



SOLANO COUNTY MENTAL HEALTH ADVISORY BOARD
Minutes for Meeting of
December 20, 2016 - 4:00PM-6:00PM
2101 Courage Drive, Fairfield CA 94533

Public Hearing

I. CALL TO ORDER:

Chair Espinosa called the Public Hearing meeting of the Solano County Mental Health Advisory Board (MHAB) to order at 4:02pm.

MEMBERS PRESENT: Lori Espinosa, Mark Headrick, Michael Wright, John Mackenzie, Heather Theaux-Venezio, Esmeralda Liberato, Denise Coleman.

MEMBERS ABSENT: Erin Hannigan, Joyce Papetti-Thompson

Lis dela Torre, Tiffany Banks, and Melanie Norris arrived late.

II. PROGRAM PRESENTATIONS:

1) Mental Health Services Act (MHSA) Fiscal Year 2017 through 2020 Three Year Integrated Plan – Tracy Lacey and Meredith Webb.

The MHSA team presented:

- High Level Snapshot for FY 2015/16
- Community Planning Process Overview
- FY 2016/17 Annual Update
- Mental Health Services Act Three-year Integrated Program & Expenditure Plan for FY 2017/18 through 2019/20

III. PUBLIC COMMENTS: No public comments received regarding items scheduled on the agenda.

IV. BOARD COMMENT/DISCUSSION:

- 1) How long have you been in contract with BACS? *They have had a contract with Solano County for almost 2 years.*
- 2) Did you encounter resistance from the school district to have the Mental Health Department and Better Way in the schools? Board Member commented that the three schools visited had no idea about Better Way; and expressed concern regarding their visibility in the schools. *We partnered directly with the school district and we aimed primarily for Title 1 schools. They didn't select every Title 1 school. Fairfield selected 4 schools.*

I find it disheartening when there are families that need the help and they don't know where to go.

- 3) There is a huge focus on innovation. I'm excited to be hearing about what that innovation process looks like. As far as Avatar, are the local emergency departments going to have access to that to ensure continuity of care? *We will be sharing information, but they won't have access to Avatar.*

Mobile Crisis...Is there a rationale as far as going to Arizona as opposed to going to one of our local counties that already has Mobile Crisis? *Part of the reason this program was requested to present for us is the Fairfield Police Department had gone to a National CIT conference and saw this model. They go to a lot of these conferences and have been exposed to a lot of models and this one really stood out to them as being a successful model.*

- 4) I've heard good things about the Arizona program.
- 5) The No Place Like Home basically is that the County writes the grant and then contracts to have something built. What funds will maintain that facility and how does that all work? *We have to apply for a grant and we would have to apply with other partners. There is no guarantee that we will be accepted.*
- 6) What happened to the prepaid beds at the Mission Solano? *I cannot speak to that. I know there were challenges within the Mission Solano Organization that I am not in the position to speak about.*
- 7) I liked all the data that was collected. I know it takes a lot of dedication and time. I, also, like all the outreach you've done to the Arizona program. I'm happy with how it's looking.
- 8) Is it possible for us as a Board to find out what happened with Mission Solano? *I will ask Sandra Sinz to report on that at the next meeting.*
- 9) Sometimes when folks are in jail they lose their benefits for 60 days. Some are released from jail at night. They don't have a place to go and they have no money. Even the prison system has a transitional program for early release that provides housing and other support. Do we have anything in our plan for something like that? *The only thing that we are currently paying for is a reentry program where there is a case manager that's assigned. It is select inmates that are being released that have been identified for that program. They will be following that consumer and helping them get benefits reinstated. The FACT Program, our FSP program, is doing quite a bit of work around getting them back their SSI and then we often use FSP flex funding to pay for housing for those folks. This is a huge problem and the MHSA plan is not able to address all of these needs.*
- 10) There are folks that come to us that have been bailed out in the last 24 hours that are homeless. I'm dropping them off at churches. They don't have any place to go and no money for a hotel. *When we do our community planning process, folks should come to those meetings and put that as a need.*
- 11) I think it's a good idea what you said about attending the community planning process and stating the needs. The more consumers that attend and get involved the better. *My understanding is that we had more consumers involved in our meeting this year than in years past.*
- 12) Is the reentry program money advance AB109 or are they one and the same? *There may be some AB109 folks that are being released but certainly the MHSA FACT program AB109 folks that are referred to them.*
- 13) They have the judicial system for the Veterans and I know they are working on the mentally ill aspect. Are you working on that in the plan? *Our mental health administration is and some of our managers and supervisors, but MHSA is not necessarily the funder of that initiative.*
- 14) The Plan is very well written. You state very clearly that you want evidence based programs, but I don't see a lot of outcomes. We put money into programs that sound good and feel good and sound like they should do what we want them to do, so maybe in the plan we should be setting up expectations for what we want to see. Then when we look at it next year we can tell if we were successful. I think we all want us to spend money on the programs that are proven effective. I would like to see the inclusion of more expectations and outcomes. *Point well taken. We are reporting out*

2015/16. *We have a new team that is really motivated and is implementing some of those with our contractors as we speak.*

As far as the schools, I come to this board as a consumer, as a parent of children with mental health disabilities and I know of none of these programs in Vacaville. This is the first time I have heard about some of these programs. I have not been made aware of them through the school that my child attends. It should be a goal to be more visible in the schools.

I really appreciate that the mobile crisis issue is being addressed, but can we put some data to it? I would like to know how many days you are going to effect by in the emergency departments with your mobile crisis. Can we get how many avoidable days we've created by implementing this new mobile crisis program? *We will be addressing this from multiple angles to try to support the emergency rooms.*

I know that there is a finite amount of resources so can we get measurement that what you're doing is having the desired effect? *We are working on putting in some tangible deliverables around performance in our contracts. For this round we had to amend some of our contracts and put deliverables in there. We have to work with our contractors to have a tracking mechanism in there and report that back out to us.*

Can that information get reported to us? Absolutely, we are working on putting performance deliverables in and collecting them in a way that we actually get them ourselves as a MHSA team. We can talk about how that information may funnel back to you. We have toyed with doing a 6 month snap shot, but this is going to be a process that takes time.

I think that these individual providers should be coming up with the evidence of what they said they were going to do and the outcomes. Maybe they could come to this meeting and report on what they plan to do and their deliverables. *I think that's a great idea. Maybe we can invite our contractors to this meeting to give you some performance data.*

15) We tried the Mobile Crisis Unit in this county before and it was not successful. *What we're seeing is that our consumers and consumer's family members are crying out and saying that when I or my family member is in a crisis and law enforcement come we need someone with mental health experience.*

16) Mobile Crisis has drastically changed over the last 4-5 years. I'm for mobile crisis.

17) I want to reiterate the importance of communication. Data is important. Please emphasize the data outcomes in presentations.

IX. CLOSE PUBLIC HEARING: 5:14pm

General Meeting

I. CALL TO ORDER

Chair Espinosa called the regular meeting of the Solano County Mental Health Advisory Board (MHAB) to order at 5:15pm. Roll call confirmed a quorum.

MEMBERS PRESENT: Tiffany Banks, Lori Espinosa, Esmeralda Liberato, John MacKenzie, Heather Theaux-Venezio, and Lis delaTorre, Mark Headrick, Melanie Norris, Denise Coleman, Michael Wright

MEMBERS ABSENT: Erin Hannigan and Joyce Papetti-Thompson.

II. OPPORTUNITY FOR PUBLIC COMMENT ON A MATTER LISTED ON THE AGENDA

No public comments received regarding items scheduled on the agenda.

III. CONSENT CALENDAR

On motion of Heather Theaux-Venezio, seconded by Tiffany Banks, the MHAB approved the December 20, 2016, agenda and the meeting minutes of the November 15, 2016, MHAB meeting.

Meeting minutes and agenda approved by unanimous vote

IV. PROGRAM PRESENTATIONS:

UC Davis Center for Reducing Health Disparities Innovation Project – Sergio Aguilar-Gaxiola

- Mr. Aguilar-Gaxiola presented an overview of the Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model.

Questions and comments from the Board include:

- 1) Do you know if out of everyone who has access to these services what portion based on the population will need mental health services? *We have sense. On our team we have experts that do that. Given the population of Solano County, over 500,000, about 7% have mental illness. We can extrapolate from that information how many we anticipate will seek out services. We are in the process of establishing that. We have a good idea how many have severe and persistent mental illness. What is being done and what is the capacity to respond based on previous experience.*
- 2) My question is about community based organizations. How are you identifying the ones that you are interacting with? In many cases those that suffer from a mental illness make their first contact with someone that is not a clinical professional. *We are in the process of hiring 3 persons through community organizations who are residents of Solano County. Our focus on those hired through this process is on community health workers that are known and know their communities and the language. Those that are in greatest need don't access services. Retention is critical.*
- 3) Solano County doesn't have a program for felons. *We are going to invite representatives from community organizations to train us. Representatives from different sectors, churches, schools, probation, criminal justice, transportation and social services to be trained as well.*
- 4) Is it possible to do away with the stigma that we have in our community? *We will be talking about this. Stigma is the reason some populations don't access care. Stigma is complicated and needs to be tackled from different angles. We would love to hear your thoughts about this.*
- 5) I like that you are getting to know other's cultures and I think it's very helpful for this county. I'm really glad that you gave this presentation.
- 6) Hopefully we can also engage the local hospitals. In my experience, health care providers, as a whole, tend to be the most stigmatizing and since emergency departments are the only access point to a higher level of care, if we are able to target hospitals in general that will give the biggest impact as far as the reduction of stigma. I would like to see the impact on youth. By focusing on youth we can greatly impact all these issues. *I couldn't agree more. We are extremely interested in youth.*

- 7) My question is how do we impact the lifespan of someone with severe mental illness? *We have been looking for other funding to impact the cultural health. We are looking for other opportunities.*
- 8) Have you worked with other counties? *Yes, there are other counties. We have been working with other counties for a combination of over 10 years. Solano County will be the model. Alameda County is looking very closely at what we are doing here. There is a video on You tube you can look at, "Solano County Culture Transformation", on youtube.com.*

V. DIRECTOR/COMMITTEE/LIAISON REPORTS

- 1) Executive Committee Report – Lori Espinosa
- 2) Outreach Committee Report – Joyce Papetti-Thompson
- 3) Membership Committee Report – Tiffany Banks
- 4) Suicide Prevention Committee Liaison Report – Lori Espinosa
- 5) Alcohol & Drug Advisory Board Liaison Report – Lis dela Torre

On motion of Lori Espinosa, and seconded by Heather Theaux-Venezio, the MHAB approved to table the Director, Committee and Liaison reports until the next scheduled MHAB meeting.

It was approved by unanimous vote.

VI. SCHEDULED CALENDAR (Action Items)

- 1) Old Business –
 - a) Nominations for 2017 Committee Positions Tiffany Banks –
We are gathering board member nominations for January. Heather Theaux-Venezio is nominating herself for the Chair position. The vice chair position is open. Tiffany Banks is nominating herself for Membership Outreach. Please contact the Board Clerk for further nominations.
- 2) New Business – 2017 Annual Schedule

On motion of Lori Espinosa, and seconded by Heather Theaux-Venezio, the MHAB approved to table the Scheduled Calendar.

It was approved by unanimous vote.

VII. OPPORTUNITY FOR PUBLIC COMMENT:

No public comments received.

VIII. BOARD COMMENTS:

Lis dela Torre - Cindy informed me that my term is up and I am interested in remaining on the board. *In order for you to remain on the Board it would be necessary for a member of the Board of Supervisors to extend your time.*

On motion of John Mackenzie, and seconded by Heather Theaux-Venezio, the MHAB moved to pose the question to our Board of Supervisors to allow Lis dela Torre to stay on the MHAB.

IX. ADJOURNMENT – 6:08pm