

WebEx Etiquette

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- PLEASE MUTE YOURSELF ON YOUR COMPUTER AND/OR PHONE.
- **Do not** put this call on **“hold”** at any time during this meeting.
- Please “announce” yourself by typing your name in the **“Chat.”**
- Use **“Chat”** to ask questions.
- **“Raise Hand”** if you would like to be unmuted to ask questions out loud. We will have question breaks throughout the meeting.
- If you are using computer AND telephone connection, please **turn off the volume** on your **computer** to avoid echo.
- Meeting is being recorded for internal audit purposes.



Behavioral Health
MHSA Administration

**MHSA Annual Update
Fiscal Year 2021/22
Community Program Planning (CPP)**



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Meeting Overview

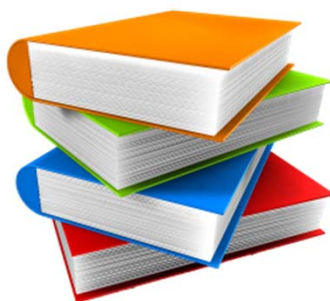
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- MHSА Annual Update-Overview
- MHSА Components
- Community Program Planning (CPP)
- Program Changes and Updates
- Questions and Answers



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MHSА Annual Update Overview



MHSA Annual Update Overview

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- Why do we do an MHSA Plan?
- The MHSA Plan is something that is required by MHSA regulations (WIC § 5847)
- An Annual Update is required every year where a three year plan is not complete to plan ahead for the delivery of integrated services across the department and to notify of changes to programs.
- This year we'll develop an MHSA Annual Update for Fiscal Year 2021-2022 (July 1, 2021 through June 30, 2022).

MHSA Annual Update-Purpose

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The purpose of the plan is:

- To provide information of MHSA funded programs in San Bernardino County to our stakeholders
- To include any proposed changes or updates to programs that might be made to the MHSA Plan
- Evaluate short-term and long-term impacts of MHSA programs
- Used as evidence to demonstrate that we are meeting the regulatory requirements

MHSA Annual Update-Components

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The MHSA Plan and Annual Updates, like the Act itself, is constructed out of MHSA's six components as well as a Fiscal summary and component detail:

- Community Services and Supports (CSS) - Programs and services intended for individuals living with Serious Mental Illness (SMI) with focus on individuals at risk of psychiatric hospitalization and/or homelessness due to the severity of their illness.
 - 76% of MHSA funds
- Prevention and Early Intervention (PEI) - Services are intended to stop a mental illness from becoming severe and debilitating or to deter the onset, if possible. Target populations are those experiencing signs or symptoms of mental illness or risk factors.
 - 19% of MHSA funds

MHSA Annual Update-Components (cont.)

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- Innovation (INN) - Time limited projects intended to do short-term research that will help improve the public mental health system. These programs test different strategies and allow us to incorporate successful strategies into public mental health services.
 - 5% of MHSA funds
- Workforce Education and Training (WET) - Allows us to train, recruit, and retain staff to provide services across the continuum.
 - One Time allocation-sustained through transferred CSS funding
- Capital Facilities and Technological Needs (CFTN) - Space to provide services and technology to assist in collecting and storing consumer information and to assist in treatment planning.
 - One time allocation-sustained through transferred CSS funding

Community Program Planning (CPP)



MHSA Annual Update-Components (cont.)

- **Community Program Planning (CPP)** - As part of the continuous feedback and improvement process DBH meets with stakeholders every month in many ways.
 - Allows continuous communication between the department and stakeholders regarding services, outcomes, and other information related to the public behavioral health system.
 - Stakeholder meetings provide an additional opportunity for consumer and family member involvement, as this is a major stakeholder group.

Community Program Planning-Stakeholders

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Who are DBH's Stakeholders?

WIC §5848 identifies the following as stakeholders:

- Adults and seniors with severe mental illness,
- Families of children, adults, and seniors with severe mental illness,
- Providers of services,
- Law Enforcement agencies,
- Education, social services agencies,
- Veterans, representatives from veterans organizations,
- Providers of alcohol and drug services,
- Health care organizations, and
- Other important interests



Community Program Planning Meetings

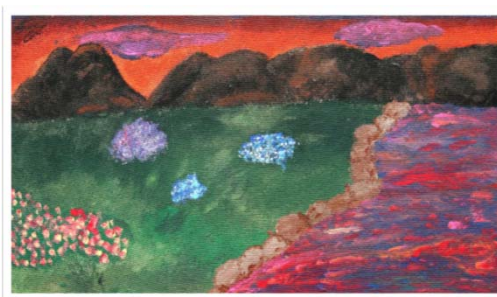
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Examples of stakeholder meetings include:

- Behavioral Health Commission Meeting
- Consumer Clubhouse Advisory Boards
- Cultural Competency Advisory Committee and Subcommittees
- Community Policy Advisory Committee (CPAC) meetings
- District Advisory Council Meetings (DACs)



Program Changes and Updates FY 2021/22



Artwork by B. Lopez

MHSA Programs Updates

- DBH is currently in the process of reviewing current expenditures, program utilization, and reviewing the availability of funding for stakeholder supported program development.
- DBH will continue using existing MHSA funds to support existing programs.
- Review existing feedback and continue to engage stakeholders to learn what programs/services best meet their needs.
- Because of the ongoing public health crisis, DBH has implemented the use of telework/telehealth protocols wherever practical, including using a virtual platform for all MHSA stakeholder engagement opportunities.



Prevention and Early Intervention (PEI) Updates Page 15

- **Early Psychosis Care Program**
 - Funding reduction and program change.
 - Program implementation will begin in phased approach with focus on building DBH capacity for identification of high clinical risk of psychosis.

- **Coalition Against Sexual Exploitation (CASE)**
 - Funding reduction from MHSA as positions are being supported by another funding source.

- **Community Wholeness and Enrichment**
 - Funding reduction
 - The DBH operated portion of this program ended and staff are reassigned.

Innovation Updates Page 16

- **Innovative Remote Onsite Assistance Delivery (InnROADs) project**
 - Clinical Therapist II assigned to the Morongo Basin will be used as a leadership floater throughout the county to assist with leadership at additional locations, as needed.
- **Eating Disorder Collaboration**
 - Project to begin 1/1/2021 with a reduced staff of:
 - 2 – Clinical Therapist I
 - 1 – Social Worker II
 - 1 – Office Assistant II
- **Cracked Eggs**
 - Project will begin with the use of a virtual platform for workshops, in lieu of the previously planned in-person workshops.



Community Services and Supports (CSS) - Updates

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- **Triage Transitional Services (TTS)**
 - Expanded funding to implement Placement after Stabilization (PAS) program that is co-located at each Crisis Residential Treatment center.
 - Program utilizes a team of Clinical Therapists, an Office Assistant and Clinic Supervisor to provide discharge planning to support individuals transitioning out of crisis services back to community services.

- **Crisis Residential Treatment (CRT)**
 - Funding increased due to a higher number of average days spent in the CRT than planned, in addition to a high rate of utilization.

Community Services and Supports (CSS)- Updates

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- **Adult Criminal Justice (ACJ)**
 - New Full Service Partnership (FSP) program named the Corrections Outpatient Recovery Enhancement (CORE) is beginning 1/2021.
 - Cost savings from other ACJ programs will be utilized to support this program.
 - CORE provides intensive behavioral health treatment services to adult parolees diagnosed with a serious mental illness who are receiving enhanced outpatient program or correctional case management system services prior to release from state prison.

 - Forensic Assertive Community Treatment (FACT)
 - Decrease in program costs due capacity reduction that more closely aligns with number of consumers served.

Community Services and Supports (CSS)- Updates

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- **Full Service Partnership**
 - Members Assertive Positive Solution (MAPS) and Assertive Community Treatment (ACT) name changed to Assertive Community Treatment (ACT) Model FSP Services.
- **Homeless/Housing Program**
 - No Place Like Home and future MHSA CSS dollars will support Capitalized Operating Subsidy Reserves (COSR) for approximately 8 units.
 - Future encumbrances will be reflected in subsequent updates to the MHSA Plan
- **TAY One-Stop Centers**
 - A planned expansion was halted due to COVID financial impacts. Reduced funding resulting in a reduction in number of consumers planned to be served.
 - Reduction to TAY Probation MOU.

Community Services and Supports (CSS)- Updates

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- **Clubhouses**
 - San Bernardino TEAM House will relocate to new facility June 2021.
 - Barstow Desert Stars Clubhouse will relocate to new facility during Summer of 2021.
 - Desert Stars relocation will allow for the expansion of services to include showers and laundry.
 - The vacated space will be repurposed for clinic Substance Use Disorder services.
- **Behavioral Health Urgent Care Center**
 - Rialto Crisis Walk In Center (renamed Behavioral Health Urgent Care in Three Year Plan) closed effective 8/28/2020.
 - Additional funding from previous years has allowed an expansion of crisis services has compensated for this closure.

Community Services and Supports (CSS)- Updates

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- **Community Crisis Response Team (CCRT)**
 - Increase to funding, services, and consumers served.
 - DBH CCRT responders are deployed to EDs to assist onsite medical personnel with conducting screenings for risk factors that align to the WIC 5150/5585 criteria (danger to self, danger to others, or grave disability), this requires additional staff and vehicles.



Capital Facilities and Technological Needs- Update

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- **Capital Facilities and Technological Needs**
 - **Electronic Health Record**
 - Increase funding to support new Client and Service Information (CSI) and Network Adequacy Certification Tool (NACT) reporting requirements.
 - **Telehealth and Network Infrastructure**
 - Increasing funding for new service models and telehealth services has required DBH to increase the existing bandwidth and dual network support to all sites with access from outside field locations for all service providers.
 - **Data Warehouse**
 - Increase funding needed for the addition of the SAS Remote Server Support on a limited time and material basis. Funding will ensure the continued viability of the data warehouse software.

Community Program Planning (CPP) Timeline



Behavioral Health

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Community Program Planning Timeline

- 31 stakeholder engagement meetings will be hosted from January 14, 2021 through February 18, 2021.
 - All CPP meetings will be virtual
 - All geographic regions of the county are included
 - Scheduled at all of DBH's regular Stakeholder meetings (CPAC, CCAC, subcommittees, DACs, etc.)
 - Includes the Clubhouses in all regions
- The 30 day public comment and posting period is *tentatively* set for February 23, 2021 through March 23, 2021.
- A Public Hearing will be hosted by the Behavioral Health Commission on April 1, 2021 and the Plan will be presented to the Board of Supervisors for approval by June 30, 2021.



Stakeholder Comment Survey Page 25

1. What did you learn about the MHSA Annual Update?
2. What else would you liked to know about the MHSA process that wasn't covered?
3. Do you have any concerns that were not addressed?

Stakeholder comment survey is available via QR Code:

If any issues are experienced, you may access the survey via the following link:
<http://dbhsurvey.sbcounty.gov/selectsurvey//TakeSurvey.aspx?SurveyID=88215o8>

You may also email your feedback to:
MHSA@dbh.sbcounty.gov

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Questions?



Thank you for your thoughtful participation!

Your feedback is important to us.

**Please ensure that you have completed your
comment forms.**

**For additional help in accessing
Behavioral Health Services please call
the
DBH Access Unit at:**

(909) 386-8256

Toll Free 1 (888) 743-1478

or 7-1-1 for TTY users.

Concerns

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To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

<https://wp.sbcounty.gov/dbh/wp-content/uploads/2016/08/COM0947.pdf>

To report concerns related to receipt of behavioral health services, please contact the DBH Access Unit at:

**(909) 386-8256
Toll Free 1 (888) 743-1478
or 7-1-1 for TTY users.**

Questions

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**For questions or comments,
please contact:**

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(909) 252-4017