

# MHSA Program Changes and Updates- Fiscal Year 2021/22 Fact Sheet

## Prevention and Early Intervention

### Early Psychosis Care Program

- Program will not become immediately operational as initially described in the Three-Year Plan and will shift focus to training and referral and linkage activities.
- The program will be implemented in a phased approach with a primary intention of training and building capacity to identify those that are at clinical high risk for early psychosis.
- The plan to hire staff for this program has been modified due to the financial impacts of the COVID 19 pandemic. Initial hiring will be for staff to assist in the coordination of referral and linkage trainings.

### Coalition Against Sexual Exploitation (CASE)

- Funding reduction
  - Removal of MHSA funding from some program positions. Position funding shifted to different funding sources.

### Community Wholeness and Enrichment

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

## Innovation

### 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 needs at other locations, as needed.
- This is a shift from the original design for teams.

### Eating Disorder Collaboration

- Project to begin 1/1/2021 with a reduced staff due to hiring constraints. Staff will include:
  - 2 – Clinical Therapist I
  - 1 – Social Worker II
  - 1 – Office Assistant II

## Cracked Eggs

- In response to the pandemic, the 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)

### 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

- Funding increased due to a higher number of averaged days spent in the CRT than planned, in addition to a high rate of utilization.
  - CRT program services were initially estimated to provide 14 to 28 days of residential treatment services per consumer to achieve stability and regain optimum wellness. However, current consumer stays are averaging 38 days.
  - In addition, the preliminary budget for the four CRT programs estimated a bed utilization rate of 90% for each location. The programs are instead maintaining an average of 93% utilization, and therefore costs associated with these utilization rates have also increased.

### Adult Criminal Justice

- New Full Service Partnership (FSP) program named the Corrections Outpatient Recovery Enhancement (CORE) is beginning 1/2021.
  - Due to state funding eliminating Integrated Services for Mentally Ill Parolees (ISMIP) funding for the CORE program, CORE will be added to the Adult Criminal Justice (ACJ) continuum of care beginning January 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)
  - There will be a decrease in program costs for FACT/CFACT. This is due to a reduction in program capacity from 50 to 35.
  - The initial capacity of 100 was subsequently reduced to 50, and after additional review, it was decided to amend the contract to reduce capacity from 50 to 35 in an effort to more closely align with the number of actual consumers served per fiscal year.

## 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 are planned be used to support Capitalized Operating Subsidy Reserves (COSR) for approximately 8 units. COSR is a fund that helps pay for operating deficits over time such as, but not limited to, subsidized rent over time.
- Future encumbrances will be reflected in subsequent updates to the MHSA Plan.

## TAY One-Stop Centers

- Reduced funding resulting in a reduction in number of consumer served. Previously approved \$500,000 funding increase in MHSA 3 Year Plan was eliminated due to COVID financial impacts.
- Reduction to TAY Memorandum of Understanding (MOU) with Probation.

## 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 Substance Use Disorder services.
  - This move benefits the expansion of both clubhouse services and clinic 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 (i.e. Crisis Stabilization Units (CSUs), Crisis Residential Treatment (CRT) facilities and Triage, Engagement, and Support Teams (TEST). Over time, with the increase of psychiatrists and nursing staff in outpatient clinics and the opening of the CSUs and CRTs, the Rialto CWIC has experienced a 30% reduction in utilization.
- A thorough evaluation of department operations and the need to streamline the effectiveness of services concluded the need to discontinue Rialto CWIC operations.
  - Existing consumers diverted to CSUs and outpatient clinics upon closure.

## 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.

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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 in funding needed for the addition of the SAS Remote Server support on a limited time and material basis needed. This service ensures the continued viability of the data warehouse software.