

Mental Health Services Act Expenditure Report – May Revision

Fiscal Year 2021-22



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FUNDING OVERVIEW

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

The 2021-22 May Revision indicates approximately \$2.3 billion was deposited into the MHSF in Fiscal Year (FY) 2019-20. The May Revision also estimates that \$2.8 billion will be deposited into the MHSF in FY 2020-21 and \$3.2 billion will be deposited in FY 2021-22. The May Revision also estimates an annual transfer to the Supportive Housing Program Subaccount, Mental Health Services Fund (3357) per W&I Section 5890(f) of \$53.7 million in FY 2019-20, \$108 million in FY 2020-21 and \$140 million in FY 2021-22.

The 2021-22 May Revision indicates approximately \$2.7 billion was expended from the MHSF in FY 2019-20. Additionally, \$2.8 billion is estimated to be expended in FY 2020-21 and \$3.1 billion is projected to be expended in FY 2021-22.

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

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

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

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

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

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

EXPLANATION OF ESTIMATED REVENUES & TRANSFERS

Table 1 displays estimated revenues from MHSA's one percent tax on personal income in excess of \$1 million. Personal income tax represents the net personal income tax receipts transferred into the MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). The "interest income" is the interest earned on the cash not immediately used and calculated quarterly in accordance with Government Code Section 16475. The "Anticipated Accrual Amount" represents an accrual amount to be received. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers, the FY 2019-20 anticipated accrual amount shown in the May Revision will not actually be deposited into MHSF until two fiscal years after the revenue is earned which is FY 2021-22.

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

**Table 1: MHSA Estimated Total Revenue & Transfers
2021-22 May Revision¹**

(Dollars in Millions)

Revenue or Transfer	FY 2019-20	FY 2020-21	FY 2021-22
Personal Income Tax	\$2,267.9	\$2,771.0	\$3,178.1
Interest Income Earned During Fiscal Year	9.4	3.1	3.1
Transfer to the Supportive Housing Program Subaccount (No Place Like Home)	-53.7	-108.0	-140.0
Anticipated Accrual Amount	[789.0]	[237.4]	[939.5]
Total Estimated Revenue²	\$2,223.6	\$2,666.1	\$3,041.2

¹ Source: Personal Income Tax and Anticipated Accrual Amount (DOF Financial Research Unit – updated for May Revision), Interest Income Earned (Fund Condition Statement in the FY 2021-22 May Revision: 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-directed purposes. While Table 2 displays the component amounts, the SCO distributes MHSA funds to counties monthly as a single amount that each county budgets, expends³, and tracks by component according to MHSA requirements.

**Table 2: MHSA Estimated Revenue
By Component⁴
2021-22 May Revision**

(Dollars in Millions)

Component	FY 2019-20	FY 2020-21	FY 2021-22
Community Services and Supports (Excluding Innovation)	\$1,605.4	\$1,925.0	\$2,195.7
Prevention and Early Intervention (Excluding Innovation)	401.4	481.2	548.9
Innovation	105.6	126.6	144.5
State-Directed Purposes ⁵	111.2	133.3	152.1
Total Estimated Revenue	\$2,223.6	\$2,666.1	\$3,041.2

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

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

⁵ 5% State-Directed Purposes W&I Section 5892(d).

MHSA FUND EXPENDITURES

Table 3a displays MHSA expenditures for State Operations and Local Assistance by each state entity receiving funds from the MHSF with actual expenditures for FY 2019-20, estimated expenditures for FY 2020-21, and projected expenditures for FY 2021-22. Table 3b displays the funding for State-Directed Purposes Cap by fiscal year.

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

**Table 3a: MHSA Expenditures
State Operations and Local Assistance
2021-22 May Revision**

(Dollars in Thousands)

Department	Actual	Estimated	Projected
	2019-20	2020-21	2021-22
<u>Judicial Branch</u>			
State Operations	\$1,159	\$1,174	\$1,174
<u>California Health Facilities Financing Authority</u>			
Local Assistance	\$4,318	\$30,949	\$4,000
<u>Housing and Community Development</u>			
Local Assistance	-\$75	\$0	\$0
<u>Office of Statewide Health Planning and Development</u>			
State Operations	\$3,491	\$4,595	\$2,607
Local Assistance	\$6,369	\$43,525	\$0
<u>Department of Health Care Services</u>			
State Operations	\$16,207	\$18,356	\$18,930
Local Assistance MHSA Monthly Distributions to Counties ⁶	\$2,548,467	\$2,532,796	\$2,889,169
<u>California Department of Public Health</u>			
State Operations	\$18,653	\$25,311	\$2,468
<u>Department of Developmental Services</u>			
State Operations	\$283	\$500	\$500
Local Assistance	\$740	\$740	\$740

⁶ Local Assistance costs outside of the State Directed Cap.

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Department	Actual	Estimated	Projected
	2019-20	2020-21	2021-22
<u>Mental Health Services Oversight & Accountability Commission</u>			
State Operations	\$18,212	\$16,758	\$31,028
Local Assistance	\$20,000	\$111,701	\$123,830
<u>Department of Corrections and Rehabilitation</u>			
State Operations	\$1,596	\$1,202	\$1,052
<u>Department of Education</u>			
State Operations	\$134	\$164	\$179
<u>Board of Governors of the California Community Colleges</u>			
State Operations	\$104	\$97	\$106
Local Assistance	\$5,500	\$0	\$0
<u>California State University</u>			
State Operations	\$3,000	\$0	\$0
Financial Information System for California			
State Operations	-\$8	\$0	\$0
<u>Military Department</u>			
State Operations	\$1,454	\$1,504	\$1,532
<u>Department of Veterans Affairs</u>			
State Operations	\$250	\$254	\$273
Local Assistance	\$1,270	\$1,270	\$1,270
SB 84 Loan Assessment			
State Operations	\$356	\$508	\$509
Statewide General Administration⁷			
State Operations	\$1,847	\$2,781	\$5,536
Total State Operations	\$104,860	\$261,389	\$195,734
Total Local Assistance⁸	\$2,548,467	\$2,532,796	\$2,889,169
Total Expenditures	\$2,653,327	\$2,794,185	\$3,084,903

⁷ Pro Rata assessment to the fund: General fund recoveries of statewide general administrative costs (i.e., indirect costs incurred by central service agencies) from special funds (Government Code Sections 11010 and 11270 through 11275). The Pro Rata process apportions the costs of providing central administrative services to all state departments that benefit from the services.

⁸ Includes Local Assistance costs outside of the State Directed Cap.

**Table 3b: MHSa Expenditures
State-Directed Cap
2021-22 May Revision**

(Dollars in Millions)

Component	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
Total MHSF Revenues and Transfers	\$2,223.6	\$2,666.1	\$3,041.2
State Directed Percentage Cap	5%	5%	5%
State Directed Revenue	\$111.2	\$133.3	\$152.1
Total State Directed Expenditures (includes funding re-appropriated and attributed to prior years)	\$104.9	\$261.4	\$195.7
Difference⁹	\$6.3	-\$128.1	-\$43.6

Based upon actual MHSa revenues, the five percent state-directed purposes cap is \$111.2 million and actual state-directed expenditures are \$104.9 million for 2019-20. For 2020-21, the estimated five percent administrative cap is \$133.3 million and the total estimated expenditures are \$261.4 million. For FY 2021-22, the projected five percent administrative cap is \$152.1 million and the total projected expenditures are \$195.7 million.

⁹ The amount exceeding the state-directed cap includes funding that has been re-appropriated and is attributed to prior year available funds. The expenditures are higher than the 5% state-directed cap due to the availability of prior years' unspent funding from the state-directed cap.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Supports

CSS, the largest component, is 76 percent ¹⁰ 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

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. Counties also use GSD funds to change their service delivery systems and build transformational programs and services. For example, counties may use GSD funds to include client and family services such as peer support, education and advocacy services, and mobile crisis teams. GSD programs also promote interagency and community collaboration and services, and develop the capacity to provide value-driven, evidence-based and promising clinical practices. Counties may only use this funding for mental health services and supports to address mental illness or emotional disturbance.

¹⁰ W&I 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, W&I Section 5892 requires counties to allocate 76% of total MHSA funds to the CSS component.

Outreach and Engagement Activities

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

2. Capital Facilities and Technological Needs

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

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

3. Workforce Education and Training

In 2004, MHSA allocated \$444.5 million for the WET component. These funds support counties and the 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 Office of Statewide Health Planning and Development, is

administering the 2020-2025 WET Plan supported with \$15 million General Fund and \$45 million MHSF as of the 2021 Budget Act.

4. Prevention and Early Intervention

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

5. Innovation

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

STATE DIRECTED EXPENDITURES

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

Judicial Branch

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 1,159,000	\$ 1,174,000	\$ 1,174,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	6.0	6.0	6.0

General Overview

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

Program Overview

Program Description

The Judicial Council’s Center for Families, Children & the Courts (CFCC) administers the Family and Juvenile Mental Health Program to address mental health issues in the area of prevention and early intervention for those with mental illness currently in, or at risk for, involvement in the court system. The program objectives include: increase knowledge and awareness of judicial officers, court staff, justice system and treatment/service partners; increase ability and skills of judicial officers; develop links to stakeholders, determine training needs; and track/monitor special court related programs. Juvenile projects focus on meeting the unique needs of children and families with mental health conditions. The goal is to reduce juvenile involvement in the courts through the use of therapeutic models of early intervention, assessment, and effective treatment responses for children at risk for juvenile court involvement in family, dependency, or delinquency courts. Adults in the mental health system are involved in cases that cross multiple case types. The ongoing work in adult courts includes addressing family reunification; court users with mental illness in probate and family courts; civil harassment; and housing and small claims matters. The work also seeks to improve services for self-represented litigants with mental illness, and ensure court employees, especially direct service providers, better understand and effectively respond to court customers with mental illness.

Program Outcomes

Judicial Council staff coordinate trainings at conferences, summits, and roundtables to increase the knowledge and awareness of judicial officers, court staff, and justice system and treatment/service partners. During the COVID-19 pandemic, education events have been held virtually. Recent remote mental health education offerings include:

- The [MHSA Funding Webinar: A Guide for Courts to Access Funding](#), which is a companion piece to the [Prop 63: MHSA Information Sheet](#), providing an overview and guide for courts to access Proposition 63 funding;
- Six Youth Court Roundtables. Co-hosted with the California Association of Youth Courts, these roundtables helped peer courts share information on responding to the pandemic, addressed ways to start or expand youth courts, and assist court administrators by developing linkages with local behavioral health departments, treatment/service providers, youth and their families, victims, and other juvenile justice partners through these statewide and regional forums. Recordings of three of the roundtables are currently available online: [Sharing Innovations Roundtable](#), [Taking Your Youth Court Virtual](#), and [Youth Voices on the COVID-19 pandemic](#);
- A two-part webinar series designed to help judicial officers, court staff, attorneys and system partners work effectively with youth with mental health issues. Part 1: [Supporting Youth with Mental Health Issues](#) and Part 2: [Juvenile Mental Health: Panel discussion on youth engagement during COVID-19](#);
- Two webinars for judicial officers and court system partners to share updates and promising practices for remote hearings and other approaches to keep court staff and customers safe during the pandemic;
- An on-demand video training for judicial officers titled, Protecting the Rights of Litigants with Mental Health Conditions;
- The [Judicial System Considerations for Youth with ASD](#) webinar to help judicial officers, attorneys, and other system partners better address the needs of children with Autism Spectrum Disorder;
- Updated and expanded mental health related content on the [California Courts website](#).

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

- The CJCAC is continuing much of the mental health work enumerated in the Mental Health Issues Implementation Task Force (MHIITF) [Final Report](#);
- Maintaining and utilizing the Probate, Mental Health, Family Treatment Court Judicial Officers, and Collaborative Justice Listservs to disseminate best/promising practices and identify/discuss emerging issues within behavioral/mental health;
- Participating in the California Department of Health Care Services and Department of Social Services CalAIM Foster Care Model of Care Workgroup which is creating a long-term plan for how children and foster youth receive health care services and provide an opportunity for stakeholders to provide feedback on ways to improve the current system of care for children and youth in foster care;
- Working on mental health issues relevant to veterans and military families, including the implementation of [California Veterans Treatment Court Strategic Plan](#), that will improve court responses for veterans and military families. Work in this area also includes developing and facilitating education focusing on the special needs of military families in a variety of case types as well as providing input on legislation, rules, and forms relevant to military families, such as the revised Notification of Military Status Form [MIL-100](#) to improve usability in non-criminal case-types;
- Staffing the [Work Group on Homelessness](#). Created by Chief Justice Tani Cantil-Sakauye, the workgroup is studying and recommending ways the judicial branch can further address the mental health challenges of people experiencing homelessness or facing the possibility of losing their homes, including juveniles and adults not involved in the criminal justice system.

Administrative Funds

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

California Health Facilities Financing Authority

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 0	\$ 0	\$ 0
Local Assistance Expenditures	\$ 4,318,000	\$ 30,949,000	\$ 4,000,000
Positions	0.0	0.0	0.0

General Overview

The California Health Facilities Financing Authority (CHFFA) supports three programs with MHSA funding: the Investment in Mental Health Wellness Grant Program (IMHWGP), the IMHWGP for Children and Youth (Children and Youth Program), and the No Place Like Home Program.

Program Overview

Investment in Mental Health Wellness Grant Program (SB 82, 2013)

Investment in Mental Health Wellness Grant Program for Children and Youth (Children and Youth Program) (SB 833, Section 20, 2016)

Program Description

CHFFA continues to receive ongoing 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 ages 21 and under through the Children and Youth Program Chapter 30, Statutes of 2016 (SB 833).

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 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.

All administrative costs have been spent for the Children and Youth Program.

The 2019 Budget reappropriated unencumbered MHSA funds allocated in the 2016 and 2017 Budgets with an encumbrance deadline of June 30, 2024 and provided flexibility in the use of MHSA funding to any of the four program types eligible to be funded in the Children and Youth Program.

The Children and Youth Program was established to address crisis mental health services for children and youth up to age 21. CHFFA is administering a competitive grant program, similar to the IMHWGP. Funds are awarded to counties that will be expanding mental health services in eligible program service areas outlined in the statute.

Program Outcomes

In the first funding round that closed on February 28, 2019, CHFFA received a total of six applications (from Butte, Marin, Monterey, Sacramento, San Francisco, and Santa Cruz counties), requesting approximately \$1.3 million from the 2016-17 budget

allocation and approximately \$2.9 million from the ongoing \$4 million in MHSA funds. CHFFA made four grant awards totaling \$730,000 from the General Fund allocation and \$1.3 million for up to five years from the ongoing \$4 million MHSA allocation to develop a total of six mobile crisis support teams, consisting of six vehicles and 16 full-time personnel. Additional information regarding the first funding round awards can be found [here](#).

In the second funding round that closed on January 29, 2021, CHFFA received a total of 13 applications (from Contra Costa, Humboldt, Kings, Los Angeles, Merced, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Cruz, and Tulare), requesting approximately \$29.7 million and approximately \$2.5 million for up to five years from the ongoing \$4 million in MHSA funds. CHFFA made nine awards totaling \$14.1 million from the combined 2016 and 2017 MHSA allocations and \$1.5 million from the ongoing MHSA allocation to develop one nine-bed crisis residential treatment facility, five crisis stabilization facilities with a combined total of 24 beds, one family respite facility, and eight mobile crisis support teams consisting of six vehicles and 16.75 full-time equivalent personnel. Additional information regarding the second funding round awards can be found [here](#). Projects take about three to five years to complete, and funds are disbursed as projects near their completion dates.

A total of \$22.6 million in capital funding (\$124 million in MHSA funding and \$102 million in General Funds) and \$1.1 million in MHSA personnel funding remains available for a third funding round, which was opened on May 3, 2021, with an application submission deadline of October 29, 2021.

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

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

Program Description

Chapter 43, Statutes of 2016 (AB 1618) and Chapter 322, Statutes of 2016 (AB 1628) authorized CHFFA to issue up to \$2 billion in revenue bonds to fund the “No Place Like Home” Program, and the 2018 Budget and beyond provides a statutory limit of \$140 million in MHSA funding per calendar 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.

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 (HCD) administers the grant program for awarding funds to counties to finance capital costs for permanent supportive housing, while CHFFA issues the revenue bonds for the program.

Due to legal challenges, implementation for the Program was delayed. Chapter 41, Statutes of 2018 (AB 1827) placed the No Place Like Home program on the November

2018 ballot (Proposition 2), where it was adopted by the voters as the No Place Like Home Act. This ratified existing law establishing the No Place Like Home Program as being consistent with the Mental Health Services Act approved through Proposition 63 in 2004. It also ratified the issuance of up to \$2 billion in previously authorized bonds. At the August 2019 CHFFA meeting, CHFFA approved the execution and delivery of certain bond documents and authorized the bonds to be designated as Social Bonds. Bonds in the amount of \$500 million were issued in November 2019 and another \$500 million in November 2020 to fund awards granted by HCD. The timing of future issuances is yet to be determined and based on the cash needs of HCD.

Program Outcomes

Through June 30, 2020, HCD has made awards totaling approximately \$1.1 million to 36 counties. Of these awards, HCD made awards to four Alternative Process Counties in the amount of \$757.7 million that will result in approximately 7,152 affordable apartments, of which 3,038 will be No Place Like Home assisted units. Alternative Process Counties are those counties with five percent or more of the state’s homeless population who are designated to receive and administer their own allocations. In addition, \$370.9 million was awarded to 32 counties in the balance of the state for 70 projects that will result in approximately 4,195 affordable apartments, of which 1,451 will be No Place Like Home assisted.

In 2020-21, HCD has made awards of \$14.6 million to three Alternative Process Counties. The amount these four counties were awarded was smaller than prior years because most of the 2020-21 formula allocation was awarded as an advance in 2019-20, due to the large number of projects the counties had in their development pipelines. In addition, HCD has made awards of \$212.3 million to 23 counties in the balance of state for 36 projects that will result in approximately 2,247 affordable apartments, of which 705 will be No Place Like Home assisted units.

Housing and Community Development

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	-\$ 75	\$ 0	\$ 0
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.0	0.0	0.0

General Overview

In 2016 HCD received MHSA funding of \$6,200,000 appropriated by Welfare & Institutions Code Section 5849.10, for the provision of technical assistance and application preparation assistance to counties for the NPLH program.

Program Overview

NPLH Technical Assistance

Program Description

The NPLH TA Grants were awarded to counties to fund eligible activities that support the planning, design and implementation of Coordinated Entry Systems, permanent supportive housing and the accompanying supportive services for individuals suffering from serious mental illness.

Program Outcomes

In September 2017, HCD received 58 applications out of an eligible pool of 60 applicants. HCD has awarded all applications received for a total of \$5,775,000. To improve the delivery of homelessness programs including the NPLH program, HCD combined the remaining NPLH technical assistance funds, \$425,000, with other technical assistance funds to provide assistance to localities for capacity building. As of October 2019, HCD has committed approximately 6,500 hours and \$1 million towards this effort. NPLH TA was primarily used for applying for NPLH funds, coordinating/partnering with communities, and developing/updating the county homelessness plan.

Per statute, counties had until June 30, 2020 to expend their allocations. The remaining MHSA funds to be spent total \$502,298.04 and HCD is in the process of determining how they will be used to further assist counties.

Office of Statewide Health Planning and Development

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 3,491,000	\$ 4,595,000	\$ 2,607,000
Local Assistance Expenditures	\$ 6,369,000	\$ 43,525,000	\$ 0
Positions	3.5	3.5	3.5

*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.

General Overview

In 2004, the Mental Health Services Act (MHSA) allocated \$444.5 million for WET. These funds supported counties and OSHPD to enhance the public mental health workforce. In 2008, \$234.5 million was set aside from the total \$444.5 million WET allocation for the state administration of WET programs. From 2008 to 2013, the former Department of Mental Health administered the first Five-Year Plan of \$119.8 million. The responsibility for administering the Plan was transferred to OSHPD in 2013.

Pursuant to Welfare and Institutions Code Section 5820, OSHPD develops and administers statewide programs to increase the number of qualified personnel in the Public Mental Health System (PMHS) serving individuals who have serious mental illness.⁹

OSHPD and CBHPC collaborated to develop the 2020-2025 MHSA WET Five-Year Plan, which is the third in a series of required Five-Year Plans. The new WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. In January 2019, CBHPC approved the 2020-2025 WET Five-Year Plan.¹⁰

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

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

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

Program Overview

Stipend Program

Program Description

OSHPD contracts with educational institutions to provide stipends for graduate students seeking to become mental health professionals in exchange for working 12 months in the PMHS. Beginning in Fiscal Year (FY) 2020-21, OSHPD administered this program through the MHSA RP Grant Program.

Program Outcomes

In FY 2019-20, OSHPD supported two educational institutions that awarded 38 stipends, of which 50 percent of the students were from under-represented communities, and 52 percent spoke a language in addition to English.¹¹

⁹ A percentage of positions are distributed among programs.

¹⁰ The full WET Five-Year Plan is located [here](#).

¹¹ Awarded in FY 18/19 using ENY 2018 appropriation

Regional Partnership Grant Program

Program Description

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

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

Program Outcomes

In FY 2020-21, RPs have begun ramping up their programs. In FY 2021-22, RPs are projected to award 64 scholarships, 162 stipends, 762 loan repayment grants, and support 1,110 pipeline participants and 7,890 retention activity participants.

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

Program Description

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

Program Outcomes

In FY 2019-20, the program supported six training programs to co-locate 108 PMHNP students and staff in the PMHS. OSHPD awarded \$4.4 million in PECE grants to four training programs in FY 2020-21 that are projected to add 296 PMHNP slots over a five-year period.¹²

Psychiatric Education Capacity Education (PECE) program: *Psychiatry Residency Program*

Program Description

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

¹² Awarded in FY 18/19 using ENY 2018 appropriation

Program Outcomes

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

Peer Personnel Training and Placement Program

Program Description

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

Program Outcomes

In FY 2019-20, OSHPD awarded grants to five organizations to recruit, train, and place a projected 508 individuals in peer personnel positions across 27 counties. In FY 2020-21, OSHPD awarded grants to five organizations to recruit, train, and place a projected 557 individuals in peer personnel positions across 40 counties. OSHPD intends to award more grants in FY 2021-22.

Mental Health Shortage Designation Program

Program Description

The Mental Health Shortage Designation Program identifies communities experiencing mental health professional shortages as defined by the federal Health Resources and Services Administration. The shortage designation allows mental health sites and individuals to draw down federal and state funds to support workforce development through student loan repayment programs: National Health Service Corps Loan Repayment Program and the State Loan Repayment Program.

Program Outcomes

As of February 2021, OSHPD facilitated federal approval of 8 new Mental Health Professional Shortage Area (MHPSA) designations, bringing the total to 273. There are 13.6 million Californians living in these designated MHPSAs.

Department of Health Care Services

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 16,207,000	\$ 18,356,000	\$ 18,930,000
Local Assistance Expenditures	2,548,467,000	2,532,796,000	2,889,169,000
Positions (DHCS and CBHPC)	41.0	41.0	41.0

DHCS – State Operations

For FY 2020-21, MHSA state operations funding is estimated to support 36.0 positions at DHCS. In addition, there are 5.0 positions at the California Behavioral Health Planning Council.

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

- **Reversion:** DHCS is responsible for calculating reversion pursuant to W&I Section 5899. DHCS developed and implemented a fiscal reversion process and reverted and reallocated to counties approximately \$411.1 million from FY 2005-06 through 2014-15. DHCS also issued reversion notices totaling approximately \$3.3 million to counties with a population of 200,000 or more that have not spent funds distributed in FY 2015-16. During the spring of 2021, DHCS will complete the reversion calculation to determine unspent fund balances for FY 2016-17, FY 2017-18 and AB 114 funds. Reports of county funds subject to reversion are available on the DHCS [website](#).
- **Redistribution of funds in Reversion Account:** DHCS is responsible for administering the Reversion Account established pursuant to W&I Section 5892 (h)(1). DHCS also collects reverted funds remitted by counties and redistributes the funds to other counties on a monthly basis. DHCS received and redistributed \$5.9 million to other counties during FY 2019-20. Reports of funds redistributed from the Reversion Account are available on the DHCS [website](#).
- **Annual Revenue and Expenditure Reports:** DHCS is responsible for developing and administering the MHSA Annual Revenue and Expenditure Report (ARER) per W&I Section 5899 (a). DHCS provides technical assistance to counties in how to complete the Report, reviews the ARERs upon submission for completeness, provides additional technical assistance to counties to correct any errors, and posts each ARER to the DHCS [website](#). DHCS tracks county expenditures and calculates funds subject to reversion.
- **Withhold:** DHCS may withhold MHSA funds from counties that do not submit the ARER timely pursuant to W&I Section 5899 (e). DHCS implemented a withhold process for counties out of compliance with submitting their Annual Revenue and Expenditure Report on time. Each month, DHCS notifies the State Controller’s Office (SCO) of counties that are out of compliance; the SCO withholds twenty-

five percent of the monthly distribution until the county comes into compliance. Additional information is available on the DHCS [website](#).

- Monitor county prudent reserve levels: Counties are required to calculate a local prudent reserve level of not more than 33 percent of the average CSS revenue received in the previous five years. DHCS monitors county prudent reserve levels to determine that they are within the maximum level allowed. Counties are required to transfer any excess funds from the prudent reserve to CSS or PEI components by June 30, 2020. These funds are subject to reversion within 3 or five years, per W&I Section 5892. County prudent reserve levels are provided in Appendix 2.
- Performing fiscal audits of county MHSA expenditures: The Audits and Investigations (A&I) Division performs fiscal audits necessary to verify that county mental health departments are appropriately using MHSA funds and accurately reporting expenditures on the ARER based upon an audit of county mental health department records. DHCS A&I Division also performs special audits related to the use of MHSA funds. DHCS is responsible for handling county appeals of audit findings. These appeals are conducted by an Administrative Law Judge in accordance with the Administrative Procedures Act and are formal hearings. DHCS completed 10 audits annually during FY 2019-20 and 2020-21.
- MHSA Allocation Schedule: DHCS is responsible for developing the methodology used for revenue allocation to counties pursuant to W&I Section 5892 (d). DHCS reviews and updates data used in the MHSA allocation distribution methodology on an annual basis to develop the monthly allocation schedule. DHCS provides the allocation schedule to the SCO for use in distributing the monthly allocations to counties.
- MHSA Regulations: DHCS is completing regulations and the initial statement of reasons for an audit and appeal regulation package.
- MHSA Program Reviews: DHCS is responsible for conducting program reviews of performance contracts to determine compliance per W&I Section 5897 (d). DHCS established a process for conducting comprehensive program reviews of county MHSA-funded programs to determine compliance with MHSA statutes and regulations and the performance contract. The review appraises each MHSA component and includes service provider contract oversight, random sampling of Individual Services and Supports Plans, and interviews with Full Service Partnership clients to gain perspective. DHCS reviewed 17 counties in calendar year 2019, 19 counties in calendar year 2020, and expects to complete 19 counties in calendar year 2021. Reports of county findings are available on the DHCS [website](#).
- County Performance Contracts: DHCS reviews the Performance Contract and makes any necessary edits, negotiates the edits with the County Behavioral Health Directors Association of California, and processes the contracts through execution.
- Issue Resolution Process: DHCS reviews any critical performance issues from the Mental Health Services Oversight and Accountability Commission (MHSOAC) or the CBHPC and takes action as appropriate. DHCS developed a process for reviewing each critical performance issue to determine necessary action. Depending on the issue, DHCS may decide that additional review is

necessary and if so, works with Audits and Investigations or program oversight to complete the investigation.

Contracts:

DHCS contracted with California Institute for Behavioral Health Solutions (CIBHS) to provide statewide technical assistance to improve the implementation of MHSA and MHSA-funded programs. CIBHS provided technical assistance and a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of MHSA. The contract was funded at \$2.9 million for FY 2018-19 and \$1.8 million for FY 2019-20.

DHCS contracts with the Center for Applied Research Solutions (CARS), to provide statewide technical assistance, trainings, a resource library, consultation services, and Learning Collaboratives for the MHSA funded community and county level programs. The contract is funded at \$1.6 million annually for FY 2020-21 and FY 2022-23.

DHCS contracts with UCLA to fund the California Health Information Survey, a phone survey that captures data on adults and youth in California. The survey gathers data on the health status of, and access to, healthcare services of an estimated 1.6 million adults ages 18-64. DHCS relies on information from this survey to measure mental health service needs and mental health program utilization. This contract funding amount was \$1.1 million for FY 2019-20, \$1.1 million for FY 2020-21, and \$907,500 for FY 2021-22.

DHCS contracts with Mental Health Data Alliance to improve the quality of its data, and propose and implement solutions to identify errors in the Client Services and Information and MHSA Data Collection and Reporting (DCR) systems. This contract funding amount is \$1.1 million for FY 2018-19, \$171,610 for FY 2019-20, and \$409,172 for FY 2020-21 with the agreement ending on June 30, 2021

DHCS contracts with Didi Hirsch Mental Health Services to support suicide hotlines throughout California. The funding is used to improve and expand suicide prevention services provided by National Suicide Prevention Lifeline accredited call centers. This contract is funded at \$3.8 million for FY 2018-19, \$6.6 million for FY 2019-20, \$6.7 million for FY 2020-21, and \$6.9 million for FY 2021-2022.

DHCS contracts with Mental Health Associates of San Francisco to support the California Peer-Run Warm Line. This funding allows individuals across California to receive support from peer counselors who have experienced mental health challenges. This contract is funded at \$3.6 million annually for FYs 2019-20 and 2020-21.

California Behavioral Health Planning Council – State Operations

The MHSA state operations funding supports 5.0 positions.

CBHPC is responsible for the review of MHSA-funded mental health programs based on performance outcome data, reports from DHCS, and other sources. The CBHPC issues an annual Data Notebook to the local advisory boards for their input on county performance in specific areas of the system, including MHSA-funded programs, and subsequently releases a Summary Report. The CBHPC regularly issues reports and papers with research and recommendations on targeted aspects of the community mental health system. Additionally, the CBHPC advises the 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.

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

California Department of Public Health

Total Resources

Program Budget	Actual 2019-20	Estimated 2020-21	Projected 2021-22
State Operations Expenditures	\$ 18,653,000	\$ 25,311,000	\$ 2,468,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	13.8	13.8	13.8

General Overview

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

Program Overview

California Reducing Disparities Project

Program Description

MHSA currently supports 12.09 positions in CDPH/OHE. The OHE, Community Development and Engagement Unit (CDEU) oversees the CRDP. This PEI mental health disparities project aims to grow and validate community-defined practices through a participatory evaluation approach that places communities at the center of

those efforts. At a systems level, CRDP is designed to improve access, quality of care, and increase positive outcomes for the following five populations: African American; Asian and Pacific Islander; Latinx; Native American; and Lesbian, Gay, Bisexual, Transgender, and Queer.

Beginning in 2012-13, CDPH received \$15 million a year for four years (a total of \$60 million available to spend without regard to fiscal year) to implement and evaluate CRDP community-defined practices. In total, CDPH/OHE has awarded and executed 44 contracts and grants to implement the CRDP through 2022. These contracts and grants are composed of the following:

- A Statewide Evaluator
- Five Technical Assistance Providers
- Thirty-five Implementation Pilot Projects
- An Education Outreach and Awareness Consultant
- A Cultural Broker
- An Event Coordination Consultant

Program Outcomes

- OHE Contract Managers continue to provide close monitoring of the Statewide Evaluator, the population specific Technical Assistance Providers, 35 pilot projects, as well as the Education, Outreach and Awareness Consultant. Ongoing activities include contractor and grantee monthly calls, facilitation of CRDP roundtable convenings, participation at cross population trainings, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting. Estimated Completion: Mid to late-2022
- OHE continues to attend and present at various mental health committees, workgroups and meetings at the local, regional, statewide and national level to provide CRDP updates and strategize on how to partner and leverage efforts regarding mental health equity. Estimated Completion: Ongoing
- OHE staff continue to serve as subject matter experts and technical assistance providers in health equity, cultural and linguistic competence, and mental health to internal and external stakeholders statewide and nationally. Estimated Completion: Ongoing
- OHE continues to provide ongoing administrative support to the 26 member OHE Advisory Committee on a quarterly basis to meet objectives of achieving health and mental health equity for vulnerable populations of California. This committee advised CDPH on the development of California's Portrait of Promise: California's Statewide Plan to Promote Health and Mental Health Equity (Statewide Plan). The CRDP is included in this report and OHE staff is responsible for providing program updates at the quarterly meetings. Estimated Completion: Ongoing

OHE is administering contracts to achieve the following:

- Operationalize strategies listed within the [Statewide Plan to Reduce Mental Health Disparities](#), which pertain to mental health disparities and recommendations to achieve health and mental health equity for all communities.
- Support community defined evidence practices (CDEPs) at the local level to offer prevention and early intervention mental health services to underserved and underrepresented diverse populations.
- Aid in the COVID-19 emergency response effort to outreach and engage community members most impacted by the pandemic by offering tele counseling and virtual support group services, information on testing and vaccination sites, food distribution, and other resources to remain safe.
- Serve as key subject matter experts and cultural brokers to CDPH on informing guidelines and processes related to COVID-19 messaging to underserved communities.
- Strategize on CRDP messaging and communications via social media, SharePoint, web redesign and other platforms to keep stakeholders informed on program progress and achievements.
- Coordinate meetings and planning sessions to convene CRDP vendors for mandatory CDPH meetings/conferences and knowledge exchanges.
- Conduct a statewide mental health survey to be administered in 2020-2021 to approximately 4,300 Californians.
- Provide media training and consulting, storytelling technical assistance to CRDP grantees, and community engagement across all priority populations.
- Produce annual issues and policies reports, education briefings, an inventory of county cultural competence advisory committees in California, and mental health collateral material.
- Provide intern and emerging leader stipends to help grow the public health and mental health workforce.

Additional OHE Information can be viewed here:

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

All Children Thrive California Program (ACT/CA)

Program Description

The ACT/CA is a three-year pilot program that 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. The ACT/CA partners with Community Partners, Public Health Advocates, and the University of California, Los Angeles (UCLA), Center for Healthier Children, Families, and Communities, to set in motion a broad social movement focused on the wellbeing of children and families, establishing an infrastructure supporting its statewide deployment. By increasing the capacity of communities to address the root determinants of health,

ACT/CA provides a replicable, evidence-based model, that can bolster Accountable Health Communities, First 5 early childhood initiatives, and MHSA prevention efforts.

Program Outcomes

- IVPB continues to oversee and support the ACT-CA Program and provide close monitoring of this project. Ongoing activities include multiple calls and meetings per week to provide technical assistance and assist with synergistic activities; participation in quarterly progress report meetings; payment of invoices, and assistance with budget and Scope of Work amendments.
- ACT-CA was granted an extension for an additional six months from June 30, 2021 to December 31, 2021 for two main reasons:
 - Due to the work being community dependent, COVID-19 presented challenges for the project such as a delay executing subcontracts, receiving Request for Applications (RFAs), etc. As such, an excess of funds remained at the end of contract Year Two. In order to allow the project to fulfill the Scope of Work and spend the \$9 million granted by the Legislature, a six-month extension was given to support ACT-CA in achieving all project objectives.
 - In the original bill language (SB 840), there is reference to two different contract time periods; the funds “shall be available for encumbrance or expenditure until June 30, 2021” and “three-year sole source contract” “beginning on January 1, 2019.” The extension was undertaken to resolve this ambiguity and ensure that a full three-year (36 month) project period is allowable.
- The ACT-CA Program:
 - Continues to maintain and support an Equity Advisory Group (EAG) that meets on a quarterly basis with approximately 15 members who represent organizations who work on behalf of priority populations in California.
 - Completed and submitted a literature review, compiled a list of model programs, and has begun to identify model public health practices and interventions with the greatest likelihood for feasibility; scaling; and that elevate equity, community participation, and community leadership for implementation in the targeted jurisdictions.
 - Is on track to develop a Toolkit for cities and counties that will describe model programs, policies, strategies and best practices for promoting equity and ensuring community participation.
 - Is currently engaging 22 jurisdictions in policy change activities and reviewing city responses to its RFAs for funding.
 - Is currently recruiting, coaching, and providing technical assistance to support targeted jurisdictions in their efforts to improve child wellbeing.
 - Is currently working to establish and support a peer-learning network and webinars/educational seminars in the targeted jurisdictions.
 - Completed and submitted an Evaluation Plan in partnership with CDPH.

Administrative Funds

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

IVPB is administering this contract to achieve the following:

- Establishment of an EAG
- Identification of evidence-based interventions and public health practices and developing model programs, policies, and practices for implementation by cities and counties
- Development and sharing of an online Toolkit for cities and counties
- Recruitment and provision of coaching and technical assistance to help cities and counties establish strategies
- Establishment of a peer-learning network, webinars, and educational seminars
- Evaluation of the impact of activities and a report of findings

Additional ACT-CA information can be viewed here:

[All Children Thrive - California](#)

Department of Developmental Services

Total Resources

Program Budget	Actual FY 2019-20*	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 283,000	\$ 500,000	\$ 500,000
Local Assistance Expenditures	\$ 740,000	\$ 740,000	\$ 740,000
Positions	3.0	3.0	3.0

General Overview

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

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

Actual, Projected and Estimated Projects

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

Mental Health Services Oversight and Accountability Commission

Total Resources

Program Budget	Actual FY 2019-20*	Estimated FY 2020-21*	Projected FY 2021-22
State Operations Expenditures	\$ 18,212,000	\$16,758,000	\$ 31,028,000
Local Assistance Expenditures	\$ 20,000,000	\$ 111,701,000	\$ 123,830,000
Positions	37.2	36.4	36.4

General Overview

The Mental Health Services Oversight and Accountability Commission (Commission) was established in 2004 to provide oversight and accountability for portions of the Mental Health Services Act (MHSA), Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The Commission's primary roles include: (1) providing oversight, review, accountability, and evaluation of projects and programs supported by MHSA funds, (2) assessing whether services that are provided pursuant to the MHSA are cost-effective and in accordance with recommended best practices, (3) participating in the decision making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state’s mental health system, (4) reviewing and approving county Innovation Program and Expenditure Plans, (5) providing counties technical assistance in MHSA program plan development to accomplish the purposes of the MHSA, and (6) administering the Mental Health Wellness Act of 2013 Triage Personnel grants. The Commission also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

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

Program Overview

Triage Grant Program

Program Description

Through the annual Budget Act and WIC 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 through FY 2017-18, the Commission 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 20 counties. The funding will establish 30 Triage programs for adults, children and youth age 0-21 and for school-mental health partnerships.

Stakeholder Advocacy

Program Description

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, diverse racial and ethnic communities, and immigrants and refugees.

Early Psychosis Intervention (EPI) Plus Program

Program Description

Chapter 414, Statutes of 2017 (AB 1315) established the EPI Plus Program to be administered by the 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 Committee is made up of subject matter experts with knowledge related to mental health care

including consumers, behavioral health directors, clinicians, researchers, a private health plan representative, a parent, and an expert in medical technologies. The Advisory Committee gathered for four full-day meetings between June 2019 and January 2020. The state has established the Special Fund to receive revenues, and the Commission has begun to work with state, local, and national leaders on the issue of early psychosis treatment and interventions.

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

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

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.

Mental Health Policy Fellowship

Program Description

The Commission is implementing the Mental Health Policy Fellowship Program. This program was established by Chapter 412, Statutes of 2017 (AB 1134) 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

Program Description

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 and programmatic outcomes for California's mental health system as mentioned above. Funds are also made available to support targeted evaluations done through contractors, who are typically university-based researchers. Projects include:

- 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

Prevention and Early Intervention

Program Description

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

More recently, Chapter 843, Statutes of 2018 (SB 1004) directed the Commission to establish priorities and a statewide strategy for prevention and early intervention services. The goal of this effort is to create a more focused approach to delivering effective prevention and early intervention services and increasing coordination and collaboration across communities and mental healthcare systems.

The Commission's PEI SB 1004 Project was created to establish priorities for investment and to develop a monitoring strategy. The project will also explore challenges and opportunities for strengthening mental health prevention and early intervention strategies across California. The Commission will explore best practices implemented in California, and elsewhere, and opportunities for increasing collaboration with private and public partners and existing mental healthcare systems.

Innovation

Program Description

The MHSOAC reviews and approves funding for INN programs for county mental health departments. Additionally, the MHSOAC provides technical assistance to help counties

in their planning process. Since 2016, the MHSOAC has authorized more than \$700 million in funding to support INN programs statewide. During FY 2019-20 the MHSOAC approved over \$60 million. The MHSOAC has approved just over \$11 million dollars in the first nine months of FY 2020-21.

The Commission received \$5 million in expenditure authority to launch an Innovation Incubator. The Commission's budget included \$2.5 million in FY 2018-19 and \$2.5 million in FY 2019-20.

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

- **The Data-Driven Recovery Project.** Five counties are linking criminal justice and behavioral health data to better understand the needs of individuals with mental health needs in the criminal justice system. These counties are deploying data-informed practices and piloting new strategies: Sacramento, San Bernardino, Nevada, Plumas and Yolo.
 - **Data-Driven Recovery Project Second Cohort.** In 2020, five more counties joined the data project, some of them to specifically link to work with the Judicial Council to divert defendants with mental health needs into services: Calaveras, El Dorado, Lassen, Marin and Modoc.
- **Full-Service Partnerships.** Six counties are evaluating and refining their FSPs to improve the results from this “whatever it takes” approach. More than \$1 billion is spent annually on FSPs statewide. Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou and Ventura are working together to assess their programs and develop metrics to support improvement efforts.
- **Psychiatric Advanced Directives.** Three counties are exploring options to deploy advanced directives to improve the response to individuals who are in crisis from law enforcement, as well as physical and behavioral health workers: Fresno, Orange and Sutter-Yuba counties.
- **Crisis Now.** Eleven counties are developing comprehensive and financially sustainable crisis response systems designed to better meet the needs of individuals and reduce incarceration and hospitalization: Butte, Inyo, Modoc, Nevada, Placer, Plumas, Solano, Shasta and Yolo.
- **Fiscal Sustainability.** Three counties are assessing the effectiveness of interventions to reduce justice-involvement of individual with mental health needs and developing strategies for improving performance and financial sustainability. All three counties received significant one-time funds from the Department of State Hospitals: Sacramento, San Luis Obispo and Santa Barbara.
- The Commission's **Incubator Systems Analysis** is assessing the learnings across the incubator projects, working with county leaders to develop a continuous improvement framework to inform future county Innovation projects, and assessing how the Commission can better support innovations in the counties.

In February 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. The Youth Innovation Project Planning Committee, comprised of 14 committee members from 12 Counties, were asked to provide support for the project, which includes the following three goals: (1) identify mental health challenges facing youth, (2) identify potential solutions to those challenges, and (3) support the presentation of solutions to county leaders for innovation investment.

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

The second and third Idea labs were adapted to a virtual format following the public health response to the pandemic. Utilizing the learnings from the first Idea lab, the Committee successfully worked with local youth to create a two-day format that utilized a modified version of Power-Mapping and electronic submissions of thematic art pieces from local youth. As in the first lab, youth led discussions about identified issues and solutions leading to innovative concepts that may improve mental health outcomes in schools.

Mental Health Student Services Act

Program Description

As a result of the high level of interest in school-county partnerships the legislature passed, and the Governor signed, the 2019 Budget Bill, Senate Bill 75, Mental Health Student Services Act (MHSSA). The MHSSA provides \$40 million one-time funds in FY 2019-20 and \$10 million ongoing funding for establishing additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education.

The MHSSA created a competitive grant program managed by the Commission. Funds will be available for expenditure across a five-year period. Grant funds shall be used for services provided on K-12 campuses, suicide prevention services, dropout prevention

services, outreach to at-risk youth, placement assistance for ongoing services, and other services to respond to the mental health needs of students and youth.

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

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

Youth Drop-In Centers

Program Description

After a competitive bid process, the Commission awarded grants to the five applicants to support the implementation of five youth drop-in centers which will provide integrated health, behavioral health and mental health services to transition age youth and their families. The 2019 Budget Act provided the Commission with \$14.6 million to support the implementation of youth drop-in center programs through a competitive process.

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

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

California Department of Corrections and Rehabilitation

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 1,596,000	\$ 1,202,000	\$ 1,052,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	3.3	3.0	3.0

General Overview

The Council on Criminal Justice and Behavioral Health (CCJBH), which is located in the Office of the Secretary of the California Department of Corrections and Rehabilitation (CDCR), receives \$382,000 ongoing MHSA funds for 3.0 positions (an Associate Government Program Analyst, a Research Scientist III and a Health Program Specialist I) and \$670,000 ongoing contract funding for organization(s) that represent individuals with lived experience in the justice and behavioral health systems to provide input and direction into the policy and program work of CCJBH, as well as affect local change. Funds support activities to promote the implementation of effective prevention, diversion, and reentry policies and practices that reduce incarceration or recidivism among individuals with behavioral health challenges. These activities include examining patterns of health care service utilization among those formerly incarcerated, identifying local best practices and strategies to support the broader adoption of such practices, and providing recommendations to the Administration and the Legislature regarding policy changes that may result in enhanced community alternatives to incarceration. Funds also support training and educational opportunities for Council members, stakeholders and staff, as appropriate, and provide resources for communication and information dissemination efforts.

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

Program Overview

Supporting AB 1810 Implementation (Pre-Trial Mental Health Diversion)

Program Description

In FY 2018-19, CCJBH received \$150,000 per year for three years to support the implementation of Chapter 34, Statutes of 2018 (AB 1810). The legislation specifically directed CCJBH to provide consultation to DSH to implement the DSH Diversion Program, which focuses on felony pre-trial diversion for individuals at risk of being deemed incompetent to stand trial who are experiencing severe mental illness and who may be homeless or at risk of homelessness. In FY 2018-19, FY 2019-20 and continuing into this current FY 2020-21, CCJBH staff have supported DSH through a

variety of activities, including developing and scoring county proposals, reviewing scopes of work, and acquiring or delivering technical assistance to counties. Through a training contract with the Council on State Governments Justice Center (CSG), CCJBH has supplied training to counties covering topics such as successful planning and implementation, sustainability, housing, and case planning. CCJBH also contracts with the Forensic Mental Health Association of California to provide diversion-related best practices training to State and county administrators.

Program Outcomes

In addition to providing on-going consultation to DSH, and direct training and technical assistance to county participants, funds will support information gathering and delivery of technical assistance to local and state leadership to promote the long-term adoption of pre-trial mental health diversion practices statement in FY 2019-20 through 2020-21. Through a competitive bidding process, CCJBH will award contracts to experts in pre-trial mental health diversion strategies and work across the necessary professions with critical roles in leadership such as district attorneys, judges, and other local elected officials to make the case for expanded diversion. CCJBH uses a State-level steering or advisory committee representing the various partners in diversion to identify policy issues during implementation, find common ground, seek resolutions, and propose recommendations for the Council to consider to strengthen the effectiveness and sustainable impact of AB 1810. Outcomes due by the end of FY 2020-21 will include a final set of policy recommendations and the identification of a contractor to support statewide-expanded pre-trial mental health diversion.

Lived Experience Stakeholder Contracts

Program Description

In FY 2018-19, CCJBH received \$670,000 for stakeholder contracts to help reduce involvement in the criminal justice system for those individuals experiencing behavioral health issues. Following the spirit of MHSA funds, CCJBH conducted a community engagement process during the late summer and fall of 2019 to obtain input on how to best implement the intent of the Legislature. The community engagement process helped to inform the development of the Request for Proposal (RFP) solicitation for the competitive bid process to award the stakeholder contracts.

Program Outcomes

CCJBH executed a contract with California State University, Sacramento, to facilitate a community engagement process, which included key informant interviews, population specific listening sessions and regional forums throughout the state. The community engagement process was designed to target diverse populations including consumers, family members, and professionals, to obtain their first-hand perspectives related to current needs and best practices of effective programs and policies in the intersection of criminal justice and behavioral health. Common themes identified throughout the various events and regions include extending continuity of care, increasing opportunities

for peer support, expanding existing local capacity, developing and carrying out outreach and education, and promoting collaboration and information sharing.

The information gathered during the community engagement process helped define the RFP framework used for the competitive bidding process for the stakeholder contracts. The RFP framework consists of five local level contracts (one for each behavioral health region), executed in 2020 for Lived Experience Programs designed to lift up the voices of individuals with lived experience throughout California. In the final quarter of 2020, the contractors began work to conduct outreach, awareness, and education activities at the local level implementing the activities from their unique proposals. CCJBH envisions a collaborative relationship among the contractors to ensure consistent messaging and materials. These contracts will continue through FY 2022-23.

Medi-Cal Utilization Project and General Council Support

Program Description

People with behavioral health needs cycle in and out of the criminal justice system and incur high supervision costs, as well as high health care costs. The Affordable Care Act (ACA) expanded access to behavioral health care as many justice-involved people became newly eligible for Medi-Cal, and it also included mental health and substance use disorder treatment as essential health benefits. Justice-involved people with behavioral health needs are likely eligible for Medi-Cal funded treatment in the community-based mental health system, and, when coupled with appropriate criminogenic interventions, access to behavioral health treatment can help to improve both criminal justice and health outcomes.

To monitor access to and utilization of Medi-Cal behavioral health services for people involved in the criminal justice system, especially justice-involved people with mental illness and substance use disorders, in FY 2016-17, CCJBH received ongoing funding to support the Medi-Cal Utilization Project. CCJBH's project goal is to assess if and how the ACA has reduced incarceration and recidivism rates while improving access to and quality of behavioral health services.

CCCJBH also received one analyst ongoing to support the general work of the Council, including support for Council meetings and trainings, communication strategies, and the development and dissemination of the annual legislative report and recommendations. This position enhances the Council's capacity to track key policy issues in the intersection of behavioral health and criminal justice, such as housing and homelessness, education and employment and child welfare and social services.

Program Outcomes

Work on the Medi-Cal Utilization Project is ongoing and began in October 2017 when CDCR sent DHCS data on justice-involved individuals who were released into the community with DHCS. CCJBH staff linked CDCR release data to DHCS enrollment and claims data for people released from CDCR facilities between January 2012 and

March 2017. In December 2020, CCJBH released a report ([CCJBH 2020 Annual Report](#)) presenting findings from an initial phase of the research, which indicated that justice-involved people accessed health services at higher rates post-ACA expansion compared to the rates at which they accessed services pre-expansion. Findings from an analysis of specialty mental health service utilization were presented in CCJBH’s [2019 Annual Legislative Report](#). A [factsheet](#) that documents patterns of emergency and inpatient behavioral health services by people released from CDCR facilities was released in July 2020. Leveraging the newly established Interagency Data Exchange Agreement, CCJBH drafted a Business Use Case Proposal, which is currently under review. The data linkage and analysis plan has been improved, and a process is in place for sharing of more recent data. In FY 2021-22, analyses will explore a “pipeline” from prison release to Medi-Cal service utilization, including timely enrollment and utilization metrics, as well as quality measures.

California Department of Education

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21*	Projected FY 2021-22
State Operations Expenditures	\$ 134,000	\$ 164,000	\$ 179,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	0.9	0.9	0.9

General Overview

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

The MHSA funding provides partial support for a 0.9 position Education Programs Consultant (EPC) position to help support and build local capacity to address mental health needs; increase awareness of student mental health and wellness among staff, parents, and students; reduce stigma of mental health issues; and promote healthy emotional development. While the funding does not include monies for program activities, grants or contracts, much of the work performed is related to building strategic partnerships that enhance mental health and wellness activities on school campuses across the state.

Program Description

The mission of CDE’s Mental Health Services Program (MHSP) to provide school staff with knowledge and skills to identify, support, and respectfully serve students who are

experiencing a mental health issue and to help provide opportunities for youth, parents, and communities to learn about and participate in activities that address mental health and wellness. This mission has been the cornerstone of the MHSP work and will continue to drive any future activities until it is evident that student mental health and wellness is appropriately addressed and embedded in schools throughout California.

The CDE's MHSP operates to provide information, resources and supports to local educational agencies, parents, students, and other stakeholders to address the multitude of mental health needs of K–12 students.

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

- \$9 million grant (2019-2025) funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Project Advancing Wellness and Resilience in Education State Educational Agency Grant, also known in California as Project Cal-Well. Project Cal-Well will expand partnerships and collaboration between state and local educational systems to promote the healthy development of school-aged youth and prevent youth violence;
- \$1 million grant (2018-20) funded by the U.S. Department of Justice Project STOP School Violence Act, aimed at reducing school violence. Project Cal-STOP provides free training to middle and high school LEAs on violence prevention strategies and related mental health needs;
- \$250,000 grant funded by Blue Shield of California's BlueSky Signature Program to further expand the reach of Youth Mental Health First Aid (YMHFA) Trainings throughout the state and certify new YMHFA Instructors to help build capacity in counties with few or no instructors.

Program Outcomes

- In 2020-21, CDE coordinated and delivered 87 YMHFA Trainings and trained over 1,500 school staff, educators, community members and parents throughout the state. To date, 15,844 have received the YMHFA Training as part of Project Cal-Well and the efforts of the CDE. Through funding garnered from Blue Shield of California's BlueSky Initiative, we are expanding our reach to ensure thousands of school personnel gain the skills and have the resources they need to support student mental health. Efforts also included scheduling instructor certification trainings and recruitment of local instructors to assist in delivering the high number of requests. The COVID-19 pandemic forced us to pivot to a virtual delivery of the training which has produced favorable results in the number of trainings held and people trained.
- Coordination and delivery of six National Alliance on Mental Illness (NAMI) on Campus High School (NCHS) workshops for high school students and advisors. NCHS workshops promote the student voice, increase awareness of mental health and wellness, provide suicide prevention strategies, inspire advocacy,

promote acceptance for students experiencing mental health issues, and promote a positive school climate that fosters healthy, respectful relationships among students, staff, and parents/guardians/caregivers, and strengthens students' feelings of connectedness to their school. Over 70 high schools in California currently have an active NCHS Club and are increasing awareness of mental health issues and sharing resources and supports campus-wide.

- 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. Submitted six policy recommendations.
- 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. Email blasts are sent weekly to over 8,000 educators.
- Revision of CDE's Model Youth Suicide Prevention Policy for local educational LEAs that serve students in 7th-12th grades, as required by Assembly Bill 2246. Over 800 LEAs that are drafting or updating their policies can use this as a template.
- Development of CDE's Model Youth Suicide Prevention Policy for LEAs that serve students in K-6 grades, as required by AB 1767. This model policy will serve over 300 LEAs in drafting their policies.
- Collaboration with Directing Change and Teen Line to deliver Suicide Prevention 101 for Parents: Recognizing Signs and What to Do webinar in English, Spanish and Hmong. Topics covered during the webinars include recognizing warning signs for suicide, how to have a conversation with your teen about your concerns; actions to take if your teen is having suicidal thoughts; tips and resources to support emotional and mental health during COVID-19, and information about raising resilient teens
- Coordination with Wellness Together to host the Spring Webinar Series for educators and families in April 2021. Keynote addresses provided by Max Stossel and Doug Keller (Netflix's Social Dilemma), Karin Gornick and Lori Woodley, A Trusted Space, and Angie Lythcott-Haims Authors. Keynote speakers addressed raising children and youth in a digital age, raising responsible adults, and helping support safe spaces for children and youth to discuss mental health.

- Coordination with Wellness Together to host the first annual Mind Out Loud virtual student event on May 4-6, 2021 from 3:30-5:00 to engage students in boldly discussing mental health and suicide prevention.
- Coordination of the Building a Network of Safety for School Communities Monthly Webinar Series. Subject matter experts lead the discussion on prevention, intervention, and postvention promising and best practices, strategies and resources.
- Development of the Statewide Suicide Postvention Response Team to help local educational agencies (LEAs) navigate the postvention process after a student or staff suicide. Subject matter experts, suicide survivors, and advocates assist LEAs with procedures, communication, messaging, media, and memorials.
- Coordination with LivingWorks and San Diego County Office of Education to provide middle and high school staff and students with online suicide prevention training- at no cost, as required by AB 1808. Over 60,000 middle and high school staff and students will have access to the online program.

Collaboration with Indieflix and What it Takes to provide statewide access to the documentaries and corresponding curricula for A Trusted Space and Angst. A Trusted Space helps educators and parents implement safe and trusted space to have genuine and helpful discussion on mental health. Angst provides an in-depth look at the prevalence of anxiety among our students and provides messages of hope and resilience to help supports students.

Collaboration with Mental Health America of California to assist with their subsidiary California youth Empowerment Network (CAYEN) with their annual Transitional Age Youth (TAY) Days in June 22-24, 2021. This is a youth-led event that brings TAY from across the state together for workshops, advocacy through artful expression, panels, and speakers.

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

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 104,000	\$ 97,000	\$ 106,000
Local Assistance Expenditures	\$ 5,500,000	\$ 0	\$ 0
Positions	0.5	0.5	0.5

General Overview

The Board of Governors of the California Community Colleges Chancellor's Office (Chancellor’s Office) leads the country’s largest system of higher education with 73 community college districts and 116 community colleges serving over 2.1 million

students (including one college that is completely online). MHSA funds support the Chancellor's Office with staff who support the development of mental health related policies, program best practices and the identification of resources to address the mental health needs of California community college students.

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

Program Description

The Chancellor's Office uses student equity funds to support the California Community Colleges (CCC) Health & Wellness Initiative. The CCC Health & Wellness Initiative is a statewide effort focused on prevention and early intervention strategies to support the mental health and wellness needs of California community college students. This initiative provides free resources for California community colleges around mental health awareness, suicide prevention training, and Crisis Text Line materials that promote a free 24/7 text-based support system (provided through a partnership with the Crisis Text Line). Additional activities include supporting the California community colleges to connect with their county behavioral health services to establish formal referral networks. In recognition of the significant needs of the California Community Colleges system, the Chancellor's Office prioritized resourcing two critical training components of the project, including prevention, early intervention, and mental health training and technical assistance available to the 115 colleges (\$275,000 annual contract) and Kognito, the online suicide prevention training that is currently available to 115 colleges (\$108,300 annual contract).

Program Outcomes

- From October 2020-December 2020, the CCC Health and Wellness website had 38,081 total visits, 20,138 unique users, and 80,699 pageviews.
- CCC Health and Wellness has increased the total number of California community colleges accessing Kognito suicide prevention gatekeeper trainings, bringing the total to 115 of the 115 brick and mortar colleges. Cumulatively, 109,304 faculty, staff, and students have accessed the online trainings.
- The Chancellor's Office, in partnership with the Foundation for California Community Colleges is currently working with the Crisis Text Line (CTL), a national organization that facilitates text-based mental health support. The goal of the collaboration is to implement a CTL service specifically targeting California community college students.
 - During Fall 2020, CCC Health & Wellness staff distributed 82 physical CTL tool kits to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on the college campuses. Tool kits included extensive outreach collateral materials that are displayed at multiple locations throughout each of the 115 campuses. The outreach materials provide information to students about the CTL services, and instructs California Community College students to text the word "Courage" to access CTL services. The digital Crisis Text Line toolkits are also available to all colleges via the website.
 - From October 2020-December 2020, 427 individual people have used the Crisis Text Line by texting "COURAGE."

- From October 2020- December 2020, 582 conversations were recorded, showing that several individuals utilized the service more than once.
- 44.7 percent of conversations reported that anxiety and stress is the top reason students utilize the Crisis Text Line.
- Relationship problems, depression/sadness, and isolation/loneliness are also highly reported to be common factors for students utilizing the Crisis Text Line.
- 18.4 percent of conversations report suicide or self-harm as an issue reported for texting the Crisis Text Line.
- 9.3 percent of students reported that COVID-19 is the reason for utilizing the Crisis Text Line.
- The Chancellor’s Office regularly convenes with a core group of advisors composed of health and mental health practitioners from across the state to discuss various issues including the prevention, early intervention and mental health needs of students, the faculty/staff training needs, and the capacity building needs of the community colleges in general. The group also provides ad hoc support to assess feasibility of pending legislation that will potentially impact California Community College student health and/or mental health services.
- Wellness Central, the student-facing online health and wellness Canvas portal, has launched. Twenty-five training modules are currently available in the Canvas platform, which cover a variety of topics, ranging from Depression and Stress Management, to Hunger and Homelessness.
- The CCC Health & Wellness Initiative implemented the Student Wellness Ambassador Program, which trains community college students to serve as advocates for the mental health and wellness of their peers. The program is currently at 14 colleges with 20 student ambassadors. The Wellness Ambassadors participated in the October 2020 Kognito Challenge which led to 149 new Kognito completions. For the Fall 2020 semester, the Wellness Ambassadors conducted 163 virtual presentations with a total attendance of 119,642 people, emailed 116,023 people, created 370 social media posts which had over 7,870 impressions, and texted or called 195 people.
- The Chancellor’s Office developed and launched a toolkit in February 2021, titled “Partnering with Local Mental Health Providers to Support Foster Youth in College”, which was accompanied by a webinar featuring a panel of experts and toolkit contributors. The toolkit highlights an innovative strategy to leverage existing funding and connect these students to community mental health services. In 2018-2020, John Burton Advocates for Youth (JBAY) and the Los Angeles County Department of Mental Health (LACDMH) led a multi-year effort with 11 community colleges to co-locate services and establish strong referral pathways with community providers. The toolkit is designed to help other California community colleges replicate their success.
- The 2017-18 and 2018-19 state budgets provided the Chancellor’s Office with two appropriations of one-time funding to distribute to the colleges in order to expand mental health services, provide training and to develop stronger relationships with county behavioral health departments and community-based mental health service providers. Under AB 1809, 114 California community colleges received a proportion of a \$10 million appropriation based on their prior-year student population data.

Under SB 85, 15 community college districts, representing 27 individual colleges, received \$4.5 million in funding. Some key accomplishments that resulted from this investment include:

- 1) 55,607 students were screened for mental health service needs.
- 2) Mental Health support funds have supported service provision to 42,450 students.
- 3) Colleges have established 151 formal partnerships and 738 informal partnerships with county behavioral health departments and community-based organizations.

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

California Military Department

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 1,454,000	\$ 1,504,000	\$ 1,532,000
Local Assistance Expenditures	\$ 0	\$ 0	\$ 0
Positions	8.2	8.2	8.2

General Overview

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

Program Overview

CMD Behavioral Health Liaison Program

Program Description

The California Military Department, Behavioral Health Directorate administers the CMD Behavioral Health (BH) Liaison Program, which addresses the need of its population for Behavioral Health support and education. MHSA funds support 8.2 positions for Behavioral Health personnel that are available 24 hours a day, 7 days a week, to

members of the CMD and their families. The CMD BH outreach program is designed to improve coordination of care between the members of the CMD, local County Veterans Services Officers, county mental health departments, and other public and private support agencies statewide. CMD BH Liaisons educate members of the CMD and their families, supervisors, and leadership about mental health issues and the unique needs/experiences of its military population. BH Liaisons also enhance the capacity of the local mental health system through education and training about military culture. The CMD BH Liaisons assisted soldiers, airmen, civilian military department members, and their families in acquiring appropriate local, state, federal, private, public, and/or non-profit Behavioral Health Program support. Assisting soldiers, airmen, and department members in accessing the appropriate mental health care programs is extremely cost-efficient and ensures that CMD members receive care by referrals to mental health clinicians and programs trained to treat military-specific conditions.

Program Outcomes

CMD BH Liaisons partnered with academic clinical centers, veteran and civic groups, statewide behavioral health collaboratives, and federal and state installations in each of their regions to connect their catchment population to care and provide educational briefs (to groups and individuals).

CMD BH Liaisons contributed to and supported briefs about behavioral health, National Guard Behavioral Health resources, suicide prevention, motivational techniques, and general mental health resources in military unit newsletters, bulletins, and unit formations. They spoke virtually and in-person on veteran, military, and emergency responder panels and advisory workgroups, and sat on regional healthcare boards. They participated in statewide webinars, maintained two CA National Guard Behavioral Health informational Facebook pages, and used texting, and FaceTime to reach out to all Guard members and the public. This year the majority of their support was virtual, both synchronous and asynchronous, and through electronic means. When in person, they communicated while observing all recommended force health protection protocols.

Department of Veterans Affairs

Total Resources

Program Budget	Actual FY 2019-20	Estimated FY 2020-21	Projected FY 2021-22
State Operations Expenditures	\$ 250,000	\$ 254,000	\$ 273,000
Local Assistance Expenditures	\$ 1,270,000	\$ 1,270,000	\$ 1,270,00
Positions	2.0	2.0	2.0

General Overview

The California Department of Veterans Affairs (CalVet) receives funding to support county mental health grant programs as well as 2.0 positions to oversee the grant program and support the statewide administration of informing service members,

veterans and their families about federal and state benefits to include mental health services. With the support of the Mental Health Services Act (MHSA) funds, CalVet administers grant programs for improving mental health services to veterans through their County Veterans Service Offices (CVSO).

Program Description

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

Program Outcomes

For FY 2019-20, CalVet awarded 19 CVSOs a combined total of \$1.3 million in support of mental health. The participating CVSOs coordinated with community, state, and VA-wide mental health outreach services. The goal was to provide the appropriate physical and mental healthcare needed to mitigate the harmful effects of combat, sexual assault, in-service injury and readjustment to civilian life. Appendix 6 provides information on the programs funded during 2019-20.

Appendix 1: Historical Background

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

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

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

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

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

Chapter 43, Statutes of 2016 (AB 1618) established the NPLH Program that is administered by 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.

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

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

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

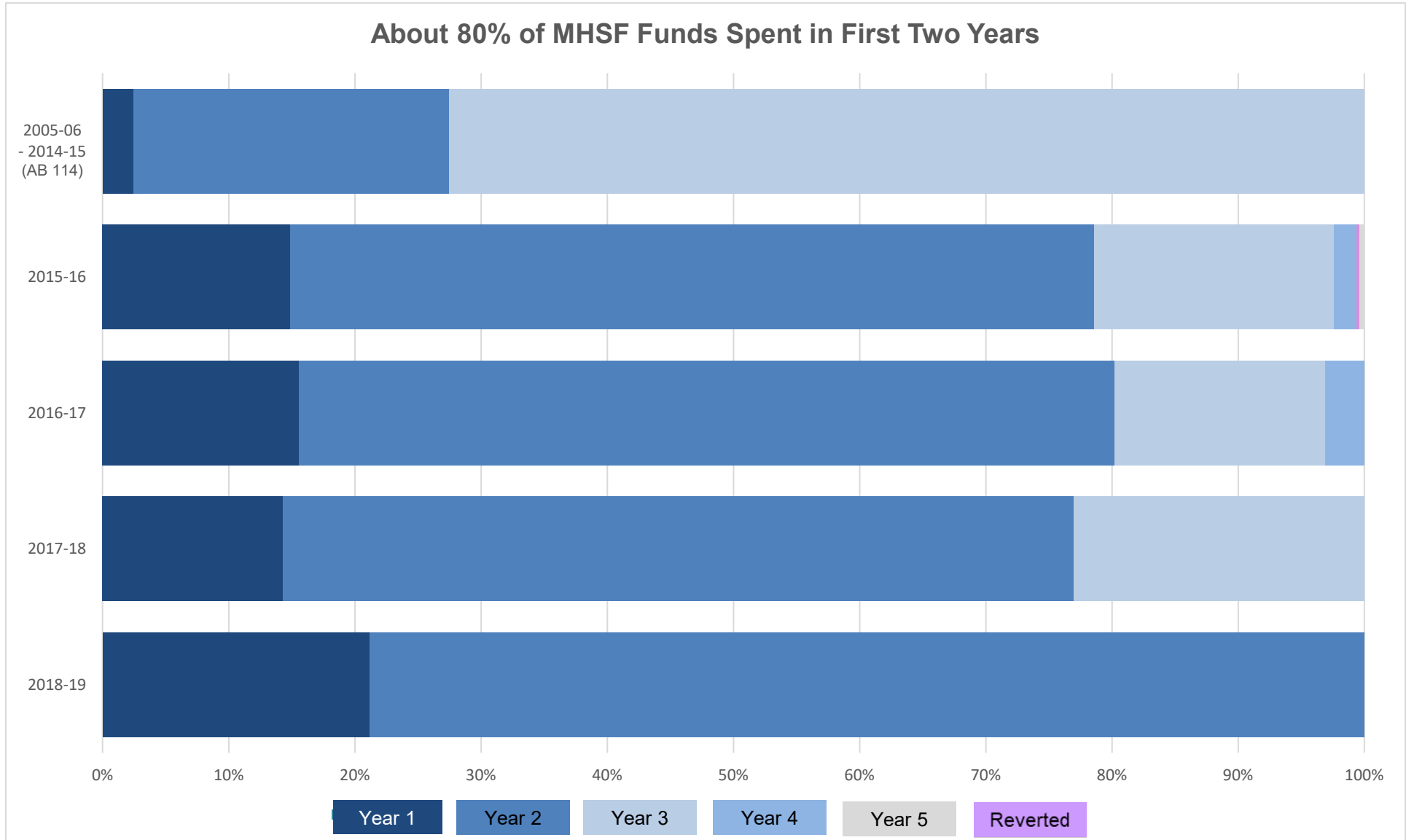
Chapter 13, Statutes of 2020 (AB 81) amended W&I Sections, 5847 and 5892. This bill enacts the flexibility of MHSA funds to allow counties to accommodate for social distancing and public gathering due to the COVID Public Health Emergency. This bill amended the timeframe for counties to submit their Three-Year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

Appendix 2: Prudent Reserve Funding Levels

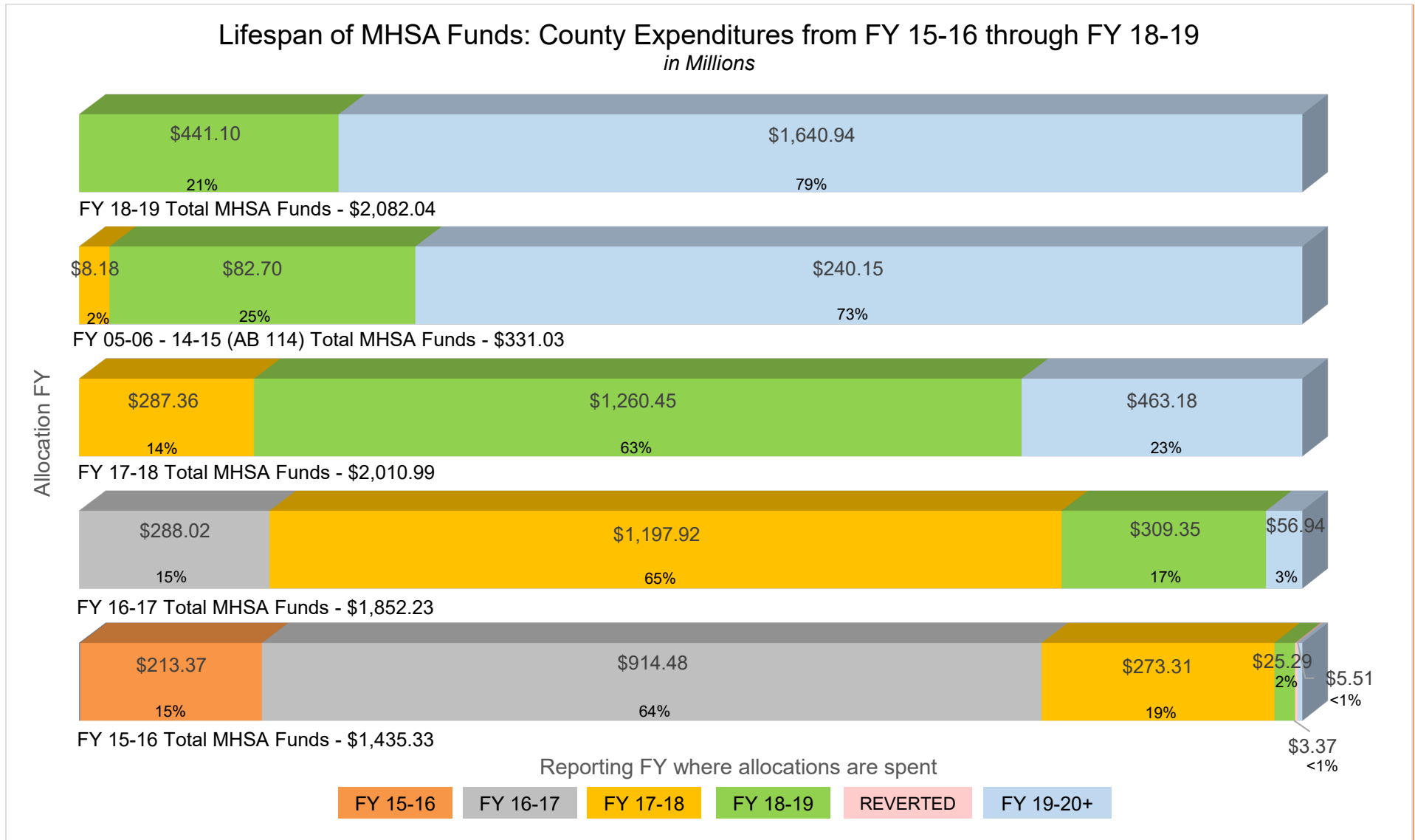
Prudent Reserve Funding Levels FY 2019-20¹			
County	FY 19-20 Prudent Reserve Balance²	33% Maximum Prudent Reserve Level	Amount to be transferred to CSS and/or PEI by June 30, 2020
Alameda	\$ 14,593,038	\$ 14,593,038	\$ -
Alpine	\$ 592,407*	\$ 354,639	\$ 237,768
Amador	\$ 652,458	\$ 652,458	\$ -
Berkeley City	\$ 1,237,629	\$ 1,237,629	\$ -
Butte	\$ 2,457,861*	\$ 2,376,466	\$ 81,394
Calaveras	\$ 647,740	\$ 707,286	\$ -
Colusa	\$ 468,478*	\$ 583,058	\$ -
Contra Costa	\$ 7,579,248	\$ 9,306,043	\$ -
Del Norte	\$ 614,386	\$ 614,386	\$ -
El Dorado	\$ 1,655,402	\$ 1,655,403	\$ -
Fresno	\$ 10,081,463	\$ 10,081,463	\$ -
Glenn	\$ 88,510	\$ 620,110	\$ -
Humboldt	\$ 1,439,391	\$ 1,467,706	\$ -
Imperial	\$ 430,047	\$ 2,026,098	\$ -
Inyo	\$ 668,926*	\$ 416,718	\$ 252,208
Kern	\$ 7,476,296	\$ 8,716,008	\$ -
Kings	\$ 1,184,797	\$ 1,699,927	\$ -
Lake	\$ 836,050	\$ 836,051	\$ -
Lassen	\$ 614,780	\$ 614,780	\$ -
Los Angeles	\$ 116,483,541	\$ 116,483,542	\$ -
Madera	\$ 1,701,689	\$ 1,785,654	\$ -
Marin	\$ 2,175,490	\$ 2,315,079	\$ -
Mariposa	\$ 246,991	\$ 419,348	\$ -
Mendocino	\$ 1,018,338	\$ 1,018,338	\$ -
Merced	\$ 2,958,713	\$ 3,010,582	\$ -
Modoc	\$ 356,545*	\$ 388,777	\$ -
Mono	\$ 404,926	\$ 407,919	\$ -
Monterey	\$ 4,795,236	\$ 4,795,237	\$ -
Napa	\$ 764,402	\$ 1,369,670	\$ -
Nevada	\$ 1,111,502	\$ 1,111,503	\$ -
Orange	\$ 33,258,769	\$ 33,258,769	\$ -
Placer	\$ 2,819,664	\$ 2,819,664	\$ -
Plumas	\$ 563,639	\$ 563,640	\$ -
Riverside	\$ 21,602,904	\$ 21,602,904	\$ -
Sacramento	\$ 13,196,792	\$ 13,196,792	\$ -
San Benito	\$ 941,758*	\$ 803,135	\$ 138,622
San Bernardino	\$ 21,655,429	\$ 21,655,429	\$ -
San Diego	\$ 33,478,186	\$ 33,478,186	\$ -
San Francisco	\$ 7,259,570	\$ 7,578,950	\$ -
San Joaquin	\$ 6,939,866	\$ 6,939,866	\$ -
San Luis Obispo	\$ 2,774,412	\$ 2,774,412	\$ -

Prudent Reserve Funding Levels FY 2019-20¹			
County	FY 19-20 Prudent Reserve Balance²	33% Maximum Prudent Reserve Level	Amount to be transferred to CSS and/or PEI by June 30, 2020
San Mateo	\$ 600,000	\$ 6,676,529	\$ -
Santa Barbara	\$ 2,023,113	\$ 4,744,661	\$ -
Santa Clara	\$ 18,703,637	\$ 18,703,637	\$ -
Santa Cruz	\$ 2,997,367	\$ 2,997,368	\$ -
Shasta	\$ -	\$ 1,972,884	\$ -
Sierra	\$ 354,094	\$ 362,970	\$ -
Siskiyou	\$ 1,747,115*	\$ 692,431	\$ 1,054,684
Solano	\$ 2,780,126	\$ 4,112,810	\$ -
Sonoma	\$ 944,981	\$ 4,643,163	\$ -
Stanislaus	\$ 500,000	\$ 5,283,972	\$ -
Sutter-Yuba	\$ 521,836	\$ 1,897,752	\$ -
Tehama	\$ 550,618*	\$ 810,126	\$ -
Tri-City	\$ 2,148,824	\$ 2,287,573	\$ -
Trinity	\$ 389,723	\$ 405,650	\$ -
Tulare	\$ 4,993,506	\$ 4,993,506	\$ -
Tuolumne	\$ 554,758*	\$ 767,882	\$ -
Ventura	\$ 8,491,905	\$ 8,491,905	\$ -
Yolo	\$ 964,069	\$ 2,225,418	\$ -
¹ Welfare and Institutions Code section 5892 (b)(2) requires counties to maintain a prudent reserve that does not exceed 33% of the average CSS revenue received from the Local MHSF in the proceeding 5 years. The Local Prudent Reserve assessment was conducted in FY 2018-19 with CSS allocations from FY 2013-14 through FY 2017-18. The next Local Prudent Reserve calculation will occur in FY 2023-24.			
² Prudent Reserve ending balance as reported on FY 2019-20 ARER.			
* Indicates the county has not submitted a final ARER therefore, FY 2018-19 Prudent Reserve amount is shown.			

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



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



Mental Health Services Act Expenditure Report – May Revision Fiscal Year 2021-22

Notes:

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

Appendix 5: Department of Developmental Services

Cycle IV (FY 2017-18 through 2019-20)

1. Harbor Regional Center (HRC)

County: Los Angeles

Local Assistance Expenditures FY 2019-20: \$120,743

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

Program Description:

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, Harbor Regional Center increased knowledge about early childhood mental health and child development among regional center professionals and parents of children receiving services. The project provided symposiums for service providers and parents on topics such as Social and Emotional Development, Transdisciplinary Care, and Trauma-Informed Practices.

The Side by Side project concluded in June of 2020.

Notable Project Outcomes Include:

- Provided over 36 hours of professional development on Children’s Mental Health and Social and Emotional Development in order to build a more competent professional workforce (75% of Early Childhood Staff at Harbor Regional Center accrued over 36 hours of professional development over a three-year period, and 50% of HRC staff are applying for Advanced Transdisciplinary Mental Health Practitioner Certification)
- Earned positive feedback on the Professional Symposia (an average of 97% of attendees gave positive ratings on Learning Objectives and 95% positive ratings on the Overview section)
- Provided parents and caregivers effective training (96% of parents and caregivers rated the symposia positively and 75% showed improvement via the Global Strain on the Caregiver Questionnaire after attending at least two workshops; and of parents that were in the “concern range” on the family functioning scale of the Protective Factor Survey, 70% ranked in the “strengths range” upon follow up)
- Recruited five parents that completed the three-hour Parent-to-Parent Mentoring Program for HRC to promote ongoing sustainability for this program

2. North Bay Regional Center (NBRC)

Counties: Sonoma, Solano, Napa

Local Assistance Expenditures FY 2019-20: \$190,701

Social-Sexual Education Project

Program Description:

In collaboration with multi-disciplinary local partners, this project developed an evidence-based, social-sexual curriculum/educational program based on safe relationship development and safe sexual behavior to reduce the risk of victimization and entrance into the criminal justice system. This project provided a sharable web-based curriculum that is available statewide.

The Socio-Sexual Education project concluded in June of 2020.

Notable Project Outcomes Include:

- Created 11 lessons in the Beginner Curriculum with videos that were pilot tested and evaluated
- Created 14 lessons in the Advanced Curriculum with videos that were pilot tested and evaluated
- Created 2 additional lessons on Online Safety with videos that were pilot tested and evaluated
- Recruited 301 people to participate in filming and photographs for this project
- Created 62 videos that were piloted and evaluated by consumers
- Created and tested pre and post assessments
- Trained multiple agencies on how to implement these curricula
- Provided materials to all 21 Regional Centers and made materials available statewide on their website
- Improved participant knowledge of understanding safe and healthy relationships with statistical significance (by an average of 22%)

3. South Central Los Angeles Regional Center (SCLARC)

County: Los Angeles

Local Assistance Expenditures FY 2019-20: \$301,805

SCLARC Project 1: Engaging Families to Effectively Support Their Child's Social and Emotional Development

Program Description:

In collaboration with Eastern Los Angeles Family Resource Center, this project trained Early Start partners to provide evidence-based prevention and early intervention services to families and their children, including adult consumers with at-risk children.

This project improved identification of social and emotional delays, increased referrals, and implemented evidence-based supports and services to enhance family relationships and improve social and emotional development.

The Engaging Families to Effectively Support Their Child’s Social and Emotional Development project concluded in June of 2020.

Notable Project Outcomes Include:

- Ensured 100% of Early Start Service Coordinators at SCLARC participated in a Social and Emotional Development online course
- Trained 100% of the Family Resource Center (FRC) parent support staff at SCLARC FRC and the East Los Angeles FRC in the ASQ-SE screening
- Offered over 300 Early Start Children assessments with the Regional Center and others
- Provided Ages and Stages Questionnaire assessments to 43 children in the East Los Angeles FRC area
- Trained 115 Early Intervention and Education Service Providers on topics pertaining to identifying, referring, and intervention for children with social emotional and mental health needs
- Referred 142 families who had concerns regarding their child’s social and emotional development to evidence-based parenting programs
- Referred 98 families to a positive parenting training
- Referred 23 families to Incredible Years groups
- Referred 21 families to Positive Solutions for Families groups
- Hosted 34 families in either the Incredible Years or Positive Solutions groups
- (100% of participants reported they were more knowledgeable about their child’s social and emotional needs after attending the parenting series)
- Completed facilitator trainings for the Incredible Years Curriculum for Regional Center and Family Resource Center staff
- Delivered a training to 16 professionals by Marian Williams on Integrating Social-Emotional Needs in Early Intervention
- Delivered a presentation to 16 professionals on Toxic Stress and Resiliency
- Conducted four focus groups with families about their experience with Early Start and on mental health services to improve services

SCLARC Project 2: Mental Health Assessment and Support

Program Description:

In collaborating with the California Institute of Health and Social Services, this project created a specialized mental health triage team. The team provided 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.

The Mental Health Assessment and Support Project for adults concluded in June of 2020.

Notable Project Outcomes Include:

- Completed a directory of community resources related to mental health for use by staff, individuals, and community members
- Convened 48 Triage Team Meeting so discuss treatment planning for cases for individuals who may benefit from mental health services
- Referred 222 individuals to the Triage Team
- Provided 146 individuals and 136 families with mental health services
- Provided 29 trainings for clinicians on subjects such as Trauma Informed Interventions for Developmentally Disabled Clients through use of Art and Music and Neurodevelopmental Disorders

4. Valley Mountain Regional Center (VMRC)

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

Local Assistance Expenditures FY 2019-20: \$0

Bridging the Gap: Co-occurring Disorders and Developmental Disability

Program Description:

In collaboration with multi-disciplinary local partners, this project conducted two annual two-day conferences for the three-year project cycle. Each conference included trained experts in the field sharing 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 included multi-system providers and professionals who engaged in table discussions that collaboratively addressed the complex needs of individuals with a dual diagnosis.

Notable Program Outcomes Include:

- Hosted 106-148 providers each day for two conferences lasting two days each
- Trained multidisciplinary providers in relevant behavioral health topics by 13 experts in the field
- Covered topics including crisis intervention, crisis prevention, and how to better meet the needs of individuals in emergency rooms

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

Redwood Coast Regional Center (RCRC)

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

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

Local Assistance Expenditure FY 2021-22 Projected: \$192,127

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

Program Description:

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

Outcomes in this Reporting Period (August through December 2020):

- Established a Project Manager
- Established the Grant Advisory Council consisting of parents, community partners, education and healthcare professionals
- Conducted Incredible Years training for four families
- Hosted 21 families and 15 service providers in virtual Parent Academies on topics such as Coping Strategies, Visual Systems, and Special Education Basics
- Convened two workforce development trainings including Early Childhood Mental Health 101 (25 participants) and Is Your Child Missing Out (161 participants)
- Enrolled 10 children in Easter Seals Programming

San Diego Regional Center (SDRC)

Counties served: Imperial

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

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

Peer LINKS

Program Description:

In collaboration with the National Alliance on Mental Illness (NAMI), the project will provide mental health services to consumers ages 14 and older with developmental disabilities.

Outcomes in this Reporting Period (August through December 2020):

- Recruited and hired a Program Manager and two Peer/Family Support Specialists
- Convened a MHSA Steering Committee with 29 attendees
- Presented about the new program to SDRC staff (35 attendees)
- Provided outreach to community crisis centers, recovery programs, schools, probation, and community based organizations
- Identified 15 individuals to begin services

South Central Los Angeles Regional Center (SCLARC)

Area Served: South Central Los Angeles

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

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

Children’s Collaborative Mental Health Project (CCMHP)

Program Description:

In partnership with Kendren Community Mental Health Center and Shields for Families, the project will provide person-centered mental health assessment and referrals to consumers ages 10-17 that are dually diagnosed or at risk of developing a mental health disorder.

Outcomes this Reporting Period (August 2020 through December 2020):

- Modified SCLARC’s Mental Health Risk Assessment Tool and Mental Health Screening tool
- Conducted training for Service Coordinators on Mental Health Services and Referral Processes to Service Coordinators
- Convened CCMPH interdisciplinary team to develop care plans for high-risk SCLARC consumers ages 10-17.
- Conducted outreach to Department of Mental Health and community mental health agencies
- Collected baseline data for 16 referred consumers using the Devereaux Student Strengths Assessment Mini

Appendix 6: Department of Veterans Affairs Administrative Funds

For FY 2020-21, CalVet is currently overseeing 16 mental health county contracts with the combined sum of \$1,270,000.

The following is a brief description of each county contract.

Alameda

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

Amador

The Amador CVSO will provide an Outreach and Treatment Peer Case Management program to assist veterans in navigating the health care system and creating pathways for access to treatment. Amador County Behavioral Health Services will support the program through offering training and resources needed to implement their peer case management model.

Butte

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

Contra Costa

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

Fresno

The Fresno CVSO will attend multiple outreach events including Stand Downs, Job Fairs, VA Hospitals, and Vet Centers to identify and assist veterans in need of mental health services. They will refer veterans to the correct agency for support, acquire access to aid for high risk veterans and assist the veteran in submitting their VA disability claims.

Imperial

The Imperial CVSO will collaborate with the Imperial County Behavioral Health Services Department and the Yuma Veterans Center to provide mental health outreach services. They will expand their services to reach the underserved veterans to include justice-

involved veterans, homeless veterans, and veterans who live in rural areas of the county.

Los Angeles

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

Monterey

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

Nevada

The Nevada CVSO, in partnership with Welcome Home Vets, will operate the Nevada County Veterans Outreach and Resource Program. They will educate all veterans and family members during their transition, link them to services, as well as, improve the mental health and well-being of all veterans in Nevada County by offering free counseling.

Orange

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

Riverside

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

San Bernardino

The San Bernardino CVSO will host a monthly free legal clinic. Working with Veterans Legal Institute, they will provide they will provide mental health related services to homeless and/or low-income veterans whose access to or maintenance of mental health treatment requires direct intervention of legal aid.

San Francisco

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

San Joaquin

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

Solano

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

Sonoma

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