**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 will be used to support one or more of the following activities to meet the goal of reducing felony IST determinations:

Pre-booking

Post-booking before the IST commitment

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]](#footnote-2) 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 report template are consistent with the expenditure plan 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 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.

#### **Program/Project Title**

Reference the title of the program or practice that was implemented.

#### **Project Expenses**

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

#### **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.

#### **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.
1. ***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.

# **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

1. [WIC 4336](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4336.&lawCode=WIC)(d)(1) [↑](#footnote-ref-2)