

Mental Health Services Act Expenditure Report – May Revision

Fiscal Year 2022-23



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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 2022-23 May Revision indicates approximately \$3.0 billion was deposited into the MHSF in Fiscal Year (FY) 2020-21. The May Revision also estimates that \$4.3 billion will be deposited into the MHSF in FY 2021-22 and \$3.9 billion will be deposited in FY 2022-23. 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 \$108 million in FY 2020-21, \$140 million in FY 2021-22 and \$140 million in FY 2022-23.

The 2022-23 May Revision indicates approximately \$3.3 billion was expended from the MHSF in FY 2020-21. Additionally, \$4.4 billion is estimated to be expended in FY 2021-22 and \$3.8 billion is projected to be expended in FY 2022-23.

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 2020-21 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 2022-23.

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
2022-23 May Revision¹**

(Dollars in Millions)

Revenue or Transfer	FY 2020-21	FY 2021-22	FY 2022-23
Personal Income Tax	\$3,111.2	\$4,463.3	\$4,020.2
Interest Income Earned During Fiscal Year	\$2.1	\$1.5	\$1.5
Transfer to the Supportive Housing Program Subaccount (No Place Like Home)	-\$108.0	-\$140.0	-\$140.0
Anticipated Accrual Amount ²	[\$530.7]	[\$1,799.2]	[\$1,553.1]
Total Estimated Revenue³	\$3,005.3	\$4,324.8	\$3,881.7

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 2022-23 May Revision: Income from Surplus Money Investments).

² The FY 2020-21 ‘anticipated accrual’ amount shown in the May Revision will not actually be deposited into the MHSF until two fiscal years after the revenue is earned which is FY 2022-23 due to the reconciliation of tax receipts owed to or from the MHSF and the previous cash transfers.

³ Estimated available receipts do not include funds reverted under W&I Section 5892(h). Actual expenditures for the prior years, estimated expenditures for past year pending reconciliation, appropriated current year funds per the 2021-22 Budget Act, and budget year appropriations per the 2022-23 May Revision.

REVENUES BY COMPONENT

Table 2 displays the estimated MHPA revenue available by component and the five percent portion available for state-directed purposes. While Table 2 displays the component amounts, the SCO distributes MHPA funds to counties monthly as a single amount that each county budgets, expends⁴, and tracks by component according to MHPA requirements.

**Table 2: MHPA Estimated Revenue
By Component⁵
2022-23 May Revision**

(Dollars in Millions)

Component	FY 2020-21	FY 2021-22	FY 2022-23
Community Services and Supports (Excluding Innovation)	\$2,169.8	\$3,122.6	\$2,802.6
Prevention and Early Intervention (Excluding Innovation)	\$542.4	\$780.6	\$700.6
Innovation	\$142.8	\$205.4	\$184.4
State-Directed Purposes ⁶	\$150.3	\$216.2	\$194.1
Total Estimated Revenue	\$3,005.3	\$4,324.8	\$3,881.7

⁴ 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.

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

⁶ 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 2020-21, estimated expenditures for FY 2021-22, and projected expenditures for FY 2022-23. 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
2022-23 May Revision**

(Dollars in Thousands)

Department	Actual	Estimated	Projected
	2020-21	2021-22	2022-23
Judicial Branch			
State Operations	\$1,072	\$1,210	\$1,212
California Health Facilities Financing Authority			
Local Assistance	\$4,000	\$31,267	\$4,000
Housing and Community Development			
Local Assistance	-\$512	\$0	\$0
Department of Health Care Access and Information			
State Operations	\$3,124	\$4,013	\$566
Local Assistance	\$33,928	\$9,170	\$2,000
Department of Health Care Services			
State Operations	\$18,330	\$14,052	\$10,459
Local Assistance ⁷	\$3,130,442	\$4,108,578	\$3,709,657
California Department of Public Health			
State Operations	\$11,533	\$8,758	\$5,115
Department of Developmental Services			
State Operations	\$251	\$511	\$511
Local Assistance	\$682	\$740	\$740
Mental Health Services Oversight & Accountability Commission			
State Operations	\$11,574	\$50,405	\$33,158

⁷ Includes Local Assistance costs outside of the State Directed Cap.

Department	Actual	Estimated	Projected
	2020-21	2021-22	2022-23
Local Assistance	\$90,246	\$230,285	\$28,830
Department of Corrections and Rehabilitation			
State Operations	\$1,197	\$1,066	\$1,066
Department of Education			
State Operations	\$137	\$186	\$186
Board of Governors of the California Community Colleges			
State Operations	\$97	\$110	\$110
Military Department			
State Operations	\$934	\$1,532	\$1,579
Department of Veterans Affairs			
State Operations	\$239	\$284	\$285
Local Assistance	\$1,232	\$1,270	\$1,270
SB 84 Loan Assessment			
State Operations	\$508	\$509	\$509
Statewide General Administration⁸			
State Operations	\$2,781	\$5,536	\$3,574
Less Funding Provided by General Fund⁹			
Local Assistance		- \$100,000	
Total State Operations	\$51,777	\$88,172	\$58,330
Total Local Assistance¹⁰	\$3,260,018	\$4,281,310	\$3,746,497
Total Expenditures	\$3,311,795	\$4,369,482	\$3,804,827

* Fiscal year 2020-21 display reflects the best available information for use at the time of publication.

⁸ 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.

⁹ Less Funding Provided by General fund: a transfer from 4260-695-3085 to 4260-112-0001 per Chapter 2, Statutes of 2021 (SB 115). Notwithstanding any other law, all funding appropriated in this item is for state implementation costs described in subdivision (d) of Section 5892 of the W&I Code.

¹⁰ Includes Local Assistance costs outside of the State Directed Cap.

**Table 3b: MHSAs Expenditures
State-Directed Cap
2022-23 May Revision**

(Dollars in Millions)

Component	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
Total MHSF Revenues and Transfers	\$3,005.3	\$4,324.8	\$3,881.7
State Directed Percentage Cap	5%	5%	5%
State Directed Revenue	\$150.3	\$216.2	\$194.1
Total State Directed Expenditures (includes funding re-appropriated and attributed to prior years)	\$181.4	\$260.9	\$117.2
Difference¹¹	-\$31.1	-\$44.7	\$76.9

Based upon actual MHSAs revenues, the five percent state-directed purposes cap is \$150.3 million and actual state-directed expenditures are \$181.4 million for 2020-21. For 2021-22, the estimated five percent administrative cap is \$216.2 million and the total estimated expenditures are \$260.9 million. For FY 2022-23, the projected five percent administrative cap is \$194.1 million and the total projected expenditures are \$117.2 million.

¹¹The 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 ¹² of county MHA 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
- MHA 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 MHA 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.

¹² W&I Section 5892 requires counties to allocate 80% of MHA 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 MHA 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.

MHSA Housing Program

The Mental Health Service Act Housing Program was developed in 2008 as a result of voter approved Proposition 63 and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve persons with serious mental illness and their families who are homeless or at risk of homelessness. The MHSA Housing Program sunsetted in 2016.

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 Department of Health Care Access and Information (HCAI) 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, HCAI 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 HCAI in 2013. The HCAI 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 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$1,072	\$1,210	\$1,212
Local Assistance Expenditures	\$0	\$0	\$0
Positions	6	6	6

General Overview

The Judicial Branch works to improve judicial administration for cases involving court users with mental illness which can 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 the knowledge and awareness of judicial officers, court staff, and justice system partners about court-related mental/behavioral health strategies, programs and services for youth/juveniles and non-criminal adults.
- Increase ability and skill level of judicial officers who hear cases involving youth and families with mental health needs.
- Assist courts with linkages to local mental health resources and treatment/service providers for youth and families with mental health needs.
- Determine mental health training needs and develop interdisciplinary training opportunities for judges and court staff with justice system partners.
- Develop and maintain a comprehensive resource exchange on mental health needs, mental health services, and other resources to assist courts in addressing the mental health needs of children and families in the court system.
- Track and monitor the performance of court-related programs designed to address the mental health needs of youth and families in the court system.

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. In addition, juvenile projects seek to provide all judicial officers hearing cases involving children, including family and guardianship proceedings, with specialized bench guides, education, and access to referrals to allow them to properly assess the mental health needs of the families before them. 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 to ensure that court employees, especially direct service providers, better understand and effectively respond to court customers with mental illness. In both juvenile and adult case types, a further goal is to give court leadership the tools needed to work actively with county mental health leadership to ensure that their communities have full access to all the mental health resources available.

Program Outcomes

Judicial Council staff develop training for conferences, summits, roundtables, including on demand/virtual education, along with tools/resources to increase the knowledge and awareness of judicial officers, court staff, and justice system and treatment/service partners. During the COVID-19 pandemic most education events have been held virtually. Much of this content is available on demand to courts and professionals through the Judicial Council website (please see below). Recognizing the critical need for behavioral health information due to the increasing prevalence of mental illness and suicide in the general population, recent mental health education offerings and tools/resources include:

- Webinars for Self-Help Center staff titled [Assisting Underserved Communities in Self-Help Law](#) and [Contemplating Race, Access to Justice, and Equity](#);
- Finalized and posted the [Understanding the Nuts and Bolts of Mental Health Care for Children and Families](#) webinar and the [California's Evolving Approach to Mental Health - What Courts Need to Know](#) webinar, both developed in collaboration with the National Center for Youth Law;
- Training for Supervised Visitation providers with workshops on understanding mental health basics, how the parent-child relationship is impacted by mental health, and balancing neutrality and strategies for working with families with behavioral health issues;
- Updated and revised [Mental Health Services Act Information Sheet](#);
- [The Need for Mental Health Treatment for Children in the Delinquency and Dependency System](#) briefing, which provides an overview of the need for treatment and challenges in obtaining appropriate mental health services;
- Planned mental health related education for the 2022 Child and Family Focused Education conference including sessions focused on neurodiversity, trauma and resiliency, and understanding the neurological effects of stress on parent-child interaction;
- Provided training and facilitated discussion on Equity/Inclusion in Veterans Treatment Courts and other Collaborative Courts at a statewide conference. This

training provided courts information on how to better connect justice-involved veterans with services to increase access to justice and mental health services for vulnerable populations, including veterans who are disproportionately impacted by mental health conditions through their military service and exposure to combat;

- The [Homeless Court Program Webinar](#) to help courts better serve those who are homeless or housing insecure;
- A [Guide to Applying for the Substance Abuse Focus Grant](#) and [Substance Abuse Focus Grant Infographic](#) to showcase data collected through the grant;
- Updated and expanded mental health related content on the [California Courts website](#).

Additional work that occurred in the 2021-22 fiscal year includes:

- Development of a Mental Health Youth Services Dashboard showcasing the mental health needs of youth in California and highlighting gaps in mental health services access and utilization for youth enrolled in the Medi-Cal program;
- Webinar, “How Courts Can Support the Mental Health of Youth and Families”;
- Webinar about CalAIM: Changes to Medi-Cal that will impact children and youth;
- Judicial Bench Guide for Probate Guardianship Court Officers on supporting the behavioral health of youth;
- Judicial Bench Guide for Family Court Officers on supporting the behavioral health of youth;
- Briefings designed to provide actionable information to court leadership and behavioral health stakeholders on juvenile mental health needs of court customers and avenues to accessing behavioral health services.

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 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:

- Webinar on Protecting the Rights of Litigants with Mental Health Conditions for judicial officers;
- Supporting the Collaborative Justice Courts Advisory Committee with their charge, which includes evaluating and improving court-monitored programs that seek to improve outcomes and address problems facing court-involved and justice system-involved individuals and those at risk of becoming involved with the justice system, including, but not limited to, individuals with mental health issues, substance use disorders, or co-occurring disorders;

- Maintaining and utilizing the Probate, Mental Health, Family Treatment Court Judicial Officers, Self-Help, Equal Access, 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;
- Staffing the [Work Group on Homelessness](#) and supporting recommendation implementation efforts. Created by Chief Justice Tani Cantii-Sakauye, the workgroup studied and recommended 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 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$0	\$0	\$0
Local Assistance Expenditures	\$4,000	\$31,267	\$4,000
Positions	0	0	0

General Overview

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

Program Overview

Investment in Mental Health Wellness Grant Program for Children and Youth (Children and Youth Program)

Program Description

The Children and Youth Program provides competitive grants to counties to support crisis residential treatment, crisis stabilization treatment, crisis stabilization, mobile crisis support teams, and family respite care dedicated to children and youth ages 21 and under. CHFFA receives \$4 million MHSAs annually to support the Children and Youth Program as described in Chapter 30, Statutes of 2016 (SB 833). In addition to the ongoing MHSAs funding, the 2022-23 May Revision reflects \$27.267 million one-time MHSAs prior year carryover to support the Children and Youth Program.

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 FY 16-17 budget allocation and approximately \$2.9 million from the ongoing \$4 million in MHSAs funds. CHFFA made four grant awards totaling \$730,324 from the General Fund allocation and \$1,320,660 for up to five years from the ongoing \$4 million in MHSAs funds 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 MHSAs funds. CHFFA made nine awards totaling \$14.1 million in capital funding from the one-time MHSAs allocation and \$1.5 million from the ongoing MHSAs 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](#).

In the third funding round that closed on October 29, 2021, CHFFA received a total of ten applications from eight counties (Kings, Mendocino, Merced, Monterey, Orange, Riverside, Santa Cruz, and Tulare) and two non-profit organizations requesting approximately \$68.3 million and approximately \$1.2 million for up to five years from the ongoing \$4 million in MHSAs funds. CHFFA made five awards totaling approximately \$16.3 million in capital funding (\$7.6 from the General Fund allocation and \$8.7 from the one-time MHSAs allocation) and \$161,055 for up to five years from the ongoing \$4 million in MHSAs allocation to develop three crisis residential treatment facilities with a combined total of 26 beds, two crisis stabilization facilities with a combined total of 16 beds, and one mobile crisis support team consisting of one vehicle and two full-time equivalent personnel. Additional information regarding the third funding round can be found [here](#).

A total of \$8.1 million in capital funding (\$3.7 million in General Fund and \$4.4 million in MHSA funding) and \$1million in on-going MHSA personnel funding remains available for a fourth funding round, with an application submission deadline of July 29, 2022.

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 2018-19 budget and beyond provides a statutory limit of \$140 million in MHSA funding per year as the maximum annual debt service amount to be paid on the bonds, including bond administrative expenses, payable in connection with the No Place Like Home Program.

The revenue bonds are backed by income tax receipts collected under the MHSA and fund the construction and rehabilitation of permanent supportive housing for homeless individuals with mental illness. The Department of Housing and Community Development (HCD) is administering the loan and grant program for awarding funds to counties to finance capital costs for permanent supportive housing, while CHFFA issued 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 were issued in the amount of \$500 million were issued in November 2019 and \$450 million in October of 2020 to fund awards granted by HCD. The final tranche of \$1.05 billion was issued in April 2021, fully exhausting the \$2 billion in authorized bonds.

Program Outcomes

Through June 30, 2022, HCD has made awards totaling approximately \$1.862 billion to 47 counties. Of these awards, HCD made awards to four Alternative Process Counties in the amount of \$1.064 billion that will result in approximately 4,833 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, HCD has awarded \$797.7 million to date to 43 counties in the balance of the state for 124 projects that will result in 2,910 No Place Like Home assisted units. Additional awards in the balance of state are anticipated to be made in August 2022.

Housing and Community Development

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$0	\$0	\$0
Local Assistance Expenditures	-\$512	\$0	\$0
Positions	0	0	0

General Overview

In 2016 the Department of Housing and Community Development (HCD) received MHPA funding of \$6,200,000 appropriated by W&I 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 purpose of NPLH is to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or are at-risk of chronic homelessness, and who are in need of mental health services. 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 applications from 58 counties. HCD 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 May 2022, HCD committed approximately 12,300 hours and \$2 million towards this effort.

Counties had until June 30, 2020, to expend funds. At the end of FY 2019-20, an amount of \$592,559 remained. NPLH Technical Assistance (TA) activities will be funded with \$160,000 of these funds and the remaining funds are expected to be used to provide TA for the Homekey Program Round 1, 2 & 3. TA activities include requested and/or needed by Homekey applicants, develop and administer feedback processes to gather input from current and former participants in Homekey programs, including individuals who were displaced from Homekey project sites during rehabilitation. This

data can be used to support HCD in modifications to future Homekey NOFAs, program requirements, and technical assistance.

Summary of Key Deliverables for Homekey Program Round 1 Stakeholder Feedback

- June 27, 2022: initial report of agency surveys and participant focus groups and recommendations modify Project Homekey Round 3 applications.
- November 18, 2022: final report summarizing all feedback and recommendations.

Department of Health Care Access and Information

Total Resources

Program Budget*	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$3,124	\$4,013	\$566
Local Assistance Expenditures	\$33,928	\$9,170	\$2,000
Positions	1.9	1.9	1.9

*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

Pursuant to W&I Code Section 5820, HCAI develops and administers statewide programs to increase the number of qualified personnel in the PMHS serving individuals who have serious mental illness.¹³

HCAI and the California Behavioral Health Planning Council (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 current 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.¹⁴

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, HCAI awarded \$40 million in grants for the Regional Partnership (RP) Grant Program and \$16.1 million for the Psychiatric Education Capacity Expansion (PECE) program.

¹³ A percentage of positions are distributed among programs.

¹⁴ The full WET Five-Year Plan is located [here](#).

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

Regional Partnership (RP) Grant Program

Program Description

HCAI awarded \$40 million in grants to the MHSA RPs in FY 2020-21 to implement the RP Grant Program. HCAI 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 2021-22, RPs are projected to award 80 scholarships, 214 stipends, 989 loan repayment grants, and support 1,222 pipeline participants and 8,118 retention activity participants. In FY 2022-23, RPs are projected to award 80 scholarships, 199 stipends, 822 loan repayment grants, and support 1,222 pipeline participants and 8,118 retention activity participants.

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

Program Description

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

Program Outcomes

HCAI 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. HCAI intends to award more grants in FY 2022-23.

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

Program Description

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

Program Outcomes

HCAI 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. HCAI intends to award more grants in FY 2022-23.

Peer Personnel Training and Placement Program

Program Description

HCAI 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 2020-21, HCAI awarded grants to five organizations to recruit, train, and place a projected 557 individuals in peer personnel positions across 40 counties. In FY 2021-22, HCAI awarded grants to four organizations to recruit, train, and place a projected 565 individuals in peer personnel positions across 20 counties. HCAI intends to award more grants in FY 2022-23.

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

Between September 2021 and March 2022, HCAI facilitated federal three-year renewal and updating of 210 out of the 276 Mental Health Professional Shortage Area (MHPSA) designations. There are 14.5 million Californians living in these designated MHPSAs.

Department of Health Care Services

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$18,330	\$14,052	\$10,459
Local Assistance Expenditures	\$3,130,442	\$4,108,578	\$3,709,657
Positions	38	41	41

DHCS – State Operations

For FY 2021-22, 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. Due to the COVID-19 Public Health Emergency, AB 81 allowed the extension of the reversion period to July 1, 2021, for unspent funds that were originally subject to reversion on July 1, 2019 and July 1, 2020. During the spring of 2021, DHCS completed the reversion calculation to determine unspent fund balances for FY 2016-17, FY 2017-18 and AB 114 funds. All Counties had until June 30, 2021, to fully expend FY 2016-17 and AB 144 funds. Counties with a population of 200,000 or more must have fully expended FY 2017-18 and FY 18-19 funds by June 30, 2021. Counties with a populations of 200,000 or less must have expended FY 15-16 funds by June 30, 2021. Any unspent funds will revert and reallocate to counties for future use. 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. 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 ARER 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 SCO [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 were 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 three 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 12 audits during FY 2020-21 and projects to complete 24 audits in FY 2021-22.
- 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. The FY 2021-22 allocation schedule is available [here](#).
- 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. DHCS reviewed 19 counties in calendar year 2020, 18 counties in calendar year 2021, and expects to complete 20 counties in calendar year 2022. 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 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, FY 2021-22, 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 2020-21, \$907,500 for FY 2021-22, and \$907,500 for FY 2022-23.

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 \$409,172 for FY 2020-21 with the agreement ending on December 31, 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. As of April 2022, this contract has expended \$4.3 million for FY 2020-21 and \$0 for 2021-22.

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 2020-21 and FY 2021-22.

As of May Revision, in FY 2022-23, DHCS proposes to utilize \$22.05 million (Local Assistance) to expand training to medical providers on Adverse Childhood Experiences (ACEs) screenings.

California Behavioral Health Planning Council – State Operations

The MHSA State operations funding supports 5.0 FTEs.

The CBHPC is responsible for the review of MHSA-funded mental/behavioral health programs based on performance outcome data and other reports from DHCS and other sources. The CBHPC issues an annual Data Notebook to the local advisory boards for

their input on county performance in specific areas of the system, including MHSA-funded programs, and subsequently releases a Summary Report. The CBHPC regularly issues reports and papers with research and recommendations on targeted aspects of the community mental/behavioral health system and submits written recommendations to the DHCS. Additionally, the CBHPC advises the Department of Health Care Access and Information 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 and advocates for adults living with a serious mental illness and children with Severe Emotional Disturbances.

FY 2020-21 Actual

Actual expenditures support council operations to include staffing, recording contract/fees, meeting space rental, Audio Visual for off-site meetings, lodging for Quarterly meetings and conferences, 5.0 FTEs, 1 Retired Annuitant and member training and office supplies. In addition, new monthly operational expenses are charged to the CBHPC by DHCS per FTE.

Due to the COVID-19 pandemic, no in-person meetings were held in FY 2020-21.

FY 2021-2022 Actual and Estimated

The CBHPC projects spending to increase above prior year spending as we move towards resuming in-person Council meetings. In January of 2022 the Governor's exemption to the Bagley-Keene Act expired resulting in the reinstated requirement for the CBHPC to hold in-person meetings starting in April of 2022. For Council member and public safety reasons, the Council committee and General Session meetings now allow virtual access for some members and presenters which has resulted in augmented IT costs. Additionally, to further public viewing access, the Council now livestreams the General Session meetings requiring additional staff.

FY 2022-2023 Projected

The CBHPC projected spending to increase over FY 2020-2021 and FY 2021-22 spending as the Council resumes normal Council operations. In FY 2021-2022 the Council held only two meetings in-person, which is half the number typically held pre-pandemic. Audio visual costs are expected to increase due to market fluctuations and changes in Council needs. In addition, the temporary positions left vacant due to the pandemic will need to be filled to handle the work related to conducting hybrid Council meetings and the backlog of work resulting from the 12 month redirection of two staff to statewide contact tracing efforts, increase in mental/behavioral health legislation and recent redirection of one staff to DHCS contract procurement.

California Department of Public Health

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$11,533	\$8,758	\$5,115
Local Assistance Expenditures	\$0	\$0	\$0
Positions	5.5	5.5	5.5

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 MHA funds.

Program Overview

California Reducing Disparities Project

Program Resources

Program Budget	Actual 2020-21	Estimated 2021-22	Projected 2022-23
State Operations Expenditures	\$8,677	\$8,175	\$2,515
Positions	3.75	3.75	3.75

Program Description

The MHA fund currently supports 3.8 positions in CDPH/OHE. The OHE, Community Development and Engagement Section (CDES) staff oversee the CRDP and provide ongoing high touch technical assistance and direction related to operational, fiscal and programmatic management and implementation. This prevention and early intervention mental health disparities project aims to grow and validate community-defined practices through a community based participatory evaluation approach. 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 Phase II. 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

CRDP Phase II was originally set to sunset in April 2022, however the California State Legislature appropriated \$63.1 million in General Funds in the 2021-22 budget to extend CRDP Phase II through June 2026. The MHSA funded portion of CRDP Phase II will sunset in a phased approach over the next year. CDPH/OHE is in the process of extending these grants and contracts utilizing General Fund for an additional four years.

Program Outcomes

- OHE Contract Managers continue to provide close monitoring of the Statewide Evaluator, the population specific Technical Assistance Providers, the 35 Implementation 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, attendance at cross population sustainability steering committee meetings, facilitation of the data committee, processing of invoices, conducting site visits, quarterly informational calls, and planning for the CRDP annual meeting. Estimated Completion: Varies; 35 Implementation Pilot Project grants end in April 2022, five Technical Assistance Provider contracts end in December 2022, and the Statewide Evaluation contract ends June 2023. As mentioned above, these contracts are being extended for four additional years using state General Funds allocated in FY 21-22 budget.
- As of December 2021, all 35 Implementation Pilot Projects completed and submitted their CRDP Phase II Local Evaluation Reports. OHE will be making these reports available via the Department of Public Health website over the next several months. The CRDP Statewide Evaluation Report is expected to be released in fall 2022 following community review and CDPH and CalHHS approval.
- The final report of the California Mental Health Services Survey, a deliverable of the Education, Outreach and Awareness Contract and developed by the National Opinion Research Center (NORC) at the University of Chicago, was completed in Fall 2021. This survey seeks to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. The final report is under review/approval by CDPH Leadership, following which CalHHS will review/approve the report before final dissemination. We expect this report to be released by fall 2022 and it is intended to inform current and future mental health

disparities reduction initiatives (i.e., CRDP Phase II extension, Children and Youth Behavioral Health Initiative, etc.).

- 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 California Communities Mental Health Services 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.
- Supervise intern and emerging leaders 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 Resources

Program Budget	Actual 2020-21	Estimated 2021-22	Projected 2022-23
State Operations Expenditures	\$2,856	\$3,183	\$0
Positions	1.75	1.75	0

Program Description

The ACT-CA was a three-year MHS-funded pilot program that engaged 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 partnered with Community Partners, Public Health Advocates (PHA), 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 provided a replicable, evidence-based model, that can bolster Accountable Health Communities, First 5 early childhood initiatives, and MHS prevention efforts.

Program Outcomes

- IVPB completed efforts to oversee and support the ACT-CA Program and provided close monitoring of this project. Activities included multiple calls and meetings per week to provide technical assistance and assistance with synergistic activities; participation in quarterly progress report meetings; payment of invoices, and assistance with budget and Scope of Work amendments.
- ACT-CA was reauthorized through Chapter 21, Statutes of 2021 (AB 128) as a grant for a performance period of five years from January 1, 2022 to December 31, 2026 to carry out implementation of the ACT-CA project as the “pilot phase” sunsetted. CDPH received \$25 million General Fund to enter into a grant with the ACT program partners, including Community Partners, PHA, and UCLA. As stated in AB 128, CDPH may also enter into agreements with the State Department of Social Services and the Office of the California Surgeon General for purposes of implementing the program. IVPB also supported the development of a new grant with the ACT-CA Program and has a contract in place through 2026.
- The ACT-CA Program:

- Maintained and supported an Equity Advisory Group (EAG) that met on a quarterly basis with approximately 15 members who represented organizations who work on behalf of priority populations in California.
- Completed and submitted a literature review, compiled a list of model programs, and completed an effort that identified 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.
- Developed and disseminated a Toolkit for cities and counties that described model programs, policies, strategies and best practices for promoting equity and ensuring community participation.
- Engaged 17 jurisdictions in policy change activities and funded 15 jurisdictions to conduct policy change activities through an RFA process.
- Reviewed and approved 7 jurisdictions' responses to its Planning Grant RFA which funded planning activities for the RFA opportunity that began on January 1, 2022.
- Provided coaching and technical assistance to support targeted jurisdictions in their efforts to improve child wellbeing.
- Supported a peer-learning network and webinars/educational seminars with the targeted jurisdictions.
- Completed and submitted an Evaluation Plan in partnership with CDPH. CDPH approved the Final Evaluation Report and Final Project Report which was presented to the California Assembly Committee on Budgets.

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 supported a total of 1.75 positions in the CDPH/IVPB to oversee the ACT-CA Program. This included 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 served in-kind. IVPB staff served as subject matter experts, provided technical assistance, leveraged other related department initiatives and projects for the benefit of the project, and ensured that required reports were submitted to the Mental Health Services Oversight and Accountability Commission and the Legislature. Unspent MHSA funds were reallocated from 2021-22 to 2022-23 to conclude project close-out activities.

IVPB administered 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

- Support for the development and execution of the new grant with the ACT Program beginning January 1, 2022.

Additional ACT-CA information can be viewed here:

[All Children Thrive - California](#)

Department of Developmental Services

Total Resources

Program Budget	Actual FY 2020-21*	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$251	\$511	\$511
Local Assistance Expenditures	\$682	\$740	\$740
Positions	3	3	3

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

General Overview

The 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

Cycle V (FY 2020-2023) projects are currently in progress. 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 V.

Mental Health Services Oversight and Accountability Commission

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$11,574	\$50,405	\$33,158
Local Assistance Expenditures	\$90,246	\$230,285	\$28,830
Positions	41.6	45.3	47.0

General Overview

The Mental Health Services Oversight and Accountability Commission (MHSOAC) 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 MHSOAC'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 Mental Health Student Services Act grants, the Early Psychosis Intervention Plus grants, and integrated health, behavioral health and mental health Youth Drop-In Center grants. The MHSOAC also advises the Governor and the Legislature regarding state actions to improve care and services for people with mental illness.

The MHSOAC's goal is to provide oversight and accountability for portions of the MHSA. The MHSOAC 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 MHSOAC 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 MHSOAC 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 MHSOAC 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. The next round of Triage funding will begin in the summer of 2022.

Stakeholder Advocacy

Program Description

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

The MHSOAC'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. In FY 2019-20 an additional \$670,000 per year was made available for mental health advocacy on behalf of immigrant and refugee communities. 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 competitive basis, all in an effort to enhance the effectiveness of these funds.

Currently, the MHSOAC 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 MHSOAC. 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 MHSOAC has established the required Advisory Committee to assist 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 MHSOAC has begun to work with state, local, and national leaders on the issue of early psychosis treatment and interventions.

After receiving input from the MHSOAC, the Advisory Committee, and the public on the most strategic approach to allocate AB 1315 funds, the MHSOAC 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 MHSOAC 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 two additional awards were made by the MHSOAC in April of 2021. The MHSOAC has contracted with UC Davis to provide technical assistance to all of the grantees.

As part of that work, the MHSOAC has facilitated a multi-county collaborative, using 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 MHSOAC is partnering with UC Davis, UC San Francisco, and UC San Diego in this work.

Mental Health Policy Fellowship

Program Description

The MHSOAC is implementing the Mental Health Policy Fellowship Program. This program was established by Chapter 412, Statutes of 2017 (AB 1134) and authorizes the MHSOAC 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 MHSOAC and stakeholders. The Fellowships will enhance opportunities for the MHSOAC to understand new and emerging challenges facing California's mental health system through the lens of practitioners and persons with lived experience. The MHSOAC 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 MHSOAC 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 MHSOAC'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:

- Early Psychosis Evaluation
- Linking consumer-level data across service systems to understand the impact of mental services
- Tracking community indicators to increase public understanding and awareness
- Data Management and Data Visualization Tools
- Full Service Partnerships Pilot Classification & Analysis Project

- Triage (SB82/SB833) Initiative Summative Evaluation
- Mental Health Student Services Act Evaluation

Prevention and Early Intervention

Program Description

The MHSOAC provides oversight of county mental health systems, including county prevention and early intervention strategies. The MHSOAC issues and provides technical assistance for PEI regulations. 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 MHSOAC 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 MHSOAC'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 MHSOAC 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 20-21 the MHSOAC approved over \$84 million. The MHSOAC has approved just over \$24 million dollars in the past eight months of FY 2021-22.

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

In 2019 and 2020, the MHSOAC 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.** Eight counties are evaluating and refining their FSPs to improve the results from the “whatever it takes” approach. More than \$1 billion is spent annually on FSPs statewide. Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, Ventura, Lake, and Stanislaus are working together to assess their programs and develop metrics to support improvement efforts.
- **Psychiatric Advanced Directives.** Five counties with two additional seeking authority next month, 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, Mariposa, Monterey, and Shasta counties. Tri-Cities and Contra Costa pending approval will be added.
- **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: Berkeley, Butte, Inyo, Modoc, Nevada, Placer, Plumas, Solano, Shasta, Sacramento and Yolo.
- **Fiscal Sustainability.** Three counties are assessing the effectiveness of interventions to reduce justice-involvement of individuals 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 MHSOAC’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 MHSOAC can better support innovations in the counties.
 - The Commission contracted with a team at Social Finance, a nonprofit government advisor, to better understand the challenges that counties face in developing transformative innovations, and to recommend ways to help overcome these challenges. The subcommittee considered a package of improvements that could help counties develop transformative innovation projects, refine the Commission’s review process, and increase the dissemination of learnings. Commission staff is now working to develop a work plan to implement these improvements and will be presented and reviewed by the full Commission at a future meeting.
 - Simultaneously, our Research and Evaluation Division is conducting an evaluation of the Innovation Incubator Model., which is focused on qualitative methods and gathering rich information on the larger goals of the model and lessons learned, with the aim of facilitating greater innovation and improving the way the

Commission engages with counties and other partners. Some of the data-gathering activities have included a convening and a follow-up “Roundtable” with contractors and other partners, a survey of county behavioral health staff, engagement at a partner collaboration meeting, interviews with individuals with lived experience, and interviews with county behavioral health staff.

In February 2019, the MHSOAC 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 MHSOAC’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 MHSOAC. 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 MHSOAC 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 MHSOAC released a Request for Applications (RFA) for Mental Health Student Services grants. At its April 2020 meeting, the MHSOAC awarded grants to ten county partnerships with existing school mental health partnerships. In July 2020, the MHSOAC 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.

The Budget Act of 2021 included an additional \$95 to provide MHSSA funding to the 20 counties that applied for funding but were not previously awarded. The MHSOAC has entered into contracts with 19 these additional grantees or is in the process of contracting. The Budget Act also includes \$100 million in federal State Fiscal Recovery Funds to provide MHSSA funding to all California counties to support the needs of economically disadvantaged students affected by the COVID-19 pandemic. The MHSOAC is scheduled to release the Request for Application for this funding in November of 2021 and awarded grants to 17 of the 20 counties that were not previously awarded an MHSSA grant. In total, the MHSOAC has awarded MHSSA grants to 55 counties. The third RFA was released in April 2022 to award the remaining \$47 million to the four counties that have not been awarded funds and to expand or enhance the currently funded programs. These awards are to be made in summer 2022.

Youth Drop-In Centers

Program Description

The 2019 Budget Act provided the MHSOAC with \$14.6 million to support the implementation of youth drop-in center programs through a competitive process. After a competitive bid process, the MHSOAC 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.

In January of 2020 the MHSOAC allocated \$10 million to directly fund grants to expand youth drop-in centers and \$4.6 million to Stanford University to provide a Technical

Assistance to grantees, ensure program quality, and assist the expansion of youth drop-in centers across the state.

In February of 2020, the MHSOAC 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 MHSOAC awarded \$10 million in total funding to five applicants. The applicants include two county behavioral health departments, one University of California campus, 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 implement, 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 MHSAs Innovation funding.

California Department of Corrections and Rehabilitation

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$1,197	\$1,066	\$1,066
Local Assistance Expenditures	\$0	\$0	\$0
Positions	2	3	3

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 MHSAs funds for 3.0 positions (an Associate Government Program Analyst (AGPA), a Research Scientist III and a Health Program Specialist I) and \$670,000 ongoing contract funding for stakeholder advocacy contracts, and associated program administration, to support mental health outreach and services for criminal justice-involved populations. In particular, MHSAs 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. The [CCJBH website](#) has more detailed information related to the projects and publications that are produced using MHSAs funds.

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 counties on diversion best practices and policies for individuals who are at-risk of being declared incompetent to stand trial (IST) for felony offenses.

Program Overview

Pre-Trial Mental Health Diversion

Program Description

Using the \$150,000 authorized for CCJBH from FY2018-19 to FY2020-21 to support the implementation of Chapter 34, Statutes of 2018 (AB 1810), CCJBH has worked 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 IST who are experiencing severe mental illness and who may be homeless or at risk of homelessness. CCJBH staff have supported DSH through a variety of activities, including developing and scoring county proposals, reviewing scopes of work, participating in workgroups, as well as acquiring and delivering training and technical assistance to counties.

Program Outcomes

CCJBH completed the second year of this project by holding three trainings for individuals working in the field of diversion, led by Dr. Sarah Desmarais, Senior Vice President at Policy Research Associates, on criminogenic needs and risk mitigation with regards to pre-trial diversion programs. In addition, in June 2021, CCJBH established a contract with the Council on State Governments (CSG) Justice Center to convene cross sector stakeholders to learn current diversion trends and barriers, and provide additional training and technical assistance to counties covering topics such as successful program planning and implementation, sustainability, housing, and case planning. The knowledge gained from these efforts will culminate into a final report summarizing the effectiveness of existing mental health diversion policies and practices, and providing recommendations on what changes must be made (and how) in order to advance mental health diversion programs to ensure their success throughout California.

Lived Experience Projects

Program Description

CCJBH supports multiple projects designed to elevate the perspectives of individuals with lived experience into state and local level policies in the areas of prevention, diversion, and reentry. In particular, to engage individuals with lived experience, CCJBH entered into contracts to facilitate community and statewide stakeholder engagement activities, as well as to elevate the voices of individuals with lived experience through regional stakeholder contracts. These project objectives were developed collaboratively to produce work products that educate and promote positive changes at the state and local level.

Program Outcomes

CCJBH's contract with California State University, Sacramento facilitates community and stakeholder engagement activities such as key informant interviews, population-

specific listening sessions and regional forums throughout the state to obtain first-hand perspectives related to current needs and best practices of effective programs and policies in the intersection of criminal justice and behavioral health. Thus far, CCJBH has focused on promoting the hiring of people with lived experience in the behavioral health and criminal justice systems (see [Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields](#)).

CSUS also facilitated community engagement events that helped define the regional Lived Experience Project (LEP), which consists of five local level contracts, one for each behavioral health region. In late FY 2019-20 and early FY 2020-21, CCJBH entered into contracts with the Anti-Recidivism Coalition (ARC), Cal Voices (Southern and Superior), Los Angeles Regional Reentry Partnership (LARRP) and Transitions Clinic Network (TCN) to increase local and State advocacy capacity of those with lived experience, expand education and training opportunities, promote organizational and community awareness, and improve collaborative efforts and partners at a regional/local levels. In the final quarter of 2020, and during 2021, the contractors began work to conduct outreach, awareness, and education activities at the local level, implementing the activities from their unique proposals. These contracts will continue through FY 2022-23.

CCJBH also established a statewide LEP Advisory Team comprised of representatives from each of the LEP contractors, which meets quarterly for CCJBH to share project updates for LEP contractor review and feedback. From this LEP Advisory Team process, LEP contractors coordinated with CCJBH to gather broad subject matter expertise from individuals with lived experience to inform other CCJBH projects such as the Public Health Meets Public Safety project, as well as the development the data used for the SB 369 inventory of re-entry barriers and solutions which was used in the final report (see [Lived Experience Projects Factsheet](#)). These contracts will continue through FY 2022-23.

Lastly, CCJBH developed a Juvenile Justice Compendium and Toolkit Request for Proposal which culminated in an executed contract in April of 2022. The Compendium and Toolkit will provide a compilation of information related to best practices and evidence-based programs that have been shown to be effective in serving justice involved youth who have serious behavioral health needs. This contract work is to be shared and worked in collaboration with the Office of Youth and Community Restoration (OYCR).

Medi-Cal Utilization Project

Program Description

The Medi-Cal Utilization Project monitors access to and utilization of Medi-Cal behavioral health services for people involved in the criminal justice system, especially justice-involved individuals with mental illness and substance use disorders. Of particular interest is if and how the Affordable Care Act has reduced incarceration and recidivism rates while improving access to and quality of behavioral health services;

however, these data may also be used to examine the impact of other relevant initiatives.

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. Leveraging the newly established Statewide [Inter-Agency Data Exchange Agreement](#), CCJBH drafted a Business Use Case Proposal, which went into effect in March 2021. The data linkage and analysis plan has been improved, and a process is in place for the sharing of more recent data. With this new agreement in place, CCJBH was able to resume MCUP reporting, which involved examining a “pipeline” from prison release to Medi-Cal service utilization, including timely enrollment and utilization metrics. The “pipeline” data was included in the [2021 CCJBH Annual Legislative Report](#). In addition, staff resources were utilized to support the CalAIM initiative through the creation of a [Brief Overview of the Department of Health Care Services \(DHCS\)’ California Advancing and Innovating Medi-Cal \(CalAIM\) Proposals that Impact the Criminal Justice Population](#) that details which proposals will impact the criminal justice population.

For a detailed description of each of these and other CCJBH projects, visit the [CCJBH Projects](#) web page.

Administrative Activities

The funding for staff positions allows CCJBH to effectively manage these projects while incorporating their activities into broader Council activities such as Council meetings, workshops, annual reports, and policy analysis assignments. The Health Program Specialist I position provides support to a variety of projects related to incorporating the perspectives of individuals with lived experience including contract management and program implementation, and research on Forensic Peer Support Specialists. The Research Scientist III position supports the Medi-Cal Utilization Project and helps design and carry out original data analyses on an ad hoc basis and in response to emergent policy priorities. The AGPA position provides ongoing support for 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. These positions enhance 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. For additional information regarding the work of the council, visit the [CCJBH website](#).

California Department of Education

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$137	\$186	\$186
Local Assistance Expenditures	\$0	\$0	\$0
Positions	0.8	0.8	0.8

General Overview

The California Department of Education (CDE) serves 6 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 support for a 0.8 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.

Currently, the MHSP is part of the School Health and Safety Office (SHSO). With the establishment of the Office of School-Based Health Programs (OSBHP), the MHSP will soon move to that office for alignment with other programs and support from additional staff. The goal of moving the office is for the EPC to be supported by other EPCs who are also focusing on mental and behavioral health related projects and activities.

Program Outcomes

Since November, the EPC position, funded by the MHSA, has continued to leverage partnerships and other resources, including funding opportunities, free trainings, informational webinars, etc., that can help build and sustain mental health supports across California public schools.

- Continued to promote the Angst: Building Resilience Program Statewide Initiative across the state. The goal of this documentary-based program is to help people identify and understand the symptoms of anxiety and encourage youth to reach out for help. The film and curriculum help raise awareness, connect students with support, and provide hope and coping strategies. Angst screens in schools, communities and theaters around the world. To date, Angst is in over 4,000 schools and access to the program has been extended through December 31, 2022.
- Continued to promote A Trusted Space which provides a practical, empathetic, and scientific understanding of how trauma impacts behavior and learning, and how to manage it within any classroom setting. The curriculum shares specifically how to develop 5 core social emotional 'muscles' to help teachers improve their mental health while also creating trust with youth, to mitigate the effects of stress and open young minds to learning.
- The CDE has coordinated and delivered 69 virtual, blended, and in-person Youth Mental Health First Aid (YMHFA) Trainings and trained over 823 school staff, educators, community members and parents throughout the state in 2021-22. To date, almost 500 trainings have been delivered and almost 9,500 have received the YMHFA Training as part of Project Cal-Well and the efforts of the CDE. Through continued funding garnered from Blue Shield of California's BlueSky Initiative, we are able to provide stipends to YMHFA Instructors throughout the state to meet the overwhelming requests for trainings. With this steady funding, we have continued to expand our reach to ensure thousands of school personnel gain the skills and have the resources they need to support student mental health. In 2021-22, we trained 32 new YMHFA Instructors that will help deliver trainings in their respective counties.

Kaiser Permanente:

- Monthly meetings to determine potential partnership opportunities to include:
 - Kaiser Thriving Schools webinar to engage Local Educational Agencies (LEA) in using the Thriving Schools resources and supports.
 - Kaiser's Educational Theater to encourage LEAs to offer Ghosted to support youth mental health and wellness. The educational theatre production reduces stigma and encourages open discussion, to help teens understand they are not alone.
- Co-hosted the Kaiser's Thriving School informational webinar on March 3, 2022 with 163 participants.
- Co-hosted the 7-part Resilient Practices for Educators, Staff Members, Administrators and Teams Staff Well-Being Webinar Series with Kaiser

Permanente and Alliance for a Healthier Generation to continue the four remaining webinar topics included:

- Filling Your Cup: Positive Self-Care Strategies for Educators with 439 participants
- Build a Positive Work Culture by Leveraging Team Members' Strengths with 411 participants
- Model the Path to Self-Regulation for Students and Colleagues with 403 participants
- Give and Receive Feedback for Impactful Relationships with 331 participants

California Alliance for Children and Family Services (CACFS):

- Collaborated with the CACFS to provide training and technical assistance (TA) to LEAs that will accompany their California Integrated Care Field Guide being designed to provide information on several major whole child initiatives: expanded learning, early childhood initiatives, Community Schools, the Children and Youth System of Care, the Children and Youth Behavioral Health Initiative, and the Adverse Childhood Experiences Aware Initiative. Training and TA may include: how to access funding streams to serve students and families; how government structures can guide wise blending and braiding of investments in children in their respective communities; and how to bridge education and health care agencies so that they collaboratively work to create shared accountability structures to determine how best to serve students in their district or county. Participants must commit to attending as a team and be prepared to work across agencies toward mutual goals for children and families. Teams will be required to make commitments to working together to engage in this challenging and yet essential work, and follow-up support will be provided to ensure successful implementation.

California Children's Trust:

- Collaborate to plan and deliver a suite of virtual trainings to engage more schools to participate in Medi-Cal billing programs and provide guidance in the Medi-Cal billing process to maximize the reimbursement amounts for qualified services. Trainings will provide information on qualifying services, guidance on submitting claims and reinvesting reimbursements to sustain and expand student support services; understanding the current landscape of Medi-Cal reimbursement, including local reimbursement opportunities and introduce a comprehensive approach that utilizes emerging reform, Medi-Cal reimbursements, and new state and federal funding to build out services for students; and leveraging site-based Coordination of Services Teams (COST) and the integration of Medi-Cal financing can strengthen the implementation of Multi-tiered System of Supports (MTSS).

California Department of Health Care Services:

- **CalHOPE:**
Collaborate with DHCS to promote CalHOPE student services to LEAs and families throughout the state.
- **Student Behavioral Health Incentive Program (SBHIP):**
Collaborating with DHCS to inform the education field and promote the SBHIP program. Staff attended DHCS meetings and office hours, hosted an SBHIP informational webinar on March 3, 2022 with almost 150 participants to connect LEAs with DHCS staff.
- **Local Educational Agency Billing Options Program (LEA BOP):**
Collaborating with the DHCS by attending various meetings to align efforts with their recent grant award to West Ed, School Health Demonstration Project RFAs, and Blue Shield efforts. Participating in the LEA BOP Advisory Workgroup (LEA BOP AWG).
- **Medical Therapy Program:**
Collaborating with the DHCS to learn about the Medical Therapy Program and helping to promote it among LEAs; hosting a Medical Therapy Program informational webinar on May 10, 2022.

National Alliance on Mental Illness (NAMI) California on Campus High School (NCHS):

- Coordinated and delivered six NAMI NCHS workshops for high school students and advisors in 2021-22. 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.

Dissemination of Information, Resources, and Opportunities:

- Disseminated student mental health information and resources, including opportunities to participate in MHSA activities, via the CDE Mental Health listserv. The listserv reaches more than 10,000 school staff, county and community mental health service providers, and other stakeholders.
- Disseminated information and resources available through MHSOAC, Each Mind Matters (EMM), Directing Change, and other partners. Email blasts are sent weekly to over 8,000 educators.

Office of the Surgeon General (OSG):

- Collaborated with the OSG to assist in the development of a trauma-informed training for educators. The OSG will enter into a contract with WestEd to develop a trauma-informed training. The OSG is also interested in collaborating with the CDE and the Student Mental Health Policy Workgroup (SMHPW)* to submit a policy recommendation to include mental health instruction in the teaching credentialing standards as those will soon be reviewed. After connecting with the California Commission on Teacher Credentialing (CTC), it was determined, the CTC had included performance expectations and program standards that include mental health and trauma-informed instruction.

University of Southern California's (USC) Suzanne Dworak School of Social Work and the California's Treatment and Services Adaptation Center for Resilience, Hope and Wellness:

- Collaboration with to promote the Trauma Informed Skills for Educators (TISE) and Psychological First Aid (PFA) TEACH (Trust, Empathy, Address, Connect, Hope) curricula. TISE is designed to enhance educator knowledge about trauma and its impact on students through an 8-module, asynchronous training. TISE helps equip adults to engage with and support youth who've been exposed to trauma. PFA TEACH is intended to guide teachers and staff members support students following school and community crises. Co-hosted the Implementing Tier 1 Practices to Create Trauma Responsive Schools informational webinar on April 5, 2022 with 224 participants.

Wellness Together:

- Collaboration with Wellness Together to co-sponsor an annual conference that is specifically dedicated to addressing student mental wellness. This Student Wellness Conference is designed to inspire and assist school districts, across the state and nation, to identify strategies that support students' mental health. Workshops address mental wellness and education as we work together to promote student mental wellness and improve school climate across the state. All county, district, and school staff members are invited to learn about current trends, program development and implementation. Adults that work with and/or around K-12 students play pivotal roles and have influence over students' lives. This conference aims to equip these adults to use this influence to reap positive outcomes. Workshops are designed for all staff members, including classified staff, who too often do not receive professional development in this area. Conference attendees learn how to: (1) use practical skills from the leading state and national voices in student mental health; (2) promote mental wellness for students and educators; (3) create a positive school climate; and (4) address social-emotional barriers to increase student learning. The Student Mental Wellness Conference has gained international attention and this year focused its first day on local California issues and the remaining two days focused on global mental health issues within school communities. CDE's MHSP staff will continue to the partnership with Wellness Together to convene this annual conference.

Co-sponsorship from the CDE includes conference planning, including selection of conference site, keynote and plenary speakers, and workshop presenters. There is no financial support provided by the CDE to convene this conference.

- Coordinated with Wellness Together to host the second annual Mind Out Loud (MOL) virtual student event on March 12, 2022 from 10:00am-4:00 pm to engage middle and high school students to boldly discussing mental health and suicide prevention. This event engaged over 3,800 students and staff from across the state and nation and had international participation from Mexico, England, Costa Rica and Australia. Students had an opportunity to connect with their peers, hear from dynamic and inspiring speakers such as suicide survivor Emma Benoit, 49er NFL Pro-Bowl Offensive Guard Laken Tomlinson, Emmy Award winning actor Tony Hale, Senator Portantino, and the MOL student representatives.
- MHSP staff also assisted in promoting the MOL Student Representative opportunity across the state. High school students apply to serve as a MOL student representative to be a part of a group who works towards raising mental health awareness, ending stigma, educating peers about suicide prevention, and advocating for the mental health and wellness of students.
- Collaborated with Wellness Together to develop suite of asynchronous online trainings which will be launched in September. The suite will be introduced in two phases. Phase 1 includes 2 modules, Module 1: Mental Health 101 and Module 2: Rethinking Anxiety will both be comprised of tailored trainings for the following audiences: school staff; middle and high school students, ages 13+; and parents/families (English and Spanish). Phase 2 will be developed with additional Blue Shield funding provided in 2023 and will include modules on depression and emotional regulation.

Student Mental Health Policy Workgroup:

After an almost 2-year hiatus, the SMHPW reconvened on February 25, 2022 with 15 existing and 45 new members. The membership is comprised of one state agency, ten statewide agencies, ten county offices of education, ten school districts, five professional organizations, three charter schools, two Native American organizations, one national organization, six high school students, and other key partners. The group will continue to provide policy recommendations for the SSPI's consideration.

- Convened the SMHPW's Suicide Prevention Committee that meets bi-monthly (twice per month) due to the increase in youth suicides and the increasing mental health needs exacerbated by the pandemic. The committee discusses new research, trending data, new and emerging resources and provides guidance to local educational agencies (LEAs) in strengthening their suicide prevention policies and protocols. The group also plans the monthly educator and parent webinars and provides guidance to LEAs who have experienced a student or staff suicide.

- Coordinated the Statewide Suicide Postvention Response Team to help LEAs navigate the postvention process after a student or staff suicide. Subject matter experts, suicide survivors, and advocates assist them with procedures, communication, messaging, media, and memorials.
- Coordinated 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. The webinars provide an opportunity for educators and school staff gain skills and resources for supporting students. The webinars held during this reporting period included:
 - **January: Supporting Mental Health and Suicide Prevention in Private Schools**
Webinar focused on sharing how private schools can strengthen their suicide prevention policies and protocols; 180 participants.
 - **February: Suicide Risk Screening in Schools**
Webinar focused on the new MHSOAC funded school-based screening for all staff to screen for suicide risk and learn how to respond effectively to keep students safe; 205 participants.
 - **March: Strengthening Protective Factors**
Webinar provided information about evidence-based and promising programs, including peer-based programs, that build protective factors and reduce risk factors for suicide; 285 participants.
 - **April: Suicide Prevention in Schools and Communities**
Comprehensive presentation covered how community partners work together to prevent suicides; implementation of Assembly Bills 2246 and 1767 in Tulare County; participants.
- Coordinated the Building a Network of Safety for School Communities bi-monthly (every other month) Parent Webinar Series. Subject matter experts, including Directing Change and Teen Line delivered the Suicide Prevention 101 for Parents: Recognizing Signs and What to Do webinars held in English on April 20, 2022 with 1,380 participants and 2.3K views on CDE's Facebook page with 183 reactions, comments shares; and in Spanish on April 21, 2022 with 359 participants and 1.6K views on CDE's Facebook page with 112 reactions, comments shares. 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.

LivingWorks Start Online Suicide Prevention Training:

- In collaboration with the San Diego County Office of Education and LivingWorks, continued to promote the LivingWorks Start Online Suicide Prevention Training middle and high school staff and students. To date, almost 20,441 middle and high school staff and students have accessed the online training program. The feedback from staff reveals the following: ninety- seven percent of staff know how to use the resources presented, with they were struggling with thoughts of suicide; ninety-eight percent of staff who completed the training feel confident in

their ability to help someone who may be thinking about suicide; twenty-five percent already have someone in mind they could use their new skills with; The feedback from students reveals the following: ninety- six percent of students know how to use the resources presented, with they were struggling with thoughts of suicide ninety-five percent of students who completed the training feel confident in their ability to help someone who may be thinking about suicide; thirty-five percent already have someone in mind they could use their new skills with

California School Boards Association:

- Presented with the California School Boards Association (CSBA) and Directing Change at the annual CSBA Annual Education Conference to share how school boards can implement best practices and garner stakeholder engagement in an effort to prevent youth suicide and also provide an overview of related board policies and resources.

California Health and Human Services Agency:

- Participate in the quarterly Behavioral Health Task Force meetings.
- Joint letter with Dr. Mark Ghaly to promote partnership, May is Mental Health Awareness Month and Children's Mental Health Awareness Week, encouraging schools to participate in Wellness Wednesday on 5/4 to practice mindfulness.

Bill 224 Implementation:

- Collaborated with the California Health Education Community of Practice to develop a plan to help LEAs who are tasked with delivering mental health instruction as part of their formal health courses as mandated by SB 224. This plan includes developing a preliminary list of curated resources and curricula for educators.

2021-22 Presentations:

- California School Boards Association Annual Educator's Conference
- Annual State Parent Advisory Council (SPAC) Migrant Education Conference
- Resilient Yolo
- NAMI California Youth Symposium

Provide Bill Analyses:

- AB 58
- AB 1940
- AB 2222
- SB 964

Administrative Funds

The CDE's MHSP utilizes MHPA funding to support a 0.8 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. As of March 21, 2022, this position is vacant and the position will be posted by the School Health and Safety Office by May 30, 2022.

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

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$97	\$110	\$110
Local Assistance Expenditures	\$0	\$0	\$0
Positions	.5	.5	.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 1.8 million students (including [CalBright](#) an exclusively online campus). MHPA funds provide partial support for a position at the Chancellor's Office for 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.

Program Description

The Chancellor's Office utilizes internal funding available through the Student Equity and Achievement program to support the Health & Wellness Initiative. The Chancellor's Office 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 in support of mental health awareness, suicide prevention training, and Crisis Text Line (CTL) materials that promote a free 24/7 text-based support system. Additional activities include supporting California community colleges to connect with their county behavioral health services agencies to establish formal referral networks. In recognition of the significant needs of the California Community Colleges system, the Chancellor's Office prioritized resourcing one critical training component of the project, including prevention, early intervention, and mental health training and technical assistance available to the 116 colleges (\$275,000 annual contract).

Program Outcomes

As previously mentioned, the Chancellor's Office sponsors an annual training and technical assistance contract to provide professional development opportunities to California community college faculty and staff. During the current reporting period the Chancellor's Office Health & Wellness Initiative continues to distribute a newsletter with an audience of over 700 contacts, has conducted four mental health and wellness webinars including the following:

- Launched [New Products in Spanish + Bilingual Crisis Text Line Recruitment](#)
- Recent Webinars
 - How to Support Grieving Students Impacted by COVID
 - How to avoid burnout and practice self-care
 - Building Your College Mental Health Services
 - The Basic Needs: Nuts & Bolts

This contract also supports the development and maintenance of the [California Community Colleges Health & Wellness website](#) (Health & Wellness). The Health and Wellness website currently offers mental health and wellness related resources that are available to California Community Colleges faculty, staff and students. During October 2021 through March 2022, there were 31,008 unique visitors to the website, 75,817 website page views, and 12,411 resource downloads from the website.

The Chancellor's Office, in partnership with the Foundation for California Community Colleges (Foundation CCC), is currently working with the 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. From October 2021 to March 2022, Foundation CCC staff distributed a total of 36,900 CTL information cards to CCC health centers, mental health centers, Veteran Resource Centers, and various other departments on college campuses. Information cards were sent by request to colleges throughout the year and strategically distributed to campuses with active student ambassadors in fall 2021. The information cards 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, which includes information cards, posters, bookmarks, stickers, and decals are also available to all colleges via the website for download and printing.

- From October 2021-March 2022, 577 individual people have used the Crisis Text Line by texting "COURAGE."
- From October 2021-March 2022, 904 conversations were recorded, showing that several individuals utilized the service more than once.
- 48.2% of conversations reported that anxiety and stress as the top reason students utilized the Crisis Text Line.
- 47.3% of conversations reported that depression/sadness was another reasons students utilized the Crisis Text Line.
- 31.8% of conversations reported that relationship problems was another reasons students utilized the Crisis Text Line.

The Foundation CCC continues to implement the CCC Student Ambassador Program, with elements of the former Student Wellness Ambassador Program. Now designed with a more holistic approach, the program trains student ambassadors who promote other basic needs, such as access to CalFresh, in addition to health and wellness resources on campus, including the CTL. This program is funded through philanthropic efforts and specific local college funding in a small number of cases. In total, the program is at 33 colleges with 211 student ambassadors. During the period of October 2021-March 2022, student ambassadors reached 143,793 peers through in-person and virtual outreach (28,632 reached through in-person outreach, 115,161 reached through digital outreach).

At 16 of the total 33 campuses, the primary focus is on CalFresh Outreach. When taking into account the participating colleges who have more of a focus on health and wellness and have further promoted the CTL, the numbers are better represented by the following: 17 colleges with 63 student ambassadors. During the period of October 2021 and March 2022, student ambassadors with more of a focus on health and wellness/promotion of CTL, reached 45,720 peers through a combination of in-person and virtual outreach (13,095 reached through in-person outreach, 32,625 reached through virtual outreach). Note: These numbers are not unduplicated from the total numbers reported in the prior bullet.

Moreover, with the recognition that student mental health and wellness are critical to student success, the Board of Governor's recently approved a [resolution](#) establishing Mental Health Action Week. The focus is to strengthen trauma-informed care expertise across the system, improve our classroom climates and campus culture, remove structural barriers, and advocate for additional resources to meet the diverse mental health service needs of California community college students and employees. We are currently planning our first Mental Health Action Week that will launch with four webinars to the community college system. More information will be available in the next report.

Additionally, the Chancellor's Office successfully advocated for an ongoing \$30 million appropriation for Mental Health funds established in the Budget Act of 2021, Assembly Bill 128, Chapter 21. Program objectives include expanding dedicated mental health and wellness staff, developing formal partnerships with county behavioral health departments or community based organizations who can provide ongoing mental health services to students, leveraging technology to serve the needs of community college students. Funds were distributed to 116 community colleges via our apportionment system. Best practices will be developed once reporting begins in fall of 2022.

California Military Department

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$934	\$1,532	\$1,579
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 formations, other workplace and special event gatherings. 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, FaceTime, Zoom, and MS Teams to reach out to all Guard members and the public. This year a large portion 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.

Administrative Funds

The CMD is funded entirely in the administrative category. The administrative funds are used to fund 8.2 positions. Those individuals brief CMD members in groups and individually, and connect members and their families to the behavioral health resources that they qualify for based on their individual circumstances.

Department of Veterans Affairs

Total Resources

Program Budget	Actual FY 2020-21	Estimated FY 2021-22	Projected FY 2022-23
State Operations Expenditures	\$239	\$284	\$285
Local Assistance Expenditures	\$1,232	\$1,270	\$1,270
Positions	2	2	2

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

During FY 2020-21 CalVet awarded a total of \$1.27 million to 15 CVSOs through the MHSA grant program in support of mental health outreach and support services. MHSA funding has provided an avenue for CVSOs to help veterans apply for and receive increased services and benefits in education, healthcare, housing, VA claims, justice-involved services, legal services, outreach and training.

Appendix 6 provides information on the programs funded during 2020-2021.

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 DMH's 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 MHSA. 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 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.

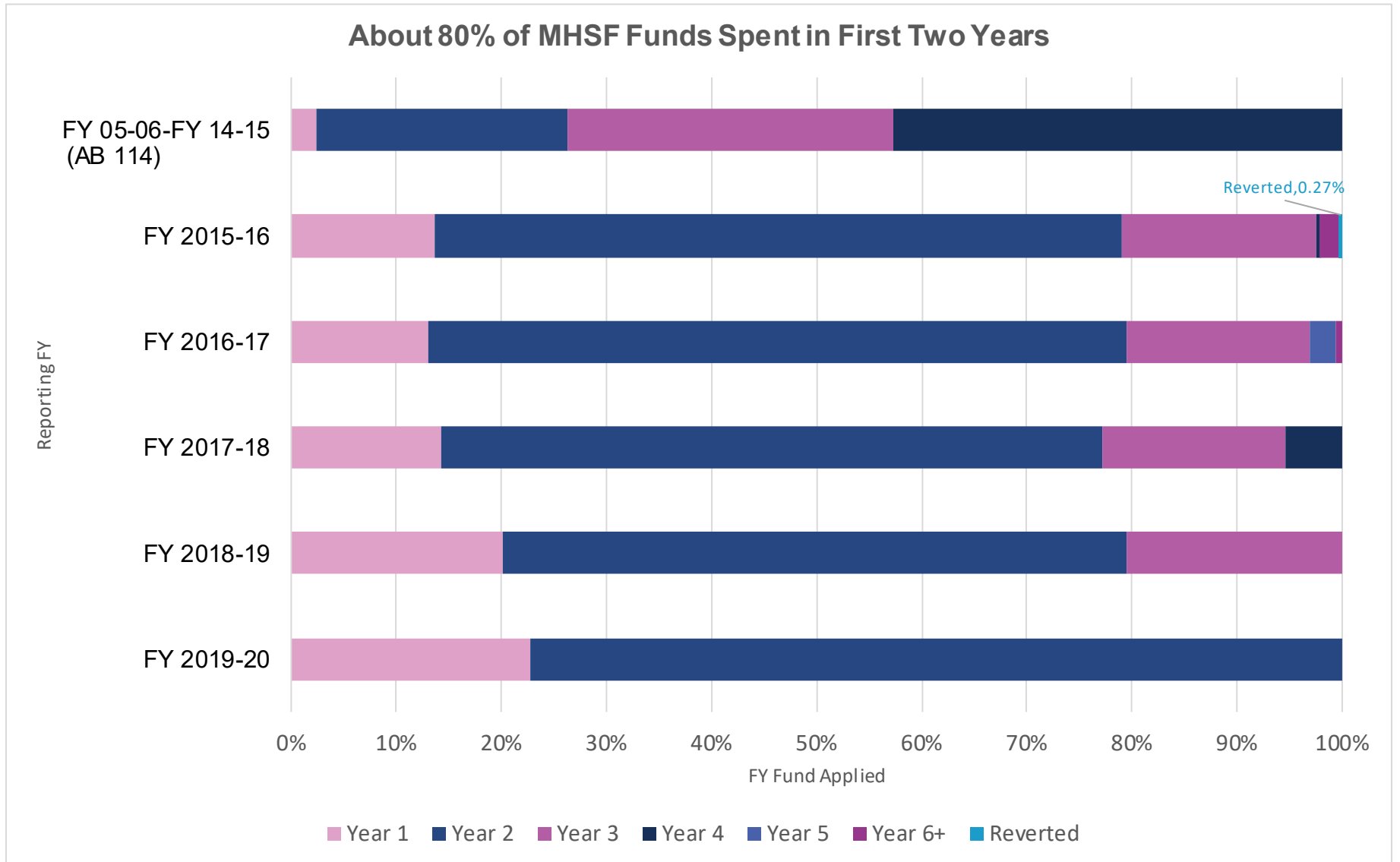
Chapter 75, Statutes of 2021 (AB 134) amended W&I Code section 5847 and 5892. This bill extended most of the FY 2020-21 flexibilities to July 1, 2022, including the timeframe for counties to submit their Three-Year Program and Expenditure plan, or Annual Update for FY 2021-22; counties ability to transfer Prudent Reserve to CSS for PEI components to meet local needs; and allowed flexibility to allocate CSS funds across CSS service categories.

Appendix 2: Prudent Reserve Funding Levels

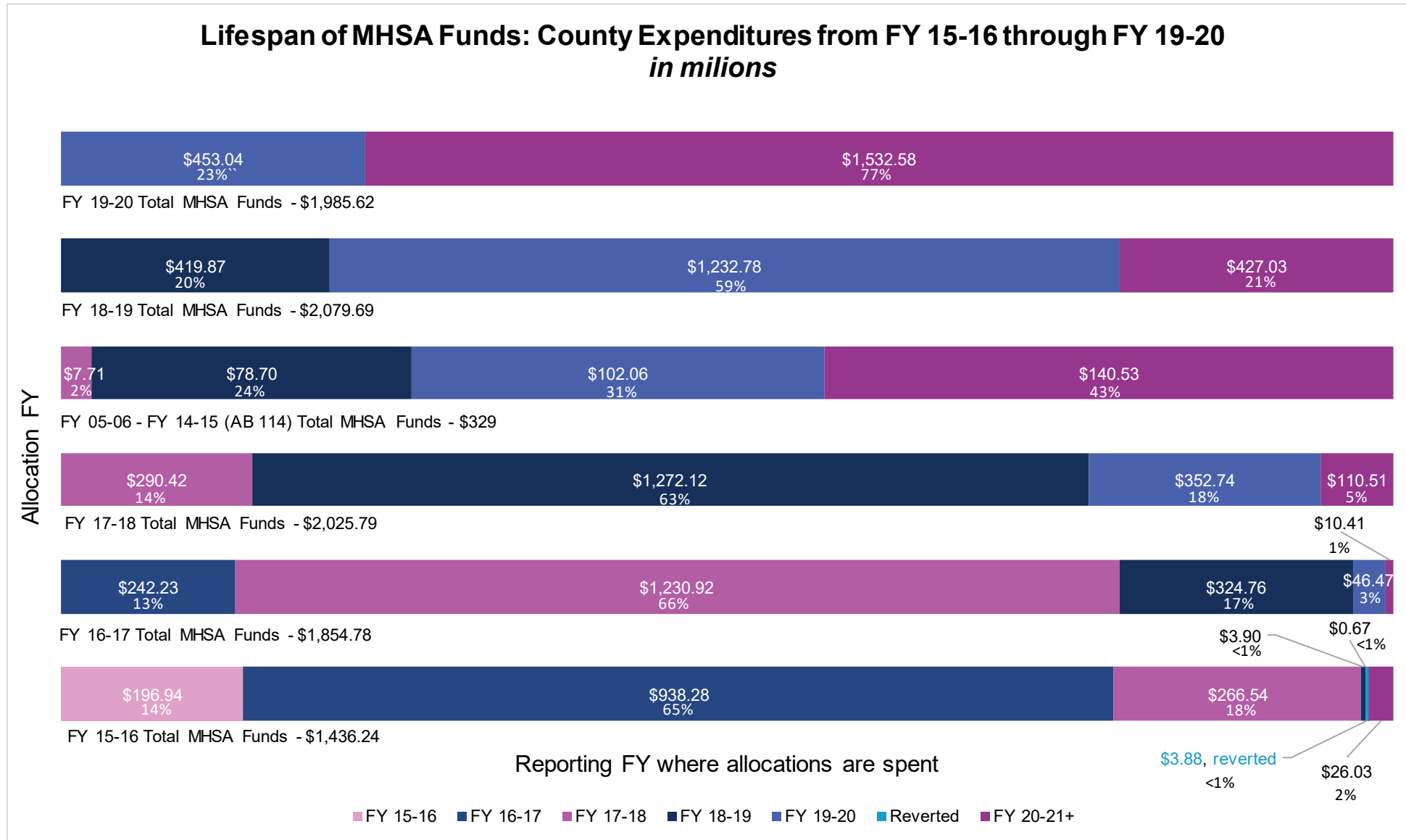
Prudent Reserve Funding Levels FY 2020-21¹			
County	FY 20-21 Prudent Reserve Balance²	33% Maximum Prudent Reserve Level	Amount to be transferred to CSS and/or PEI by June 30, 2020
Alameda	\$ 14,593,038	\$ 16,316,272	\$ -
Alpine	\$ 354,639	\$ 360,158	\$ -
Amador	\$ 652,458	\$ 686,956	\$ -
Berkeley City	\$ 1,237,629	\$ 1,368,236	\$ -
Butte*	\$ 2,457,861	\$ 2,605,829	\$ -
Calaveras	\$ 647,740	\$ 748,606	\$ -
Colusa	\$ 585,300	\$ 606,997	\$ 2,242 ³
Contra Costa	\$ 7,579,248	\$ 10,479,562	\$ -
Del Norte	\$ 614,386	\$ 642,629	\$ -
El Dorado	\$ 1,655,402	\$ 1,812,229	\$ -
Fresno	\$ 10,081,463	\$ 11,194,727	\$ -
Glenn	\$ 88,510	\$ 651,113	\$ -
Humboldt*	\$ 1,439,391	\$ 1,603,348	\$ -
Imperial	\$ 430,047	\$ 2,224,436	\$ -
Inyo**	\$ 668,926	\$ 434,007	\$ 252,208
Kern	\$ 7,476,296	\$ 9,680,615	\$ -
Kings	\$ 1,184,797	\$ 1,863,749	\$ -
Lake	\$ 836,050	\$ 906,233	\$ -
Lassen	\$ 614,780	\$ 640,194	\$ -
Los Angeles	\$ 116,483,541	\$ 128,302,345	\$ -
Madera	\$ 1,701,689	\$ 1,963,533	\$ -
Marin	\$ 2,175,490	\$ 2,603,517	\$ -
Mariposa	\$ -	\$ 436,519	\$ -
Mendocino	\$ 1,018,338	\$ 1,107,914	\$ -
Merced	\$ 2,958,713	\$ 3,320,077	\$ -
Modoc	\$ 356,545	\$ 400,633	\$ -
Mono	\$ 404,926	\$ 424,011	\$ -
Monterey	\$ 4,795,236	\$ 5,279,625	\$ -
Napa	\$ 764,402	\$ 1,496,496	\$ -
Nevada	\$ 1,111,502	\$ 1,198,998	\$ -
Orange	\$ 33,258,769	\$ 36,738,835	\$ -
Placer	\$ 2,819,664	\$ 3,141,809	\$ -
Plumas*	\$ 563,639	\$ 584,024	\$ -
Riverside	\$ 21,602,904	\$ 24,130,336	\$ -
Sacramento	\$ 13,196,792	\$ 14,646,408	\$ -
San Benito*	\$ 790,759	\$ 869,622	\$ -
San Bernardino	\$ 21,655,429	\$ 23,937,592	\$ -
San Diego	\$ 33,478,186	\$ 37,063,727	\$ -
San Francisco	\$ 7,259,570	\$ 8,568,713	\$ -

Prudent Reserve Funding Levels FY 2020-21¹			
County	FY 20-21 Prudent Reserve Balance²	33% Maximum Prudent Reserve Level	Amount to be transferred to CSS and/or PEI by June 30, 2020
San Joaquin	\$ 6,939,866	\$ 7,697,986	\$ -
San Luis Obispo	\$ 2,774,412	\$ 3,043,589	\$ -
San Mateo	\$ 8,879,780	\$ 7,542,822	\$ -
Santa Barbara	\$ 2,023,113	\$ 5,253,656	\$ -
Santa Clara	\$ 18,703,637	\$ 20,691,020	\$ -
Santa Cruz	\$ 2,997,367	\$ 3,283,141	\$ -
Shasta	\$ 374,414	\$ 2,149,859	\$ -
Sierra	\$ 354,094	\$ 369,933	\$ -
Siskiyou*	\$ 692,431	\$ 738,338	\$ -
Solano	\$ 2,938,194	\$ 4,497,192	\$ -
Sonoma	\$ 944,980	\$ 5,142,997	\$ -
Stanislaus	\$ 500,000	\$ 5,855,380	\$ -
Sutter-Yuba	\$ 521,836	\$ 2,070,571	\$ -
Tehama*	\$ 550,618	\$ 876,205	\$ -
Tri-City	\$ 2,148,824	\$ 2,534,267	\$ -
Trinity*	\$ 389,723	\$ 420,757	\$ -
Tulare	\$ 4,993,506	\$ 5,523,234	\$ -
Tuolumne	\$ 506,883	\$ 819,793	\$ -
Ventura	\$ 8,491,905	\$ 9,333,831	\$ -
Yolo	\$ 2,224,069	\$ 2,465,950	\$ -
¹ W&I 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 2020-21 ARER.			
³ Per the California Code of Regulations 3420.30 (f), counties may reassess the Prudent Reserve funding level more frequently at the county level, which may allow for a new Prudent Reserve maximum level, based on the most recent assessment			
* Indicates the county has not submitted a final ARER for FY 2020-21. The FY 2019-20 Prudent Reserve amount is shown.			
** Indicates the county has not submitted a final ARER for FY 2019-20 or 2020-21. The FY 2018-19 Prudent Reserve amount is shown.			

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



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



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 3 and 4 show the funds subject to Reversion as of July 1, 2020. The October 2021 Reversion Report can be found [here](#).

Appendix 5: Department of Developmental Services

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: \$192,128

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

Program Description:

RCRC, 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 (IY) training, Autism Intervention Professionals (AIP) for behavior consultation, and RL Therapies for speech and ancillary therapy.

Outcomes in this Reporting Period (July through December 2021):

- Served 62 (34 new) children
- Noted that 32 of 36 children exiting the program at age 3 demonstrated an increase in social emotional development
- Enrolled 9 children with reported behavior concerns into the IY Program
- Provided services to 36 children via AIP, with 10 demonstrating improvements in adaptive skills during the reporting period
- Offered two Academies, with 63 Providers attending and 100% of those returning evaluations indicating satisfaction with the presentation impact/quality and recommending the Academy to others
- Provided monthly Parent Academies (both in English and Spanish) to 35 Parents, with 100% of evaluations indicating that they would recommend the Parent Academy, that the material was easy/very easy to understand, and that the information presented would be helpful with supporting their child's development or with the development of children with whom they work

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 NAMI, the project will provide mental health services to consumers ages 14 and older with developmental disabilities.

Outcomes in this Reporting Period (July through December 2021):

- Consumers showed improvements in a variety of areas, including lower levels of depression, anxiety, and anger, as well as increased satisfaction in mental, physical, and social health
- Strengthened the relationship with Imperial County Behavioral Health Services
- Developed additional marketing materials, specifically, a design for a bulletin board advertisement
- Provided peer support and counseling
- Provided outreach to Imperial County Behavioral Health Services, Jackson House Crisis House, Healthy San Diego, Imperial Valley ROP, Imperial County Office of Education, Calexico School District, and Southwest High School, El Centro Hospital, El Centro Medical Regional Center, Community Based Organizations, including health and behavioral health providers (Clínicas del Pueblo), law enforcement (Imperial County Probation Department), Motiva Associate and Rhombus in Imperial Valley, LGBT Resource Center, Fred Finch, and others
- Conducted outreach at two, large community events: *World Mental Health Day* at Imperial Valley College, and *Domestic Violence Awareness Month* hosted by WomanHaven, A Center for Family Solutions
- Program materials were circulated by the Chamber of Commerce to all of their members
- Posted a digital billboard strategically in a high visibility area, to increase awareness of the program
- Noted enrollment of 50 participants since the beginning of the program
- Conducted outreach to more than 20 families
- Provided outreach and training to over 20 professionals and service providers

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 (July through December 2021):

- Launched the planning process for a community resource fair to take place in May 2022, or if restrictions on community events continue during that time, an alternative community resource event, such as a vaccination clinic in collaboration with Kendren Community Mental Health Center
- Conducted interdisciplinary team meetings to collaborate, develop plans, and link children to appropriate services
- Noted the number of children who have participated in CCMHP Project: 30
- Noted the number of families who have participated in CCMHP Project: 34
- Noted the number of professionals who have participated in CCMHP Project: 51
- Conducted the following Trainings:
 - *Mental Health First Aid*, an 8-hour Training for Service Coordinators who interact with youth, with Certification (50 participated)
 - Caregiver capacity-building trainings to support increased understanding of mental health conditions, treatment options, and support for families to enhance understanding of systems of care
 - *Managing Crisis in The Moment: Mental Illness and Police Involvement*

Appendix 6: Department of Veterans Affairs Administrative Funds

Alameda

The Alameda CVSO will work with Swords to Plowshares and 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.

Butte

The Butte CVSO will contract with a licensed Clinical Psychologist who is an accredited mental health service provider to assess, diagnose, provide nexus letters, and/or complete VA-approved Disability Benefits Questionnaires for veterans who have been 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, as well as, 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. Their goal is to 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 including 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 disclosed 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. Their program's goal is to 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 be working 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 collaborate with the VA Suicide Prevention Team, Riverside University Health System, and Veterans Legal Institute. Collectively 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. Through a Memorandum of Understanding (MOU) with Veterans Legal Institute, the focus will be towards 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 be pairing with Swords to Plowshares to provide outreach, intake, and free legal counseling and representation to vulnerable veterans with complex mental health benefit claims. The goal is to remove legal barriers and increase access for veterans to VA Healthcare, monetary benefits and housing assistance.

San Joaquin

The San Joaquin CVSO 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 CVSO 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 CVSO 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.