DEPARTMENT OF HEALTH & SOCIAL SERVICES
Behavioral Health Services Division

SOLANO COUNTY

MENTAL HEALTH ADVISORY BOARD

MINUTES

FEBRUARY 16, 2021
4:30 – 6:00 PM

Mental Health Advisory Board Members Present: Supervisor Monica Brown, Jules D. Hatchett, Rachelle Jackson, Heather Theaux-Venezio, Chair and Michael Wright.

Members Absent: Denise Coleman and Daniel Cotton.

Behavioral Health Services Division Present: Emery Cowan, Behavioral Health Services Administrator and Tracy Lacey, Senior Mental Health Manager**.**

Absent: Leticia De La Cruz Salas, Behavioral Health Services Administrator and Sandra Sinz, Behavioral Health Director.

	DISCUSSION & ACTION ITEMS
I.	CALL TO ORDER/ROLL CALL The meeting was called to order by Monica Brown at 4:33 pm. A quorum was attained.
II.	ITEMS FROM THE PUBLIC There were no items from the Public on matters not listed on the Agenda.
III.	APPROVAL OF JANUARY 19, 2021 MINUTES Heather Theaux-Venezio motioned to approve the January 19, 2021Minutes. The motion was properly moved by Monica Brown and seconded by Michael Wright. The motion carried with a vote of 5 in favor and 0 against.
IV.	APPROVAL OF FEBRUARY 16, 2021 AGENDA Heather Theaux-Venezio motioned to approve the February 16, 2021 Agenda. The motion was properly moved by Michael Wright and seconded by Jules D. Hatchett. The motion carried with a vote of 5 in favor and 0 against.
V.	SCHEDULED CALENDAR 1. Routine Business a. Laura's Law Assisted Outpatient Treatment (AOT) Referrals There were two referrals for the month of January 2021. b. MH Related Legislation Supervisor Brown will stay on top of AB309 & SB224 and keep the Board abreast of any new developments. The MHAB members will not send letters until we have more information about funding sources. Will keep this on the agenda. c. LPS/PES Meeting Discussion Ms. Theaux-Venezio said they had productive discussions at the last meeting. Some of the topics discussed were COVID testing for CSU and slower movement across levels of care as a result of testing requirements. With Mobile Crisis coming onboard the County is exploring various ambulance vendors and plan to have alternative destinations so that do not all go to the emergency departments. Contract was signed and the mobile crisis implementation group is establishing the protocols for dispatch. Clarification was provided about what it funds, staffing and process to include law enforcement if necessary and will make effort to minimize need for police when possible since it is a triggering event for some clients.

	2. New Business a. Move the December 21, 2021 MHAB meeting to December 14, 2021 b. Heather Theaux-Venezio motioned to move the December meeting from the 21st to the 14th. The motion was moved by Monica Brown and seconded by Rachelle Jackson. The motion carried with a vote of 5 in favor and 0 against.
VI.	PUBLIC COMMENTS There were no items from the Public on matters listed on the Agenda.
VII.	STAFF REPORTS 1. Director's Report Heather Theaux-Venezio, Chair provided highlights from the Director's Report and the BH Annual Snapshot. Both are attached for your review. Supervisor Brown asked for regular updates on the DSH grant. 2. MHSA Report Tracy Lacey gave updates on Solano County's Suicide Preventing Plan, upcoming virtual community meetings, May is Mental Health month will be on BOS agenda in the April, in the middle of contract renewals, MHSA FY21/22 funding is better than initial projections, FY22/23 is to be determined, have some reversion innovation money that needs to be spent down. Will focus on offering more wellness centers for schools and explore Solano Community College and Early College students.
VIII.	COMMITTEE REPORTS 1. Executive Board There were no updates at this meeting. 2. Membership Reminder to recruit additional MHAB members to have a full Board. 3. Outreach and Education Emery shared activities being planned for May MH Month. The Board made recommendations to support virtual outreach events (filming or participating) in coordination with Emery and planning workgroup.
IX.	BOARD DISCUSSION 1. Mr. Wright asked if private insurances will be billed for Mobile Crisis services. The answer is yes, private insurance companies can be billed for their services. 2. Jules D. Hatchett asked about the True Care Maps. Ms. Tracy said that the True Map posters have been done and they are ordering brochures. They are posted on the Behavioral Health website, under our Access page. Will put up posters/brochures in transit centers and other public locations. 3. Ms. Brown asked about Kaiser Foundation grant for Mobile Crisis funding. As a county, we cannot ask for funding, however Uplift may be able to seek funding through their grant application process. 4. Mr. Wright asked Ms. Rebecca Gaba, Caminar about the Laurel Creek location. She explained that the location is a transitional housing unit with 12 beds but can only utilize 8 due to COVID. This is for individuals coming out of hospitals, Rosewood, CRT, or programs for those who need bridge housing. Each client has their own provider, they offer case management and peer resources, helps them locate and secure housing, and help them with daily living activities and budget planning.
X.	ADJOURNMENT The meeting was adjourned at 5:41 pm by Heather Theaux-Venezio.

ASSEMBLY BILL No. 309

Introduced by Assembly Members Gabriel and O'Donnell

January 25, 2021

An act to add Section 49428.1 to the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

AB 309, as introduced, Gabriel. Pupil mental health: model referral protocols.

Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided.

This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) Research points to a strong connection between mental wellness and academic achievement.

(2) Research demonstrates that early detection and treatment of mental illness improves attendance, behavior, and academic achievement.

(3) Before the COVID-19 pandemic, it was estimated that 20 percent of children have mental health issues, 80 percent of whom are estimated to be undiagnosed and untreated. The lack of attention to a child's mental health has significant effects on the child's school achievement and life outcomes.

(4) Mental health challenges disproportionately impact pupils who face stressors such as violence, trauma, and poverty.

(5) California's educators report their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. Most educators and staff lack training to identify pupils who may be in need of support and to make referrals, as appropriate, to help pupils overcome and manage mental health issues and succeed in school.

(6) The State Department of Education has identified inadequate service referral and inconsistent pupil mental health policies as major factors contributing to pupils' lack of access to support for mental health concerns.

(7) The COVID-19 pandemic has led to massive social and economic disruptions around the world, and it has particularly exacerbated mental health issues among school-aged youth. A loss of routine for many pupils, social isolation, and feelings of loneliness increase the risk of mental illness. Social distancing and school closures during the COVID-19 pandemic can worsen existing mental health problems in pupils and increases the risk of future mental health issues. An increase in domestic violence and abuse during the COVID-19 pandemic further exposes pupils to risks of developing mental health problems. Several recent surveys of pupils during the COVID-19 pandemic suggest their mental well-being has been severely harmed or worsened as a result of the pandemic.

(8) Pupils of color, LGBTQ+ pupils, low-income pupils, first-generation pupils, pupils facing basic needs insecurities, and international pupils experience greater mental health burdens and more barriers to assistance. The COVID-19 pandemic has and will continue to highlight and exacerbate the inequities that exist within the sphere of mental health care and mental health disorders.

(9) Historically, schools may provide a social support network and mental health services for vulnerable pupils. However, closure of schools during the COVID-19 pandemic has taken away the protective layer of school-based mental health support.

(10) No model referral protocol exists to guide schools and local educational agencies in appropriate and timely intervention for pupil mental health concerns.

(11) The State Department of Education is well positioned to provide state leadership and guidance to local educational agencies so that they are better able to address pupil mental health concerns.

(b) It is therefore the intent of the Legislature in enacting this measure to direct the development of model, evidence-based referral protocols for addressing pupil mental health concerns that may be voluntarily used by schoolsites, school districts, county offices of education, charter schools, and teacher and administrator preparation programs.

SEC. 2. Section 49428.1 is added to the Education Code, to read:

49428.1. (a) The department shall develop model referral protocols for addressing pupil mental health concerns. In developing these protocols, the department shall consult with the members of the Student Mental Health Policy Workgroup, local educational agencies that have served as state or regional leaders in state or federal pupil mental health initiatives, county mental health programs, current classroom teachers and administrators, current schoolsite classified staff, current schoolsite staff who hold pupil personnel services credentials, current school nurses, current school counselors, and other professionals involved in pupil mental health as the department deems appropriate.

(b) These protocols shall be designed for use, on a voluntary basis, by schoolsites, school districts, county offices of education, charter schools, the California School for the Deaf, and the California School for the Blind, and by teacher, administrator, school counselor, pupil personnel services, and school nurse

preparation programs operated by postsecondary educational institutions. The protocols shall do all of the following:

(1) Address the appropriate and timely referral by school staff of pupils with mental health concerns.

(2) Reflect a multitiered system of support processes and positive behavioral interventions and supports.

(3) Be adaptable to varied local service arrangements for mental health services.

(4) Reflect evidence-based and culturally appropriate approaches to pupil mental health referral.

(5) Address the inclusion of parents and guardians in the referral process.

(6) Be written to ensure clarity and ease of use by certificated and classified school employees.

(7) Reflect differentiated referral processes for pupils with disabilities and other populations for whom the referral process may be distinct.

(8) Be written to ensure that school employees act only within the authorization or scope of their credential or license. This section shall not be construed as authorizing or encouraging school employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so.

(9) Be consistent with state activities conducted by the department in the administration of federally funded mental health programs.

(c) The department shall consider, when developing protocols under this section, the school mental health referral pathways toolkit developed by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services.

(d) The department shall post the model referral protocols on its internet website so that they may be accessed and used by educational institutions specified in subdivision (b).

(e) This section is contingent upon funds being appropriated for its purpose to the department in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

(f) The model referral protocols shall be completed and made available within two years of the date funds are received or allocated to implement this section.

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SENATE BILL No. 224

Introduced by Senator Portantino

January 14, 2021

An act to add Article 6 (commencing with Section 51925) to Chapter 5.5 of Part 28 of Division 4 of Title 2 of the Education Code, relating to pupil instruction.

LEGISLATIVE COUNSEL'S DIGEST

SB 224, as introduced, Portantino. Pupil instruction: mental health education.

Existing law requires, during the next revision of the publication "Health Framework for California Public Schools," the Instructional Quality Commission to consider developing, and recommending for adoption by the State Board of Education, a distinct category on mental health instruction to educate pupils about all aspects of mental health. Existing law requires mental health instruction for these purposes to include, but not be limited to, specified elements, including reasonably designed and age-appropriate instruction on the overarching themes and core principles of mental health.

This bill would require each school district to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school. The bill would require that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. The bill would require that instruction and related materials to, among other things, be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners. By imposing

additional requirements on school districts, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) Mental health is critical to overall health, well-being, and academic success.

(2) Mental health challenges affect all age groups, races, ethnicities, and socioeconomic classes.

(3) Millions of Californians, including at least one in five youths, live with mental health challenges. Millions more are affected by the mental health challenges of someone else, such as a close friend or family member.

(4) Mental health education is one of the best ways to increase awareness and the seeking of help, while reducing the stigma associated with mental health challenges. The public education system is the most efficient and effective setting for providing this education to all youth.

(b) For the foregoing reasons, it is the intent of the Legislature in enacting this measure to ensure that all California pupils in grades 1 to 12, inclusive, have the opportunity to benefit from a comprehensive mental health education.

SEC. 2. Article 6 (commencing with Section 51925) is added to Chapter 5.5 of Part 28 of Division 4 of Title 2 of the Education Code, to read:

Article 6. Mandatory Mental Health Education

51925. Each school district shall ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school. This instruction shall include all of the following:

(a) Reasonably designed instruction on the overarching themes and core principles of mental health.

(b) Defining common mental health challenges. Depending on pupil age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder.

(c) Elucidating the medically accurate services and supports that effectively help individuals manage mental health challenges.

(d) Promoting mental health wellness, which includes positive development, social connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which pupils feel comfortable.

(e) The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that pupils know to take action before a situation turns into a crisis. This shall include instruction on both of the following:

(1) How to seek and find assistance from mental health professionals and services within the school district and in the community for themselves or others.

(2) Medically accurate evidence-based research and culturally responsive practices that are proven to help overcome mental health challenges.

(f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse.

(g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and

socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges.

(h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. This shall include, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance.

51926. Instruction and materials required pursuant to this article shall satisfy all of the following:

(a) Be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

(b) Be accessible to pupils with disabilities, including, but not limited to, providing a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

(c) Not reflect or promote bias against any person on the basis of any category protected by Section 220.

51927. (a) This article does not limit a pupil's health and mental health privacy or confidentiality rights.

(b) A pupil receiving instruction pursuant to this article shall not be required to disclose their confidential health or mental health information at any time in the course of receiving that instruction, including, but not limited to, for the purpose of the peer component described in subdivision (h) of Section 51925.

51928. For purposes of this article, the following definitions apply:

(a) "Age appropriate" has the same meaning as defined in Section 51931.

(b) "English learner" has the same meaning as defined in Section 51931.

(c) "Instructors trained in the appropriate courses" means instructors with knowledge of the most recent medically accurate research on mental health.

(d) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and

recognized as accurate and objective by professional organizations and agencies with expertise in the mental health field.

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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Sandra Sinz, Deputy Director
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Memorandum

To: Local Mental Health Board, Solano County

From: Sandra Sinz, LCSW, Behavioral Health Director

Date: February 16, 2021

RE: Monthly report of significant issues

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1. **Services continue to be provided in-person and via video telehealth, depending upon the client and the service provider.** Client facing Behavioral Health staff qualified for the COVID vaccine in Phase 1a, the same phase as the emergency medical workers. Staff were referred to a clinic hosted by North Bay. BH staff that are in administrative operations and/or do not have direct client interaction are to be vaccinated with the general public. Currently staff who are teleworking (over half of BH staff) at least part of the time have Telework Agreements approved through 3/31/21. We anticipate some degree of continuance past that date but the details have not yet been worked out with the County Administrator. The status of schools and child care, as well as the degree of illness in the community (and our State designated "color phase") will likely be a part of the decision making.

2. **We are preparing the FY 21/22 budget.** Based upon mid-year projections, we have been successful so far in achieving savings as planned in FY20/21, including exceeding the salary savings target. We have also met or exceeded targets on high cost placements such as IMDs and acute hospitals. Therefore we expect to be fairly solid in FY 21/22 with modest decreased expected to Realignment, according to the governor's proposed January budget. That budget indicated a 1% decrease in 1991 Realignment, a 3% decrease in 2011 Realignment, and no anticipated decrease in MHSA. This should help with obtaining approval to fill a couple more positions. Currently we have 5.5 MH Clinician positions held frozen.

    1) **For reference, these are the contracts that were reduced by a total of $4.8M due to unexpected reductions in 1991 and 2011 Realignment last FY. If second half of the FY holds like the first, we will realize these savings:**

Contract Bureau	**Reduction**
Child	$447,832
Adult Inpatient	$1,492,587
Adult Placements	$2,298,840
Adult IMD (locked)	$594,858
Total Contract Reductions	**$4,834,117**

2) Without amending contracts, we asked MHSA contractors this year to try to achieve a 5% reduction in spending in anticipation of potential ongoing budget challenges. The horizon for MHSA is good at this time.

3. **As part of the larger H&SS reorganization and integration project,** a proposed organizational structure was approved by the BOS in June 2019. This plan included the addition of some executive level positions in order to strengthen the strategic direction of the department. In this context, Sandra Sinz was promoted to Chief Deputy Director, Behavioral Health. The Deputy Director, Behavioral Health, position will also be filled. In general, we envision the Chief position to do less hands-on BH program work and more external facing, inter-department work to improve BH services and interface across various County programs, including within H&SS. It will also enable participation in statewide meetings and hopefully help influence the rollout of things like the next Specialty Mental Health Waiver, referred to as CalAIM. For reference, this is the CalAIM document, under which the State would be operating the County Mental Health Plans: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx

4. **Mobile Crisis program** launch was stalled by a combination of delays in the County/Vendor contracting process and the onboarding of clinical staff. Target implementation is now mid-March.

5. Laura's Law AOT referrals – There were two referrals in the past month. The BOS renewed the AOT pilot last month. Starting July, all counties are required to implement AOT unless the BOS submits a resolution indicating why the County is "opting out."

6. **Department State Hospital Felony Diversion allocation** – We received the contract from DSH., Recall that originally we were going to implement as a residential program and had rented a house in Davis. That fell through and now we will be implementing it with a case management program through Caminar (expanding an existing diversion program that is also grant funded). We have until June 2023 to use the $3.2M in funding to treat 23 felony diversion clients who are at risk of being found incompetent to stand trial. Housing will naturally be a focus with these dollars as well.

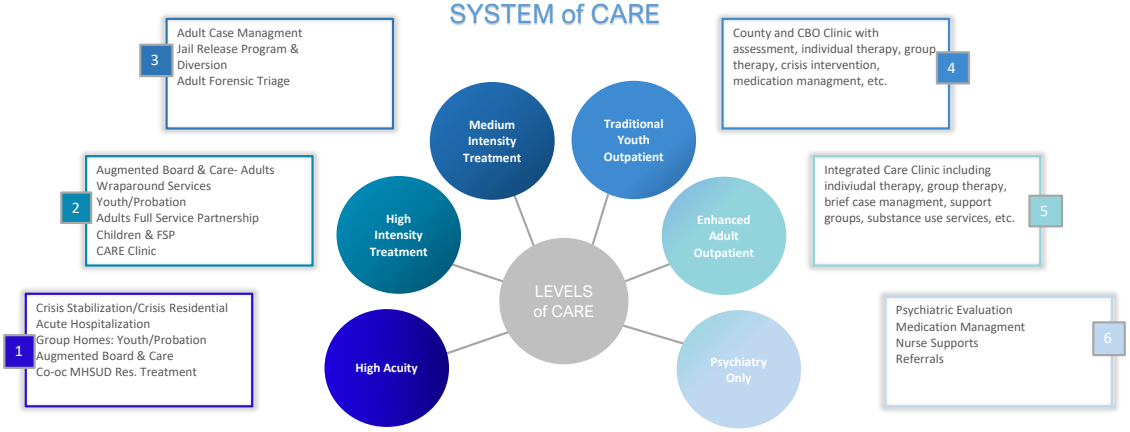
7. **Beck Board and Care project –** Project design is underway. Currently the plan is to have a large single story residence that will house all 32 clients, and the treatment rooms will be in a separate building. This will enable the treatment site to be certified to bill Medi-Cal, though services can also be provided directly inside the residence as well. It is on track to be open by June 2021 as required.

Behavioral Health Services

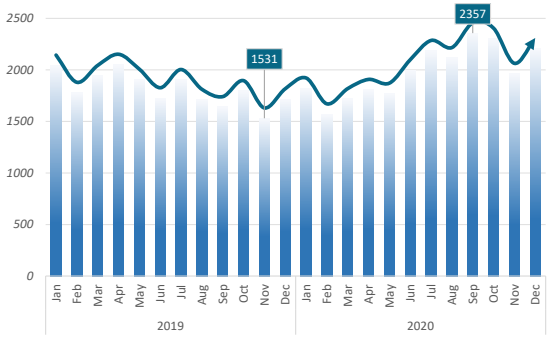
Recovery | Resilience | Wellness

Program Overview 2020

SYSTEM of CARE



ADULT OUTPATIENT SERVICES



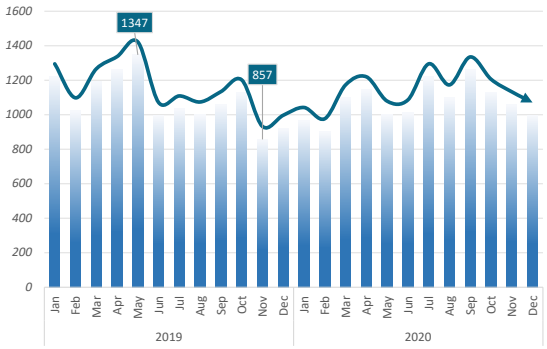
A total of 45,585 outpatient services were provided to adults, serving a total of 3,938 unique clients. 1,949 adult integrated care managment services were provided and 43,636 services were provided through the three county outpatient clinics.

Who did we serve?

10%
INCREASE YTY IN ADULT OP SERVICES

AVG ADULT OP SERVICES PER MONTH 2020
1,985

YOUTH OUTPATIENT



A total of 25,927 outpatient services were provided to youth through the three county clinics serving a total of 1,121 unique clients.

AVG YOUTH OP SERVICES PER MONTH 2020
1,074

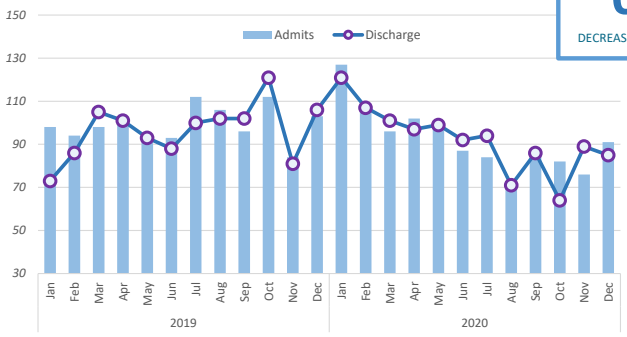
1,121
UNIQUE YOUTH

6.8K
Unduplicated Adults & Youth Served in 2020

231K
Adult and Youth Outpatient Services Provided in 2020

COMMUNITY IMPACT

HOSPITAL ADMISSION & DISCHARGE

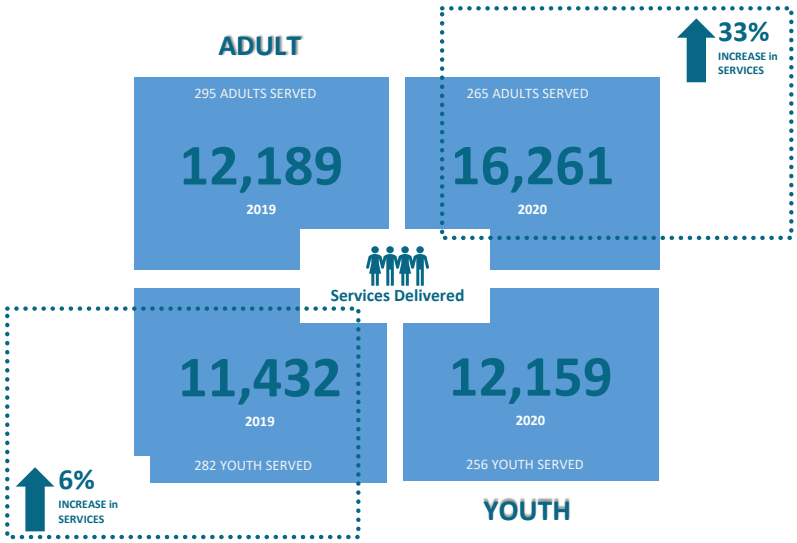


6%
DECREASE YTY IN ADMITS

The Hospital Liaison team provides crisis aftercare case management and rehab services for adults discharged from the Crisis Stabilization Unit or psychiatric inpatient facilities for up to 60 days following discharge. Additionally, the Insitutional Care Services team provides support and case management for adults placed in long term acute facilities to ensure adequate care and services that support them returning to integrated community-based programs and housing.

FULL SERVICE PARTNERSHIP (FSP)

FSP services are delivered through the county and community based organizations



FSP Programs stand for full service partnership and are driven by a "whatever it takes" philosophy. For adults, our FSPs are guided by the Assertive Community Treatment ACT evidence-based practice model and serve individuals who live with severe mental health and co-occurring substance use conditions. Functioning as a "hospital without walls", services are delivered by a multi-disciplinary team allowing clients to receive 3 or more services per week that include housing, education, employment, and peer supports.
In FY19/20 1% of adult FSP clients reported experiencing homelessness as oppose to 9% during the previous FY.

HEALING, HOPE & RECOVERY

Stable and supportive program exits continue to be a priority for SCMH programs. In 2020, the top 5 reasons from program discharge included successful program completion, successful completion of short terms services, and clients ending treatment early with goals partially met.

39%
SUCCESSFUL PROGRAM COMPLETION