

**California's Investment in the
Public Mental Health System:
Prop 63 Allocations and Expenditures -
Capital Facilities and Technological Needs
(FY 06-07 through FY 09-10)**



UCLA Center for Healthier Children, Youth and Families

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

May 2013

Table of Contents

Executive Summary	i
I. Introduction	1
a. The Statewide Evaluation.....	2
b. Brief Overview	3
c. Capital Facilities and Technological Needs	3
1. Capital Facilities.....	3
2. Technological Needs	5
II. Capital Facilities and Technological Needs: Planned Projects and Activities	8
a. Methodology	8
1. Data Sources	8
1. Fiscal Years	9
2. Criteria for Inclusion in CF-TN Project/Activity Description.....	9
b. Planned Capital Facilities and Technological Needs Projects	9
1. Capital Facilities Projects.....	10
2. Technological Needs Projects	11
III. Capital Facilities and Technological Needs: Allocations, Expenditures and Projects	14
a. Methodology	14
1. Data Sources	14
b. Fiscal Years	17
c. Criteria for Inclusion in CF-TN Brief.....	17
1. Operational Definitions.....	18
d. Allocations and Approved Amounts.....	18
e. Total Expenditures by Fiscal Year	18
f. Expenditures by Projects and Activities	20
1. Capital Facilities.....	20
2. Technological Needs	20
g. Contextual Factors – Impact on CF-TN Expenditures.....	21
Appendix A Revenue & Expenditure Reports	25
Appendix B CF-TN Allocations by County	28
Appendix C CF-TN Expenditures by County	30

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 figures provided in this report are accurate as of July 2010. This report does not reflect FY 10-11 and FY 11-12, as this data was not available for analysis at the time of this report.

The focus of this brief report is the Capital Facilities and Technological Needs component (CF-TN). Per California's Welfare and Institutions Code:

A program for technological needs and capital facilities needed to provide services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850). All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting.⁵

CF-TN is designed to:⁶

Produce long-term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups. (p. 3)⁷

CF-TN plans (guidance released in March 2008)⁸ and Revenue and Expenditure Reports from FY 06-07 through FY 09-10 were systematically reviewed in order to summarize proposed infrastructure and technology enhancements. The findings include:

Capital Facilities

As of FY 09-10, over \$8 million was expended toward Capital Facilities by 18 counties. Expenditures more than doubled when compared with the cumulative total through FY 08-09.

Facilities designed for outpatient services and one-stop multi-use centers were among the most popular proposed by counties as a means of transforming the public mental health system. Repair of existing county facilities and construction of new facilities were among the most popular proposed by counties as a means of supporting aging infrastructure.

Technological Needs

As of FY 09-10, nearly \$23 million expended toward Technological Needs by 27 counties. Expenditures more than doubled when compared with the cumulative total through FY 08-09.

Electronic Health Record projects were proposed by the majority of counties that submitted a TN plan. Most counties proposed upgrades to their electronic infrastructure to support security and privacy. Among counties suggesting a particular platform, there was an even split between the Anasazi and Avatar systems.

Among the 80 percent of counties that proposed implementation of a family empowerment technology project, the majority proposed supporting client and family access to computing resources.

Other types of projects could also be proposed, and the majority of counties proposed imaging and paper conversion (n=26; 57.8%), followed by telemedicine/ telehealth (n=21; 46.7%).

Contextual Factors Related to Expenditures

The amount expended on CF-TN varies substantially across counties. This section provides information on possible factors related to characteristics of the counties themselves that may contribute to differences between county CF-TN expenditures. Table III.8 displays correlations between select county characteristics⁹ (penetration rate,¹⁰ population density,¹¹ percent of county population with health insurance,¹² poverty level,¹³ county unemployment rate,¹⁴ and rate of foreclosures).¹⁵

Correlations of these variables with component expenditures were calculated in order to determine reasons for variation between counties.¹⁶

- **Population Density:** Higher population density is correlated with lower CF expenditures.

Of interest is the relationship between higher population density and lower CF expenditures. The consistency of this pattern across the CSS and PEI components is intriguing because it suggests that perhaps these counties bring economies of scale to bear, which could conceivably reduce component expenditures.

Examination of variables representing race/ethnicity and gender¹⁷ revealed correlation with amounts expended for CF and TN.

- **Race/Ethnicity:** Lower percentages of white (Caucasian) children, TAY, Adults and Older Adults served by a county public mental health system were associated with higher component expenditures for CF and TN.

This pattern is particularly intriguing because it hints at the possibility of system transformation – that is – county mental health systems transforming to serve previously underserved and unserved populations, which logically carries additional, associated expenditures. The question of whether a more diverse population is now served through the Mental Health Services Act (particularly Full Service Partnership) will be explored in a forthcoming report, in which baseline demographic data will be analyzed and compared to later fiscal years.¹⁸

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 Part 3.7 Oversight and Accountability, 5847 Integrated Plans for Prevention, Innovation and System of Care Services. (5) mentions Capital Facilities and Technological Needs. Nowhere in WIC or CCR is this component explicitly defined.

⁶ Section 10 of the Mental Health Services Act, Part 3.7 (commencing with Section 5845) was added to Division 5 of the Welfare and Institutions Code. Section 5847, Integrated Plans for Prevention, Innovation and System of Care Services, (b) Each county mental health program shall prepare and submit a three-year plan...The plan and update shall include all of the following: (5) A program for technological needs and capital facilities needed to provide services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5850).

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5850-5851.5>

⁷ California Department of Mental Health (March 18, 2008). *Mental Health Services Act (MHSA) Capital Facilities and Technological Needs: Proposed guidelines for completing the Capital Facilities and Technological Needs Component proposal of the County’s three-year program and expenditure plan*. Sacramento, Author.

DMH Notice No. 08-09, Enclosure 1, p. 3.

[http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09 Enclosure 1.pdf](http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09%20Enclosure%201.pdf)

⁸ California Department of Mental Health (March 18, 2008). *Mental Health Services Act (MHSA) Capital Facilities and Technological Needs: Proposed guidelines for completing the Capital Facilities and Technological Needs Component proposal of the County's three-year program and expenditure plan*. Sacramento, Author.

DMH Notice No. 08-09, Enclosure 1, p. 3.

http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09_Enclosure_1.pdf

⁹ Variables representing county characteristics stem from calendar year 2009 (archival data).

¹⁰ UCLA updated the penetration rate for each county to reflect the relevant year and applicable census data, per the following notation from DMH:

When considering these penetration rates, it is important to remember that they are based on census data combined with estimates that were calculated by applying prediction weights. Due to the way census data is updated, the data in the tables should be viewed as "best available" and should be checked and/verified at the local level where numbers do not appear to represent actual local population data.

http://www.dmh.ca.gov/Statistics_and_Data_Analysis/RetentionPenetrationData.asp

Please refer to the following report for further information about the *Holzer Target and its use: Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators; Contract Deliverable 2F, Phase II*

http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf

See pages 42 – 45.

Cost Offsets can be developed only for counties that submit data to the State Department of Mental Health's Full Service Partnership (FSP) Data Collection and Reporting System (DCR). All of the variables used in the FSP Cost Offset analysis are contained in the DCR. UCLA does not have access to non-DCR data from counties.

¹¹ Population density was created for each county using county population and square miles of the county. The population of each county was taken from the following archival dataset:

<http://www.census.gov/popest/research/eval-estimates/eval-est2010.html>

Population Estimates, 2010, U.S. Census Bureau, Population Division.

The square miles of each county was taken from the following archival dataset:

<http://quickfacts.census.gov/qfd/states/06000.html> U.S. Census Bureau State and County Quick Facts.

The areas analyzed for savings are very similar to those analyzed in the evaluation of AB 2034 efforts, which included inpatient psychiatric hospitalization and incarceration. Emergency room use was also evaluated but was limited to psychiatric rather than physical health.

California Department of Mental Health (2007). (unpublished) *Report to the Legislature on the effectiveness of integrated services for homeless adults with serious mental illness*. Sacramento, CA: Author.

¹² *Percentage Insured - 2003, 2005, 2007, and 2009: California Health Interview Survey:*

<http://www.chis.ucla.edu/>

¹³ *Poverty Rate: Table 1: 2009 Poverty and Median Income Estimates – Counties (released in December 2010); Source: U.S. Census Bureau, Small Area Estimates Branch*

<http://www.census.gov/did/www/saiepe/data/statecounty/data/2009.html>

¹⁴ *Unemployment - California Unemployment Rate (Average – Not Seasonally Adjusted)*

<http://www.labormarketinfo.edd.ca.gov/?pageid=164>

The California Employment Development Department (CA EDD) defines "*Unemployment Rate*" as the number of unemployed people divided by the number of people in the labor force then multiplied by 100.

<http://www.labormarketinfo.edd.ca.gov/?pageid=1006>

For sake of consistency in data presentation, UCLA calculated unemployment rates using the same method as CA EDD.

¹⁵ The foreclosure rate is defined as the number of foreclosed properties as a percent of households. HousingLink (2007). *Fixing the foreclosure system: The trouble with foreclosure data*. Retrieved August 23, 2011, from

http://www.minneapolisfed.org/news_events/events/community/100407/foreclosuredata_obrien.pdf

The number of foreclosures in the state annually was obtained from Realty Trac, and then foreclosure rates were calculated using the methodology described above.

¹⁶ Initially, a series of regression models were run in order to determine the relative contribution of each variable to component expenditures. However, the following issues resulted in reliance on correlation analyses instead:

- The n's are problematic (Innovation in particular only has 28 counties showing expenditures in FY 09-10), and there were 15 variables in the final regression model. Unfortunately, this results in too few degrees of freedom to produce a stable estimate using regression.
- There is a great deal of collinearity between independent variables (expenditures by component), further adding to instability in the regression models.
- Some measures are highly skewed. Although we addressed this problem through transformation using the winsor process, highly skewed variables adds to instability in the regression models.

FY 09-10 RER data was analyzed because 27 counties expended CF-TN funds (compared to eight in FY 08-09).

¹⁷ In order to create a county-level variable, the percentage of the CSI population in each county that is Caucasian was calculated. Individual-level data could not be entered into the model analyzing county-level data. For gender, the percentage of the CSI population that was male was calculated. Variables representing county characteristics stem from calendar year 2009 (archival data).

¹⁸ When this finding is taken into context with demographic findings from the report, *Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators; Contract Deliverable 2F, Phase II* one hypothesis meriting further exploration is whether expansion to serve previously underserved and unserved populations carries additional cost considerations. If demographics of individuals served by the public mental health system are markedly different in years 04-05/05-06, the analysis will reveal that MHSAC has been successful in shifting resources to counties in order to reach previously underserved and unserved populations. Therefore, increased expenditures associated with serving new populations is expected.

http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf

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 underserved ¹ and previously unserved ² 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 programs ³ 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.

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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.
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- (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 figures provided in this report are accurate as of July 2010. This report does not reflect FY 10-11 and FY 11-12, as Revenue and Expenditure Reports for these fiscal years were not available for analysis at the time of this report.

The focus of this brief report is the Capital Facilities and Technological Needs component (CF-TN). Per California's Welfare and Institutions Code:

A program for technological needs and capital facilities needed to provide services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850). All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting.⁷

CF-TN is designed to:⁸

Produce long-term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups. (p. 3)⁹

a. The Statewide Evaluation

UCLA's Center for Healthier Children, Youth and Families and UCLA Associates, Inc., have 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."*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 Part 3.7 Oversight and Accountability, 5847 Integrated Plans for Prevention, Innovation and System of Care Services. (5) mentions Capital Facilities and Technological Needs. Nowhere in WIC or CCR is this component explicitly defined.

⁸ Section 10 of the Mental Health Services Act, Part 3.7 (commencing with Section 5845) was added to Division 5 of the Welfare and Institutions Code. Section 5847, Integrated Plans for Prevention, Innovation and System of Care Services, (b) Each county mental health program shall prepare and submit a three-year plan...The plan and update shall include all of the following: (5) A program for technological needs and capital facilities needed to provide services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5850).

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5850-5851.5>

⁹ California Department of Mental Health (March 18, 2008). *Mental Health Services Act (MHSA) Capital Facilities and Technological Needs: Proposed guidelines for completing the Capital Facilities and Technological Needs Component proposal of the County's three-year program and expenditure plan*. Sacramento, Author.

DMH Notice No. 08-09, Enclosure 1, p. 3.

http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09_Enclosure_1.pdf

¹⁰ 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.

b. Brief Overview

This brief report, *California's Investment in the Public Mental Health System: Prop 63 Allocations and Expenditures – Capital Facilities and Technological Needs (FY 06-07 through 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 CF-TN component is briefly described.

Section II, Capital Facilities and Technological Needs Projects and Activities, presents a summary of the types of projects proposed for implementation during the ten-year period allowable under the component guidelines.

Capital Facilities and Technological Needs: Allocations and Expenditures are presented in Section III. In plain language – this section contains the amounts allocated and expended statewide for Capital Facilities and Technological Needs. There is a brief discussion of the methodology used to produce types of projects, including the limitations around reporting expenditures by type of project to date. The section concludes with amounts expended statewide for specific activities under CF-TN.

Appendix A contains a summary of Revenue and Expenditure Report submission, by county, for FY 06-07 through FY 09-10.

Appendix B contains total FY 09-10 CF-TN allocated amounts by county and Appendix C contains FY 09-10 CF-TN component expenditures by county. For by-county component allocations and expenditures in earlier years, see *California's Investment in the Public Mental Health System: Proposition 63 – Overview of the Brief Series/Summary of Findings* (2011, June).¹¹

c. Capital Facilities and Technological Needs

Specific guidance provided to counties per the Capital Facilities and Technological Needs Component – Proposed Guidelines for completing the Capital Facilities Project and Technological Needs Project Proposal for the County's Three-Year Program and Expenditure Plan are provided in the following sections.¹²

1. Capital Facilities

Per the Capital Facilities and Technological Needs Component - Capital Facilities Project Proposal Proposed Guidelines for the County's Three-Year Program and Expenditure Plan:¹³

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.

¹¹ http://www.mhsoac.ca.gov/Evaluations/docs/Evaluation_Deliverable1A_Briefs_ExecutiveSummary.pdf
http://www.mhsoac.ca.gov/Evaluations/docs/Evaluation_Deliverable1A_BriefSummary.pdf

¹² http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09_Enclosure_3.pdf

A “Capital Facility” is a building secured to a foundation which is permanently affixed to the ground and used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices. Capital Facility funds may be used by the County to acquire, develop or renovate such buildings or to purchase land in anticipation of acquiring/constructing a building. Capital Facility expenditures must result in a capital asset which increases the County Department of Mental Health’s infrastructure on a permanent basis (i.e., acquisition of buildings rather than rental or leased buildings) and must result in an expansion of the capacity/access of existing services or the provision of new services.

The County may utilize Capital Facilities funds to:

- Acquire and build upon land that will be County-owned
- Acquire buildings that will be County-owned
- Construct buildings that will be County-owned
- Renovate buildings that are County-owned
- Establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds and/or personnel cost directly associated with a Capital Facilities Project, i.e., a project manager.

The County may utilize Capital Facilities funds to renovate buildings that are privately owned if the building is dedicated and used to provide MHSA services. The County shall:

- 1) When the renovation is for treatment facilities, describe how the renovation will benefit the clients served in the facility i.e., will result in an expansion of the capacity/access to existing services or the provision of new services.
- 2) When the renovation is for administrative offices, describe how the administrative offices augment/support the County’s ability to provide programs/services, as set forth in the County’s Three-Year Program and Expenditure Plan (Three-Year Plan).
- 3) Describe how the costs of renovation are reasonable and consistent with what a prudent buyer would incur. The prudent buyer refuses to pay more than the going price for an item/service and seeks to economize by minimizing costs.
- 4) Demonstrate a method for protecting its capital interest in the renovation. Examples of methods counties might use to protect their capital interest in renovated facilities include, but are not limited to:
 - Instituting a deed restriction on property use in exchange for the resources invested.
 - Amending loan agreements to reflect all improvements are considered property of the County which allows the County the option of removing the improvements if specified conditions are not met.
 - Acquiring an interest in the property as evidenced by a grant deed.

Funds shall be used for land and buildings, including administrative offices, which enable the County and/or contract provider to provide programs/services, as set forth in the County’s Three-Year Program and Expenditure Plan.

¹³ http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09_Enclosure_2.pdf

- Capital Facilities funds shall only be used for those portions of land and buildings where MHSA programs, services and administrative supports are provided; consistent with the goals identified in the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the County’s Three-Year Plan.
- Land acquired and built upon or construction/renovation of buildings using Capital Facilities funds shall be used to provide MHSA programs/services and/or supports for a minimum of twenty years.
- All buildings under this component shall comply with federal, state and local laws and regulations including zoning and building codes and requirements; licensing requirements, where applicable; fire safety requirements; environmental reporting and requirements; hazardous materials requirements; the Americans with Disabilities Act (ADA), California Government Code Section 11135 and other applicable requirements.
- Capital Facilities funds may be used to establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds. The reserve will be controlled, managed, and disbursed by the County.
- The County shall ensure that the property is updated to comply with applicable requirements and maintained as necessary, and that appropriate fire, disaster, and liability insurance coverage are maintained.
- Under limited circumstances Counties may “lease (rent) to own” a building. The County must provide justification why “lease (rent) to own” is preferable to the outright purchase of the building and why the purchase of such property, with MHSA Capital Facilities funds, is not feasible.
- For purchase of land with no MHSA funds budgeted for construction of a building or purchase of a building (i.e. modular, etc.), the County must explain its choice and provide a timeline with expected sources of income for the planned construction or purchase of a building upon this land and how this serves to increase the County’s infrastructure. (pp. 2-3)

2. Technological Needs

Per the Capital Facilities and Technological Needs Component – Proposed Guidelines for completing the Technological Needs Project Proposal for the County’s Three-Year Program and Expenditure Plan: ¹⁴

All County MHSA Technological Needs Projects must be framed within the context of the guiding principles of MHSA and meet the General Standards in Section 3320 of the California Code of Regulations governing the MHSA. The Technological Needs Project Proposal must demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data processing and communications. These objectives allow for an overall transformation of processes that will require a phased approach of technology enhancements. DMH will be an active participant in supporting the successful implementation of these local Projects through inception, planning, implementation, and ongoing delivery. DMH will provide needed materials and tools through the DMH website including: County level Project summaries with current status and lessons learned, sample requests for proposals (RFP), Project readiness assessments, sample work plans and templates.

¹⁴ http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-09_Enclosure_3.pdf

Evaluation and funding approval of Technological Needs Project Proposals will be made within the context of two goals:

- Increase **Client and Family Empowerment** and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings.
- **Modernize and Transform** clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

Client and Family Empowerment

Technology solutions have the potential to significantly improve quality of care and health outcomes. This can be accomplished by providing accurate and current information about a client's mental health history to the service provider, the client and his/her family when appropriate. Complete and accurate health information is crucial in reducing medical errors, improving care coordination and increasing client and family mental health literacy. Improved access to information has the potential to improve communication between clients and service providers, resulting in more meaningful client participation in the healthcare process. Having access to such information in a language they understand is empowering, enabling clients to be informed and make sensible choices within the mental health system.

As reported by the National Committee on Vital and Health Statistics, the potential benefits of client accessible health information systems can be applied to behavioral health and include:

- Support wellness activities
- Improve understanding of health issues
- Increase sense of control over health and well being
- Increase control over access to personal health information
- Support timely, appropriate preventive services
- Support healthcare decisions and responsibility for care
- Strengthen communication with providers
- Verify accuracy of information in provider records
- Support home monitoring for chronic diseases
- Support understanding and appropriate use of medications
- Support continuity of care across time and providers
- Manage insurance benefits and claims
- Avoid duplicate tests
- Reduce adverse drug interactions and allergic reactions
- Support convenient online appointment scheduling and prescription refills
- Increase access to providers via e-visits

A successful system of service delivery and coordination of care allows for client and family input and communication with their service provider in a culturally and linguistically competent manner. As evidenced throughout the stakeholder discussion process, clients and families have shown overwhelming support for expenditures in computer resources to

improve communication. The basis of the relationship between service providers and clients and family is the delivery of high quality care with the utmost respect for client self-reliance and culturally and linguistically competent care. This can only be achieved with the knowledge that information is secure and confidential. The use of uniform policies and procedures to ensure that technology supports the client's privacy and security is essential. Technology can be used to securely provide clients with the ability to view and enter comments or data in their records and the ability to share their journeys with a family member, friend and service provider as designated by the client.

Modernize and Transform Information Systems

Information is an essential tool for decision-making at all levels of the public mental health system (e.g. national, state, county, local, family and client). It is employed by service providers to provide appropriate, quality, and evidence-based care; by staff in utilizing resources in the most efficient manner; and by management in developing better methods of providing culturally and linguistically competent services. In a context of increased need, diverse ethnic and linguistic access need, increased geographical locations where care is provided, and changes in mental health treatment and recovery methodology, information is becoming even more important. Mental health information systems should exist to enable a collaborative decision-making process with service providers, clients and families in all aspects of the mental health system. Information systems are an essential planning tool; they can provide reliable and consistent information about mental health services and clients' needs that are essential for improved client treatment and recovery. These systems can be tools to assist service providers with recording and monitoring the client needs. They can provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery. In addition, to the extent possible, information systems should have the ability to provide information in the preferred language of the client and family member with support tools available. (pp. 2-3)

II. Capital Facilities and Technological Needs: Planned Projects and Activities

Capital Facilities and Technological Needs (CF-TN) projects and activities planned by counties are the focus of this section. The section opens with a description of our methodology – including the data source accessed in order to determine the projects and activities. The chapter closes with a summary of CF-TN projects and activities planned.

a. Methodology

In this section, the following topics are discussed:

- Data Source
 - CF-TN plan and project proposals
- Data Limitations
- Fiscal Years
- Criteria for Inclusion in the Brief

1. Data Source

For the purpose of this report, the UCLA team faced an immediate need to systematically categorize planned CF-TN projects across counties/municipalities in order to provide a basic description of proposed infrastructure and technological upgrades designed to support and strengthen the public mental health system. With the primary goal in mind of developing a standardized system of describing planned CF-TN projects, the CF-TN Plan and attendant Project Proposals (when available) served as the basis for the initial review and summary conducted by UCLA. The 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 projects were present or absent in the CF-TN Plan and/or accompanying Project Proposal(s). The rating of “present” or “absent” avoided any judgment about quality, adequacy, etc., as such judgments are inappropriate absent onsite observation.

Capital Facilities-Technological Needs Plan

The Proposed Guidelines for Completing the Capital Facilities and Technological Needs Component Proposal of the County's Three-Year Program and Expenditure Plan organizes funds for Capital Facilities together with those for Technological Needs.¹⁵ Exhibit 3 of the CF-TN Plan (when completed) provided counties with an opportunity to list out their Capital Facilities needs. Exhibit 4 provided the same opportunity for Technological Needs. Counties were provided with the option of determining needs at a later date.

¹⁵ Capital Facilities and Technological Needs Proposed Guidelines for the County's Three-Year Program and Expenditure Plan http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_1.pdf

Project Proposal(s)

The Project Proposal provides a means for counties to detail their plans for addressing identified needs. Each Project Proposal template contains specific questions relevant to either Capital Facilities or Technological Needs projects, and, when complete, provides the basis for a comprehensive, detailed project plan.

Data Limitations

One limitation bears mention, however – the expenditure breakout for Technological Needs (discussed in the next chapter under Revenue and Expenditure Reports) bears no relation to the type of project. Rather, the expenditure breakout is generic:

- Personnel
- Hardware
- Software
- Contract Services
- Other

Expenditure breakouts for Capital Facilities, on the other hand, correspond neatly to the types of projects requested in the plan and project proposal template. The result is that expenditures for planned project by type are included in this report for Capital Facilities only. A corresponding table cannot be produced for Technological Needs due to the generic nature of expenditure tracking, and challenges tracking specific worksheets back to specific, discrete projects.

1. Fiscal Years

A fiscal year (FY) is the period of time the State of California uses for accounting purposes. It runs from July 1 to June 30. The period selected for analysis were FY 07-08 through FY 09-10, based on available data from CF-TN plans and project proposals.

2. Criteria for Inclusion in CF-TN Project/Activity 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 CF or TN component plan (approved by the California Department of Mental Health prior to implementation).¹⁶

As of April 2012 (the date DMH provided CF-TN plans to UCLA), a total of 45 counties submitted a plan for CF-TN that was subsequently approved. Therefore, the total N for the purpose of this chapter is 45.

b. Planned Capital Facilities and Technological Needs Projects

The types of projects planned are described in the following sections.

¹⁶ Availability of an approved plan as of April 2012, the date upon which UCLA received component plans from DMH.

Although subsequent annual updates were reviewed, the primary purpose was in order to determine if projects proposed in the initial plan had been dropped, or new projects added. The level of detail in the annual updates is insufficient to support the level of summary reporting in this section.

1. Capital Facilities Projects

The type(s) of facilities proposed by counties is displayed in Table II.1.

Table II.1.
Number of Counties/Municipalities and Planned CF Projects
(FY 07-08 to FY 09-10)
(N=45)

Capital Facilities	Planned Activities	
	N of Facilities*	% of Counties
One Stop Centers	13	28.9%
Crisis Residential	6	13.3%
School-Based Resource Center	2	4.4%
Co-Occurring Disorders Facility	2	4.4%
Outpatient Services	16	35.6%
Other	2	4.4%
Unknown/TBD	10	22.2%

*Counties could propose more than one type of facility

Facilities designed for outpatient services and one-stop multi-use centers were among the most popular proposed by counties as a means of transforming the public mental health system.

Table II.2 displays the manner in which counties sought to implement new facilities, or enhance existing facilities. Options included:

- Building and/or land acquisition
- Construction
- Renovation
- Repair
- Other

Table II.2.
Number of Counties/Municipalities and Planned CF Projects
(FY 07-08 to FY 09-10)
(N=45)*

Capital Facilities	Planned Activities	
	N of Counties	% of Counties
Building/Land Acquisition	6	13.3%
Construction	15	33.3%
Renovation	8	17.8%
Repair/Replacement Reserve	23	51.1%
Other (e.g., Admin.)	1	2.2%
Unknown/TBD	2	4.4%

*Counties could propose more than one type of facility/method

Repair of existing county facilities and construction of new facilities were among the most popular proposed by counties as a means of supporting aging infrastructure. None of the counties proposed other means – the one county proposing activities under “other” proposed reimbursement of county administrative costs related to the capital facilities project.

2. Technological Needs Projects

The TN Plan separated out technology projects into three general categories:

- Electronic Health Records
- Family Empowerment
- Other

The type(s) of technology projects (under the over-arching framework) proposed by counties is displayed in Table II.3.

Table II.3.
Number of Counties/Municipalities and Planned TN Projects
(FY 07-08 to FY 09-10)
(N=45)*

Technological Needs	Planned Activities	
	N of Counties	% of Counties
Electronic Health Record (E.H.R.)	40	88.9%
Family Empowerment	36	80.0%
Other	35	77.8%
Total	40	88.9%

**Counties could propose projects in all three areas*

Electronic Health Record projects were proposed by the majority of counties that submitted a TN plan. Among the 45, five counties indicated that a Technological Needs plan would be submitted at a later date, following a more extensive planning period.

Table II.4 illustrates the types of Electronic Health Records (E.H.R.) projects proposed by counties. Among the 40 counties displayed in Table II.3 that proposed to implement E.H.R. projects, the types of projects proposed are shown in Table II.4. Counties could propose any number of projects under the options allowable.

Table II.4.
Number of Counties/Municipalities and Planned E.H.R. Projects
(FY 07-08 to FY 09-10)
(N=45)*

Electronic Health Record Projects	Planned Activities	
	N of Counties	% of Counties
Infrastructure, Security, Privacy	37	82.2%
Practice Management	35	77.8%
Clinical Data Management	36	80.0%
Computerized Provider Order Entry	31	68.9%
Interoperability Components	30	66.7%
Total	40	88.9%

**Counties could propose any number of E.H.R. projects*

Although most counties proposed upgrades to their electronic infrastructure to support security and privacy, the remaining Electronic Health Record project options were also selected by a majority of counties for

implementation. Therefore, the E.H.R. projects as a whole were proposed by the majority of counties as a means of implementing or enhancing public mental health system technology.

Table II.5 displays the specific Electronic Health Record platform proposed by counties, and whether the platform represents an upgrade to an existing system, or an entirely new system for the county.

Table II.5.
Number of Counties/Municipalities and Planned E.H.R. Platform
(FY 07-08 to FY 09-10)
(N=45)

Electronic Health Record Projects	Enhance/Upgrade		New		Unknown		Total	
	N of Counties	% of Counties	N of Counties	% of Counties	N of Counties	% of Counties	N of Counties	% of Counties
Anasazi	2	4.4%	2	4.4%	5	11.1%	9	20.0%
Avatar	1	2.2%	3	6.7%	5	11.1%	9	20.0%
Other	2	4.4%	1	2.2%	0	0.0%	3	6.7%
TBD (through RFP)			4	8.9%	1	2.2%	5	11.1%
Unknown	2	4.4%	3	6.7%	14	31.1%	19	42.2%
Total	7	15.6%	13	28.9%	25	55.6%	45	100.0%

All 45 counties were included in Table II.5 in order to provide a tally across all counties of proposed platforms. For the plurality of counties (n=19; 42.2%), the technology platform is unknown. Among those that clearly described the platform in either the plan or specific project proposal, counties were evenly split between the Anasazi and Avatar systems (n=9; 20%, respectively). Following review of county plans and project proposals, it was still unknown for the majority as to whether an enhancement/upgrade or a new system was proposed.

Table II.6 illustrates the types of Family Empowerment projects proposed by counties. Among the 36 counties displayed in Table II.3 that proposed to implement E.H.R. projects, the types of projects proposed are shown in Table II.6. Counties could propose any number of projects under the options allowable.

Table II.6.
Number of Counties/Municipalities and Planned Family Empowerment Projects
(FY 07-08 to FY 09-10)
(N=45)*

Client/Family Empowerment Projects	Planned Activities	
	N of Counties	% of Counties
Client/Family Access to Computing Resources	32	71.1%
Personal Health Record (PHR) System)	26	57.8%
Online Information Resource Projects	18	40.0%
Total	36	80.0%

**Counties could propose any number of Family Empowerment projects*

The majority of counties proposed supporting client and family access to computing resources as a means of bolstering family empowerment in the area of technology.

Table II.7 illustrates the types of other projects proposed by counties. Among the 35 counties displayed in Table II.3 that proposed to implement other technology projects, the types of projects proposed are shown in Table II.7. Counties could propose any number of projects under the options allowable.

Table II.7.
 Number of Counties/Municipalities and Planned “Other” Projects
 (FY 07-08 to FY 09-10)
 (N=45)*

Other Projects	Planned Activities	
	N of Counties	% of Counties
Telemedicine/ Telehealth	21	46.7%
Other Rural Access Strategies	1	2.2%
Other Underserved Access Strategies	2	4.4%
Pilot Projects for Quality Assurance Monitoring	14	31.1%
Data Warehouse/ Decision Support	2	4.4%
Imaging/Paper Conversion	26	57.8%
Other	9	20.0%
Total	35	77.8%

**Counties could propose any number of “other” projects*

The majority of counties proposed imaging and paper conversion (n=26; 57.8%), followed by telemedicine/ telehealth (n=21; 46.7%).

III. Capital Facilities and Technological Needs: Allocations, Expenditures and Projects

Allocation of Mental Health Services Act (MHSA) monies¹⁷ are the focus of this chapter.¹⁸ In simple terms, what was allotted to the counties out of Prop 63 monies to support public mental health services?

The Statewide Evaluation deliverable is defined as follows:

Updated summary report of expenditures with cost analyses based on critical questions.¹⁹

The chapter opens with a description of our methodology – including the data sources accessed in order to determine the amount allocated to counties and the amount expended by counties. The chapter closes with statewide MHSA allocations, approved amounts, and expenditures for Fiscal Years 04–05 through 09–10. The figures provided in this report are accurate as of July 2010. This report does not reflect FY 10-11 and FY 11-12, as Revenue and Expenditure Reports for these fiscal years were not available for analysis at the time of this report.

a. Methodology

In this section, the following topics are discussed:

- Data Sources
 - Component Allocations and Approved Amounts
 - Expenditures
- Data Limitations
- Fiscal Years
- Criteria for Inclusion in the Brief
- Operational Definitions (of key terms used in this section of the brief)

1. Data Sources

The data sources for obtaining component allocations/approved amounts and expenditures are described below.

¹⁷ MHSOAC (April 15, 2010). *MHSA Fiscal Definitions*. Sacramento, Author.

County Component Allocations: The amount of MHSA funds available to each county to provide MHSA services.

- County Component Allocations are considered “allocated” to counties.
- The Act requires DMH to inform counties of the amounts of MHSA funds available to them. DMH uses “County Component Allocations” as the informing mechanism.
- These are published by DMH in an Information Notice for each MHSA component.
- DMH develops a formula, in consultation with the California Mental Health Directors Association, to determine County Component Allocations.

¹⁸ California Welfare and Institutions Code Part 4.5, of 5890 and 5892.

¹⁹ 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

Component Allocations and Approved Amounts

MHSA component allocations represent funds for MHSA components set aside for each county and municipality based on the formula established in California's Welfare and Institution's Code 5892,²⁰ and the approved MHSA amount represents the sum in dollars that the county/municipality received/the amount requested by the county/municipality.

MHSA funding allocations and approved funding amounts are available in an Excel pivot table from the California Department of Mental Health.²¹ Allocations and approved funding amounts are broken out by county, component and fiscal year.

The UCLA team summarized CF-TN component allocations and approved amounts for county-based efforts documented in the Component Allocations and Approved Amount files for the purpose of this report.

²⁰ California Welfare and Institutions Code Part 4.5, of 5892:

- (a) In order to promote efficient implementation of this act, the county shall use funds distributed from the Mental Health Services Fund as follows:
 - 1) In 2005-06, 2006-07, and in 2007-08 10 percent shall be placed in a trust fund to be expended for education and training programs pursuant to Part 3.1.
 - 2) In 2005-06, 2006-07, and in 2007-08 10 percent for capital facilities and technological needs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association to implement plans developed in pursuant to Section 5847.
 - 3) Twenty percent of funds distributed to the counties pursuant to subdivision (c) of Section 5891 shall be used for prevention and early intervention programs in accordance with Part 3.6 (commencing with Section 5840) of this division.
 - 4) The expenditure for prevention and early intervention may be increased in any county in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.
 - 5) The balance of funds shall be distributed to county mental health programs for services to persons with severe mental illnesses pursuant to Part 4 (commencing with Section 5850), for the children's system of care and Part 3 (commencing with Section 5800), for the adult and older adult system of care.
 - 6) Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative programs in accordance with Sections 5830, 5847, and 5848.
- (b) In any year after 2007-08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.
- (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division.
- (d) Prior to making the allocations pursuant to subdivisions (a), (b), and (c), funds shall be reserved for the costs for the State Department of Health Care Services, the California Mental Health Planning Council, the Office of Statewide Health Planning and Development, the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to the programs set forth in this section. These costs shall not exceed 3.5 percent of the total of annual revenues received for the fund. The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services. The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division. The amount of funds available for the purposes of this subdivision in any fiscal year shall be subject to appropriation in the annual Budget Act.

²¹ http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp. To access the Excel file, click on "Component Allocations and Approved Amounts" under "County Level Information" under "Other Fiscal Information and Reports."

MHSA component allocations represent the amount of MHSA monies for each component set aside for each county and municipality; the approved MHSA amount represents the sum in dollars that the county/municipality received out of the designated fiscal year monies.

Component Expenditures

The primary data source for determining component expenditures was the Revenue and Expenditure Report (RER).²² 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 documented in the Revenue and Expenditure Reports.²³

Separate worksheets document expenditures for CF and TN. CF project worksheets are broken out as follows:

- Predevelopment
- Building/Land acquisition
- Construction
- Renovation
- Repair/Replacement reserve
- Other

Breaking out CF worksheets in this manner lends itself to tracking back to specific projects because the CF projects tend to also break out into these organizational categories (see section *I. Introduction, b. Capital Facilities and Technological Needs*).²⁴

A summary CF worksheet (summarizing expenditures across CF project worksheets) allows documentation of county personnel, operating costs, and administration.

TN worksheets are broken out as follows:

- Personnel
- Hardware
- Software
- Contract Services
- Other

Although these categories do not map neatly back to the types of TN projects documented in section *I. Introduction, b. Capital Facilities and Technological Needs*, this highlights the importance of the TN plan in which a diverse array of projects across counties were documented (see Chapter II), illustrating that the counties needed TN funds, and how use of TN funds were prioritized.

²² 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.

²³ See Appendix B for a summary of challenges encountered when creating a cross-county database across fiscal years.

²⁴ Indeed, there are distinct differences between the use of “*other*” between the CF and TN categories (use of this “default” category being much higher in the TN category – see *e. Expenditures by Project*).

A summary TN worksheet (summarizing expenditures across TN project worksheets) allows documentation of county personnel, operating costs, and administration.

b. Fiscal Years

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 years selected for analysis were FY 04-05 through FY 09-10. These years were selected as a result of available data from CF-TN Plans, Component Allocations and Approved Amounts, and Revenue and Expenditure Reports (RER). Available data and relevant fiscal years include:

- CF-TN Plans and Project Proposals: FY 07-08 through FY 10-11
 - However, CF-TN plan guidance was released in March 2008 – just four months before the end of FY 07-08. Considering planning requirements and the need for stakeholder input, only two counties submitted a CF-TN plan in FY 07-08. Among the remaining CF-TN plans received for review by the UCLA team, a plurality were submitted between February – June 2009 (FY 08-09, and the latest plan received by the UCLA team was submitted to DMH in November of 2010 (FY 10-11).
- Component Allocations and Approved Amounts: FY 04-05 through FY 09-10²⁵
 - CF-TN component allocations were first made available in FY 07-08.
- Revenue and Expenditure Reports: FY 08-09 through FY 09-10
 - As noted above, CF-TN plans were not submitted until the end of FY 07-08 (two counties), with the remainder submitted in subsequent fiscal years. Therefore, no CF-TN expenditures were documented on the RER until FY 08-09.
 - This report does not reflect FY 10-11 and FY 11-12, as Revenue and Expenditure Reports for these fiscal years were not available for analysis at the time of this report.

c. Criteria for Inclusion in CF-TN Brief

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

- Approval of CF and/or TN component plan²⁶
- Submission of FY 08-09 and/or FY 09-10 RER²⁷

Criteria – Component

The CF-TN component funded under the MHSA is the focus of this report. Reports documenting allocations, expenditures, and activities for other MHSA components may be downloaded from the MHSOAC website.²⁸

²⁵ Component allocations and approved amount data is available from FY 04-05, but CF-TN allocations and approvals did not occur prior to FY 07-08. CF-TN amounts were set aside in accordance with WIC, but no amounts were approved for distribution to counties until after the guidelines were published in FY 07-08.

²⁶ The California Department of Mental Health (DMH) approves each county plan prior to implementation.

²⁷ Expenditure data only applies to FY 06-07 through FY 09-10. Three counties did not submit Revenue and Expenditure Reports for FY 09-10 (one of these counties did not submit a CF-TN plan). See Appendix A for a list of counties summarized in each fiscal year.

²⁸ http://mhsoac.ca.gov/MHSOAC_Publications/Documents.aspx

Criteria – Submission of FY 08-09 and/or FY 09-10 Revenue and Expenditure Report

Because this brief contains breakout of expenditures within the CF-TN component that have not previously been presented, counties absent a FY 09-10 Revenue and Expenditure Report, but with FY 08-09 CF or TN expenditures were included in this brief.

1. Operational Definitions

“Expenditure” for a given fiscal year is defined as the expenditures on strategies and/or projects for CF and/or TN, determined using the most recent revision of the Revenue and Expenditure (RER) report for a given fiscal year that has been prepared by the county.

“Project” is defined as a discrete program/project under CF-TN by virtue of submission of a work plan and budget in the CF or TN plan. The work plan (and subsequent annual updates) provides a determination as to what activities were planned as part of the project.

d. Allocations and Approved Amounts

The total allocated amount for CF-TN, from FY 07-08 through FY 09-10 was \$456,417,658. ^{29, 30, 31}

e. Total Expenditures by Fiscal Year

Displayed below is the number of counties and municipalities that, through the Revenue and Expenditure Reports, documented spending money on Capital Facilities (Table III.1) and/or Technological Needs (Table III.2) during FY 08-09 and/or FY 09-10. In addition, the CF-TN amounts distributed (documented by counties on the RER) is displayed. MHSA expenditures on CF-TN by county/municipality are displayed in Appendix C.

Table III.1
Total Amount Distributed and Expended for TN by Fiscal Year
(FY 08-09 to FY 09-10)

	FY 08-09		FY 09-10		Total
	TN Amount	N of Counties	TN Amount	N of Counties	
Distributed	\$ 19,777,317.00	9	\$ 94,064,605.00	26	\$ 113,841,922.00
Expended	\$ 7,691,427.34	8	\$ 15,249,020.49	27	\$ 22,940,447.83

²⁹ One county that did not submit a FY 07-08 RER has been excluded from the FY 07-08 allocated and approved amount totals. Note that although DMH shows all 59 counties in FY 07-08 and FY 08-09 allocated and approved for CF-TN funds, this is an artifice of the timing at which the component allocation and approved amounts file was received (post-AB 100 – at the time of this report writing, all CF-TN approved amounts have been distributed). However, the analysis period for this report runs through FY 09-10, and not all CF-TN monies had been distributed at the time of initial FY 09-10 RER submission. Therefore, comparison of distributed amounts to expended and unexpended monies is more appropriate.

³⁰ http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp.

³¹ MHSA CF-TN Allocated amounts for FY 09-10 by County are displayed in Appendix B.

Table III.2

Total Amount Distributed and Expended for CF by Fiscal Year
(FY 08-09 to FY 09-10)

	FY 08-09		FY 09-10		Total
	CF Amount	N of Counties	CF Amount	N of Counties	
Distributed	\$ 67,469,246.00	14	\$ 24,430,035.00	11	\$ 91,899,281.00
Expended	\$ 3,009,714.89	8	\$ 5,006,583.92	27	\$ 8,016,298.81

The data in Tables III.1 and III.2 show that, as of FY 09-10, \$205,741,203 was distributed to counties for CF-TN, representing 44.9 percent of the allocated amount.

Table III.3

Total Amount Expended for CF-TN by Fiscal Year
(FY 08-09 to FY 09-10)³²

	CF-TN Expenditures FY 08-09			CF-TN Expenditures FY 09-10			Total
	Amount Expended	N of Counties	% of Total CF-TN Expended in FY	Amount Expended	N of Counties	% of Total CF-TN Expended in FY	
CF	\$ 3,009,714.89	8	28.1%	\$ 5,006,583.92	18	24.7%	\$ 8,016,298.81
TN	\$ 7,691,427.34	8	71.9%	\$ 15,249,020.49	27	75.3%	\$ 22,940,447.83
Total	\$ 10,701,142.23		100.0%	\$ 20,255,604.41		100.0%	\$ 30,956,746.64

As of FY 09-10, more than \$8 million was expended toward Capital Facilities and nearly \$23 million expended toward Technological Needs. Expenditures on each strategy more than doubled when compared with the cumulative total through FY 08-09.

Table III.4 displays CF-TN component expenditures and the amount of money that was available to be spent, but was not spent.³³ When FY 09-10 CF-TN unexpended monies are added to CF-TN expended monies, the total (\$198,046,647) represents 96.3 percent of CF-TN funds distributed (as of FY 09-10).

Table III.4

CF-TN Monies Expended and Unexpended
(FY 08-09 to FY 09-10)

	CF-TN Expenditures FY 08-09			CF-TN Expenditures FY 09-10		
	CF-TN Amount Expended	CF-TN Amount Unexpended	% of Total CF-TN Expended in FY	CF-TN Amount Expended	CF-TN Amount Unexpended	% of Total CF-TN Expended in FY
CF/TN	\$ 10,701,142.23	\$ 21,914,870.36	32.8%	\$ 20,255,604.41	\$ 167,089,901.03	10.8%

The imbalance in the proportion of CF-TN monies unexpended to expended (with far more monies on the unexpended side) is not unexpected because counties and municipalities are allowed to expend funds over a ten-year period, rather than the three-year period required for Community Services and Supports and

³² See Appendix A for a list of counties that submitted a Revenue and Expenditure Report in each of the Fiscal Years reported.

³³ Note that the data source used for this brief was the Revenue and Expenditure Reports submitted by counties and municipalities for FY 06-07, 07-08, 08-09 and 09-10.

Prevention and Early Intervention.³⁴ Capital Facilities-Technological Needs were only in the second of ten years in FY 09-10.

f. Expenditures by Projects and Activities

The specific CF and TN projects tracked in the Revenue and Expenditure Report were described under *a. Methodology, 2. Data Sources*. Expenditures for CF and TN projects are presented in the following sections.

1. Capital Facilities

Table III.5 illustrates the type of CF expenditures by type of project.³⁵

Table III.5
CF Expenditures by Type of Project
(FY 08-09 to FY 09-10)
(N=46)*

Capital Facilities	Planned Activities		Expended Funds FY 08-09/09-10		
	N of Counties	% of Counties	N of Counties	% of Counties	Amount
Predevelopment			11	23.9%	\$ 779,213
Building/Land Acquisition	6	13.0%	2	4.3%	\$ 1,170,657
Construction	15	32.6%	3	6.5%	\$ 1,997,009
Renovation	8	17.4%	7	15.2%	\$ 2,119,021
Repair/Replacement Reserve	23	50.0%	0	0.0%	\$ -
Other (e.g., Admin.)	1	2.2%	9	19.6%	\$ 1,950,399
Unknown/TBD	2	4.3%	0	0.0%	\$ -
Total			18	39.1%	\$ 8,016,299

*Counties could report expenditures in more than one line item

Expenditure data on capital facilities projects to date illustrate that a plurality of the counties are still in the early phases on implementation, given that funds were spent on predevelopment efforts (n=11; 23.9%), followed by support of administrative oversight (n=9; 19.6%). Only a minority expended funds on “shovel ready” projects.

2. Technological Needs

Table III.6 illustrates the type of TN expenditures by RER line item (recall that there is no match between the RER line items and the types of projects requested in the TN plan).³⁶

³⁴ p. 5, http://www.dmh.ca.gov/DMHDocs/docs/notices09/09-22_Enclosure1.docx

³⁵ Note that the total N for the purpose of discussing expenditures is 46 because one additional county reported CF expenditures in the absence of a CF-TN plan provided to UCLA. We assume that this is an anomaly, and that Tulare County has an approved CF-TN plan, and that the failure to include it in the batch of CF-TN plans provided to UCLA was an accidental oversight by DMH.

³⁶ Note that the total N remains 45 to reflect the number of CF-TN plans submitted. Tulare County did not report TN expenditures and, as stated previously, DMH did not provide UCLA with Tulare County’s CF-TN plan.

Table III.6
 TN Expenditures by RER Line Item
 (FY 08-09 to FY 09-10)
 (N=45)*

Technological Needs	Expended Funds FY 08-09/09-10		
	N of Counties	% of Counties	Amount
Personnel	18	40.0%	\$ 5,965,982
Hardware	15	33.3%	\$ 3,843,497
Software	14	31.1%	\$ 2,801,348
Contract Services	18	40.0%	\$ 5,950,384
Other (e.g., Admin.)	20	44.4%	\$ 4,379,238
Total	27	60.0%	\$ 22,940,448

**Counties could report expenditures in more than one line item*

g. Contextual Factors – Impact on CF-TN Expenditures

The amount expended on CF-TN varies substantially across counties. This section provides information on possible factors related to service populations and characteristics of the counties themselves that may contribute to differences between county component expenditures. Table III.7 displays information about possible county characteristics that may contribute to differences between the component expenditures. These county-level factors were subsequently analyzed using multivariate statistics in order to determine the relationship to the component expenditures in each county. Hence, the purpose was comparison of county-level variables (not individual-level variables).

Table III.7.
 Description of County-Level Variables ³⁷

<i>Number of Counties</i>	The number of counties for which we have CF-TN component expenditure data in FY 09-10.
Penetration Rate	The penetration rate is a ratio estimate of the prevalence of serious mental illness/serious emotional disturbance in California (developed by Dr. Charles Holzer from the University of Texas). These estimates represent "targets."
Population Density	Population density was created for each county using county population and square miles of the county.
Percent Insured	Percent of county population with health insurance.
Poverty Level	2009 Poverty and Median Income Estimates – Counties; Source: U.S. Census Bureau, Small Area Estimates Branch
Unemployment Rate	The California Employment Development Department (CA EDD) defines "Unemployment Rate" as the number of unemployed divided by the labor force then multiplied by 100.
Rate of Foreclosures	Rate of foreclosures in the county.

A series of multivariate analyses were conducted in order to determine the relationship between average expenditure by age group and county factors. Analyses completed included:

- Regression
- General Linear Model
- ANOVA
- MANCOVA

³⁷ Variables representing county characteristics stem from calendar year 2009 (archival data).

None of the multivariate models yielded meaningful results,³⁸ resulting in return to examining the correlational matrices produced during the process of conducting multivariate analyses.³⁹ The results are displayed in Table III.8. Table III.8 provides information on possible characteristics of the counties themselves that may contribute to differences among the component expenditures. Table III.8 displays mathematical correlations between select characteristics of the county environment⁴⁰ (penetration rate,⁴¹ population density,⁴² percent of county population with health insurance,⁴³ county unemployment rate,⁴⁴ poverty rate,⁴⁵ and foreclosure rate).⁴⁶ FY 09-10 RER data was analyzed because 27 counties expended CF-TN funds (compared to eight in FY 08-09).

³⁸ Initially, a series of multivariate analyses were run to determine each variable's contribution to component expenditures. However, the following issues resulted in reliance on correlational analyses instead:

- The n's are problematic (Innovation in particular has only 28 counties showing expenditures in FY 09-10) and there are 15 variables in the multivariate model. Unfortunately, this results in too few degrees of freedom to produce a stable estimate.
- There is a great deal of collinearity among independent variables (expenditures by component), further adding to instability in the regression models.
- Some measures are highly skewed. Although we addressed this problem through transformation using the winsor process, highly skewed variables add to instability in multivariate models.

³⁹ Logarithmic Transformation was applied in order to deal with component expenditure outliers for the correlational analyses. When a dataset shows outliers, a logarithmic transformation can help prevent a skew in the data. The logarithmic function will hug together the larger values in the dataset and stretch out the smaller values. Using the logarithm of the variable values instead of the raw values will therefore create a distribution closer to the normal curve.

⁴⁰ Variables representing county characteristics all represent the calendar year 2009 (archival data).

⁴¹ The penetration rate is defined as the prevalence of mental illness among different age groups and ethnic populations of poverty households in each county as estimated through a study conducted by Dr. Charles Holzer, Ph.D., in 2000. UCLA updated the penetration rate for each county to reflect the relevant year and applicable census data, per the following notation from DMH:

When considering these penetration rates, it is important to remember that they are based on census data combined with estimates that were calculated by applying prediction weights. Due to the way census data is updated, the data in the tables should be viewed as "best available" and should be checked and verified at the local level where numbers do not appear to represent actual local population data.

http://www.dmh.ca.gov/Statistics_and_Data_Analysis/RetentionPenetrationData.asp

Please refer to the following report for further information about the penetration rate and its use: *Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators; Contract Deliverable 2F, Phase II*

http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf

See pages 42 – 45.

⁴² Population density, as represented in Table III.5, was created for each county using county population and square miles of the county. The population of each county was taken from the following archival dataset:

<http://www.census.gov/popest/research/eval-estimates/eval-est2010.html>

Population Estimates, 2010, U.S. Census Bureau, Population Division. The square miles of each county was taken from the following archival dataset: <http://quickfacts.census.gov/qfd/states/06000.html> U.S. Census Bureau State and County Quick Facts.

⁴³ Health Insurance rates for 2003, 2005, 2007, and 2009 were taken from the California Health Interview Survey:

<http://www.chis.ucla.edu/>

⁴⁴ *Unemployment* - California Unemployment Rate (Average – Not Seasonally Adjusted): <http://www.labormarketinfo.edd.ca.gov/?pageid=164>

The California Employment Development Department (CA EDD) defines "*Unemployment Rate*" as the number of unemployed divided by the labor force then multiplied by 100 (<http://www.labormarketinfo.edd.ca.gov/?pageid=1006>). For sake of consistency in data presentation, EMT calculated unemployment rates using the same method as CA EDD.

⁴⁵ <http://www.census.gov/did/www/saipe/county.html> Table 1: 2007 Poverty and Median Income Estimates - Counties

Source: U.S. Census Bureau, Small Area Estimates Branch Release date: 12.2008

⁴⁶ The foreclosure rate is defined as the number of foreclosed properties as a percent of households. HousingLink (2007). *Fixing the foreclosure system: The trouble with foreclosure data*. Retrieved August 23, 2011, from

http://www.minneapolisfed.org/news_events/events/community/100407/foreclosedata_obrien.pdf

California Number of Foreclosures (Annual) was obtained from Realty Trac, and then foreclosure rates calculated using the methodology described above.

Table III.8
Correlations (Pearson's) of Participant and County Characteristics to CF-TN Expenditures
FY 09-10

	CF Expenditures	TN Expenditures
<i>Number of Counties</i>	18	27
Penetration Rate	-0.099	-0.226
Population Density	-0.632*	-0.213
Percent Insured	-0.039	-0.245
Poverty Rate	0.273	-0.034
Unemployment Rate	0.162	-0.030
Rate of Foreclosures	0.201	0.327

***Bold:** Correlation is significant at the .05 level (2-tailed test)*

***Bold and asterisk*:** Correlation is significant at the .01 level (2-tailed test)*

The correlations displayed in Table III.8 reveals one interesting pattern:

- Population Density: The significant correlation for capital facilities suggests that more densely populated counties may bring economies of scale to bear (higher density related to lower CF expenditures).

In order to examine select characteristics of individuals receiving public mental health services (gender and race/ethnicity, as documented in the CSI),⁴⁷ additional correlational analyses were conducted. An explanation of the variables used in analysis is provided below, in Table III.9 and the results are displayed in Table III.10

Table III.9.
Description of CSI-Level Variables

Gender	The proportion of Caucasians (by age group) in each county.
Race	The proportion of individuals (by age group) in each county that are Male.

Table III.10.
Correlations (Spearman's Rank Order) of Public Mental Health System Participant Characteristics to Component Expenditures

	CF Expenditures	TN Expenditures
<i>Number of Counties</i>	18	27
CYF Gender	-.272	-.054
TAY Gender	.055	.084
Adult Gender	.173	.165
Older Adult Gender	.400	-.078
CYF Race	-.498	-.433
TAY Race	-.440	-.453
Adult Race	-.528	-.464
Older Adult Race	-.530	-.445

***Bold:** Correlation is significant at the .05 level (2-tailed test)*

***Bold and asterisk*:** Correlation is significant at the .01 level (2-tailed test)*

⁴⁷ In order to create a county-level variable, the percentage of the CSI population in each county that is Caucasian was calculated. Individual-level data could not be entered into the model analyzing county-level data. For gender, the percentage of the CSI population that was male was calculated.

-
- Race/Ethnicity: Serving more people of color is correlated with expending greater amounts on CF and TN. Conversely, serving more Caucasians, regardless of the age group, results in lower county expenditures. This pattern also held true for the WET, PEI, and Innovation components (see the companion briefs in the 2013 series). This pattern suggests that providing services to underserved and unserved populations carries additional infrastructure cost and technology costs. Given the intent of the Mental Health Services Act to better serve these populations through improving access to technology and moving to the least-restrictive service setting,⁴⁸ this finding supports the premise that expanding to reach new populations carries additional costs.
 - The consistency of this finding across component and age groups suggests that exploration of participant demographics at the time of baseline (e.g., FY 04-05 and FY 05-06) is a worthy endeavor, in order to determine if a racial/ethnic shift has occurred. When this finding is taken into context with demographic findings from the report, *Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators; Contract Deliverable 2F, Phase II*⁴⁹ one hypothesis meriting further exploration is whether expansion to serve previously underserved and unserved populations carries additional cost considerations. If demographics of individuals served by the public mental health system are markedly different in years 04-05/05-06, the analysis will reveal that MHSA has been successful in shifting resources to counties in order to reach previously underserved and unserved populations. Therefore, increased expenditures associated with serving new populations is expected.
 - Gender: Gender is largely unrelated to CF-TN expenditures.

⁴⁸ Per the Mental Health Services Act, Section 5847, Integrated Plans for Prevention, Innovation and System of Care Services, (b) (5)...All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting.

⁴⁹ http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf

Appendix A

Revenue & Expenditure Reports

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

CF-TN Allocations by County

FY 09-10

Because the majority of CF-TN allocations were made in FY 07-08 and FY 08-09, only three counties were allocated CF-TN monies in FY 09-10:

- Mono - \$100,000
- Sacramento - \$875,000
- San Luis Obispo - \$294,950

Appendix C

CF-TN Expenditures by County

FY 09-10

County	CF/TN	
	Capital Facilities	Technological Needs
Alameda	\$ -	\$ -
Alpine	\$ -	\$ -
Amador	\$ -	\$ -
Berkeley City	\$ -	\$ -
Butte	\$ -	\$ 522,034.42
Calaveras	\$ -	\$ 148,970.60
Colusa	\$ -	\$ 45,523.00
Contra Costa	\$ 81,793.00	\$ -
Del Norte*		
El Dorado	\$ -	\$ -
Fresno	\$ 213,953.35	\$ 1,099,962.52
Glenn	\$ 900.00	\$ 384,525.73
Humboldt	\$ -	\$ 3,353.00
Imperial	\$ -	\$ -
Inyo	\$ 4.00	\$ -
Kern	\$ -	\$ 459,254.12
Kings	\$ -	\$ -
Lake	\$ -	\$ 19,580.88
Lassen	\$ -	\$ -
Los Angeles	\$ 1,668,407.23	\$ 63,927.00
Madera	\$ -	\$ -
Marin	\$ -	\$ 18,145.50
Mariposa	\$ 199,105.00	\$ 2,702.58
Mendocino	\$ -	\$ -
Merced	\$ 914,313.00	\$ 308,672.00
Modoc	\$ -	\$ -
Mono	\$ 146,806.93	\$ 89,249.84
Monterey	\$ 198,015.75	\$ 1,006,553.70
Napa	\$ 1,650.00	\$ -
Nevada	\$ -	\$ 208,321.07
Orange	\$ 385,900.54	\$ 1,295,772.51
Placer	\$ -	\$ -
Plumas	\$ -	\$ -
Riverside	\$ 152,026.91	\$ 913,921.27
Sacramento	\$ -	\$ 916,199.50
San Benito	\$ -	\$ -
San Bernardino	\$ 5,398.00	\$ 617,223.26
San Diego	\$ -	\$ 2,260,093.00
San Francisco	\$ 556,915.46	\$ -
San Joaquin	\$ -	\$ -
San Luis Obispo	\$ -	\$ 474,179.00
San Mateo	\$ -	\$ 2,955,662.00

County	CF/TN	
	Capital Facilities	Technological Needs
Santa Barbara	\$ -	\$ 87,642.00
Santa Clara	\$ -	\$ 116,024.00
Santa Cruz	\$ -	\$ -
Shasta	\$ -	\$ -
Sierra	\$ 7,590.00	\$ -
Siskiyou*		
Solano	\$ -	\$ 237,878.00
Sonoma*		
Stanislaus	\$ -	\$ -
Sutter-Yuba	\$ -	\$ -
Tehama	\$ -	\$ -
Tri-Cities	\$ -	\$ -
Trinity	\$ 377,895.00	\$ 338,497.00
Tulare	\$ 50,887.75	\$ -
Tuolumne	\$ 45,022.00	\$ -
Ventura	\$ -	\$ 655,153.00
Yolo	\$ -	\$ -
Total	\$5,006,583.92	\$15,249,020.49
<i>*No RER Submitted</i>		