded \$670,000 on-going in contract funds for organization(s) that represent individuals (youth and adults) with lived experience in the justice and behavioral health systems to support the CCJBH in pursuit of its mission and to provide input and direction into the policy, research and program work of CCJBH.

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, 1.0 FTE supports a Health Program Specialist I, 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 CCJBH 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, CCJBH 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 CCJBH Completed the Following Deliverables:

- Dissemination of 2017 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 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](#).

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 was published at the end of September 2018 and is available on the CCJBH website found [here](#).

FY 2018-19 Actual and Estimated

In FY 2018-19 the Council will work on the following policy areas:

- Investigate available existing evidence regarding best practices with individuals with co-occurring disorders that are justice-involved,
- Investigate available existing evidence regarding best practices to address homelessness among those with serious behavioral health issues 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 at-risk of justice involvement.

In FY 2018-19 the Council will work on the following research areas:

- Investigate and identify strategies to support data-driven decision-making locally
- Continue the Medi-Cal Utilization Research Project, supplying county level data and exploring methods to examine the association between recidivism/convictions and healthcare.
- Implement a dissemination plan for findings from the Medi-Cal Utilization Research Project.
- Develop issue-specific analyses on key issues including patterns of utilization of crisis services and *if* and *how* formerly incarcerated individuals are accessing and using services associated with the new Drug Medi-Cal Organized Delivery System.
- Seek research partnerships, as appropriate, with other state departments and agencies that play a critical role in the prevention, diversion, and successful reentry of individuals with behavioral health challenges, including but not limited to the MHSOAC, the HCD, CDE, and the Department of Social Services (DSS).

In FY 2018-19 the Council will work on the following program areas:

- Provide expert consultation to the DSH for county contracts to provide diversion programs for individuals who are, or at-risk of becoming, declared IST for felony offenses. This consultation may be delivered through a variety of methods including directly from CCJBH staff and Council members, as well as, by contracted services from subject matter experts. The goal of consultation services is to support DSH and counties in program success.

- Collaborate with the MHSOAC, the counties, and other stakeholders on the implementation of the Innovation Incubator Project, which partially is designed to support reducing the number of IST referrals.
- Conduct a robust stakeholder engagement process to elicit information on recommendations for targeting certain populations, scope of services needed, and best practices in other advocacy contracts to develop a process for applying for funds (up to \$670,000 ongoing) to support activities and programs to ensure that perspectives of formerly incarcerated individuals with mental illness are enabled to provide meaningful input into the policy, research and program work of the Council. CCJBH hired 1.0 Health Program Specialist to develop and manage "Lived Experience" contract(s) for the former justice-involved. Oversight and support in contract management will be provided by senior CCJBH staff.
- Collaborate with MHSOAC, the counties, and other stakeholders on the implementation of the "Lived Experience" contracts for individuals with lived experience in the criminal justice and mental health systems.

The 2018 CCJBH Annual Report was released in December 2018 and identifies three key findings and corresponding recommendations that can be taken at the local, state, and federal level to improve efforts to reduce the incarceration of individuals with behavioral health disorders, especially those with complex challenges. Below are the three key findings:

1. *Failure to Meet the Needs of Individuals with Serious Mental Health and Substance Use Disorders is caused by a Significant Lack of Resources for the Community Behavioral Health System*
2. *California's Homeless and Housing Crisis has Undermined the Success of Community Alternatives to Incarceration for People with Behavioral Health Challenges*
3. *Data and Information is not Systematically Collected to Inform Policymaking and Program Investments or to Support Accountability and Quality Improvement Systemically collect data so that the target population is accurately identified and informed decisions can be made system wide*

The 2018 report can be accessed [here](#).

FY 2019-20 Projected

CCJBH will continue to work on the policy, research, and program areas outlined above with the following estimated distinctions:

- The focus of CCJBH work in the areas of prevention, diversion, and reentry will take into consideration the priorities of the new administration and stakeholders recognizing that these may shift slightly.
- CCJBH is prepared to conduct more policy work in the area of addressing homelessness and the affordable housing crisis as it greatly impacts youth and

adults with mental illness, especially those who have been involved in the justice system. In addition, more policy work is needed to follow-up on identifying best practices in the delivery of co-occurring services and reducing barriers to employment for those who have been justice-involved and live with behavioral health challenges.

- CCJBH is prepared to conduct more policy work in the area of addressing significant gaps in workforce, education, and training initiatives to support professionals in both the criminal justice and behavioral health systems to be more prepared to serve individuals who are justice-involved and have behavioral health challenges.
- CCJBH will seek more collaboration with system partners that serve youth with behavioral health challenges or risk factors for future involvement with the justice system in order to strengthen our focus on prevention.
- CCJBH will seek more collaboration with partners addressing racial and ethnic disparities in accessing quality behavioral health care services. CCJBH will explore ways the Medi-Cal Utilization Research Program, in partnership with other state and local partners may be able to provide data to help understand and ultimately to better address these disparities.

FY 2019-20 will be year two of the “Lived Experience” contracts and CCJBH’s consultation work with DSH on county diversion contracts. CCJBH staff will take lessons learned from FY 2018-19 implementation and apply them to make improvements.

Appendix 1: Historical Information

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

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 law dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as Early and Periodic Screening, Diagnostic and Treatment, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of the former DMH. This bill deleted the county's responsibility to submit plans to the former DMH and the former DMHs responsibility to review and approve these plans. To assist counties in accessing funds without delay, Section 5891 was amended to direct the State Controller to continuously distribute, on a monthly basis, MHSA funds to each county's Local MHSF. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

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.

SB 192 (Chapter 328, Statutes of 2018) amended Sections 5892 and 5892.1. This bill clarified that a county's prudent reserve for their Local MHSF shall not exceed 33% of the average CSS revenue received in the local MHSF, in the previous five (5) years. This bill required counties to reassess the maximum amount of the prudent reserve every five (5) years and to certify the reassessment as part of its Three-Year Program and Expenditure Plan or annual update. This bill also established the Reversion Account within the fund, and required MHSA funds reverting from the counties, and the interest accrued on those funds, be placed in the Reversion Account.

Appendix 2: MHSOAC Triage Grant Awards

<u>Name</u>	<u>End Date</u>	<u>FY 16/17</u>	<u>FY 17/18</u>	<u>FY 18/19</u>	<u>FY 19/20</u>	<u>FY 20/21</u>	<u>Total</u>	<u>Note/Comment</u>
Alameda	11/30/21	\$ -	\$ 942,927.26	\$ 1,069,369.05	\$ 1,089,361.44	\$ 657,834.31	\$ 3,759,492.06	ADULT TAY
Berkeley	11/30/21	\$ -	\$ 226,346.66	\$ 197,296.10	\$ 127,537.62	\$ 63,654.12	\$ 614,834.50	ADULT TAY
Butte	6/30/22	\$ -	\$ 160,409.41	\$ 134,980.81	\$ 135,970.00	\$ 83,383.05	\$ 514,743.27	ADULT TAY
Calaveras	11/30/21	\$ -	\$ 71,453.80	\$ 55,158.01	\$ 53,133.30	\$ 32,325.54	\$ 212,070.65	ADULT TAY
Humboldt	11/30/21	\$ -	\$ 227,934.07	\$ 181,657.52	\$ 175,087.81	\$ 106,256.08	\$ 690,935.48	ADULT TAY
Los Angeles	11/30/21	\$ -	\$ 4,698,759.62	\$ 5,037,278.37	\$ 4,866,530.90	\$ 2,955,798.09	\$17,558,366.98	ADULT TAY
Merced	11/30/21	\$ -	\$ 273,564.36	\$ 192,071.74	\$ 159,574.88	\$ 92,823.01	\$ 718,033.99	ADULT TAY
Placer	11/30/21	\$ -	\$ 261,906.65	\$ 205,570.61	\$ 205,808.59	\$ 126,636.53	\$ 799,922.38	ADULT TAY
Sacramento	11/30/21	\$ -	\$ 1,213,493.51	\$ 190,023.44	\$ 794,379.21	\$ 639,298.63	\$ 2,837,194.79	ADULT TAY
San Francisco	11/30/21	\$ -	\$ 510,538.93	\$ 450,008.62	\$ 436,551.98	\$ 263,426.98	\$ 1,660,526.51	ADULT TAY
Sonoma	11/30/21	\$ -	\$ 408,975.54	\$ 305,146.01	\$ 297,624.25	\$ 182,351.77	\$ 1,194,097.57	ADULT TAY
Stanislaus	11/30/21	\$ -	\$ 208,310.78	\$ 266,418.11	\$ 262,756.53	\$ 155,835.25	\$ 893,320.67	ADULT TAY
Tuolumne	11/30/21	\$ -	\$ 156,291.15	\$ 117,862.07	\$ 116,000.22	\$ 71,217.06	\$ 461,370.50	ADULT TAY
Ventura	11/30/21	\$ -	\$ 413,810.54	\$ 513,215.57	\$ 517,670.21	\$ 310,036.61	\$ 1,754,732.93	ADULT TAY
Yolo	11/30/21	\$ -	\$ 69,577.92	\$ 53,363.49	\$ 52,657.30	\$ 32,309.94	\$ 207,908.65	ADULT TAY
Berkeley	11/30/21	\$ -	\$ 64,763.64	\$ 81,918.73	\$ 48,078.67	\$ 21,337.49	\$ 216,098.53	Children 0-21
Calaveras	11/30/21	\$ -	\$ 91,279.80	\$ 104,854.12	\$ 106,349.92	\$ 64,079.03	\$ 366,562.87	Children 0-21
Humboldt	11/30/21	\$ -	\$ 163,916.70	\$ 129,446.84	\$ 135,138.42	\$ 84,210.78	\$ 512,712.74	Children 0-21
Los Angeles	11/30/21	\$ -	\$ 3,705,454.11	\$ 3,920,265.57	\$ 3,836,170.38	\$ 2,293,183.31	\$13,755,073.37	Children 0-21
Placer	11/30/21	\$ -	\$ 353,161.26	\$ 264,462.15	\$ 259,358.58	\$ 159,141.03	\$ 1,036,123.02	Children 0-21
Riverside	11/30/21	\$ -	\$ 277,648.60	\$ 442,639.60	\$ 449,351.34	\$ 266,678.99	\$ 1,436,318.53	Children 0-21
Sacramento	11/30/21	\$ -	\$ 580,828.22	\$ 438,371.92	\$ 414,383.13	\$ 250,985.72	\$ 1,684,568.99	Children 0-21
San Luis Obispo	11/30/21	\$ -	\$ 97,426.49	\$ 106,747.39	\$ 104,619.46	\$ 62,440.39	\$ 371,233.73	Children 0-21
Santa Barbara	11/30/21	\$ -	\$ 302,047.84	\$ 226,205.12	\$ 219,746.46	\$ 134,416.21	\$ 882,415.63	Children 0-21
Stanislaus	11/30/21	\$ -	\$ 141,602.74	\$ 110,126.62	\$ 105,982.10	\$ 64,416.24	\$ 422,127.70	Children 0-21
Yolo	11/30/21	\$ -	\$ 69,577.92	\$ 53,363.49	\$ 52,664.30	\$ 32,315.64	\$ 207,921.35	Children 0-21
CAHELP JPA	11/30/22	\$ 750,000.00	\$ 715,957.63	\$ 957,626.93	\$ 999,141.27	\$ 1,870,641.52	\$ 5,293,367.35	School-County Collab

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Humboldt	11/30/22	\$ 750,000.00	\$ 601,880.67	\$ 1,014,733.91	\$ 1,009,867.11	\$ 1,916,885.66	\$ 5,293,367.35	School-County Collab
Placer	11/30/22	\$ 750,000.00	\$ 601,878.39	\$ 1,014,734.55	\$ 1,009,867.88	\$ 1,916,886.53	\$ 5,293,367.35	School-County Collab
Tulare COE	11/30/22	\$ 750,000.00	\$ 601,878.21	\$ 1,014,734.68	\$ 1,009,868.02	\$ 1,916,886.43	\$ 5,293,367.34	School-County Collab
UC Davis	12/31/23	\$ -	\$ 893,198.79	\$ 575,174.43	\$ 474,384.36	\$ 1,586,153.92	\$ 3,528,911.50	Triage Evaluation
UCLA	12/31/23	\$ -	\$ 893,198.79	\$ 575,174.43	\$ 474,384.36	\$ 1,586,153.92	\$ 3,528,911.50	Triage Evaluation
32	-	\$3,000,000.00	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	\$19,999,999.78	\$82,999,999.78	

Appendix 3: Department of Veterans Affairs County Grants

The DVA awarded grants to seven CVSO. The following is a synopsis of the services and outreach the CVSOs provide.

Contra Costa - \$30,000

Contra Costa CVSO 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") allows 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.

Los Angeles - \$40,000

The goal of the Los Angeles CVSO is to identify, assess, and connect Veterans and their families to mental health services and supportive services such as housing, healthcare, legal services, education/training, and employment. Their objective is to enhance the quality of life for Veterans and their families through mental health intervention and prevention services. The CVSO will work with the County of Los Angeles DMH to identify Veterans and their families in need of mental health service with a focus on underserved Veterans (Other than honorable discharges, Women Veterans, LGBT Veterans, and incarcerated Veterans).

Nevada - \$40,000

Nevada CVSO, in partnership with Welcome Home Vets, Sierra College, multiple divisions of Nevada County DSS, Nevada County Department of Behavioral Health, Nevada County Stand Down, Nevada County Court System, local Senior Services, Sierra Nevada Memorial Hospital, and the Tahoe Forest Health System, proposes to continue the Nevada County Veterans Outreach and Resource Program. This program includes reaching out and connecting Veterans within Nevada County to behavioral health support and other services. The purpose of Welcome Home Vets is to continue to educate all Veterans and family members in their transition, link them to services, as well as improve the mental health and well-being of all Veterans in Nevada County.

Orange - \$40,000

With Prop 63 funding support, the Orange 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.

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 Solano CVSO.

Tulare - \$40,000

Tulare County's goal is to launch a program whereby many partner agencies and organizations can collaborate effectively to better serve the true needs of their Veteran community. The Tulare CVSO will be working with the local Justice Department, Tule River Indian Reservation; Projects to Assist in the Transition from Homelessness (PATH) Program, The Source LBGTQ+ Center, local mental health providers, and several faith based organizations to create a streamlined system that will allow a Veteran timely access to needed services through an expedited process. The CVSO will also be connecting with the local clinics to implement the "Vet's Pass" Program. This program is designed to reduce the clinic wait times that often exacerbate a Veteran's feelings of anxiety and/or discomfort with seeking services.