

SOLANO COUNTY BEHAVIORAL HEALTH

# MHSA REVERSION EXPENDITURE PLAN

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FOR FY2018/2019  
THROUGH FY2019/2020





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Enclosure 4

### MHSA COUNTY REVERSION CERTIFICATION

County/City: Solano FY: 2009/10 and FY2010/11

<b>Local Mental Health Director</b> Name: Sandra Sinz Telephone Number: 707-784-8332 E-mail: <a href="mailto:slsinz@solanocounty.com">slsinz@solanocounty.com</a>	<b>County Auditor-Controller / City Financial Officer</b> Name: Simona Padilla-Scholten Telephone Number: 707-784-6287 E-mail: <a href="mailto:sjpaila@solanocounty.com">sjpaila@solanocounty.com</a>
<b>Local Mental Health Mailing Address:</b>  275 Beck Ave Fairfield, CA 94533	

I hereby certify that the Adjustments Worksheet is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

Sandra Sinz

Local Mental Health Director (PRINT)

*Sandra Sinz* 9/28/18

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12-21-17 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Simona Padilla-Scholten

County Auditor Controller / City Financial Officer (PRINT)

*Simona P. Scholten* 10/15/18

Signature

Date



## Solano County

675 Texas Street  
Fairfield, California 94533  
www.solanocounty.com

### Meeting Minutes - Action Only Board of Supervisors

*John M. Vasquez (Dist. 4), Chair*  
(707) 784-6129

*Erin Hannigan (Dist. 1), Vice-Chair*  
(707) 553-5363

*Monica Brown (Dist. 2)*  
(707) 784-3031

*James P. Spering (Dist. 3)*  
(707) 784-6136

*Skip Thomson (Dist. 5)*  
(707) 784-6130

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Tuesday, September 11, 2018

8:30 AM

Board of Supervisors Chambers

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8 [18-576](#)

Approve the Mental Health Services Act (MHSA) Reversion Expenditure Plan FY2018/19 through FY2019/20 for a total amount of \$1,429,797 to fund enhancements to current mental health projects which aim to increase access to services for the unserved and underserved communities, and to improve consumer mental health outcomes

Approved

# Introduction

## **Mental Health Services Act History**

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes 1% taxation on personal income exceeding \$1 million. Over the past 10 years, these funds have transformed, expanded and enhance the current mental health system. MHSA has allowed Solano County Behavioral Health Services (SCBH) to significantly improve services and increase access for previously underserved groups through the creation of community based services and support, prevention and early intervention programs, workforce education and training, as well as innovative new approaches to providing programs to the public.

The Act includes five different components:

### **1. Prevention & Early Intervention (PEI)**

PEI funds are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services to avert mental health crises and the development of more severe disabling mental illnesses. Suicide Prevention activities are funded through PEI funding. Approximately 20% of MHSA funding is directed to PEI programming and at least 51% of that funding must be used for programs and services dedicated to children and youth under the age of twenty-five.

### **2. Community Services & Supports (CSS)**

CSS is the largest funding component of MHSA and is intended to expand and transform services for children, youth, adults and older adults living with serious mental illness with an emphasis on culturally competent and recovery oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, CSS includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers.

### **3. Innovation (INN)**

INN funds are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to unserved and underserved groups, to improve the quality of services, demonstrate better outcomes, and to promote interagency collaboration.

### **4. Workforce Education & Training (WET)**

WET funds are used to develop and grow a diverse, linguistically and culturally competent mental health workforce which includes the training of existing providers, increasing the diversity of individuals entering the mental health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding. Once WET funding is exhausted CSS funds can be used to fund particular projects that are intended to develop and grow the workforce provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

### **5. Capital Facilities & Technology Needs (CFTN)**

CFTN funds are used to develop or improve buildings used for the delivery of MHSA services and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families. Similar to the WET funding, CFTN funds were only made available for the first 10 years of MHSA funding. Once CFTN funding is exhausted CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

# Introduction

## Purpose of the Reversion Plan

With the passage of Assembly Bill (AB 114), counties received notification that previously unspent Mental Health Services Act funds were subject to reversion if not spent locally. This created another opportunity for Solano County and other jurisdictions to spend these funds within their originally allocated funding categories to prevent reversion of those funds to the State.

The purpose of the *Solano County MHSAs Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* is to provide the public with the strategies developed to utilize the funds subject to reversion according to the guidelines set forth by the Department of Health Care Services (DHCS). This Plan will act as a separate update to the *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*, approved by the Board of Supervisors on January 24, 2017.

[Information Notice 17-059](#) was issued by DHCS on December 28, 2017 and gave the following instructions for reverted funds:

*“Assembly Bill (AB) 114 became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSAs funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017 are deemed to have been reverted and allocation to the county of origin for the purposes for which they were originally allocated. Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from FY 2005-06 through FY 2014-15.*

*Every county must develop a plan to spend its reallocated funds and post it to the county’s website. The county must submit a link to the plan to DHCS via email at [MHSAs@dhcs.ca.gov](mailto:MHSAs@dhcs.ca.gov) by July 1, 2018. Each county’s Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county’s website. Each county must submit its final plan to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the county’s BOS. The county must not spend the funds that are deemed reverted and reallocated to the county until the county’s BOS has adopted a plan to spend those funds.*

*In addition, each county must comply with the following:*

- *The expenditure plan must account for the total amount of reverted and reallocated funds for all impacted FYs, as indicated in the applicable notice of unspent funds subject to reversion or in the final determination on an appeal;*
- *The county must include the plan in the County’s Three-Year Program and Expenditure Plan or Annual Update, or as a separate update to the County’s Three-Year Program and Expenditure Plan, and comply with WIC 5847 (a);*
- *Reallocated funds must be expended on the component for which they were originally allocated to the county;*
- *If reallocated funds were originally allocated to the INN component, the funds are subject to the requirements of California Code of Regulations, Article 9, Sections 3900-3935;*
- *The county must follow the stakeholder process identified in WIC Section 5848 when determining use of reallocated funds; and*
- *The county must report expenditures of reallocated funds, by component, on its Annual MHSAs Revenue and Expenditure Report.*

*A county may expend reallocated funds for an already approved program/project or use the reallocated funds to expand an already approved program/project provided the program/project is in the same component as the component for which the funds were originally allocated to the county, which must be in compliance with applicable MHSAs statutes and regulations.*

*Any reallocated MHSAs funds that are unexpended as of July 1, 2020, will be reverted to the State and reallocated to other counties”.*

# Introduction

## Summary of Solano County Reversion Funds

On April 26, 2018 SCBH received the final notification from DHCS that the following funds from Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovations (INN), Workforce and Education Training (WET), and Capital Facilities and Technological Needs (CFTN) components have been identified as unspent MHA funds subject to reversion:

Solano	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ 547,223		\$ 547,223
FY 2007-08	\$ -	\$ -			\$ 338,660	\$ 338,660
FY 2008-09	\$ -	\$ -	\$ -			\$ -
FY 2009-10	\$ -	\$ 370,701	\$ -			\$ 370,701
FY 2010-11	\$ -	\$ -	\$ 533,974			\$ 533,974
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ 455,509			\$ 455,509
FY 2013-14	\$ -	\$ -	\$ 440,314			\$ 440,314
FY 2014-15	\$ -	\$ -	\$ -			\$ -
<b>Total</b>	\$ -	\$ 370,701	\$ 1,429,797	\$ 547,223	\$ 338,660	\$ 2,686,381

As of April 2018, Solano County Behavioral Health does not have any CSS funds at risk of reversion. However \$370,701 PEI funds, \$1,429,797 INN funds, \$547,223 WET, and \$338,660 CFTN funds may be at risk of reversion if not spent down locally by June 30, 2020. These funds must either be already allocated in the current MHA Three-Year Plan or developed into a new Plan specifically to address the funds subject to reversion. Analysis of anticipated expenditures shows that the [existing Three-Year Plan](#) has already allocated all of the funds with the exception of the amount stated for INN funds. These funds are addressed within this Reversion Plan.

## Local Review Process

The MHA Steering Committee was convened on June 21, 2018, to review the final notice regarding reversion funds by component and to receive presentations on how the actual funds that are at risk of reversion could be spent locally. The Steering Committee includes representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's unserved/underserved Latino, Filipino and the LGBTQ communities. Not all of the stakeholders invited to participate in this specific committee meeting were able to attend, however efforts will be made to engage them in the future.

Community Stakeholder meetings were held in each of the three major cities in order to provide information about the concept of reversion (AB 114) and to engage the community in discussion about local plans for the allocation of reversion funds. These meetings were advertised through the following avenues: email announcements to over 450 community stakeholders; meeting fliers printed in English and Spanish posted in County and Contractor clinic lobbies; ads in the local newspapers in Solano County's major cities; Facebook posts; and posting on the Solano County Mental Health website.

# Introduction

## Public Comment Period

The *Mental Health Services Act Reversion Expenditure Plan for FY 2018/19-2019/20* was posted for a 30-day public review period between June 28, 2018 and July 27, 2018. A copy of the plan was posted on the [Solano County website](#) and the public was also advised that they could request a copy of the plan by contacting the Solano County MHSAs unit at [SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com) or 707-784-8320.

All public comments regarding the *Solano County MHSAs Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* were directed to the Solano County MHSAs Unit via email at [SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com) or by phone at 707-784-8320 during the 30-day public review period.

A Public Hearing regarding this Plan was held during the Mental Health Advisory Board (MHAB) on Tuesday, August 21, 2018 at 4:30pm—6:00pm at 2101 Courage Drive, Multi-Purpose Room, Fairfield, CA 94533. The MHAB recommended forwarding the Plan to the Solano County Board of Supervisors

The methods used to circulate, for the purpose of public comment, the Reversion Expenditure Plan are listed below:

- Email notice sent out to an MHSAs email distribution list of 450 recipients
- Fliers in English and Spanish
- Ads in local newspapers
- Postings on the MHSAs Facebook

Comments from the public comment period and public hearing held on August 21, 2018, are listed in the Appendix of this document. There were no changes made to the *Solano County MHSAs Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* based upon the public comment.

The *Mental Health Services Act Reversion Expenditure Plan for FY 2018/19-2019/20* was presented to the Solano County Board of Supervisors on September 11, 2018 for approval.

# Spending Plan for Funding Subject to AB114 Reversion

## **Community Services and Supports (CSS)**

SCBH does not have any CSS funding identified as being at risk for reversion.

## **Prevention and Early Intervention (PEI)**

The \$370,701 in PEI funds that have been identified to be at risk of reversion will be expended per the current PEI programming and services outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during FY 2019/20 and before the June 30, 2020 deadline for reversion and there is no need for a Reversion Plan for these funds.

## **Workforce and Education Training (WET)**

The \$547,223 in WET funds that have been identified to be at risk of reversion will be expended per the current WET initiatives outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during FY 2018/19 a year later than initially planned in the MHSAs Three-Year Program and Expenditure Plan. Once the WET funds are exhausted SCBH, with stakeholder endorsement, will continue to fund WET initiatives using CSS funding as allowable per the MHSAs regulations. There are no funds subject to this Reversion Plan.

## **Capital Facilities and Technological Needs (CFTN)**

The \$338,660 in CFTN funds that have been identified to be at risk of reversion will be expended per the current CFTN initiatives outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during this FY 2017/18, a year earlier than initially planned in the MHSAs Three-Year Program and Expenditure Plan. Once the CFTN funds are exhausted SCBH, with stakeholder endorsement, will continue to fund CFTN initiatives using CSS funding as allowable per the MHSAs regulations. The only CFTN initiative remaining is the County's electronic health record (EHR) which is used to maintain clinical records, bill the state for services rendered, and report out data. There are no funds subject to this Reversion Plan.

## **Innovations (INN)**

\$1,429,797 in INN funds are the only funds in which a Reversion Plan applies per AB 114. Innovation funding is unique in that it is intended to provide mental health systems with an opportunity to learn from innovative practices. Innovation programs are not designed to support existing or ongoing programs or services, but rather to provide the mental health system with innovative "demonstration projects" that will support system improvements in order to increase access to services for the underserved and underserved communities and to improve consumer outcomes. This may not include evidence-based practices or even programs that are in place in other jurisdictions, even if they are not in existence locally, they are not considered innovative for purposes of these funds.

The MHSAs Steering Committee endorsed the use of INN reversion funds to support two initiatives that are currently funded and have been identified as priorities by community stakeholders:

- A Statewide Early Psychosis Learning Health Care Network; and
- The current INN Project which is the implementation of the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM).

# Spending Plan for Funding Subject to AB114 Reversion

## Statewide Early Psychosis Learning Health Care Network

The PEI component of the Mental Health Services Act (MHSA), coupled with a legislative focus on early psychosis (AB 1315, SB 1004), has served as a catalyst for the delivery of early psychosis (EP) services across California. Currently 23 counties have established EP services using state or federal dollars. Locally SCBH uses both MHSA PEI funds and Mental Health Block Grant (MHBG) First Episode Psychosis funds to provide a local Early Treatment Psychosis Program which uses an evidence-based model, Cognitive Behavioral Therapy for Psychosis (CBT-P) to treat consumers who have recently experienced their first psychotic episode. In collaboration with the UC Davis Behavioral Health Center of Excellence, SCBH plans to use Innovation Funds to develop the infrastructure for a sustainable learning health care network (LHCN) for EP programs. Furthermore, the proposed Innovation project seeks to demonstrate the utility of the network via a collaborative multi-county evaluation to clarify the effect of the network and these programs on the clients and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring client-level data to the clinician’s fingertips for real-time sharing with clients, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

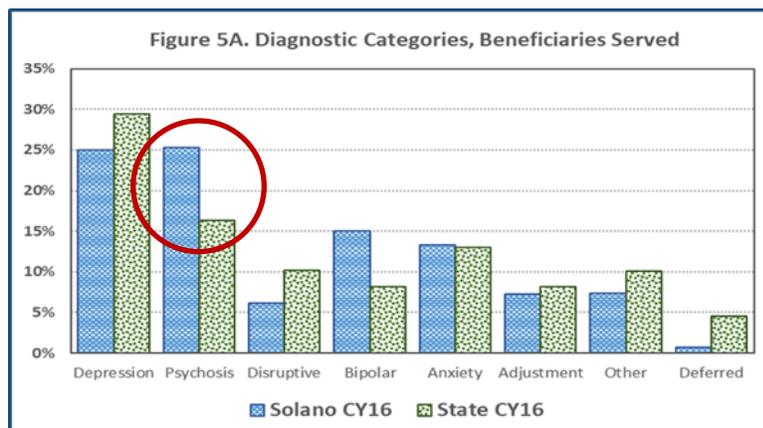
The primary purpose of this 3-5-year project is to increase the quality of mental health services, including measurable outcomes, for consumers with a diagnosis of psychosis and/or consumers with a high risk of psychosis. Consumers will utilize technology, such as tablets to complete questionnaires measuring their symptomatology and progress in treatment. With the support of this innovative learning health care network, EP programs and their associated counties recognized the unique opportunity to have longitudinal patient-level and service-level clinical data available to providers and their clients in real-time that can be used as part of the consultation. In addition, the project partners also recognized that this network would allow an opportunity for improved outcome recording and reporting, which can be used as a statewide benchmark that supports service planning and improving standards of care.

UC Davis Behavioral Health Center of Excellence, in collaboration with the participating counties, will be submitting the multi-county INN Plan to the MHSOAC for approval.

Estimated Cost per Year: \$90,000

The cost listed above includes the equipment needed, the development of the learning network, evaluation provided by UCD and costs for staffing from the local Early Treatment Psychosis Program, and the County IT staff and administration.

We note that the External Quality Review Organization in a recent site visit included the following chart in its report regarding the high demand for services for individuals with psychotic disorders. It shows that compared to other County Mental Health Plans statewide, Solano County shows a higher proportion of individuals with psychotic disorders in the population served. More proactive efforts toward early intervention in psychotic illnesses can help address this.



# Spending Plan for Funding Subject to AB114 Reversion

## **Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)**

In FY 2014/15, the Solano County Board of Supervisors and the California MHSOAC approved the County's Innovation Component Plan to implement the *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*. The County partnered with the University of California, Davis – Center for Reducing Health Disparities (CRHD) to implement the ICCTM project which aims to increase culturally competent and linguistically appropriate services for Solano County-specific unserved and underserved populations with low mental health service utilization rates: the Latino, Filipino, and LGBTQ communities. The 5-year project which was initiated in January of 2016 includes the creation of a region-specific curriculum based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards and the local community's perspective on culturally competent practices that should be integrated into the current local mental health system to increase access to targeted populations. SCBH is the first county to design a multi-phase transformation project that combines the CLAS standards with community engagement in order to create a region-specific curriculum and quality improvement activities that are intended to create a system that is serving those who were previously under-served.

Long term goals for the project include the following system changes and community impacts:

- Reducing shame and stigma related to accessing mental health services;
- Increase timely access and improve outcomes of care for the Latino, Filipino, and LGBTQ communities;
- Build mental-health knowledgeable community alliances so that compassionate understanding and connection to services can occur from within one's own community;
- Increase workforce diversity; and
- Develop organizational policies, programs and support systems to ensure and sustain cultural and linguistic competency in service delivery.

Phase 1 of the project included a comprehensive cultural health assessment of the local community which included the collection of qualitative data captured through key informant interviews, focus groups, community forums, organizational surveys as well as quantitative service data pulled from the County EHR. See Appendix (page 11) to review the Executive Summaries collating the information gathered from the community engagement process. Additionally, UCD developed and facilitated Cultural Competency trainings for the system of care.

Phase 2 is underway which focuses on facilitating three CLAS Training Cohorts specific to the mental health needs of Solano County. Each CLAS Cohort is comprised of 20-30 stakeholders representing consumers, providers, and representatives from partners including schools, faith communities, law enforcement, Child Welfare, Public Health, and participants who represent the three target communities; Latino, Filipino, and LGBTQ. During the CLAS Training the participants are grouped into smaller workgroups and tasked with the developing quality improvement (QI) Action Plans geared to address barriers in the system of care including stigma resulting in poor access to services, need for more bilingual and diverse staff, poor retention rates, etc.

Phase 3 will involve the coordination and implementation of the QI Action Plans, all potentially in different phases of implementation, and coaching from the UCD CRHD staff. Additionally, during Phase 3 a key focus will be on evaluation of the QI Action Plans using a "Quadruple Aim" mixed-methods (qualitative and quantitative) approach that will examine: consumer experience, provider experience, mental health outcomes, and cost effectiveness.

# Spending Plan for Funding Subject to AB114 Reversion

CLAS Cohort 1 and 2 are complete and working on their QI Action Plans, and Cohort 3 is scheduled to begin in August 2018. Eight QI Action Plans have been developed and are underway. These plans are focused on Outreach & Education, Workforce Development, and Supervisory Support for bilingual/bicultural staff. INN reversion funds will be utilized to fund the implementation activities associated with QI Action Plans. Based upon the Plans in place so far, this may include funding directed to:

- Development of outreach materials and signage to combat stigma
- Stigma reduction public service announcements or campaigns
- Translation of mental health materials into Tagalog, sub-threshold language in Solano County
- Career pipeline projects with local high schools and community colleges
- Internship stipends for trainees who represent the 3 target communities
- Equipment needed for surveying the community; i.e. development of phone apps or use of tablets
- Redesign both county and contractor clinic lobbies to promote welcoming environments
- Trainings and education for providers
- Netsmart EHR enhancements or products that would support the overall project including data dashboards to track progress and outcomes of the QI Action Plans

Other items that are associated with any of the CLAS implementation plans could be funded as part of this Plan. As Plans are implemented and initial results reviewed, the groups leading the Plans may change strategies in order to achieve their goals. This Plan is intended to allow for that flexibility so that these Plans can be implemented successfully in support of system change and improvement. This will ensure that the long-term goals and sustained system change occur so that all populations needing mental health services access services appropriate to their needs.

Estimated cost of approximately \$1,249,797, or the balance of funds based upon the actual costs of the Statewide Early Psychosis Learning Health Care Network.





# Appendix



# Appendix

## THE SOLANO COUNTY COMMUNITY PERSPECTIVE: Filipino American, Latino, and LGBTQ Voices on Improving Mental Health in Solano County

UC Davis Center for Reducing Health Disparities Team

### Purpose

The purpose of these community member interviews and work groups was to obtain their diverse perspectives and experiences in the delivery, access, and utilization of mental health services appropriate to Filipino American, Latino, and LGBTQ populations residing in Solano County. These individuals offered their perspectives and experiences on mental health services including challenges to access and utilization, and strategies to reduce disparities for their underserved communities.

### Participants

A total of 66 individuals (53 community forum participants; 7 community-based organization leaders; 4 consumers; and 2 Solano County leadership staff) participated in a forum-type or individual interview format. Of the 66 participants, 26 identified as Filipino Americans, 21 as Latinos, and 19 as LGBTQ persons. The majority of the participants were women 46 (70%), 19 men (29%), and 1 (2%) as genderqueer/gender non-confirming.

### Procedure

All data collection activities were done within Solano County's cities (e.g., Fairfield, Rio Vista, Vallejo, etc.). These data were collected between February and May of 2017. At each of the data collection sessions, all participants were first provided information about the Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) project. For the individual interviews, participant's questions were answered and interviews recorded for accuracy. These 60-minute interviews were then transcribed, coded and analyzed. For the community forums, the participants were divided into small workgroups and provided specific questions with instructions. Each community forum was 2-hours in duration.

### Data Analysis

All data collection points (i.e., transcripts, researcher's notes, participants paper-pen responses) were combined and analyzed for major themes relating to disparities suffered by the three target groups. The initial open coding consisted of a line-by-line analysis of all notes and responses. The final level of coding rendered 12 overarching themes and 36-item descriptions (see Exhibit 1).

### Implications for Action

The findings from these interactions provide the basis for assessing the challenges and solutions that are community-defined through the community-based organization perspective, consumer experience, Solano County leadership staff, and general members of the Filipino American, Latino, and LGBTQ communities. The findings have important practice implications for improving access to and utilization of mental health services for these three communities.

#### *Filipino American Community*

- Ensure that mental health care happens where Filipino Americans live, work, study and worship.
- Engage and empower the young Filipino generation, so that they feel a sense of community and take a role as agents of change.
- Work with Filipino communities to identify a network of effective practices, programs, and human resources that are culturally and linguistically appropriate for Filipinos.
- Build on the communities' resiliency to reduce the stigma and shame associated with seeking services.

#### *Latino Community*

- Work with Latino immigrants to reduce their distress caused by the current political climate that has intensified fear, discrimination and racism.
- Recognize the negative political climate, and the social determinants (e.g., stigma, stress, poor housing conditions, etc.), that put Latinos in greater risk of a mental disorder.
- Increase training and education opportunities for staff with an incentive program based on their capabilities to culturally and linguistically appropriately serve Latinos.
- Build connections and community trust by going to where Latinos live, work, and study to provide services.

#### *LGBTQ Community*

- Promote social inclusion and ensure that the LGBTQ community feel a sense of community and that their life experiences and stories are valued.
- Recognize and build from the diversity and expertise within the LGBTQ communities toward improving their mental health outcomes.
- Support LGBTQ community-defined best practices and programs that are successful in appropriately serving LGBTQ people.
- Ensure safe community environments and use appropriate terminology/pronouns to connect and establish trust.

# Appendix

**Exhibit 1. Overarching Themes and Item Descriptions**

Filipino American	Latino	LGBTQ
<p><b>Theme 1: Health Literacy: Advocacy and Awareness</b></p> <ol style="list-style-type: none"> <li>1. Access to information on what a mental illness is and its early warning signs or risk factors.</li> <li>2. Caring and trusting environments that respect individuals and family's cultural beliefs and privacy.</li> <li>3. Culturally and linguistically appropriate mental health advocates within the Filipino community.</li> </ol>	<p><b>Theme 1: Health Literacy: Access to Knowledge of Services</b></p> <ol style="list-style-type: none"> <li>1. Literature and knowledge about mental health care in people's preferred language (Spanish).</li> <li>2. Culturally and linguistically relevant interpreters, interpretation and translation of information.</li> <li>3. Providers with familiarity with the Latino culture, language, and life experiences, to build trust.</li> </ol>	<p><b>Theme 1: Health Literacy: Knowledge of LGBTQ Community</b></p> <ol style="list-style-type: none"> <li>1. LGBTQ person-friendly and school programs that support LGBTQ youth exposed to bullying.</li> <li>2. LGBTQ person-friendly providers with knowledge and competency to meet the needs of LGBTQ persons.</li> <li>3. Think systemically and politically to influence change and address the challenges facing LGBTQ persons.</li> </ol>
<p><b>Theme 2: Social Determinants: Cultural Stigma and Access</b></p> <ol style="list-style-type: none"> <li>1. Cultural stigma and shame is strongly perceived as a barrier to seek mental health services.</li> <li>2. Cultural and immigration experiences must be understood to appropriately tailor services to the cultural needs of Filipino Americans.</li> <li>3. Inadequate services relevant to the needs of Filipino Americans (e.g., transportation, stigma).</li> </ol>	<p><b>Theme 2: Social Determinants: Cultural Stigma, Fear, and Access</b></p> <ol style="list-style-type: none"> <li>1. Latino consumers and families' help seeking behaviors are strongly associated with cultural stigma.</li> <li>2. Discrimination combined with immigration status and fear of deportation, trauma, and other risk factors (e.g., poverty, transportation).</li> <li>3. Political climate/impact on mixed status Latino families and causing stress and fear of being separated.</li> </ol>	<p><b>Theme 2: Social Determinants: Social Exclusion, Inequity, and Access</b></p> <ol style="list-style-type: none"> <li>1. Build trust with LGBTQ communities and create a sense of culture, inclusion, and acceptance.</li> <li>2. Support and promote LGBTQ communities' diversity and provide safe spaces to unite all LGBTQ groups and give a voice.</li> <li>3. Recognize that each LGBTQ person has an identity and the right to claim resources to achieve wellness.</li> </ol>
<p><b>Theme 3: Workforce: Filipino Youth Engagement and Workforce</b></p> <ol style="list-style-type: none"> <li>1. Generational differences among Filipino youth are seen as predictors of future mental health problems.</li> <li>2. Engage youth in conversations about specific risk factors that impacts their lives and community wellbeing.</li> <li>3. Develop Filipino youth leaders with opportunities to become future mental health professionals.</li> </ol>	<p><b>Theme 3: Workforce: Latino Youth Engagement and Workforce</b></p> <ol style="list-style-type: none"> <li>1. Generational/identity issues among Latino youth struggling to reconcile two cultures, and causing stress.</li> <li>2. Prevention and early intervention strategies for youth are strong predictors of mental health wellness.</li> <li>3. Workforce programs for Latino youth that help them recognize their language potential in mental health.</li> </ol>	<p><b>Theme 3: Workforce: LGBTQ Youth Engagement and Workforce</b></p> <ol style="list-style-type: none"> <li>1. Build on the LGBTQ youth bilingual and bicultural strengths to ensure a workforce for LGBTQ communities.</li> <li>2. Build school partnerships to increase workforce opportunities for LGBTQ youth interested in mental health.</li> <li>3. Focus on youth exposed to violence when they come out and reduce bullying while increasing acceptance.</li> </ol>
<p><b>Theme 4: Community Engagement: Resiliency and Life Experiences</b></p> <ol style="list-style-type: none"> <li>1. Build on the Filipino communities' resiliency, life experiences, and family-focused practices to reduce stigma and increase access to care.</li> <li>2. Increase collaboration and resource sharing among county agencies serving the Filipino community.</li> <li>3. Take inventory of existing promising practices, resources, and approaches within the Filipino community that have effectively reduced disparities.</li> </ol>	<p><b>Theme 4: Community Engagement: Community Connections and Assets</b></p> <ol style="list-style-type: none"> <li>1. Community engagement through more county community forums for Latinos to engage in <i>pláticas</i> or conversations about access to care.</li> <li>2. Community connections or social networks essential to engage in these <i>pláticas</i> about community strengths.</li> <li>3. Latino community advocates (e.g., <i>promotoras/es</i>) that are visible and respected by the community are key partners to addressing disparities.</li> </ol>	<p><b>Theme 4: Community Engagement: Full Participation in Community Life</b></p> <ol style="list-style-type: none"> <li>1. Encourage personal narratives unique to LGBTQ persons and safe spaces to promote connectedness within the LGBTQ community.</li> <li>2. Recognize, appreciate, and celebrate the diversity and needs of the LGBTQ community.</li> <li>3. Create networking opportunities for LGTBQ people to dialogue with others to identify solutions to discrimination, bullying, and trauma.</li> </ol>

# Appendix

## THE SOLANO COUNTY LEADERSHIP PERSPECTIVE: Improving the Mental Health Needs of Underserved Filipino American, Latino, and LGBTQ Communities

*UC Davis Center for Reducing Health Disparities Team*

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### Purpose

For this brief report, the participants were asked to focus on underserved Filipino American, Latino, and LGBTQ communities. A total of five major themes and 26 item descriptions emerged that speak to the challenges and opportunities to achieve cultural diversity in service delivery to the three target underserved communities, and its implications to providing mental health services that are culturally, linguistically and contextually appropriate.

### Participants and Procedure

The data for this brief report came from 12 participants (9 females and 3 males) who serve in leadership positions for Solano County Behavioral Health Division and Solano County Health & Social Services. This group also serve in the Cultural Competence and Mental Health Collaborative committees. This was a purposeful sample, reflecting a cohort of individuals whose characteristics (project managers and administrators) and experiences (worked with Filipino American, Latino, and LGBTQ populations) matched the project's inclusion criteria. For this data collection process, the participants were asked to focus on the three target underserved communities.

### Data Analysis

All transcripts and notes were independently read the and marked meanings and themes representing key concepts were identified. A list of themes or concepts emerged and written summaries were created. As part of the process of triangulation, or consideration of multiple meanings, the County leadership participants were contacted and asked to review the themes and provide feedback. Participants responded positively and no new ideas were provided.

### Implications for Action

The findings from these data revealed 11 important implications that can help guide the work of the Solano County Behavioral Health and Health & Social Services Divisions toward increasing cultural competence and increasing access and utilization of behavioral health services, not only for these three target communities, but for all underserved communities of Solano County.

1. Engage in culturally, linguistically, and contextually relevant practices that tap into personal (and lived) experiences are important to building trust with Filipino American, Latino, and LGBTQ communities.
2. Increase transparency and bi-directional communication between the County staff and Filipino American, Latino, and LGBTQ communities that promote intrinsic trust, meaningful collaborative efforts, and remain in tune with core cultural and community values.
3. Increase community participation in the planning, designing and implementation processes of solutions is important toward developing new community-defined approaches that creates the change that matters most to Filipino American, Latino, and LGBTQ communities.
4. Create opportunities for Filipino American, Latino, and LGBTQ communities, and increase their visibility that can lead to real change.
5. Create supportive and safe environments for Filipino American, Latino, and LGBTQ populations that increase inclusion and reduce stigma, racism and discrimination.
6. Ensure that procedures and practices, and staff training components are flexible and linked to increasing equitable access to treatment for Filipino American, Latino, and LGBTQ communities.
7. Increase experiential learning (with feedback loop) opportunities that will enable the County staff to put into practice the CLAS standards training principles in real-life situations.
8. Work with religious leaders and law enforcement that interact with Filipino American, Latino, and LGBTQ communities, that can benefit from and help improve CLAS standards training sessions.
9. Align the CLAS standards with the County's Cultural Competence Plan that centers on staffs' sets of skills and capabilities in the treatment of Filipino American, Latino and LGBTQ communities.
10. Embrace storytelling and other narrative methods that tap into peoples' life experiences, that can lead to meaningful connections with Filipino American, Latino, and LGBTQ communities.
11. Build a systemic-change purpose in future trainings that enables County staff to recognize confidentiality as an important component in creating a work culture that promotes respect and trust.

# Appendix

## Exhibit 1. Overarching Themes and Item Descriptions

### Theme 1: Culturally, Linguistically, and Contextually Appropriateness

1. Ensure that the County procedures and practices are consistent with the culture and language of individuals and families, and advance their continuum of care in a culturally and linguistically appropriate manner.
2. Recognize language as an oral and written tool to engage both consumers and families in dialogue with providers that increases the appreciation of diverse backgrounds and life experiences.
3. Achieve a context with representations (e.g., pictures, artifacts, etc.) that consumers and families can identify with will help them feel safe and comfortable, and increase their trust in seeking services.
4. Empower and connect communities through storytelling, and create opportunities for people to share perspectives and personal stories about their life experiences.
5. Embrace cultural differences, treat people with respect, and show a genuine interest of wanting to learn more about their culture and life experiences.

### Theme 2: Commitment to Cultural Inclusivity and Community-Driven Solutions

1. Promote the notion that mental health begins at the community level, working with schools, faith-based organizations, law enforcement,
2. Serve underserved communities where they live, where people thrive and feel celebrated and accepted.
3. Ensure that county staff working closely with underserved communities are equipped to identify interventions or treatments compatible to communities' unique blend of cultural values.
4. Prepare a workforce that mirrors the cultural diversity of underserved communities, and display a genuine interest to value diversity and inclusivity.
5. Invest in human resources with the capacity to work with foster care youth and youth transitioning out of foster care, and assist with their transition into community life with adequate life and job skills.
6. Commit to outreaching, recruiting and persevering in locating and hiring a diverse workforce.
7. Convey to consumers and families the message that they are the priority and the most important persons or group at that moment.

### Theme 3: Creating Opportunities to Build Partnerships and Trust with Communities

1. Commit to cultural humility and reaching the hardest-to-reach underserved communities to make meaningful connections.
2. Demonstrate a sense of responsibility toward building trust and relationships with the hardest-to-reach communities and seeing them through their recovery.
3. Recognize community dialogue as a path toward cultural knowledge that gives a voice and hope to historically underserved communities.
4. Create partnerships with schools, faith-based organizations, law enforcement, and other community-based organizations to join the fight against stigma, and increase communities' trust in community mental health.
5. Be transparent with communities and deliver on promises in a timely manner to build community trust.
6. Make sure to not alienate individuals and families from participating in shared decision-making, trusting them and letting them guide mental health transformation for their community.

### Theme 4: Cultural Competence From a Leadership Perspective

1. Demonstrate openness, patience, empathy and willingness to work with people from diverse backgrounds.
2. Show courage (be brave) and stand up to discrimination and confront racist dynamics within cultures and communities.
3. Speak as an advocate for cultural, gender, and sexual identity development among individuals and communities with a commitment to their confidentiality.
4. Demonstrate the willingness to be a good listener and not make assumptions.
5. Display the willingness to be warm, welcoming and treat people like human beings.
6. Relate to communities by being visible and accessible in neighborhoods and at community-based events.

### Theme 5: Measuring Cultural Competence

1. Engage in community-driven research that involves input from Filipino American, Latino, and LGBTQ communities.
2. Use culturally and linguistically appropriate instruments/tools to collect meaningful data that assess communities' and County staffs' attitudes, behaviors and motivations toward mental health treatment.

# Appendix

## THE SOLANO COUNTY MENTAL HEALTH PROVIDER PERSPECTIVE: Improving the Mental Health Needs of Filipino American, Latino, and LGBTQ Communities

*UC Davis Center for Reducing Health Disparities Team*

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### Purpose

This executive summary highlights frequent perspectives and experiences of mental health providers when providing care to Filipino American, Latino, and LGBTQ populations in Solano County. Mental health professionals responded to structured interview questions on the challenges and strategies to reduce disparities for these three target communities.

### Participants and Procedure

The 12 interview participants (10 females and 2 males) were clinicians ( $n=5$ ), mental health service specialists and managers ( $n=5$ ), and supervisors ( $n=2$ ). Participants primarily included mental health professionals with experiences serving Latino, Filipino American, and LGBTQ populations living in Solano County. This was a purposeful sample, reflecting the desire to interview participants whose characteristics (mental health professionals with expertise and familiarity with the three target populations) matched the purpose of this investigation. During the initial telephone and in-person contact, the interviewer described the purpose of the project, interview, and benefits of their participation. The five overarching questions are shown in Exhibit 1.

### Exhibit 1. Provider Interview Key Guiding Questions

1. How would you describe your role(s) in providing mental health and/or health care services in Solano County?
2. What are the most significant challenges and/or opportunities in providing services to clients/patients in Solano County?
3. Specifically focusing on clients/patients who identify as Filipino American, Latino and LGBTQ, what are the most significant challenges or opportunities in providing behavioral health services in Solano County?
4. Describe the most common mental health needs of your patients? Including Filipino American, Latino and LGBTQ clients/patients?
5. Can you describe existing or ongoing effort(s) to improve the mental health system in Solano County as related to clients/patients and/or the underserved/underserved communities identified as Latino, Filipino and/or LGBTQ?

### Data Analysis

All data collected (transcripts and researcher's notes) was combined and analyzed for common patterns and themes. Data was analyzed using three levels of coding to develop themes and patterns across and within the interviews and researcher's notes. The initial coding consisted of line-by-line analysis of all transcribed interviews and notes. A second level of coding grouped the 53 open codes into 23 categories. The final level of coding rendered four major themes and multiple subthemes describing the provider perspective.

### Implications for Action

Major themes and subthemes reveal five important implications that can guide the Solano County Behavioral Health Division to improve the mental health needs of Filipino American, Latino, and LGBTQ communities of Solano County.

1. Providers must ensure that mental health services are culturally and linguistically appropriate and delivered incorporating the consumer's perspective.
2. Providers must ensure that services and treatment are provided in welcoming and safe locations, where consumers feel comfortable sharing their stories and identities.
3. Providers must recognize that mental health treatment should start in the community and actively be included in collaborations to have more significant cultural meaning.
4. Providers must recognize and address the negative consequences that stigma, cultural shame, and discrimination have on Filipino American, Latino, and LGBTQ communities seeking services.
5. Providers are expected to understand and adequately address the systemic and social determinants of health (e.g., transportation, housing, poverty, health literacy, etc.) that Filipino American, Latino, and LGBTQ communities at greater risk for more chronic mental disorders.

# Appendix

## Exhibit 1. Overarching Themes and Item Descriptions

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### **Theme 1: Impact of Inadequate Mental Health Services and Supports on Consumer Mistrust**

1. Mental health services/support are inadequate for low-income Filipino American, Latino, and LGBTQ clients/consumers with traumatic life experiences and high levels of mistrust.
2. Low-income clients/consumers who experience traumatic life experience too often do not trust governmental health services
3. Increase the number of bicultural and bilingual staff supports to improve quality care to Filipino American, Latino and LGBTQ clients/consumers
4. Demonstrate a sense of responsibility toward building trust and relationships with the hardest-to-reach communities and seeing them through their recovery.

### **Theme 2: Consistency with Mental Health Services to Increase Access and Utilization to Care**

1. Ensure that consumers consistently receive high quality services in welcoming and safe locations.
2. Effective mental health programs that are consumer-driven and offer services in a context where consumers and families feel safe and comfortable, increase their trust in seeking services.
3. Increase mental health provider's efforts in providing mental health services in the communities where consumers live in a more consistent basis.
4. Recognize the impact of negative political climates and address consumers fear of government and deportation when attempting to access and use mental health services.

### **Theme 3: Training and Collaborative to Improve Consumer Engagement and Experiences**

1. Provide training programs that focus on collaborations between agencies, institutions, and communities.
2. Tailor training programs to the cultural needs of Filipino American, Latino, and LGBTQ consumers and families.

3. Commit to training about cultural humility and reaching the hardest-to-reach underserved communities to make meaningful connections.
4. Demonstrate a sense of collective responsibility among providers from agencies to build relationships with the hardest-to-reach communities.

### **Theme 4: Social Determinants: Impact of Stigma, Shame, and Marginalization**

1. Pay close attention to the negative impact that stigma has on mental health consumer's decisions to access services.
2. Recognize the negative effects of cultural shame associated with seeking help for a mental health problem among Filipino American, Latino, and LGBTQ communities.
3. Work with Filipino American, Latino, and LGBTQ communities to reduce marginalization and increase inclusion and full participation in community life.
4. Advocate for cultural, gender, and sexual identity development among the three target communities with a commitment to their confidentiality.
5. Engage the three target communities in shared decision-making along with providers to acquire community-defined strategies and solutions to addressing issues of stigma, cultural shame, and social exclusion.
6. Work with communities to find solutions to challenges related to inadequate transportation, lack of housing, and poor living conditions that can exacerbate mental health issues.

# Appendix - Public Comments

The Public Comment period was from June 28, 2018 and July 27, 2018. The following comments came in via [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) and/or by phone at 707-784-8320.

## **Background**

Although funds in additional MHSA areas were identified as “at risk for reversion,” only the INN funds are not currently allocated for expenditure and require a plan for expenditure. As these are one-time, previously unspent funds from FY 2005/06 through FY 2014/15, these funds cannot be used to implement new programs and/or pay for ongoing services or positions. In addition, MHSA funds, regardless of funding component, cannot be used to support programs or services that were in place prior to the passing of Prop 63 – MHSA must fund new services or service expansion.

INN funds are unique in that they are more regulated than the other MHSA funding components, and can only be used for the primary purposes of innovative activities intended to:

- Increase access to underserved groups [In Solano County the unserved/underserved communities have been identified as the Latino, Filipino, and LGBTQ communities based on utilization data from the County electronic health record].
- Increase the quality of services, including better outcomes.
- Promote interagency collaboration.
- Increase access to services.

Support of innovative practices can include the following:

- Introducing “new” mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Making a change to an existing mental health practices or approach, including, but not limited to, adaption for “new” setting or community.
- Introducing a “new” application to the mental health system of promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

An “Innovative Project” requires that the County design and implement for a defined time period and evaluate the results in order to develop new best practices in mental health services and supports. As required by Welfare and Institutions Code, Section 5830, all INN projects require a separate written INN Plan and must be presented for approval to a state-level committee, the Mental Health Services Act Oversight and Accountability Commission. The approval process is arduous and it has become increasingly difficult for Counties to develop practices or approaches that are considered “new” and innovative. It is important to note that “new” cannot mean new to the local system of care but rather new and innovative in general, meaning the practice or approach has not been in place elsewhere.

# Appendix - Public Comments

## **7/19/18, Rebecca Nord, Community Provider: Solano Pride Center**

Are there opportunities for non-profits to propose additions to the reversion plan?

### **Solano County Behavioral Health (SCBH) Response**

Yes, non-profits and community members can propose additions to the Reversion Plan.

## **7/20/18, Lieutenant Jon Mazer, Solano County Sheriff-Coroner's Office**

I'd [like] take the opportunity to mention that I took the suicide prevention & crisis line information from our Gun Safety brochure and added it to the Coroner's Office brochure. Hopefully anyone feeling distressed over a loved one's death will use the numbers.

### **SCBH Response**

SCBH appreciates the ongoing partnership and effort made by the Sheriff-Coroner's Office to enhance existing materials provided to loved ones provides when the Coroner responds to any death in our community.

## **7/25/18, Janet Olsen, Community Member**

Ms. Olsen called to suggest that the Reversion funds be used to create a new "faith-based initiative to reduce stigma and route people for early intervention by doing outreach with local churches."

### **SCBH Response**

While the County appreciates the suggestion to conduct outreach and education through local churches, unfortunately due to the specificity of the funding component that is at risk of reverting, i.e. Innovation (INN) funds, this proposed initiative would not meet the criteria for Innovation per the MHSA regulations as the suggested model has been utilized in several counties, including Solano County. INN funding is unique in that programs or strategies proposed have to be new approaches. INN projects cannot be designed to support existing or ongoing programs or services, but rather to provide the mental health system with innovative "demonstration projects" that will support system improvements in order to increase access to services for the unserved and underserved communities and to improve consumer outcomes. The County provided Ms. Olsen with information regarding the current Prevention and Early Intervention (PEI) funded program, African American Faith-Based Initiative whereby consultants are using the Mental Health Friendly Communities model to outreach to local faith centers.

Along the lines of this suggestion, however, one of the QI Action Plans from the ICCTM Project, referred to in this Reversion Plan, is focused on outreach with an emphasis on local faith centers. Specially, the QI Action Plan is targeting youth pastors in local faith centers with a goal to train them on mental health, stigma reduction strategies, and local resources so that they can in turn teach the information to youth congregants.

## **7/26/18, Gloria Diaz, Community Provider: Vacaville Police Department**

During a community meeting Ms. Diaz asked if the MHSA INN reversion funds allocated to the ICCTM Project specific to the provision of intern stipends could be used to pay stipends for the intern program that the Vacaville Police Department has each year.

### **SCBH Response**

SCBH explored this suggestion and ultimately determined that intern stipends for intern positions with the Vacaville Police Department Intern Program are not eligible per MHSA regulations as these interns are not working in the Public Mental Health System of Care under the County Mental Health Plan (MHP). The MHSA Workforce Education and Training funding component that references internship programs and stipends was developed to attract interns that represent diverse communities into positions that are funded by County Behavioral Health, either county-operated programs or community-based organizations. Given the Vacaville Police Department Intern Program is not funded by SCBH, and the interns do not provide mental health services under the MHP reversion funds will not be directed to the program. In addition, this activity would not qualify as an innovative use of funds.

# Appendix - Public Comments



ESTABLISHED 1850

## CITY OF VACAVILLE

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Vice Mayor

DILENNA HARRIS  
Councilmember

CURTIS HUNT  
Councilmember

RON ROWLETT  
Councilmember

July 25, 2018

To the Solano County Mental Health Services Act (MHSA) Reversion Plan Committee:

The current proposed MHSA Reversion Plan for the Innovation (INN) component which has \$1,429,797 funds, will support a statewide early psychosis network and the INN project, Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM). This proposed plan has yet to be approved by our County Board of Supervisors and therefore has the potential for changes and or additions.

A main goal of the INN component is to increase mental health access to unserved and underserved groups, primarily Latino, Filipino, and the LGTBQ communities. There is a network of Family Resource Centers (FRC) in our County that provide family strengthening services to low-income, underserved families. This is a great opportunity for an INN project to provide a mental health professional at every FRC to educate families on mental health issues reducing the stigma, providing direct counseling services, and referring to appropriate programs for medication evaluations as necessary.

In the Vacaville FRC in FY 16/17, 557 unduplicated clients received 2,342 service contacts. Over 50% of these clients are Latino. A survey of 198 Latino clients with school age children conducted in November 2017, revealed that second to basic needs (food, clothing, rent, utilities assistance) the families stated the need for mental health services (Study conducted by Cruz Rocio Franco Esquivas and Maria del Carmen Hernandez Espino, CSUS Master in Social Work).

Additionally, the Vacaville Police department is implementing a neighborhood court that will use a restorative justice approach to deal with minor infractions and misdemeanors. The focus of the court is to divert lower level offenses that many times are a result of mental health and substance use disorders, preventing the use of lethal force against our mentally ill community. These individuals would be referred to the Vacaville FRC to access mental health services and linkages to long term care from the MHSA funded mental health professional.

The proposal is to use some of the Reversion Plan funds to support a direct service "demonstration project" that will increase access to the underserved communities in our county.

Respectfully submitted,

Gloria Diaz, LCSW  
Vacaville Police Department  
On behalf of the Vacaville Police Department's Chief, John Carli

# Appendix - Public Comments

## **7/26/18, Gloria Diaz, Community Provider Vacaville Police Department**

[See Letter Received \(page 19\)](#)

The following is content extrapolated from the letter received identifying suggestions for how to use the INN Reversion funds locally.

"[The MHSA Reversion Plan] is a great opportunity for an INN project to provide a mental health professional at every FRC to educate families on mental health issues reducing the stigma, providing direct counseling services, and referring to appropriate programs for medication evaluations as necessary."

"Additionally, the Vacaville Police department is implementing a neighborhood court that will use a restorative justice approach to deal with minor infractions and misdemeanors. The focus of the court is to divert lower level offenses that many times are a result of mental health and substance use disorders, preventing the use of lethal force against our mentally ill community. These individuals would be referred to the Vacaville FRC to access mental health services and linkages to long term care from the mental health professional."

### **SCBH Response**

In response to the first suggestion: The MHSA Reversion INN funds are one-time funds that need to be expended by June 30, 2020. Given the County cannot guarantee ongoing funding, the County is not in a position to fund new programs and/or positions. In addition, due to the restrictions placed on the INN funds, the proposed strategy would not meet the criteria for an INN project as the proposed approach would not be considered "new or innovative" according to MHSA regulations. Several of the ICCTM Project QI Action Plans that are specific to developing more creative outreach and community education strategies, and therefore may be used to support trainings, stigma reduction events, and materials available through the FRCs in the community. Additionally, one of the QI Action Plans is working on a Roadmap to County Behavioral Health services which could be used by FRC staff.

In response to the second suggestion: As stated above, these are not ongoing funds which could support new programs and/or positions. In addition, due to the restrictions placed on the INN funds, the proposed strategy would not meet the criteria for an INN project as the proposed approach would not be considered "new or innovative." Local MHSA funds have been used to fund a similar juvenile diversion program through a partnership with Solano County Probation, SCBH, Fairfield Suisun Unified School District, and Fairfield Police Department, therefore the proposed program would not be considered "new" or "innovative" according to MHSA regulations.

## **8/21/18, Renee Hooker, Community Member**

Passage of AB 114 unspent funds should be spent locally, said funds should not go back to the state. Too many facilities in Fairfield that helped those with mental illness have been closed, the community needs to reopen those facilities.

### **SCBH Response**

The County agrees that the funds should be spent locally. The Reversion Plan outlines how the funds will be spent to support existing programs and/or projects.

# Appendix - Public Hearing Comments

The following comments/questions were made during the Public Hearing held during the local Mental Health Advisory Board (MHAB) meeting on **August 21, 2018**.

## **Solano County Board of Supervisors, Monica Brown, MHAB Member**

Did we use the Capital Facilities & Technological Needs (CFTN) funding to provide housing?

### **SCBH Response**

To clarify there are no CFTN funds that are at risk of reversion as these funds were expended during fiscal year (FY) 2017/18, therefore not subject to this Reversion Plan. CFTN funds were only made available for the first 10 years of MHSA, therefore no new CFTN funds have been received since FY 2014/15. Historically SCBH applied for and received a CalHFA grant, which came from MHSA CFTN funds, to help fund two different housing developments that secured a certain number of permanent housing units for Seriously Mentally Ill consumers. SCBH uses MHSA CSS funds to fund a contract with Caminar, Inc. to provide the Supported Housing Program, which includes case management for consumers residing in the permanent housing units.

Do you know how many beds [units we have through this program]?

### **SCBH Response**

SCBH has access to seven units, at the 65-unit Heritage Commons property in Dixon, for adults 55 and older who have been identified as having a serious mental illness. Additionally, SCBH has access to ten 2-bedroom units at the 90-unit Signature at Fairfield property, of which seven units are allocated for families for which at least one member of the household has been identified to have a serious mental illness. The remaining three units are dedicated to unrelated adults who have been identified to have serious mental illness. Caminar has also secured scattered sites (apartments) throughout the County for mental health consumers. During FY 2017/18 permanent housing was provided to 67 mental health consumers through the Caminar contract.

## **Heather Theaux Venezia, MHAB Chair**

Is there something in Solano County that makes us different from other counties regarding the higher rates of diagnoses of psychosis [in reference to a chart on “Diagnostic Categories” that was in the Public Hearing presentation and in the Reversion Plan document]?

### **SCBH Response**

This finding is interesting and warrants further investigation. One should note that it represents a higher percentage of County Mental Health clients when compared to the statewide numbers, based upon the diagnoses of the total population served. SCBH funds a local Early Psychosis (EP) program, delivered by Aldea Children and Family Services. The Supportive Outreach & Access to Resources (SOAR) early psychosis program serves consumers ages 12-30 years old and uses an evidenced-based model, Cognitive Behavioral Therapy-Psychosis (CBT-P) and has a heavy emphasis on psychoeducation for consumers and their families. Locally, and statewide, there has been an increase in children/youth being diagnosed with psychosis at younger ages, as young as age 12. Currently approximately half of the consumers enrolled in the local EP program are under the age of 18.

## **Supervisor Monica Brown, MHAB Member**

Do you do outreach to the schools so that teachers are aware and talk with the K-12 community [about the early psychosis program]?

### **SCBH Response**

While the Aldea SOAR program is not a school-based program, the program does have a component of outreach whereby program staff do presentations on the early signs of psychosis and provide information on how to refer to the program. The SOAR program has conducted outreaches in some school sites throughout the County and during the last school year did a presentation at a meeting hosted by Solano County Office of Education (SCOE) for all the school district leads for pupil services. SCBH has a large school presence through contracts with A Better Way, SCOE, and Rio Vista Care to provide the MHSA PEI funded school-based mental health services.

# Appendix - Public Hearing Comments

## **Supervisor Monica Brown, MHAB Member**

What kind of outreach was done to create this plan? Was there anyone from the public schools? In general, County needs to do better with outreach to make the public aware so they can participate.

### **SCBH Response**

Three community meetings were held in, Vallejo, Fairfield, and Vacaville. There was strong participation from local school districts at the community meetings. Advertisements for the community meetings were run in each city's local newspaper, emails were sent out to a distribution list of over 450 stakeholders, and meeting announcements/reminders were posted on the MHSA Facebook page. The MHSA Steering Committee was also convened to receive information about the INN funds at risk of reversion and to endorse plans to expend the INN funds through the existing UCD project and the early psychosis evaluation program.

## **Supervisor Monica Brown, MHAB Member**

[Related to the Early Psychosis (EP) Project and screening for psychosis] The schools have a website that students can go on to learn; perhaps you can have an app created for the website.

### **SCBH Response**

This is a suggestion that we can take back to the developers of the EP Learning Health Care Network (LHCN) to discuss whether the scope of the project could include a screening app. While this might not be possible with this current project it is something that could possibly be considered in the future.

## **Supervisor Monica Brown, MHAB Member**

Are there any other innovative ideas, or is it just this idea being presented to the Board and of the \$1,429,797, how much is left over for other innovative projects?

### **SCBH Response**

This plan is to fund the two projects reviewed in the presentation and outlined in the Reversion Plan document; the EP LHCN and for the implementation of the QI action plans that are being developed via the current SCBH MHSA INN Plan ICCTM project delivered in partnership between SCBH and UC Davis Center for Reducing Health Disparities (CRHD).

When Assembly Bill (AB) 114 passed the statute required that the reversion funds be used within the original funding component they were received under. For that reason, counties were encouraged to use reversion funds to augment or enhance existing programs or services where appropriate. For SCBH the only funds at risk for reversion are Innovation funds, which are the funds that are the most restricted in regards to obtaining approval for projects.

UC Davis Behavioral Health Center of Excellence, SCBH and other participating counties will be collaborating on the development of an Innovation Plan to obtain state approval for the EP LHCN project. It is anticipated that this Plan will be presented to the state committee in November of 2018.

The ICCTM Project is the currently approved SCBH Innovation 5-Year Plan. When the project was developed back in FY 2014/15 funds had not allocated to the implementation of the QI action plans, therefore the INN reversion funds are aligned with the currently approved INN Plan. SCBH reminded the MHAB that the current INN Plan is approved through 2021 and that during one to two years prior to the unsetting of the ICCTM project SCBH will be engaging the community in a stakeholder process to identify new projects and strategies for consideration in the development of the next SCBH INN Plan. The County encouraged the MHAB members to participate in the MHSA stakeholder meetings including the meetings that will be held in September for the MHSA Annual Update process.

# Appendix - Public Comments

## **Heather Theaux Venezia, MHAB Chair**

How did we get to this place?

### **SCBH Response**

There are a variety of reasons that MHSAs funds may not be expended each year such as delays in program implementation, vacant program position, delays in contracting, etc. Additionally, for Innovation projects there is a longer approval process through the state that can ultimately result in delayed implementation of INN projects. Because initial estimates that inform the draw-down of MHSAs funds may in the end under-represent actual expenditures, Counties have not always been able to spend the “oldest” funds first. Counties anticipate that DHCS will be amending its methodologies to assure that older funds are spent before new funds so that funds do not become at risk of reversion.

## **Heather Theaux Venezia, MHAB Chair**

It looks like we have 1.4 million [in funds at risk of reversion that we are planning to use to add to project already underway]. Where is the estimated budget?

### **SCBH Response**

As indicated in the Plan the anticipated annual budget for the EP LHCN will be \$84,087 for a total of \$168,174. The remaining funds in the amount of \$1,261,623 will be used to support the implementation of the QI Action Plans coming out of the ICCTM Project. As indicated in the Reversion Plan document two Culturally and Linguistically Appropriate Services (CLAS) Cohorts have been completed and have started developing their QI Action Plan. The 3<sup>rd</sup> and final CLAS Cohort is underway and will be developing QI Action Plans. SCBH, in partnership with UC Davis CRHD, have developed processes to review all the QI Action Plans in the in context of other initiatives to ensure we coordinate efforts and appropriately fund projects using the INN reversion funds.

## **Heather Theaux Venezia, MHAB Chair**

It does not feel innovative to upgrade the lobby. How much money are we going to spend to make the lobby more welcoming?

### **SCBH Response**

The innovative part of the process is the overall UCD project which is anchored in the development of a unique training curriculum which incorporated the National CLAS Standards and local community feedback obtained during the year-long health assessment conducted by UCD. The goal of the overall project is to change the system from the inside out. Given the County had not previously allocated specific funds to support the QI Action Plans coming out of the CLAS training cohorts, the INN reversion funds are timely in that there will be funding to implement the Plans that are developed through this project. In fact, the clinic lobby and its ability to present the services as welcoming and inclusive, is an important aspect of improving the engagement of traditionally underserved communities.

## **Heather Theaux Venezia, MHAB Chair**

They are all great ideas, but I feel like we are in a Mental Health Crisis that this will not address. have people in my emergency department (ED) with behavioral health needs and they are stuck there because there are not enough inpatient beds. Is there a way to use these funds to address that issue? Couldn't these funds be used to pay for a clinician to come to the ED to provide therapy while the patients wait to be placed in an inpatient bed?

### **SCBH Response**

While the County recognizes that there are larger resource issues that are impacting our community, including the lack of enough psychiatric hospital beds statewide, we face limitations dilemma with categorical funds and regulations regarding supplantation. As a reminder we cannot use INN funds for anything that is already being done in community mental health. INN funds have a strong emphasis on improving access for unserved/underserved communities. By supporting the ICCTM project we are using an upstream, preventive approach by trying to combat stigma for the Latino, Filipino and LGBTQ communities to encourage them to access mental health services on an outpatient basis before they are in crisis and potentially in the local EDs. As the local EDs have been more impacted lately due the transition from one CSU vendor to another, SCBH continues to provide the support of County Mental Health Clinicians when requested through use of overtime.

# Appendix - Public Comments

## **Denise Coleman, MHAB Member**

There are people in crisis every week. We need to do something with drug innovation/dual diagnosis; something on the ground floor. It's hard for people on the streets and they give up and start using drugs.

### **SCBH Response**

The current INN Plan is approved through 2021 and that during the year prior to the completion of the ICCTM project, SCBH will be engaging the community in a stakeholder process to identify new projects and strategies for consideration in the development of the next SCBH INN Plan. The County encouraged the MHAB members to participate in the MHSA stakeholder meetings including the meetings that will be held in September for the MHSA Annual Update process.

## **Heather Theaux Venezio, MHAB Chair**

Let's leverage community paramedicine.

### **SCBH Response**

The MHAB members were encouraged to attend the community stakeholder meetings for the Annual Update process or send a representative to participate in their absence. This would probably not qualify under INN but could qualify as a CSS service.

## **Supervisor Monica Brown, MHAB Member**

What is holding up the Mobile Crisis?

### **SCBH Response**

Our fiscal projections shows a 5-year budget deficit which makes it difficult to get new programs, particularly expensive programs, approved by County Administration. SCBH is prepared to release an RFP for mobile crisis once given permission to do so.

## **Supervisor Monica Brown, MHAB Member**

Is there a way to fund the Mobile Crisis program as an innovative project by going out to afterschool programs, LGBTQ groups, and migrant workers?

### **SCBH Response**

When we do implement mobile crisis, we must make it available to all residents in crisis not selected groups. It would be difficult fund mobile crisis with INN funds, as this is an established practice that is widely in use.

## **Michael Wright, MHAB Member**

I think there is a way it could be written in such a way that we could make mobile crisis innovative. There needs to be collaboration between law enforcement, district attorney, jail, probation, and mental health.

### **SCBH Response**

It would be difficult fund mobile crisis with INN funds, as this is an established practice that is widely in use. There are other projects in place that bring those stated County agencies to the table together, such as the upcoming mental health court pilot and a grant for developing narcotic replacement therapy in the jail.

## **Supervisor Monica Brown, MHAB Member**

We need somebody to lobby for us with Darrell Steinberg. Is there a way that we can change the rules to use innovation funds?

### **SCBH Response**

There have been bills that have tweaked MHSA funds, such as accessing MHSA funds to support Laura's Law programs. This is an area that the lobbyist for the County or County Behavioral Health Directors Association could look at.

