

**California's Investment in the
Public Mental Health System:
Prop 63 Expenditures and Activities -
A Snapshot of Outreach and Engagement
(Fiscal Year 09–10)**



UCLA Center for Healthier Children, Youth and Families

The following report was funded by the
Mental Health Services Oversight and Accountability Commission

April 2013

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Executive Summary

Proposition 63 (2004) provides increased funding through the Mental Health Services Act (MHSA) to support mental health services for underserved and previously unserved individuals within the context of the public mental health system. Prop 63 funds are distributed to county departments of mental health, two or more county mental health departments acting jointly, and/or city-operated programs¹ to implement MHSA components.² Components are: Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), Innovation (INN) and Community Services and Supports (CSS),³ which includes the Full Service Partnership (FSP).⁴

The focus of this brief report is the Outreach and Engagement (O&E) service category of the CSS component. Per the California Code of Regulations:⁵

“Outreach and Engagement Service Category” means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plan under which the County may fund activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County.

CSS plans, Fiscal Year Annual Updates (FY 11-12) and Revenue and Expenditure Reports from FY 09-10 were systematically reviewed in order to summarize O&E activities implemented in FY 09-10. The findings include:

Populations

Outreach and Engagement are summarized by age group across the counties/municipalities in Table 1.⁶

Table 1
Number and Percent of Counties/Municipalities Reporting Implementation of Outreach and Engagement by Age Group (FY 09-10)

	Counties: CYF (N=56)		Counties: TAY (N=56)		Counties: Adults (N=56)		Counties: Older Adults (N=56)	
	N	%	N	%	N	%	N	%
Outreach and Engagement	45	80.4%	47	83.9%	53	94.6%	48	85.7%

In addition, one county did not specify the ages to which O&E is conducted (1.8%). The data displayed in Table 1 support the following conclusions regarding implementation of initial O&E services across the state:

- Outreach is conducted by 80.4 to 94.6 percent of the counties, depending upon the age group.

The number of individuals reached by Outreach and Engagement efforts in FY 09-10 is displayed in Table 2.⁷

Table 2
 Number of Counties/Municipalities and Underserved/Unserviced Population(s)
 Outreach and Engagement: Age Group and Number of Individuals Reached
 (FY 09-10)

	Counties: CYF (N=36)		Counties: TAY (N=36)		Counties: Adult (N=42)		Counties: Older Adults (N=37)		Counties: Across Ages (N=7)		Counties: Total (N=44)	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of individuals	16,936	18.9%	10,409	11.6%	41,891	46.8%	9,442	10.6%	10,442	12.1%	89,533	100%

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.⁸

Outreach and Engagement to specific racial and ethnic populations in FY 09-10 is displayed in Table 3. The number of counties reporting O&E efforts to each population is reported and the percentage represents the number of counties out of 56 (three counties did not provide sufficient detail about O&E activities/strategies).⁹

Table 3
 Number of Counties/Municipalities and Underserved/Unserviced Population(s)
 Outreach and Engagement: Racial/Ethnic Background
 (FY 09-10)

	Counties: (N=56)	
	N	%
Hispanic/Latino	51	91.1%
Asian	35	62.5%
Pacific Islander	24	42.9%
Black	36	64.3%
American Indian	43	76.8%
Other	38	67.9%

Most counties reported O&E efforts to Hispanic/Latinos as a priority underserved/unserviced population. Consistent with a focus on this target population, 62.5 percent of counties (N=35) reported that some segment of those reached through Outreach and Engagement efforts spoke Spanish. Approximately one-third of counties reported also reaching individuals speaking other languages (N=19; 33.9%) and/or Asian languages (N=16; 28.6%).

Other populations of focus for Outreach and Engagement efforts included LGBTQ (N=14 counties; 25%) and veterans (N=6; 10.7%).

Settings/Staff

The most commonly reported setting for O&E activities was community-based agencies (N=38 counties; 67.9%). A variety of settings were reported, including street outreach for homeless populations (N=18; 32.1%), contact with schools in order to engage with children and youth (N=33; 58.9%), interaction with foster care families (N=13; 23.2%) and social service agencies (N=19; 33.9%) in order to reach particularly vulnerable populations and liaison with probation officers, police, judges and attorneys (juvenile N=27; 48.7%; adult adjudication N= 24; 42.9%) in order to offer more appropriate alternatives to incarceration for individuals with mental illness. A few counties also reported O&E to creative settings (reported in the “other” category; N=6; 10.7%), including campgrounds, parks and shopping malls.

Staff involved in O&E represented a mix of paraprofessionals and professionals, with more than half of counties reporting use of each in their efforts.

Expenditures

FY 09-10 Revenue and Expenditure Reports (RERs) were analyzed for the purpose of reporting O&E expenditures. The results are displayed in Table 4, representing 48 counties showing expenditures for this service.

Table 4
Amount Expended on Outreach and Engagement
(FY 09-10)
(N=48 Counties)

Mean	Range		Total
	Low	High	
\$1,295,339.72	\$8,666.00	\$32,889,397.29	\$71,243,684.41

Table 5 displays the estimated percentage of expenditures for each age group during FY 09-10.

Table 5
Percentage of Outreach and Engagement (Estimated) by Age Group
(FY 09-10)
(N=41 Counties)

Service	CYF	TAY	Adult	OA
Outreach and Engagement Expenditures	13.2%	17.4%	58.6%	10.7%

Executive Summary End Notes

¹ “County” means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.090. County.

Note that the direct web link to CCR specific to the Mental Health Services Act requires search onsite, using the link below. The direct link to each code cannot be reproduced, and will not lead directly to the specific CCR. The only way to retrieve each CCR is to search the site,

<http://government.westlaw.com/linkedslice/default.asp?RS=GVT1.0&VR=2.0&SP=CCR-1000&Action=Welcome>

² Components are listed in:

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3.7 Oversight and Accountability. (5845).

- (a) The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Innovative Programs; Part 3.6 (commencing with Section 5840) Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children’s Mental Health Services Act.

Certified as current (January 18, 2013). Note that the direct web link to WIC specific to the Mental Health Services Act requires search onsite, using the link below. The direct link to each code cannot be reproduced, and will not lead directly to the specific WIC. The only way to retrieve each WIC is to search the site,

<http://leginfo.legislature.ca.gov/faces/codes.xhtml>

All components under MHSA are included under WIC 5899 (Revenue and Expenditure Report (*grammatical inconsistencies have been retained because the material has been produced, verbatim, from the original text*)).

- (a) The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the California Mental Health Directors Association, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission.
- (b) The purpose of the Annual Mental Health Services Act Revenue and Expenditure Report is as follows:
- 1) Identify the expenditures of Mental Health Services Act (MHSA) funds that were distributed to each county.
 - 2) Quantify the amount of additional funds, and interest earned on MHSA funds.
 - 3) Determine reversion amounts, if applicable, from prior fiscal year distributions.
- (c) This report is intended to provide information that allows for the evaluation of all of the following:
- 1) Children’s system of care.
 - 2) Prevention and early intervention programs.
 - 3) Innovative projects.
 - 4) Workforce education and training.
 - 5) Adults and older adults systems of care.
 - 6) Capital facilities and technology needs.

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 4.5 Mental Health Services Fund. (5899).

³ The system of care is addressed in:

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3. Adult and Older Adult System of Care Act. Article 1. Legislative Findings and Intent (5801 – 5802) and Article 2. Establishing New County Systems of Care (5803 – 5809).

California Welfare and Institutions Code, Division 5. Community Mental Health Services, Part 4. The Children’s Mental Health Services Act. Chapter 1. Interagency System of Care (5850 – 5851.5).

CSS is addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, Community Services and Supports, 3200.080.

⁴ Full Service Partnership is addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620 Full Service Partnership Service Category.

⁵ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.240. Outreach and Engagement Service Category.

⁶ Three counties did not provide details about outreach and engagement in either the CSS Plan or the FY 11-12 Annual Update. Therefore, the N for the purpose of this report is 56 (rather than 59).

⁷ Documentation of actual populations reached in FY 09-10 was determined through 1) review of the original CSS plan to determine the populations identified in the county as underserved and unserved and 2) review of the FY 11-12 plan (reflecting implementation in FY 09-10) to determine if these populations were reached. One data limitation is that the FY 11-12 plan does not document whether populations reached are underserved or unserved (and they overlap for most counties). Therefore, breakout into specific underserved and unserved populations is not possible.

⁸ The number of counties in Table 2 is smaller than the number conducting outreach (Table 1) because fewer counties report out the specific numbers reached on their Annual Updates. The number of counties documented in Table 2 does not imply that fewer counties conducted O&E in FY 09-10.

⁹ Few counties broke out racial/ethnic and other data by age, so the remaining tables are aggregated across ages.

Definition of Terms

DEFINITION OF TERMS	
3M	Quarterly Assessment
AB	Assembly Bill
CF	Capital Facilities
CF/TN	Capital Facilities and Technological Needs
CMHDA	California Mental Health Directors Association
CSA	Corrections Standards Authority
CSI	Client Services Information System
CSS	Community Services and Support
CYF	Children, Youth and Families
DCR	Data Collection and Reporting System for MHSA FSP
DJJ	Division of Juvenile Justice
DMH	Department of Mental Health
DOF	Department of Finance
EAG	Evaluation Advisory Group
FFP	Federal Financial Participation
FSP	Full Service Partner
FY	Fiscal Year
GSD	General System Development
IMD	Institution for Mental Diseases
KET	Key Event Tracking
LAO	Legislative Analyst's Office
LGBTQ	Lesbian, Gay, Bi-Sexual, Transsexual/transgender and Questioning
MH	Mental Health
MHRC	Mental Health Rehabilitation Centers
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission (also OAC)
OA	Older Adults
OSHPD	Office of Statewide Health Planning and Development
PAF	Partnership Assessment Form
PEI	Prevention and Early Intervention
POQI	Performance Outcomes and Quality Improvement
RER	Revenue and Expenditure Reports
RFA	Request for Applications
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SED	Seriously Emotionally Disturbed
SGF	State General Fund
SMA	Statewide Maximum Allowance
SMHA	State Mental Health Authority
SPSS	Statistical Package for the Social Sciences
TAY	Transition-Age Youth
TN	Technological Needs
WET	Workforce Education and Training
WIC	Welfare and Institutions Code
YSS	Youth Services Survey
YSS-F	Youth Services Survey for Families

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I. Introduction

Proposition 63 (2004) provides increased funding through the Mental Health Services Act (MHSA) to support mental health services for underserved¹ and previously unserved² individuals within the context of the public mental health system. Prop 63 funds are distributed to county departments of mental health, two or more county mental health departments acting jointly, and/or city-operated programs³ to implement MHSA components.⁴ Components are: Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), Innovation (INN) and Community Services and Supports (CSS),⁵ which includes the Full Service Partnership (FSP).⁶

¹ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.300 Underserved.

Note that the direct web link to CCR specific to the Mental Health Services Act requires search onsite, using the link below. The direct link to each code cannot be reproduced, and will not lead directly to the specific CCR. The only way to retrieve each CCR is to search the site, <http://government.westlaw.com/linkedslice/default.asp?RS=GVT1.0&VR=2.0&SP=CCR-1000&Action=Welcome>

² California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.310 Unserved.

³ “County” means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.090 County.

⁴ Components are listed in:

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3.7 Oversight and Accountability. (5845).

- (a) The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Innovative Programs; Part 3.6 (commencing with Section 5840) Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children’s Mental Health Services Act.

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<http://leginfo.legislature.ca.gov/faces/codes.xhtml>

All components under MHSA are included under WIC 5899 (Revenue and Expenditure Report (*grammatical inconsistencies have been retained because the material has been produced, verbatim, from the original text*):

- (a) The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the California Mental Health Directors Association, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission.
- (b) The purpose of the Annual Mental Health Services Act Revenue and Expenditure Report is as follows:
 - 1) Identify the expenditures of Mental Health Services Act (MHSA) funds that were distributed to each county.
 - 2) Quantify the amount of additional funds, and interest earned on MHSA funds.
 - 3) Determine reversion amounts, if applicable, from prior fiscal year distributions.
- (c) This report is intended to provide information that allows for the evaluation of all of the following:
 - 1) Children’s system of care.
 - 2) Prevention and early intervention programs.
 - 3) Innovative projects.
 - 4) Workforce education and training.
 - 5) Adults and older adults systems of care.
 - 6) Capital facilities and technology needs.

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 4.5 Mental Health Services Fund. (5899).

See Appendix G for a detailed description of MHSA components.

⁵ The system of care is addressed in:

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3. Adult and Older Adult System of Care Act. Article 1. Legislative Findings and Intent (5801 – 5802) and Article 2. Establishing New County Systems of Care (5803 – 5809).

California Welfare and Institutions Code, Division 5. Community Mental Health Services, Part 4. The Children’s Mental Health Services Act. Chapter 1. Interagency System of Care (5850 – 5851.5).

CSS is addressed in:

The focus of this brief report is the Outreach and Engagement (O&E) service category of the CSS component. ⁷

a. The Statewide Evaluation

UCLA's Center for Healthier Children, Youth and Families has been contracted by the Mental Health Services Oversight and Accountability Commission to conduct a statewide evaluation of the Mental Health Services Act. This evaluation is designed to be consistent with the intent of the Act "to ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public." ⁸

b. Brief Overview

This brief report, *California's Investment in the Public Mental Health System: Prop 63 Allocations and Expenditures – Outreach and Engagement (FY 09-10)*, contains three sections. A brief synopsis of each section follows.

Section I, Introduction, provides an introduction to the brief report. In addition, the O&E service strategy is briefly described.

Section II, Outreach and Engagement Populations, Settings and Staffing, presents a summary of the populations reached through O&E, settings in which O&E takes place and staff conducting O&E in FY 09-10.

Outreach and Engagement: Expenditures are presented in Section III. In plain language – this section contains the amounts expended statewide for O&E and the estimated percentage of O&E monies expended by age group. There is a brief discussion of the methodology used to produce the percentage expended by age group.

Appendix A contains a summary of Revenue and Expenditure Report submission, by county, for FY 09-10.

Appendix B contains a summary of O&E Expenditures by county (reflecting FY 09-10).

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, Community Services and Supports, 3200.080.

⁶ Full Service Partnership is addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620 Full Service Partnership Service Category.

⁷ CSS is described in a companion report in the 2013 expenditure brief series, *California's Investment in the Public Mental Health System: Prop 63 Allocations and Expenditures (FY 06-07 through FY 09-10)*.

⁸ California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3. Adult and Older Adult System of Care Act. Article 1. Legislative Findings and Intent (5802, d, 2) and Article 2. Establishing New County Systems of Care (5809).

(d) (2): To promote system of care accountability for performance outcomes which enable adults with severe mental illness to reduce symptoms which impair their ability to live independently, work, maintain community supports, care for their children, stay in good health, not abuse drugs or alcohol, and not commit crimes.

See also:

Article 2. Establishing New County Systems of Care (5809): The State Department of Health Care Services shall continue to work with participating counties and other interested parties to refine and establish client and cost outcome and interagency collaboration goals including the expected level of attainment with participating system of care counties. These outcome measures should include specific objectives addressing the following goals:

- a) Client benefit outcomes.
- b) Client and family member satisfaction.
- c) System of care access.
- d) Cost savings, cost avoidance, and cost-effectiveness outcomes that measure short-term or long-term cost savings and cost avoidance achieved in public sector expenditures to the target population.

1. Outreach and Engagement

Per the California Code of Regulations: ⁹

- a) The County may develop and operate outreach and engagement programs/activities for the purpose of identifying unserved individuals ¹⁰ in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.
- b) Outreach and Engagement funds may be used to pay for:
 - 1) Strategies to reduce ethnic/racial disparities.
 - 2) Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system.
 - 3) Outreach to entities such as:
 - A. Community based organizations.
 - B. Schools.
 - C. Tribal communities.
 - D. Primary Care Providers.
 - E. Faith-based organizations.
 - 4) Outreach to individuals such as:
 - A. Community leaders.
 - B. Those who are homeless.
 - C. Those who are incarcerated in county facilities.
- c) When the County works in collaboration with other non-mental health community programs and/or services, only the costs directly associated with providing mental health services and supports shall be paid under the Outreach and Engagement Service Category.

In addition, to engage with the intent of providing service:

“Underserved” means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness, and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client’s recovery, wellness, and/or resilience. These clients include, but are not limited to:

- those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences;
- members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and

⁹ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3640. Outreach and Engagement.

¹⁰ Who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c).

-
- those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.¹¹

“Unserved” means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contacts and/or services from the County may also be considered unserved.¹²

The types of underserved and unserved populations, entities to which O&E activities were conducted, and the types of staff conducting O&E are the focus of Chapter II.

¹¹ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.300. Underserved.

¹² California Code of Regulation (Barclays Official), Title 9. Rehabilitative and Developmental Services, Division 1. Department of Mental Health, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.310. Unserved.

II. Outreach and Engagement: Characteristics

Characteristics of O&E planned and implemented by counties are the focus of this section. The section opens with a description of our methodology – including the data sources accessed in order to determine the strategies and staffing. The chapter closes with a summary of O&E implemented across the state.

a. Methodology

In this section, the following topics are discussed:

- Data Sources
 - Three-Year Program and Expenditure Plan (including the CSS component)
 - Annual Update (FY 11-12)
- Fiscal Year
- Criteria for Inclusion in the Brief

1. Data Sources

The two data sources analyzed for the purpose of this brief report are the CSS Plan and the FY 11-12 Annual Update. A brief description of each document is provided in the following sections.

Community Services and Supports Plan

Each county documented planned O&E activities and strategies in the Community Services and Supports (CSS) component section of the Three-Year Program and Expenditure Plan¹³ (for brevity's sake, hereinafter referred to as the CSS Plan).

In order to ensure that the needs of underserved and unserved populations were taken into consideration, each county/municipality embarked on a process of consulting with key stakeholders within the community and conducted needs assessments in order to determine priority services, strategies and populations. The process was primary and no artificial time limit was imposed. The result was that the planning in some settings ranged from 9 to 12 months in order to ensure that all constituents were adequately “*represented at the table.*” The resulting findings and recommendations were compiled into each county’s/municipality’s CSS Plan and submitted to the Department of Mental Health for review and approval.

For the purpose of this report, the UCLA team faced an immediate need to systematically categorize strategies across counties/municipalities in order to summarize O&E in a consistent manner. With the primary goal in mind of developing a standardized system of describing planned O&E, the CSS Plan¹⁴ served as the basis for the initial O&E review and summary conducted by UCLA. The O&E Assessment for each county/municipality was conducted using a systematic review and summary tool developed by UCLA. The focus of the tool was straightforward – with instructions to trained reviewers to indicate whether planned strategies were present or absent in the CSS Plan.

¹³ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 3. General Requirements, 3310. The Three-Year Program and Expenditure Plan. Subsection (b) (1).

¹⁴ August 2005 - DMH Letter 05-05; Instruction to counties regarding how to develop three year program and expenditure plans for the community services and supports component of the MHSA.
<http://www.dmh.ca.gov/dmhdocs/docs/letters05/05-05.pdf>

The rating of “present” or “absent” avoided any judgment about quality, adequacy, etc., as such judgments are inappropriate absent onsite observation.

Annual Update(s)

The FY 11-12 Annual Update¹⁵ was selected for review using the O&E Assessment tool because counties reported activities and populations served in FY 09-10 (the most recent year for which we have Revenue and Expenditure Report data). In addition, the FY 11-12 Annual Update was structured in such a way as to facilitate easy extrapolation of O&E activities and populations served.¹⁶

2. Fiscal Years

FY 09-10 was selected for analysis because of available data regarding O&E implementation and corresponding expenditure data (see Chapter III for a description of the expenditure data sources).

3. Criteria for Inclusion in Outreach and Engagement (Service Description)

The criterion for inclusion in this section of the brief is based solely on whether sufficient descriptive data were available for qualitative analysis. The criterion, therefore, was availability of a CSS component plan (approved by the California Department of Mental Health prior to implementation) and/or an FY 11-12 Annual Update.

Note that although there are 58 counties in California, two counties receive joint funding. There are a total of two city-run programs, bringing the grand total number of counties/municipalities to 59.¹⁷ However, of the 59 counties, three did not provide sufficient detail about O&E activities/strategies. Therefore, the number of counties summarized for descriptive purposes is 56.

b. Outreach and Engagement

The priority is to identify populations currently receiving little or no service and conduct outreach to those populations. In addition, to engage currently unserved and underserved individuals with serious emotional disturbance/severe mental illness with the intent of providing service. Outreach and Engagement are summarized by age group across the counties/municipalities in Table II.1.

¹⁵ December 2010 - DMH Information Notice 21: Guidelines for FY 2011-12 Annual Update (supersedes Information Notices 10-01 and 10-04).

- Fully implements the previously approved, new, elimination and consolidation of programs definitions.
- Defines unexpended and unapproved funds.
- Defines administrative costs (direct service and indirect administrative costs), operating reserve, provides access and procedural access to local prudent reserve.

<http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-21.pdf>

¹⁶ When examining FY 08-09 as another possible year for analysis, the FY 10-11 Annual Update was reviewed for several counties. However, the FY 10-11 Annual Update was not structured in such a way as to facilitate details about O&E. Therefore, FY 09-10 was selected as the most appropriate fiscal year given the limitation of earlier FY.

<http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-01.pdf>

¹⁷ Although the term “county” technically refers to one of California’s 58 geographical entities created for jurisdictional purposes, we will use that term to refer to both counties and municipalities for brevity. Where a distinction is necessary, “municipalities” will be identified as separate from “counties.” The maximum number of counties is 59 because two counties receive joint funding and two cities receive funding under the Mental Health Services Act.

Table II.1
 Number and Percent of Counties/Municipalities Reporting Implementation of Outreach and Engagement by Age Group
 (FY 09-10)
 (N=56)

	Counties: CYF		Counties: TAY		Counties: Adults		Counties: Older Adults	
	N	%	N	%	N	%	N	%
Outreach and Engagement	45	80.4%	47	83.9%	53	94.6%	48	85.7%

In addition, one county did not specify the ages to which O&E is conducted (1.8%). The data displayed in Table II.1 support the following conclusions regarding implementation of initial O&E services across the state:

- Outreach is conducted by 80.4 to 94.6 percent of the counties, depending upon the age group.

1. Outreach and Engagement - Population

Outreach and Engagement to underserved and unserved populations (specific numbers reached) in FY 09-10 is displayed in Table II.2.¹⁸ The total number reached (all ages combined) in FY 09-10 equaled 89,533, with 44 counties documenting the specific numbers reached, either by age group, or across ages.¹⁹

Table II.2.
 Number of Counties/Municipalities and Underserved/Unserved Population(s)
 Outreach and Engagement: Age Group and Number of Individuals Reached
 (FY 09-10)

	Counties: CYF (N=36)		Counties: TAY (N=36)		Counties: Adult (N=42)		Counties: Older Adults (N=37)		Counties: Across Ages (N=7)		Counties: Total (N=44)	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of individuals	16,936	18.9%	10,409	11.6%	41,891	46.8%	9,442	10.6%	10,442	12.1%	89,533	100%

Outreach and Engagement to specific racial and ethnic populations in FY 09-10 is displayed in Table II.3. The number of counties reporting O&E efforts to each population is reported and the percentage represents the number of counties out of 56 (recall that three counties did not provide sufficient detail about O&E activities/strategies).

¹⁸ Documentation of actual populations reached in FY 09-10 was determined through 1) review of the original CSS plan to determine the populations identified in the county as underserved and unserved and 2) review of the FY 11-12 plan (reflecting implementation in FY 09-10) to determine if these populations were reached. One data limitation is that the FY 11-12 plan does not document whether populations reached are underserved or unserved (and they overlap for most counties). Therefore, breakout into specific underserved and unserved populations (see Tables II.3 and II.4) is not possible.

¹⁹ The number of counties in Table II.2 is smaller than II.1 because fewer counties report out the specific numbers reached on their Annual Updates. The number of counties documented in II.2 does not imply that fewer counties conducted O&E in FY 09-10 – see Table II.1 for the number of counties conducting O&E by age group.

Table II.3.
 Number of Counties/Municipalities and Underserved/Unserved Population(s)
 Outreach and Engagement: Racial/Ethnic Background
 (FY 09-10)

	Counties: (N=56)	
	N	%
Hispanic/Latino	51	91.1%
Asian	35	62.5%
Pacific Islander	24	42.9%
Black	36	64.3%
American Indian	43	76.8%
Other	38	67.9%

Most counties reported O&E efforts to Hispanic/Latinos as a priority underserved/unserved population. Specific numbers reached (broken out by racial/ethnic background) were documented for less than a quarter of the total number of individuals documented in Table II.2. Because of concerns about lack of generalizability, no additional breakouts are provided.²⁰

The languages spoken by persons/groups targeted by O&E efforts are displayed in Table II.4.

Table II.4.
 Number of Counties/Municipalities and Languages Spoken by Groups Targeted for Outreach and Engagement Activities
 (FY 09-10)

Languages Spoken	Counties: (N=56)	
	N	%
Spanish	35	62.5%
Asian Language(s)	16	28.6%
Other	19	33.9%

More than 60 percent of counties reported that the persons reached by O&E efforts spoke Spanish. Specific numbers reached (broken out by racial/ethnic background) were documented for only 19 percent of the total number of individuals. Because of concerns about lack of generalizability, no additional breakouts are provided.

Other interest groups targeted by O&E efforts are displayed in Table II.5.

Table II.5.
 Number of Counties/Municipalities and Underserved/Unserved Population(s)
 Outreach and Engagement: Other Interest Groups
 (FY 09-10)

	Counties: (N=56)	
	N	%
LGBTQ	14	25.0%
Veterans	6	10.7%

Few counties reported O&E efforts to LGBTQ and/or veterans as a priority underserved/unserved population in FY 09-10. However, this may be due to counties not documenting O&E to specific numbers of LGBTQ and veterans on the Annual Update.²¹

²⁰ e.g., actual numbers served within each age group

²¹ A number of counties indicated that this data is not collected – hence the reason for data gaps under the LGBTQ and veteran categories.

2. Characteristics of Outreach and Engagement

The setting for O&E activities is displayed in Table II.6. The most commonly reported setting for O&E activities was community-based agencies (N=38 counties; 67.9%). A variety of settings were reported, including street outreach for homeless populations, contact with schools in order to engage with children and youth, interaction with foster care families and social service agencies in order to reach particularly vulnerable populations and liaison with probation officers, police, judges and attorneys in order to offer more appropriate alternatives to incarceration for individuals with mental illness. A few counties also reported O&E to creative settings (reported in the “other” category), including campgrounds, parks and shopping malls.

Table II.6.
Number of Counties/Municipalities and Setting for Outreach and Engagement Activities
(FY 09-10)

Setting	Counties: (N=56)	
	N	%
Community-Based Agency ²²	38	67.9%
School	33	58.9%
Juvenile Justice/Probation	27	48.7%
Community Event	26	46.4%
Criminal Justice/Probation	24	42.9%
Home/In-Home Services ²³	21	37.5%
Social Service Agency	19	33.9%
Primary Care ²⁴	19	33.9%
Street	18	32.1%
Homeless Shelter	17	30.4%
Community Health Clinic	17	30.4%
Faith Community	15	26.8%
One-Stop Center/Clubhouse	16	28.6%
Mobile	14	25.0%
Homeless Encampment ²⁵	14	25.0%
Foster Care	13	23.2%
Senior Center	13	23.2%
Behavioral Health/Substance Abuse Treatment ²⁶	12	21.4%
Long Term Care/Nursing Home	9	16.1%
Consumer Advocacy Group	7	12.5%
Other ²⁷	6	10.7%

²² The “community-based agency” category includes Tribal agencies/organizations.

²³ The “home/in-home services” category includes Meals on Wheels and In-Home Supportive Services.

²⁴ The “primary care” category includes hospitals and emergency rooms.

²⁵ The “homeless encampment” category includes migrant labor camps.

²⁶ The “behavioral health/substance abuse treatment” category includes psychiatric hospitals.

²⁷ The “other” category includes Campgrounds, Parks and Recreation, Recreation Centers, Service Clubs and Shopping Malls.

The type of staff involved in outreach and engagement activities is displayed in Table II.7.

Table II.7.
Number of Counties/Municipalities and Type of Staff Involved in Outreach and Engagement Activities
(FY 09-10)

Staff	Counties: (N=56)	
	N	%
Peer (Adult)	35	62.5%
Clinician/Mental Health Professional ²⁸	31	55.4%
Case Manager	19	33.9%
Parent Partner	19	33.9%
Outreach Worker ²⁹	17	30.4%
Peer (Youth)	13	23.2%

Staff involved in O&E represented a mix of paraprofessionals and professionals, with more than half of counties reporting use of each in their efforts.

²⁸ The “clinician/mental health professional” category includes social workers, psychiatrists, psychologists, MFTs, and nurses.

²⁹ The “outreach worker” category represents paraprofessionals hired specifically to conduct outreach.

III. Outreach and Engagement: Expenditures

The questions explored in this chapter include:³⁰

- How much is being spent on Outreach and Engagement?³¹

The chapter opens with a description of our methodology – including the data source accessed to determine the amounts expended by counties and the data source accessed to determine the estimated percentage by age group. The chapter presents statewide MHSA Outreach and Engagement (O&E) expenditures for Fiscal Year (FY) 09–10.

a. Methodology

This section of the report contains a discussion of the available data sources related to MHSA expenditures. Following a discussion of the data sources, O&E expenditures overall and estimated percentage by age group component are provided for FY 09-10.³²

The chapter closes with a breakout of O&E expenditures by funding source for FY 09-10. This graphic and other FY 09-10 analyses represent an update to the previous report, *California's Investment in the Public Mental Health System: Proposition 63 – Overview of the Brief Series/Summary of Findings* (2011, August).^{33, 34}

1. Data Sources

Expenditures on O&E were analyzed for through FY 08-09 as part of the Phase II Statewide Evaluation of the Mental Health Services Act, Deliverable 1.³⁵ The primary data source for determining expenditures was the

³⁰ UCLA conducted multivariate analyses and examined correlations in order to answer the questions: *Do Outreach and Engagement expenditures vary depending upon county contextual factors? Do Outreach and Engagement expenditures vary depending upon demographics, such as race/ethnicity, gender, and age group?* Unfortunately, no meaningful patterns or significant relationships emerged. The lack of findings was particularly disappointing because variables representing the specific race, ethnic and age groups to whom each county conducted O&E were created and entered into multivariate models (there are no O&E-specific variables in the DCR so we created them based on information in the plans/updates). Because there are no interesting findings to report, this brief does not contain a section about the relationship of expenditures to county contextual factors and demographics. See the companion briefs in the 2013 series for additional details about the variables examined.

³¹ Request for Proposals Q. 8.

The Statewide Evaluation deliverable is defined as follows: **Updated summary report of expenditures with cost analyses based on critical questions.**

Phase II. Deliverable 1.A. Initial written report that summarizes component allocations (previously called planning estimates), approved funding and expenditures by year from January 2005 through June 2009 of MHSA funds at statewide and county level by component and funding category.

³² FY 06-07 was the first fiscal year for which counties submitted Revenue and Expenditure Reports (according to the Department of Mental Health). See Appendix A for a list of RERs, by county and fiscal year.

³³ http://www.mhsoac.ca.gov/Evaluations/docs/Evaluation_Deliverable1A_BriefSummary.pdf

³⁴ Initial regression models were run including the age group(s) and racial/ethnic groups targeted by the county for O&E (see Chapter II), use of street outreach and other strategies deemed to potentially carry additional costs, use of clinicians as outreach staff and variables representing county characteristics included penetration rate, population density, percent of county population with health insurance, county unemployment rate, poverty rate, and foreclosure rate (see the companion report to the 2013 expenditure series, *California's Investment in the Public Mental Health System: Prop 63 Allocations and Expenditures* (FY 06-07 through 09-10) for a complete discussion of these variables. None of these variables resulted in a good model fit, nor were any significant correlations found between any variables. Therefore, there is not a section in the O&E brief examining contextual considerations and their relationship to expenditures.

³⁵ Briefs examining expenditures (2011 expenditure report series) may be accessed at:

Revenue and Expenditure Report (RER). This brief represents an update – not only with the addition of FY 09-10 – but also with the inclusion of web survey data (also described in this section) as another data source to help determine the percentage of O&E by age group.

Revenue and Expenditure Reports

Revenue and Expenditure Reports are completed by each county mental health department and document all monies that were spent and available to be spent on mental health services through the Mental Health Services Act. The UCLA team summarized all public mental health expenditures on Outreach and Engagement documented in the Revenue and Expenditure Reports.³⁶

Web Survey

The web survey was developed for a cost offset study of Full Service Partnerships (FSP).³⁷ Although there is a specific line item for Outreach in the CSS Program Worksheet and counties may show outreach expenditures there, for counties that show no expenditures under the outreach line item on their FSP program expenditure worksheets, these expenditures may be reported elsewhere, making actual O&E expenditures in these counties very difficult to track. The web survey therefore contained specific questions about the cost of outreach for each fiscal year (specific to bringing potential FSP clients into service) and the proportion spent on each age group.

Counties that participated in the web survey were provided the opportunity to review the initial draft of FSP Costs and Cost Offsets in a county-specific Excel file, distributed in May 2012. Survey participants estimating the percentage of outreach expenditures by age group included a majority of the counties (N = 41; 69.5%).

Although the original intent to include outreach costs represented the desire to document *all* that Full Service Partnership participants may receive, when counties reviewed the figures, consensus was that inclusion of outreach expenditures overinflated the cost of Full Service Partnership programs. In addition, counties indicated that drilling down on the exact outlay of outreach expenditures for FSP clients was difficult, when outreach is provided to a much broader population. Given concerns about inexactitude and over-inflation of cost, outreach expenditures were removed from the FSP expenditure calculations based on county feedback.

However, for the purpose of this report, the value of the web survey data is in the *percentage out of overall outreach expenditures* estimated for each age group at the county level, because this data is not available in the RERs. It is for this express purpose (estimated percentage by age group) that the web survey data was analyzed for the O&E brief.

b. Fiscal Year

A fiscal year (FY) is the period of time used by the State of California for accounting purposes. It runs from July 1 – June 30. The fiscal year analyzed was FY 09-10.

c. Criteria for Inclusion in the Brief

-
- Outreach and Engagement: http://mhsoc.ca.gov/Evaluations/docs/Evaluation_Deliverable1A_Brief3_OE.pdf

³⁶ See Appendix B for a summary of challenges encountered when creating a cross-county database across fiscal years.

³⁷ The detailed report summarizing statewide findings may be found at:
http://mhsoc.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf

Criteria for inclusion in this section of the brief are twofold:

- Approval of the Three-Year Program and Expenditure Plan (including the CSS component)
 - **and** details were provided about outreach and engagement strategies, either in the plan or FY 11-12 annual update
- Submission of FY 09-10 Revenue and Expenditure Report ³⁸

1. Operational Definitions

“Expenditure” for a given fiscal year is defined as the aggregate total amount expended on a specific MHSA component, determined using the most recent revision of the Revenue and Expenditure Report (RER) that has been prepared by the county.

Age groups are defined as follows:

- “Children and youth” means individuals from birth through 17 years of age. ³⁹
- “Transition Age Youth” means youth 16 years to 25 years of age. ⁴⁰
- “Adult” means an individual 18 years of age through 59 years of age. ⁴¹
- “Older Adult” means an individual 60 years of age and older. ⁴²

Accordingly, whenever possible, findings for this analysis are reported separately by age group. The county web survey contained questions about the percentage of expenditures on outreach for each age group for FY 09-10. ⁴³

d. Estimated Expenditures – FY 09 -10

Table III.1 displays the number of counties and municipalities who, through the Revenue and Expenditure Reports, documented spending money on Outreach and Engagement activities during FY 09-10. ⁴⁴

³⁸ Three counties did not submit Revenue and Expenditure Reports for FY 09-10. See Appendix A for a list of counties summarized in FY 09-10.

³⁹ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions. 3200.030. Children and Youth:

(1) Individuals age 18 and older who meet the conditions specified in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code are considered children and youth who are eligible to receive services.

⁴⁰ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.280. Transition Age Youth.

⁴¹ California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.010. Adult.

⁴² California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.230. Older Adult.

⁴³ Assignment into age group categories is done at the county level. This categorization is reflected in the DCR. The UCLA team does not make any assignment of individuals to age group category.

⁴⁴ Of the 59 counties, three did not submit an FY 09-10 RER. One county submitted an FY 09-10 RER in the new summary format, which doesn't provide a breakout of O&E expenditures. Of the remaining counties, seven reported no (zero) O&E expenditures. Therefore N=48.

Table III.1
Amount Expended on Outreach and Engagement
(FY 09-10)
(N=48 Counties)

Mean	Range		Total
	Low	High	
\$1,295,339.72	\$8,666.00	\$32,889,397.29	\$71,243,684.41

Table III.2 displays the estimated percentage of expenditures for each age group during FY 09-10.

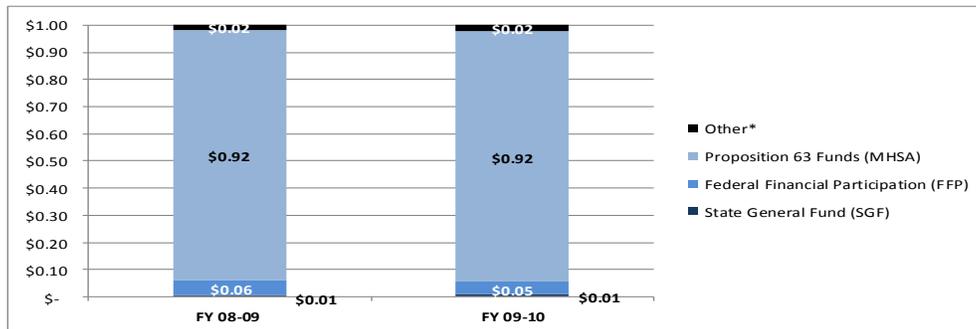
Table III.2.
Percentage of Outreach and Engagement (Estimated) by Age Group
(FY 09-10)
(N=41 Counties)

Service	CYF	TAY	Adult	OA
Outreach and Engagement	13.2%	17.4%	58.6%	10.7%

Of most interest is the similarity between the percentage of FSP expenditures by age group in FY 09-10 and the estimated percentage of O&E expenditures for that same fiscal year.

Exhibit III.1 displays the breakout from all counties and municipalities that submitted a Revenue and Expenditure Report in FY 08-09 and/or FY 09-10. There was virtually no change between the fiscal years.

Exhibit III.1.
Proportion of Outreach and Engagement Expenditures by Funding Source:
FY 08-09 and FY 09-10



Appendix A

Revenue & Expenditure Report

Submission by County

Exhibit E.5

Counties/Municipalities that submitted Revenue and Expenditure Reports
(Fiscal Year 06-07 through Fiscal Year 09-10)

Counties/Municipalities	Revenue & Expenditure Report (RER) 1 = RER submitted, 0 = no RER submitted			
	FY 06/07	FY 07/08	FY 08/09	FY 09/10
Alameda	1	1	1	1
Alpine	0	1	1	1
Amador	1	1	1	1
Berkeley City	1	1	1	1
Butte	1	1	1	1
Calaveras	1	1	1	1
Colusa	1	1	1	1
Contra Costa	1	1	1	1
Del Norte	1	1	1	0
El Dorado	1	1	1	1
Fresno	1	1	1	1
Glenn	1	1	1	1
Humboldt	1	1	1	1
Imperial	1	1	1	1
Inyo	1	1	1	1
Kern	1	1	1	1
Kings	1	1	1	1
Lake	1	1	1	1
Lassen	1	1	1	1
Los Angeles	1	1	1	1
Madera	1	1	1	1
Marin	1	1	1	1
Mariposa	1	1	1	1
Mendocino	1	1	1	1
Merced	1	1	1	1
Modoc	1	1	1	1
Mono	1	1	1	1
Monterey	1	1	1	1
Napa	1	1	1	1
Nevada	1	1	1	1
Orange	1	1	1	1
Placer	1	1	1	1
Plumas	1	1	1	1
Riverside	1	1	1	1
Sacramento	1	1	1	1

Counties/Municipalities	Revenue & Expenditure Report (RER) 1 = RER submitted, 0 = no RER submitted			
	FY 06/07	FY 07/08	FY 08/09	FY 09/10
San Benito	1	1	1	1
San Bernardino	1	1	1	1
San Diego	1	1	1	1
San Francisco	1	1	1	1
San Joaquin	1	1	1	1
San Luis Obispo	1	1	1	1
San Mateo	1	1	1	1
Santa Barbara	1	1	1	1
Santa Clara	1	1	1	1
Santa Cruz	1	1	1	1
Shasta	1	1	1	1
Sierra	1	1	1	1
Siskiyou	1	1	1	0
Solano	1	1	1	1
Sonoma	1	1	1	0
Stanislaus	1	1	1	1
Sutter-Yuba	1	1	1	1
Tehama	1	1	1	1
Tri City	0	0	1	1
Trinity	1	1	1	1
Tulare	1	1	1	1
Tuolumne	1	1	1	1*
Ventura	1	1	1	1
Yolo	1	1	1	1
*New summary (aggregated) RER format				

Appendix B

Outreach and Engagement Expenditures by County (FY 09-10)

***=No RER submitted**

****=New summary format; breakout of O&E excluded from FY 09-10 template**

County	Community Services and Supports (CSS)	Outreach & Engagement (O&E)	O&E as % of CSS
Alameda	\$ 25,775,210.36	\$ 4,585,096.69	17.8%
Alpine	\$ 154,117.00	\$ 65,835.00	42.7%
Amador	\$ 2,933,904.00	\$ 831,116.00	28.3%
Berkeley City	\$ 2,097,445.00	\$ 201,634.00	9.6%
Butte	\$ 9,393,271.64	\$ 3,171,875.00	33.8%
Calaveras	\$ 857,725.00	\$ 108,922.00	12.7%
Colusa	\$ 3,851,366.82	\$ 192,838.00	5.0%
Contra Costa	\$ 16,804,422.00	\$ -	0.0%
Del Norte*		\$ -	
El Dorado	\$ 4,248,129.00	\$ 214,142.00	5.0%
Fresno	\$ 21,615,855.45	\$ -	0.0%
Glenn	\$ 3,754,320.81	\$ 12,862.00	0.3%
Humboldt	\$ 9,540,937.00	\$ 82,516.00	0.9%
Imperial	\$ 6,095,043.00	\$ 763,099.00	12.5%
Inyo	\$ 3,085,460.00	\$ 324,294.00	10.5%
Kern	\$ 20,887,362.76	\$ 107,233.00	0.5%
Kings	\$ 3,387,611.00	\$ 218,829.00	6.5%
Lake	\$ 2,516,218.95	\$ 64,556.49	2.6%
Lassen	\$ 1,618,351.00	\$ 84,068.00	5.2%
Los Angeles	\$ 378,533,806.61	\$ 32,889,397.29	8.7%
Madera	\$ 3,513,345.00	\$ -	0.0%
Marin	\$ 4,191,857.92	\$ 857,920.05	20.5%
Mariposa	\$ 1,201,137.88	\$ -	0.0%
Mendocino	\$ 1,601,290.60	\$ 234,120.89	14.6%
Merced	\$ 6,370,134.00	\$ 174,898.00	2.7%
Modoc	\$ 1,528,850.00	\$ 226,188.00	14.8%
Mono	\$ 917,890.00	\$ 180,911.00	19.7%
Monterey	\$ 11,239,587.87	\$ 981,843.07	8.7%
Napa	\$ 4,649,387.00	\$ 944,677.80	20.3%
Nevada	\$ 6,049,859.26	\$ 307,526.17	5.1%
Orange	\$ 62,047,557.97	\$ 1,534,552.37	2.5%
Placer	\$ 5,393,260.00	\$ 607,754.00	11.3%
Plumas	\$ 881,072.00	\$ 123,046.00	14.0%
Riverside	\$ 52,570,418.72	\$ 196,699.00	0.4%
Sacramento	\$ 29,571,228.92	\$ -	0.0%
San Benito	\$ 1,741,379.00	\$ 101,728.00	5.8%
San Bernardino	\$ 56,292,779.80	\$ 2,012,352.62	3.6%
San Diego	\$ 83,136,358.68	\$ 5,446,395.65	6.6%
San Francisco	\$ 17,603,381.04	\$ 820,147.81	4.7%
San Joaquin	\$ 17,044,825.36	\$ -	0.0%
San Luis Obispo	\$ 6,220,233.00	\$ -	0.0%
San Mateo	\$ 15,289,127.00	\$ 1,961,254.00	12.8%

County	Community Services and Supports (CSS)	Outreach & Engagement (O&E)	O&E as % of CSS
Santa Barbara	\$ 14,130,366.00	\$ 341,352.00	2.4%
Santa Clara	\$ 44,351,603.75	\$ 1,196,148.60	2.7%
Santa Cruz	\$ 9,502,838.00	\$ 320,828.00	3.4%
Shasta	\$ 5,282,130.95	\$ 2,004,537.02	37.9%
Sierra	\$ 572,277.36	\$ 122,862.00	21.5%
Siskiyou*		\$ -	
Solano	\$ 8,460,160.00	\$ 160,341.00	1.9%
Sonoma*		\$ -	
Stanislaus	\$ 14,226,557.22	\$ 2,070,705.22	14.6%
Sutter-Yuba	\$ 6,672,088.00	\$ 741,716.00	11.1%
Tehama	\$ 3,167,383.64	\$ 1,224,855.61	38.7%
Tri-Cities	\$ 4,246,934.00	\$ 348,657.00	8.2%
Trinity	\$ 2,162,229.00	\$ 8,666.00	0.4%
Tulare	\$ 7,869,333.46	\$ 467,338.26	5.9%
Tuolumne**	\$ 2,736,530.00	\$ -	
Ventura	\$ 18,467,261.00	\$ 1,034,773.25	5.6%
Yolo	\$ 5,693,491.14	\$ 570,576.55	10.0%
Total	\$ 1,053,746,701.94	\$ 71,243,684.41	6.8%

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