



Behavioral Health



Artwork by Kyana Thompson

Mental Health Services Act Annual Update
for Fiscal Year 2019/20

AMENDMENT

Annual Update FY 2019-2020: Amendment

Introduction

The Mental Health Services Act (MHSA) is instrumental in assisting in the continuous improvement of the public behavioral health system. Through the MHSA, County agencies ensure that stakeholders have the opportunity to provide input into program development, implementation, evaluation, and policy of MHSA funded programs. This approach assists the Department of Behavioral Health (SBC-DBH) in integrating the needs of diverse individuals, families, and communities in its programming.

The San Bernardino County Mental Health Services Act (MHSA) Annual Update Plan (Plan) for Fiscal Year 2019/20 provides a comprehensive overview of the MHSA programs and services that contribute to sustaining the behavioral health and wellness of County residents. It includes an overview of the ongoing stakeholder engaged community planning process conducted by SBC-DBH, highlights SBC-DBH program goals and related outcomes, provides updates to established MHSA programs, as well as demonstrates the ongoing planning that SBC-DBH and its stakeholder committees have been engaging in for over the last decade. The programs contained in the Plan are designed to develop a continuum of services in which consumers, family members, providers, County agencies (including law enforcement and staff), and faith-based and community-based organizations can work together to systematically improve the public behavioral health system. **This document is an amendment to that plan.**

Background

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which imposed a 1% tax on adjusted annual income over \$1,000,000 (effective January 1, 2005). According to the MHSA, the intent of the funding is “to reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.” In addition, local behavioral health delivery systems have been charged to “create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness and resilience for children and youth with serious emotional disorders and their families.” The MHSA identifies five (5) primary components for funding that are locally developed via a Community Program Planning (CPP) process that is now integrated into a Three-Year Program and Expenditures Plan (Plan). An update to the Plan is required on an annual basis. The components include:

- Prevention and Early Intervention.
- Community Services and Support.
- Innovation.

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- Workforce Education and Training.
- Capital Facilities and Technological Needs.

In alignment with the MHSa transformational intent, San Bernardino County Department of Behavioral Health has embraced the concepts of community-driven, culturally competent

Community Program Planning

The San Bernardino County Department of Behavioral Health (SBC-DBH) is dedicated to including diverse consumers and stakeholders from throughout the County in the planning and implementation of Mental Health Services Act (MHSa) programs and services. These efforts include informing stakeholders of fiscal trends, evaluation, monitoring, and program improvement activities, as well as obtaining feedback. SBC-DBH has consistently demonstrated commitment to incorporating best practices in our planning processes that allow our stakeholder partners to participate in meaningful discussions around critical behavioral health issues. SBC-DBH considers Community Program Planning (CPP) a constant practice and as a result, this component has become a robust, year-round practice incorporated into standard operations. Like the other MHSa components, the CPP process undergoes review and analysis which allows us to enhance and improve engagement strategies.

To meet the requirements of the MHSa, outreach was conducted to promote the Annual Update Plan Amendment, including a special session of the Community Policy Advisory Committee (CPAC) on July 18, 2019. A variety of methods were used at multiple levels to give stakeholders the opportunity to have their feedback included and their voice heard.

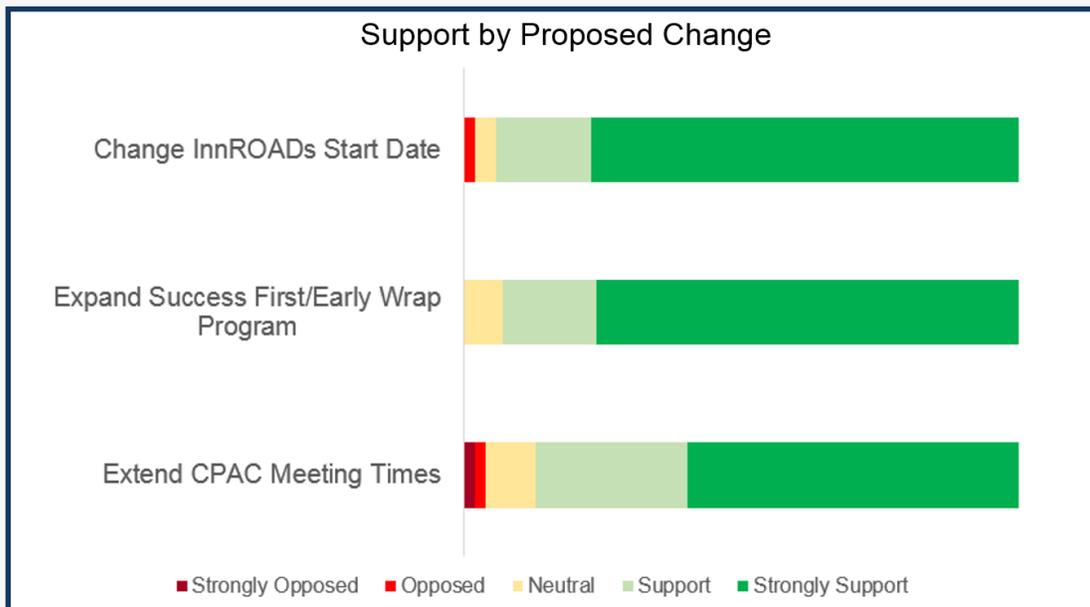
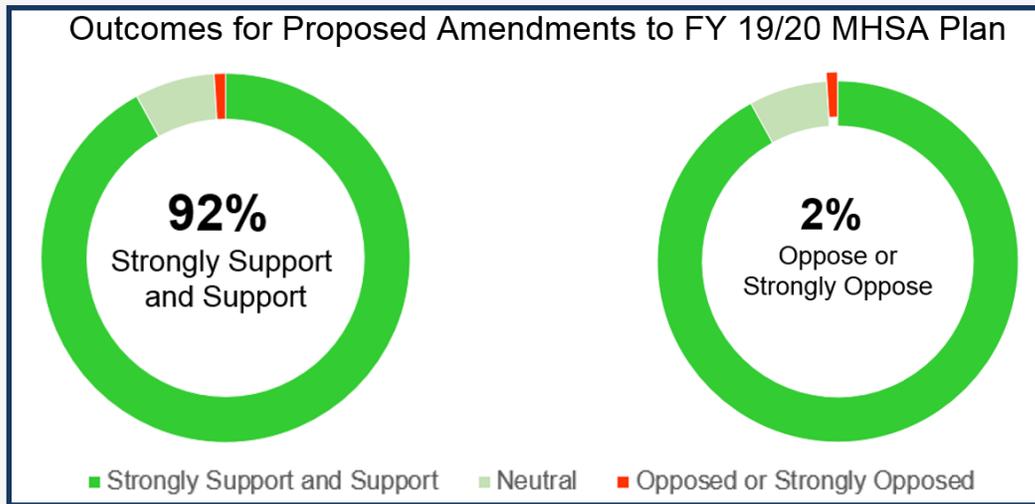
The proposed changes to the Annual Update that were presented to stakeholders were:

1. Change InnROADs start date
2. Expand Comprehensive Children and Family Support Services (C-1) funding for the Success First/Early Wrap program
3. Extend the Community Policy Advisory Committee meeting times
4. Inform stakeholders that funds will be moved from Prudent Reserve to CSS to remain in compliance with the law

Only the first two items are being addressed in this amendment. Additionally, this amendment includes the reallocation of Prudent Reserve funds according to new policy issued by the Department of Health Care Services (DHCS). Stakeholders have been updated on the new Prudent Reserve policy during previous CPAC meetings and are aware of the necessity to comply with the law.

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Do you support the proposed changes to the Annual Update for the FY 2019-2020?



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To ensure the attendance of as many community members as possible, SBC-DBH made use of multiple avenues of communication to inform stakeholders of CPAC meetings. This included distribution of emails and flyers to community partners, community and contracted organizations, other County agencies, cultural subcommittees and coalitions, and regularly scheduled stakeholder meetings.

For specific information about the complete CPP process, please see the [CPP section](#) of the full MHSa Annual Update for Fiscal Year 2019/20.

Amendments to the Annual Update for FY 2019-2020

Modification of Start Date for Innovative Remote Onsite Assistance Delivery (InnROADs)

The focus of the InnROADs project is to create an intensive, field-based engagement model that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities. Simply put, this project will seek to disrupt the existing model of engagement and treatment that requires individuals to “come to” services and supports in favor of the creation of a system where the needed services and supports “go to” the individual in need, no matter where they are located within San Bernardino County.

The InnROADs innovative model will be comprised of four main components:

- Pre-Engagement
- Engagement and Treatment
- Stabilization
- Mobile Treatment and Services

InnROADs will also test a multi-agency case management model to provide innovative outreach and engagement to individuals experiencing homelessness in San Bernardino County. Teams will be stationed regionally throughout the county in conjunction with services provided by a Mobile Treatment Unit, with possible treatment including counseling, medication, and basic physical health screenings.

In the Annual Update for FY 2019-2020, the start date for this innovation project was listed as 7/1/2019. The start date will be changed to 4/1/2019 to better align with the Mental

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Health Services Oversight and Accountability Commission (MHSOAC) approval date of 2/28/2019 and the San Bernardino County Board of Supervisors approval date of 3/12/2019. This change will allow the start date of the project to coincide with the timeframe that Innovation funds began to be expended.

For more information on this project, please see the [InnROADs Innovation Plan](#).

Reallocation of \$496,934.00 of MHSAs funds currently allocated to the Prudent Reserve

The Mental Health Services Act allows for a county to transfer funds from the Community Services and Supports (CSS) component in order to create and/or maintain a prudent reserve. The purpose of this reserve is to continue to provide mental health services during years in which revenues from Proposition 63 are lower than previous years. Based on a new policy issued by the Department of Health Care Services (DHCS), a county must fund its prudent reserve solely from funds allocated to the CSS component, not to exceed 33% of the average CSS revenue received in the preceding five years (IN 19-017). According to this new policy, SBC-DBH currently exceeds this 33% maximum by \$496,934. In order to remain in compliance with the Information Notice 19-017, \$496,934 will be reallocated from the prudent reserve back to CSS and be applied to the ongoing costs for existing programming.

Expansion of Comprehensive Children and Family Support Services (C-1)

Success First / Early Wrap (SF/EW) is an MHSAs funded Full Service Partnership, under SBC-DBH's Comprehensive Children and Family Support Services (CCFSS) program. This program serves children, youth, and families throughout San Bernardino County who are not eligible for the Wraparound Program, which is designed for children and families involved in the child welfare system. The target population for services is children and youth who struggle with emotional disturbances and co-occurring disorders and whose family income is 200 percent or less of the federal poverty level. Services target children and youth identified as unserved, underserved, or who have experienced inappropriate service delivery in culturally diverse communities to prevent them from out-of-home placements.

Services are time-limited and services are delivered in the home or in community settings convenient for the families. The time-limited nature of the program is intended to facilitate rapid change and stabilization of the child and family. For children who meet Katie A.

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Subclass membership criteria, services may be extended as needed. However, a Subclass member needing these services for an extended period of time qualifies for Wraparound and a transition of care will be facilitated.

The focus is on meeting the child and family's prioritized unmet needs. These may include, but are not limited to, individual and family therapy, case management, rehabilitation, medication support, crisis intervention, skill building, behavior management training of parents and families, managing stigma, sexual orientation education, and other challenges that present themselves. The focus is to do "whatever it takes" to keep the child at home, in school, and in the community, while building connections to any other services needed to sustain growth after this four to six month program concludes.

Between FY 2017-2018 and FY 2018-2019, SBC-DBH has seen an increase in demand for this type of FSP interaction. This has resulted in an increase in the number of children and/or families participating and receiving services through this program. During this same time period, there has been an increase in the length of interaction with each child and/or family. Because of this, the cost per client has increased from \$10,000 to \$12,000 over the last two fiscal years. In order to account for this increase, an additional \$9,000,000 will be allocated to this program from the CSS component, which will allow for the addition of approximately 46 families into this program. This increase in funding will also allow for more interaction with probationary youth prior to placement, as well as, increase the amount of interaction with Children and Family Services youth.

Changes to Comprehensive Children and Family Support Services (C-1) Program Budget and Cost per Client

In the Annual Update for FY 2019-2020, Comprehensive Children and Family Support Services (C-1) had an estimated expenditure of \$36,231,275, with an estimated cost per client of \$13,908 for 2,605 clients. With this amendment, the estimated expenditures will be \$45,231,275, an increase of \$9,000,000. This will change the estimated cost per client to \$17,062 for an estimated 2,651 clients.

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Public Posting and Comment

The SBC-DBH MHSA Annual Update will be posted on the department's website for stakeholder review and comment from **August 30, 2019 through September 30, 2019** at <http://wp.sbcounty.gov/dbh/admin/mhsa/>.

The Public Hearing to affirm the stakeholder process will take place at the regularly scheduled Behavioral Health Commission Meeting on **October 3, 2019**, which is held from **12:00 p.m. until 2:00 p.m.**

Summary and Analysis of Substantive Comments/ Recommendations

An analysis of substantive recommendations will be included in the Public Posting and Comment section of the final MHSA Annual Update Amendment. Comments/recommendations can be submitted via email to the SBC-DBH MHSA email box at MHSA@dbh.sbcounty.gov during the time the MHSA Annual Update Plan Amendment draft is posted for public comment. Stakeholders are informed that comments can be received anytime through the year, but will not be included in the final plan unless provided during the 30-day comment period. The plan is scheduled to be posted for 30 days, per Welfare and Institutions Code 5848, between August 30, 2019 and September 30, 2019 at www.sbcounty.gov/dbh/.

The development and preparation of San Bernardino County's Mental Health Services Act Annual Update for Fiscal Years 2019/20 resulted from concentrated efforts from the community, consumers, family members, service providers, county agencies, and representatives of interested organizations throughout the county.

SBC-DBH, through the MHSA, is supporting the Countywide Vision by providing behavioral health services and ensuring residents have the resources they need to promote recovery, wellness, and resilience in the community.

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Should you have any questions, would like to provide additional input, receive additional information about San Bernardino County MHSA services or activities, or be included on our distribution lists please contact:

**Department of Behavioral Health
Mental Health Services Act Administration
1950 S. Sunwest Lane, Ste. 200
San Bernardino, CA 92415
(800) 722-9866
MHSA@dbh.sbcounty.gov**



Attachments



Behavioral Health Administration

Dr. Veronica Kelley, DSW, LCSW
Director

Michael Knight, MPA
Assistant Director

Agenda: Mental Health Services Act (MHSA) Community Policy Advisory Committee (CPAC) Meeting

Purpose To meet monthly for MHSA program implementation updates, review MHSA legislation and other state updates as well as review & provide feedback and approval of new MHSA plans and programs.

Meeting date, time, and location Date: Thursday, July 18, 2019
Time: 10:00 AM to 12:00 PM
Place: 850 E Foothill Blvd. Rialto, CA 92376
County of San Bernardino Health Services (CSBHS) – Auditorium

Discussion items The table below identifies specific topics to be addressed at this meeting:

Topic	Presenter	Handout
Welcome and Introductions	Michelle Dusick	No
Announcements	All	No
Previous CPAC Outcomes Summary	Michelle Dusick	Yes
MHSA Plan Updates and Proposed Changes	Michelle Dusick, Karen Cervantes	Yes
Next Meeting: August 15, 2019		

Contact Information Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at cheryl.mcadam@dbh.sbcounty.gov. Thank you.

MD/cm

SAN BERNARDINO COUNTY Behavioral Health
MHS Administration

Community Policy Advisory Committee

MHSA Plan Updates and Proposed Changes



Michelle Dusick, MHSA Administrative Manager
Karen Cervantes, MPA, Innovation Program Manager I
July 18, 2019

www.SBCounty.gov

Mental Health Services Act

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- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.



Purpose of MHSA

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Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness, resiliency for children with serious emotional disorders, and their families.

Components of MHSA

Page 4

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)



Artwork by Kyana Thompson

Innovation

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Purpose of Innovation Component

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Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)

Goals of Innovation Component Page 7

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

Innovation Legislative Requirements Page 8

An Innovation project is defined as one that **contributes to learning rather than** a primary focus on providing a service and requires approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC).

WIC § 5830(e)

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Innovative Remote Onsite Assistance Delivery (InnROADs)



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New Project: InnROADs

Innovative Remote Onsite Assistance Delivery

Create an intensive, field-based **engagement model** that supports **multidisciplinary/multiagency teams** that meet, engage and **provide treatment** to individuals experiencing homelessness where they live and are comfortable within their homeless communities.

- Focus on engagement and relationship building.
- Provide incentives to build rapport.
- Provide help to non traditional family members, such as pets.
- Take basic physical and mental health care to the areas homeless individuals live in rural San Bernardino County.
- Connect individuals to the appropriate system of care.

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New Project: InnROADs (cont.)

- Multiagency multidisciplinary teams to allow for real-time problem solving.
- The use of the Listen, Empathize, Agree and Partner (LEAP) training by all agencies.
- Creation of a field-based engagement and treatment model where services are brought to the individual in need.
- Assisting pets instead of pets being a barrier, by creating an opportunity for pets to be the catalyst of engagement into services for homeless individuals.
- Utilizing Housing Problem Solving techniques as a proactive engagement strategy that focuses on multiple contacts to build trust.

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New Project: InnROADs (cont.)

<p>Engagement Team:</p> <ul style="list-style-type: none"> Clinician (DBH) Peer and Family Advocate (DBH) Alcohol and Drug Counselor (DBH) Nurse (PHD) Social Service Practitioner/Social Worker (DAAS) Law enforcement representative (Sheriff's) <p>Treatment Team:</p> <ul style="list-style-type: none"> Nurse Practitioner (DBH) Licensed Vocational Nurse (DBH) 	<p>Participating agencies:</p> <ul style="list-style-type: none"> Department of Behavioral Health (DBH) Department of Aging and Adult Services (DAAS) Department of Public Health (DPH) Sheriff's Department (Sheriff's)
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Proposed Update Page 13

Change the start date of InnROADs from July 1, 2019 to March 12, 2019.

- Original start date for InnROADs per the Innovation Plan was July 1, 2019.
- Since the plan was approved, a lot of work has gone into starting InnROADs.
 - Planning meetings with collaborating departments.
 - Internal and external implementation meetings.
 - Human resources process.
 - Presentations to interested agencies.



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Innovative Projects in Development



Projects in Development: Eating Disorder Collaborative Page 15

ICARE: Innovation for a Comprehensive Approach to Recovery from Eating Disorders

The focus of this project is to improve upon DBH's approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:

- Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities
- Creating a more comprehensive and validated initial needs assessment (i.e., an Engagement Assessment) to assist in level of care determination
- Creating a multidisciplinary team comprised of the Mental Health Plan (i.e., SBC-DBH) and in consultation, as appropriate, with local managed care plans and community partners to provide more comprehensive care and ensure policies and practices of mental health and physical health are consistent across agencies.

Projects in Development: Cracked Eggs Page 16

CRACKED EGGS

- This project consists of a series of workshops with the focus of allowing participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.
- Workshop classes will focus on performance, writing, and art using a series of techniques that include the use of the psychological model (now known as the biopsychosocial model of health and illness) as a method of acting.
- The Cracked Eggs workshop is a consumer designed multi-session process that results in the completion of a consumer designed art exhibition.

Projects in Development: Full Service Partnership Page 17

Multi-County Full Service Partnership (FSP) Data Learning Collaborative

- The focus of this project is to develop a multi-county FSP innovation collaborative that uses data to better inform who FSP should serve, how they should be served, and what client outcome goals should be pursued in a consistent manner throughout the state.
- Vision:
 - ❖ Evaluating the current state-mandated FSP data reporting requirements
 - ❖ Providing a platform for state-level collective advocacy
 - ❖ Focusing on how to make data-informed decisions
 - ❖ Catalyzing cross-county continuous improvement
 - ❖ Sharing learnings across California
 - ❖ Preparing for the next phase of an outreach-oriented FSP and MHSA

Projects in Development: Full Service Partnership Page 18

Multi-County FSP Collaborative Goals:

- ❖ Re-prioritize focal population
- ❖ Redesigned, data-informed services
- ❖ Training for providers
- ❖ Appropriate funding and incentives
- ❖ Coordinated internal decision making
- ❖ Clear outcomes with supportive data infrastructure
- ❖ Data-informed continuous service improvement process

Projects in Development: Full Service Partnership (cont.) Page 19

Multi-County Full Service Partnership (FSP) Data Learning Collaborative

- Currently in a fluid state as counties are learning about the opportunity and engaging with Third Sector, an MHSOAC contracted consultant.
- Counties participating (tentative list):

❖ Butte	❖ Orange	❖ Shasta
❖ Fresno	❖ Plumas	❖ Siskiyou
❖ Kern	❖ Sacramento	❖ Ventura
❖ Los Angeles	❖ San Bernardino	❖ Yolo
❖ Marin	❖ Santa Barbara	

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Community Services and Supports Updates



Comprehensive Children and Family Support Services Page 21

Comprehensive Children and Family Support Services (CCFSS) are Full Service Partnership (FSP) programs that serve children and youth with intensive mental health needs and consist of three subprograms:

- Children's Residential Intensive Services (ChRIS)
- Wraparound
- Success First/Early Wrap



Program Overview Page 22

- **Wraparound** is a collaborative program between the Department of Behavioral Health (DBH) and Child and Family Services (CFS). This program provides specialized services designed to stabilize children/youth to help them remain in, or return to, their homes rather than group home placement.
- **Success First/Early Wrap** is a short-term wrap-informed FSP that provides specialized services designed to stabilize children/youth to help them remain in, or return to, their homes rather than group home placement.

Addressing Unmet Children's Needs Page 23

- Wraparound and Success First/Early Wrap receive referrals from DBH, Children and Family Services, Probation, and the community.
- During the last several months, the number of referrals received exceeded the anticipated capacity for services in FY 2019-20.
- Due to the increased need for support, Probation, DBH, and our contracted agencies are actively working to develop a plan to engage these youth.

Overview of Proposal Page 24

DBH is proposing to add an amendment to the FY 19/20 Annual Update to expand the Wraparound and Success First/Early Wrap programs in FY 2019-20. The amendment will include:

- Increase program funding and support by \$9 million dollars
- Provide services for an additional 750 children/youth beginning in FY 2019-20

In conjunction with the amendment, there will be increased focus on probationary youth, including a plan to meet with Probation Officers and Success First/Early Wrap providers to explore slight program modifications.

Next Steps: Where do we go from here? Page 25



- ❖ Develop stakeholder supported update to the FY 19/20 Annual Update
- ❖ 30 Day Public Posting and Comment Period
- ❖ Present to Behavioral Health Commission, Board of Supervisors, and Mental Health Services Oversight and Accountability Commission (for Innovation projects)

CPAC Schedule for FY 2019/20 Page 26

Month	Proposed Topics
July	Updates and Proposed Changes
August	Housing and Long Term Supports
September	Crisis Services
October	Full Service Partnerships
November	Workforce Education and Training – Updating the Plan
December	Prevention and Early Intervention – Plan Update and State Programs
January	Stigma Reduction
February	MHSA Three Year Plan
March	MHSA Summit
April	Culture Matters
May	Addressing Co-occurring Conditions
June	MHSA 101

3-Year Program and Expenditure Plan Update Page 27

- The current MHSA 3-Year Program and Expenditure Plan will expire at the end of FY 2020.
- An assessment of services and capacity, that includes stakeholders, is essential to the development of a new 3-Year Plan.
- In order to fully address all aspects of the new Plan, some CPAC meetings proposed to be scheduled for longer than 2 hours.



Table Discussion Page 28



Closing Page 29

Thank you for your thoughtful participation!

Your feedback is important to us.

Please ensure that you have completed your comment forms.

Contact Page 30

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

(909) 386-8256
Toll Free 1 (800) 743-1478
or 7-1-1 for TTY users.

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

http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf

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

(909) 386-8256
Toll Free 1 (800) 743-1478
or 7-1-1 for TTY users.

For questions or comments, please contact:

Michelle Dusick
MHS Administrative Manager

MHS@dbh.sbcounty.gov

(909) 252-4017

