



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting March 24, 2022 PowerPoint Presentations and Handouts

- Agenda Item 2:** • **PowerPoint:** Mobile Clinic with Street Psychiatry Innovation Plan
- Agenda Item 4:** • **PowerPoint:** Mental Health Student Services Act Outline and Authority to Award Grants
- Agenda Item 5:** • **PowerPoint:** Elevating the Commission's Voice on Racial Equity - Racial Equity Plan
- Agenda Item 6:** • **PowerPoint:** County Behavioral Health MHSA Fiscal Transparency Tool Considerations

Mobile Clinic with Street Psychiatry Innovation Plan

Mental Health Services Oversight & Accountability Presentation
Thursday 3/24/2022

Presenter: Christina Rajlal (she/her/hers), PhD, MBA
Mental Health Services Act Coordinator for Kern County

KBHRS LAND ACKNOWLEDGEMENT

Kern Behavioral Health and Recovery Services acknowledges we sit on the homelands of the Yokuts, Paiute, Chumash and Mono people. We pay respect to all ancestors and native populations and appreciate their sharing of this land for us to continue to support people in their mental wellness and recovery journeys.



What is the problem we are trying to solve in Kern County?

- Barriers to psychiatric and behavioral healthcare have increased during the pandemic.
- Additional supports are needed to aid in the homeless crisis in Kern*

SOLUTION

- **8,030** adults in Kern needed housing support.
- **1,432** of **8,030** were classified as families/ adults with children.
- **2,825** individuals needing housing support were youth. **17** did not have a guardian.
- **43%** identified having mental health or substance use challenges.

**(Homeless Management Information System 3/20-4/21)*

Mobile Clinic with Street Psychiatry

This will offer:

- 2 mobile clinics
- Outreach & treatment team
- Person-centered mobile wraparound support
- Outreach & engagement
- Linkage to community support & services
- Food & hygiene supplies
- Housing linkage
- Peer support
- Street psychiatry
- Intake
- Assessment
- Case management
- Behavioral health counseling & substance use counseling
- Medical triage & services, including:
 - Medication Refills
 - Intramuscular Injections
 - Narcan Distribution

WHAT IS NOT WORKING?

- Traditional clinic based behavioral health services for populations that are disengaged, fearful, & lack of resources
- Supporting unreached populations including unsheltered, transitional aged youth, and/or commercially sexually exploited children
- Board of Supervisors have identified a local homeless and substance use crisis within Kern County and Metro Bakersfield



HOW DOES THIS INN PROJECT ADDRESS THAT PROBLEM?

- The Relational Stages of Outreach and Engagement Model (ROEM) will be tested in the effectiveness in engaging with people facing homelessness
 - Phased approach of outreach and engagement is used
- Build two customized Psychiatric Mobile Clinics that will bring services to where the clients are located
- Fund Doctor and Staffing positions

2 Peer Support Specialists	1 Medical Assistant
2 Therapists	1 Nurse
1 Psychiatrist	1 Recovery Specialist



COMMUNITY CONTRIBUTION TO THE PROJECT

STAKEHOLDERS HAVE **VOTED IN FAVOR** OF THE MOBILE CLINIC WITH STREET PSYCHIATRY INNOVATION PLAN

Stakeholder Meeting 8/26/20

93% of Stakeholders voted in favor of a Mobile Unit.

Stakeholder Meeting 6/21/21

100% of Stakeholders voted in favor of starting a Mobile Clinic with Street Psychiatry.

Stakeholder Meeting 9/28/21

82% of Stakeholders voted in favor of the Mobile Clinic with Street Psychiatry.

Kern held 29 different Stakeholder Community Forums (7/18/19-1/6/22) that assisted in the development and eventual stakeholder approval of the Mobile Clinic with Street Psychiatry Innovation Plan.

What are you hoping to learn and how will you measure it?

Learning Goal #1

Can the Mobile Clinics with Street Psychiatry increase quality of life factors for individuals facing homelessness?

Measurement:
Satisfactory survey instrument will be used by outside evaluator to measure qualitative and quantitative factors in an individual's overall quality of life after receiving care through the Mobile Clinic

Learning Goal #2

Can the use of a Mobile Clinics with Street Psychiatry increase use of available care?

Measurement:
Data tracking and measurements will track encounters with individuals on the streets experiencing homelessness and their willingness to engage or accept services

Learning Goal #3

Can the Mobile Clinics with Street Psychiatry provide more outreach and access to care on the street?

Measurement:
Measurements will track enhanced linkage to services including an increased willingness to take prescription medication, increase in successful housing, and decrease in homelessness



Budget

Budget Cost by Category and Percentage			
Item	Description	Total	Percentage
1	Personnel Cost	\$6,372,713	73%
2	Operating Cost	\$805,345	9%
3	Capital Assets	\$640,133	7%
4	Indirect Cost	\$955,907	11%
	Totals	\$8,774,098	100%

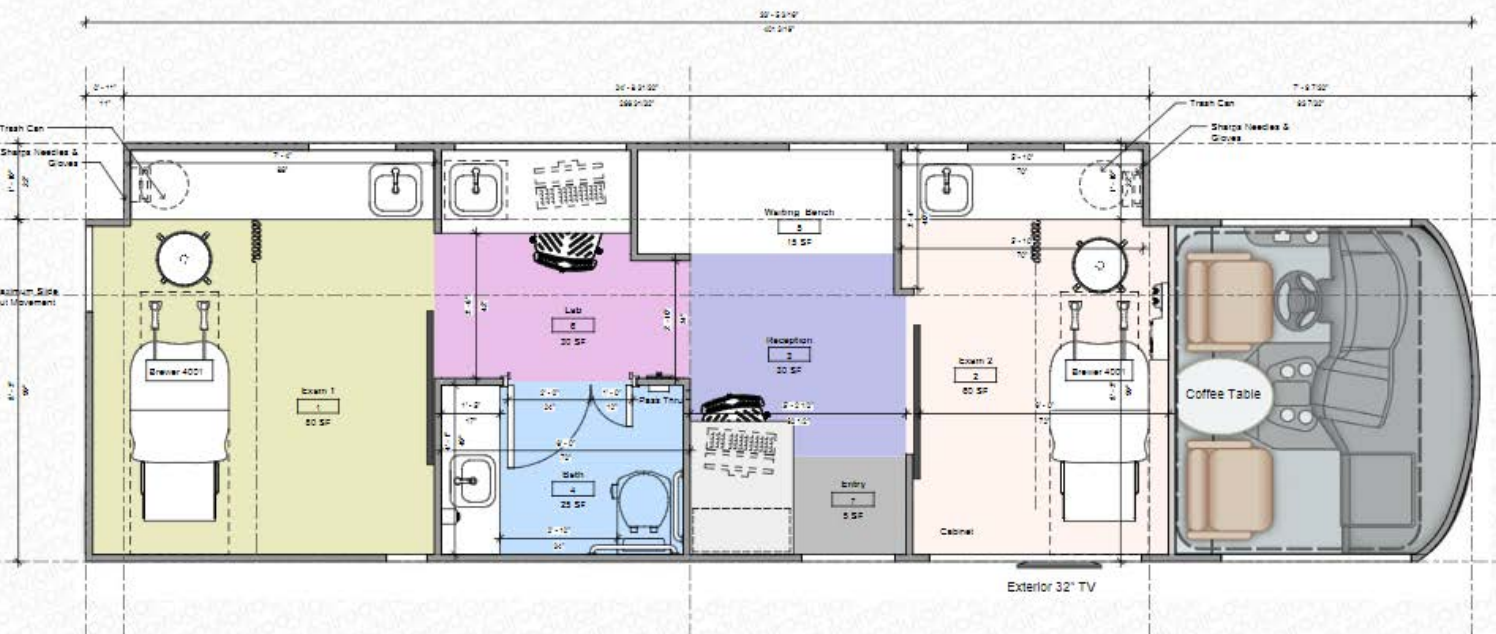
Comment: The above schedule provides the percentage of each category expense of the total 5-year budget.

	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
TOTAL INNOVATION BUDGET	\$2,215,011	\$1,572,041	\$1,618,393	\$1,661,064	\$1,707,588	\$8,774,098

Kern Behavioral Health and Recovery Services seeks approval for the use of **\$8,774,098** in total Innovation Funding to launch the Mobile Clinic with Street Psychiatry Innovation Plan.

Vehicle Spec:
32.3 Bunk Model RV W/ King, 2 A/Cs

Gross Vehicle Weight Rating (GVWR) : 18,000 lbs
 Gross Combined Weight Rating (GCWR): 23,000 lbs
 Length: 33' 5" (Approx.)
 Width: 99"
 Height: 12' 2"
 Interior Height: 84"
 Wheelbase: 208"



Room Schedule		
Name	Number	Area
Exam 1	1	80 SF
Exam 2	2	80 SF
Reception	3	30 SF
Bath	4	25 SF
Waiting Bench	5	18 SF
Lab	6	30 SF
Entry	7	8 SF

Thank You

ANY QUESTIONS?

CONTACT INFORMATION:

MHSATEAM@KERNBHR.S.ORG

Proposed Motion: The Commission approves Kern County's Innovation Project, as follows:

Name:	Mobile Clinic with Street Psychiatry
Amount:	Up to \$8,774,098 in MHSA Innovation funds
Project Length:	5 Years



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Mental Health Student Services Act Outline and Authority to Award Grants

March 24, 2022 Tom Orrock, Chief of Stakeholder Engagement and Grants

Senate Bill 75: MHSSA

- \$40 million one-time and \$10 million in ongoing MHSA state administrative funds
- Supports mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education

Objectives

- Incentivize partnerships
- Increase access to mental health services
- Provide support services
- Outreach to at-risk youth

Previous Commission Action

The 2019 Budget Act: (Round 1) \$74,849,047 was awarded to 18 county partnerships to operate school-based mental health services.

The 2021 Budget Act: (Round 1) \$77,553,078 was awarded to all counties that applied in Round 1 but were not awarded grants. 19 of 20 additional partnerships were awarded grants.

The 2021 Budget Act: (Round 2) \$54,910,420 was awarded to counties that did not apply for funds in the previous round. 17 of the 20 counties were awarded grants.

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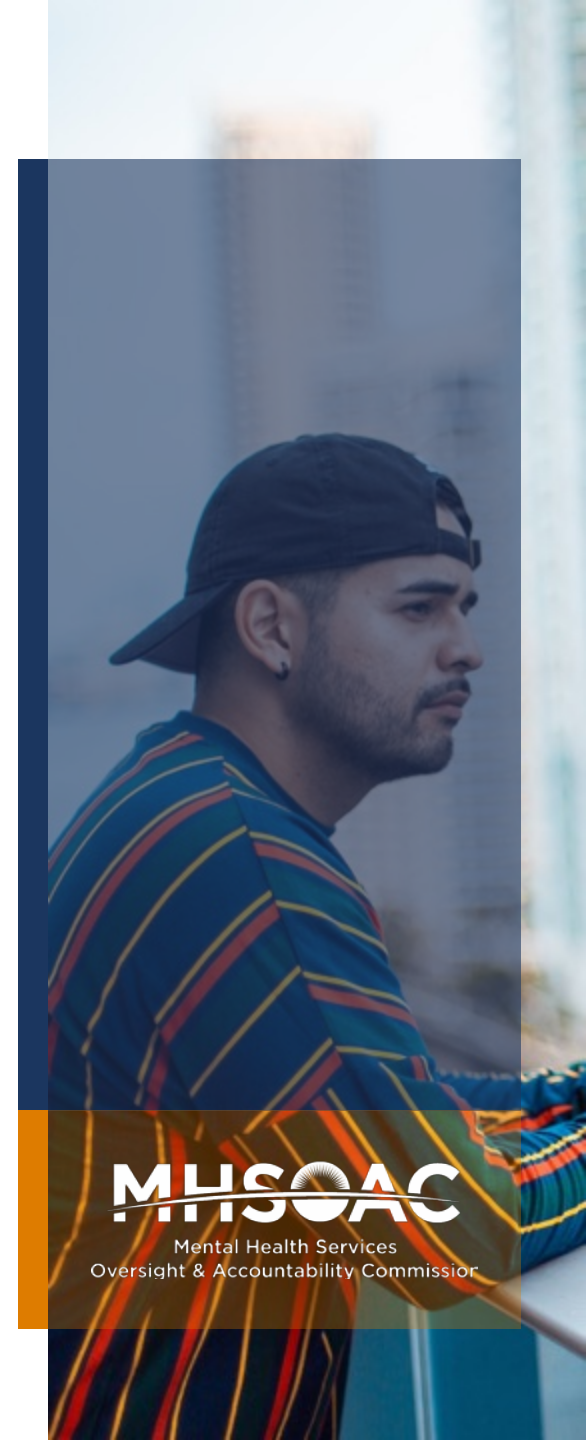
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Balance of MHSSA Funds

After awarding all grants, a balance of \$48,007,455 remains available.

We are recommending these two actions with the remaining funds (\$48+ million):

- 1) Provide another opportunity for Mariposa, Alpine, Del Norte, and San Benito to receive funding of \$2.5 million each.
- 2) Make the remaining \$38 million available to current MHSSA grantees to augment current programs and add funds to current contracts.



Potential Expansion/Enhancement Options

- Expand services to additional students/school districts
- Create a mechanism to enhance youth voice and participation
- Expand the existing service model (e.g., offer additional trainings, youth led programs, expand screenings)

Key Action Dates

ACTION	DATE
RFA Release	April 2022
Intent to Award	July 2022
Contract Execution	September 2022

Proposed Motion

The Commission authorizes the staff to initiate a competitive bid process and award grants to the highest scoring applicants based on the proposed outline.



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Thank You

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A person is seen from behind, climbing a rope structure. The person's hair is blowing in the wind. The background is a sunset over the ocean, with the sun low on the horizon, creating a bright glow and silhouettes of the person and the rope structure. The sky is filled with soft, golden light and some clouds.

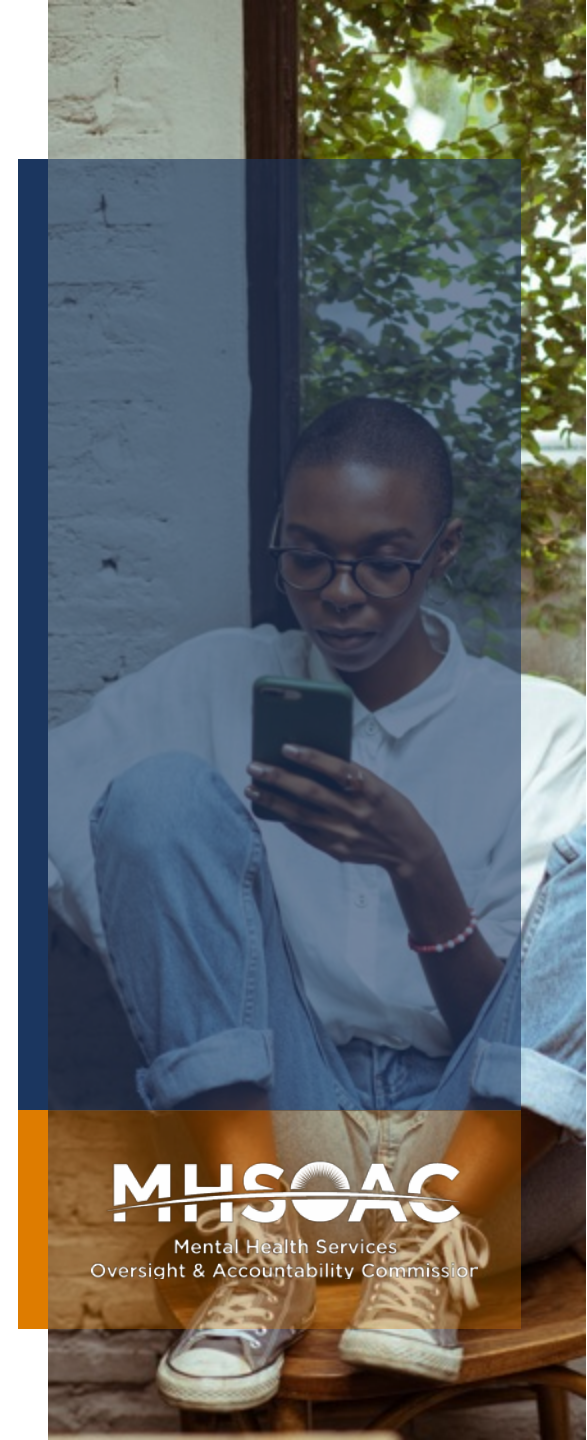
ELEVATING THE COMMISSION'S VOICE ON RACIAL EQUITY

Racial Equity Plan

March 2022

The Commission's Commitment to Transformational Change in Mental Health

The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.



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Why lead with race?

- Directly confronting the racism will open pathways for everyone.
- Our lives are intersectional.
- This process helps us build muscle to tackle other inequities.
- These disparities are created and maintained by governmental policies and structures.
- Recent declaration of public health crisis and Governor's priority.



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Capitol Collaborative on Race and Equity

- **California Strategic Growth Council** in collaboration with the Public Health Institute to support the CCORE– a racial equity capacity-building program for California State employees.
- CCORE implements a commitment by the **Health in All Policies Task Force** to increase the capacity of State government to advance health and racial equity.
- Key Features:
 1. Training cohorts
 2. Staff team that provides technical assistance, coaching, and support towards system change
 3. Cross-agency networking and enterprise-wide executive engagement

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Capitol Collaborative on Race and Equity

1. State government entities establish Racial Equity Plans and organizational leadership structures to implement their plans.
2. State government increases transparency around racial equity commitments and progress.
3. State government pursues proposals for resources to advance racial equity.
4. State employees and leaders grow in their personal and interpersonal learnings about racial equity, strengthening their capacity and the implementation efficacy of institutional-level change strategies.
5. Executives across the State enterprise are informed about progress and cultivate a policy environment receptive to action for racial equity.

The logo for the Mental Health Services Oversight & Accountability Commissioner (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or wave pattern inside it. The logo is set against a dark blue background that is part of a larger image of a pier at sunset.

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Our Work to Date

Trainings

- Monthly CCORE training sessions with Race Forward and 16 other state agencies
- Staff training provided by consultant

Research

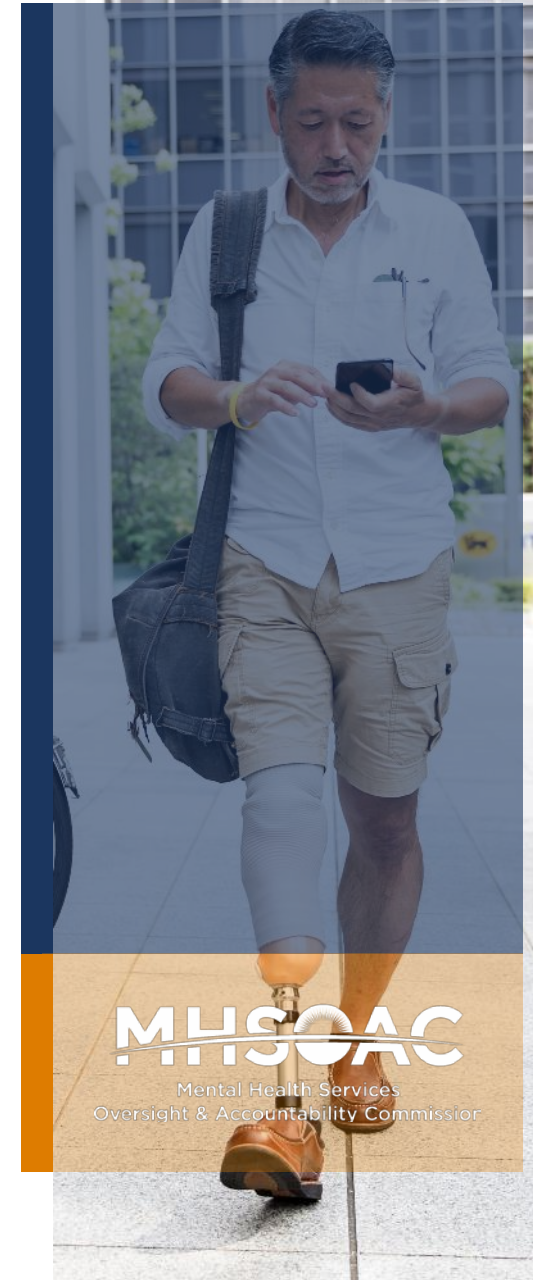
- Review state agency racial equity action plans (REAPs)
- Meetings with Evaluation Committee Member Dr. Ruth Shim
- Data analysis and review

Planning

- JEDI bi-weekly sessions
- Quarterly all-staff sessions, including an individual input survey, small group notes, and verbal report outs
- Meetings with leadership

Engagement

- Interviews with other state agencies
- Meetings with Commission contracted Stakeholders
- 4 CLCC meetings (with CFLC invited)
- CFLC meeting (with CLCC invited)

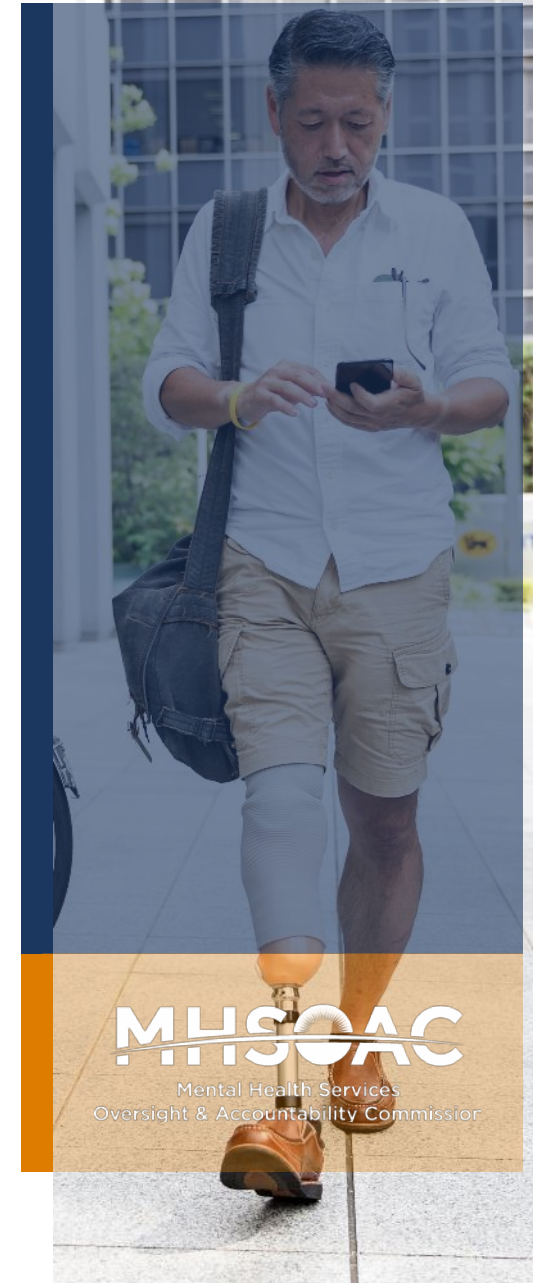


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Racial Equity Tools

1. Racial Equity Timeline/History
2. Race Equity Assessment Continuum
3. Results Based Accountability
4. Affirm, Counter, Transform Communication Framework
5. Racial Equity Tool
6. Racial Equity Plan



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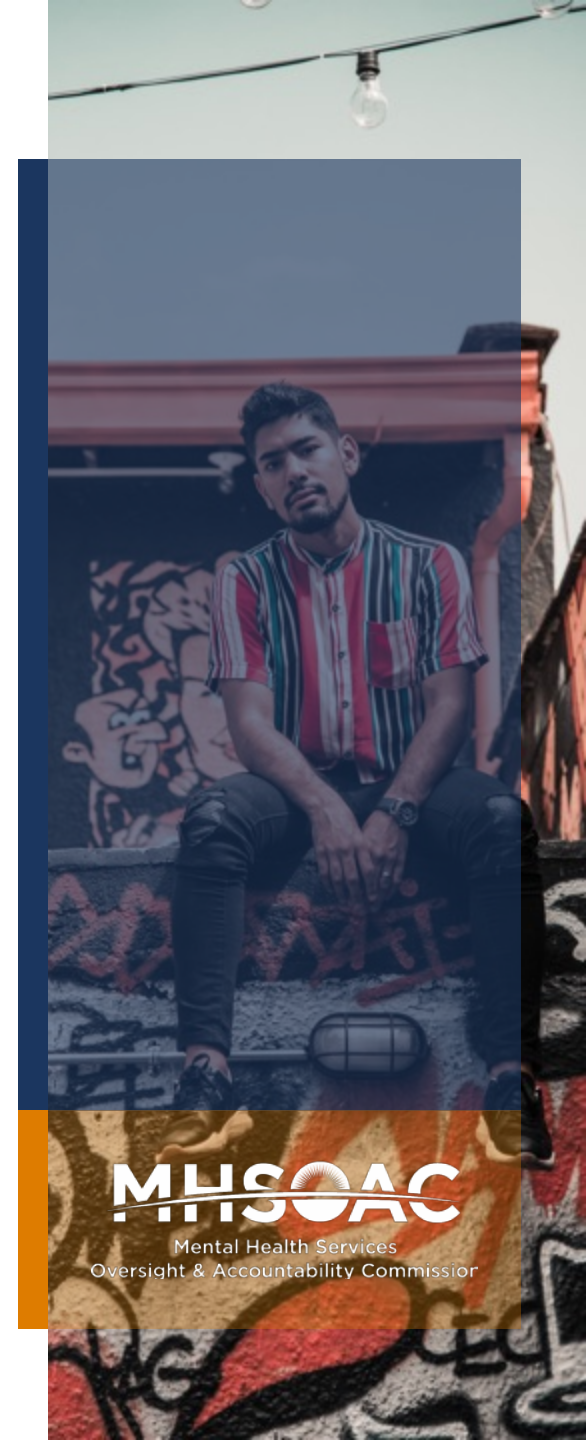
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A person wearing a blue and white striped long-sleeved shirt and blue jeans is sitting on a wooden floor. They are using a blue paintbrush to create wavy, brushstroke-like lines on a white rectangular board. A paint palette with blue paint is visible in the foreground. The overall scene is brightly lit and focused on the creative process.

Racial Equity Plan

Racial Equity Plan

- Racial Equity Declaration
- Commission Meeting Planning (including Land Acknowledgements)
- DEI in Commission Staffing
- Grant Funding
- Innovation
- Research and Evaluation
- Policy Research
- Communications





**Thank
You**

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COUNTY BEHAVIORAL HEALTH MHSA FISCAL TRANSPARENCY TOOL CONSIDERATIONS

March 24, 2022

Phebe Bell, President

www.cbhda.org

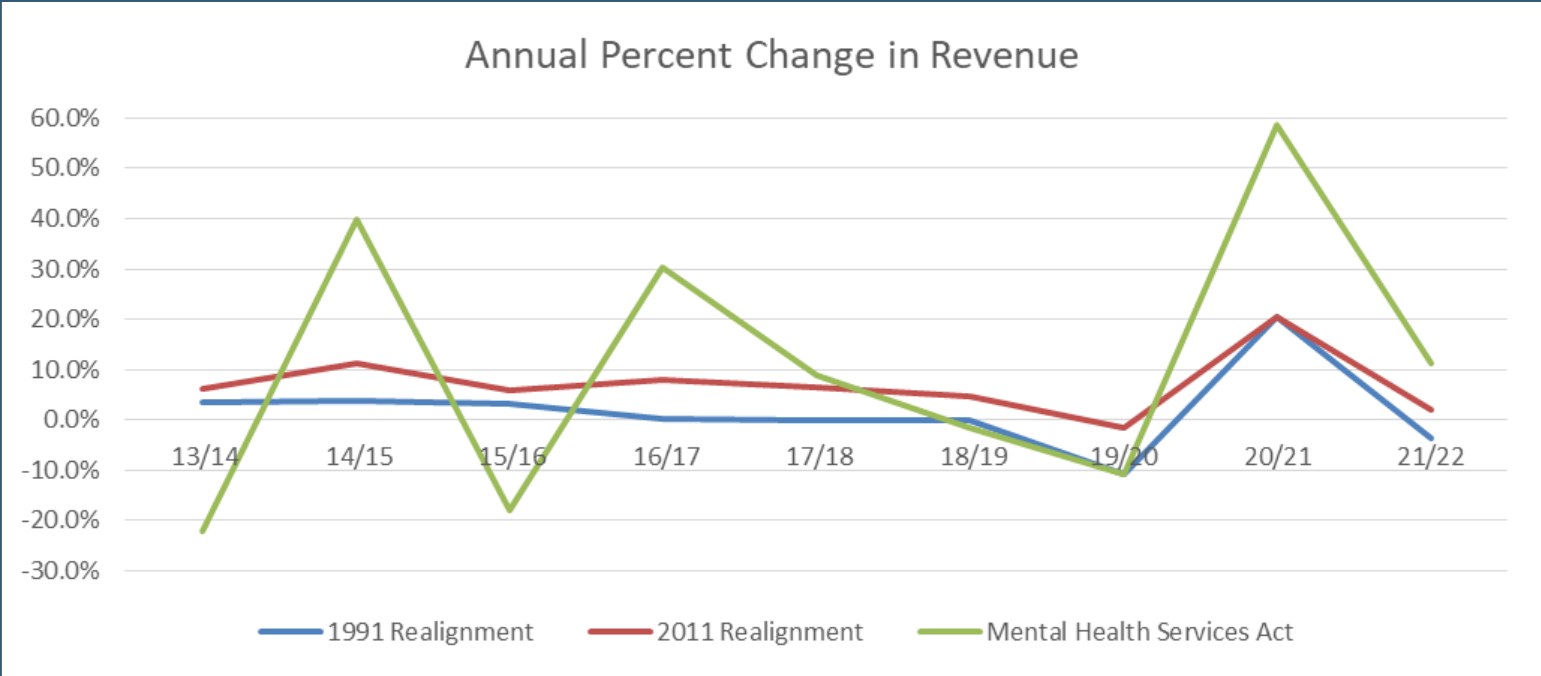
COUNTY MHSA SPENDING GOAL: GOOD FISCAL STEWARDSHIP

- **Meet legal obligations**, i.e. planning process, categorical spending, prudent reserve/reversion
- **Meet ethical obligations**, e.g. address community needs, meaningful community stakeholder engagement, and avoid fits and starts which could create chaos for providers and clients
- **Meaningful Transparency** that helps to inform local and statewide stakeholder decisions and oversight

POST-COVID MHSA LANDSCAPE

- Initially COVID slowed both services and demands due to compliance with public health emergency
- MHSA funds dropped unexpectedly in 2020
- Subsequently, demands increased significantly
- Increased demand, provider competition to hire, and workforce burnout led to severe workforce crisis
- Today, providers, CBO contracted and county BH struggling to find enough workforce, which is limiting ability to expand services to meet needs
- Counties have been working to pivot to unexpected MHSA windfall, much like the state and shore up providers and services

MHSA IS OUR MOST VOLATILE REVENUE SOURCE



UNPREDICTABLE AND INACCURATE FUNDING ESTIMATES

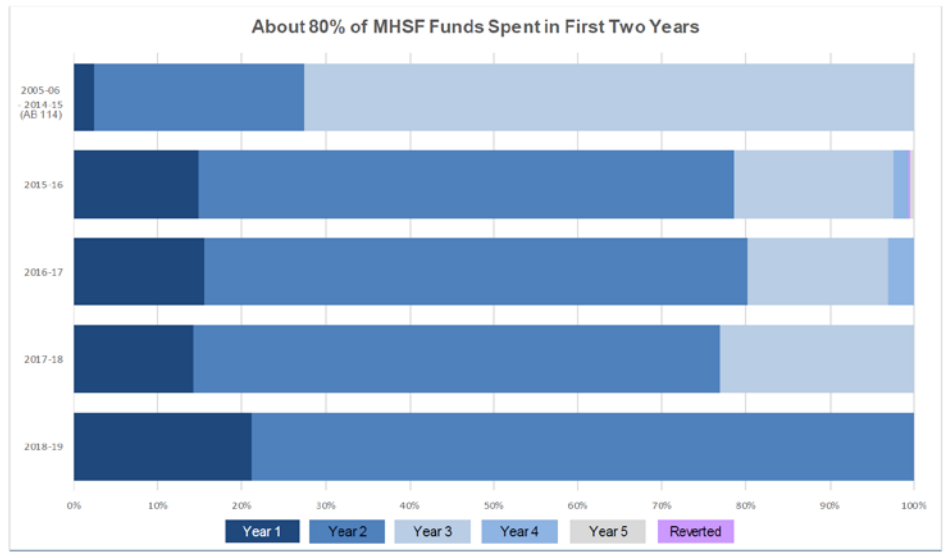
MHTSA Component Funding (Millions of \$)			
	Gov. Budget as Published (Jan)	Actual MHTSA Revenue*	% Inaccurate from Gov. Budget Estimate
FY18-19	2,123.6	1,968.5	-7%
FY19-20	2,258.6	1,770.3	-22%
FY20-21	2,212.1	2,891.7	31%

Data Sources: Gov Budget - DHCS MHTSA Expenditure Reports, Table 2, Sum of CSS, PEI and INN
 Actual distributions from SCO website
 *Actual MHTSA Revenue is an estimate that is reconciled a few years after funds are received.

- Counties rely on MHTSA estimates in the Governor's January Proposed Budget to develop a spending plan for the upcoming fiscal year.
- If counties spend according to estimates, they are forced to make mid-year reductions even if future revenue outlook is rosy.
- Avoiding mid-year reductions is a one reason counties spend a majority of their MHTSA allocation in Year 2.

COUNTIES SPEND A MAJORITY OF MHSA FUNDS WITHIN THREE/FIVE YEAR CYCLES

Appendix 2: Lifespan of MHSA funds, including reversion amounts (high level)



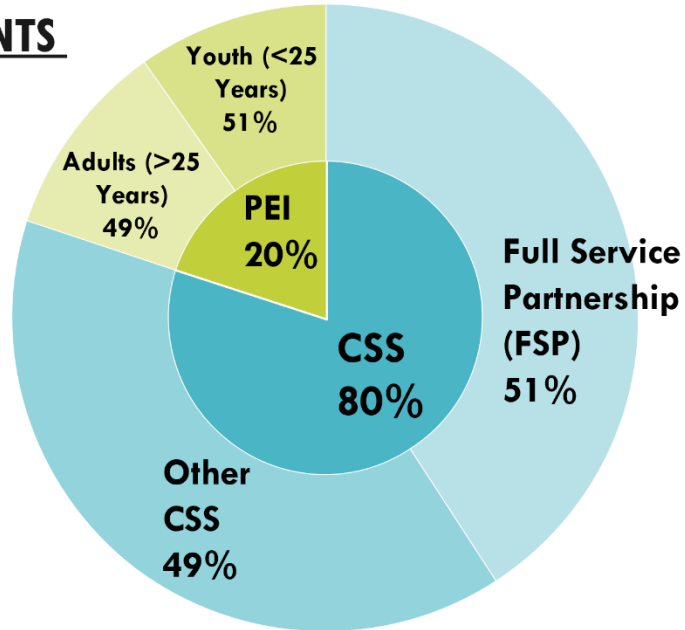
- Counties spend a majority of funding in Year 2 of their 3 or 5 year funding cycle
- Less than 1% of funding is reverted

FUNDING IS DECIDED WITH COMMUNITY STAKEHOLDERS



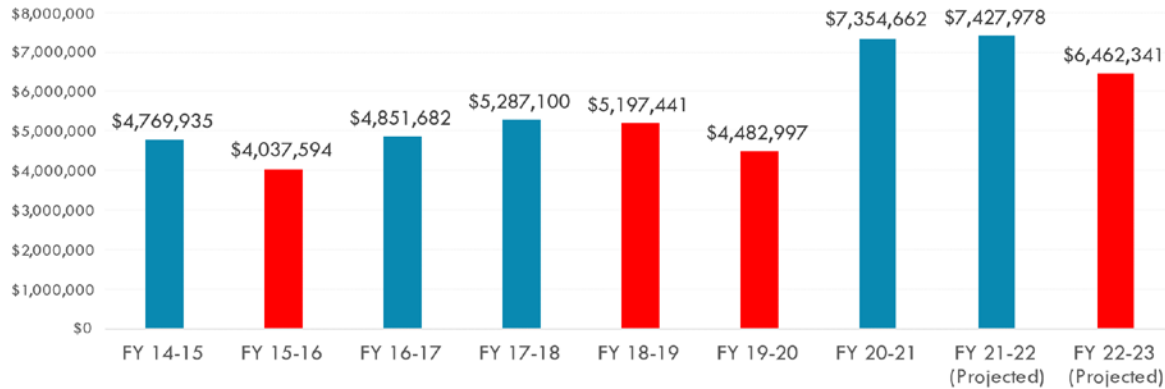
MHSA FUNDING REQUIREMENTS

- 5% of total funding is set aside for Innovation – of the *remaining* funding:
- 80% must be spent on Community Services and Supports (CSS)
 - At least 51% must be spent on Full Service Partnerships (FSP)
- 20% must be spent on Prevention & Early Intervention (PEI)
 - At least 51% must be spent on individuals 25 years old or younger
- Actual *total* percentages: 76% CSS, 19% PEI, 5% Innovation



**MHSA IS CATEGORICAL:
FUNDING DECISIONS MUST ALIGN WITH COMPONENT PERCENTAGES**

Nevada County Annual MHSR Revenue

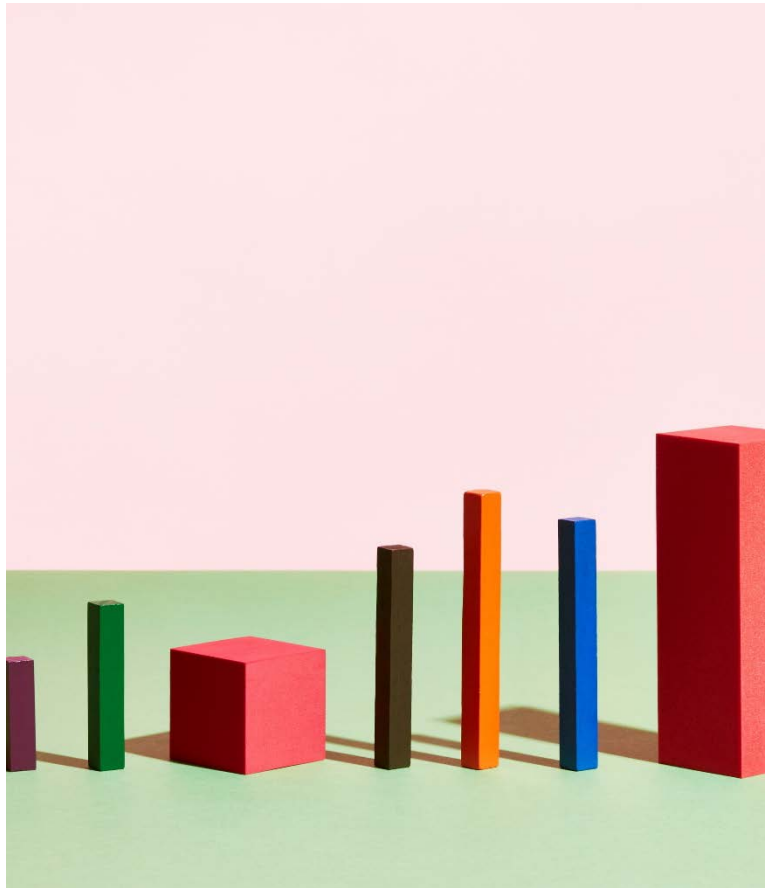


Fiscal Year	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22 (Projected)	FY 22-23 (Projected)
MHSR Revenue	\$5,287,100	\$5,197,441	\$4,482,997	\$7,354,662	\$7,427,978	\$6,462,341
% Change from Previous Year	9%	-2%	-14%	64%	1%	-13%

NEVADA COUNTY EXAMPLE

COUNTY RESPONSES TO UNANTICIPATED GROWTH

- Approach to increased spending in real time:
 - Evaluated the risk of reductions in the upcoming year
 - Engaged the community to prioritize one-time spending
 - Created a mini-grant program to support growing needs



MHSA FISCAL TRANSPARENCY TOOL FEEDBACK

- Appreciate additional context
- Request to reflect encumbered but unspent funds, as those are not available to expand/increase services
- Put fund balances and expenditures in context of three year planning cycles and reversion

PARTNERSHIP TO ADDRESS STRUCTURAL CHALLENGES

- COVID-19 has again exposed structural challenges
- CBHDA would like to partner with the OAC and partners to develop solutions to allow for policy changes that mitigate some of the structural challenges outlined today

QUESTIONS/DISCUSSION

Thank you!