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**Mental Health Services
Oversight & Accountability Commission**

Commission Teleconference Meeting January 25, 2023 Presentations and Handouts

- Agenda Item 7:** •Presentation: **Santa Barbara INN Plan: Housing Assistance Retention Team**
- Agenda Item 8:** •Presentation: **MHSA Innovation Projects: Alternatives to Confinement and Peer-Led Continuum Forensic and Reentry Services**
- Agenda Item 9:** •Presentation: **The Governor’s 2023-24 Proposed Budget and the Commission’s 2022-2023 Mid-Year Budget Report & Expenditure Authority**

Santa Barbara INN Plan: Housing Assistance Retention Team

Presented by Natalia Rossi
January 25th, 2023
Mental Health Services
Oversight & Accountability
Commission



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Natalia Rossi, Mental Health Services Act Manager

- I have worked for BWell for about five years
- I have been in my current position as MHSA Manager for nine months
- I have worked on training, WET, NPLH grants and Homeless Outreach grants in my previous work for BWell



Slide 1: What is the problem you are trying to solve in your County?

A significant portion of our MHSA and NPLH tenants are losing housing and/or being evicted despite the provision of 20 hours a week of onsite supportive services at housing sites.

Data for 2021-22 from our County Housing Community and Development Department indicated that 36% of those housed through the Coordinated Entry System that identified as having a mental health diagnosis were out of their housing placement within six months.

After leading focus groups with tenants, clients, and onsite staff to identify the root cause, we identified a need for specific support services in the initial phase of housing for those newly housed.

Problems indicating a need for a solution include:

- Tenants need more guidance and assistance on **developing and honing independent living skills**
- Tenants at times have challenges obtaining **basic supplies** and **accessing transportation**
- Tenants at times are **not engaged in the social benefits** programs to which they are entitled
- **Data on loss of housing after placement are not systematically tracked.** Such data can inform retention strategies
- Property management **have not had consistent access to training** so they can effectively assist this population



Slide 2: What is not working? How does this INN project address that problem?

Our current supportive services housing model only includes part-time onsite case management and limited peer support, not available onsite, for residents of our MHSA, Homekey, and NPLH funded sites.

Data on housing placement: limited data is available via the Housing Management Information System (HMIS) to determine why or how tenants lose their housing, and this data is inadequate; it does not track why people leave housing, if they had received housing infractions or complaints, etc.

The Housing Assistance and Retention Team (HART) project is a three-prong approach to **increase retention** within our permanent supportive housing program by:

- Assisting clients in the initial phase in their transition into independent living
- Educating and training Housing Authority/property management staff and other landlords on how to best serve this unique population
- Creating data collection methods to drive decision-making and identify emerging trends

The HART Team will consist of a Housing **Program Manager**, benefits acquisition-trained **Case Workers**, two **Peer Team Supervisors**, and **Peer Support Specialists**.

The case workers and peer support specialists will work with consumers to help them strengthen their independent living skills and connect them to mental health and substance use services. They will assist with transportation needs, have flex funding available for urgent needs, and will provide intensive, peer-led, services on the ‘**warm line**’ to provide **twenty-four hour a day peer support**.



Slide 3: How has your community contributed to the creation of this project?

Stakeholder Process

- During the MHSA FY 2022-23 Annual Update we presented this INN plan at 14 stakeholder events
- Comments included the need for more intensive services during the initial phase of housing. Over 90% of respondents in our MHSA Annual Plan Update for FY 2022-23 survey either agreed or strongly agreed with this INN proposal.

Focus Groups

- In early 2022, we held three focus groups for onsite tenants at three housing sites in Lompoc and Santa Maria that are currently funded through either MHSA, Homekey or NPLH.
- Over 35 tenants completed a written survey to establish goals for areas of concern
- We then returned to two housing sites for in-depth workshops to ensure that plan aligned with noted areas of concern

Surveys

- In February 2022, Santa Barbara County released a electronic Housing Survey to gain opinions on our MHSA, No Place Like Home, and Homekey funded units in Lompoc and Santa Maria, including areas of need and community input
- We then included a section on the proposed INN plan as part of our Annual MHSA Update Survey for FY 2022-23; Over 60 people completed this survey in Spanish and English.

Stakeholders suggested making the housing retention team peer-led, increasing available funding for tenants' needs, promoting greater transparency regarding why people exit housing, and providing independent living skill coaching. Stakeholders also asked for greater training and collaboration with landlords, tenants, and housing management staff. BWell will continue to facilitate stakeholder meetings and tenant surveys every quarter to ensure program success and facilitate data-driven decision making.



Slide 4: What are you hoping to learn and how will you measure it?

We need to **better understand our tenants' challenges** with housing retention and **implement evidence-based programming** for reduction of tenant infractions and evictions. **Our goals include:**

1. Increase housing retention for MHSA, Homekey and NPLH tenants
2. Increase tenants' ability to secure social service benefits and income
3. Increase positive resident physical and mental health outcomes
4. Implement independent living skill building curriculum course for new residents
5. Implement regular training for property management staff
6. Develop systems to connect data sources for a robust, comprehensive collection and reporting process.

We plan to implement the Homeless Information Management System universally at all MHSA, NPLH and Homekey housing sites and use this data system to measure data that is consistent with data being collected at other housing sites.

The epidemiologist will then develop a specific data system to measure reasons for exiting housing sites, why people leave, and where they go.

These data measurements can then be shared county-wide to help inform strategies to increase housing retention for those with mental illness, and also with other Behavioral Health departments across the state.



Slide 5- HART Full Budget

- In the first year, BWell will hire **1 Housing Program Manager, 1 epidemiologist, and 1 Administrative Office Personnel** (to coordinate the grant reporting, data collection, and services.)
- The direct service team will include **4 case workers, 5 peer support specialists, and 1 peer supervisor**
- This services team will be **peer-led and focus on hiring those with lived experience**
- The HART team will expand in the 2nd year to **7 case workers, 5 peer support specialists, and 1 peer supervisor**

4.5 Year Budget	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Personnel	\$157,979	\$315,958	\$322,277	\$328,723	\$335,297	\$1,460,234
Operating Costs	\$19,500	\$14,500	\$14,500	\$15,500	\$14,500	\$78,500
Non-recurring costs	\$ -	\$ -	\$-	\$-	\$-	\$-
Evaluation	\$-	\$-	\$-	\$ -	\$ -	\$-
Community Based Organizations	\$507,942	\$1,220,386	\$1,235,474	\$1,259,004	\$1,279,984	\$5,502,790
Indirect Costs	\$55,293	\$110,585	\$112,797	\$115,053	\$ 117,354	\$511,082
						\$ -
						\$ -
Total	\$740,714	\$1,661,430	\$ 1,685,048	\$1,718,279	\$1,747,135	\$7,552,606
Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Innovation Funds	\$ 740,714	\$1,661,430	\$1,685,048	\$1,718,279	\$1,747,135	\$7,552,606
Medi-Cal Funding	\$ -	\$-	\$ -	\$-	\$-	
	\$-	\$-	\$-	\$-	\$-	\$-
Total	\$740,714	\$1,661,430	\$1,685,048	\$1,718,279	\$1,747,135	\$7,552,606



Mental Health Services Act Contact Information

Feel free to reach out with questions, comments and ideas

Thank you,
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SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

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

Name: Housing Assistance and Retention Team Program
Amount: Up to \$7,552,606 in MHTA Innovation funds
Project Length: Four and a half (4.5) years



MHSA Innovation Projects: Alternatives to Confinement and Peer-Led Continuum Forensic and Reentry Services



Presentation to Mental Health Services Oversight & Accountability Commission
January 26, 2023

The problem
these projects
seek to
address

- In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.
- Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system.
- Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further.
- These projects arose to address the over-incarceration of people with mental health issues and support them outside of a jail environment.

Community Project Planning

The Justice Involved Mental Health (JIMH) Task Force convened for over a year and published a report in September 2020 with multiple stakeholder recommendations, including a focus on supporting reentry

ACBH published a Forensic Mental Health and Reentry Plan in October 2020, informed by JIMH

ACBH contracted with the Indigo Project, who met with a number of internal and external stakeholders, to provide information, workshop ideas, and develop Innovation Projects

To develop these Innovation concepts, the Indigo Project engaged the following stakeholders:

- *Consumer representatives and members of the Pool of Consumer Champions*
- *Family representatives and individuals from NAMI*
- *Providers who represent communities who are underrepresented because of cultural affiliation and language access*
- *Members of the African American subcommittee*
- *Members of the MHSa Stakeholder group*
- *Healthcare for the homeless providers*
- *System of Care Directors for Adult, Crisis, and Forensic Mental Health Services*
- *Consumer and Family Empowerment Managers*

Overview of Innovation Projects

Alameda County is proposing to **test two different solutions to address the same problem**. Each Innovation project is aimed to test a **different continuum of services** aimed at reducing criminal justice involvement for people with significant mental health challenges. One is a clinical model, while the other is entirely peer-led.

These proposed program are the following:

- Alternatives to Confinement composed of an arrest diversion/triage center; a forensic crisis residential treatment program; and a reducing parole/probation violations program
- Peer Led Continuum, Forensic and Reentry Services composed of reentry coaches; WRAP for reentry; a forensic peer respite program; and a family navigation and support program

These programs are part of a number of efforts by ACBH aimed to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorder by:

Safely diverting people from the justice system into treatment,

Stabilizing and connecting individuals in custody to community behavioral health services, and

Promoting service participation that reduces recidivism.

Project Aims

To what extent do these programs, separately and together:

- Increase access to and participation in mental health services for adults with mental health and criminal justice involvement and
- Improve outcomes, including reduced jail bookings, jail days, and exit from the criminal justice system.

Learning Goals

- 1) What resources are being invested, by whom, and how much?
- 2) Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
- 3) To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and are able to exit the criminal justice system?
- 4) To what extent do people who participate in INN-funded services experience increased service engagement and participation?
- 5) How does family education and consultation support individuals to move through the justice system?

Alternatives to Confinement

Three mental health services, clinical in nature and led by clinical staff, intended to reduce incarceration and increase participation in mental health services

Arrest Diversion/Triage Center (AD/TC)

where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive

Forensic Crisis Residential Treatment (CRT)

program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment

Reducing Parole/Probation Violations (RP/PV)

program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release

Budget

Category	Start-up Costs	Annual Costs
Total Staffing	\$1,207,340	\$4,247,800
Total Operations	\$704,940	\$1,334,079
Total Direct Costs (Staffing + Operations)	\$1,912,280	\$5,581,879
Total Indirect Costs (15%)	\$286,842	\$837,282
Total Costs	\$2,199,121	\$6,419,161
Potential Medicaid Revenue		\$3,209,580
Total INN Funds Needed	\$2,199,121	\$3,209,580

Total Amount Requested: \$13,432,653

Project Duration: 5 Years

Peer Led Continuum, Forensic and Reentry Services

Four programs, all led by people with lived experience, intended to reduce incarceration and increase participation in services

Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community

WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement

Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry

Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one

Budget

Category	Start-up Costs	Annual Costs
Total Staffing	\$662,965	\$2,283,360
Total Operations	\$287,778	\$547,566
Total Direct Costs (Staffing + Operations)	\$950,743	\$2,830,926
Total Indirect Costs (15%)	\$142,611	\$424,639
Total Costs	\$1,093,354	\$3,255,565
Potential Medicaid Revenue		\$1,106,892
Total INN Funds Needed	\$1,093,354	\$2,148,673

Total Amount Requested: \$8,631,732.17

Project Duration: 5 Years

Questions?

Proposed Motions (2):

The Commission approves INN funding for each of the following Alameda County Innovation plans, as follows:

- | | | |
|----|-----------------|---|
| 1. | Name: | Alternatives to Confinement |
| | Amount: | Up to \$13,432,651 in MHSA Innovation funds |
| | Project Length: | Five (5) years |

- | | | |
|----|-----------------|--|
| 2. | Name: | Peer-Led Continuum for Forensic and Reentry Services |
| | Amount: | Up to \$8,692,893 in MHSA Innovation funds |
| | Project Length: | Five (5) years |



Mental Health Services
Oversight & Accountability Commission

The Governor's 2023-24 Proposed Budget and the Commission's 2022-2023 Mid-Year Budget Report & Expenditure Authority

January 25, 2023

Governor's Proposed Budget for Fiscal Year 2023-2024

\$230.5 billion for Health & Human Services programs

Behavioral Health and Workforce Development

- ❖ Behavioral Health Continuum— over \$8 billion total funds across various Health & Human Services departments
 - California's Behavioral Health Community-Based Continuum Demonstration - \$6.1 billion over five years to expand behavioral health crisis, inpatient, and residential services
 - Expand full-scope Medi-Cal eligibility to all income-eligible adults - \$844.5 million in 2023-24, \$2.1 billion in 2024-25, and approximately \$2.5 billion ongoing.
 - Community Assistance, Recovery & Empowerment (CARE) Act - \$88.3 million General Fund
 - Incompetent to Stand Trial Waitlist Solutions - \$535.5 million in 2022-23, increasing to \$638 million in 2025-26 and ongoing for Department of State Hospitals

- ❖ Health and Human Services Workforce - over \$1 billion General Fund to Department of Health Care Access and Information to strengthen and expand the state's health and human services workforce
 - ❖ Workforce Development - The 2022 Budget Act invested approximately \$2.2 billion for continuing workforce development. The proposed Budget reduces \$55 million of these investments.

Governor's Proposed Budget for Fiscal Year 2023-2024

\$230.5 billion for Health & Human Services programs

Homelessness and Opioid Response

- ❖ Investments in homelessness – budget maintains \$3.4 billion committed in prior budgets
 - Homelessness Funding Accountability & Transparency - Proposes statutory changes to the Homeless Housing, Assistance & Prevention program to prioritize spending on housing support activities
 - Homelessness Funding Eligibility - Seeks to condition eligibility for any future homeless-related grants and programs through the Business, Consumer Services and Housing and the Health and Human Services Agencies
 - CalAIM Transitional Rent Waiver - \$17.9 million in 2025-26 increasing to \$116.6 million to allow up to six months of rent or temporary housing to eligible individuals experiencing or at risk of homelessness
 - Behavioral Health Bridge Housing Program - Delays \$250 million of the total \$1.5 billion General Fund to 2024-25
- ❖ Opioid and Fentanyl Response - additional \$93 million in Opioid Settlement Fund over four years beginning in 2023-24
 - Fentanyl Response - Proposes \$79 million for the Naloxone Distribution Project and \$4 million to support innovative approaches to make fentanyl test strips and naloxone more widely available.
 - Fentanyl Grants - \$10 million for grants to increase efforts in education, testing, recovery, and support services
 - Fentanyl Impacts on Youth - \$3.5 million ongoing to provide all middle and high school sites with at least two doses of naloxone hydrochloride or another medication to reverse an opioid overdose on campus.

Commission Budget 2022-23 Mid-Year Update

Expense Type	Item	Approved FY 22-23 Budget	Adjustment	Adjusted FY 22-23 Budget	YTD Expenses	Encumbered	Earmarked	Potentially Available
Operations	Personnel	\$8,100,000	(\$720,000)	\$7,380,000	\$3,389,658		\$3,700,000	\$290,342
	Core Operations	\$1,484,552	\$300,000	\$1,784,552	\$460,086	\$277,130	\$993,121	\$54,215
Commission Priorities	Communications	\$467,448	\$420,000	\$887,448	\$264,100	\$251,200	\$360,000	\$12,148
	Innovation	\$100,000		\$100,000				\$100,000
	Research	\$1,116,000		\$1,116,000	\$64,033	\$830,487	\$1,300	\$220,180
Budget Directed	California Behavioral Outcomes Fellowship	\$5,000,000		\$5,000,000			\$5,000,000	
	Evaluation of FSP Outcomes (SB 465)	\$400,000		\$400,000			\$239,000	\$161,000
	MHSSA Evaluation and Admin (avail over 5 years)	\$16,646,000		\$16,646,000	\$63,163		\$3,525,000	\$13,057,837
Local Assistance	Mental Health Wellness Act	\$20,000,000		\$20,000,000			\$20,000,000	
	Mental Health Student Services Act	\$8,830,000		\$8,830,000	\$179,937	\$8,650,063		
	Community Advocacy	\$6,700,000		\$6,700,000	\$732,550	\$4,627,450	\$1,340,000	
	Children and Youth Behavioral Health Initiative	\$42,900,000		\$42,900,000			\$42,900,000	
Money Held for Reserve								(\$250,000)
Total		\$111,744,000		\$111,744,000	\$5,153,528	\$13,805,843	\$77,368,907	\$13,645,722

Expenditure Authority

- \$1.5 million from the MHSSA Evaluation and Admin fund to be awarded to WestEd for initial evaluation work on the Mental Health Student Services Act grants. The funds will be used to develop an evaluation plan, continue community engagement around key metrics for school mental health, and conduct an analysis of current grantee findings and challenges.
- \$300,000 from Operations fund for the Strategic Plan development
- \$110,000 from Communications fund for Crossings TV contract
- \$670,000 new funding request for older adult advocacy contract

Motion

- The Commission approves the Fiscal Year 2022-23 Mid-year expenditure plan and associated contracts.

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym "MHSOAC" in a bold, white, sans-serif font. The letter "O" is stylized with a white sunburst or gear-like pattern inside it. A thin white horizontal line runs through the middle of the letters.

MHSOAC

Mental Health Services
Oversight & Accountability Commission

A photograph showing the lower legs and feet of a person walking down a set of wide, light-colored stone stairs. The person is wearing dark blue or black leggings and bright, multi-colored sneakers with a distinctive pattern on the soles. The text "Thank you" is overlaid in white on the left side of the image.

Thank you