



Mental Health Services Act

Annual Update 2020

Response to COVID-19



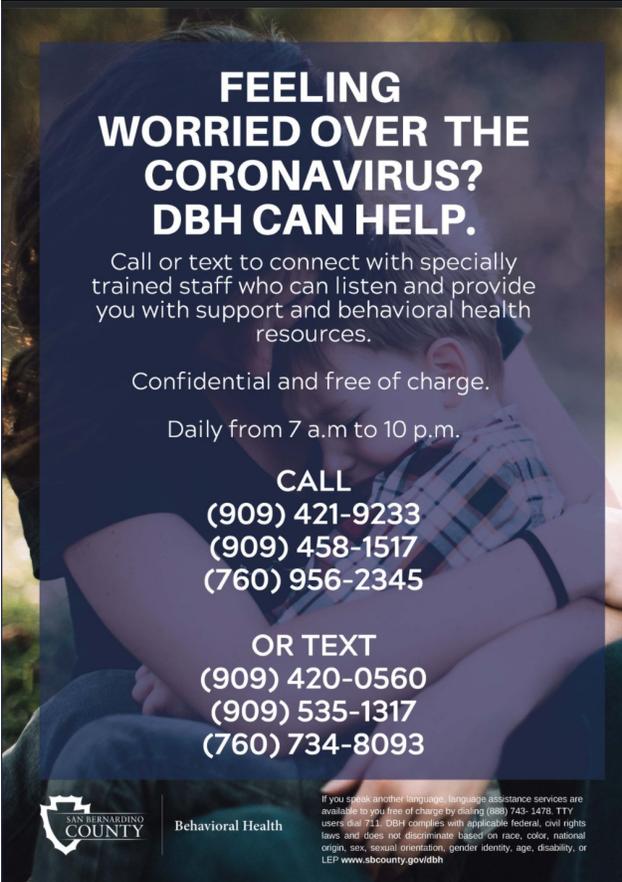
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Introduction

On March 15, 2020, California Governor Gavin Newsom issued Executive Order N-33-20. This order directed Californians to stay home to protect the health and well-being of all Californians and to establish consistency across the State to slow the spread of COVID-19. Based on this order, San Bernardino County identified essential services needing to continue uninterrupted for the benefit of County residents. The services provided by the Department of Behavioral Health (DBH) are considered essential.

The public health crisis has also impacted the economy and tax revenue, which partially fund the delivery of public behavioral health services. As a result of both the health crisis and the economic reduction, some of the programs and services funded partially or in whole by the Mental Health Services Act (MHSA) required modification to meet the immediate needs of consumers and communities. In compliance with community program planning standards identified in the Mental Health Services Act, a description of those changes for Fiscal Year (FY) 2020/21 are included in this update and will be included in the subsequent Annual Update for FY 2021/22, as applicable.



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Department Adjustments

Measures to Reduce Health Risks

Increase Use of Telehealth

San Bernardino County Department of Behavioral Health (DBH) services are essential services thus DBH has remained open and operational during the public health crisis. To adhere to the Governor's Executive Order while minimizing the disruption to care, telework/telehealth was implemented as an option for some positions. Policies and procedures were created and implemented to provide guidance and a framework on how telework will function within DBH. The DBH Information Technology Unit provided intensive coordination, technical assistance, and support across the entire department to safely transition services and supports to an online platform. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), employees were issued virtual private networks (VPNs) to remote login to protect consumer information when performing telework activities.



Not all services provided by DBH could be transitioned to a telework/telehealth or a modified telehealth option and required in-person services. For these identified services, proactive measures in compliance with Public Health Orders and the Centers for Disease Control and Prevention (CDC) guidelines were taken to minimize the risk of illness in the workplace.

Increased Communication

DBH has made communication a priority in order to keep staff, stakeholders, and partnering contractors informed about the actions taken by the Department in response to COVID-19. This includes the promotion of mental health wellness during a challenging time. Wellness activities included various meetings and events to support communication and education.

Main Virtual Outreach Event	Number of Events Held
Director's Minutes	11
Mental Health Monday	11
Message From the Director	2
Town Hall Meeting	7

These meetings focused on topics such as policy and procedure updates due to COVID-19, implementation of new processes, fiscal challenges, encouragement to stay safe and maintain social distancing guidelines, and coping strategies to help mitigate any mental health challenges the might arise from self-isolation and the social climate.

Department Adjustment, cont.

Town Hall events allowed for question and answer sessions permitting consumers, stakeholders, and providers to ask the Director and guest professionals questions about dealing with challenges presented by COVID. Assured Each Town Hall meeting reached an estimated **280** viewers each gathering. Some questions included topics that addressed:

- Dealing with the loss of family members and not being able to properly say goodbye
- Visiting elderly relatives in senior homes
- Fear of going into public settings
- Separating work from home life when there is no clear cut off
- Supporting family through a time of uncertainty, anxiety and stress
- Coping strategies for feels of loneliness during self-isolation



In addition to the main outreach sessions, the Department disseminated wellness information by collaborated with other public agencies and community partners. As a result, between the months of March and September, the Department took part in **57** community outreach events hosted via a virtual platform.

DBH in the Community



Serving over 40,000 residents



Provided 60+ webinars, live Broadcasts, and videos



Provided support at COVID-19 testing sites



Assigned 25 staff members over 33 locations for 1,200 hours

Across the continuum of care, DBH and its contracted provider network have remained open and active in the community, serving over 40,000 residents, to date. DBH has maintained its community presence through 60+ webinars, live broadcasts and videos, support provided to COVID-19 testing sites across the County. During the COVID-19 screenings, providers are offering mental health resources and grounding techniques to reduce anxiety and stress and reminding the community of their continued presence and services available.

Program Specific Adjustments

During the time of the pandemic, strong partnerships and collaborations have become essential. One such partnership is between Children and Family Services (CFS) and Department of Behavioral Health. To support CFS, the One Stop TAY Center building in San Bernardino was evacuated by staff and made available to CFS in April 2020 to house COVID positive foster youth. The San Bernardino TAY staff began to utilize telework protocols and providing only telehealth services to TAY consumers that would normally receive service at the One Stop TAY Center. DBH anticipates regaining occupancy of the San Bernardino building by November 2020.

The other three One Stop TAY Centers, located in Ontario, Victorville, and Yucca Valley, continue to provide a combination of telehealth and in-person services, as preferred by consumers and clinical staff. The in-person services follow the social distancing and safety protocols set in place. These locations anticipate continuing to provide a combination of telehealth and in-person services through the duration of the COVID-19 pandemic.

Initiation of Text Based Helpline

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Program Specific Adjustments, cont.

Providing virtual support meetings for County health agencies whose staff were experiencing COVID-19 fatigue; providing behavioral health supports at County COVID-19 testing sites

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OR OTHER ESSENTIAL
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Community Crisis Response Team expanded their services to support a new service line to conduct emergency department assessments and evaluations for hold recommendations and hold interruptions, initiated a texting help-line, and provided WebEx-based support meetings for Arrowhead Regional Medical Center (ARMC) staff experiencing COVID-19 fatigue. Being a field-based program, crisis field responses have been and continue to be suspended. This program joined partner ARMC in a Skilled Nursing Facility Task Force to support staff at various congregate living facilities to cope with the stressors of COVID-19 and supported the Department of Public Health at Specimen Point of Collection (SPOC) COVID-19 test sites.

Homeless and other field-based programs assisted with Project Room Key

Homeless Supportive Services, Employment Services, Recovery Based Engagement Support Team (RBEST), and Innovative Remote Onsite Assistance Delivery (InnROADs) joined together in collaboration with Project Room Key. This coordinated effort resulted in over 195 individuals being placed in motels. Hotel placement through Project Room Key

helped consumers focus on sobriety or become ready for substance use services.

Staff are were also onsite at motels in both the Valley and High Desert to assist residents with case management and linkage to resources who have tested positive for COVID-19.

Adapted to the restrictions and limitations of COVID-19

With the limitations placed on field-based services during COVID-19, outreach and engagement has been significantly impacted. One provider alone witnessed the cancellation of over 15 scheduled outreach activities. Outreach and engagement staff had to get creative when online engagement and/or outreach was not possible. For example, the InnROADs program staff were able to connect with the community via telephone but were still limited in outreaching and engaging the homeless population directly in the community. To overcome this challenge, the InnROADs staff partnered with Clubhouses to meet with consumers in a safe, neutral place. InnROADs staff also conducted food drops in lieu of full outreach to homeless encampments. InnROADs staff members also were trained as contract tracers

Program Specific Adjustments, cont.

and assisted Public Health for five weeks at the peak of COVID-19. As of the end of July 2020, InnROADs has been cleared to return to field-based services.

Other homeless service programs saw a decrease or halt in field-based services temporarily. For example, housing navigation was paused, but has now resumed. Even though resources were limited, this program was able to improve business processes for continuity of care. Streamlining processes with the use of electronic signatures allowed for quick turn on processing documentation for supportive services and assessments.

Other field-based programs experienced a decline in consumers due to the halt of services in the field at the beginning of COVID-19. Unfortunately, some programs lost contact with consumers who did not have access to a phone. However, now the homeless program staff make drop offs of food, COVID-19 safety information, and reminders of available SBC-DBH program to isolated, vulnerable, or fearful consumers. The program staff have begun “distance outreach” where staff are using PPE and offering masks to consumers in need.

Like other DBH programs, most children programs transitioned from in-person to telehealth services. The frequency of sessions increased but shortened in duration to meet the needs of the consumers. To ensure safe practices for youth, families, and staff, extensive policies and procedures were developed by providers. Providers also purchased technology equipment for youth and families to overcome gaps in resources.

TAY programs are also experiencing a decrease in outreach activities as some consumers do not feel comfortable with virtual platforms. While telehealth has allowed the continuation of services, not all services can be provided via telehealth. For one TAY program who has nursing staff part of their team, vital signs of the consumer are unable to be obtained through telehealth appointments.

Some adult programs that work collaboratively with other agencies previously had staff stationed at various partner agency locations (e.g., law enforcement offices, day reporting centers, colleges, emergency departments, etc.). However, due to the closure of some of these locations to staff, the SBC-DBH staff are temporarily re-located at other SBC-DBH offices and provide services via telehealth. Programs that transport consumers are in the process of installing plexiglass in their vehicles in preparation for returning to field-based services while ensuring safety for both the consumers and the staff.

Adult programs also experienced unique challenges in admissions, readmissions, and discharges, as they were placed on hold due to COVID-19 (e.g., testing positive or in process of testing). This adult program adapted its process to comply with new admission policy in accordance with state regulations. Additionally, this program was required to hire additional nursing staff to provide COVID-19 testing.

Like many programs in the continuum of care, the older adult program within the CSS component transitioned from in-person to telehealth to increase safety and reduce the transmission of COVID-19. The relationship with Department of Adult and Aging Services (DAAS) resulted in the participation in new programs, such as meal programs and 24-hour helpline. Many locations that served older adults, such as senior centers, closed due to COVID-19. Therefore, these new meal programs ensured older adult consumers were provided sufficient meals. The 24-hour helpline assisted older adult consumers who were experiencing anxiety and depressive symptoms because of COVID-19 and subsequent quarantine. Additional services such as delivering groceries and picking up mail were completed by community

Program Specific Adjustments, cont.

partners as a result of coordination and strong partnership. Volunteers also provided face masks for those in need.

A challenge for the older adult population was the increased use of technology. Some consumers resided in disadvantaged communities with minimal education leading to minimal access to resources. Telephone support groups were created to respond to consumers and manage support groups via telehealth.

Community Program Planning

DBH was in the middle of a robust year-long Community Program Planning (CPP) process when the Executive Order was issued. DBH quickly transitioned the CPP process from an in-person format to a virtual format. While the shelter-in-place order did not impact the public posting timeframe of the draft MHSA Three-Year Integrated Plan Fiscal Years 2020/21-2022/23, the Public Hearing to affirm the stakeholder process by the Behavioral Health Commission was moved to a virtual format and held on April 2, 2020. Additionally, the County Board of Supervisors meeting that approved the MHSA Three-Integrated Plan was also completed in a virtual format.

Protocols were updated to account for virtual meeting attendance, where sign-in sheets could not be utilized. Attendance is now captured through a feature identifying the number of attendees signed into the virtual platform and via attendees identifying themselves in the “chat” feature on the platform. Attendees have the option to participate in stakeholder meetings via call-in, cell phone/tablet app, or laptop/home computer. All meeting materials are sent out in advance and completion of stakeholder surveys are made available through a weblink or a posted Quick Response (QR) code that links directly to the survey. Attendees are also invited to participate in live discussion during the meeting and/or send email responses in lieu of the online survey.

DBH typically holds an annual MHSA Summit with focused stakeholder driven topics that change from year to year. Unfortunately, due to the Governor’s Executive Order, DBH cancelled the 2020 MHSA Summit. The feasibility of hosting future MHSA Summits, and the format used for those Summits, will be reviewed



Behavioral Health



Mental Health Services Act (MHSA) Financial Outlook and Planning Discussion

You are invited to join the October CPAC meeting for an important discussion on the updates being made to the existing MHSA Three Year Integrated Plan for the current fiscal year as a result of the COVID-19 pandemic.

Your participation is important to us! Your feedback helps inform program planning, implementation and program enhancement.

For additional information, please call (800) 722-9866 (dial 7-1-1 for TTY users) or email mhsa@dbh.sbcounty.gov.

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October 15, 2020

Please Join us via WebEx at <https://sbcounty.dbh.webex.com>
Meeting number (access code): 146 334 1893
Meeting password: Kn3paPPNx69

10 a.m. – Noon

www.SBCounty.gov/dbh

Program Specific Adjustments, cont.

yearly during the normal MHSA Summit planning timeline.

Transition of in-person trainings and conference to online platforms

Electronic Health Record Training

In the beginning of 2020, DBH was finalizing materials to begin Electronic Health Record (EHR) training to commence in Spring 2020. In response to COVID-19, all materials and trainings were converted to online modules. The first online module training occurred on April 23, 2020. The format change has provided the opportunity to have the recorded sessions available on the DBH learning management system, Relias, for review and use as a training aid.

Crisis Intervention Training

The CSS Crisis Intervention Training (CIT) program cancelled all in person trainings and modified existing content into interactive virtual trainings. CIT launched and completed its first 40-hour online virtual training in partnership with the Sheriff's Department in July 2020. The program expects a small reduction of law enforcement and community partners trained in CIT for FY19/20 due to the adjustment.

Southern Regional Student Wellness Conference

The annual Prevention and Early Intervention funded Southern Regional Student Wellness (SRSW) conference is part of the Student Assistance Program (SAP) and is a collaboration between the Department of Behavioral Health and County Superintendent of Schools. This conference is usually held in Palm Desert but was successfully transitioned into a virtual conference for 2020. The conference featured visionary keynotes and dynamic breakout sessions in areas that support a responsive approach to the Whole School, Whole Community, Whole Child framework for student health and well-being during uncertain times. The virtual platform drew in participants from counties across the State. A total of **1,590** individuals participated in the FY 19/20 SRSW conference.

Changes in Children Programs

The following briefly describes the updates to child and youth serving programs across Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) programs. While the primary scope of work of each program remained the same, some adjustments had to be made to respond to the needs of consumers, families, and community members during these unprecedented times.

- The non-MHSA funded Children's Intensive Services (CIS) program ended after an evaluation

— COMING SOON —
**IN RESPONSE TO COVID-19,
MENTAL HEALTH
FIRST AID
COURSES TO BE AVAILABLE
VIRTUALLY**



Program Specific Adjustments, *cont.*

of current services determined that existing consumers could be served in other child and youth serving programs. Those consumers participating in CIS were transitioned to other appropriate programs, such as the non-MHSA funded Student Assistance Treatment Services (SATS), MHSA CSS funded Success First/Early Wraparound.

- Outreach & training activities were cancelled for the MHSA PEI funded Child and Youth Connection Program
- Decreases in referrals due to school closures (resulting in potentially not serving the anticipated number to be served in the Plan) were reported amongst the following programs:
 - PEI Child and Youth Connection
 - PEI SART/EIIS
 - PEI Preschool PEI Program

PEI Student Assistance Program

While telehealth has allowed continued access to services, consumers, such as youth, have voiced a desire for in-person contact. In response, staff are finding ways to conduct an occasional in-person session outside. They also make in-person contacts by making quick visits by dropping off various therapy tools, guidebooks, or physical reminders of the treatment relationship. Staff and management will continue to adapt their practices to meet the needs of the youth and their families.

Changes in Transitional Age Youth (TAY) Programs

In addition to service delivery changes, the TAY programs experienced a financial change. Prior to COVID-19, an increase of \$500,000 per fiscal year was outlined and in the MHSA Three Year Integrated Plan. However, based on the post-COVID financial outlook, the \$500,000 budget increase has been placed on hold. Without the addition of funds to the TAY programs, these programs will have a limited ability to increase the number of consumers to be served in future fiscal years, as originally intended. Another fiscal change is a reduction in a Memorandum of Understanding with a County partner agency.

Changes in Adult Programs

Some adult programs, such as forensic programs, outpatient clinics, full-service partnership programs, field-based programs, and family resource centers, decreased the number of consumers in attendance to ensure proper social distancing for group services while other providers needed to halt group services completely. The adult programs providing in-person services utilized personal protective equipment (PPE) and adopted policies and procedures to adhere to safety protocols for the benefit of the consumer and staff to reduce potential transmission.

- Prevention and Early Intervention (PEI) Native American Resource Center had behavioral health program staff assist at drive-up COVID-19 testing sites by providing behavioral health information and resources to the community

Program Specific Adjustments , cont.

- The Community Services and Supports (CSS) Adult Criminal Justice Continuum witnessed a decrease in number served due to decline in referrals with the closure of the Courts.
- Cancellation or reduction of scheduled outreach activities for the following PEI Programs occurred:
 - Family Resource Center
 - Community Health Worker (CHW)/Promotores de Salud (PdS)
- Homeless Supportive Services temporarily experienced a cease of housing navigation services
- The CSS ACE program partially reduced their program with the closure of Behavioral Health Urgent Care Center (BHUCC), formerly Rialto CWIC, after an evaluation identified inefficiencies. The site was closed on 08/28/2020
- Crisis field responses were suspended/reduced and redirected to support COVID-19 test sites, a Skilled Nursing Facility Taskforce, conduct hold assessments and evaluations for Emergency Departments, and provide support for County partners experiencing “COVID-19 burnout”
 - Community Crisis Response Teams (CCRT) also supported a text-based helpline.
- Due to the immediate cease of field-based services, some RBEST staff were reassigned to alternative site, such as outpatient clinics, and Project Room Key.
- Staff conducted food drop-offs to CSS funded Clubhouses and their consumers, Permanent Support Housing consumers, homeless encampments, or those most isolated and vulnerable
 - CSS -Homeless Supportive Services
 - CSS- Innovative Remote Onsite Assistance Delivery (InnROADs)
 - CSS- Recovery Based Engagement Support Team (RBEST)
 - CSS -Clubhouse Expansion
- The Crisis Stabilization Units (CSUs) and Crisis Walk-In Centers (CWIC) also experienced a decrease in those served at the beginning of COVID-19 due to stay-at-home orders. However, they have seen a consistent increase in the need of crisis services with the gradual reopening of the County and State. Crisis Residential Treatment (CRT) locations also experienced a decrease in referrals resulting in decrease of anticipated number to be served from April to June 2020.
- Supportive services in addition of behavioral health services have heightened and can be demonstrated through DBH’s Clubhouse Expansion program. The program’s locations have remained open for urgent and essential in-person services such as showers, laundry, mail delivery, and food and hygiene distribution. Since the beginning of COVID-19, the Clubhouse Expansion program has assisted consumers in accessing the following:

Program Specific Adjustments, cont.

- Charging stations for electronics (essential for receiving services)
- Collaborated with the Community Action Partnership to provide food boxes to homes or locations of consumers
- Delivered wellness materials to minimize the effects of social isolation, such as activities, art supplies, journals, toilet paper, and supplies to celebrate recovery and life
- Held 15-20 telehealth Peer Support groups per week
- Provide technical assistance in order to access services telehealth services

Highlights of Clubhouse Activities



3,657 food distributions



1,648 showers



1,275 hygiene items



1,057 loads of laundry



May is Mental Health Month at Amazing Place Clubhouse

Financial Changes Resulting from COVID-19

DBH has continually demonstrated an ongoing practice of reviewing, analyzing and planning the sustainability of MHSA and all other system of care services. The financial impact of COVID 19 called the department to methodically evaluate department operations and assess financial risk to these services due to the anticipated Federal and Statewide budget shortfalls that will affect all California counties.

The County of San Bernardino Department of Behavioral Health has identified the following financial impacts as a result of the COVID19 pandemic:

- Decrease in revenues due to COVID-19 economic policy implications
- Anticipated reductions in annual allocation due to negative impacts to Sales Tax, Vehicle License Fees, and Income Tax
- Large funding sources impacted:
 - 1991 Realignment
 - 2011 Realignment
 - Mental Health Services Act (MHSA)/Prop 63
- Realignments not making base (except guarantee minimums) and no growths
- MHSA funding, monthly income tax, stock market, and capital gain fluctuations

Department of Behavioral Health has identified the following financial impacts as a result of the COVID19 pandemic specific to MHSA Revenues:

- Deadline extended for 2019 tax filing and 2020 first and second quarter estimated tax payments delayed until July 15, 2020
- Estimate approximately 6% decrease in FY19/20 cash transfers due to lower revenues
- Estimate approximately \$260 million in deferred revenue from FY19/20 to FY20/21
- Estimate additional 10% to 15% decrease in cash transfers in FY20/21 due to lower revenues
- Expect large annual adjustments in FY20/21 and FY21/22 due to capital gains spike in 2018 and 2019
- Expect lower annual adjustment in FY22/23 due to COVID-19 impact on 2020 economy
- Estimate significantly lower annual adjustment (\$172.9 million) in FY22/23 due to capital gains from calendar year 2020

Summary of Strategies to Minimize Service Impacts

In an effort to mitigate our financial risk, SBC-DBH performed a system-wide financial assessment and identified areas where organizational modification may be needed. Funding mitigation efforts are outlined as follows:

- **Hiring freeze** – One of the first cost savings measures to be implemented by the department was to place a freeze on hiring with some exception to revenue generating positions. The Department is only able to request to fill billable direct service positions with approval from the

Financial Changes Resulting from COVID-19, cont.

County's Chief Executive Officer and County Financial Officer.

- **Service Modifications** – As a result of a thorough assessment and cost benefit analysis of department and contracted services, SBC-DBH concluded a need to modify and streamline services across several areas, where appropriate, in our system of care. Should modification occur within MHSA programs, it will be illustrated in the upcoming Annual update plan.
- **Continual review and analysis of potential funding solutions**, such as:
 - Anticipated allocation to Counties of Federal and State COVID19 relief funding
 - Assess recent regulation changes regarding MHSA funding flexibility and the feasibility to exercise this option, should the need arise.
 - Review and perform analysis regarding the use of prudent reserve funding per IN 20-040.
 - Ongoing review of department billing practices and identify areas where billing can be improved.

A summary of the changes is provided below:

MHSA Component	Program Name	Change in Service Description	Funding Changes
Prevention and Early Intervention	Child and Youth Connection	<ul style="list-style-type: none"> • In person Outreach and Education Services were cancelled • Reduction in referrals and subsequently persons served 	None
	SART/EIIS	<ul style="list-style-type: none"> • Reduction in referrals reported 	None
	Preschool PEI Program	<ul style="list-style-type: none"> • Reduction in referrals reported 	None
	Student Assistance Program	<ul style="list-style-type: none"> • Reduction in referrals reported • Transitioned Southern Region Student Wellness Conference to virtual event 	<ul style="list-style-type: none"> • Anticipated reduction in cost related to moving conference to virtual
	Native American Resource Center	<ul style="list-style-type: none"> • Supported COVID testing sites, provided behavioral health information and resources to the community 	None
	Family Resource Centers	<ul style="list-style-type: none"> • Cancellation or reduction is scheduled outreach events 	None
	Community Health Workers/ Promotores de Salud	<ul style="list-style-type: none"> • Cancellation or reduction is scheduled outreach events • Use of phone trees and virtual platforms for outreach and education • 	None
	Older Adult Community Services	<ul style="list-style-type: none"> • Experienced significant decrease in individuals served • Piloted Wellness Packages that included wellness activities that promoted positive coping strategies, relaxation skills, and creativity. • Provided supports by delivering face masks, delivering groceries, and picked up mail for older adult consumers. 	None

Financial Changes Resulting from COVID-19, cont.

MHSA Component	Program Name	Change in Service Description	Funding Changes
Community Services and Supports	Comprehensive Children and Family Support Services (CCFSS)	<ul style="list-style-type: none"> Purchased technology equipment for consumers to overcome gaps in resources and support continued treatment and recovery 	None
	Transitional Aged Youth One Stop	<ul style="list-style-type: none"> San Bernardino TAY One Stop vacated and repurposed to house COVID positive or presumed positive child welfare children and youth 	None
		<ul style="list-style-type: none"> Anticipated expansion of TAY One Stop services stopped. Contracts modified to reflect reduction to previous levels of services 	Reduced \$500,000 annually
		<ul style="list-style-type: none"> Reduction in MOU with partner agency 	Est. saving \$89,889
	Adult Criminal Justice Continuum	<ul style="list-style-type: none"> Decrease in referrals and number served due to court closure 	None
	Access, Coordination, and Enhancement (ACE) of Quality Behavioral Health Services - Behavioral Health Urgent Care Center (Formerly Rialto CWIC)	<ul style="list-style-type: none"> Behavioral Health Urgent Care Center (BHUCC), formerly Rialto CWIC, was closed on 08/28/2020 	Est. saving \$1.3 million
	Housing and Homeless Services Continuum of Care Programs	<ul style="list-style-type: none"> Temporarily ceased housing navigation services Conducted food drop-offs to consumers living in Permanent Support Housing, homeless encampments, or those most isolated and vulnerable Supported Project Roomkey (support for homeless, COVID positive individuals recovering in temporary housing) 	None
	Community Crisis Response Team (CCRT)	<ul style="list-style-type: none"> Field based responses were temporarily suspended/reduced Services were extended by adding a community text helpline CCRT staff provided crisis intervention supportive services to the Emergency Departments throughout the County CCRT staff provided virtual support for ARMC staff experiencing COVID fatigue 	None
	Clubhouse	<ul style="list-style-type: none"> None 	None
	Recovery Based Engagement Support Team (RBEST)	<ul style="list-style-type: none"> Field based services were temporarily suspended. RBEST staff were redirected to assist in outpatient clinics and Project Roomkey support 	None
Triage, Engagement and Support Teams (TEST)	<ul style="list-style-type: none"> Some field based services were temporarily suspended. TEST staff continued services at various agencies excluding law enforcement field based calls. 	None	

MHSA Component	Program Name	Change in Service Description	Funding Changes
Innovation	InnROADS	<ul style="list-style-type: none"> Temporary ceased outreach and engagement to new homeless communities Supported Project Roomkey (support for homeless, COVID positive individuals recovering in temporary housing) 	None