

Solano County Mental Health Advisory Board Public Hearing Meeting Minutes
 Tuesday, August 21, 2018 ❖ 4:30pm-6:00pm
 2101 Courage Drive ❖ Multi-Purpose Room ❖ Fairfield, CA 94533

Mental Health Advisory Board Public Hearing Meeting called to order @ 4:37pm by Chair Heather Theaux Venezio

Roll Call

Mental Health Board Members:

Present: Chair Heather Theaux Venezio; Board of Supervisor Monica Brown; Alexandra Winston; Michael Wright, Denise Coleman, J.D. Hatchett

Absent: Lis delaTorre

SCBH Staff: Deputy Director, Sandra Sinz; Tracy Lacey

ITEM	DISCUSSION	ACTION
Call to Order/Roll Call	The Public Hearing Meeting opened at 4:37pm.	Roll Call established a quorum.
Public Hearing Presentation	<p>Solano County Mental Health Services Act (MHSA) Reversion Plan for Fiscal Year 2018/2020: Presented by Tracy Lacey, LMFT, Solano County Sr. Mental Health Services Manager MHSA Unit – PowerPoint presentation handouts distributed and attached to these meeting minutes.</p> <p>Discussion Include:</p> <ul style="list-style-type: none"> • MHSA background and funding • Innovation funding and project guidelines • Missions and Values • Outcomes • MHSA Reversion: AB114 states that previously unspent MHSA funds were subject to reversion if not spent locally and they have to be spent in the original funding stream they came through. • Innovation funds are the only funds subject for us to do a reversion plan • Recommendations the MHSA Steering Committee recommends: <ul style="list-style-type: none"> ○ Statewide Early Psychosis Learning Health Care Network ○ Enhance the current INN Project – Mental Health Interdisciplinary Collaboration and cultural Transformation Model 	
Questions/Comments/ Answers	1.) Did we provide housing under the Capital Facilities & Technological Needs (CFTN) funding? <i>Yes, we are contracted with Caminar Supported Housing Program and some of the money went to the development of two housing developments and we have certain number of units available to us; it is permanent housing</i>	

	<p>2.) Do you know how many beds? <i>Heritage Commons 7 units for 55 and older and Signature 7 units</i></p> <p>3) Is there something in Solano County and what makes us different from other counties regarding the higher rates of diagnoses of psychosis? <i>We have the Aldea SOAR Program and what we are seeing is a drop in the age for folks being diagnosed with psychosis; and data is showing this state wide.</i></p> <p>4) Do you reach out to the schools so that teachers are aware and talk with the K-12 community? <i>Aldea SOAR is not a school-based program, but we can certainly present the suggestion to them. We do contract with A Better Way for school-based programs.</i></p> <p>5) What kind of outreach was done to create this plan? Was there anyone from the public and in general, County needs to do better with outreach to make the public aware and participate? <i>We did community meetings and school district staff were invited and participated.</i></p> <p>6) Board Suggestion: The schools have a website that students can go on to learn; perhaps you can have an app created for the website.</p> <p>7) Are you going to do follow-ups from last year’s career pipeline projects with local high schools and community colleges to continue the project and monitor its impact on students? <i>That is a good idea, to go back and see if they still feel interested in the field.</i></p> <p>8) Send motivational speakers to middle schools and high schools on a monthly basis to enhance the career pipeline project.</p> <p>9) What type of community outreach are you doing with clergy and faith based leaders to be the translators to assist in communicating where folks can go to find services? <i>Some of the current improvement projects in our UCD project include community education largely in schools but also this will include churches and doing things like training youth pastors.</i></p> <p>10) Are there any other innovative ideas, or is it just this idea being presented to the board and how much is left over for other innovative projects? <i>This plan is to fund the implementation of the UC Davis plan. Part of the issue with using innovation funds is that the funds have to be approved for something that has never been done before. We will need to start planning for the next INN plan in about a year.</i></p> <p>11) Of the \$1,429,797 how much is left over for other innovative projects? <i>The State encouraged us to augment what we already have and to use the money in whatever pot it is in.</i></p> <p>12) Ms. Lacey invited the Board to attend the stakeholder input meetings for the new upcoming Annual MHSA Plan update..</p>	
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- 13) How did we get to this place? *Innovation funds is a percentage of the MHSA funds; 2% of PEI funds goes to innovative projects (something that is new and never done in the State before). So we have unspent innovation funds because of the time it took to get the last Innovation project launched. So now we need to spend it or give it back.*
- 14) It looks like we have 1.4million that looks like we have some things already going on and we're going to throw some more money at it. It would be nice to see a budget. There is no budget and no intention. Where is the estimated budget? *We have 2 cohorts started developing their plans and a third cohort working on their plans. We then need to look at all the plans in context of other initiatives and coordinate.*
- 15) It does not feel innovative to upgrade the lobby. How much money are we going to spend to make the lobby more welcoming? *The innovative part of the process is the larger UCD project which is taking National Class Standards and local community feedback to change the system from the inside out. This is the source to pay for the ideas that came out of the larger UCD project.*
- 16) They are all great ideas, but I feel like we are in a Mental Health Crisis. Why can't you find something bad going on right now and find something innovative to fix? *That's the dilemma with categorical money because you cannot supplant. You cannot use this money for anything that is already being done. This source of money is so specific.*
- 17) Why can't we find something innovative to make that happen? We don't have to fund a career pipeline for kids and upgrading a lobby. *It's one-time money. Part of the issue is that we had a five-year program for the UC Davis project and we have unused funds allocated to that project.*
- 18) We should be able to make a movement to be innovative to fix the broken mental health system.
- 19) 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.
- 20) A perfect example is the Crisis Unit washer and dryer. We have funds for the washer and dryer but nobody will let it go through. It makes me feel like I am not serving the community and just spinning my wheels.
- 21) Let's leverage community paramedicine.
- 22) So what is holding up the Mobile Crisis? *Our fiscal projection shows a 5-year budget deficit and that makes it difficult to get new programs approved.*
- 23) Is there a way to fund the Mobile Crisis program as an innovative project by going out to after school centers, LGBTQ groups, and migrant worker? *The innovation money is*

	<p><i>not sustainable and has to be focused on the unserved communities. It would be difficult to get through as innovative because it is already done. We do outreach to migrant workers with our HOLA project.</i></p> <p>24) I think there is a way it could be written in such a way that we could make mobile crisis innovative.</p> <p>25) There needs to be collaboration between law enforcement, district attorney, jail, probation, and mental health. There has to be something innovative. <i>We are working on a mental health court and a case management narcotic replacement therapy program.</i></p> <p>26) We need somebody to lobby for us with Darrell Steinberg. Is there a way that we can change the rules to use innovation funds? <i>There have been bills that have tweaked MHSA funds, such as Laura's Law funds which previously couldn't be funded by MHSA.</i></p> <p>27) You need to do something to make money, like build a group home for disabled. <i>We cannot make a profit from the funding stream.</i></p>	
Public Comments	No public comments	
Adjourn Public Hearing	The Mental Health Advisory Board Public Hearing closed at 6:00PM	
	General Meeting Agenda:	
Call to Order/Roll Call	The General Meeting of the Mental Health Advisory Board opened at 6:03pm	Roll call confirmed a quorum
General Business	<ol style="list-style-type: none"> 1. Monica Brown motioned to approve the Agenda of the August 21, 2018 MHAB; J.D. Hatchett seconded Ayes (6): Chair Heather Theaux Venezio; Board of Supervisor Monica Brown; Alexandra Winston; Michael Wright, Denise Coleman, J.D. Hatchett 2. Monica Brown motioned to approve the MHAB meeting minutes of May 15, 2018; Mike Wright seconded Ayes (6): Chair Heather Theaux Venezio; Board of Supervisor Monica Brown; Alexandra Winston; Michael Wright, Denise Coleman, J.D. Hatchett 3. Monica Brown motioned to approve the MHAB meeting minutes of June 19, 2018; Mike Wright seconded Ayes (6): Chair Heather Theaux Venezio; Board of Supervisor Monica Brown; Alexandra Winston; Michael Wright, Denise Coleman, J.D. Hatchett 	<ol style="list-style-type: none"> 1. Motion carries by unanimous vote. 2. Motion carries by unanimous vote. 3. Motion carries by unanimous vote. 4. Motion carries by 5-1 vote. 5. Motion carries by unanimous vote.

	<p>4. Monica Brown motioned to move the MHSA Reversion Expenditure Plan forward to the Board of Supervisors; J.D. Hatchett seconded Ayes (5): Chair Heather Theaux Venezia; Board of Supervisor Monica Brown; Alexandra Winston; Denise Coleman, J.D. Hatchett</p> <p>Noes (1) Mike Wright</p> <p>5. Monica Brown motioned to take Laura’s Law and present it to the Solano County Board of Supervisors; seconded by Alexandra Winston</p> <p>Ayes (6): Chair Heather Theaux Venezia; Board of Supervisor Monica Brown; Alexandra Winston; Michael Wright, Denise Coleman, J.D. Hatchett</p>	
<p>Director’s Report Laura’s Law</p>	<ul style="list-style-type: none"> • Laura’s Law Discussion <ul style="list-style-type: none"> ○ Public Defender and D.A. unable to attend this meeting. ○ Ms. Sinz asked for perspectives on Laura’s Law from the MHAB • Questions and Comments <ul style="list-style-type: none"> ○ In the places where Laura’s Law is successful, how do they manage it? <i>Generally, it is a very small population and it is just very heavy outreach and engagement.</i> ○ If we put this into place in Solano County, do we have the resources to implement this? <i>I think we could absorb it into our FSP system, however, it is a very small population.</i> ○ What is the criteria for people to receive AOT services under Laura’s Law? 3-4 ER visits or crimes due to mental illness, and refusing services. ○ What is the criteria to go under conservatorship? <i>Deemed to be unable to take care of your person due to mental illness and this is determined by a psychiatrist and a judge.</i> ○ Laura’s Law is another tool to help at least one more person; if we can take on the work load, then let’s do it. ○ What is the voice against this? <i>The freedom to choose to participate in care and that if I don’t meet criteria to be hospitalized against my will or to be conserved, why do I meet criteria to be court ordered into care?</i> ○ Monica Brown suggested that Laura’s Law go to the Board of Supervisors in October. ○ Ask for law enforcement representation at the LPS meeting. 	

Public Comments	None	
Board Member Comments	Agenda items for next meeting: 1. Insurance/Denied Services 2. Membership and Vacancies 3. Crestwood presentation	
Adjourned at 6:30pm		