STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/16)

Fiscal Year	Business Unit	Department	Priority No.
2017-18	4560	Mental Health Services Oversight and Accountability Commission	1

Budget Request Name	Program	Subprogram
4560-002-BCP-BR-2017-GB	4170 - MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION	

Budget Request Description
Prevention and Early Intervention Plan Reviews

Budget Request Summary
The Mental Health Services Oversight and Accountability Commission (Commission) is requesting additional funding from the Mental Health Services Fund (MHSF) to support administration of regulatory authority under Assembly Bill (AB) 82 (Chapter 23, Statutes of 2013). The Commission requests two permanent, full-time positions to support this work, for a request of $309,000 ongoing personnel funds beginning Fiscal Year 2017-18.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Project Approval Document: Approval Date:

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Brian R. Sala	01/10/17	Filomena Yeroshek	01/10/17
Department Director Toby Ewing	Date 01/10/17	Agency Secretary	Date

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☐ Workload Budget per Government Code 13308.05

PPBA	Date submitted to the Legislature
Original Signed By: Kris Cook	JAN 10

A. Budget Request Summary

The Commission is requesting two positions and $309,000 additional ongoing personnel funds. AB 82 mandated the Commission to promulgate and implement regulations for Prevention and Early Intervention Programs (PEI) and Innovation Programs (INN). This request will allow the Commission to fulfil its mandate under AB 82 by supporting program implementation and counties' ability to leverage PEI funds improving California's mental health system.

B. Background/History

In June of 2013, the Governor signed AB 82 (Chapter 23, Statutes of 2013), a budget trailer bill that modified the Mental Health Services Act and directed the Commission to issue regulations for Prevention and Early Intervention Programs and Innovation Programs that were initially authorized under Proposition 63.

For this first phase of regulatory work, the Commission redirected administrative, program and legal staff for the development, review and adoption of regulations. The Commission absorbed this workload by delaying other work, reducing in the short term its commitments in some areas, such as plan review, contract monitoring and recruitment. In the summer of 2015, the Commission adopted regulations governing county implementation of Prevention and Early Intervention Programs and Innovation Programs.

For the second phase of its obligations under AB 82, the Commission is directed to monitor implementation of the regulations and to provide technical assistance to counties under both Prevention and Early Intervention Programs and Innovation Programs. This obligation includes the receipt, processing, analysis, and dissemination of findings from required county data and evaluation reporting elements. The regulations require counties, for the first time, to provide significant, program-level participant, outcome, and evaluation data for each PEI program on an annual basis. This creates a significant, new workload for the Commission to provide technical assistance to the counties regarding the design and implementation of their data collection and reporting strategies, as well as opportunities for the Commission to conduct statewide oversight and evaluation of PEI programming. As of June 2016, there were approximately 616 ongoing county-level PEI programs.

The Commission has been actively engaged with the counties in developing a technical assistance agenda for implementation of the regulations. During February-June 2016, the Commission held four regional meetings to identify strategies for helping the counties implement the regulations successfully. The draft recommendations, not yet adopted by the Commission, include both development of technical assistance materials and facilitation of regular "learning collaborative" meetings with representatives from clusters of counties and providers to develop shared understandings of best practices for implementation. This implementation project has been conducted by temporarily redirecting staff from other areas, including legal, plan review, contract monitoring and other activities.

In the FY 2016-17 Budget, the Commission received funding for three positions to address the Innovation Programs (INN) component of the new workload created under AB 82—two Health Program Specialist I/II positions and one Research Program Specialist I/II position. The Commission is in the process of recruiting for these positions.

The Commission is requesting two additional positions—one Health Program Specialist I/II position and one Associate Governmental Program Analyst position—to address the PEI-related workload created under AB 82. The Commission has deployed 1.5 existing positions—a Consulting Psychologist and 0.5 of an existing Health Program Manager II—to support the work of both the PEI and INN units. Further, the Commission has dedicated, on an ad hoc basis, two existing Health Program Specialist I positions and an existing AGPA position to support implementation of the PEI and INN regulations. (See attached work load analysis.)

Current Workload Measures

The Commission does not have current workload measures for INN and PEI regulations as this is a relatively new mandate following implementation of AB 82 (Chapter 23, Statutes of 2013). The Commission has been absorbing the additional workload of preparing technical assistance materials and responding to county requests for technical assistance regarding the preparation of INN project

plans and INN annual reports and final project reports by delaying other work, including plan review and contract monitoring. Additionally, the Commission has experienced a significant increase in technical assistance requests from counties as they begin to implement the PEI regulations, including data collection and reporting requirements.

As noted above, the Commission received authorization for three additional positions in the FY 2016-17 budget to address new workload relating to INN. Counties have received between $70 million and $90 million per year for the Innovative Component of the MHSA. Spending commitments vary from year to year, as counties have three years in which to expend INN funds received in a given year, and INN projects may extend as long as five years. Currently, there are in excess of 110 active INN programs, each of which is required to submit an annual progress report detailing participant, outcome, and evaluation assessments for the program.

County funding reserved for PEI is approximately four times larger than funding for the INN component, or approximately $280 million to $360 million per year. Every county maintains multiple PEI programs. As noted above, there currently are approximately 616 distinct county PEI programs in operation, each of which is required to submit annual reports and data on outcomes and evaluation to the Commission.

The Commission anticipates an increase in requests for technical assistance relating to county PEI program and INN project spending, in part because the Commission is working to improve public awareness about county programming through the use of a Fiscal Transparency Tool and searchable program and project inventory tool on our website. The Fiscal Transparency Tool will allow the public, policymakers and mental health advocates to explore county utilization of MHSA funds and determine the availability of unallocated funds by component. We anticipate that the tool will be live on our website before the end of calendar year 2016. The searchable program and project inventory tool will allow the public, policymakers and mental health advocates to explore county MHSA activities at the program and provider levels to better understand how counties are prioritizing their MHSA expenditures. We anticipate a phased introduction of functionality in this tool on our website throughout calendar year 2017. Populating and maintaining the database of programs and providers will place a substantial workload on our plan review unit, most of which currently is redirected to support other PEI and INN program functions.

Resource History
(Dollars in thousands)

Program Budget	PY – 4 2011-12	PY – 3 2012-13	PY – 2 2013-14	PY – 1 2014-15	PY 2015-16
Authorized Expenditures	$5,484	$6,925	$62,310	$82,742	$71,575
Actual Expenditures	$5,340	$6,850	$18,085	$52,599	$71,575
Authorized Positions	22.0	21.0	27.0	30.0	30.0
Filled Positions	17.1	18.1	23.9	23.9	23.8
Vacancies	4.9	2.9	3.1	6.1	6.2

C. State Level Considerations

The overall design and implementation of the MHSA is consistent with the principles of subsidiarity. Counties have primary authority and responsibility for the design, implementation and program decisions related to community mental health programs. Additionally, the MHSA directs counties to pursue a community consultation process. The MHSA and the work of the Commission also supports improvements in monitoring and reporting on outcomes, performance metrics, and evaluations.

This proposal also is consistent with the Commission's strategic plan, which calls for the collection of county level data to support ongoing evaluation of California's mental health system. The PEI regulations require for the first time counties to report to the Commission on a program-by-program basis their achievement of performance outcomes, including reductions of prolonged suffering, homelessness, suicidality, incarceration and unemployment, as well as assessment of service penetration to historically unserved and underserved communities. This information, along with

detailed reporting on persons served and the nature of those services, will allow the Commission to enhance its oversight activities. That information also will allow the Commission to work with the counties to identify and disseminate information on best practices.

Welfare and Institutions Code section 5892(d) states that funds from the Mental Health Services Fund shall be reserved for the Commission to implement its duties. While there is no direct impact to other state entities because of these responsibilities and proposed staff augmentations, it would reduce MHSA funding available within the five percent administrative cap.

This proposal provides improved access to information on effective programs, improved transparency on available funds and services and information on the effectiveness of innovative and prevention-oriented approaches.

D. Justification

The Commission is requesting expenditure and position authority to support implementation of PEI regulations to review, approve, monitor and report on MHSA PEI programs as directed under AB 82. (Please see attached organizational chart incorporating the requested positions.)

AB 82 (Chapter 23, Statutes of 2013) modified the Mental Health Services Act and directed the Commission to adopt regulations for programs and expenditures under both the Prevention and Early Intervention component and the Innovation component and to continue providing technical assistance to counties to improve public mental health programs. The Commission adopted regulations in the summer of 2015, effective late 2015. Those regulations specify data collection and reporting requirements for the counties under the MHSA. The Commission is working to provide technical assistance and training to the counties on the new regulatory requirements. However, the newly issued regulations has increased the need for technical assistance. In 2015, counties began planning to collect newly required outcome performance measurements and must begin annual and periodic PEI reporting to the Commission in 2017.

The Commission has limited ability to provide assistance to counties pursuing Prevention and Early Intervention Programs under the regulations. In general, the Commission currently provides consultation on a case-by-case basis in response to requests for technical assistance. As mentioned above, the Commission currently has one Consulting Psychologist position dedicated to reviewing innovation plans and providing technical assistance on innovation programs, and we are working to draft, develop and provide technical assistance on PEI and INN regulations. In addition, the Commission has one Health Program Manager II supervising one Staff Mental Health Specialist and two Health Program Specialist I positions that work on innovation plan reviews as well as other county plan reviews, contract monitoring, the development of outreach and community forums and other duties. The Commission received authorization in the FY 2016-17 budget to add two Health Program Specialist I/II positions and one Research Program Specialist I/II position to assume from existing staff the responsibility to work with the Consulting Psychologist and Health Program Manager II to implement the Commission's vision for the INN program. As these new INN positions are filled, existing staff currently redirected from such functions as plan review, contract monitoring and community engagement activities would shift more of their attention to providing support to the PEI program efforts until such time as dedicated PEI staff could be hired.

Under the present proposal, the Commission would maintain the Consulting Psychologist position as a technical lead advisor to the three program units (INN, PEI, and plan review), in collaboration with the Health Program Manager II. The additional two positions, under the supervision of the Health Program Manager II and in close collaboration with the Consulting Psychologist, the INN program unit, and existing staff, will allow the Commission to develop an integrated approach to guiding, monitoring and reporting on the impact of MHSA on California's mental health system. This approach will allow the Commission to pursue four goals for PEI:

Providing Strategic Guidance. The Commission currently receives requests from counties for technical assistance and advice regarding INN and PEI programming. Individual counties, in consultation with local stakeholders, determine how best to allocate MHSA funds. While many counties are making strategic investments in Innovation and PEI, the counties are not collectively strategic. As a result, the counties forego the opportunity to jointly explore improved approaches to address shared

challenges. For example, there have been great strides in establishing intervention models for Early Psychosis, yet we are not clear on how many counties are using PEI funds to implement model, evidence based programs. To promote the use of evidence-based practices the Commission must first understand these models, identify potential barriers to implementation, and promote their adoption.

A PEI team, working within the regulatory framework required by AB 82 and in collaboration with the Commission's INN team, will allow the Commission to work with the counties to identify areas of shared concern and develop joint, regional or other shared approaches to services that allow California to make best use of evidence-supported PEI approaches as a strategy for system improvement.

Technical Assistance and Training. As mentioned above, the Commission has limited ability to provide assistance to counties across their PEI and INN components. There is tremendous variation in how counties are leveraging PEI and Innovation funding to guide improvements to California's mental health system. For instance, all counties are required to conduct community consultation processes, and every county is now required to conduct evaluations of each of their PEI programs. Preliminary assessments of county evaluations of programs and projects indicated wide variation in the quality of evaluations and the ability of counties to conduct evaluations that provide valid and reliable information appropriate for determining whether to sustain existing approaches to delivering services.

This proposal will allow the Commission to augment its technical assistance and training and increase the utility of PEI programs for improving county mental health programs and California's overall approach to mental health care.

Monitoring and Oversight. Both the Bureau of State Audits and the Little Hoover Commission have raised concerns that State-level entities have not exercised a sufficient level of oversight of county implementation of the goals of the MHSA. Existing Commission staff can provide only limited monitoring of county PEI expenditures or investigations associated with inappropriate use of PEI funding. The regulations require counties for the first time to provide PEI program-level measures of the duration of untreated mental illness (to assess outreach and engagement strategies and to better understand opportunities for and success in reducing the duration of prolonged suffering); the average time between client referrals to services and client participation in referred services (to assess access and linkage strategies); and detailed demographic characteristics of populations served (to better understand service penetration patterns, particularly for historically unserved and underserved populations).

These reporting requirements in turn create a significant workload burden for the Commission to insure that the required data are properly received, processed, maintained and analyzed.

The Commission is committed to working with stakeholders and the Department of Health Care Services to improve services, and using its oversight authority to develop PEI plans in accordance with the law and that PEI programs are adequately evaluated.

Information Dissemination. The MHSA includes a requirement for all counties to report on performance as a way to improve California's mental health system. Successful programs in one county can inform and guide investments across all counties. California must improve its ability to recognize and learn from the lessons of program evaluation, both successes and setbacks. There currently are no systematic, statewide efforts to disseminate information on best practices in PEI programming.

The Commission, because of its delegated regulatory authority under AB 82, and statutory direction to advise the Governor and Legislature plays a key advisory role to DHCS, through its Performance Contracts with the counties, by gathering and reporting information on PEI and lessons learned. This proposal will better equip the Commission to meet its obligations under the MHSA and AB 82.

Under this proposal, the Commission intends to work closely with the counties to develop and support peer-to-peer strategies for each of the four goals outlined above. A peer-to-peer approach among counties, with support and facilitation from the Commission, will allow the Commission to minimize additional costs, support strategic decision-making, training, monitoring and information dissemination for counties and deliver on its goals. A critically important component of the Commission's ability to deliver on this peer-to-peer strategy is to develop the capacity to gather, organize, maintain and

analyze results from county programs into a statewide picture that can be shared back with counties, stakeholders, policymakers, and the general public.

PEI is a strategic component of the MHSA, which includes specific goals for reducing homelessness, incarceration, suicide, unemployment and related challenges. This proposed investment in improving California's use of PEI funding will help guide county efforts to achieve those goals which are intended to reduce costs for the counties as well as the state, through both cost avoidance and reduction in unit costs.

Additionally, the Mental Health Services Act charges the Commission with improving public awareness of mental illness, the importance of mental health and the potential to improve California's service delivery system. Increasing the visibility of California's investment in Prevention and Early Intervention will allow the state to improve understanding of both the challenges facing local mental health systems, and opportunities for improvement.

No legal or statutory change is required to support this BCP. As outlined above, this request is in response to statute and regulations that impact the Commission.

Additional information on fiscal implications of this proposal is included below.

E. **Outcomes and Accountability**

Per its statutory authority, and in conjunction with DHCS and the Mental Health Planning Council, the Commission is working to develop outcome and performance metrics for California's mental health system. Those measures and metrics are intended to apply at the individual, population and system level for California.

Consistent with that work, the Commission is developing strategies to deploy activity-based costing for its work. Activity-based costing will allow the Commission to assign a cost value to its activities, including staffing costs.

Additionally, the Commission is working to secure training and experience with Return-on-Investment and Cost-Avoidance analysis to improve our understanding of the cost-effectiveness of different mental health programs and interventions.

These efforts will allow the Commission to document its investment in PEI, along with county investments, and the cost-effectiveness of those approaches over time. Efforts by the Commission to validate the evaluation and cost savings, and disseminate results to more counties, would have the effect of magnifying the costs savings by the number of counties that adopted that improved approach. Thus a small, successful investment in PEI in a single county can have magnified impact on California's overall mental health system.

The Commission is working to develop the tools to document those costs and cost savings in ways that are both valid and reliable. There are a limited number of states that are conducting this type of analysis; the most advanced is work being done by the Washington Institute for Public Policy, which outlines cost savings associated with the adoption of specific programmatic interventions.

Aside from reporting both costs and savings, the Commission will continue to monitor and report on county compliance with regulatory annual reporting. The Commission recently redesigned its web site and continues to post detailed information on its activities, and county activities, such as PEI programs and spending. We also are exploring options to provide the public with access to detailed financial information, including county PEI expenditures, to support and improve public accountability and transparency. The requested resources will contribute to that effort.

Equally important, the information gathered through annual county reporting as required under both PEI and INN regulations will allow the Commission to augment its research and evaluation efforts. Specifically, the administration, Legislature, and the public will be able to monitor Commission workload on PEI as well as county pursuit of the MHSA's PEI component, the extent that PEI efforts result in improvements to the mental health system and those areas where improvement is most needed.

F. Analysis of All Feasible Alternatives

Alternative #1

Increase Commission budget and staffing authority by two positions with associated operating funds.

Cost: $309,000 ongoing

Pro: Provide the resources for the Commission to fulfil its mandates under AB 82 and related provisions of the MHSA.

Con: Increases state workforce by two positions and ongoing financial obligations from the MHSF.

Alternative #2

No staffing change/absorb additional workload.

Cost: No additional costs.

Pro: Requires no additional staffing or funding.

Con: Would result in delays in Commission review of PEI plans, and monitoring of county mental health progress. Commission response to requests for technical assistance will also be delayed. Commission will have limited to no ability to monitor and promote Prevention and Early Intervention in California's mental health system.

Alternative #3

Redirect existing staff from other responsibilities to work on regulations and provide technical assistance.

Cost: No additional costs.

Pro: Requires no additional staffing or funding.

Con: Would result in delays in other priorities established by the Legislature and Governor. Commission staff are primarily dedicated to research and evaluation, administration of Triage grants, administering existing workload for innovation spending review and approval, contract monitoring, supporting Commission meetings, and administration. Each of these functions is a specific mandate directed by current law.

Alternative #4

Contracting out oversight and technical assistance for PEI.

Cost: Unknown cost, potentially comparable to request.

Pro: Requires no additional staffing, allows flexibility over time.

Con: Proposition 63 established the Commission to ensure independent oversight of the implementation of the MHSA. Statutory restrictions limit contracting for services that can be provided by civil service classifications.

Alternative #5

Delay implementation.

Cost: No additional costs.

Pro: Requires no additional staffing or funding.

Con: Does not address concerns identified by the Bureau of State Audits and the Little Hoover Commission to improve transparency, increase public awareness of the contributions of the MHSA and improve service delivery.

G. Implementation Plan

The Commission anticipates using statewide and/or department specific lists for these positions. As such, Commission will obtain approval from departments that have existing exams for the positions. In addition, the Commission plans on recruiting from local universities for these positions.

H. Supplemental Information

There are no special resources needed to support the proposal.

I. Recommendation

Adopt Alternative #1.

This recommendation would allow the Commission to implement recently promulgated regulations for Prevention and Early Intervention Programs (PEI) and to augment its efforts to guide, monitor and promote evidence-based PEI programming as a strategy to support the transformation of California's mental health system.

Health Program Specialist II (1): The Health Program Specialist II position would provide subject matter expertise and leadership in the Commission's PEI program review. The HPS II would serve as primary points of contact and administrative leads vis-à-vis the Counties regarding the Commission's efforts towards monitoring and oversight of the County programs and providing technical assistance and training consultation to the Counties. Additionally, the HPS II would contribute subject matter expertise and support to the Commission's statewide strategic guidance and information dissemination functions regarding PEI.

- Monitoring and Oversight: The HPS II would dedicate approximately 25% of their time to reviewing and responding to County-submitted PEI program and budget information, and 5% percent of their time reviewing County PEI program evaluation materials, to serve as subject matter experts to the Commission.
- County Technical Assistance and Training: The HPS II would provide ongoing consultation to the Counties regarding best practices in work plan development and composition (15%), program sustainability including engagement in community planning processes and outreach/engagement with stakeholders (10%), regulatory compliance issues (10%) and program evaluation best practices and implementation (5%).
- Statewide Strategic Guidance and Information Dissemination: The HPS II would provide subject matter expertise and leadership to Commission PEI review subcommittees, including preparation of briefing materials and leading site visits of ongoing PEI projects (15%), and provide subject matter expertise and support to the development and provision of an annual PEI showcase (5%), annual PEI Trends Report (5%) and annual PEI Policy Paper (5%).

Associate Governmental Program Analyst (1): The AGPA would provide critical analytic, administrative, and program support to the PEI team and serve as staff analytic lead. The AGPA would serve as the staff analytic lead in the preparation of reviews of County PEI program evaluations, in collaboration with the HPS IIs as subject matter experts and project leads, and serve as staff analytic lead in preparation of technical assistance materials. Additionally, the AGPA would provide staff leadership, with support and guidance from the HPS IIs, for the Commission's statewide strategic guidance and information dissemination functions regarding PEI.

- Monitoring and Oversight: The AGPA would provide analytic support to the HPS IIs toward reviewing and responding to the County-submitted PEI program and budget information (5%) and provide analytic leadership toward review of County PEI program evaluation materials (25%).
- County Technical Assistance and Training: The AGPA would provide support to the HPS IIs in their ongoing consultation with the Counties regarding best practices in work plan development and composition (5%), compliance with regulatory requirements (5%), program sustainability including engagement in community planning processes and outreach/engagement with stakeholders (10%), and provide analytic leadership in providing technical assistance and guidance regarding program evaluation best practices and implementation (20%).
- Statewide Strategic Guidance and Information Dissemination: The AGPA would provide administrative leadership and analytical expertise to Commission PEI review subcommittees, including preparation of briefing materials and supporting site visits of ongoing PEI projects

(5%), and provide analytic and project leadership in the preparation of an annual PEI showcase (5%), annual PEI Trends Report (10%) and annual PEI Policy Paper (10%).

DF-46 *(REV 03/13)*

Fiscal Summary

(Dollars in thousands)

BCP No.	Proposal Title	Program
	Prevention and Early Intervention Plan Reviews	4170

Personal Services	Positions			Dollars		
	CY	BY	BY + 1	CY	BY	BY + 1
Total Salaries and Wages [1]	0.0	2.0	2.0	$0	$137	$137
Total Staff Benefits [2]				**0**	**52**	**52**
Total Personal Services	0.0	2.0	2.0	$0	$189	$189
Operating Expenses and Equipment						
General Expense				0	6	6
Printing				0	2	2
Communications				0	3	3
Postage				0	0	0
Travel-In State				0	14	14
Travel-Out of State				0	0	0
Training				0	1	1
Facilities Operations				0	77	77
Utilities				0	6	6
Consulting & Professional Services: Interdepartmental [3]				0	0	0
Consulting & Professional Services: External [3]				0	0	0
Data Center Services				0	0	0
Information Technology				0	7	7
Equipment [3]				0	0	0
Other/Special Items of Expense: [4]						
Office Automation				0	4	4
Total Operating Expenses and Equipment				$0	$120	$120
Total State Operations Expenditures				$0	$309	$309

Fund Source	Item Number					
	Org	Ref	Fund			
General Fund						
Special Funds[5]	4560	001	3085	$0	$309	$309
Federal Funds						
Other Funds (Specify)						
Reimbursements						
Total Local Assistance Expenditures				$0	$0	$0

Fund Source	Item Number					
	Org	Ref	Fund			
General Fund						
Special Funds[5]						
Federal Funds						
Other Funds (Specify)						
Reimbursements						
Grand Total, State Operations and Local Assistance				$0	$309	$309

[1] Itemize positions by classification on the Personal Services Detail worksheet.

[2] Provide benefit detail on the Personal Services Detail worksheet.

[3] Provide list on the Supplemental Information worksheet.

[4] Other/Special Items of Expense must be listed individually. Refer to the Uniform Codes Manual for a list of standard titles.

[5] Attach a Fund Condition Statement that reflects special fund or bond fund expenditures (or revenue) as proposed.

Personal Services Detail

(Whole dollars)

BCP No.	Proposal Title
	Prevention and Early Intervention Plan Reviews

Salaries and Wages Detail

Classification [1] [2]	Positions			Salary Range	Dollars		
	CY	BY	BY + 1		CY	BY	BY + 1
HEALTH PROG SPEC II	0.0	1.0	1.0	$5,550-$6,947	$0	$74,982	$74,982
ASSOC GOVTL PROG ANALYS	0.0	1.0	1.0	$4,600-$5,758	0	62,148	62,148
Total Salaries and Wages [3]	0.0	2.0	2.0		$0	$137,130	$137,130

Staff Benefits Detail	CY	BY	BY + 1
OASDI		$7,944	$7,944
Health/Dental/Vision Insurance		10,730	10,730
Retirement			
Miscellaneous		31,522	31,522
Safety		0	0
Industrial		0	0
Other:		0	0
Workers' Compensation		3	3
Industrial Disability Leave		0	0
Non-Industrial Disability Leave		53	53
Unemployment Insurance		0	0
Other:		1,960	1,960
Total Staff Benefits [3]	$0	$52,212	$52,212
Grand Total, Personal Services	$0	$189,342	$189,342

[1] Use standard abbreviations per the Salaries and Wages Supplement. Show any effective date or limited-term expiration date in parentheses if the position is not proposed for a full year or is not permanent, e.g. (exp 6-30-13) or (eff 1-1-13)
Note: Information provided should appear in the same format as it would on the Changes in Authorized Positions.

[2] If multiple programs require positions, please include a subheading under the classification section to identify positions by program/element.

[3] Totals must be rounded to the nearest thousand dollars before posting to the Fiscal Summary.

Supplemental Information

(Dollars in thousands)

BCP No.	Proposal Title
	Prevention and Early Intervention Plan Reviews

Equipment	**CY**	**BY**	**BY +1**
Standard Complement			
Total	$0	$0	$0

Consulting & Professional Services			
Total	$0	$0	$0

Facility/Capital Costs			
Total	$0	$0	$0

One-Time/Limited-Term Costs Yes ☐ No ☐

Description	**BY**		**BY +1**		**BY +2**	
	Positions	**Dollars**	**Positions**	**Dollars**	**Positions**	**Dollars**
	0.0	$0	0.0	$0	0.0	$0

Full-Year Cost Adjustment Yes ☐ No ☐

Provide the incremental change in dollars and positions by fiscal year.

Item Number	**BY**		**BY +1**		**BY +2**	
	Positions	**Dollars**	**Positions**	**Dollars**	**Positions**	**Dollars**
Total	0.0	$0	0.0	$0	0.0	$0

Future Savings Yes ☐ No ☐

Specify fiscal year and estimated savings, including any decrease in positions.

Item Number	**BY**		**BY +1**		**BY +2**	
	Positions	**Dollars**	**Positions**	**Dollars**	**Positions**	**Dollars**
Total	0.0	$0	0.0	$0	0.0	$0

Special Fund Detail

(Dollars in thousands)

BCP No.	Proposal Title
	Prevention and Early Intervention Plan Reviews

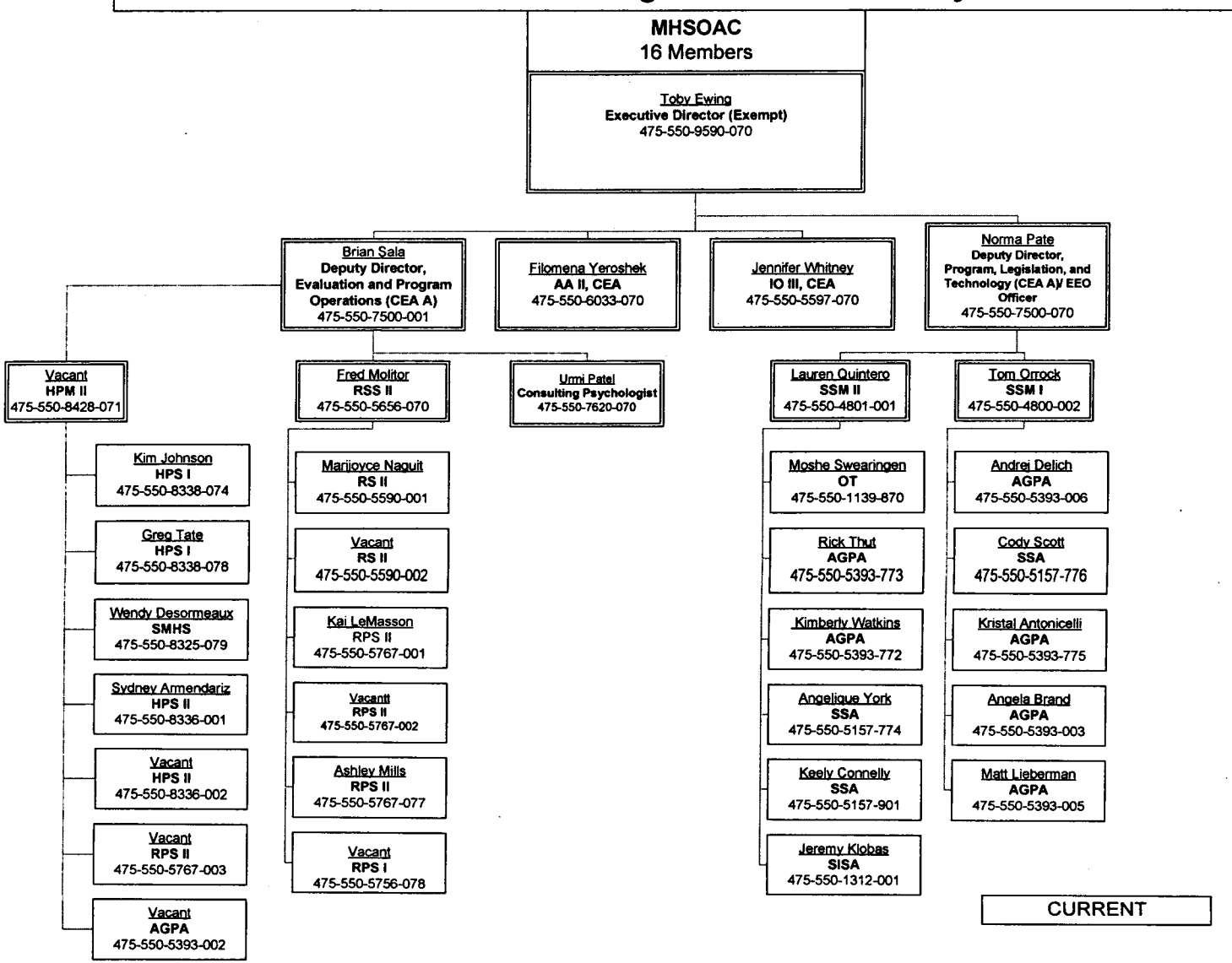
Special Fund Title	Item Number			Dollars		
	Org	Ref	Fund	CY	BY	BY + 1
Mental Health Services Fund	4560	001	3085	$0	$309	$309
Total Special Funds - State Operations [1]				$0	$309	$309

Special Fund Title	Item Number			Dollars		
	Org	Ref	Fund	CY	BY	BY + 1
Total Special Funds - Local Assistance [2]				$0	$0	$0

[1] Total must tie to "various" funds identified for State Operations, Special Funds in the Fiscal Summary. Add rows if necessary.

[2] Total must tie to "various" funds identified for Local Assistance, Special Funds in the Fiscal Summary.

Mental Health Services Oversight and Accountability Commission



CURRENT

KEY

AGPA – Associate Governmental Program Analyst

AA II, CEA – Administrative Adviser II, CEA

CEA – Career Executive Assignment

CP – Consulting Psychologist

IO III, CEA – Information Officer II, CEA

HPM II – Health Program Manager II

HPS I – Health Program Specialist I

OT – Office Technician

RA – Retired Annuitant

RPS I – Research Program Specialist I

RPS II – Research Program Specialist II

RS II – Research Scientist II

RSS II – Research Scientist Supervisor II

SISA – Staff Information Systems Analyst (Specialist)

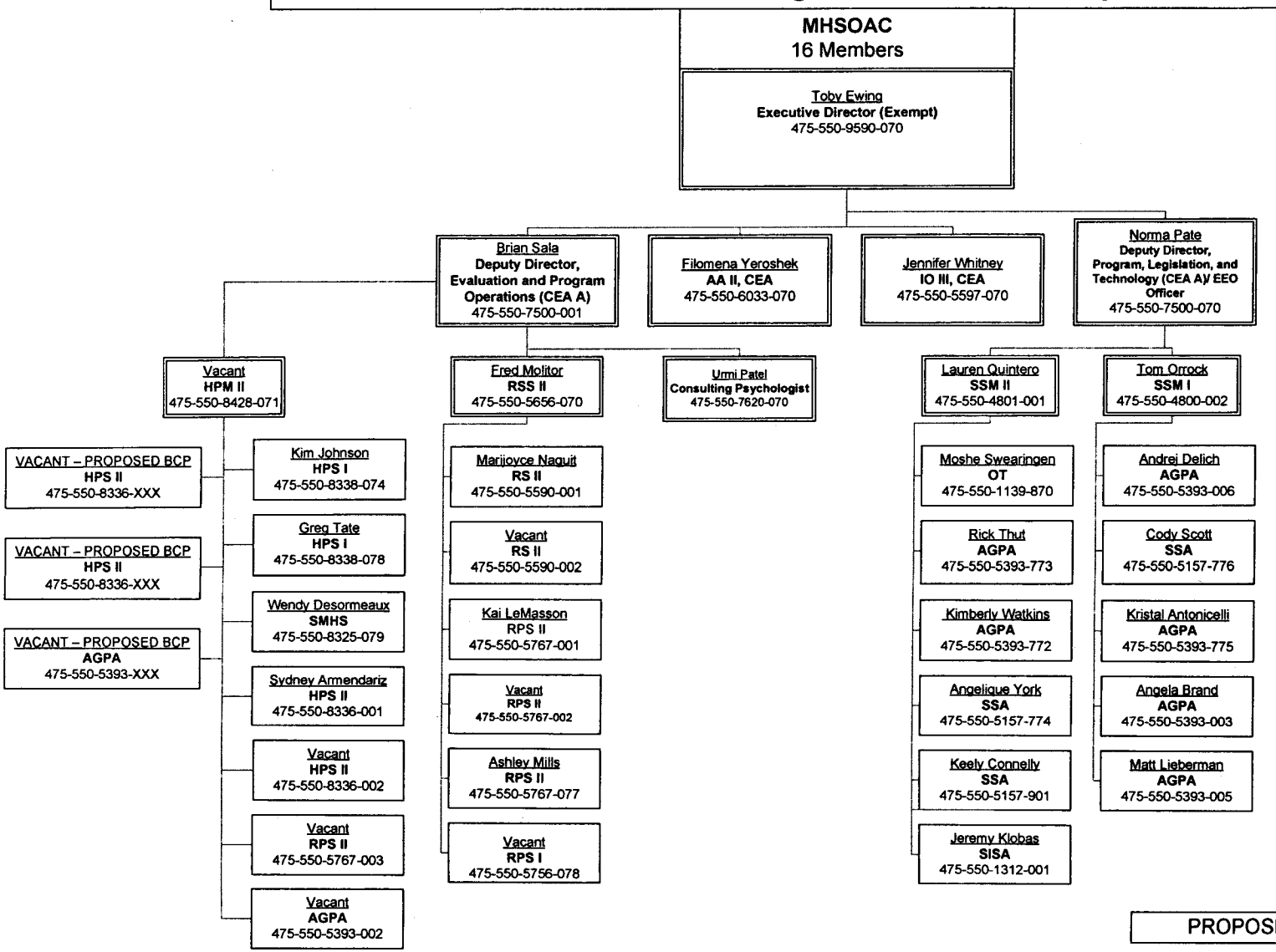
SMHS – Staff Mental Health Specialist

SSA – Staff Services Analyst

SSM I – Staff Services Manager I

SSM II – Staff Service Manager II

Mental Health Services Oversight and Accountability Commission



KEY

AGPA – Associate Governmental Program Analyst

AA II, CEA – Administrative Adviser II, CEA

CEA – Career Executive Assignment

CP – Consulting Psychologist

IO III, CEA – Information Officer II, CEA

HPM II – Health Program Manager II

HPS I – Health Program Specialist I

OT – Office Technician

RA – Retired Annuitant

RPS I – Research Program Specialist I

RPS II – Research Program Specialist II

RS II – Research Scientist II

RSS II – Research Scientist Supervisor II

SISA – Staff Information Systems Analyst (Specialist)

SMHS – Staff Mental Health Specialist

SSA – Staff Services Analyst

SSM I – Staff Services Manager I

SSM II – Staff Service Manager II