



**Monterey County Behavioral Health Commission**

**Public Hearing to Approve**

**Draft Mental Health Service Act**

**(MHSA)**

**FY23 Annual Update**

**April 28, 2022**





## **Monterey County's MHSA Team:**

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## Introduction

- The Mental Health Service Act (MHSA) is one of several funding sources supporting Monterey County Behavioral Health.
- The MHSA requires 3-Year Program & Expenditure Plans and subsequent Annual Updates for the second & third years.
- These documents contain information regarding **only those** programs/services funded by the MHSA.
- Monterey County's currently approved 3-Year Plan covers the fiscal years of 2020-21, 2021-22, and 2022-23.
- This Annual Update covers the fiscal year period beginning July 1, 2022, through June 30, 2023.



## Annual Update Purpose & Process

**The Purpose of MHSA Annual Update** is to:

- inform our local community stakeholders and the State of most recent service/evaluation data (FY 2020-21) for MHSA-funded programs
- identify any substantive changes to the current MHSA 3-Year Program & Expenditure Plan for the upcoming FY 2022-23.

The Draft document must be developed with local stakeholder input and feedback.

The process must also include a Public Hearing, conducted by the County Behavioral Health Commission, at the close of a 30-day Public Comment period.



## 30-Day Public Review Period

- March 25 – April 25, 2022
- Links to the Draft Annual Update were posted on County website (English & Spanish)
- Announced to community partners and stakeholders via email and at meetings
- Announced to public via County website, Facebook, Instagram and Twitter accounts (English & Spanish accounts)

A total of four (4) Public Comments were received. These are presented later in this presentation.



# The Public Hearing & Final Local Approval Process

## Purpose of the Public Hearing

- Behavioral Health Commission conducts a hearing on the draft Annual Update, which includes receiving the following:
  - The Public Comments submitted during the Public Comment period;
  - County staff responses to substantive comments; and,
  - Any additional comments by attendees.
- The Commission then makes recommendations for any revisions to the document prior to the final approval process. A vote is required to forward the document to the County Board of Supervisors for adoption.

## Final Approval Process

- Document is finalized, to include the Public Comments and the documentation of the Public Hearing
- Certifications by the County Behavioral Health Director and the County Auditor-Controller are added
- Adoption by County Board of Supervisors
- Submitted to the State within 30 days of BOS adoption



# Elements of Our Stakeholder Planning Process for the FY22 Annual Update

## Community Needs Assessment

- Community Member Survey: 200 surveys completed (**400% increase**)
- Provider Survey: 276 surveys completed (**54% increase**)
- The top three priority areas identified in the Community Survey were: Anxiety, Chronic Stress and Alcohol/Substance Abuse.
- The top three priority areas identified in the Provider Survey were: Anxiety, Depression and Chronic Stress.
- Both surveys identified Homelessness, Financial Stress, Stigma and Discrimination and Adverse Childhood Experiences as major contributing factors to behavioral health problems.
- To review the full data, please review the Needs Assessment Report incorporated into Annual Update document as Appendix I.



## Stakeholder Planning Process:

### Focus Groups:

- Seven (7) Focus Groups were conducted via ZOOM or hybrid ZOOM/in-person meetings in December 2021 and January 2022
- Focus Groups were hosted by partnering agencies and facilitated by Evalcorp
- Two (2) Focus Groups were exclusively in Spanish
- A total of 56 stakeholders participated across the 7 Focus Groups
- Challenges identified: stigma, waitlists, costs, lacking knowledge, language capacity and cultural responsiveness, lack of integrated care with medical providers
- Strengths identified: dedicated staff, range of available services and service locations, and telehealth
- In-depth analysis of Focus Group feedback found in Appendix I





## Input Received, continued

### **Key takeaways from CPPP for MCBH to consider:**

- Continued focus to increase availability and timely access to a broad spectrum of services, included prevention services to treat anxiety, chronic stress, depression and substance abuse
- Maintain/Expand sensitivity towards impacts caused by financial insecurity, housing insecurity and homelessness, childhood trauma, language and culture



## Changes to the Three-Year Plan for FY23

The following modifications to **Community Services & Supports (CSS)** programs are planned to occur in FY22/23:

Expansion of Intensive day treatment services (CSS-10)	\$431k
Expansion of Wellness Navigator program (CSS-10)	\$232k
Expansion of Transportation Coaching services (CSS-10)	\$36k
Restoration of Homeless outreach and treatment services (CSS-15)	\$169k
Establish Peer Partners for Health, client support system (CSS-10)	\$306k
Re-establishment of Day-Rehab program (CSS10)	\$728k

**TOTAL DOLLARS ADDED TO CSS Programs**

**\$1.9million**



## Changes to the Three-Year Plan for FY23, continued

The following programs are proposed to be added to the **Prevention & Early Intervention(PEI)** Component:

PEI-16	Establish SUD Peer Outreach and Navigation	\$236k
PEI-04	Restart Stigma reduction program	\$234k
PEI-08	Expand After-School Services	\$10k
PEI-12	Establish Referral Navigation program	\$100k
PEI-14	Expand short-term therapeutic services	\$285k
PEI-08	Establish Youth Advocacy Program	\$80k
PEI-12	Expand Outreach and Engagement	\$60k
PEI-13	Establish Street Outreach TAY	\$300k
PEI-14	Expand Community Advocacy	\$102k
PEI-13	Expand Youth and LGBTQ+ Services	\$30k



## Changes to the Three-Year Plan for FY23, continued

The following strategy is proposed to be added to the Prevention & Early Intervention (PEI) Component:

PEI-08	Expand School Based Counseling	\$129k
PEI-10	Expand Early Psychosis Program	\$308k
PEI-05	Expand Senior Peer Counseling	\$200k
PEI-02	Expand Family Support Services	\$170k
PEI-08	Establish Bullying Prevention Program	\$75k
PEI-06	Expand Suicide Prevention	\$166k
PEI-15	Establish Home Visiting Program	\$647k
PEI-02	Establish Family and Youth Peer programs	\$231k
PEI-16	Establish SUD Prevention program	\$250k
PEI-12	Establish Mental Health First Aid	\$35k
PEI-15	Establish Maternal Mental Health Peer Program	\$500k
<b>TOTAL DOLLARS ADDED TO PEI Programs</b>		<b>\$4.15million</b>



## Changes to the Three-Year Plan for FY23, continued

Additions to the Innovations Component:

### Approved Projects:

INN-04: Psychiatric Advance Directives	\$2 million
INN-05: Residential Care Facility Incubator	\$780k
<b>TOTAL DOLLARS ADDED TO INN Programs</b>	<b>\$2.78 million</b>

### Pending Projects:

INN-06 Trauma Healing Community Initiative	\$500k
INN-07 Rainbow Connections	\$2 million
INN-08 Eating Disorder Treatment Team	\$1.8 million
<b>TOTAL DOLLARS PENDING APPROVAL</b>	<b>\$4.3 million</b>



## Changes to the Three-Year Plan for FY23, continued

The following project is proposed to be added to the **Capital Facilities & Technological Needs (CFTN)** Component:

### **Monterey Mental Health Rehabilitation Center (MHRC)**

This facility will create 110 mental health treatment beds through converting a vacated county-owned facility at 1420 Natividad Road in Salinas. This MHRC will be a 24-hr program which provides intensive support and rehabilitative services designed to assist persons with serious mental disorders. Monterey County clients are best served locally; currently they are placed in a state hospital, or another mental health facility located outside Monterey County.

There are NO programmatic changes proposed for the WET Component



## FY23 Budget Overview

MHSA Revenue Allocations from the State have greatly exceeded initial conservative estimates.

MHSA Expenses throughout the pandemic have not kept pace with the unprecedented revenue. These factors have prompted an increase in the MHSA fund balance.

Employment conditions throughout the pandemic have contributed to expenses being lower than expected:

- > High vacancy rate (15-20%). Recruitment and retention
- > Temporary Hiring freeze
- > Social distancing and virtual meeting issues.



## FY23 Budget Overview

This Annual Update proposes an increase in services:

CSS: \$1.4million

PEI: \$4.15million

INN: \$2.78million

Unspent funds from prior Fiscal Years will help augment future MHSA allocations to enable adequate funding for these changes in the future.

The unexpected allocation of revenues has restored the ability to transfer funds from CSS to the CFTN and WET components. CFTN fund transfer has been increased to \$3.4million. No change to the WET transfer, which remains at \$1million annually.





## Summary of Public Comments & County Staff Responses

Robin McCrae, CEO of Community Human Services, advocating for MHSA support of street outreach services to homeless youth.

**Response:** MCBH intends on continuing MHSA support of the Street Outreach program offered through CHS.



## Public Comments & County Response, continued

Tara Crampton, of the Monterey County Office of Education, advocated support of the proposed “Rainbow Connections” Innovation Plan to improve interagency collaboration between MCBH, Monterey County Clinical Services, MCOE, and community-based TAY and/or LGTBQ+ service providers.

**Response:** MCBH intends on submitting this Innovation Plan in the spring/summer of 2022.



## Public Comments & County Response, continued

Barbara Mitchell, Executive Director of Interim Inc., expressed concern over the accuracy of descriptions for CSS-14: Homeless Services and Supports FSP and CSS-15: Homeless Outreach and Treatment.

**Response:** After a thorough review, program descriptions are modified as follows:

### Homeless Services and Supports FSP [CSS-14]

The Homeless Services and Supports FSP is an **Outpatient Program** to be operated by a contracted service provider, offering wrap-around services, and conducting outreach for adults with a psychiatric disability who are currently experiencing homelessness or who are at high risk of becoming homeless. Services will include mental health and psychiatry services, case management services, assistance with daily living skills, **as well as referrals** to supported education and employment services.

### Access Regional Services [CSS-07]

The clinical support offered through ACCESS clinics will be supplemented by community, education and therapeutic supports found at a **Wellness Center** included as part of this CSS Strategy. Located in Salinas and serving TAY and Adult populations, the Center is a peer and family member operated facility that will assist participants in pursuing personal and social growth through self-help groups, socialization groups, and by providing skill-building tools to those who choose to take an active role in the wellness and recovery movement through various initiatives, e.g., Success Over Stigma. **The Wellness Center also provides supported education services to those who are thinking of enrolling in school or are already enrolled in school and need extra support to be successful in their education endeavors.**



## Public Comments & County Response, continued

Barbara Mitchell, Executive Director of Interim Inc., expressed concern over the implied use of MHSA funds for capital costs associated with a locked mental health rehabilitation facility (MHRC).

**Response:** MCBH is aware of regulatory requirements that only allow MHSA funds to be allocated towards voluntary services. As such, MCBH will only seek to apply MHSA funds towards voluntary treatment services that may be offered at the proposed MHRC.



## Public Comments & County Response, continued

Oscar Flores, of First 5 Monterey County, offered extensive comments and suggestions related to programming to support the needs of children and families in Monterey County. This includes emphasizing young child wellness at forefront of stigma reduction efforts, adapting services to meet linguistic/cultural needs, building Community Health Worker workforce, continuing/expanding maternal mental health and perinatal services and partnerships, promoting interdisciplinary training between medical and behavioral healthcare providers, and improving interagency collaboration to aid in creating easier access for clients.

**Response:** MCBH appreciates and notes these suggestions for future program planning discussions as opportunities arise.



## Staff Recommendation

- Make recommendations to the County Behavioral Health Bureau for revision to the Draft Annual Update; and,
- Approve Draft Annual Update, to include the summary of substantive recommendations received during the comment period and at today's Public Hearing, for forwarding to the Board of Supervisors for adoption.



Thank you!