Accessing Mental Health Services Act (MHSA) Funding:
A Roadmap for CACHI Communities

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INTRODUCTION

Traditional healthcare funding models in the United States typically cover the cost of doctors, hospitals, and direct medical care for individuals. Unfortunately, this standard healthcare funding model rarely address all of the social or economic factors that also influence the health of individuals and communities. The Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, outlines five main areas for Social Determinants of Health (SDOH): Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment.[1] Together, these social and economic factors play a critical role in the development and maintenance of positive health outcomes for people, families, and communities.

The Accountable Communities for Health (ACH) model aims to transform the framework for health funding and activities into one that aligns intervention strategies with prevention to maximize positive health outcomes for communities. An ACH is an organizing body that brings together residents and public and private partners, including hospitals, community organizations, public health departments, local businesses, schools, and other stakeholders, to identify and address community health needs and to develop unified solutions to improve health outcomes. The coordinating power of the ACH allows community institutions to collectively focus on one or more critical health conditions or issues, and then develop strategies to integrate and coordinate the programs, funding, and policies affecting those conditions.

In California, *the California Accountable Communities for Health Initiative ([CACHI](https://cachi.org))* is supporting a network of 15 communities across the state that are each developing and implementing an ACH.[2] A key early step for these CACHI communities includes establishing a coalition of partners that cuts across traditional sectors, bringing together clinical providers with public health departments, schools, social service agencies, community organizations, and others in a collective effort to improve community health. Together, these partners identify shared outcomes and populations of focus, and develop a Portfolio Of Interventions (POI) designed to connect and reinforce one another. Each ACH will also build a Wellness Fund to attract and weave funding that can support the activities of the ACH. For instance, an ACH might decide to fund activities relating to violence prevention or creating safer, walkable communities, with a goal of attracting funding from other local partners that will benefit from improved health outcomes.

As they develop their Wellness Funds, the ACHs in California are seeking funding sources that can support both the activities in their POI and their coordinating ("backbone") functions. To aid in these efforts, CACHI partnered with Third Sector Capital Partners (Third Sector) to identify promising state and federal funding opportunities for ACHs. Third Sector conducted intensive research and identified multiple public funding streams that could align with the declared focus areas and priority interventions across the ACHs, as well as funding streams that could possibly support the backbone function of the ACH itself. In this research, Third Sector specifically sought to highlight funding streams that are recurring (i.e., offer ongoing opportunity to obtain funding, versus a singular, one-time grant program), as well as funding streams outside of Medicaid. *Appendix C* includes a comprehensive listing of the most promising funding streams that met these categories, with key details and considerations.

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[1] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
[2] https://cachi.org

For some of these opportunities, ACHs can apply for funding through competitive requests for proposals. Other funding sources will require communities to engage in more involved planning efforts, including collaboration with local funding agencies.

In evaluating the public funding landscape in California, Third Sector has identified one particularly promising opportunity for many of the state's ACHs: funding derived from California's Mental Health Service Act (MHSA). MHSA funding flows through counties and each county goes through its own process for planning and community input. Some CACHI communities may already be aware of MHSA funding and in contact with their county-level Behavioral Health Department (BHD)[3]. Others may not yet be aware of the funding or its requirements. Third Sector created this roadmap to share important information about MHSA, outline why it is a relevant funding stream for many ACHs, and detail how ACHs can pursue MHSA funding in their communities. ACHs who may be interested in learning more about MHSA funding can read this document and follow the steps described within to explore whether it may be an appropriate funding stream for their community. In addition, these materials may be relevant for ACHs as they consider applying for other funding from their county-level behavioral health department, more intentionally including behavioral health leadership in ACH planning activities, and/or exploring partnerships with other local behavioral health-focused organizations in their communities. Finally, these materials may be relevant for other community-based, collective impact efforts interested in exploring MHSA or behavioral health services funding.

THE MENTAL HEALTH SERVICES ACT: AN OVERVIEW

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004 and became effective on January 1, 2005. The purpose of the Act was to fund the expansion and improvement of mental health services and prevention activities in California by establishing a one-percent personal income tax on incomes above one million dollars.[4] MHSA funding is overseen by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and distributed annually to county behavioral health programs based on each county's share of the state population, population at poverty level, and prevalence of mental illness. The formula also adjusts for the cost of being self-sufficient and other resources available at the county level.[5] [6] The Governor's Budget for fiscal year 2019-2020 projects that $2.4B in MHSA funding will be allocated in the coming fiscal year.[7]

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[3] For the purposes of this document, the terms "behavioral health department" (BHD) and behavioral health agency are used interchangeably and refer to county-level public agencies that administer mental/behavioral health programs and funding in a given county; in some counties, this function may reside within a specific division of a larger county public health department.

[4] https://www.mentalhealthca.org/faq-1

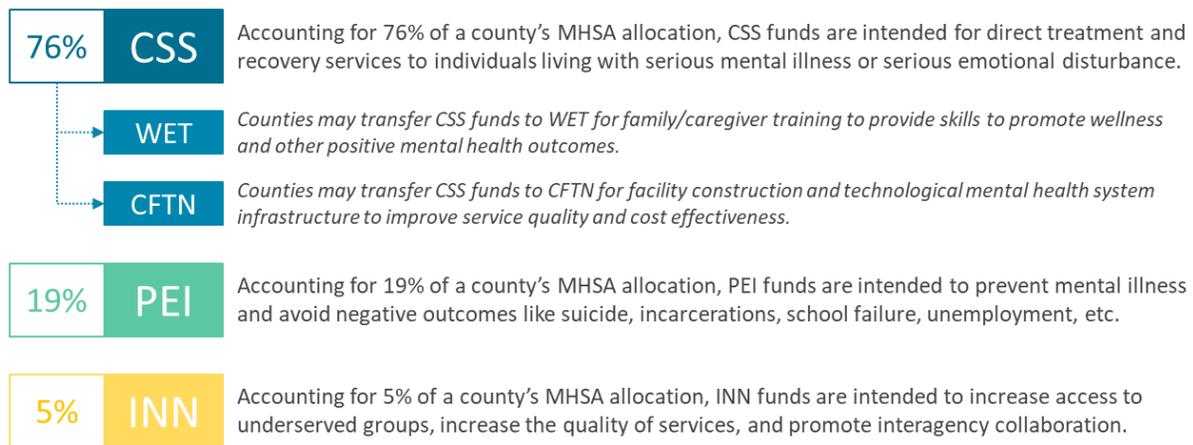[5] https://www.mhsoac.ca.gov/commissioner-bios (OAC oversight)

[6]https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY17-18_MHSA_Distribution_Methodolody.pdf (allocation formula)

[7]https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/MHSA_Expenditure_Report-Jan2019.pdf

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At the county level, the administering county agency, often a behavioral or public health department, is responsible for developing and publishing plans detailing how MHSA funding will be spent. These plans span three years and are updated annually. They must be developed in collaboration with other community stakeholders, and remain open for a 30-day public comment period.

When counties receive their MHSA allocations, the funding falls into three main components: Community Support Services (CSS), Prevention and Early Intervention (PEI), and Innovation (INN). In addition to these three components, counties can transfer their CSS funds in amounts up to 20% of their rolling 5-year average total MHSA allocation to two additional components: Capital Facilities & Technological Needs (CFTN) and Workforce Education & Training (WET). **Figure 1** below provides more information on these components and their intended uses. [8] [9]

FIGURE 1. MHSA FUNDING COMPONENTS

76% CSS	Accounting for 76% of a county's MHSA allocation, CSS funds are intended for direct treatment and recovery services to individuals living with serious mental illness or serious emotional disturbance.
WET	*Counties may transfer CSS funds to WET for family/caregiver training to provide skills to promote wellness and other positive mental health outcomes.*
CFTN	*Counties may transfer CSS funds to CFTN for facility construction and technological mental health system infrastructure to improve service quality and cost effectiveness.*
19% PEI	Accounting for 19% of a county's MHSA allocation, PEI funds are intended to prevent mental illness and avoid negative outcomes like suicide, incarcerations, school failure, unemployment, etc.
5% INN	Accounting for 5% of a county's MHSA allocation, INN funds are intended to increase access to underserved groups, increase the quality of services, and promote interagency collaboration.

WHY SHOULD CACHI COMMUNITIES EXPLORE MHSA FUNDING?

There are several reasons why MHSA may be a promising source of funding for CACHI communities. Both MHSA and CACHI are built on a foundation of community input and collaboration. MHSA also provides relatively flexible funding and there may be opportunities to access funds that have been underspent in recent years. In addition, several of the CACHI communities have explicitly identified mental health and related areas as areas of focus.

Shared Community Orientation and Collaborative Focus

Like the ACH model, MHSA is designed to encourage community involvement and collaboration in the planning and implementation of its programs. One of the stated purposes of the Innovation component,

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[8] https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/MHSA_Expenditure_Report-Jan2018.pdf

[9] http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=96051

for example, is "to spur interagency and community collaboration".[10] Moreover, the MHSA planning and budgeting process requires a formal community planning process. As described above, counties must develop their three-year expenditure plans and annual expenditure updates with local stakeholder input and remain open for a 30-day public comment period before being approved.[11] This requirement enables CACHI communities, public health departments, and other community organizations to each share their perspectives on how MHSA spending can best support their communities' needs and complement existing resources.

In addition to MHSA's collaborative planning requirements, some behavioral health agencies are actively pursuing collaborative intervention models. For example, In Orange County, the County Health Care Agency partnered with other local stakeholders and leveraged MHSA CFTN funds to launch *Be Well Orange County*, an ACH-like collaborative focused on creating an ecosystem of high-value physical health, mental health, and substance abuse services. [12] As with the *Be Well* initiative, the ACH model can offer a comparable, catalytic structure for behavioral health agencies interested in pursuing similar approaches in other California communities.

Funding Flexibility

CACHI sites are currently seeking funding for both their Portfolio of Intervention (POI) activities and their coordinating, "backbone" functions. MHSA's different funding components can support a multitude of activities and uses, ranging from workforce and infrastructure development to a broad array of direct services designed to promote wellness through the treatment and prevention of mental illness. While MHSA is not designed specifically for the "backbone" functions of an ACH, MHSA Innovation dollars have been used to support similar planning, oversight, coordination, and stakeholder engagement activities. For example, Santa Clara County has used Innovation dollars to support an initial eight-month planning and coordination "ramp-up" phase to solicit stakeholder input and oversee and develop a multi-year implementation framework and sustainability plan for a project to improve access to youth and adolescent behavioral health services.[13]

Overlapping Priority Outcomes

Several CACHI communities have already identified mental health promotion and the reduction of mental illness as a key community priority, prioritizing specific outcomes such as violence and trauma prevention in their efforts. These communities and those focused on priorities like improving wellbeing, addressing substance use disorders, and combating depression will find MHSA funding especially relevant given its intentional focus on encouraging similar outcomes. For example, counties have used MHSA funding to prioritize community trauma reduction and violence prevention through education campaigns, deliver trauma-informed approaches to care (e.g., peer groups and healing circles), and increase the accessibility

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[10] https://mhsoac.ca.gov/components

[11] https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-5848.html (Community Input Process)

[12] https://bewelloc.org/overview/

[13] https://www.sccgov.org/sites/bhd/AboutUs/MHSA/INN/Documents/mhsa-inn-13-headspace-proj-04-02-18.pdf

and awareness of mental health resources through the use of community health workers.[14] Other communities have also indicated an interest in exploring where and how mental health services might fit within their existing POI, considering the close relationship between physical health and mental health. *Table 1* below contains additional examples of how MHSA expenditures may be relevant for CACHI communities based on their areas of focus. For more information about these examples and others like them, see the *2018 Mental Health Services Act County Programs: Transforming Mental Health Delivery* report published by the National Alliance on Mental Health California.

TABLE 1: RELEVANT EXAMPLES OF MHSA EXPENDITURES FOR CACHI COMMUNITIES

CACHI Focus Area	CACHI Intervention Examples	CACHI Outcome Examples	Related MHSA Priorities & Project Examples
Violence & Trauma Prevention	Trauma screenings & referrals in clinical settings; Integrated behavioral health services at medical clinics Peer groups and healing circles	Reduced violence-related hospitalization Reduced violence-related justice involvement Reduced violence-related child welfare entries Increased pro-social and behavioral skills Increased high-school graduation rates	The Orange County Department of Education receives PEI funds to operate a Violence Prevention Education program in schools across the county.[15] Other counties across California often leverage PEI dollars for trauma and violence prevention efforts. CSS funds are often used for trauma-informed treatment through county-operated Full Service Partnership programs. The San Francisco Department of Public Health used WET funds to train health and social service providers with a focus on trauma-informed systems. San Luis Obispo County used INN funds to launch the Trauma-Informed County project to equip public services providers to better serve community members who have experienced trauma.

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[14] National Alliance for Mental Illness (NAMI) California - *2018 Mental Health Services Act County Programs: Transforming Mental Health Delivery report*

[15] http://www.ochealthinfo.com/bhs/about/pi/school/vpe

CACHI Focus Area	CACHI Intervention Examples	CACHI Outcome Examples	Related MHSA Priorities & Project Examples
Substance Use Disorder	Infrastructure improvements to increase care access	Reduced stigmas associated with substance use disorders	The San Mateo County Health Department uses PEI funds to run Mental Health First Aid - an education program that helps the public identify, understand, and respond to signs of mental illness and substance use disorders.
Cardiovascular Disease (CVD), Stroke, and Diabetes	Community health workers focused on CVD prevention and treatment Community screening and referral systems National Diabetes Prevention Program (DPP) Healthy meal and nutrition classes	Increased physical activity Improved nutrition Reduced hospitalizations from CVD Reduced mood disorders	Santa Cruz County uses INN funds to run their Integrated Health and Housing Supports program for individuals with severe mental illness and co-occurring health conditions like diabetes and heart disease.
Asthma	Interdisciplinary Asthma care teams Community health workers focused on asthmatic population Smoke-free multi-unit housing	Reduced asthma-related hospitalization Increased school attendance Increased timely access to care	While there are no recent examples of MHSA funded projects focused on Asthma, several studies highlight a connection between asthma diagnosis and an increased risk for mental health disorders. [16] For example, one analysis found that a sample of residents from Ontario Canada were 13% more likely to visit the emergency department for mental health disorders and 21% more likely to utilize outpatient physician services for substance-related disorders in the year following an asthma diagnosis. [17]

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[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913936/

[17] https://www.aaaai.org/global/latest-research-summaries/New-Research-from-JACI-In-Practice/mental-health

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Frequently Underspent

Lastly, many California counties have not fully spent their available MHSA funds. In June 2017, California reported nearly $1.6B of MHSA funding remained unspent and in reserve.[18] [19] This underspending has been attributed to a range of both policy and implementation-related factors. Regardless of the cause, there is increased urgency for MHSA dollars to be activated and directed towards effective programs, particularly given the growing mental health crisis in California.[20] ACHs in California could be well-suited to leverage these funds, particularly given the broad coalition of stakeholders and prevention-oriented approaches that they bring to the table.

EXAMPLE MHSA USE CASE: COMMUNITY HEALTH WORKERS

As outlined above, MHSA's flexibility and focus on prevention is relevant to CACHI communities in a variety of ways. One specific, broadly relevant use case of MHSA funding for ACHs and public health agencies in California is the Community Health Worker model.

Community Health Workers

Community Health Workers (CHWs) are known by many titles and for serving many functions, but at the core of the CHW model is the goal of filling gaps in local care and support networks. Several CACHI communities are currently using or exploring CHW models to help their residents navigate the web of health and social services. At the same time, mental and behavioral health departments are also implementing CHW programs using MHSA funding. Some of these MHSA-funded programs focus primarily on mental health services and education while others also seek to meet the health and social needs of program participants. For example, Los Angeles County uses CSS funds to run a CHW program where staff act as intermediaries between health, mental health, and social services with the goal of facilitating access and improving service quality.

Examples from the broader field also highlight the opportunity for integrated CHW models between public health and behavioral health agencies. For example, in western Pennsylvania, the Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) and 9 community partners created a CHW program focused on care coordination to address substance use in the counties of Armstrong, Clarion, and Indiana. More information on these examples and others like them can be found in *Table 2* below:

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[18] https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/MHSA_Expenditure_Report-May2018.pdf

[19] https://www.latimes.com/local/california/la-me-mhsa-unspent-balance-20180819-story.html

[20]ibid.

TABLE 2: EXAMPLES OF INTEGRATED & MHSA-FUNDED COMMUNITY HEALTH WORKER PROGRAMS

Integrated Community Health Worker Case Examples	**Nurse Navigator and Recovery Specialist Outreach Program: Western Pennsylvania:** In response to the prevalence of substance abuse and co-occurring chronic health conditions, the Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) implemented a care coordinator model to help those with substance use disorders navigate the care and social service system. The model enlists the case management services of peer Recovery Specialists and the expertise of registered Nurse Navigators to help clients navigate the healthcare system an access resource. The program reduced the number of clients with one or more ED visits from 91% in Year 1 to 59% in Year 3 and reduced the number of clients with one or more hospital admissions from 50% in Year 1 to 27% in Year 3.[21] **Outer Cape Health Services Community Resource Navigator Program; Cape Cod, MA:** In Provincetown, MA, Outer Cape Health Services (OCHS) implemented a community health worker model in 2016 to assist residents with unmet medical, behavioral health, or human service needs through collaboration with local agencies, providers, and community groups. The community health workers ("Navigators") work closely with community agencies on referrals and service coordination to help clients build relationships and identify support networks in their community. In 2017, OCHS recruited additional Navigators to expand services to 8 towns in the greater Cape Cod area.[22]
MHSA-Funded Community Health Worker Case Examples[23]	**Community Mental Health Promoters/Community Health Workers for Child, TAY, Adult and Older Adult; Los Angeles County, CA:** Funded with MHSA CSS dollars, this program adds Community Mental Health Promoters/ CHWs as a directly operated, cross-cutting program across age groups within each Service Area. CHWs serve as educators, stigma busters, and as liaisons or intermediaries between health, mental health and social services and the community to facilitate access to services and improve service quality and cultural competence. **Cultural-Based Access Navigation Specialist (CBANS) Project; Fresno County, CA:** The Cultural-Based Access Navigation Specialist (CBANS) Project is a mental health program focused on stigma reduction, outreach, education, and advocacy for the Hmong, Laotian, Slavic, African and Syrian refugee communities. CBANS is Funded with MHSA PEI dollars with the goal of reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups. **Promotores and Community Health Workers; Stanislaus County, CA:** Stanislaus County uses MHSA PEI dollars to fund CHWs that plan and support community-led interventions that sustain well-being, reduce mental illness stigma, and connect isolated individuals to a community of support.

While Community Health Workers are highlighted here as one promising use case for ACHs, the strong connections among mental health, physical health, and social circumstances create multiple other opportunities exist for partnership and the braiding and blending of mental health dollars. .[24] These

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[21] https://www.ruralhealthinfo.org/project-examples/822

[22] https://www.ruralhealthinfo.org/project-examples/911

[23] National Alliance for Mental Illness (NAMI) California - *2018 Mental Health Services Act County Programs: Transforming Mental Health Delivery report*

[24] https://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

opportunities will depend on the unique needs of a community, but may include intervention models that address both physical health and behavioral health needs, such as coordinated physical infrastructure (e.g. integrated wellness centers offering co-located behavioral and physical health services in underserved neighborhoods) or other shared investments by behavioral and public health agencies towards a priority social determinant.

RECOMMENDED STEPS AND RESOURCES FOR ACHS EXPLORING MHSA FUNDING

To pursue MHSA funding, CACHI communities will need to cultivate relationships and partner with the local behavioral health decision makers who determine how funds are allocated. Given CACHI and MHSA's shared emphasis on resident engagement, several opportunities exist for developing meaningful partnership. This section and the accompanying resources provide some recommended steps, tools, and materials to support CACHI communities in these engagement efforts.

Steps to Participate in the MHSA Planning Process

As mentioned above, all CACHI communities have an opportunity to participate in the MHSA community planning process and 30-day public comment period. Below are the steps these communities should consider when engaging in the MHSA planning process:

1. **Identify which entity in your county oversees MHSA planning and programming**
   ○ This will likely be the county behavioral health department, though it could also be a subdivision within the public health department.
2. **Review your county's most recent annual update to its MHSA plan**
   ○ You will want to identify how funds are currently spent and if any are directed towards programs that are similar to those of your ACH.
   ○ Counties are required to post their three-year plans and annual updates on their public website. MHSOAC also includes counties' annual revenue and expenditure reports on its website.[25]
3. **Determine where the county behavioral health department is in its planning process**
   ○ As mentioned above, counties must meaningfully include and engage local stakeholders (e.g. individuals with serious mental illness (SMI), law enforcement and education agencies, social service organizations, etc.) for input in MHSA plan development. Draft plans and updates must also be circulated for a 30-day public review and comment period and subject to a public hearing before approval.[26]
   ○ The timeline for stakeholder engagement varies by county, but most counties hold their public comment periods in April or May for the following fiscal year, meaning that the

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[25] https://mhsoac.ca.gov/

[26] https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-5848.html

    planning process begins much sooner. CACHI communities who wish to participate in the MHSA planning process should reach out to their county behavioral health departments early in the fiscal year to inquire about the timeline and opportunities for involvement.

4. **Participate in stakeholder engagement and community planning process**
   - ACHs can leverage the 30-day public review period to provide written comments to the MHSA plan. ACHs should also seek out opportunities to participate in any additional MHSA community feedback and planning forums that behavioral health departments may host. These may increase in number as counties begin soliciting input for the next MHSA three-year plan. New three-year plans will begin in 2021, with planning and development occurring well in advance (likely a year or more).
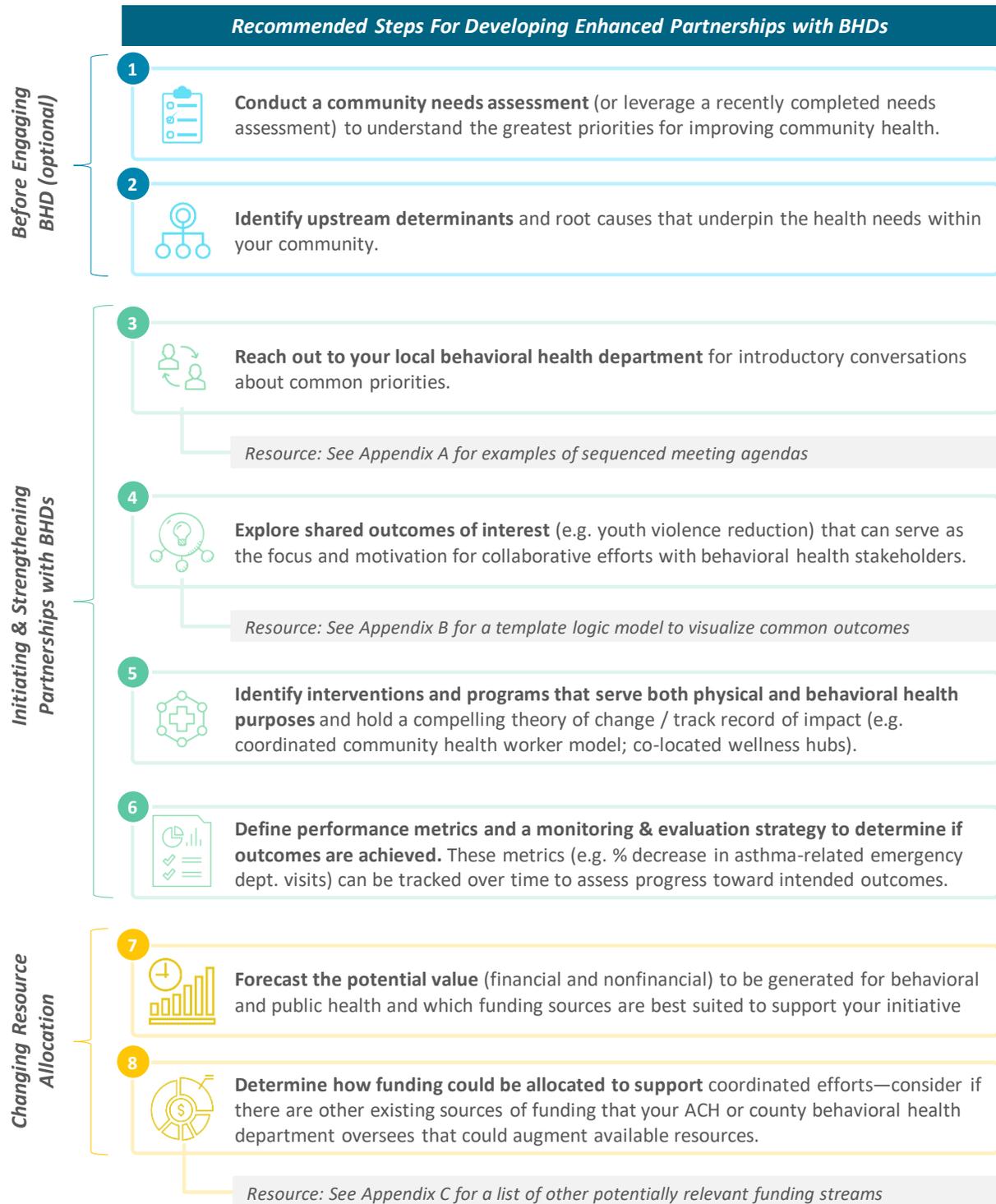
Recommended Steps for Developing Enhanced Partnerships

Steps 1-4 above will help ACHs to identify where their priorities and interventions complement or overlap with existing MHSA-funded efforts in their counties and to provide input in the MHSA planning process.

In addition, some ACHs may wish to build deeper partnerships with their local behavioral health departments that go beyond the scope of the MHSA public comment period. For example, an ACH may want to work with behavioral health stakeholders to identify determinants of health that contribute to both mental and physical wellbeing and coordinate investments to improve outcomes related to those determinants. An ACH may even consider inviting their BHD colleagues to participate on their leadership team, given the valuable perspective and resources they may bring to an ACH's planning activities. While more time intensive, this approach is likely to produce more sustainable partnerships given the emphasis on defining common social determinants and outcomes of interest, leading indicators for measuring those outcomes over time, and leveraging the outcomes data to inform how community resources are allocated.

Figure 2 below outlines a series of steps for ACHs interested in establishing a deeper, outcomes-focused partnership with their local behavioral health stakeholders. This list, along with the accompanying resources referenced and included in the Appendix, are intended to be relevant for any CACHI community regardless of their progress toward establishing an ACH and engaging with local behavioral health networks. Some communities, particularly those further along in the process or who have already developed a portfolio of interventions focused on mental or behavioral health conditions, may have already completed certain steps. Many communities, for example, will have already completed or be actively referencing a community needs assessment or community health improvement plan, in coordination with their local public health department. These communities should leverage such existing efforts, resources, and relationships, prioritizing those steps that are yet to be completed.

FIGURE 2: RECOMMENDED STEPS FOR DEVELOPING ENHANCED PARTNERSHIPS WITH BHDS

Recommended Steps For Developing Enhanced Partnerships with BHDs

Before Engaging BHD (optional)

1 Conduct a community needs assessment (or leverage a recently completed needs assessment) to understand the greatest priorities for improving community health.

2 Identify upstream determinants and root causes that underpin the health needs within your community.

Initiating & Strengthening Partnerships with BHDs

3 Reach out to your local behavioral health department for introductory conversations about common priorities.

Resource: See Appendix A for examples of sequenced meeting agendas

4 Explore shared outcomes of interest (e.g. youth violence reduction) that can serve as the focus and motivation for collaborative efforts with behavioral health stakeholders.

Resource: See Appendix B for a template logic model to visualize common outcomes

5 Identify interventions and programs that serve both physical and behavioral health purposes and hold a compelling theory of change / track record of impact (e.g. coordinated community health worker model; co-located wellness hubs).

6 Define performance metrics and a monitoring & evaluation strategy to determine if outcomes are achieved. These metrics (e.g. % decrease in asthma-related emergency dept. visits) can be tracked over time to assess progress toward intended outcomes.

Changing Resource Allocation

7 Forecast the potential value (financial and nonfinancial) to be generated for behavioral and public health and which funding sources are best suited to support your initiative

8 Determine how funding could be allocated to support coordinated efforts—consider if there are other existing sources of funding that your ACH or county behavioral health department oversees that could augment available resources.

Resource: See Appendix C for a list of other potentially relevant funding streams

CONCLUSION

Across California, CACHI communities have brought together residents, community institutions, and other stakeholders, to collectively focus on one or more critical health conditions or issues, and develop coordinated strategies to achieve positive health outcomes. Many of these communities have identified mental health and well-being as critical components of healthy communities.

As these communities explore funding opportunities, they may want to consider MHSA funding. Moreover, MHSA is one of potentially several funding streams that could emerge from a closer partnership with behavioral health agencies. As ACHs engage local behavioral health agencies in a conversation on shared outcomes, ACHs have an opportunity to build meaningful partnerships, secure an ongoing funding source, and more meaningfully coordinate and connect resources towards improved health outcomes in their communities.

APPENDIX A: EXAMPLE MEETING AGENDAS FOR ENGAGING BEHAVIORAL HEALTH ORGANIZATIONS

This section outlines example sequenced meeting agendas and discussion questions for CACHI communities to reference as they seek to develop relationships with local behavioral health stakeholders (e.g. county behavioral health departments; behavioral/mental health-focused service providers and nonprofit organizations) and identify potential opportunities for partnership. It is intended to be used as a reference tool, not a prescriptive playbook or step-by-step process. CACHI communities should consider their own local context, maturity of current relationships with the behavioral health departments, and their own readiness and capacity to engage in planning conversations to adapt this resource accordingly.

Preparing for an Exploratory Meeting / Call

CACHI communities that are just beginning to explore behavioral health as a part of their portfolio of interventions (POI) will benefit from conducting some independent background research on the structure and programs their county's behavioral health department oversees, before reaching out for an introductory conversation. Recommended first steps include:

1) **Develop a baseline understanding of your county behavioral health department and its MHSA-funded programs:**
   a. *Identify <u>which entity</u> in your county oversees MHSA planning and programming* (e.g. county public health department; separate, standalone behavioral health department)
   b. *Review your county's most recent annual update to its MHSA plan* to identify how funds are currently spent and directed towards programs that may be similar to those of your ACH. Potentially helpful resources include:
      i. County behavioral health agency webpage
      ii. NAMI California's <u>Annual MHSA Program Report</u>

2) **Identify upcoming meetings that your ACH and/or one of its partner organizations is hosting in the next 1-2 months**, **where the behavioral health department's perspective could be a valuable addition**. For example, consider asking select BHD staff to join your next ACH's leadership team meeting, relevant working group(s) meetings, and/or participate in another planning meeting hosted by one of your ACH partner organizations. An invitation to one of these meetings could provide several benefits:
   a. Entering conversations with ideas on next steps and opportunities for continued conversation will help maintain momentum beyond an introductory discussion.
   b. From your ACH's standpoint, the behavioral health department could be a valuable partner and connector in your ACH's planning efforts, given its central role in providing mental health-related supports in your community. Moreover, they will likely have valuable perspective to contribute—for example, BHD staff perspectives could help ACHs in their efforts to define, measure, and assess improved resident behavioral health and well-being at the community level, given their specific expertise.
   c. From the behavioral health department's perspective, your ACH's partnerships and built-in mechanisms for collaborating with partner organizations and engaging residents

may be valuable assets, as they seek to increase community engagement and execute thoughtfully on MHSA's required community planning processes.

3) **Review and understand where the county behavioral health department is in its planning process**

   a. Familiarizing yourself with upcoming milestones and/or the MHSA community planning processes timeline in your county will help you to ask more targeted questions about when and how your ACH can participate.

Exploratory Agenda Template

After completing the steps above, CACHI communities will be well prepared to reach out to their local behavioral / mental health colleagues and discuss opportunities to collaborate. Below is a suggested agenda and example discussion questions intended to support early exploratory conversations. If you are not sure who to contact in your county, the California Department of Health Care Services publishes a list of behavioral health administrators by county.[27]

1) **Introductions**

   a. [Take a few minutes to establish rapport]

   b. [If this is your first conversation, take a moment to share a brief description of your ACH--i.e. goals, the mental / behavioral health outcomes your ACH is prioritizing / exploring (if any), and your ACH partner organizations]

2) **Align on meeting purpose and goals**

   a. [Share suggested meeting goals--your reason for reaching out and exploring opportunities for collaboration should have mutual benefit]:

      i. Identifying where/how the behavioral health department might be a valuable voice in upcoming ACH planning conversations, and

      ii. Mapping where/how your ACH and its partners could be a helpful platform for the behavioral health department in its community planning and resident outreach efforts

3) **Sharing Priorities & Outcomes of Focus**

   a. [Ask about a current MHSA-funded program that you identified through your research that overlaps with your ACH's efforts]

      i. *e.g. "We noticed that the department is coordinating several community health worker programs centered around trauma reduction and increasing trust...it'd be great to learn more about how that work aligns with some of the different priorities and programs the department is overseeing related to youth violence prevention. What outcomes is the department aiming to improve through these services?"*

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[27] https://www.dhcs.ca.gov/services/MH/MHSUD/Pages/CountyProgAdmins.aspx#alameda

        i.   [Share overlap to your ACH's programs and outcomes of focus]

4) **Upcoming opportunities for continued conversation**

    a.   [Ask about and suggest areas for future collaboration and discussion]

> *e.g. "How might we continue exploring ways to collaborate in the coming months? Has the department ever partnered with a backbone entity like [our ACH] to deepen community engagement?*
>
> *Is the department looking to expand resources and programming related to [outcome goal, e.g. youth violence prevention]?*
>
> *Are there any future deadlines should we be aware of? Upcoming community planning periods that may be helpful for us to participate in?"*

    b.   [Invite to upcoming ACH / ACH partner meeting]

> *e.g. "Would someone from the department be interested in joining our next meeting? It'd be great to have their perspective as we continue to explore how our partners can best address current unmet needs in the community and where/how we can collectively align resources."*

5) **Next Steps**

    a.   Next steps for the behavioral health department

    b.   Next steps for the ACH

Follow-Up Agenda Template

One or more follow-up discussions with your local behavioral / mental health colleagues will be valuable to continue momentum, progress, and interest in co-creating a vision for how coordinated MHSA investments could improve mental health and wellbeing outcomes through your ACH.

1) **Introductions & Recap from Exploratory Meeting**

2) **Progress Update**

    a.   [ACH updates since last conversation]

    b.   [BHD updates since last conversation]

3) **Specific Q&A**

    a.   [This section will vary depending on the context - you should come to the conversation with either a specific set of questions, or answers to questions brought up during your introductory conversation]

    b.   [Ideas:]

        i.   Use logic model template (Appendix B) and research from the field to support deeper discussions about where your ACH priorities overlap with or influence BHD priorities

4) **Close/Next Steps**

APPENDIX B: LOGIC MODEL WORKSHEETS FOR IDENTIFYING SHARED ACTIVITES & OUTCOMES

This section includes several logic model worksheets that ACHs can use to identify and illustrate activities (inputs), outputs, and outcomes that their POI shares with behavioral health organizations. ACHs may find these worksheets helpful when conducting independent research into their county BHD's activities, spending, and priorities, and as they prepare for discussions with the BHD. ACHs can also use these worksheets during conversations and planning meetings with the BHD (and/or other partner organizations) to help map overlapping activities and outcomes, and to identify where there may be opportunities for increased coordination of resources (e.g., further integrating or co-locating services; braiding/ blending different funding sources).

Figure B-1 (below) introduces the terminology and layout for the logic model worksheets, as well as an example hypothesis statement that ACHs can use to further crystallize the connections across these various measures. *Figure B-2* and *Figure B-3* can be used to identify discrete ACH/BHD activities that lead to shared outcomes *(Figure B-2)*, as well as to map where/how ACHs and BHDs conduct similar or overlapping activities that can lead to multisystem outcomes *(Figure B-3)*. Lastly, *Figure B-4* provides a list of additional example measures related to behavioral health that ACHs can reference when completing these worksheets.

FIGURE B-1: OUTCOMES LOGIC MODEL TERMINOLOGY & DEFINITIONS
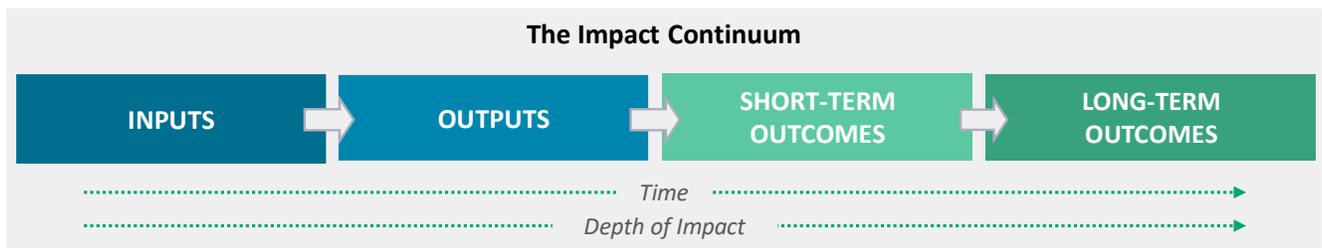
The Impact Continuum

| INPUTS | OUTPUTS | SHORT-TERM OUTCOMES | LONG-TERM OUTCOMES |

Time
Depth of Impact

This [XYZ service] will help [client/beneficiary population] by delivering **INPUTS** that lead to **OUTPUTS** and the achievement of **SHORT- TERM OUTCOMES** and eventually **LONG-TERM OUTCOMES** .

Definitions

| The resources used to deliver a program | The measures of the key activities resulting from a program | The near-term changes that result from a program | The secondary or persistent changes that result from a program, often realized after the programs' services end |

FIGURE B-2: WORKSHEET FOR MAPPING DISTINCT ACH / BHD ACTIVITIES THAT LEAD TO SHARED OUTCOMES
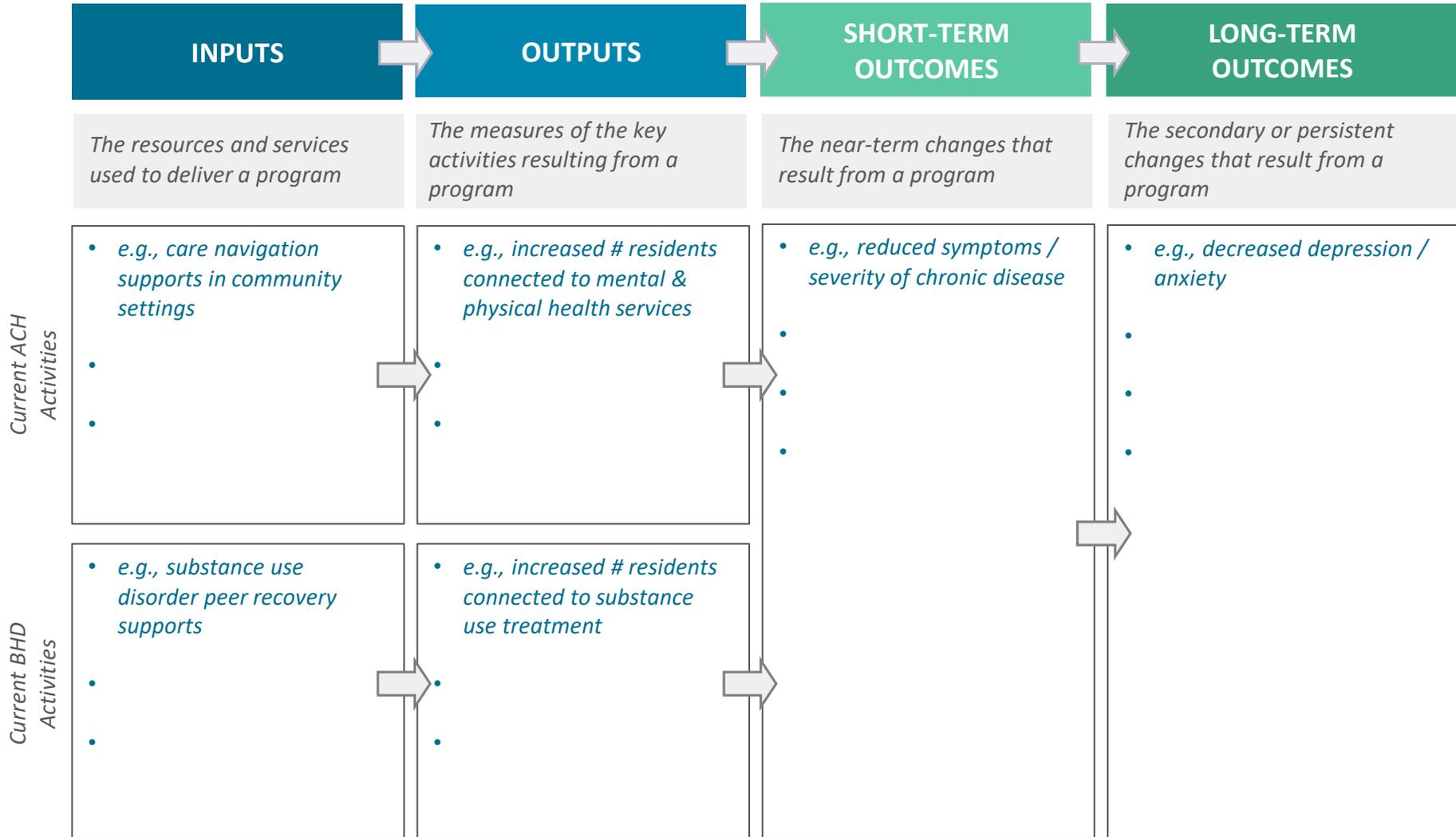
INPUTS	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
The resources and services used to deliver a program	*The measures of the key activities resulting from a program*	*The near-term changes that result from a program*	*The secondary or persistent changes that result from a program*

Current ACH Activities

• *e.g., care navigation supports in community settings* • •	• *e.g., increased # residents connected to mental & physical health services* • •	• *e.g., reduced symptoms / severity of chronic disease* • • •	• *e.g., decreased depression / anxiety* • • •

Current BHD Activities

• *e.g., substance use disorder peer recovery supports* • •	• *e.g., increased # residents connected to substance use treatment* • •	

FIGURE B-3: WORKSHEET FOR MAPPING SHARED ACH / BHD ACTIVITIES AND CONNECTIONS TO MULTI-SYSTEM OUTCOMES

INPUTS	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
The resources and services used to deliver a program	*The measures of the key activities resulting from a program*	*The near-term changes that result from a program*	*The secondary or persistent changes that result from a program*
• *e.g., youth leadership development & mentorship; gun safety & violence prevention awareness campaigns* • • • •	• *e.g., youth feel empowered; increased youth participation in neighborhood violence prevention activities* • • •	• *e.g., increased awareness/ availability of gun safety & violence prevention programs* • • • *e.g., reduced levels / severity of youth trauma* • •	• *e.g., reduced violence-related justice involvement; increased perception of safety* • • • *e.g., reduced violence-related hospital admissions;* • •

Shared ACH / BHD Activities

FIGURE B-4: WORKSHEET FOR MAPPING SHARED ACH / BHD ACTIVITIES AND CONNECTIONS TO MULTI-SYSTEM OUTCOMES

The Impact Continuum

| INPUTS | → | OUTPUTS | → | SHORT-TERM OUTCOMES | → | LONG-TERM OUTCOMES |

Time →

Depth of Impact →
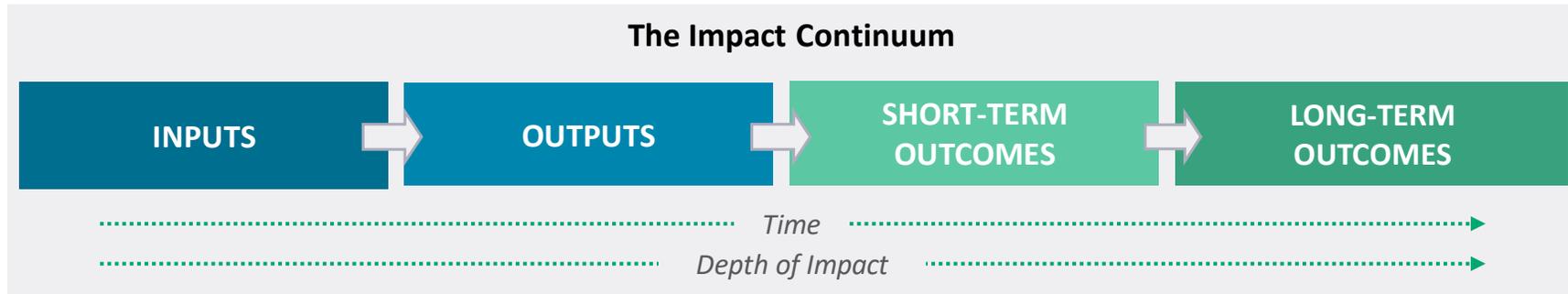
This [XYZ service] will help [client/beneficiary population] by delivering **INPUTS** that lead to **OUTPUTS** and the achievement of **SHORT- TERM OUTCOMES** and eventually **LONG-TERM OUTCOMES**.

Example Measures Connected to Behavioral Health

- Case management
- Recovery services (e.g. peer supports) and SUD treatment
- Care navigation supports
- Awareness campaigns (e.g. mental illness; violence prevention and gun safety)
- Exercise and healthy eating programming
- Youth leadership coaching

- Connections to primary and mental health care, social services, etc.
- Increased # / % of residents participating in stigma reduction campaigns
- Youth feel empowered

- Decreased substance use
- Increased awareness/ reduced stigma of mental illness
- Increased physical activity and nutrition awareness
- Decreased symptoms/ severity of chronic illness

- Reduced depression/ anxiety
- Improved resident physical health and wellbeing
- Decreased utilization of [psych. hospitals/ services]
- Decreased violence-related justice involvement

Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
Federal Funding Sources							
1) Substance Abuse and Mental Health Services Administration (SAMHSA)	Targeted Capacity Expansion: Special Projects Grants	The purpose of this program is to develop and implement targeted strategies for substance use disorder treatment provision to address a specific population or area of focus identified by the community. This program aims to enable a community to identify the specific need or population it wishes to address through the provision of evidence-based substance use disorder treatment and/or recovery support services.	FY2019 Total funds available: $8.3M Grant size: $375K / year up to three years	Time-bound (up to 3 years)	- Screen and assess clients for SUD - Provide evidence based and population appropriate treatment approaches to meet the unique needs of diverse populations at risk - Provide recovery support services - Develop and implement strategies to recruit and engage clients to ensure that clients with the greatest need are being served by your program - Collaborate with community partners to provide comprehensive services 15% of funds may be used for infrastructure	COACT Colorado used a similar grant (system of care planning expansion grant) to establish the State's Trauma Informed System of Care. A $3M SAMHSA Grant covered half of salaries for the High Fidelity Wraparound Intervention in 15 Communities of Excellence around the State. These are essentially "backbone" at the regional level. Other state funds were allocated to Communities of Excellence through the Collaborative Management Program via performance payments.	ACHs or local public health departments may need to partner with local behavioral health departments to generate a competitive application. All applicants MUST register with NIH's eRA Commons in order to submit an application. FY2019 applications due on 03/25/19.
2) Health Resources & Services Administration (HRSA)	National Rural Health Policy, Community, and Collaboration Program	The purpose of this program is to identify, engage, educate, and collaborate with rural stakeholders on national rural health policy issues and promising practices in an effort to improve the health of people living in rural communities nationwide.	Total funds available: $2.3m per year	Time-bound (up to five years)	(1) Identifying and educating rural stakeholders about national policy issues and promising practices for rural health. (2) Maintaining projects that will help support engagement of rural communities in a broad range of activities. (3) Facilitating partnerships and collaborations at the local, regional, state, and national levels to improve the exchange of information and promising practices that support rural health. (4) Identifying and promoting broader collaborative federal efforts to support, promote, and address unique rural health issues.	N/A - this is a new HRSA grant program.	This funding opportunity is designed for rural public health initiatives that closely align with the ACH model. Applications are due by February 28th so there may not be sufficient time for CACHI to apply, however, if the grant is awarded to another entity in California there may be an opportunity for collaboration.
3) Department of Housing and Urban Development (HUD)	Community Development Block Grants (CDBG)	The CDBG program works to ensure decent affordable housing, to provide services to the most vulnerable, and to create jobs through the expansion and retention of businesses. The annual CDBG appropriation is allocated between states and local jurisdictions called "non-entitlement" and "entitlement" communities respectively. CDBG Grant Entitlement Program funds primarily flow to communities. The program distributes 70 percent of funds through grants to cities and urban counties; the remaining 30 percent goes to states, which then pass the funds to smaller communities whose populations are too small to qualify to receive the funds directly. At least 70 percent of funds must be used to benefit low- and moderate-income people HUD determines the amount of each grant by using a formula comprised of several measures of community need, including the extent of poverty, population, housing overcrowding, age of housing, and population growth lag in relationship to other metropolitan areas.	Total funds available: CA receives ~$50M in CDBG funding state-wide per year; Award size varies (e.g. City of San Jose CDBG funding awards range from $100K-$500K+)	Recurring; grants to specific organizations and initiatives are competitively awarded yearly	States and local governments generally have flexibility in how they choose to use CDBG funds, though uses typically fall into either services-based projects or capital projects. CDBG funds can be used to acquire and rehabilitate property for purposes including housing, public works, urban beautification, and historic preservation. They can also support energy conservation, the development of recreational and other public facilities, and neighborhood revitalization activities. Not less than 70 percent of CDBG funds must be used for activities that benefit low- and moderate-income persons.	One of Santa Clara's ACH partners (Somos Mayfair) receives CDBG funds ($150K) from the City of San Jose to support its promotores / community health worker and anti-displacement education services.	ACHs and their partner organizations could apply for / engage administering entities for CDBG funding; engagement process and stakeholders will likely vary based on community/geography. Especially relevant for communities focused on home remediation and neighborhood infrastructure development.

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Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
State-Specific & Local Funding Sources							
4) Governor's Office of Economic Development (GoBIZ)	California Community Reinvestment Grants (CalCRG)	The California Community Reinvestment Grants (CalCRG) program was included in The Adult Use of Marijuana Act (Proposition 64). In accordance with the proposition, GO-Biz will award grants beginning no later than January 1, 2020, to local health departments and qualified community-based nonprofit organizations to support the following activities for communities disproportionately affected by past federal and state drug policies, also known as the War on Drugs (WoD): - Job placement - Mental health treatment - Substance use disorder treatment - System navigation services - Legal services to address barriers to reentry - Linkages to medical care (e.g. clinical-community linkage programs)	Total funds available: $10M in FY 2018-19. Increases by $10M per year, capping out at up to $50M in FY 2022-23. 50% percent of the grant funding will be allocated to qualified community-based nonprofit organizations	Recurring	Primarily focused on service delivery, though eligible services are broadly defined, flexible, and include a focus on community-based interventions and clinical-community linkages;	N/A -- first grants will be made in July 2019. The funding application details several ACH-like activities in the list of eligible services (e.g. community awareness and education efforts for substance use treatment; linking health care providers, community organizations, and public health agencies to improve patients' access to preventative and medical care services--may including forming partnerships and clinical-community linkages)	This is a new funding source that is exclusively intended for local health agencies and community based organizations that service communities disproportionately affected by the WoD. ACHs and their community partners represent a compelling fit and align well with some of example priority outcomes and eligible activities Grant solicitation will be released in April/May 2019. Awards will made by July 31, 2019.
5) Mental Health Services Act (MHSA)	MHSA Innovation Funds (INN)	The goal of the Innovation funding component is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention. (2) Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population. (3) Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.	Counties may submit an innovation proposal of up to any amount, as part of its Three-Year Program and Expenditure Plan for MHSA funding	Time-bound, up to five years; Successful Innovation projects are intended to transition to another category of funding as appropriate	Flexible, so long as there is a focus on Mental Health and Mental Illness: An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including non traditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment	Santa Clara County received $15M over a four-year span to design, launch and operate the "headspace" program-- establishes two sites in Santa Clara County to provide accessible and youth-friendly mental health services to young people between the ages of 12 and 25. The headspace sites aim to increase access to early mental health and drug treatment services for adolescents and to innovatively involve young people in building their own mental health resources at the sites. The headspace program will also facilitate youth-led marketing to combat stigma and reach youth in need.	County MHSA funds are frequently underspent and INN dollars are specifically inteded to support scalable, nontraditional approaches and to encourage cross-agency and cross-county coordination. ACHs would need to engage and partner with County behavioral health/ mental health departments. Interested counties can also apply to participate in the Innovation Incubator (see below) for support in developing and refining their initiatives that will be funded through Innovation dollars.

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Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
6) Mental Health Services Act (MHSA)	Innovation Incubator Program	Offers design challenges and technical assistance to counties to design, develop, and implement innovation projects (i.e. projects leveraging MHSA Innovation Funds--see above) that are intended to address these design challenges. There are four primary goals to the incubator: 1) Provide strategic guidance (allow the state to support innovation investments that target high-priority needs, facilitate multi-county collaboratives to address shared challenges and build the evidence base to support systemic improvements in care) 2) Support technical assistance and training for developing and implementing MHSA Innovation proposals 3) Enhance evaluation (support design and delivery of evaluations of MHSA Innovation projects) 4) Disseminate Information and learnings	Selected counties receive technical assistance (intended to help counties develop an approved innovation project proposal)	Two to three year timeline	As an incubator, funding is not intended as a pass-through to counties but will be used to support TA and structures for county behavioral health departments in i) sourcing community needs, ii) designing human centered approaches to serve the priority population, iii) applying for innovation funds, as well as offering implementation TA, evaluation, policy advocacy resources, and a learning community to share best practices	Comparable example: In November 2017, MHSOAC approved approximately $572,000 in Innovation funding to support a "ramp up" and planning phase for Santa Clara County Behavioral Health Department's headspace Innovation Project	The incubator program could offer a valuable space and additional resources for ACHs and county behavioral health agencies to further explore and define a collaborative initiative; ACHs would need to first engage and partner with County behavioral health/mental health department
7) Mental Health Services Act (MHSA)	Prevention and Early Intervention (PEI)	The goal of the Prevention & Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.	$~350M distributed to counties (FY18-19 projected)	Recurring	Services-focus with broad flexibility, provided population is experiencing or at risk of experiencing mental illness. Language and intent of PEI funds described in the Mental Health Services Act closely mirrors that of the social determinants of health, with a focus on a proactive "help-first" approaches intended to prevent mental illness from going untreated and becoming destabilizing.	LA County's DMH has previously leveraged PEI funding in partnerships with LA DPH, DCFS, and other county departments to support cultural worker and life coaching models, strengthen community platforms for wellbeing, and support violence-prevention initiatives	County MHSA funds are frequently underspent. Conversations with MHSOAC have also indicated a desire for counties to use PEI dollars for more prevention-oriented, less reactive mental health service approaches. ACHs would need to partner with County behavioral health/ mental health departments. PEI funds have been shown to be flexible in the past and prioritize upstream interventions, provided the focus is on individuals / communities at risk of experiencing mental illness
8) California Department of Health Care Services (CDHCS)	Substance Abuse Prevention and Treatment Block Grant (SAPT BG)	*[Funding originates from SAMHSA]* Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. Funds may be spent on planning, carrying out, and evaluating activities to prevent and treat substance use disorders.	$253,247,522 (FY 2019 budget for CA)	Recurring (requires annual maintenance of effort)	1) planning, carrying out, and evaluating activities to prevent and treat substance use disorders. 2) Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time. 3) Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance. 4) Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment. 5) Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.	The Be Well Initiative OC brings together a robust, community-based, cross-sector strategy—public, private, academic, faith and others—to create a community-wide, coordinated ecosystem to support optimal mental health. Among other funding sources, such as MHSA and Medi-Cal, Be Well is leveraging SAPT BG funds to underwrite client services.	Because SABG funds are allocated through local mental health departments, ACHs would need to forge partnerships with these agencies in order to access these funds. The nature of these partnerships will vary depending on local behavioral and public health agency structures. SAPT BG funds could be used in conjunction with other behavioral health funding sources (e.g., MHSA) to support ACHs interested in prioritizing substance abuse efforts efforts.

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Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
9) California Department of Health Care Services (CDHCS)	Community Mental Health Services Block Grants	*[Funding originates from SAMHSA]* Grantees use these block grant funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system. In California, these funds are distributed through the State Department of Health Care Services. Funds are distributed per the Cigarette and Tobacco Products Surtax fund formula OR can be distributed for the development of innovative programs, in consultation with the California Mental Health Directors Association and upon appropriation by the Legislature (Welfare and Institutions Code).	$72,171,883 (FY 2019 budget for CA)	Recurring	States/territories may expend block grant funds only to carry out their annual plan, evaluate programs & services carried out under the plan, and for planning, admin. & educational activities related to providing services. The CDHCS awards most of the funds to counties based on a legislated formula, and the remainder through a competitive process that encourages both innovation and use of best practices. Grant goals/purpose include: 1) Fund priority treatment & support services for individuals without insurance or for whom coverage is terminated for short periods of time. 2) Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance. 3) Fund primary prevention by providing universal, selective, and indicated prevention activities & services for persons not identified as needing treatment. 4) Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.	In Nevada, the state Division of Public and Behavioral Health funded a community health worker program by braiding several federal block grant funding streams, including 1) Cancer Prevention and Control Program for State, Territorial and Tribal Organizations (CDC Grant) 2) Maternal and Child Health - General Funds 3) Mental Health Services Block Grant (MHBG) 4) Organized Approaches to Increase Colorectal Cancer Screening (CDC Grant) 5) Preventive Health and Health Services Block Grant (PHHS Grant) 6) Ryan White HIV/AIDS Program (Part B and rebate funds) 7) State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305 Grant)	Because MHBG funds are allocated through local mental health departments, ACHs would need to forge partnerships with these agencies in order to access these funds. The structure and nature of these partnerships will vary depending on local behavioral and public health agency structures. MHBG funds could be used in conjunction with other behavioral health funding sources (e.g., MHSA) to support ACHs interested in prioritizing mental health efforts.
10) California Department of Public Health (CDPH)	Title V - Maternal and Child Health Services Block Grant	*[Funding originates from HRSA]* The California Title V Block Grant Program is a partnership between the Maternal, Child and Adolescent Health Program (MCAH) of the Department of Public Health and the Systems of Care Division (formerly referred to as Children's Medical Services or CMS) of the Department of Health Care Services. Allocation and uses of funds are prioritized every five years based on needs assessments (aggregate of themes from local needs assessments conducted by local health jurisdictions). The current state plan in CA runs from 2016 through 2020. As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families.	$627,700,000 (FY19 President's Budget for CA)	Recurring	Title V funds are distributed to grantees from 59 states and jurisdictions. The funds seek to create federal and state partnerships that support: (1) Access to quality health care (2) Health promotion efforts to reduce infant mortality and preventable diseases, and to increase immunizations (3) Access to comprehensive prenatal and postnatal care for women (4) An increase in health assessments and follow-up diagnostic and treatment services (5) Access to preventive and child care services as well as rehabilitative services for children in need of specialized medical services (6) Family-centered, community-based systems of coordinated care for children with special healthcare needs (7) Toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid) The MCH Block Grant funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.	In Nevada, the state Division of Public and Behavioral Health funded a community health worker program by braiding several federal block grant funding streams, including: 1) Cancer Prevention and Control Program for State, Territorial and Tribal Organizations (CDC Grant) **2) Maternal and Child Health - General Funds** 3) Mental Health Services Block Grant (MHBG) 4) Organized Approaches to Increase Colorectal Cancer Screening (CDC Grant) 5) Preventive Health and Health Services Block Grant (PHHS Grant) 6) Ryan White HIV/AIDS Program (Part B and rebate funds) 7) State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305 Grant)	CACHI and individual ACHs interested prioritizing maternal and child health efforts could work with CDPH to inform priorities in the next CA Needs Assessment in 2021. CDPH has interest in the ACH model but further discussion would be necessary to understand the viability of leveraging Title V funds for future ACH work. While the funds are generally flexible and can support coordination, health promotion, and prevention, Title V funds are held accountable to a variety of national outcome and performance measures, meaning that awardees must have the data capabilities to demonstrate impact. This may be a barrier for ACHs in California.

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Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
11) Strategic Growth Council	Transformative Climate Communities Program	The TCC program funds projects that reduce greenhouse gas (GHG) emissions through the development and implementation of neighborhood-level transformative climate community plans that include multiple, coordinated GHG emissions reduction projects that provide local economic, environmental, and health benefits to disadvantaged communities. Timeline for next round of applications to be announced. Round 2 awards were made in December 2018.	Total funds available: - $46M in implementation grants (2018) - $800K in planning grants (2018) Award size varies from year to year *Local 50% match required*	Recurring competitive grants	Project examples include, but are not limited to: » Affordable and sustainable housing developments » Transit stations and facilities » Bicycle and car share programs » Residential weatherization and solar projects » Water-energy efficiency installations » Urban greening projects » Bicycle and pedestrian facilities » Low-carbon transit vehicles and clean vehicle rebates » Health and well-being projects	In Fresno, leaders formed the Transformative Climate Communities Collaborative to identify a plan for economic and environmental transformation of Southwest, Chinatown and Downtown Fresno. Sixty-two projects were proposed in total, of which 37 were deemed eligible for funding consideration. Eligible projects were then gathered into five packages that were presented to the Community Steering Committee. At the final Community Steering Committee meeting, a total of 126 Committee members voted to select the projects they wanted to see come to fruition in their community. They overwhelmingly chose the package designed by residents of Southwest Fresno – one of the state's most "disadvantaged" neighborhoods. The Watts neighborhood in the city of Los Angeles received an implementation award for $35M in Jan 2018 with the following stated public health goals: 1) reduce local sources of air pollution, 2) increase walkability to reduce obesity, 3) prevent displacement and it's impacts on physical and mental health, 4) Mitigate non GHG sources of pollution, 5) create safe and secure public space.	While TCC grants are not awarded to individual entities, ACH's could participate or play a role in leading community planning efforts to apply for TCC funds. TCC guideline articulate community health and wellbeing as co-benefits of interest, meaning that this funding could be relevant for CACHI communities focused on environmental determinants of health. Projects must reduce greenhouse gas emissions significantly over time, leverage additional funding sources, and provide additional health, environmental and economic benefits.
12) Strategic Growth Council	Affordable Housing & Sustainable Communities Program	The Affordable Housing and Sustainable Communities Program (AHSC) builds healthier communities and protects the environment by increasing the supply of affordable places to live near jobs, stores, transit, and other daily needs. Personal vehicle use is, by far, the most significant source of greenhouse gas emissions in California. AHSC reduces these emissions by funding projects that make it easier for residents to get out of their cars and walk, bike, or take public transit.	$1M min award $20M max award	Recurring competitive grant	AHSC provides funding for affordable housing developments (new construction or renovation) and transportation infrastructure. This may include sustainable transportation infrastructure, such as new transit vehicles, sidewalks, and bike lanes; transportation-related amenities, such as bus shelters, benches, or shade trees; and other programs that encourage residents to walk, bike, and use public transit.	In Sacramento, The West Gateway Place Affordable Housing and Grand Gateway Transportation Infrastructure Project is a new four-story development, which will include retail space and 77 new affordable homes for families in need. All of the new apartments are reserved for low-income households, and will provide a variety of benefits in the community, including making the neighborhood safer and more amenable to bikers and pedestrians. The project will provide transportation improvements in West Sacramento's Bridge and Washington districts and will be well-connected to a nearby transit hub and the major employment centers of CalSTRS, the California Department of General Services, and Downtown Sacramento.	While ACHs are likely not eligible to apply for these funds directly, many communities around CA are receiving AHSC grant funding that could be used for activities focused on creating and encouraging active transportation.

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Public Funding Stream Matrix

Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
13) California Transportation Commission	Active Transportation Program (ATP)	The goals of the ATP include: » Increase the number of trips accomplished by biking and walking. » Increase the safety and mobility of non-motorized users. » Advance the active transportation efforts of regional agencies to achieve greenhouse gas reduction goals » Enhance public health, including reduction of childhood obesity through the use of programs including, but not limited to, projects eligible for Safe Routes to School Program funding. » Ensure that disadvantaged communities fully share in the benefits of the program. » Provide a broad spectrum of projects to benefit many types of active transportation users.	Total funds available: $445M annually in competitive grants Award size: $250K minimum	Recurring competitive grant. Funds must be spent within four years.	» Infrastructure Projects: Capital improvements that will further the goals of this program. This typically includes the environmental, design, right-of-way, and construction phases of a capital (facilities) project. A new infrastructure project will not be programmed without a complete Project Study Report (PSR) or PSR equivalent. » Plans: The development of a community wide bicycle, pedestrian, safe routes to school, or active transportation plan that encompasses or is predominantly located in a disadvantaged community. » Non-infrastructure (NI) Projects: Education, encouragement, and enforcement activities that further the goals of the ATP. NI projects can be start-up programs or new and/or expanded components of existing programs. All NI projects must demonstrate how the program is sustainable and will be continued after ATP funding is exhausted.	The Southern California Association of Governments (SCAG) is currently advocating for and investing in active transportation infrastructure in the region to create walkable and bikeable communities. County public health departments have supported these efforts and the total SCAG allocation for active transportation has increased from 0.4% to 1.3% of the total transportation budget as a result. In 2006 the Public Health Department of Columbus, OH led an initiative to create spaces that foster physical activity in every day life. The initiative was called the Healthy Places Program and was staffed by an Urban Planner who helped facilitation collaboration between the public health department and local land use planning stakeholders.	Examples of eligible applicants include public and private agencies that have a stake in improving active transportation infrastructure. Local health departments are not specifically listed but also not excluded. Many CACHI geographies are already receiving ATP funding (Sacramento, Southern CA, Fresno, San Joaquin). Communities focused on cardiovascular health and diabetes prevention should consider this program a resource for increasing the accessibility and effectiveness of active transportation infrastructure. The ATP award scoring criteria include a public participation and planning whereby applicants must identify the community-based public participation process to be implemented. This is an opportunity for ACHs to interface and share input with other ATP lead applicants.
14) California Air Resource Board (CARB)	Community Air Grants Program	The purpose of the Community Air Grants Program is to provide community-based organizations in California with logistical and technical assistance to support their efforts in improving local air quality, in line with the goals of AB 617.	Total funds available: $5M in FY 2019-20 Award size: $100k for education projects; $300k for technical projects	Recurring competitive grant	Education Projects: To support community participation in governmental decision making on specific AB 617 elements such as: community engagement and education supporting Blueprint document; conducting popular education on air quality topics; partnership and coalition building for the purposes of AB 617; facilitating interaction and cultivating working relationships with government agencies Technical Projects Examples: community technology assessments; community technical training (monitoring and technical education including data collection and analysis); community-led community air protection efforts; community air monitoring support.	Greenaction for Health and Environmental Justice - a CBO in the Bayview Hunters Point neighborhood of San Francisco received a $500,000 Community Air Grant in 2019 to 1) facilitate education opportunities for residents, helping them become active partners with local government to reduce air pollution, and 2) execute air monitoring and data analysis activities to to map air pollution and health information at the community level.	ACHs that are structured as tax-exempt non-profit organizations can apply directly for Community Air Grants and may be competitive if asthma and air quality and incorporated in their portfolio of interventions. ACHs that are not structured as non-profits can encourage other community partners to apply for this funding.

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Funder / Agency	Program	Overview	Size of Opportunity	Recurring / Time-Bound	Allowable Spending Details (i.e. admin/backbone; services-only)	Precedent + Example Use Cases	Considerations for ACHs
15) California Department of of Social Services (CDSS)	CalWORKS	The California Work Opportunity and Responsibility to Kids (CalWORKs) program is California's version of the federal Temporary Assistance for Needy Families (TANF) program. CalWORKs provides temporary cash assistance to meet basic family needs. It also provides education, employment, and training programs to assist the family's move toward self sufficiency. Components of CalWORKs include time limits on eligibility, work requirements, supportive services to encourage program participation, and parental responsibility.	FY18-19 statewide budget: ~$350M CalWORKs funding is disbursed to county welfare departments, which administer the program at the local level.	Recurring	Case management services and direct cash assistance focus. Special programs also exist for eligible families within CalWorks that provide housing/homelessness assistance (CalWorks Housing Support Program; Bringing Families Home program), home visitation (CalWorks Home Visitation Initiative), and disability resource navigation (CalWorks Housing & Disability Advocacy Program).	Limited track record of CalWORKS funds supporting community-based, preventative services. Recent special CalWorks initiatives (e.g. Home-Visitation Initiative; Housing Support Program) have been launched that will employ evidence-based approaches to support CalWORKS families in barrier-removal.	Conversations with CDSS indicate interest in revising CalWORKS performance measures and testing new barrier-removal approaches for CalWORKS families. ACHs would likely need to partner with County welfare departments (given they are charged with administering CalWORKS cash assistance and programming) and build a value-proposition for how the ACH model can improve economic and employment outcomes for CalWORKS families. The specific component of CalWORKS that can best supporting ACH activities would need to be determined, potentially State TANF reserve funds.
16) First 5	First 5 County Commissions	Funded by a state tax on tobacco products, First 5 funds are flexible and support healthy development of children 0-5. the "Help Me Grow" initiative has a specific focus on enhancing coordination across systems of care, including partnerships with the Mental Health Services Act programs and CalWORKS.	Variable, depending on County; funds are decreasing given reductions in tobacco product purchases. Expected to be $300M by 2020.	Recurring	First 5 funds are flexible could be used to support certain ACH backbone activities and coordination efforts, if an ACH's local First 5 Commission deems that important.	Conversations with Stockton's ACH mentioned that San Joaquin County has been putting more funding toward home visiting programs and has seen improved population health outcomes. LA's Department of Mental Health also mentioned ongoing collaboration with F5LA to support and fund Parents as Teachers expansion, home visitation programming, and evaluation-related costs	Flexible funding allocated at the local level that may be able to support ACHs. For example, First 5 funds can be used as match funds to drawdown Medi-Cal MAA funds. In addition, First 5 interests overlap with ACHs in the areas of Asthma, ACEs. There is also a growing interest in the connection between ACEs and later chronic disease at First 5. Viability of braiding First 5 funding will depend on an ACH's relationship with local first five commissions and whether county First 5 funding is oversubscribed

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Resources

	Funder / Agency	Program	Resource 1	Resource 2
1)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Targeted Capacity Expansion: Special Projects Grants	https://www.samhsa.gov/grants/grant-announcements/ti-19-007	COACT Colorado: https://www.colorado.gov/pacific/cdhs/colorado%E2%80%99s-trauma-informed-system-care-coact
2)	Health Resources & Services Administration (HRSA)	National Rural Health Policy, Community, and Collaboration Program	https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=022165b4-add2-4ef2-b947-8e05d10c5310	https://grants.hrsa.gov/2010/Web2External/Interface/Common/EHBDisplayAttachment.aspx?dm_rtc=16&dm_attid=11f65fb7-e26d-4d50-b599-f56d8cee995b
3)	Department of Housing and Urban Development (HUD)	Community Development Block Grants (CDBG)	San Jose / Somos Mayfair: https://www.sanjoseca.gov/index.aspx?nid=1345	https://www.hud.gov/program_offices/comm_planning/communitydevelopment/programs
4)	Governor's Office of Economic Development (GoBIZ)	California Community Reinvestment Grants (CalCRG)	http://www.business.ca.gov/Programs/California-Community-Reinvestment-Grants-Program	
5)	Mental Health Services Act (MHSA)	MHSA Innovation Funds (INN)	https://www.mhsoac.ca.gov/what-we-do/innovation	
6)	Mental Health Services Act (MHSA)	Innovation Incubator Program	https://mhsoac.ca.gov/sites/default/files/documents/2018-10/DRAFT%20Business%20Plan.OCT_.10.18.pdf	https://mhsoac.ca.gov/sites/default/files/documents/2019-01/Commission%20Meeting%20Packet_012419_FINAL_0.pdf?fbclid=IwAR0OlTTBsMiBrr-q9zP8dzHcfv8EGPM37CclkXsJc8OqJ6C1HgjGQztyBpo&fbclid=IwAR0OlTTBsMiBrr-q9zP8dzHcfv8EGPM37CclkXsJc8OqJ6C1HgjGQztyBpo
7)	Mental Health Services Act (MHSA)	Prevention and Early Intervention (PEI)	https://mhsoac.ca.gov/sites/default/files/documents/2019-01/MHSA%20Jan2019.pdf	
8)	California Department of Health Care Services (CDHCS)	Substance Abuse Prevention and Treatment Block Grant (SAPT BG)	https://www.samhsa.gov/sites/default/files/sites/default/files/samhsa-fy-2019-congressional-justification.pdf	
9)	California Department of Health Care Services (CDHCS)	Community Mental Health Services Block Grants	https://www.dhcs.ca.gov/services/MH/Pages/MHBG.aspx	
10)	California Department of Public Health (CDPH)	Title V - Maternal and Child Health Services Block Grant	https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Title-V-Block-Grant-Program.aspx	
11)	Strategic Growth Council	Transformative Climate Communities Program	http://www.sgc.ca.gov/programs/tcc/docs/20190204-Facts_Sheet_TCC.pdf	http://www.sgc.ca.gov/programs/tcc/docs/20180815-TCC_Final_GUIDELINES_07-31-2018.pdf
12)	Strategic Growth Council	Affordable Housing & Sustainable Communities Program	http://sgc.ca.gov/programs/ahsc/	
13)	California Transportation Commission	Active Transportation Program (ATP)	https://www.saferoutespartnership.org/sites/default/files/resource_files/atp_guide_final.pdf	
14)	California Air Resource Board (CARB)	Community Air Grants Program	https://ww2.arb.ca.gov/sites/default/files/2019-05/Final DRAFT FY18-19 Air Grant Guidelines ENGLISH_51419.pdf	
15)	California Department of of Social Services (CDSS)	CalWORKS	http://www.cdss.ca.gov/inforesources/CalWORKs	
16)	First 5	First 5 County Commissions	http://www.cdss.ca.gov/inforesources/CalWORKs	http://www.cdss.ca.gov/inforesources/CalWORKs

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