

Financial Oversight Committee

October 23, 2013

Presentation on Use of MHSA Administrative Funds by the Administrative Office of the Courts (Judicial Branch)

Contact Information: Nancy Taylor, Manager, Center for Families Children and the Courts

Requested Link to Additional Information: <http://www.courts.ca.gov/16631.htm>
(Mental Health Issues Implementation Task Force and Related Information)

Overview:

Total annual amount received (current year): \$1.049 million.

- \$357,786: Adult Mental Health Program which includes: 3 positions- Senior Court Services Analyst (lead staff- adult projects), Senior Research Analyst (lead researcher- adult projects), Staff Analyst
- \$624,994: Juvenile Mental Health Program includes: 4 positions- Senior Court Services Analyst (lead staff- juvenile projects), Senior Research Analyst (lead researcher- juvenile projects), Education Specialist, Court Services Analyst
- \$66,220: Statewide General Administrative Costs Assessments (ProRata)- determined by the Department of Finance.
- Program funds are used for materials, meetings, travel, and faculty for the following projects: to support a task force of judges and court executives that, along with justice system and treatment partners, provides policy and case processing recommendations to the California Judicial Council, the policymaking body for the California courts; to provide educational programs for judges, court staff, justice system and treatment partners, and court users and their families regarding mental health issues and the court system; to prepare and distribute educational materials; and to engage in research projects that assist local courts in identifying effective practices to improve outcomes, reduce costs, and reduce recidivism.

Activity Report:

Technical Assistance Services:

- Provide assistance to courts seeking funding for mental health projects through federal or other public funding sources as well as through private grants; assist in placement of legal and social service graduate student interns; and assist in identifying and implementing cost effective case processing to improve outcomes.
 1. Project provides assistance to 34 adult and 10 juvenile mental health courts in CA as well as other trial courts without specialized mental health courts, including cases in general calendars in family and juvenile, probate, and criminal law, veterans courts, elder courts, drug and co-

occurring disorder courts, reentry courts, youth courts, juvenile drug courts, and homeless courts.

2. Many of these case types have been identified as having caseloads in which an estimated 40-60% of the cases involve mental health issues. The caseload for adult and juvenile mental health courts is approximately 4400 cases per year statewide.
- Staff and maintain a listserve for California mental health court judges; and respond to inquiries from the public (approximately 2-4 per week) seeking information about courts involved with the program, especially mental health court, homeless court, and veteran court services.

Task Force Support:

- Staff Mental Health Issues Implementation Task Force and its subcommittees: Education, Court Responses/Best Practices, and Legislative subcommittees.
- Task Force is charged by the Judicial Council with implementing recommendations from the Task Force for Criminal Justice Collaboration on Mental Health Issues (TFCJCMHI), with particular focus on recommendations within Judicial Council purview.
 1. 137 recommendations were submitted by the TFCJCMHI, of which 60 were identified as within Judicial Council purview. Task Force members and staff have also conferred with justice system partners to address the recommendations outside Judicial Council purview.
- Task Force work products include:
 1. Rules of Court adopted by the Judicial Council (2 adopted in 2013; effective January 1, 2014.)
 2. Legislative proposals for Judicial Council sponsorship in 2014; moving on for Judicial Council sponsorship approval in December 2013.
 3. Identified and disseminated best practices and job aids for judges, judicial faculty and court staff including power point presentations, bench cards, teaching scripts, bench scripts, and on-line learning site.

Research:

- Mental Health Court Evaluation Project.
- Roster of Mental Health Courts.
- Collaborative Justice Courts Survey, in partnership with National Center for State Courts and National Drug Court Institute.
- Judges Guide to Mental Health Jargon and Judges Guide to Juvenile Mental Health Jargon (approximately 500 distributed) at the following programs:
 - Rural Courts/Cow County Institute
 - Probate and Mental Health Institute
 - Judicial College
 - 2013 Beyond the Bench Juvenile and Family Law Conference
- Judges' Bench Card: Judges Guide to Mental Health Issues in the Courtroom, to be distributed at 2013 Beyond the Bench (Dec, 2013).

- Briefing papers (11) on mental health and court related topics, including adult and juvenile collaborative court models, mental health assessment and treatment in juvenile justice, human trafficking, mental health assessment and treatment for children in foster care, and addressing mental health needs of mentally ill offenders.
- Elder Abuse Pocket Reference: A Medical/Legal Resource for CA Judicial Officers: Co-authored and distributed 450 copies to advisory committees, judicial officers at criminal law, probate/mental health courses.
- Trafficking Tool Kit for Judges

Education:

- Provide on-going mental health and related education for adult criminal, family, juvenile, and probate judges; court staff; and mental health/treatment and justice system partners.
- Mental Health Curricula and Courses have been implemented in Judicial and multi-disciplinary education programs for the court system in the following programs (approximately 1400 participants):
 - Judicial College and judicial education programs, including the Rural Courts Institute, Family Law Institute, and Criminal Law Institutes
 - Multidisciplinary programs for judges, justice System/treatment Partners, court staff, and court users, including the Youth Court Summit, cosponsored with the California Association of Youth Courts, Beyond the Bench Family and Juvenile Law Conference, the Trauma Informed Care Symposium, cosponsored with the California Association of Drug Court Professionals, and Veterans Treatment Courts/PC 1170.9 Webinars, cosponsored with the State Bar.

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**Mental Health Services Act (MHSA)
Workforce Education and Training (WET):
MHSA Administrative Funds**

**Mental Health Services
Oversight and Accountability Commission
May 15, 2014**

**Office of Statewide Health Planning
and Development**



A word cloud graphic on the right side of the slide. The most prominent words are 'HPEF', 'GRANTS', 'HWDD', 'clearinghouse', 'outreach', 'newsletters', 'providers', 'training and placement', 'pathways', 'resources', 'tools', 'GIS data', 'Mini-Grants', 'Song Brown', 'rural health services', 'students', 'physician', 'loan repayment', 'university support', 'rural health services', 'clearinghouse', 'outreach', 'newsletters', 'providers', 'training and placement', 'pathways', 'resources', 'tools', 'GIS data', 'Mini-Grants', 'Song Brown', 'rural health services', 'students', 'physician', 'loan repayment', 'university support'.

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Agenda

- MHSA Administrative Funds
 - History
 - Current Funding Level
- Number of current MHSA Administrative-funded positions with descriptions of responsibilities
 - Mental Health Loan Assumption Program (MHLAP)
 - WET Program
 - Shortage Designation Program
- Other activities with MHSA Administrative funds
 - \$196,000 one-time appropriation
 - \$2 million on-going appropriation
 - Proposal via Spring Finance Letter
- Contact Information

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MHSAs Admin Funds to Date

Office of Statewide Health Planning and Development's (OSHPD) Mental Health Services Act (MHSAs) Administrative Funding History and Current Level

	2008-09	2009-10	2010-11	2011-12	2012-13 ^{1/1/12}	2013-14 ^{2/}	2014-15 ^{3/}
Mental Health Loan Assumption Program (MHLAP) Admin	220,205	381,563	510,716	466,315	587,067	673,000	673,000
Pro Rata (Allocated by Dept of Finance to Special Funds)	0	0	31,252	235,856	44,844	365,000	619,000
Shortage Designation Admin	55,417	78,921	106,522	113,814	130,350	135,000	135,000
Workforce Education and Training Admin	0	0	0	0	103,000	112,000	442,000
Evaluation Contract	0	0	0	0	0	196,000	0
Peer Employment	0	0	0	0	0	2,000,000	2,000,000
Total	275,622	460,484	648,490	815,985	865,261	3,481,000	3,869,000
MHLAP Personnel Years ^{5/}	1.2	2.7	3.3	3.2	4.1	6.0	6.0
MH Shortage Designation ^{6/}	0.5	1.0	1.0	0.8	1.0	1.0	1.0
WET Personnel Years ^{7/}	N/A	N/A	N/A	N/A	N/A	1.0	4.0
Total Personnel Years ^{5/}	1.7	3.7	4.3	4.0	6.1	8.0	11.0

^{1/} 2.0 MHLAP positions were added in 2012-13 with an effective date of 10/1/12
^{2/} In July 2012, following the reorganization of DMH, all other MHSAs WET programs were transferred to OSHPD. WET resource history information is unavailable prior to FY 2012-13.
^{3/} In 2013-14, OSHPD received a one-time appropriation of 196,000 to develop the WET New Five Year Plan and \$2 million annually for Mental Health Peer Support Training
^{4/} In 2014-15, OSHPD is requesting 3.0 positions and \$330,000 through a Spring Finance Letter to support the new Five-Year Plan. The Spring Finance Letter is being reviewed by both Legislative Budget Subcommittees
^{5/} Personnel Years includes filled positions from 2008-09 through 2012-13. Authorized positions are identified in 2013-14 and 2014-15.

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- ### Number and Description of MHSAs Admin Funded PYs
- Mental Health Loan Assumption Program**
- 6.0 PYs to administer program
 - General Responsibilities
 - develops, administers, implements, and evaluates program
 - ensures program operations are in accordance with regulations/statute
 - oversees application intake procedures to CalREACH
 - conducts meetings with Selection Committee to determine eligibility
 - drafts, reviews, approves and monitors contractual agreements
 - serves as liaison to Foundation's awardees, applicants, general public, and facilities
 - drafts program reports and outcomes; prepares statistical and written reports
 - plans, directs, and oversees marketing and outreach activities
 - develops and implements standardized monitoring tools and evaluation procedures
 - coordinates budgetary updates including administrative adjustments, mid-year projections and budget change proposals
 - MHLAP increases and retains mental health professionals working or volunteering in the hardest to fill and retain positions within the Public Mental Health System
 - For FY 2013-14 2,124 applications were received and 1,320 applicants totaling \$10,678,149 were awarded



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Number and Description of MHSAdmin Funded PYs

Workforce Education and Training Program

- 1.0 PY to administer WET program
- General Responsibilities
 - Subject matter expert regarding MHSAdmin WET Program
 - Monitors and reviews current and future five-year plans
 - Serves as liaison and provides technical assistance to contractors, counties, stakeholders and advisory committee members, public mental health agencies, and service providers
 - Develops and monitors statewide contracting program activities
 - Evaluate and documents outcomes

Shortage Designation Program

- 1.0 PY to administer mental health professional shortage area designations
- General Responsibilities
 - Processes Mental Health Professional Shortage Area (MHPSA) applications
 - 2009 through end of 2013, 138 MHPSA applications received
 - Provides technical assistance to county mental health officials, community clinics, and clinicians regarding the process of applying for MHPSA designations
 - 2009 through end of 2013, over 1,200 instances of technical assistance provided
 - Collaborates with county officials and communities to apply for MHPSA designations on their behalf
 - As of December 2013, there are 153 MHPSA's in California covering 5,967,314 Californians



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Other MHSAdmin Fund Activities

Evaluation Contract: \$196,000 (FY 2013-14 Budget)

- One-Time Appropriation
- OSHPD contracted for assistance in conducting a statewide assessment of the workforce, education and training needs of California's public mental health system.
- Deliverables included:
 - Analysis of current statewide WET administered programs
 - An analysis of county-reported WET needs assessment
 - An analysis of feedback received during OSHPD-led stakeholder engagement
 - An analysis of workforce supply and demand including estimates of long-term workforce needs
 - A literature review of information currently available on public mental health workforce shortages and corresponding educational and training capacity
- The findings from the needs assessment had a large impact in evaluating existing statewide WET strategies and assessing future WET statewide priorities which OSHPD then used in the development of the WET Five-Year Plan

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Other MHSA Admin Funded Activities

Peer Employment: \$2 million (FY 2013-14 Budget)

- On-going Appropriation
- For training in crisis management, suicide prevention, recovery planning, targeted case management assistance, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members
- Purpose of RFP:
 - Develop and document career pathways for positions employing Peer Personnel
 - Establish/Expand an educational or training program
 - Increase the total number of Peer Personnel employed in the Public Mental Health System by recruiting and retaining Peer Personnel in identified entry-level positions
- In April 2014, OSHPD awarded 4 contracts totaling \$1,893,141

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Other MHSA Admin Funded Activities

Additional Staffing: \$330,000 in FY 2014-15; \$306,000 through FY 2017-18; \$296,000 in FY 2018-19

- Proposed via Spring Finance Letter
- Requests additional Mental Health Services Fund expenditure authority to fund three five-year limited-term positions
 - Positions (one Health Program Specialist I, Staff Services Analyst, Office Technician, respectively)
 - Responsibilities (5 of 7 programs are new or substantially different)
 - Amend existing WET regulations
 - Gather feedback, develop Request for Proposals, monitor contracts for compliance
 - Plan, develop, implement and evaluate new programs and initiatives
 - Recruitment and Retention, Consumer and Family Member Employment and Evaluation
 - Development, implementation, and reporting of comprehensive outcomes-tracking methodologies
 - Continuous and systematic monitoring and evaluation of local, regional and statewide WET activities as described above

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Positions	3.0	3.0	3.0	3.0	3.0
Personal Services	\$235	\$235	\$235	\$235	\$225
Operating Expenditures	95	71	71	71	71
Overhead	(16)	(16)	(16)	(16)	(6)
Total Expenditures	\$330	\$306	\$306	\$306	\$296

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Contact

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Financial Oversight Committee

August 1, 2013

Presentation on Use of MHSA Administrative Funds by the Department of Developmental Services (DDS)

Contact Information: JoEllen Fletcher, Chief, Health Development Section

Requested link regarding latest report:

http://www.dds.ca.gov/HealthDevelopment/MHSA_TrngRegProject.cfm

Overview:

- Total annual amount received: \$1.2M
- \$675,000 to Regional Centers for individual projects
- \$65,000 to two mental health part time assistants in collaborative
- \$388,000 supports three headquarter positions for monitoring of contracts, support to the collaborative--Community Program Specialist II (similar to AGPA), Staff Services Manager I and Consulting Psychologist.
- DDS provides TA and oversight and monitors projects, semi-annual progress reports, bimonthly conference calls, talk about successes, problems and TA from one another.
- 271,000 DDS consumers, approximately 29,000 consumers with dual diagnosis, developmental and mental health diagnosis
- Mental health system does not know how to serve DDS consumers. MHSA money strives to correct this
- 1996 DDS established a relationship with Department of Mental Health with ongoing task force. Now taskforce is Collaborative. Collaborative is funded with MHSA dollars
- Two part time mental health consultants in collaborative; One is retired Regional Center Executive Director and Joan Haas, County Mental Health Director for Sutter Yuba
- Meets quarterly; discuss issues that affect both service delivery systems; helps establishing priorities on how to spend MHSA money; distributed to regional centers, give money to fund projects in the local community; send out RFA based on priorities

First funding cycle 2008-2011:

- 7 regional centers funded; three did infant mental health projects, behavior training, four statewide summits were done by another regional center to identify barriers and work out ways to overcome problems in various systems
- San Gabriel-Pomona did a psychiatric fellowship training; block of four psychiatrists would go through training then work with consumers in the community, this project's feedback from regional center created much good will between counties, DCFS, probation and 7 LA county regional centers and each agency has requested additional training.
- Another project was update for health care professional UCSF to train students, physicians and social workers in the different aspects of mental health needs for do population
- The first cycle 3000 professionals trained with each of the various projects.

Going through second cycle of funding now

- 8 regional centers are doing projects; 2 are doing infant mental health, substance abuse reductions with Alta Regional Center and MHSAs forums, one in June presented previously successful projects and mental health services



TOM TORLAKSON
State Superintendent of Public Instruction

California Department of Education Mental Health Services Act Program

Monica Nepomuceno, Education Programs Consultant
California Department of Education

History of Mental Health Services Act Funding

Year	Coordinated Student Support Division	Special Education Division	Reappropriation	TOTAL
2008-09	\$569,910 0.1 Director 0.1 Education Administrator 1.0 Education Programs Consultant 0.4 Education Programs Consultant 0.2 Associate Governmental Program Analyst 0.1 Executive Secretary Program monies	\$132,586 1.0 Education Programs Consultant Program monies	0	\$702,496
2009-10	\$514,648 0.1 Director 0.1 Education Administrator 1.0 Education Programs Consultant 0.4 Education Programs Consultant 0.2 Associate Governmental Program Analyst 0.1 Executive Secretary Program monies	\$133,912 1.0 Education Programs Consultant Program monies	\$270,683 -Expert Forums -Strategic Dialogue	\$919,243



History of Mental Health Services Act Funding (Con't.)

Year	Coordinated Student Support Division	Special Education Division	Reappropriation	TOTAL
2010-11	\$523,763	\$140,801	\$272,720	\$937,284
	0.1 Director 0.1 Education Administrator 1.0 Education Programs Consultant 0.4 Education Programs Consultant 0.2 Associate Governmental Program Analyst 0.1 Executive Secretary Program monies	1.0 Education Programs Consultant	-TETRIS Workshops -CHKS questions -Depression and Suicide Fact Sheets -Guidebook to use with CHKS results	
2011-12	\$124,296	0	\$149,034	\$273,330
	0.6 Education Programs Consultant 0.1 Office Technician 0.1 Executive Secretary Program Monies		-TETRIS Workshops -CHKS questions -Depression and Suicide Fact Sheets -Guidebook to use with CHKS results	



History of Mental Health Services Act Funding (Con't.)

Year	Coordinated Student Support Division	Special Education Division	Reappropriation	TOTAL
2012-13	\$159,000	0	0	\$159,000
	0.6 Education Programs Consultant 0.1 Office Technician No Program Monies			
2013-14	\$179,000	0	0	\$179,000
	0.7 Education Programs Consultant 0.2 Office Technician No Program Monies			
2014-15	\$131,000 (proposed)	0		\$131,000
	0.7 Education Programs Consultant 0.2 Office Technician No Program Monies			



2009–10

- Participated in Department of Mental Health (DMH) activities as requested
- Initiated relationship with the Placer County Office of Education
- Participated in the following:
 - MHS Community Partner Forum Meetings
 - California Mental Health Services Authority (CalMHSA) Board Meetings
 - Mental Health Services Oversight and Accountability Commission (MHSOAC) Meetings
 - State School Attendance Review Board (SARB) Meetings
- Collaborated with WestEd to integrate mental health questions into the California Healthy Kids (CHKS) Survey, develop the guidebook to use with CHKS results, and depression/suicide fact sheets
- Collaborated with California State University, Sacramento (CSUS) for integration of mental health content into the Teaching Credentialing Program
- Participated as a member of the Sacramento County Student Mental Health and Wellness Collaborative
- Convened the Strategic Dialogue
- Attended the MHSOAC Meetings
- Participated as a formal member of the MHSOAC Cultural and Linguistic Competence Committee (CLCC) and the Community Forum Workgroup (CFW)
 - Served as a facilitator in community forums



2010–11

- Participated in DMH activities as requested
- Began the Training Educators through Recognition and Identification Strategies (TETRIS) Workshops
 - Initiated relationship with the Minnesota Association for Children's Mental Health (MACMH)
 - Initiated relationship with Kognito
- Participated in the following:
 - MHS Community Partner Forum Meetings
 - CalMHSA Board Meetings
 - MHSOAC Meetings
 - SARB Meetings
- Collaborated with WestEd to identify additional mental health questions for the CHKS Survey, develop the guidebook to use with CHKS results, and depression/suicide fact sheets
- Collaborated with CSUS for integration of mental health content into the Teaching Credentialing Program
 - Presented to CSUS students on student mental health and child abuse
- Participated as a member of the Sacramento County Student Mental Health and Wellness Collaborative
- Attended the MHSOAC Meetings
- Participated as a formal member of the CLCC and the CFW
 - Served as a facilitator in community forums
- Submitted Request for Applications for CalMHSA Sole Source Contract



2011-12

- Received the California Mental Health Services Statewide Student Mental Health Program Kindergarten to Twelfth Grade Contract
 - Used position as a match
 - TETRIS expansion
 - Convened Student Mental Health Policy Workgroup (SMHPW)
 - Participated in activities as requested by CalMHSA
- Presented*/Participated at the following conferences:
 - Migrant Education Parent Conference*
 - California Mental Health Advocates for Children and Youth (CMHACY)
 - ParaEducator's Conference*
 - Early Mental Health Initiative (EMHI)
 - CSUS Mental Health Institute*
 - MACMH Conference
- Participated as a member of the Sacramento County Student Mental Health and Wellness Collaborative
- Participated as a formal member of the MHSOAC CLCC and CFW
 - Served as a facilitator in community forums
- Appointed as the CDE representative for the California Mental Health Planning Council (CMHPC)
 - Attended quarterly meetings



2012-13

- Continued TETRIS Workshops and SMHPW Meetings
- Continued Collaboration with CalMHSA partners
- Presented*/Participated at the following conferences:
 - American Indian Education Conference*
 - Migrant Education Parent Conference*
 - CMHACY*
 - ParaEducator's Conference*
 - 17th Annual Conference on Advancing School Mental Health
 - Power of Prevention Summit
 - California Hospital Schools Conference*
 - Tools for Change Conference
- Participated as a member of the Sacramento County Student Mental Health and Wellness Collaborative
- Participated as a formal member of the MHSOAC CLCC and CFW
 - Served as a facilitator in community forums
- Attended quarterly CMHPC Meetings as the California Department of Education (CDE) representative



2013-14

- Continued TETRIS Workshops and SMHPW Meetings
- Continued Collaboration with CalMHSA partners
- Presented*/Participated at the following conferences:
 - American Indian Education Conference*
 - CMHACY*
 - Tools for Change Conference*
 - National Alliance on Mental Illness (NAMI) Conference*
 - Informational Hearing: California State Senate Select Committee on Mental Health- "Every Life Matters: Implementing Effective Suicide Prevention Strategies in California"
 - Northern California Safe and Healthy Schools Conference*
 - Northern California Teens Tackle Tobacco Conferences *
 - Safe and Supportive Schools Conference*
 - Riverside Safe Schools Summit*
 - California School Boards Association Conference*
- Accepted as a CMHACY Board "friend"
 - Participated in monthly meetings to plan annual conference
- Participated as a formal member of the MHSOAC CLCC and CFW
 - Served as a facilitator in community forums
- Attended quarterly CMHPC Meetings as the CDE representative
- Collaborated with Department of Health Care Services as advisor on the Garrett Lee Smith Grant: Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Suicide Prevention Project



2014-15

- \$131,000 from MHSA State Administrative Funds
 - Does not include any program funding
 - CalMHSA funds are ending
- Request Submitted to the California Department of Finance for a Budget Change Proposal
 - Additional 1.0 position
 - \$330,000 in program funding
 - Continue and expand TETRIS
 - Build capacity through the delivery of presentations at conferences
 - Deliver presentations to local school boards
 - Focus on youth suicide prevention activities



The California Community Colleges Student Mental Health Program (CCC SMHP)

Presentation to the MHSOAC
Financial Oversight Committee

Betsy Sheldon
Chancellor's Office, California Community Colleges
September 11, 2014



The California Community College and System

- The California Community Colleges is the largest postsecondary education system in the nation.
 - 112 colleges, 72 districts
 - 2.4 million students
 - Local governance structures (local board of trustees for decision making)
- One in every three community college students in the nation attends a California community college.
- The primary missions of the system are:
 - Preparing students to transfer to four-year universities
 - Workforce development and training
 - Basic skills and remedial education
- Established by legislation in 1967, the Chancellor's office is the administrative branch charged with providing leadership, advocacy, and support for the system.
- The Chancellor's office operates under the direction of the state chancellor who is guided by the Board of Governors. The state chancellor is appointed by the board and board members are appointed by the Governor.

Mental Health and the CCCs

- Mental health services are provided under the umbrella of campus health services and the majority of costs (86%) provided for MH services are paid for by health fees
- Because colleges operate under a local governance structure, it is at the discretion of local districts whether they wish to provide health / mental health services, and whether to charge a fee
- Where there are services – about 85 % of colleges offer some degree of mental health counseling by licensed mental health providers (a psychologist, LCSW, or MFT).
- Thus, there is great variation between colleges as to what is offered and to what degree (one provider may provide services at more than one college; some contract out, etc)

History of MHSA Admin Funds

- 09/10 \$175,000
- 10/11 \$175,000
- 11/12 \$119,069 – originally position eliminated with realignment, then restored at reduced level; did not completely support position funding, travel, or support of advisory committee
- 12/13 \$103,358
- 13/14 \$126,000
- **Current funding level (1/4/15) \$ 84,000.** Does not cover full cost of position, balance is paid from student services admin funds (GF)
- No BCPs submitted for additional funding (but have pursued other funding to support programmatic activities)

Number of positions and description of responsibilities....

- 1 FTE (me)*
- **Duties** (extracted/summarized from duty statement and based on MOU with DMH):
 - Key points of contact in providing leadership, direction & guidance to 112 colleges in developing MH services, guiding them to resources to support their efforts;
 - provide technical assistance to colleges on the MHSA and how to get connected to local planning processes;
 - Convene and serve as lead staff for inter-agency CCC advisory committee on serving students with mental health needs;
 - Serve as the single point of contact on mental health issues for CCC students and represent the CCC system on the needs of students with mental health issues, both within the CCC system and with external agencies and interested parties.
 - Attend meetings, provide data and input on needs, and serve as partner in joint agency efforts. As requested, attend, participate in and coordinate meetings, workgroups and committees at the state and local level regarding the needs of CCC students with mental health needs.
 - Coordinate and monitor all grants provided to the CCC system related to the mental health needs of CCC students.

Currently, mainly oversee CCC SMHP project with CalMHSA, in partnership with staff from the FCCC

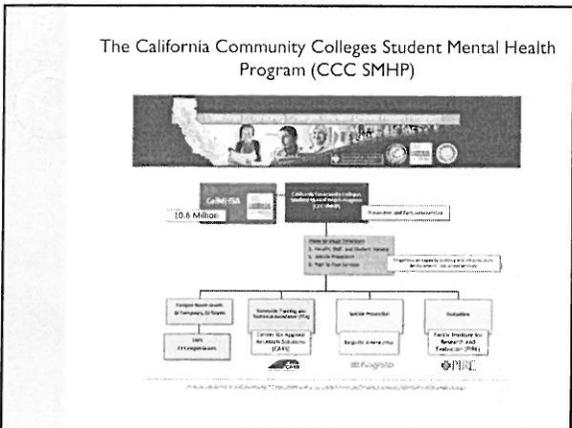
"How is the use of the administrative funds improving the lives or making a difference in the wellbeing of person with lived experience of a mental illness and their families?" (what have we been doing????!!)

Fall 2009 - Feb. 2011

- Invited to submit grant application to Zellerbach Family Foundation (\$ 75,000)–supported development and implementation of "Welcome Home" Trainings – developed curriculum and materials, implemented 3 pilot trainings at Bay Area Community Colleges
- Developed collaborative relationships with various groups (NAMI, REMHDCO, etc) and did webinars with Kognito Interactive; an online interactive suicide prevention program which resulted in Kognito offering free training to all CCCs for one month (did a webinar to describe the program)
- Collaborated with the AFSP to do a webinar on their efforts/program to introduce to the CCCs; one CCC (Oklahoma College) participated in implementing AFSP as a result of this webinar
- Oversaw advisory committee, initiated website for mental health on the CD's website
- Activities based on workplan/MOU negotiated with DMH contact – provided quarterly reports and updated work plan annually.
- Participated in required state representatives meetings – developed final binder that contains examples of work products and activities
- Provided sustained, ongoing involvement in efforts related to the statewide projects, including the student mental health initiative - participating in meetings and calls (including the OAC's Mental Health Services Committee and meetings of CalMHSA's Implementation Ad Hoc Committee), writing, submitting and providing public comment, and collaborating with other stakeholders to advocate for the mental health needs of students in California's systems of higher education.

"How is the use of the administrative funds improving the lives or making a difference in the wellbeing of person with lived experience of a mental illness and their families?" (what have we been doing?????)

- Feb 2011- Current:
- Feb – September 2011: applied for RFA from CalMHSA, awarded grant, negotiated contract with CalMHSA, began staff recruitment and hiring (on FCCC side)
- Fall 2011 – June 2012: convened revised advisory committee meeting, gained input from stakeholders on program design, proceeded with developing RFPs/RFAs for contractors and grants to colleges; selected contractors and vendors for each component – 3 contractors, and 23 grants representing 30 colleges
- July – September 2012: finalized contracts with colleges, TTA and suicide prevention contractors and evaluator,
- Sept 2012- current: program implementation begins and continues to date
- Nov. 2012 – opportunity to apply for additional funds, added modules to SP contract for vets and LGBTQ and develop Transition Aged Foster Youth (TAFY) project



BRIEF overview of program achievements & accomplishments

- Expanding and enhancing capacity to serve students at risk of mh issues and strengthen collaboration and referral systems with county mental health, community based partners, as well as UC and CSU partners in area.
 - Many campuses have achieved this, and several have established formal MOUs for referral and treatment
- Over 88,000 faculty, staff, and students have been reached through trainings, presentations, events, and workshops.
- 39 regional and 67 college specific trainings have been provided, topics such as threat/behavioral intervention teams; suicide prevention trainings such as QPR, peer to peer trainings such as BACCHUS; special population topics such as recent immigrant groups, Safe Zone (targeting LGBTQ students), etc
- 26 webinars on various topics were delivered and archived, including collaboration with partners such as the Jed Foundation, the Trevor Project, and NAMI
- Coordinated with Active Minds to implement send Silence Packing on campuses and at the State Capitol

BRIEF overview of program achievements & accomplishments (cont'd)

- Focus on unserved and underserved populations a consistent theme and priority for CBGs, as well as the trainings, webinars and product development (fact sheets, webinars, products, etc)
 - TAFY (Healthy Transitions) curriculum developed and implemented in 22 colleges
 - ZFF grant and funding – leveraged from original pilot to 20 trainings that included 864 participants
 - Kognito trainings include student veterans and LGBTQ modules
- The online suicide prevention training (Kognito) is available to all campuses - Of these, 99 campuses are participating in the training, and 13,787 students, faculty and staff have completed the online suicide prevention trainings (that will continue beyond the life of the grant)
- Quarterly meetings with COAGSMH
- Quarterly collaborative meetings and sharing of resources with higher ed partners, CSU and UC

Some key findings (eval still in progress)

- Online suicide prevention trainings lead to increases in self reports of referrals
- Onsite trainings lead to perceived increases in knowledge and skills (such as ability to identify referral resources; awareness of signs of mental health issues, etc)
- Capacity of colleges to build/expand or enhance services has increased (such as fostering relationships with MH providers; increasing availability of referral resources)

.....More information in handouts

RAND student/faculty survey

- 15,926 students participated across 34 CCC campuses
- approximately 19 % of students met or exceeded the established threshold for probable psychological distress during the 30 days prior to the survey (which is comparable to rates reported in other studies of higher education students)
- 10 percent to 50 percent of CCC students reported negative impact of anxiety related problems on academic performance
- Across all 3 systems, self-referral for services was highest source; for CCC's, 2nd highest source reported was faculty/staff

.....more information in the summary report

Next Steps: 2014-2015

- NCE/Phase I funding from CalMHSA to support select campus based grants (smaller amounts and narrower focus)
- Training and technical assistance continuing, but limited and focused on regional trainings, cross sharing of best practices, product development, sustainability focused activities, support to CBGs
- Evaluation will continue until Fall 2014
- Monitor future funding opportunities and apply for funding per CalMHSA timeframes
- Staffing infrastructure @ FCCC has decreased commensurate with less funding

Questions?

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Thank you for your time and attention!

Financial Oversight Committee

August 1, 2013

Presentation on Use of MHSa Administrative Funds

by the Military Department

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Requested link to more information: <http://www.calguard.ca.gov/unit-home-about?Unit=J-1>

Overview:

- Receive \$1.351M in current fiscal year. Entire amount funds staff and no carve out for equipment, supplies
- 8 total positions throughout CA to support 16,000-20,000 National Guard members.
- Previously received \$561,000 that funded two positions in the Northern and Southern California regions to provide support to service people 24/7 and one administrative position. Now there are 7 distinct coverage areas and clinicians, along with an administrator:
 - Extreme northern area
 - San Francisco area
 - Central coast area
 - Central valley area
 - High dessert area
 - Los Angeles area
 - San Diego area
- Total population of 16,000 at any given time, about a 3% utilization rate. In May, 2013 1141 service people were served, 98 were specifically supported with an intervention. Typically 1000-1100 are served by the seven providers per month. Usually run 200-198 actual referrals and post-vention activities after a suicide.
- One of the major activities is educating populace on services available in regional area and participating with interface with any of the private, public governmental agencies that support our general population based on concentration of National Guard members.

- Engage on daily basis developing resources, familiarizing selves with members and resources in area.
- Funding used for salary and travel. Targeted population. Developing knowledge in the area about needs and letting guardsmen know what is available. The 7 clinical positions do not provide direct counseling services and service people do not have to be on military orders goal is to address any issues they may have.
- Stigma is biggest piece of training component and work that the clinical positions work on. Uniformed providers provide element of trust but that changes to distrust that if they go into treatment (which is also forbidden by statutes since they are part time force). Having access to community providers is where soldiers prefer to seek care to manage crisis without commander knowing. More than half of the people who have committed suicide have never been deployed. Soldiers do statewide service, but if they have never been deployed into active duty they are not eligible for VA services.
- Important to educate civilian practitioners about needs of military they are providing services to. Engage on daily basis developing resources, familiarizing selves with members and resources in area.
- Military culture important part of counseling, respond to over 100 armories within the state, 17,000 troops. Commander only has purview over soldier a couple of days a month, but a lot work odd jobs, because the deploy ebb and flow and those types of jobs don't come with coverage. Many make income levels for county services.
- Main areas of coverage for the 7 clinicians: primary prevention, command consultant, responder, community resource
- High expectation that when commander call, drop what they are doing. Crisis response comes out of command center. Responder goes. Intervention, support, but not treatment.



**Proposition 63:
Mental Health Services Act**

KEITH BOYLAN
Deputy Secretary
Veterans Services Division



- California is home to approximately 1.8 million veterans; approximately 8 percent of the nation's veteran population.
- Many of these returning veterans have had multiple combat tours during their service.
- A significant portion, up to 20%, are coming home with PTSD, TBI, MST, and an increased risk for homelessness.
-Source: <http://www.ptsd.va.gov>
- CalVet's Prop 63 Mental Health Services program supports County Veterans Service Office (CVSO) Grant programs, Veteran Treatment Courts (VTC), and incarcerated veterans outreach.

CalVet Proposition 63 Funding

\$236,000 – Administrative

- Funding and 2.0 positions to support the statewide administration of informing veterans and family members about federal benefits, local mental health departments, grant programs for improving mental health services to veterans, the development of veteran treatment courts, and promoting best practice models in educating incarcerated veterans about available benefits and services.

\$270,000 – Local Assistance

- For Fiscal Year 2013-14, CalVet awarded 11 CVSOs funds to enhance and promote mental health services for veterans and their families.

Prop 63 Request For Application Process (RFA)

March 6, 2014	RFA sent to Counties	Vet Services will email RFAs to all CVSOs with May 31, 2014 as a return deadline.
June 1 - June 30, 2014	Review RFAs and Determine Grant Amount	Analysis and Management will review all RFAs and determine what counties will receive funds. Notification is made to the counties whether their request is accepted or denied and the amount awarded.
July 1 - July 31, 2014	Contract Request sent to Procurement	Vet Services will provide all necessary documentation to Procurement/Contracts Unit to create a contract for the approved counties.
Aug 1 - Aug 31, 2014	Contract sent to Counties for Approval	Contracts are sent to counties to be approved by their Board of Supervisors and to obtain all required signatures.
Sept 1 - Sept 30, 2014	CalVet Executes Contract	Procurement/Contracts Unit receives the contract with all required signatures and sends Vet Services an email with fully executed contracts.
October 1, 2014	CalVet notifies Counties	The approved counties are notified that their contracts have been fully executed. *Final Awarded Amount: \$270,000 of the amount
November 1, 2014	Contract Begins	November 1 st , 2014 - September 30 th , 2015

Proposition 63 and County Veterans Service Offices



Mental Health Programs

For Fiscal Year 2013-14, CalVet awarded 11 CVSOs a total of \$270,000 to enhance and promote mental health services for veterans and their families. Those counties with awards were:

• Fresno	\$25,000	• San Bernardino	\$25,000
• Imperial	\$25,000	• San Luis Obispo	\$25,000
• Lassen	\$20,000	• Santa Clara	\$25,000
• Los Angeles	\$25,000	• Solano	\$25,000
• Nevada	\$25,000	• Stanislaus	\$25,000
• Riverside	\$25,000		

Each of the eleven CVSOs researched the best available options to improve and support mental health services and programs in their community. With the funds provided by CalVet, veterans and their families will receive enhanced mental health services.

Proposition 63 and County Veterans Service Offices



Mental Health Programs

San Bernardino CVSO elected to use alternative treatment referrals for supportive services:

- Equine Assisted Psychotherapy (EAP) incorporates horses for emotional growth and learning.
- EAP is a powerful and effective therapeutic approach that has an incredible impact on individuals, youth, families, and groups.
- EAP addresses a variety of mental health and human development needs including PTSD, substance abuse, depression, anxiety, relationship problems and communication needs.
- Referrals come from the Loma Linda VA Health Care System.

**Proposition 63 and
County Veterans Service Offices**

Mental Health Programs 

Fresno CVSO focus is on programs that encourage early intervention of mental health needs for veterans and their families:

- Veteran outreach in Fresno County is designed to enhance access to veteran services with an emphasis on prevention and early intervention mental health services.
- Provide timely and effective referrals to the appropriate service providers.
- Ensure that newly discharged soldiers and veterans are educated about the various VA mental health services available to them, including services dealing with Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and Traumatic Brain Injury (TBI).
- Participants are identified and engaged through the participation of the Fresno County Veterans Service Officer at events such as the Yellow Ribbon, Stand Downs, job fairs, Muster Briefing Events and Armories for National Guard reserves.

Veterans Treatment Courts

Veteran Treatment Courts 

Veterans Treatment Courts are alternative sentencing courts that focus on treatment rather than incarceration and provide tools for rehabilitation and readjustment.

Veterans Treatment Courts

Veteran Treatment Courts 

- After finishing their treatment program, which helps address mental health issues, the veteran's record is expunged.
- The program offers a greater chance at employment along with the tools to deal with mental health issues, ultimately creating a better quality of life for both the veteran and their families.
- CalVet promotes VTCs throughout California and collaborates with California Veterans Legal Task Force.
- CalVet staff are mentors for the Sacramento VTC pilot program.

Incarcerated Veterans

Incarcerated
Veterans



CalVet is currently:

- Receiving contact information from Community Resource Managers in charge of veterans groups in each facility throughout the state.
- Visiting CDCR facilities and working with local CVSOs and VA Re-entry Specialist to deliver information concerning veterans benefits and services.
 - Collaborated with Marin and Madera Veteran Service Offices.
 - Coordinated facility visits with Re-entry Specialist from Integrated Service Network 20 and 21.
