IST Growth Cap Program Annual Expense Report Guidance and Template

Expenditure Plans

Counties subject to penalty payment are required to submit a plan to the Department of State Hospitals (DSH) for the use of funds in accordance with the activities outlined below prior to disbursement of funds back to the county. In March 2024, DSH released a program expenditure plan template intended to provide guidance to counties in the development of a program description for reporting how Growth Cap funds <u>will be</u> used to support one or more of the following activities to meet the goal of reducing felony IST determinations:
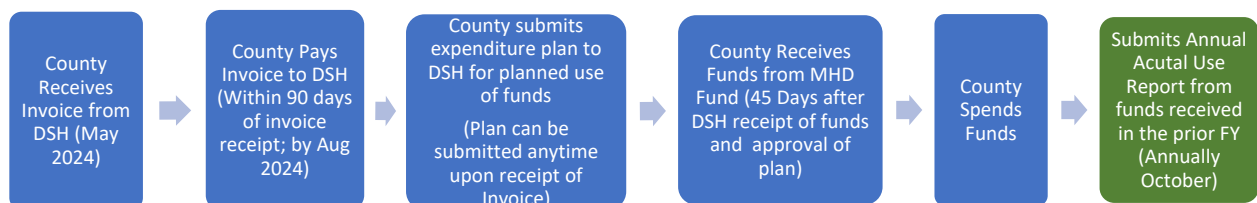
1) Pre-booking
2) Post-booking before the IST commitment
3) Re-entry Services

Expense Reports

As outlined in Welfare and Institutions Code (WIC) 4336, beginning in the 2024–25 fiscal year (FY), each county subject to a Growth Cap penalty payment, and subsequently received their funds returned via disbursement from the Mental Health Diversion Fund (MHD) shall submit an annual expense report to DSH, on or before October 1 of each fiscal year, identifying how funds were actually used in the prior fiscal year[1] in accordance with the county's plan previously submitted to DSH. Recognizing that the first-year funds, associated with FY 2022-23 Growth Cap penalties, have not been collected and returned in time for expenditure to occur in FY 2023-24, counties subject to these requirements this year are not expected to submit an expense report by the initial date of implementation, October 1, 2024.

The expense report referred to in this document as the 'report' is intended to provide guidance to counties on how to report the actual use of Growth Cap funds that were reimbursed from the MHD. The elements contained in this <u>report</u> template are consistent with the expenditure <u>plan</u> template. Counties are encouraged to utilize the Growth Cap expenditure plan to assist in reporting on the outcome(s) of the strategies that were anticipated. Each county maintains flexibility to explain any variances from the original plan to account for strategies that may have changed or were adjusted to best meet the needs of the county and their intended goals.

Below is an overview of the Growth Cap Invoicing Timeline and where this report falls in the process.

County Receives Invoice from DSH (May 2024) → County Pays Invoice to DSH (Within 90 days of invoice receipt; by Aug 2024) → County submits expenditure plan to DSH for planned use of funds (Plan can be submitted anytime upon receipt of Invoice) → County Receives Funds from MHD Fund (45 Days after DSH receipt of funds and approval of plan) → County Spends Funds → Submits Annual Acutal Use Report from funds received in the prior FY (Annually October)

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[1] [WIC 4336](d)(1)

I. County Expense Report Requirements

Each report should contain all elements, A through E, displayed below in this section, County Expense Report Requirements.   You may use this document as a template to complete the narrative information requested. In addition, include Attachment 1: Actual Expense Spreadsheet to report actual expenditure data.

Please summarize the highlights of the program that was offered, the target population impacted, the number of individuals served, and if the intended impact was met.

A. Program/Project Title
Reference the title of the program or practice that was implemented.

B. Project Expenses
Refer to and include Attachment 1: Actual Expense Spreadsheet to report actual expenditure data.

C. IST Impact
Describe the impact the program or project had on the number of people being found IST, expressed through a reduction of felony IST determinations, if known.

As noted in the planning template, DSH recognizes that it may be difficult to estimate the number of felony IST determinations reduced as a direct result of the program implemented/expanded. If an estimated/actual number is not feasible, the county can summarize why the program/project selected is believed to have an anticipated impact that reduces the number of felony IST determinations and include any data assumptions, if any, that may support the anticipated outcome.

D. Project Summary
Summarize the following information, describing the reach of the program in terms of how services were delivered and who it served:
- Start and end dates of program/project.
- Where in the justice or IST process the services occurred consistent with one or more of the three domains outlined in the IST Impact (Pre-Booking, Post-Booking, and/or IST Re-entry Support) as explained in WIC 4336.
- Services and supports provided.
- If there were any variances from the initial plan submitted to DSH, summarize the changes.

E. Project Outcomes
- Identify the actual number of individuals served.
- Consistent with the county's plan submitted to DSH, summarize any actual outcomes initially projected. Include any metrics that were tracked to measure and evaluate outcomes (including any known qualitative and/or quantitative outcomes measurements.
- Summarize any impacts the program had and why it was effective.

II.   Submission of Completed Expense Reports

Please list the point of contact for the Growth Cap expense report below:

- *Name:*
- *Title:*
- *Organization:*
- *County:*

Submit reports via email to the DSH Growth Cap Team at
DSHISTGrowthCap@DSH.CA.GOV.

Please reference the email title as: **Expense Report for** [**County Name**]

Attachment 1: Actual Expense Spreadsheet

ATTACHMENT 1: Actual Use Expense Spreasdsheet

[BLANK] COUNTY EXPENSE REPORT FOR FUNDS USED IN FY [XXXX-XX]

Date Prepared:

TOTAL AMOUNT AVAILABLE FOR PROGRAM/PROJECT EXPENSES	Reference the amount invoiced by DSH in the most recent prior fiscal year	$0.00
	Reference any carryover of prior, prior year Growth Cap funds applied to this reporting period if available (not applicable in Year 1 of program implementation)	$0.00
	Reference any other funds (i.e. local funding source, grant funds) applied to this program/project if applicable	$0.00
	Total Amount Available (sum of rows above)	**$0.00**
TOTAL ACTUAL EXPENSE	When using Excel Spreadsheet, cell should automatically populate with the total actual expenses detailed below	**$0.00**

Personal Services/Staffing Expenditure Category	Actual Expenses	Operating Expense Expenditure Category	Actual Expenses
List each type of position by discipline/function utilized to support Growth Cap strategy. Reference both civil service and contracted staff in this section	*List actual dollar amount spent in reporting year*	*List each type of operating expense*	*List actual dollar amount spent in reporting year*
Civil Service (list each type & add rows if necessary):		Operating Expenses (list each type & add rows if necessary)	
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
Contracted Staff (list each type & add rows if necessary):			$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
	$0.00		$0.00
Subtotal Staffing (civil service)	*$0.00*		$0.00
Subtotal Staffing (contracted)	*$0.00*		$0.00
Total Staffing	**$0.00**	**Total Operating Expense**	**$0.00**