Mental Health Services Act Expenditure Report

Fiscal Year 2014-2015

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Fiscal Year 2014-15

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FUNDING OVERVIEW

Passed as Proposition 63 in 2004 and effective January 1, 2005, the Mental Health Services Act (MHSA) Fund (which includes Personal Income Tax and Income from Surplus Money Investments) generated approximately $1.478 billion in Fiscal Year (FY) 2012-13. The 2014-15 Governor's Budget projects the MHSA to generate $1.376 billion in FY 2013-14 and $1.588 billion in FY 2014-15.

Approximately $1.632 billion was expended in FY 2012-13. Additionally, $1.484 billion is estimated to be expended in FY 2013-14 and $1.443 billion is estimated to be expended in FY 2014-15.

The MHSA addresses a broad continuum of prevention, early intervention and service needs while providing funding for infrastructure, technology and training needs for the community mental health system. The MHSA specifies the following 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)

MHSA funds are distributed to counties by the State Controller's Office on a monthly basis. Counties expend the funds for these components consistent with a local plan, which is subject to a community planning process that includes stakeholders and is approved by the County Board of Supervisors.

In addition to local programs, the MHSA includes up to 5 percent of revenues for state administration. These include administrative functions at the state level by the Department of Health Care Services and Office of Statewide Health Planning and Development, among other state departments. It also funds evaluation of the MHSA by the Mental Health Services Oversight and Accountability Commission, which was established by the MHSA.

EXPLANATION OF ESTIMATED REVENUES

For the FY 2014-15 Governor's Budget, Table 1 displays estimated revenues from the MHSA's one percent income tax on personal income in excess of $1 million. "Cash Transfers" represent the net personal income tax receipts transferred into the State Mental Health Services Fund (S-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 16475. The "Annual Adjustment Amount" represents an accrual adjustment. Due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the S-MHSF and the previous cash transfers, the annual adjustment amount shown in the Governor's Budget will not actually be deposited into S-MHSF until two fiscal years after the revenue is earned.

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

Table 1: Mental Health Services Act Estimated Total Revenue

(Dollars in Millions)

		FY 2012-13	FY 2013-14	FY 2014-15
Governor's FY 2014-15 Budget[1]				
	Cash Transfers	$1,204.0	$1,155.0	$1,253.0
	Interest Income Earned During Fiscal Year	0.7	0.7	0.7
	Annual Adjustment Amount	273.0	220.0	334.0
Total Estimated Revenue[2]		**$1,477.7**	**$1,375.7**	**$1,587.7**

[1] Source: Cash Transfers and Annual Adjustment Amount (DOF Financial Research Unit), Interest Income Earned (Fund Condition Statement in the Governor's Budget: Income From Surplus Money Investments).

[2] Estimated available receipts do not include funds reverted under the WIC 5892 (h) and administration funds not appropriated for use under WIC 5892 (d).

REVENUES BY COMPONENT

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

Table 2: Mental Health Services Act Estimated Revenue

By Component[3]

(Dollars in Millions)

	FY 2012-13	FY 2013-14	FY 2014-15
Community Services and Supports (Excluding Innovation)	$1,083.8	$993.2	$1,146.3
Prevention and Early Intervention (Excluding Innovation)	270.9	248.3	286.6
Innovation	71.3	65.4	75.4
State Administration[4]	51.7	68.8	79.4
Total Estimated Revenue	**$1,477.7**	**$1,375.7**	**$1,587.7**

[3] Actual receipts displayed are based upon the percentages specified in the MHSA for the components identified: 80% Community Services and Supports (CSS); 20% Prevention and Early Intervention (PEI); 5% Innovation (from CSS and PEI). WIC 5892(a)(3), (5), and (6).

[4] FY 2012-13: 3.5% State Administration; FY 2013-14, FY 2014-15: 5% State Administration. WIC 5892(d).

MHSA FUND EXPENDITURES

MHSA expenditures for Local Assistance and State Administrative Costs by each state entity receiving a portion of MHSA funds are listed in Table 3a and Table 3b. The State Administrative Cap is shown by fiscal year in Table 3c. The tables display actual expenditures for FY 2012-13 and estimated expenditures for FY 2013-14 and FY 2014-15.

Local Assistance expenditures for the MHSA monthly distributions to the counties include the cash transfers and the deposited annual adjustment. The estimated MHSA monthly distribution may vary depending on the actual cash receipts and actual annual adjustment amounts.

Table 3a: Mental Health Services Act Expenditures
Local Assistance
January 2014
(Dollars in Thousands)

	Actual	Estimated	Estimated
	FY 2012-13	**FY 2013-14**	**FY 2014-15**
Local Assistance			
Department of Health Care Services • MHSA Monthly Distributions to Counties[5]	$1,589,680	$1,340,000	$1,340,000
Community Services and Supports (Excluding Innovation)	1,208,157	1,018,400	1,018,400
Prevention and Early Intervention (Excluding Innovation)	302,039	254,600	254,600
Innovation	79,484	67,000	67,000
Office of Statewide Health Planning and Development • Workforce Education and Training State Level Projects	$11,219	$48,869	$22,752
Total Local Assistance	**$1,600,899**	**$1,388,869**	**$1,362,752**

[5] The MHSA monthly distributions to counties are single monthly payments and the counties expend funds according to WIC 5892(a)(3), (5), and (6), where 80% is for CSS; 20% is for PEI; and 5% is for INN (from CSS and PEI).

Table 3b: Mental Health Services Act Expenditures
State Administration
January 2014
(Dollars in Thousands)

	Actual	Estimated	Estimated
	FY 2012-13	**FY 2013-14**	**FY 2014-15**
State Administration			
Judicial Branch	1,061	1,052	1,037
State Controller's Office	792	40	0
California Health Facilities Financing Authority • Mobile Crisis Services Grants	0	4,500	4,000
Office of Statewide Health Planning and Development	9,738	3,481	3,539
Department of Health Care Services	8,267	9,992	9,309
Department of Public Health[6]	2,283	17,201	18,537
Department of Developmental Services • Contracts with Regional Centers	1,128	1,128	1,176
Mental Health Services Oversight & Accountability Commission • Triage Grants beginning January 2014 ($32 M annually)	6,850	40,310	40,948
Department of Education	155	183	131
Board of Governors of the California Community Colleges	103	128	84
Financial Information System for California	130	225	70
Military Department	559	1,358	1,360
Department of Veterans Affairs • Provide information on local mental health services to veterans and families	493	506	504
Statewide General Admin Exp (Pro Rata)	13	0	0
Total Administration	**$31,572**	**$80,104**	**$80,695**
Total of Local Assistance and Administration	**$1,632,471**	**$1,468,973**	**$1,443,447**

[6] Excluded prior year carryover funds ($15.0 million). Carryover funding is not included in the FY 2013-14 State Admin cap.

Table 3c: Mental Health Services Act Expenditures
State Administrative Cap
January 2014
(Dollars in Thousands)

	Actual	Estimated	Estimated
	FY 2012-13	**FY 2013-14**	**FY 2014-15**
Total Estimated Revenue	$1,477,700	$1,375,700	$1,587,700
Administrative Percentage Cap	3.5%	5%	5%
Estimated Administrative Cap	$51,720	$68,785	$79,385
Total Administration	$31,572	$80,103	$80,695
Difference	**$20,148**	**($11,318)**	**($1,310)**

Based upon estimated MHSA revenues, the 5-percent administrative cap is $68.8 million and administrative expenditures are estimated at $80.1 million for 2013-14. For 2014-15, the projected 5-percent administrative cap is $79.4 million and the total projected expenditures are $80.7 million. Depending on the updated May Revision revenues and expenditures, adjustments may be proposed at that time.

STATEWIDE COMPONENT ACTIVITIES

1. Community Services and Support (CSS)

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

1) Full Service Partnerships;
2) General System Development;
3) Outreach and Engagement; and,
4) MHSA Housing Program.

Full Service Partnerships (FSPs)

FSPs consist of a service and support delivery system for public mental health systems hardest to serve clients described in Welfare and Institutions Code 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.

A UCLA study[7] of FY 2008/09 and FY 2009/10 expenditures found that FSPs showed significant cost savings:

- A cost savings of $1.27 for every MHSA dollar spent
  - Total MHSA dollars spent for new enrollees: $142 million
  - Total cost offset savings: $162 million
- As more people are being served by FSPs, overall costs continue to be offset by savings in other areas: incarceration, psychiatric hospitalization and homelessness
- It costs, on average, about $20,000 a year or $55 a day to treat a seriously mentally ill person in a FSP

This UCLA study also showed significant results for FSP participants when compared with their experiences in the 12 months prior to enrolling in a FSP:

- 3,513 fewer arrests, resulting in 80,377 fewer days spent in jail

[7] (UCLA Center for Healthier Children, Full Service Partnerships, California's Investment, April 2013)

- 977 fewer psychiatric hospitalizations, resulting in 39,313 fewer days spent in psychiatric hospital care
- 672 fewer prisoners, resulting in 88,268 fewer days in state prisons
- 452 fewer detained youth, resulting in 42,105 fewer days in juvenile sentences
- 321 fewer people admitted to long term care facilities, resulting in 71,877 fewer days spent in long term care.

The entire report can be viewed from the Mental Health Services Oversight and Accountability Commission (MHSOAC) website at the following link:

http://www.mhsoac.ca.gov/Evaluations/docs/MHSA_CostOffset%20Report_FSP_byCounty_201304.pdf

General System Development (GSD)

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

Outreach and Engagement (O/E) Activities

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

A UCLA study[8] of CSS plans, FY 11-12 Annual Updates, and FY 09/10 expenditures determined the following:

- Outreach is conducted by 80 to 95 percent of the counties, depending upon the age group

[8] (UCLA Center for Healthier Children, California's Investment in the Public Mental Health System: Prop 63 Expenditures and Activities - A Snapshot of Outreach and Engagement (Fiscal Year 09-10), 2013)

- The total number reached (all ages combined) in FY 09/10 equaled 89,533, with 44 counties documenting the actual numbers reached, either by age group, or across ages
- Most counties reported O/E efforts to Hispanic/Latinos as a priority underserved/unserved population;
- Approximately 34 percent of counties reported also reaching individuals speaking other languages and/or Asian languages (29 percent)
- Other populations of focus include LGBTQ (25 percent) and veterans (11 percent)
- Approximately $71.2 million was expended during FY 09/10 on O/E activities (48 counties reporting)

The entire report can be viewed from the Mental Health Services Oversight and Accountability Commission website at the following link:

http://www.mhsoac.ca.gov/Evaluations/docs/MHSA_OE_Report_201304.pdf

MHSA Housing Program

DHCS continues to partner with the California Housing Finance Agency (CalHFA), and the California Mental Health Directors Association (CMHDA), on the MHSA Housing Program to create additional units of permanent supportive housing for individuals with mental illness and their families who are homeless or at risk of homelessness. Since the implementation of the MHSA Housing Program in August 2007, over $400 million in MHSA funds have been made available to county mental health departments to meet the supportive housing needs of the local mental health community. The MHSA Housing Program funds have created over 2,200 units of supportive housing for persons who are homeless with SMI. These funds also keep the units affordable for the next 20 years.

The MHSA Housing Program provides both capital and operating subsidy funding for the development of permanent supportive housing for individuals with serious mental illness and who are homeless or at risk of homelessness. Affordable housing with necessary supports has proven effective in assisting individuals in their recovery.

Through September 30, 2013, 181 MHSA Housing Applications have been received from 40 counties and 2 cities. 161 of these applications have received loan approval creating 2,211 units of supportive housing for the homeless, mentally ill. Of these applications that have received loan approval, 92 projects consisting of 1,389 MHSA units are either occupied or ready for occupancy. As of January 30, 2014, approximately $54 million dollars of MHSA Housing Program funds remain uncommitted. This amount includes MHSA Housing

Program funds, any interest earned through assignment of funds to CalHFA, and additional funds assigned to CalHFA by counties.

Program Highlights

A successful example of a supportive housing development funded with MHSA Housing Program funds is the Ashland Neighborhood Stabilization Projects (NSP), located in Alameda County. The Ashland NSP consists of four single family homes, each having 3-4 bedrooms. The homes were developed using a combination of federal Neighborhood Stabilization Program and HOME Community Development Block Grant funds, in conjunction with MHSA Housing Program funds. Utilizing a shared housing model, where each tenant occupies a bedroom and shares common living space, housing is provided to adults and older adults whose income level is below 300% of federal poverty level guidelines. Using MHSA Housing Program operating subsidy funds, qualified tenants pay only 30 percent of their Social Security benefits for their share of rent. Supportive services are provided to tenants by Bay Area Community Services. Core supportive services include: primary care, psychiatric care, wellness recovery action planning, peer and family support services, trauma informed services, benefit advocacy and payee services, and any additional needs requested by designated MHSA tenants.

Los Angeles County continues to lead the State in the number of supportive housing units in development. As a result of a one-time planning estimate of $115.5 million, Los Angeles County, Department of Mental Health has sponsored 33 MHSA Housing Developments, resulting in 746 units dedicated to mental health clients. These MHSA housing developments serve transition age youth (TAY), adults, older adults and families. (Health, 2012) This housing effort is one of several initiatives that Los Angeles County attributes to reducing homelessness in Los Angeles where, in 2011, the Los Angeles Homeless Services Authority (LAHSA) estimated there were 51,340 homeless individuals. LAHSA homeless data also suggests 33 percent of those individuals live with mental illness.

2. Capital Facilities and Technological Needs (CF/TN)

This component supports the infrastructure needed to support implementation of the MHSA which includes funding to improve or replace existing technology systems and to develop capital facilities to meet increased needs of the local mental health system. Counties received $453,400,000 for CF/TN projects and have through FY 2017-18 to expend these funds.

Funding for Capital Facilities (CF) is to be used to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with severe mental illness, or that provide administrative support to MHSA funded programs.

Funding for Technological Needs (TN) is used to fund county technology projects with the goal of improving access to and delivery of mental health services.

3. Workforce Education and Training (WET)

Pursuant to Welfare and Institutions Code Section 5820, the Office of Statewide Health Planning and Development (OSHPD) administers statewide mental health programs that support the increase of qualified medical service personnel serving the severely mentally ill.

Statewide WET Programs

Program Activities

Under the current WET Five-Year Plan (April 2008 – April 2013) the following activities occurred:

- Song-Brown Residency Program for Physician Assistants (PA) in Mental Health ($500,000 annual allocation) supports PA programs that train second-year residents to specialize in mental health including administering and managing psychotropic medications, completing rotations in psychiatry/behavioral medicine, training in telepsychiatry, and didactic and clinical training in mental health services.
- Stipend Program ($10 million annual allocation) facilitates eight contracts with educational institutions for mental health professionals to practice in underserved locations of California in exchange for doing supervised hours and a 12-month service obligation in the County Public Mental Health System (PMHS).
- Psychiatric Residency Programs ($1.35 million annual allocation) supports educational institutions to add psychiatric residency rotations and fund psychiatric residency staff to co-locate in the PMHS and conduct their rotations in the community.
- Statewide Technical Assistance Center ($800,000 annual allocation) provides training and technical assistance services to county mental health agencies with recruitment, hiring, training, supporting, and retaining a multicultural consumer, family member, and parent/caregiver workforce.
- Regional Partnerships ($3 million annual allocation) is jointly administered by the Department of Health Care Services (DHCS) and OSHPD Regional Partnerships.
- Mental Health Shortage Designation Program ($135,416 annual allocation) increases federal workforce funding by expanding the number of California communities recognized by the federal Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals.

- Mental Health Loan Assumption Program (MHLAP) ($10 million annual allocation) encourages mental health professionals to practice in underserved locations of California by providing qualified applicants up to $10,000 in loan repayment in exchange for a 12-month service obligation in a designated hard-to-fill or hard-to-retain position in the County PMHS.

Table 4: MHLAP Applications FY 2008-09 to FY 2013-14

	Applications Received	Individuals Awarded	Funds Requested	Educational Debt	Funds Awarded	Counties Supported	Consumer/ Family Member
FY 2008-09	1,236	288	$15,454,813	$60,729,395	$2,285,277	44	29%
FY 2009-10	1,498	309	$12,683,961	$80,331,133	$2,469,239	52	35%
FY 2010-11	1,009	474	$10,030,983	$71,177,144	$4,523,757	50	35%
FY 2011-12	1,659	661	$16,581,901	$111,533,342	$5,365,680	55	53%
FY 2012-13	1,823	1,109	$17,968,953	$122,828,475	$9,383,649	53	54%
FY 2013-14[9]	1,998	TBD	$19,980,000	$157,077,532	$12,124,885 (available)	56 (apps received)	TBD
Total	9,223	2,841	$92,700,611	$603,677,021	TBD		

Program Highlights

The OSHPD Five-Year Plan Evaluation ($196,000 one-time allocation) has funded the development of a second WET Five-Year Plan starting April 2014 through April 2019. This plan will provide the vision, values, mission, measureable goals, objectives, actions and budget to guide state, local, regional and community investments in furthering the public mental health workforce, education, and training efforts, and is due to the Legislature by April 1, 2014.

Detailed program information can be located at the following websites:
http://www.oshpd.ca.gov/
http://www.oshpd.ca.gov/General_Info/Healthcare_Workforce.html
http://www.oshpd.ca.gov/HPEF/

4. Prevention and Early Intervention (PEI)

The MHSA devotes 20% of MHSA funds to Prevention and Early Intervention (PEI). 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 public mental health system from an

[9] Information current as of November 19, 2013.

exclusive focus on late-onset crises to inclusion of a proactive "help first" approach.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) provides PEI policy direction in the following key areas: increased recognition of early signs of mental illness, increased access to treatment for people with serious mental illness, reduced stigma associated with either being diagnosed with a mental illness or seeking mental health services, reduced discrimination against people with mental illness.

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

Program Highlights:

Based on preliminary results of an in-process MHSOAC evaluation, PEI programs and activities in Fiscal Year 2011-12 provided services to over 400,000 people. An estimated 75% of counties offered programs to address risk of mental illness (prevention), 71% offered programs to intervene early in the onset of a mental illness (early intervention), and 75% offered programs to bring about other MHSA PEI goals. Counties' PEI-funded efforts were approximately evenly distributed among programs that addressed risk (30%), early onset (32%), and increased links to treatment, improved timely access to services for underserved populations, increased identification of early signs and symptoms of mental illness, and/or reduced stigma and discrimination related to mental illness (38%). In addition to these PEI funded activities, counties may also provide direct services for individuals at risk of or with early onset of mental illness. As such, the percentage of programs addressing other PEI activities (38%) may actually be higher. Instances in which the other MHSA PEI goals were addressed within the context of direct services for individuals were not included in this estimate.

On November 21, 2013, the MHSOAC approved draft regulations for PEI-funded services. These regulations are focused on the PEI outcomes articulated in the MHSA, while supporting maximum flexibility for counties to bring about these outcomes using program approaches that have demonstrated their effectiveness. The draft regulations strengthen requirements for consistent tracking of program activities and for the first time require counties to report evaluation results for all their PEI-funded programs.

Statewide PEI Programs – California Mental Health Services Authority (CalMHSA)

Acting on behalf of participating county mental health departments, CalMHSA serves as a joint powers authority (JPA), and is responsible for implementation of three PEI statewide programs. Through June 30, 2013, 47 counties assigned a

total of $146.8 million of MHSA funds to CalMHSA for use in implementing statewide programs on: Suicide Prevention, Student Mental Health, and Stigma and Discrimination Reduction.

Suicide Prevention Highlights:

- Nearly 1,500 Californians have been certified in suicide crisis intervention.
- 126,925 hotline calls served.
- 279,533 website views and 104,557 mobile device views.

Student Mental Health Highlights:

- 153 educators have been certified to identify symptoms of mental illness.
- 8,700 participants in regional mental health demonstration programs.
- Establishment of mental health clearinghouse: http://www.regionalk12smhi.org/
- 76 of the 112 colleges (68%) have participated in one or more available trainings provided by CalMHSA.

Stigma and Discrimination Reduction Highlights:

- Documentary released on May 30, 2013 titled New State of Mind.
- Youth Stigma Reduction Campaign Released: www.ReachOutHere.com

5. Innovation (INN)

Counties shall expend funds for their INN programs upon approval by the MHSOAC pursuant section 5830 of the WIC. The MHSOAC has the responsibility of leading the state in establishing policy and approving all INN component expenditures. County mental health departments develop plans for innovative programs to be funded pursuant to paragraph (6) of subdivision (a) of Section 5892 of the Welfare and Institution Code (WIC). The INN component of the MHSA consist of 5% CSS and 5% of PEI and allow counties to test time-limited new or changed mental health practices, which have not yet demonstrated their effectiveness.

The INN purpose is to infuse new effective mental health approaches into the mental health system, both for the originating county and throughout California. The MHSA-specified purposes for INN Projects, all of which relate to potential or actual serious mental illness and to mental health services and systems, are to increase access to underserved groups, increase the quality of services including measurable outcomes, promote interagency and community collaboration; and increase access to services. The county selects one of these as the primary purpose of an INN Project and addresses the primary purpose as a focus of its evaluation.

Counties use their INN funds to design, pilot, and evaluate a project that accomplishes one of the following: introduces new mental health practices or approaches, including but not limited to prevention and early intervention; makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; or introduces to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. Results of INN evaluations support the county and its community stakeholders to decide whether to continue the project, or elements of the project.

Program Highlights:

Preliminary results of an in-process MHSOAC evaluation of counties' use of INN funds indicate that all but five counties have at least one approved project. The MHSOAC has identified a total of 152 approved projects, not all of which have been implemented. The MHSOAC is currently in the early stages of an evaluation of INN with a focus on assessing counties' evaluations and use of evaluation data to decide which programs to continue and to recommend to other counties.

On November 21, 2013, the MHSOAC approved draft regulations for Innovation-funded services. Regulations focus on the use of Innovation funds for time-limited projects, with a focus on evaluation to support county decision-making.

STATE ADMINISTRATIVE EXPENDITURES

Below are the administrative expenditures for state entities receiving MHSA funding:

Judicial Branch

FY 2012-13	FY 2013-14	FY 2014-15
$1,061,000	$1,052,000	$1,037,000

Juvenile Court System

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

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

- Staffing the juvenile subcommittee and juvenile competency working group as part of the work of the Mental Health Issues Implementation Task Force whose focus is on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues in its final report. This information can be viewed at: http://www.courts.ca.gov/documents/Mental_Health_Task_Force_Report_042011.pdf
- Identification of best practices for juveniles with mental illness in the delinquency and dependency courts; designing and implementing evaluation projects of California juvenile mental health courts.
- Identifying model court protocols when responding to juveniles with mental illness in the delinquency and dependency court systems.
- Staffing workgroups focusing on mental illness and co-occurring disorders with special focus on the issue of juvenile competency and the delinquency court.
- Developing and disseminating resource materials for judicial officers and court professionals on research papers related to mental health screenings, assessments, risk assessments, recidivism in the juvenile justice system, performance measurements, and integrating evidence-based practices into justice system practices.
- Identifying and developing mental health issues training for judicial officers and interdisciplinary teams working with juvenile offenders with mental illness.
- Providing juvenile and family court judges with interdisciplinary conferences including Beyond the Bench, and annual Youth Court Summit.
- Youth education efforts focused on impacting stigma and discrimination with sessions focused on teen dating violence and hate crime reduction.

Additional program information can be accessed at the following link:
http://www.courts.ca.gov/5982.htm

Adult Court System

The Judicial Branch, Adult Court System also receives funding and 3.0 positions to address the increased workload relating to adults in the mental health and criminal justice systems.

The Adult Mental Health Court Project provides support for a variety of activities including providing technical assistance and resource information for new and/or expanding mental health courts. In addition, project staff provides support in the following areas:

- Staffing the Mental Health Issues Implementation Task Force, focused on implementation of the 137 recommendations made by the Task Force for Criminal Justice Collaboration on Mental Health Issues.
- Pursuing Judicial Council approval of rules of court to infuse local courts involvement in mental health treatment programs and legislative proposals.
- Assisting the courts in responding to adult court users with mental illness in all case types such as probate, family, criminal, and elder law courts.
- Educational support for judicial officers, court staff, and interdisciplinary teams regarding effective courtroom and case management, and evidence-based supervision practices.
- On-going support for interdisciplinary programs such as Beyond the Bench, California State Bar Association, the California Association of Drug Court Professionals, the American Bar Association, and the California Homeless Court Coalition.
- Staffing the veterans issues working group focusing on support of judicial officers and interdisciplinary teams working with military families and veterans in the court system.
- Developing resource materials for judicial officers and court professionals including tip sheets, checklists, briefing papers on effective practices, and other resource materials.
- A preliminary release of an evaluation report for the reentry court pilot project is now available which analyzes the high revocation rates of California's parolees and alternatives to prison for parole violators with a history of substance abuse and/or mental illness.
  http://www.courts.ca.gov/documents/CA-Reentry-Cts-PrelimFind.pdf
  http://www.courts.ca.gov/documents/AOCBriefParolee0612.pdf

  More information can be located at the following link:
  http://www.courts.ca.gov/5982.htm

State Controller's Office (SCO)

FY 2012-13	FY 2013-14	FY 2014-15
$792,000	$40,000	$0

The SCO received MHSA funds to support the 21st Century Project, the development of a new Human Resource Management System (HRMS) payroll system for use by state departments.

Office of Statewide Health Planning and Development (OSHPD)

FY 2012-13	FY 2013-14*	FY 2014-15*
$9,738,000 SO	$3,481,000 SO	$3,539,000 SO
$11,219,000 LA	$48,869,000 LA	$22,752,000 LA

*MHSA State Administrative figures are $3,481,000 and $3,539,000 for FY 2013-14 and FY 2014-15. Local Assistance is not part of the MHSA State Administrative expenditures.

Fiscal Year (FY) 2012-13 reflects actual expenditures. The FY 2013-14 appropriation includes the base budget, as well as:

- funding for peer support crisis training and Regional Partnerships,
- unexpended funds from prior years,
- unallocated funds, and
- current-year adjustments.

The FY 2014-15 appropriation includes the base budget, $102,000 in unexpended funds, and budget year adjustments.

FY 2013-14 Positions and Administrative Costs (OSHPD)

In FY 2013-14 administrative costs, excluding Mental Health Loan Assumption Program (MHLAP) funds are $3,480,120; in FY 2014-15 the costs are projected to be $3,539,116.

In FY 2013-14, the cost of the 1.0 Full-Time Equivalent (FTE) that is dedicated to WET is $101,572; in FY 2014-15, the cost is projected to be $101,687.

There are 7.0 full-time employees working on other WET funded programs including 6.0 for MHLAP and 1.0 for the Mental Health Professional Shortage Area Designations.

In FY 2013-14, $1,346,000 was distributed for personnel, evaluation activities supporting mental health programs and operating expense and equipment costs in the following manner:

Administrative		
MHLAP Staff Support	$436,000	Support the MHLAP program
MHLAP Operating Expense and Equipment	$602,000	Support the MHLAP program
WET Staff Support	$102,000	Support the WET programs
WET Operating Expense and Equipment	$10,000	Support the WET programs
Evaluation	$196,000	Evaluates the Five-Year Plan (2008-2013) and provides a needs assessment
Total, Administrative	**$1,346,000**	

In FY 2013-14, $52,350,000 was distributed programmatically in the following manner:

Program	Funding	Note
Stipends	$10,000,000	In exchange for a stipend, students perform their supervised hours in the PMHS and work for 12 months in the PMHS
Song-Brown Residency Program for PAs in Mental Health	$500,000	Supports PA programs that train second-year residents to specialize in mental health including administering and managing psychotropic medications, completing rotations in Psychiatry/Behavioral Medicine, training in Tele-psychiatry, and didactic and clinical education in mental health services
Psychiatric Residency Programs	$1,350,000	Adds psychiatric residency rotations and fund psychiatric residency staff to co-locate and conduct their rotations in PMHS
MHLAP	$10,000,000	Provides qualified applicants with loan repayment in exchange for employment in the PMHS
Statewide Technical Assistance Center	$800,000	Provides training and technical assistance services to county mental health agencies regarding recruitment, hiring, training, supporting, and retaining a multicultural consumer, family member, and parent/caregiver workforce

Peer Support Crisis Training	$2,000,000	Facilitates the deployment of peer personnel as an effective and necessary service to the clients and family members, and as triage and targeted case management personnel.
FY 2012-13 funds available from the Stipends Program	$278,000	These funds will be utilized as part of the Five-Year Plan (2014-2019)
FY 2012-13 funds available from the Psychiatric Residency Program	$876,000	
FY 2012-13 funds available from the Song Brown Mental Health Program	$431,000	
FY 2013-14 Budget Augmentation from Prior Year Unspent WET Contracts (2013-14 BCP)	$7,509,000	
FY 2009-10 through FY 2012-13 Prior Year Unspent MHLAP	$1,795,000	
FY 2013-14 Budget Augmentation from Prior Year unspent 2008-09 MHLAP (2013-14 BCP)	$330,000	
Unallocated	$6,000,000	
Regional Partnerships	$9,000,000	Counties have been grouped into five regional partnerships which expand outreach to multicultural communities, increase diversity, reduce stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques ($3 million annual allocation)
Shortage Designation Program	$135,000	Assists counties applying for federal designation as mental health professional shortage areas.
Sub-Total, Program	$51,004,000	
Sub-Total, Administrative	$1,346,000	
Total, Program and Administrative	**$52,350,000**	

Additional information can be located at the following link:
http://oshpd.ca.gov/HWDD/WET.html

Department of Health Care Services (DHCS)

FY 2012-13	FY 2013-14	FY 2014-15
$8,267,000 (SO)	$9,992,000 (SO)	$9,309,000 (SO)
$1,589,680,000 (LA)	$1,340,000,000 (LA)	$1,340,000,000 (LA)

Total of 19.0 positions funded.

DHCS Mental Health Services Division (DHCS-MHSD):
DHCS-MHSD is responsible for overseeing the development and reporting of MHSA outcomes and the tracking, distribution, and reporting of MHSA funds. During FY 2013-14, DHCS developed the county performance contracts. DHCS continues to review the current allocation methodology for monthly distribution of MHSA funds; develop Annual Revenue and Expenditure Report (RER) forms and review county RER submissions; review issues submitted through the Issue resolution Process; and, review and amend MHSA regulations. DHCS-MHSD collaborates with various state and local government departments and community providers related to suicide prevention, stigma and discrimination reduction, and student mental health activities.

Contracts:
DHCS contracts with the University of California Los Angeles (UCLA) to conduct a mental health phone survey that captures data on adults and youth sample groups throughout California as a part of the California Health Interview Survey (CHIS). This contract is funded at $800,000 per year. This field assessment tool estimates the health status and measures access to healthcare services of an estimated 1.6 million adults ages 18-64 served in the community mental health system. DHCS relies on this survey's information to measure mental health service needs and mental health program utilization. CHIS specifically measures the following:

- Estimate of the prevalence of mental disorders in California
- Estimate of the number of persons who are not receiving mental health services that are in need of them
- Estimates of the number of clients who are receiving insufficient services

DHCS also contracts with the California Institute for Mental Health (CiMH) to provide statewide technical assistance to improve the implementation of MHSA and MHSA funded programs. The contract is funded at $4.144 million per year. CiMH is providing a number of trainings and online learning modules, webinars, and conference trainings in fulfillment of the Mental Health Services Act for SFY 2013-14. Highlights for statewide activities include:

- Advancing Recovery Practice, focused on making changes within the public mental health system to support improved recovery for individuals with serious mental illness.
- Care Integration Collaborative, collaborative activity where primary care, mental health and substance abuse providers with safety net plans to develop care coordination process to support shared complex client needs.
- Small County Care Integration, supporting small county behavioral health departments identify and address physical and wellness needs of their clients as well as building linkages with primary care providers.
- Building Capacity of Ethnic and Cultural Community Based Organizations, designed to increase the capacity of community based organizations (CBOs) to provide mental health, prevention and support services for underserved and un-served ethnic and cultural populations in a healthcare reform environment.

Additional information on MHSA funded trainings can be viewed here:
http://www.cimh.org/training-and-services
http://www.cimh.org/online-learning

Department of Public Health (DPH)

FY 2012-13	FY 2013-14*	FY 2014-15
$2,283,000	$17,201,000	$18,537,000

* Excluded prior year, FY 2012-13, carryover funds ($15.0 million). Carryover funding is not included in the FY 2013-14 State Admin cap. Estimated FY 2013-14 expenditures are $32,201,000.

Total of 4.0 positions funded.

The Office of Health Equity (OHE) of CDPH is charged with the implementation of the statewide California Reducing Disparities Project (CRDP). OHE received a $60 million legislative commitment in FY 2012-13 with $15 million per year for four years. The initiative is designed to improve access, quality of care, and increase positive outcomes for racial, ethnic, and LGBTQ communities in the public mental health system utilizing the CRDP statewide strategic plan scheduled to be finalized in early 2014. CDPH/OHE anticipates completion and release of Request for Proposals (RFPs) for the second phase of the CRDP in March 2014. This will be the mechanism for implementing and evaluating the recommendations outlined in the CRDP Strategic Plan. Additional program facts on the CRDP plan can be located at:
http://www.cdph.ca.gov/programs/Documents/CRDP_FactSheet_Final_February 2010.pdf

Key Activities and Highlights:

OHE supports California in complying with the Dymally-Alatorre Bilingual Services Act of 1973. This law requires California State agencies to provide translated materials and serve monolingual customers in languages other than English. This is achieved by overseeing a contractor whose scope of work is to:

- Offer translation services in threshold languages (approximately 12).
- Provide translation and cross translation services for MHSA related documents for state and local partners within identified threshold languages. These identified California threshold languages include: Arabic; Armenian; Cambodian; Chinese; Farsi; Hmong; Korean; Lao; Russian; Spanish; Tagalog and Vietnamese.
- Translate 15 MHSA documents into nine languages. The identified documents are designed to educate individuals on mental health related matters.
- Administer a Master Multi-Provider County Mental Health Cultural Competency Consultant contract that advises OHE on cultural and linguistic competence policies, practices, and procedures to reduce disparities.
- Provide local Multicultural Scale trainings.
- Administer an Interpreter Training Program that works with underserved and inappropriately served multicultural communities.

More information about CDPH/OHE is available at:
http://www.cdph.ca.gov/programs/Pages/CaliforniaReducingDisparitiesProject(CRDP).aspx

Department of Developmental Services (DDS)

FY 2012-13	FY 2013-14	FY 2014-15
$389,000 SO	$388,000 SO	$436,000 SO
$739,000 LA	$740,000 LA	$740,000 LA

Total of 3.0 positions funded.

DDS receives MHSA funding to administer a statewide community-based system of mental health services for Californians with developmental disabilities. DDS distributes MHSA funds to Regional Centers (RCs) throughout California, utilizing a competitive application process.

Program Highlights and Facts:
In FY 2011-12 through 2013-14, DDS awarded funds to six RCs to enhance community capacity, improve the mental health system, and integrate mental health services into the developmental disabilities system. RC MHSA Projects uniformly provide:

- Evidence-based and performance-based programs and services.
- A multi-disciplinary collaborative process identifying local needs and issues.

- Include a mechanism to share information and resources statewide (such as webinars, web pages, and databases).

DDS will distribute the Request for Application for Cycle III (FY 2014-15 through 2016-17) in February 2014. The following project priorities were developed with stakeholder input and will be used to award projects that:

- Meet the mental health needs of consumers who are at risk for entering emergency rooms, psychiatric hospitals, juvenile detention centers, jails, or prisons.
- Develop and/or use technological applications to increase access to services for target populations.
- Provide new and enhanced specialized services and supports for transitional age youth (TAY) with developmental disabilities and mental illness.
- Develop a California-focused statewide handbook for TAY with developmental disabilities and mental illness.
- Enhance cultural competency among clinicians in order to effectively assess, diagnose, and treat a diverse consumer population.
- Support consumers assessed as incompetent to stand trial.
- Develop partnerships with local law enforcement and other agencies to effectively identify, communicate, and respond to consumers with developmental disabilities and mental illness.
- Replicate existing model projects.

Additional MHSA-DDS information is located at the following website:
http://www.dds.ca.gov/HealthDevelopment/MHSA_Funding2011_2014.cfm

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2012-13	FY 2013-14	FY 2014-15
$6,850,000	$40,310,000	$40,948,000

FY 2013-14 administrative funds are utilized as follows:

Personnel	$2,886,643
Triage Grant (SB 82)	$32,000,000
Operations and Expenditures	$5,423,357
Total Admin. Funds	**$40,310,000**

The MHSOAC receives funding and 27 positions to support its statutory oversight and accountability for the MHSA.

The MHSA established the MHSOAC to oversee the MHSA and the community mental health systems of care. One of the priorities for the MHSOAC is to oversee and account

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

The MHSOAC provides vision and leadership, in collaboration with government and community partners, clients, and their family members to ensure Californians understand mental health is essential to overall health. The MHSOAC holds public mental health systems accountable and provides oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families.

Significant changes to California's public mental health system have occurred in recent years including: the elimination of the Departments of Mental Health (DMH) and Alcohol and Drug Programs (DADP); the release of MHSA funds directly to counties without state approval for funding or programs (with the exception of the Innovation Program Component); and the mandate to develop a comprehensive joint plan for coordinated evaluation of outcomes.

Some of the MHSOAC's primary roles include:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness.
- Ensuring MHSA funds are expended in the most cost-effective manner and services provided in accordance with recommended best practices.
- Oversight, review, training and technical assistance, accountability and evaluation of local and statewide projects supported by MHSA funds.
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures.
- Approve County Innovation programs.
- Receive and review county three-year program and expenditure plan, annual updates and annual revenue and expenditure reports.

Additional information regarding the MHSOAC is available on the following website links:
http://www.mhsoac.ca.gov/
http://www.mhsoac.ca.gov/MHSOAC_Publications/Fact-Sheets.aspx

California Department of Education (CDE)

FY 2012-13	FY 2013-14	FY 2014-15
$155,000	$183,000	$131,000

Total of 0.6 position is funded.

The California Department of Education (CDE) represents more than 6.2 million students and approximately 1,000 diverse and dynamic school districts. CDE receives MHSA funding to increase capacity in both staff and student awareness of mental health issues and promote healthy emotional development. MHSA funding leverages the non-competitive contract awarded by CalMHSA to serve Statewide Kindergarten through Twelfth Grade (K–12) Student Mental Health Prevention and Early Intervention (PEI) stigma reduction strategies. This position builds relationships with local, state, national, and international agencies committed to identifying best and promising practices to share with the K–12 field.

Program Highlights:

- Develop and deliver the Training Educators through Recognition and Identification Strategies (TETRIS) workshops throughout the state. TETRIS provides training and professional development designed to increase knowledge and capacity needed to assist school staff in providing effective prevention and intervention strategies for students experiencing mental health issues, illness, and suicide risk.
- Develop the California Educator's Guide to Student Mental Wellness. This guide is designed to help all school personnel recognize and support students with mental health issues.
- Coordination of the Student Mental Health Policy Workgroup (SMHPW), which provides policy recommendations on student mental health issues for the State Superintendent of Public Instruction and the California State Legislature.
- Dissemination of student mental health information and resources, including opportunities to participate in MHSA activities that reach more than 8,000 school staff, county and community mental health service providers, and other stakeholders via Listserv.

Presentations at the following conferences and committee meetings

- Annual State Migrant Parent Education Conference
- Annual American Indian Education Conference
- Annual California Mental Health Advocates for Children and Youth Conferences
- Annual California Para Educator's Conference
- Annual California School Boards Association Conference

- Mental Health Services Oversight and Accountability Commission's Cultural and Linguistic Competence Committee
- California Mental Health Planning Council

The CDE will identify and apply for additional funding to continue the TETRIS workshops, presentations at conferences, the work of the SMHPW, and embark on new work to increase capacity of school districts to address the mental health needs of students.

Additional information is available at the CDE Mental Health Web page at:
http://www.cde.ca.gov/ls/cg/mh/

Board of Governors of the California Community Colleges Chancellors Office

FY 2012-13	FY 2013-14	FY 2014-15
$103,000	$128,000	$84,000

This project supports 1.0 position at the Chancellor's Office.

The Board of Governors (California Community Colleges Chancellor's Office - CCCCO) leads the country's largest system of higher education which includes 112 colleges and 72 college districts. MHSA funds support the CCCCO with staff who have been developing policies and program practices to address the mental health needs of California community college students. The CCCCO continues to implement the California Community Colleges Student Mental Health Program (CCCSMHP) in partnership with the Foundation for California Community Colleges (FCCC). The CCC SMHP leveraged MHSA staff as a resource to receive a competitive award from CalMHSA in 2011 for the amount of $4.8 million. Subsequent to receiving this initial award, the CCC SMHP has applied for and received additional funding from CalMHSA for a total award of $10.1 million.

Program Activity:

- Continued administration of 23 grants that serve 30 college campuses through faculty and campus staff training on suicide prevention strategies and introduction to peer-to-peer resources.
- Provided 23 webinars and 15 regional trainings on topics such as student veterans, peer-to-peer resources, and threat assessment, and suicide prevention.
- Providing all 112 colleges with resources such as factsheets on special populations, mental health counseling internship programs, and responding to distressed on-line students.
- Mental Health Assessment and Referrals Training with online searchable database to share best practices and policies among all 112 colleges.

- The CCCSMHP staff meets quarterly with partners: California State University, and the University of California Office of the President to collaborate and share resources that address student mental health concerns.
- The Chancellor's Office Advisory Group on Student Mental Health (COAGSMH) holds quarterly meetings of CCC stakeholders, which includes representation from faculty and student senates, Chief Student Services Officers (CSSOs – representing vice presidents of student services); NAMI, family advocates; and transition aged youth. The COAGSMH's goal and function is to provide guidance and input into the implementation of the CCCSMHP.

Additional program information can be located at the following websites:
http://www.cccstudentmentalhealth.org/training/
http://extranet.cccco.edu/Divisions/StudentServices/MentalHealthServices.aspx

Financial Information System for California (FI$Cal)

FY 2012-13	FY 2013-14	FY 2014-15
$130,000	$225,000	$70,000

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

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

Military Department

FY 2012-13	FY 2013-14	FY 2014-15
$559,000	$1,358,000	$1,360,000

The Military Department receives funding and 3.0 positions to support a pilot behavioral health outreach program to improve coordination between the California National Guard (CNG), local County Veterans' Services Officers and County mental health departments throughout the State. CNG educates Guard members about mental health issues and enhances the capacity of the local mental health system through education and training in military culture. The CA Military Department also responds to soldiers and airmen in crisis, and through education assists them in acquiring appropriate Local, State, Federal, private, public and/or non-profit Behavioral Health program support. Assisting soldiers and airmen in accessing the appropriate County, Federal, or private mental health care programs is extremely cost efficient and ensures that service members

receive care by mental health clinicians that are trained to treat military-specific conditions.

2013-2014 Deliverables

- Conduct education events to inform soldiers and their families about the ways to access mental health services.
- Present information about County mental health programs to CNG behavioral health providers and Guard members.
- Publish articles about suicide prevention and mental health resources in the "Grizzly," the newsletter of the California National Guard.

Department of Veterans Affairs (DVA)

FY 2012-13	FY 2013-14	FY 2014-15
$223,000 SO	$236,000 SO	$234,000 SO
$270,000 LA	$270,000 LA	$270,000 LA

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

California Health Facilities Financing Authority (CHFFA)

FY 2012-13	FY 2013-14	FY 2014-15
$0 SO	$500,000 SO	$0 SO
$0 LA	$4,000,000 LA	$4,000,000 LA

CHFFA was given one-time Mental Health Services Act (MHSA) funding of $500,000 to pay for CHFFA's administrative expenses associated with the implementation of SB 82 (Chapter 23, Statutes of 2013) (Welfare and Institutions Code section 5848.5). CHFFA was also given on-going funding of $4,000,000 from the MHSA to fund mobile crisis personnel grants to counties to staff mobile crisis vehicles throughout California.

Program Highlights and Facts:

During the first fiscal year of implementation, CHFFA held four public forums across the state and engaged in copious stakeholder engagements to help shape and frame proposed emergency regulations for the overall program. CHFFA also engaged its technical advisor, the California Institute of Mental Health to assist with program development. Emergency regulations were approved by the Office of Administrative Law on November 21, 2013, which provided first funding round for the competitive grant

program and a deadline of January 22, 2014, for counties to submit applications for grant funding. On December 17, 2013, CHFFA concluded a course of three application sessions designed to assist counties with the application process.

The program offers one-time $142,500,000 capital infrastructure funding (with three year appropriation authority) to assist counties with developing crisis residential, crisis stabilization and mobile crisis support teams with the goal of increasing access and capacity for crisis services. In addition, there is on-going funding of $6,800,000 for mobile crisis personnel costs. Of the $6,800,000 allocated for mobile crisis personnel, $4,000,000 comes from MHSA funding and an additional $2,800,000 comes from federal matching dollars counties may seek through DHCS for their Medi-Cal reimbursable mobile crisis personnel costs. CHFFA also has one-time MHSA funding of $500,000 to help defray administrative costs associated with roll-out of the SB 82 program.

Upcoming Funding Cycle

CHFFA estimates the following timeline and relevant events:

- Application period ended January 22, 2014.
- CHFFA review of applications ends roughly 60 days later, maybe earlier.
- CHFFA staff makes recommendations for initial allocations of funding and notifies applicant.
- Applicants may appeal decisions. Appeals and recommendations proceed to CHFFA board for final approval as early as March, but likely later. Timing is dependent upon length of CHFFA review period and whether appeals occur.
- Grant Agreements will be executed following board approval of grant awards.
- Cash disbursements may occur as early as March, but likely later. Timing is dependent upon length of CHFFA review period, whether appeals occur and readiness of county projects.

Additional CHFFA program information may be found at the following website:

http://www.treasurer.ca.gov/chffa/imhwa/index.asp

Appendix

Historical Information:

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

AB 5 (Chapter 20, Statutes of 2009-10 3rd Ex. Sess.) amended WIC §§ 5845, 5846, and 5847. This law, enacted as urgency legislation, clarified that the Mental Health Services Oversight and Accountability Commission (MHSOAC) shall administer its operations separate and apart from the former Department of Mental Health (DMH), streamlined the approval process for county plans and updates, and provided timeframes for DMH and MHSOAC to review and/or approve plans.

AB 100 (Chapter 5, Statutes of 2011) amended WIC §§ 5813.5, 5846, 5847, 5890, 5891, 5892 and 5898. This bill dedicated FY 2011-12 MHSA funds on a one-time basis to non-MHSA programs such as EPSDT, Medi-Cal Mental Health Managed Care, and mental health services provided for special education pupils. This bill also reduced the administrative role of DMH. Among the provisions of this bill was the adoption of Section 5847(b) which deleted the county's responsibility to submit plans to DMH and for DMH 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 Mental Health Services Fund. This bill also decreased MHSA state administration from 5 percent to 3.5 percent.

AB 1467 (Chapter 23, Statutes of 2012) amended WIC §§ 5840, 5845, 5846, 5847, 5848, 5890, 5891, 5892, 5897 and 5898. Provisions in AB 1467 transferred the remaining state MHSA functions from DMH to the Department of Health Care Services (DHCS) and further clarified roles of the MHSOAC 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 updates.

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

END NOTES

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