



# Solano County Behavioral Health Mental Health Services Act (MHSA) Annual Update FY2019/2020 & New Three-Year Plan

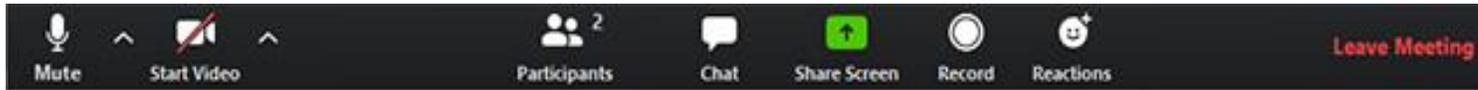
October 8, 2020

Tracy Lacey, LMFT | Sr. Manager & MHSA Coordinator



WELLNESS • RECOVERY • RESILIENCE

# Participant Zoom Controls



1. When we get to Q&A parts of the meeting if you have a question please unmute yourself. ***Please mute yourself if you're not speaking.***
2. Click the arrow to change your audio settings (phone/computer).
3. To turn your webcam on or off, click Start/Stop Video.
4. Click the arrow to access your Video Settings.
5. To view the Participants pane.
6. To chat, first click "Chat" and then type in the chatbox.
7. Reactions (Thumbs up and down feature)
8. Leave Meeting

Again if you are having technical difficulties you can email the staff person listed in the chat or you can use chat to let us know you are having an issue

# Overview



Refresher MHSA Components & Community Program Planning (CPP)



Youth Innovation Idea Lab



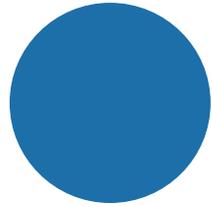
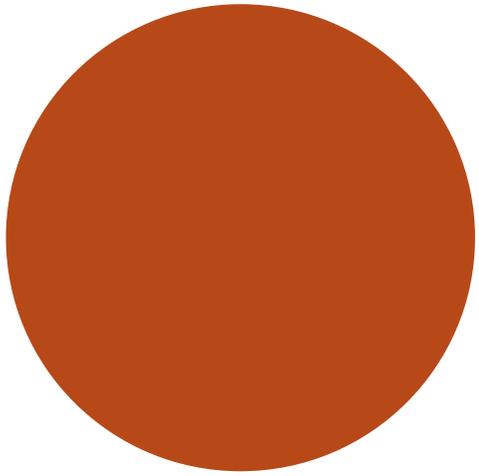
Summary of Polling Question Results



CPP Priorities Identified in Previous Meetings



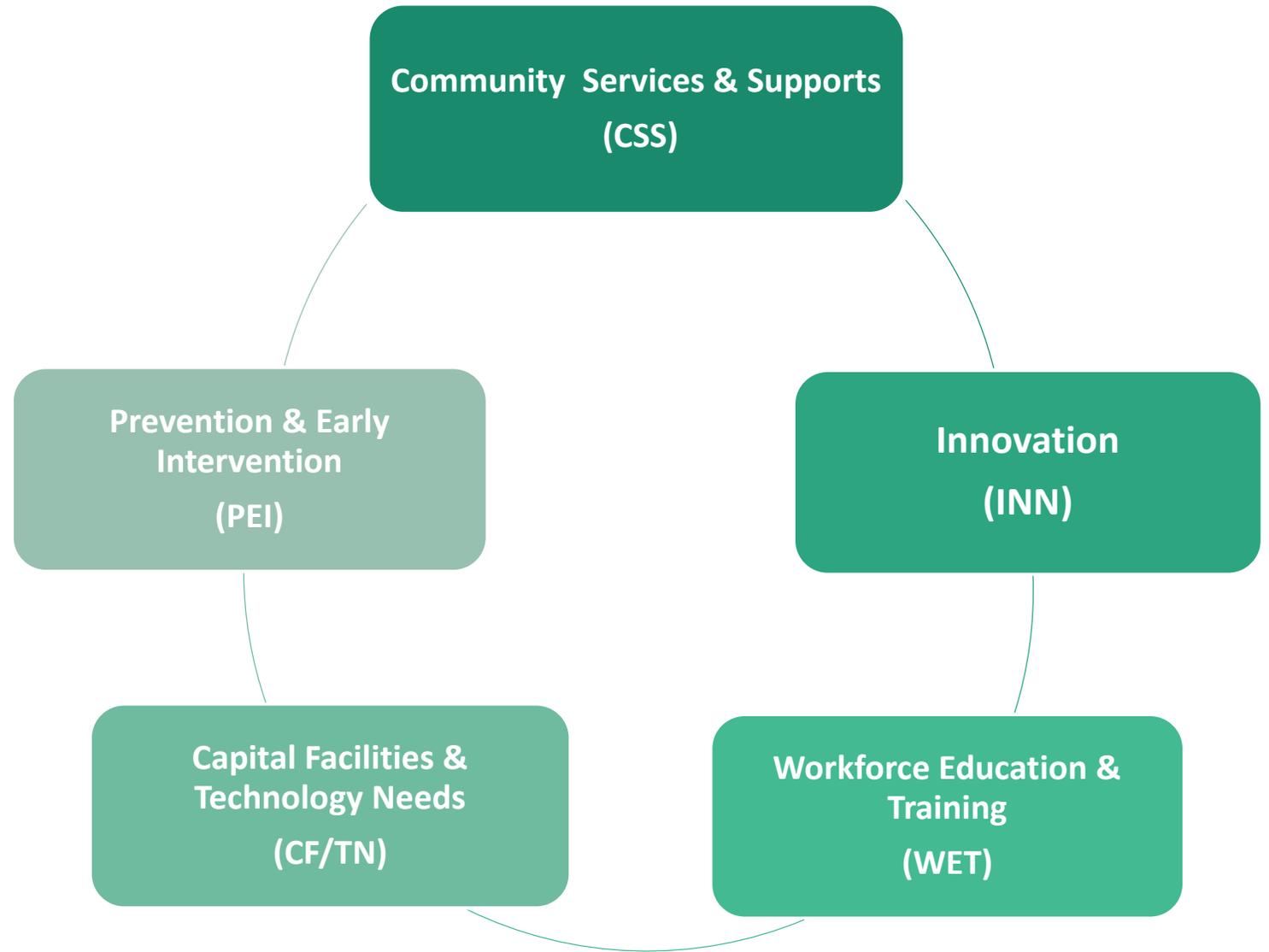
Bringing it Together: Community Planning



Quick Refresher



# MHSA Program Components



# Community Program Planning (CPP): What is Your Role in MHSA?



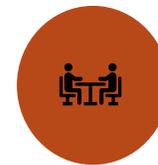
Stakeholders include: consumers, family members, providers, law enforcement, local education agencies, faith communities, etc.



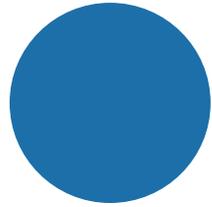
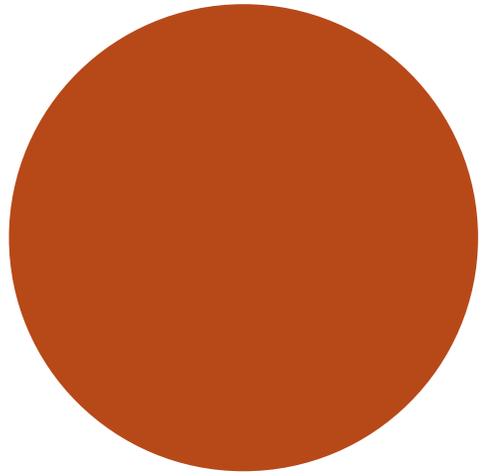
CPP for new 3-Year Plans, review of Annual Updates, and other activities to determine how local MHSA funds will be spent



MHSA Plans and Reports are posted for 30-day public comment and a Public Hearing is held before documents are routed to Board of Supervisors and state



MHSA Steering Committee comprised of community stakeholders. Provide guidance regarding funding or defunding programs/services.

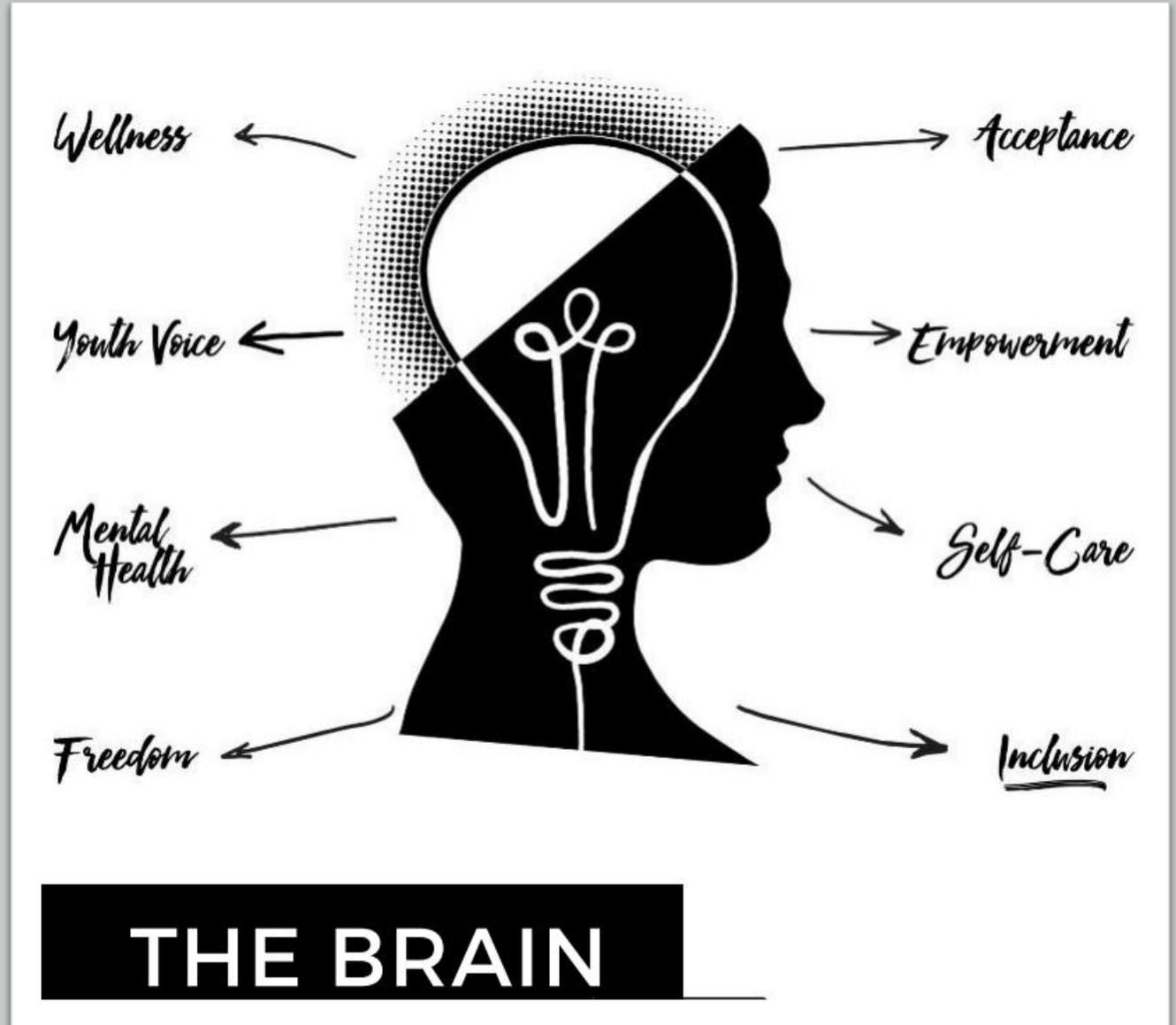


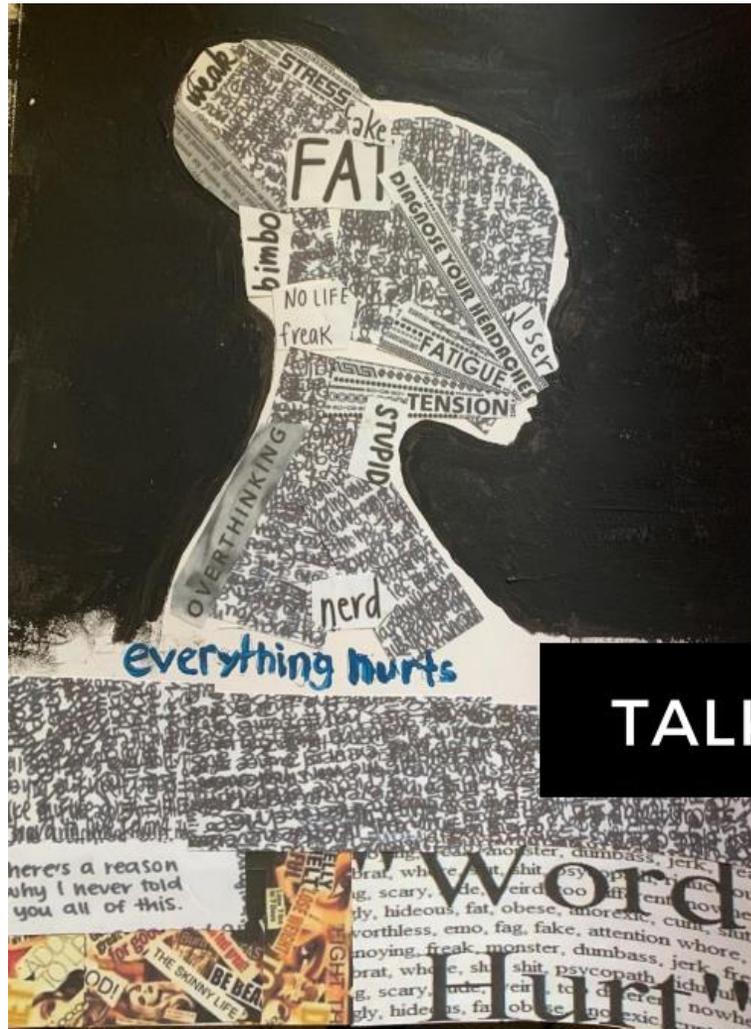
Youth Innovation  
Idea Lab



On August 16<sup>th</sup> & 17<sup>th</sup> **Solano County Behavioral Health** in partnership the **Mental Health Services Oversight and Accountability Commission** (MHSOAC), the **Youth Innovation Project Planning Committee**, **Yolo County** and **Sacramento County** hosted the 2<sup>nd</sup> of three statewide **Youth Innovation Idea Lab** events.

Youth from the three counties attended the two virtual events, along with selected youth advocates, to identify innovative new approaches to improve mental health services accessible to California's youth.





## TALKING IT OUT

### WHAT YOU SEE

This is a silhouette of a person and inside are just a lot of terrible thoughts and ideas in words. When everything is inside it hurts so much more than talking it out and getting it outside of your head. The words are on the inside to represent what people have told the person and their internal thoughts and how it really hurts them. Especially right now being at home and quarantined, most people have all of these thoughts normally but at least they had people to talk to and they had outlets, especially at school but now they are left alone with their thoughts and people start to go out of their minds thinking horrible things.

## WHAT YOU SEE

A cigarette butt

## WHAT IT SYMBOLIZES

Drug abuse in the community

## HOW IT IMPACTS YOUTH

Youth start doing drugs after they see elders doing them. Younger generations see it from their role models.

## PROPOSED SOLUTION

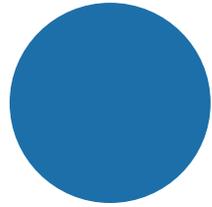
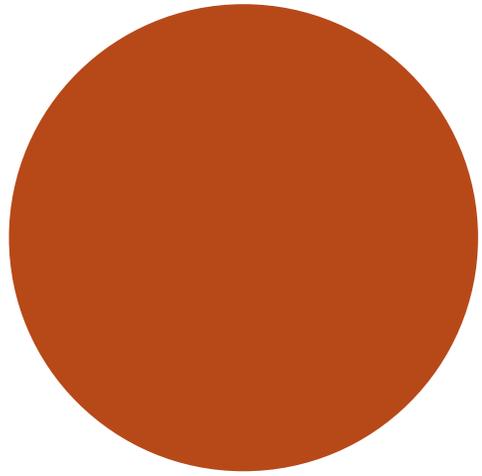
We need more help getting out of the addiction. There are no services here. We also need an arcade or something for us to do.



**HELP GETTING OUT  
OF ADDICTION**

# Gaps & Solutions Identified by Youth

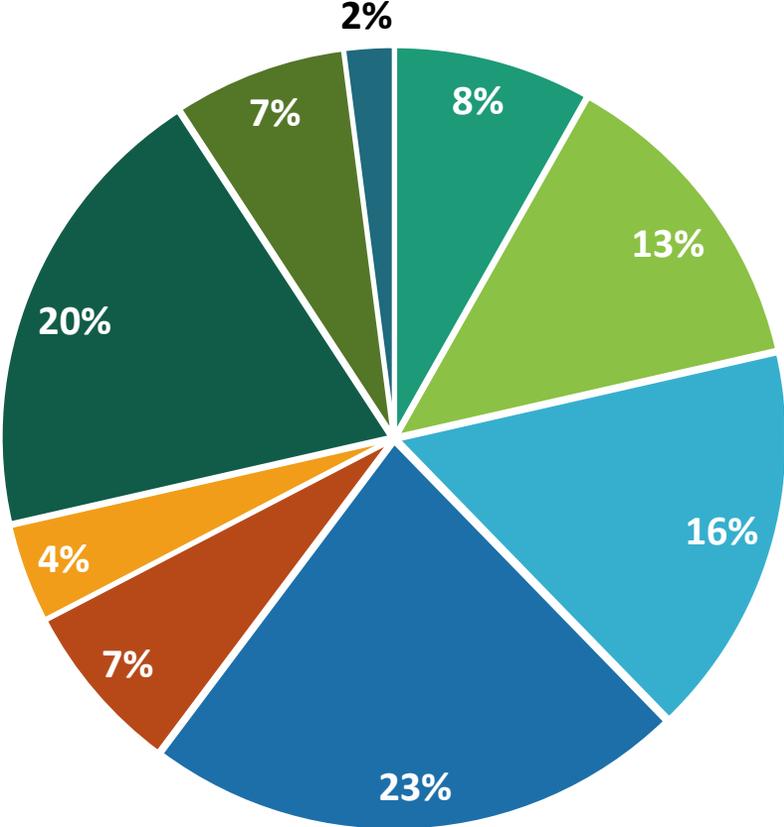
1. Many students are not aware of the mental health services available to them.
  - *More mental health promotion, education, and stigma reduction to be incorporated in schools' day-to-day activities and curriculum.*
2. Poor follow-up after inquiring about mental health services at school, and if there is follow-up it is not enough or takes too long to receive it.
  - *More consistent and responsive follow up by phone, text, email, hotline, etc.*
3. Due to COVID, many students are not able to receive in-person services.
  - *More access to comprehensive virtual resources and services.*
4. Many students feel as though there is nowhere to go for mental health support on campus.
  - *More access to youth community centers and safe spaces on campus.*
5. There is a lack of peer-led or peer-supported services.
  - *More peer/group services with incentives for youth volunteers such as community service, hiring, and/or resume building.*



# Results of Polling Questions



# Who Attended Meetings



■ Consumer

■ Behavioral Health Provider

■ Education

■ Family Member

■ Health Provider

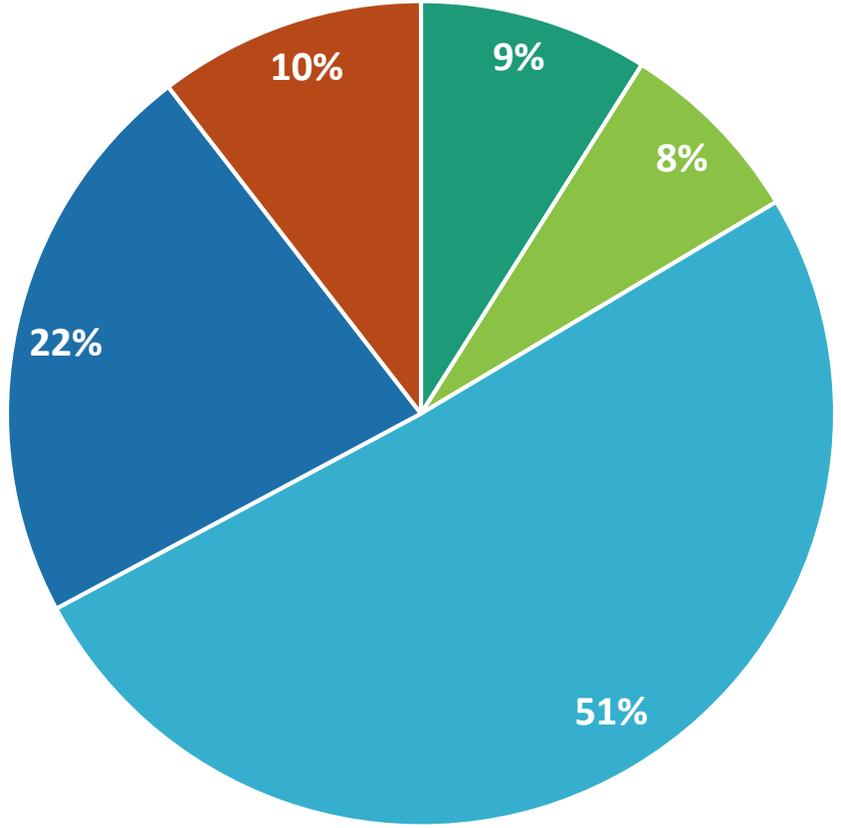
■ Faith Community

■ Community Member

■ Law Enforcement

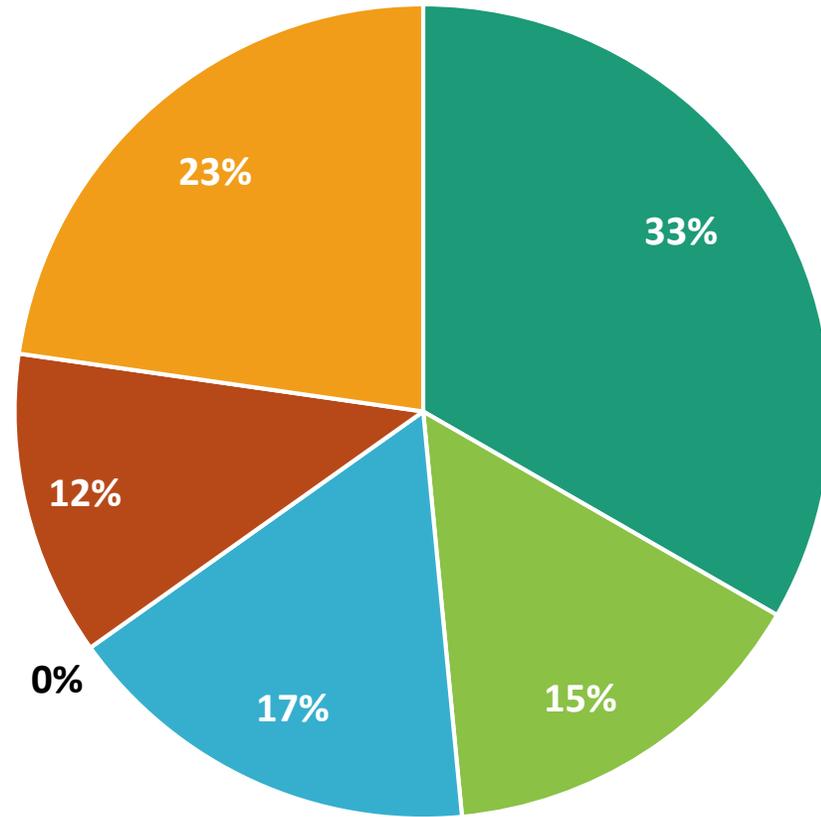
■ Veterans

# Age Range Most at Risk



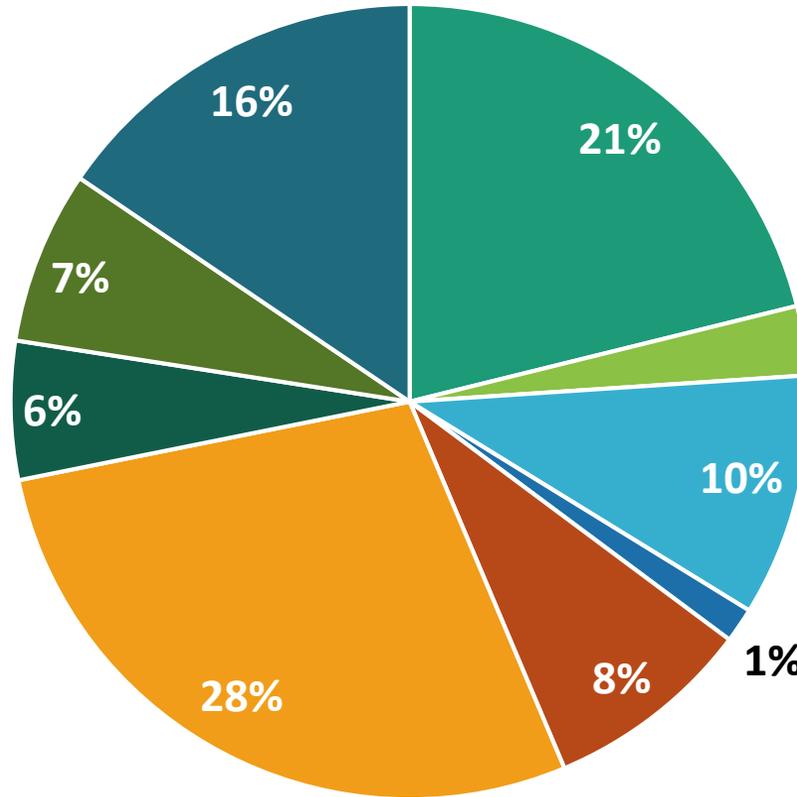
■ Early Childhood 0-5   ■ School Aged   ■ Transition Age Youth (TAY) 16-25   ■ Adults   ■ Older Adults 60+

## Marginalized Community Most Impacted by Gaps in Care

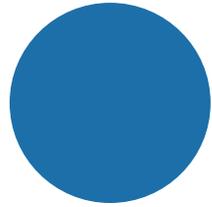
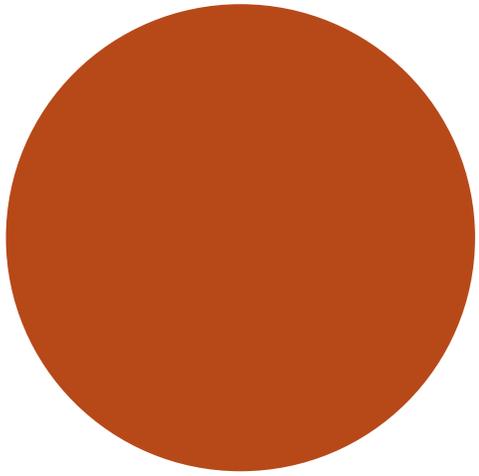


■ African American ■ LGBTQ+ ■ Latino/Hispanic ■ Asian American ■ Native American ■ Immigrants

# Barriers to Accessing Care



- MH Stigma
- Cultural Stigma
- Lack Culturally/Linguistically Appropriate Svc
- Lack of Family/Support System
- Lack of Available Services
- Transportation
- Lack of Childcare
- Not Aware of Services
- Previous Negative Experience/Trauma Accessing Healthcare



CPP Priorities  
Identified



# What is Working



*“Surprised by  
all the services  
available.”*



*“I see less people  
on the streets at  
night. They must  
be in a program”*

1. Increased collaboration and partnering
2. Wellness Center model
3. Addressing disparities through targeted approaches including outreach and training
4. There are a lot of services for all ages
5. Positively impacting homelessness through outreach and housing

# Gaps in the System of Care

1. Awareness of services & resources available
2. Housing and support for homeless population
3. Lack of services for privately insured & mild-to-moderate population
4. Lack of services for seniors with serious mental illness and LGBTQ+ seniors
5. Tech divide for some communities; not able to access telehealth and/or social media to learn about services
6. Need more linguistically appropriate services, more bilingual providers



# Groups Most Impacted by Gaps in Care

*“Filipino community [students] relied on school-based counseling. With schools closed they aren’t getting any support.”*

1. LGBTQ+, esp. Trans people of color and seniors
2. Homeless Population
3. African Americans
4. Transition Age Youth (TAY)
5. Seniors
6. Asian Americans

*“African American & LGBTQ people are slipping between the cracks”*

# Strategies to Support At-Risk Communities

- Do more community engagement
- Use social media and other forms of PSAs
- Increase prevention efforts esp. with youth and pregnant or new moms
- Distribute resources more widely for example use TRUEcare Map and LGBTQ Visibility posters at transit centers and local businesses
- Increase stigma reduction efforts

*“Start with the root, not with the fruit.”*

# Priority Programs & Services to Protect in Response to Budget Constraints

1. Youth/Teens
2. Seniors
3. Stigma reduction services
4. Crisis services
5. Prevention services



*“Keep all services  
but proportionally  
cut [funding]”*



*“Programs that are  
doing a better job, look  
at outcomes”*

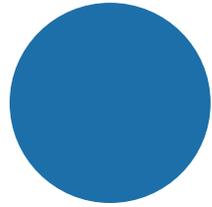
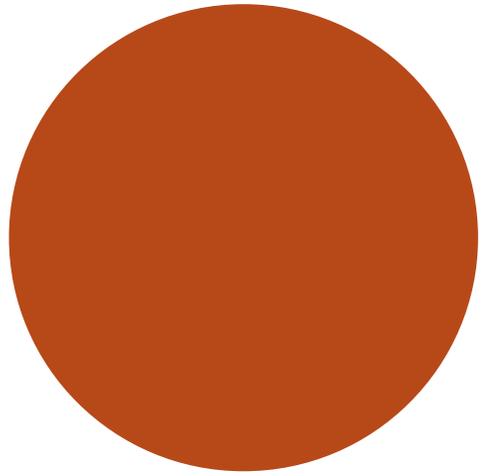
# Desired Changes in the Community Related to Mental Health

- **Stigma Free Community**
- People are aware of the services available
- More support for, and better community relationships with Law Enforcement
- More Peer-to-Peer services
- Access to technology for all
- More housing





10 Minute Break



# Group Discussion

We want to hear from  
you!

# Small Group Agreements

- **Open-mindedness:** listen to and respect all points of view
- **Acceptance:** suspend judgment as best you can
- **Curiosity:** seek to understand rather than persuade
- **Discovery:** question old assumptions, look for new insights
- **Sincerity:** speak for yourself from your heart about what has personal meaning
- **Brevity:** go for honesty and depth but don't go on and on, space for all to share

# Next Steps

## MHSA 3-Year Plan & Annual Update

- MHSA 3-Year Plan & Annual Update Documents were posted for 30-day public comment **November 2, 2020**
- Public Hearing– Mental Health Advisory Board Meeting Public Hearing will be held **December 1, 2020**
- Solano County Board of Supervisors approval **January 2021**
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) for approval



# Key Behavioral Health Contacts



[www.SolanoCounty.com/Depts/BH/MHSA](http://www.SolanoCounty.com/Depts/BH/MHSA)



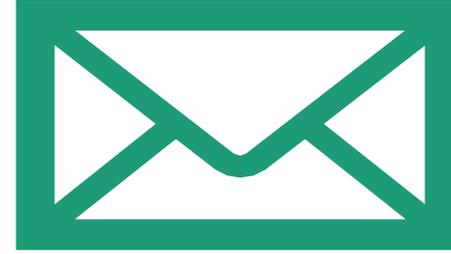
Solano County-Mental Health Services Act Program



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