



September 15, 2015

C. Duane Dauner
President and CEO
California Hospital Association
1215 K Street, Suite 800
Sacramento, CA 95814

SUBJECT: County achievements in continued implementation of SB 82—Investment in Mental Health Wellness Act of 2013

Dear Duane:

On behalf of the County Behavioral Health Directors Association of California (CBHDA), which represents the public behavioral health authorities in counties throughout the state, I am writing to provide you with a comprehensive update regarding outcomes achieved by counties through continued implementation of SB 82, Statutes of 2013.

We provide these accomplishments in response to informal e-mails and letters sent by CHA to our members. In the spirit of cooperation with our local hospital partners, as well as with the statewide Association, we believe that a response encompassing a comprehensive perspective is most useful, including the full context of the competitive grant processes. In the future, if you or your staff are seeking information, please feel free to contact me and CBHDA directly.

Overview of SB 82, Statutes of 2013: Investment in Mental Health Wellness Act of 2013

Created by Pro Tempore Senator Steinberg, this legislation was enacted to expand the capacity of specialty mental health services, including both capital outlay and designated personnel funding. Although the appropriation negotiated by Pro Tempore Senator Steinberg with the Governor was historic, the one-time \$142.5 million (General Fund) for capital outlay won't be fully expended until June 30, 2016. The Mental Health Services Act Funds (MHSA Funds) identified by the counties for designated personnel purposes are ongoing and represent a strong commitment by county behavioral health to address triage and crisis service needs.

Two competitive grant programs were created. The California Health Facilities and Financing Authority (CHFFA) administers the capital outlay function of the Act, and the Mental Health

Services Oversight and Accountability Commission (MHSOAC) oversees the triage personnel grants. Each of these programs is detailed below.

A key attribute of both programs is that counties, working closely with local partners, are required to develop comprehensive applications which are scored and competitively awarded through comprehensive review processes. All awarded applications are public documents and are available from CHFFA or the MHSOAC respectively. All grant awards have been publically announced and each requires scheduled status reporting in order to receive grant distributions and maintain funding.

Both CHFFA and the MHSOAC have scheduled public Board meetings which provide review and oversight for continued implementation of the Act, as well as the projects which have secured awards.

Further, both CHFFA and the MHSOAC are required to report to the Legislature on the implementation of the Act, and at least two committees of the Legislature have convened oversight hearings regarding its implementation. We welcome the partnership, commitment and diligence of all involved in this historic implementation.

CHFFA Investment in Mental Health Wellness Grant Program

The Budget Act of 2013 appropriated the following funds to CHFFA for the SB 82 capital outlay grant program.

- \$142.5 million (one-time General Fund) to expand capacity for mobile crisis vehicles, crisis stabilization beds, and crisis residential beds. Appropriation authority was provided for three years (through June 30, 2016);
- \$6.8 million (\$4 million MHSOAC Funds and \$2.8 million federal funds from Medicaid reimbursement) for personnel costs associated with the operation of mobile crisis support. This personnel funding is ongoing; and
- \$500,000 (one-time General Fund) to CHFFA for administration and technical assistance.

Upon enactment by the Governor in late June, 2013, the CHFFA took sustained action to convene public forums and webinars, reach out to stakeholders, craft emergency regulations and then permanent regulations, and design grant application processes. In addition, trailer bill legislation enacted as part of the Budget Act of 2015 also provides for Peer Respite services to be considered for grant funding by CHFFA.

Since this early development, CHFFA has awarded three complete rounds of grants. A fourth round is currently in progress and the deadline for this application submission is September 15, 2015. It is anticipated that a fifth round will also be conducted before the end of the year.

Based upon three complete rounds of grants, CHFFA received 43 applications from 39 counties for services in or for 48 counties (including collaborative regional applications). Final CHFFA grant awards to-date are listed below.

A. Superior Region (through 3rd Round)

County	Type of Program	Beds	Staff	Vehicles	Grant Awards
Butte	Crisis Residential	10			\$867,425
Lake	Mobile Crisis		2	2	\$256,263
Mendocino	Crisis Residential	10			\$500,000
	Mobile Crisis		0.5		\$40,713
Nevada	Crisis Stabilization	4			\$500,000
TOTALS		24	2.5	2	\$2,164,401

B. Central Region (through 3rd Round)

County	Type of Program	Beds	Staff	Vehicles	Grant Awards
Fresno	Crisis Residential	16			\$3,100,715
	Crisis Stabilization	16			\$794,795
Kings	Crisis Residential	8			\$995,904
Merced, Madera, Tuolumne, Calaveras, and Mariposa	Crisis Residential	12			\$2,010,627
Merced, Madera, Tuolumne, Calaveras, Mariposa and Stanislaus	Crisis Residential	4			\$1,536,372
Sacramento	Crisis Residential	60			\$6,945,303
	Mobile Crisis		4	2	\$266,287
San Joaquin	Crisis Stabilization	8			\$1,836,783
	Mobile Crisis		6.5	3	\$696,575
Yolo	Mobile Crisis			5	\$177,500
TOTALS		124	10.5	10	\$18,360,861

C. Bay Area Region (through 3rd Round)

County	Type of Program	Beds	Staff	Vehicles	Grant Awards
Alameda	Crisis Residential	16			\$4,806,949
Contra Costa	Mobile Crisis		3.25	3	\$551,512
Marin	Mobile Crisis		4	2	\$439,368
Monterey	Mobile Crisis			5	\$193,615
Santa Clara	Crisis Residential	30			\$3,963,106
	Crisis Stabilization	8			\$736,842
Sonoma	Crisis Stabilization	18			\$2,000,000
TOTALS		72	7.25	10	\$12,691,392

D. Southern Region (through 3rd Round)

County	Type of Program	Beds	Staff	Vehicles	Grant Awards
Riverside	Crisis Residential	16			\$3,778,935,
	Crisis Stabilization	12			\$2,102,065
	Mobile Crisis		13	6	\$775,415
San Bernardino	Crisis Residential	32			\$7,000,000
San Diego	Crisis Residential	14			\$3,688,468
San Luis Obispo	Mobile Crisis			2	\$67,377
Santa Barbara	Crisis Residential	8			\$450,000
	Crisis Stabilization	16			\$1,500,000
	Mobile Crisis		10	2	\$713,526
Ventura	Crisis Stabilization	13			\$1,134,777
	Mobile Crisis			7	\$282,277
TOTALS		111	23	17	\$21,492,840

E. Los Angeles Region (through 3rd Round)

County	Type of Program	Beds	Staff	Vehicles	Grant Awards
Los Angeles	Crisis Residential	560			\$35,000,000
	Crisis Stabilization	54			\$4,210,526
	Mobile Crisis		15	9	\$1,817,174
TOTALS		614	15	9	\$41,027,700

F. Statewide Totals (through 3rd Round)

Type of Program	Beds	Staff	Vehicles	Grant Awards
Crisis Residential	796			\$74,643,803
Crisis Stabilization	149			\$14,815,789
Mobile Crisis		58.25	48	\$6,277,602
TOTALS	945	58.25	48	\$95,737,194

G. Remaining Statewide CHFFA Funds for Expenditure (through June 30, 2016)

Type of Program	Funds for Grants
Crisis Residential	\$35,356,196
Crisis Stabilization	\$15,184,210
Mobile Crisis	\$222,397
TOTALS	\$50,762,803

Each awarded county provides required status reports to CHFFA in order to receive allocations of grant funds as various stages of development are planned and met. The Crisis Residential and Crisis Stabilization projects are primarily in varying stages of construction. These projects entail purchasing property or identifying available county property, building new construction or remodeling existing homes/community-based structures, designing all program components, and ensuring full linkages to systems of care in the community in which services are provided. Some of the Crisis Stabilization projects, including Fresno County, are on-line or will be within the next few months. All of the mobile crisis vehicles have been purchased with most personnel having been hired.

Counties are presently submitting 4th round applications. Based upon public testimony and input from CBHDA, CHFFA has adjusted program requirements for the 4th round, including redistributing additional funds to the Crisis Stabilization category and eliminating the cap on individual county awards. These changes are reflected in emergency regulations which became effective June 19, 2016.

OAC Triage Grants

The second component of the Mental Health Wellness Act pertains to Triage Grants. An ongoing appropriation of \$32 million (annual MHSA Funds) was provided for this purpose with the OAC serving as the administrative lead.

As articulated by the OAC, Triage workers should focus on providing services and supports that result in individuals being referred to the least restrictive, wellness, resiliency and recovery oriented treatment settings that are appropriate to their needs. Triage workers provide a wide range of services and linkages to services. They may provide services anywhere in the community and should be located at various points of access, with flexibility to meet evolving community needs.

The OAC conducted a competitive grant process through a Request for Application (RFP) process which was designed by subject matter experts. The grants, awarded using a regional distribution in addition to competition, cover four fiscal years (2013-14 through 2016-17). It should be noted that due to the need to design the RFP, the grant for 2013-14 was only a partial award.

A total of 24 counties received awards. These are shown below. A comprehensive hiring update is to be submitted to the OAC on September 30th and we can share that information with you when it becomes available.

OAC Triage Grant Awards

County	2013-14	2014-15	2015-16	2016-17	County Anticipated Positions
<i>Superior Region</i>					
Butte	\$358,519	\$514,079	\$199,195	\$3,277	18.0
Lake	\$26,394	\$52,800	\$52,800	\$52,800	1.0
Trinity	\$60,697	\$145,672	\$145,672	--	2.5

Nevada	\$289,260	\$694,169	\$728,878	\$765,321	11.8
TOTALS	\$734,870	\$1,406,720	\$1,126,545	\$821,398	33.3
<i>Central Region</i>					
Calaveras	\$41,982	\$73,568	\$73,568	\$73,568	1.0
Fresno*	\$2,697,000	--	--	--	11.5
Madera	\$163,951	\$389,823	\$410,792	\$396,030	4.2
Mariposa	\$88,972	\$196,336	\$203,327	\$210,793	4.3
Merced	\$359,066	\$868,427	\$882,550	\$893,026	8.0
Placer	\$402,798	\$750,304	\$667,827	\$688,417	13.6
Sacramento	\$545,721	\$1,309,729	\$1,309,729	\$1,309,729	20.8
Tuolumne	\$74,886	\$132,705	\$135,394	\$135,518	3.0
Yolo	\$221,736	\$505,786	\$496,247	\$504,465	8.3
TOTALS	\$4,596,112	\$4,226,678	\$4,179,434	\$4,211,546	74.7
<i>Bay Area</i>					
Alameda	\$311,220	\$765,811	\$785,074	\$804,692	11.6
Marin	\$137,065	\$315,738	\$320,373	\$326,746	3.0
Napa	\$126,102	\$411,555	\$403,665	\$382,313	6.0
San Francisco	\$1,751,827	\$4,204,394	\$4,204,394	\$4,204,394	63.7
Sonoma	\$351,672	\$871,522	\$897,281	\$923,888	8.0
TOTALS	\$2,677,886	\$6,569,020	\$6,610,787	\$6,642,033	92.3
<i>Southern Region</i>					
Orange	\$1,250,000	\$3,000,000	\$3,000,000	\$3,000,000	28.0
Riverside	\$488,257	\$2,134,233	\$2,307,808	\$2,510,844	32.3
San Bernardino*	\$7,174,512	--	--	--	25.0
Santa Barbara	\$933,135	\$2,352,536	\$2,468,608	\$2,594,250	23.5
Ventura	\$840,259	\$2,126,827	\$2,242,542	\$2,364,043	23.0
TOTALS	\$10,686,163	\$9,613,596	\$10,018,958	\$10,469,137	106.8
<i>Los Angeles</i>					
TOTALS	\$3,802,000	\$9,125,000	\$9,125,000	\$9,125,000	183.0
Statewide Totals	\$22,497,031	\$30,941,014	\$31,060,724	\$31,269,114	490.1

The Triage Grants are progressing and having a growing impact as measured by the MHSOAC through encounter data. Grantees are required to report on encounter-based information at 12 months following the grant award and every 6 months afterward through the grant cycle. The MHSOAC is in the process of updating this information as well and we can share that information with you when it becomes available.

In closing, I would again emphasize the importance of SB 82 — The Investment in Mental Health Wellness Act — in expanding the capacity of our public mental health system and to more comprehensively serve our clients. With the partnership of CHFFA and the MHSOAC at the state-level, along with our dedicated local community partners, I believe implementation is proceeding with earnest dedication to our mission and towards successful, measurable outcomes for all involved.

Again, we plan to provide you with additional information when it becomes available, hopefully within the next month. Please let me know if you have any questions regarding this information.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Ryan". The signature is fluid and cursive, with the first name "Pat" being larger and more prominent than the last name "Ryan".

Patricia Ryan
Interim Executive Director

cc: Sheree Kruckenberg, Vice President, Behavioral Health, CHA
Diane Stanton, Executive Director, CHFFA
Toby Ewing, Executive Director, MHSOAC
Michael Wilkening, Under Secretary, CHHS Agency
Karen Baylor, Deputy Director, DHCS
Dina Kokkos-Gonzales, Chief Mental Health Division, DHCS
Darrell Steinberg, Steinberg Institute
Kiyomi Burchill, Legislative Director, CHHS Agency
Farrah McDaid Ting, Legislative Representative, CSAC
Members, CBHDA