

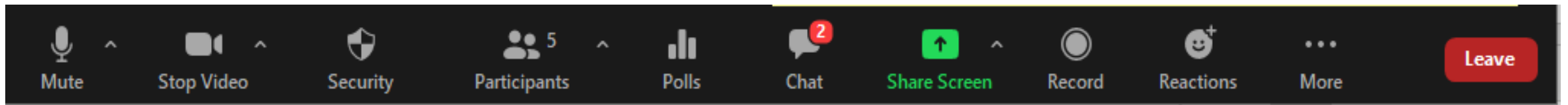
Solano County
Behavioral Health
Mental Health Services
Act (MHSA) Annual
Update FY2023/24 &
New Three-Year Plan
FY2023/26 Community
Program Planning



Housing Keeping & Demographic Survey

If you are having technical difficulties, please email SolanoMHSAs listed in the chat or you can use chat to let us know you are having an issue

Zoom How To's



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. ***Please keep your camera off during the slide presentation.***
4. Click the arrow to access your Video Settings.
5. To view who is in the meeting click the "Participants" pane.
6. To chat, first click "Chat" and then type in the chatbox.
7. Leave Meeting





Land Acknowledgement



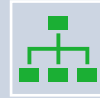
Meeting Overview



Mental Health Services Act (MHSA) Refresher



Local & State Updates



Brief Overview of MHSA Programs & Strategies



Identified Strengths & Gaps



Breakout Groups: Community Voice



Bringing it Together: Group Discussion

MENTAL HEALTH SERVICES ACT(MHSA) Refresher



WELLNESS • RECOVERY • RESILIENCE

In 2004 California voters passed **Proposition 63**, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery.

Link to current [MHSA Three-Year Plan FYs 2020/23](#)

MHSA Mission & Values

Community
engagement and
collaboration

Promotes
culturally
responsive
services

Decreases stigma

Increases access to
underserved and
unrepresented
groups

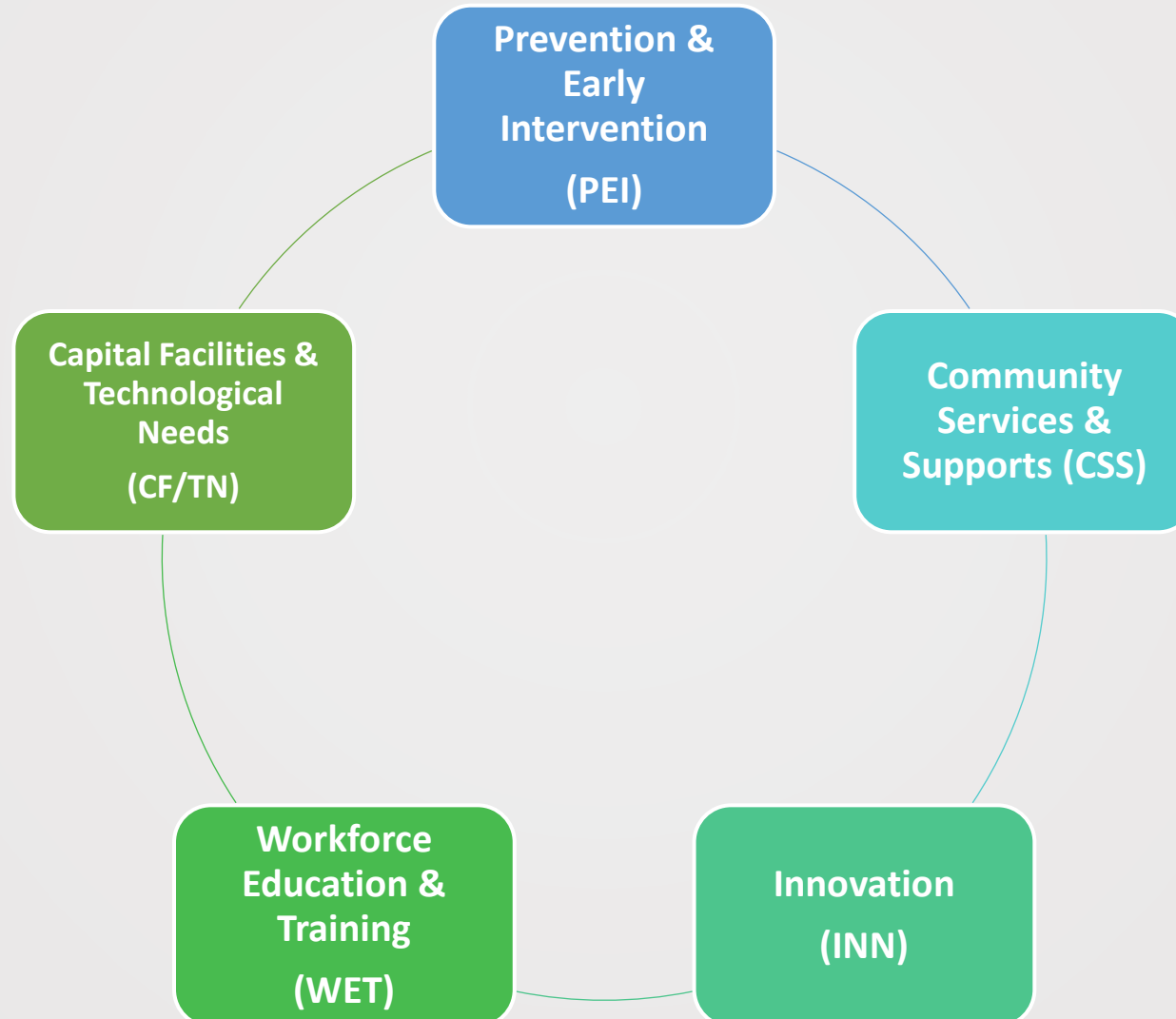
Creates individual
and family-driven
programs

Philosophy of a
wellness, recovery
and resilience

Promotes an
integrated service
experience

Outcome-based
programs

MHSA Program Components



PEI Component

19% of the total funds received annually must be allocated to PEI and cannot be transferred to other components

- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts
- 2 core PEI components Access & Linkage to Treatment and Improving Timely Access to Services for Underserved Populations and 51% of the funds are **mandated to be spent on individuals 25 years and younger**
- There are **6 required approaches** per PEI regulations, and additional **6 PEI priorities** per Senate Bill 1004 (2018)

Mandated PEI approaches per Act

Countywide Suicide Prevention

Countywide Stigma & Discrimination Reduction

Outreach for Increasing Recognition of Early Signs of Mental Illness

Access & Linkage to Treatment

Prevention

Early Intervention

Mandated PEI priorities per SB1004

Childhood Trauma Prevention

Youth Outreach & Engagement for Secondary Schools & Transition Age Youth

Early Psychosis & Mood Disorder Detection, Intervention & Suicide Prevention

Culturally Competent & Linguistically Appropriate Services

Older Adults

Early Identification of Symptoms & Disorders Including Anxiety, Depression & Psychosis

Link to current countywide [Suicide Prevention Plan 2021](#)

CSS Component

76% of the total funds received annually are CSS funds

- Services for individuals of all ages with more serious mental health conditions
- **51% of the CSS funds mandated** to be spent on FSP Programs for all ages. Due to COVID a state law allowed for flexibility on this during FY 2020/21 and this current FY 2021/22. Solano is taking advantage of this flexibility

Sub-Components of CSS

Full Service Partnership (FSP) Programming

General System Development

Outreach & Engagement

MHSA Housing

Counties can transfer up to 20% of CSS funds to support ongoing WET & CF/TN initiatives and/or to the Prudent Reserve

Innovation (INN) Component

Innovation is intended to:

- Increase access to quality mental health services to underserved underrepresented communities with measured outcomes
- Promote interagency and community collaboration related to Mental Health Services or supports or outcomes

How is this done?

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Goal of shared learning and transforming mental health care in California and there is a heavy focus on evaluation.

Requirement for separate CPP, stand alone Plan, approval by state, annual reports on projects and final evaluation report

Focus of projects **must** be on mental health!



5% of the total funds received annually are INN funds and cannot be transferred to other components.

Workforce Education & Training (WET)

- Can be used for training the workforce on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions. Additionally, WET funds can be used to train community partners to better serve behavioral health consumers; e.g., Crisis Intervention Team (CIT) Training for law enforcement.
- **Only a 10-year funding stream; no new money since 2014.**
- With the community's endorsement we are transferring CSS funds to support WET initiatives.

Capital Facilities & Technological Needs (CF/TN)

- Can be used for enhancement of buildings or facilities being used specifically to provide direct services for consumers, or projects related to technology such as electronic health record implementation.
- **Only a 10-year funding stream; no new money since 2014.**
- Potential capital projects related to housing as well as technological projects to improve care and access to information

Prudent Reserve (PR)

- Counties are permitted to allocate up to 33% of the 5-year average of incoming CSS funds to the Prudent Reserve account.
- Funds are intended to only be used in a budget crisis and counties have to obtain permission from the State. Exception FY 2020/21 and FY 2021/22 due to COVID. Solano did not have to use PR.

Solano currently has \$5.7M in prudent reserve

What is the Community's Role in MHSA?

- A broad range of multi-sector partners including consumers, family members, behavioral health and healthcare providers, local education agencies, faith communities, law enforcement, etc. are invited to provide input through forums, focus groups, key informant interviews, surveys and public comment.
- Over the last 30 months the Behavioral Health MHSA Team has engaged the community in six rounds of community program planning (CPP) in addition to ongoing feedback loops regarding quality improvement (QI) actions plans developed by community partners related to a previous Innovation project.
- Over **350 community partners** have provided **input** regarding both the strengths and gaps for the system of care.

CPP Meetings



30-Day Public Comment Period



Public Hearings



Committees



Response to Public Comment



Board of Supervisors



Local & State Updates

Local Updates

- **Suicide and Overdose Deaths Increasing**
- **Kaiser Carve Out**
 - Solano is 1 of 2 CA counties with a Kaiser carve out
 - State wants Kaiser to transfer all the Medi-Cal consumers they serve to Solano County
 - No additional funding
- **Staffing Challenges**
 - COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and our outcomes
 - Impacting both County and CBO contractors

State Legislative Updates

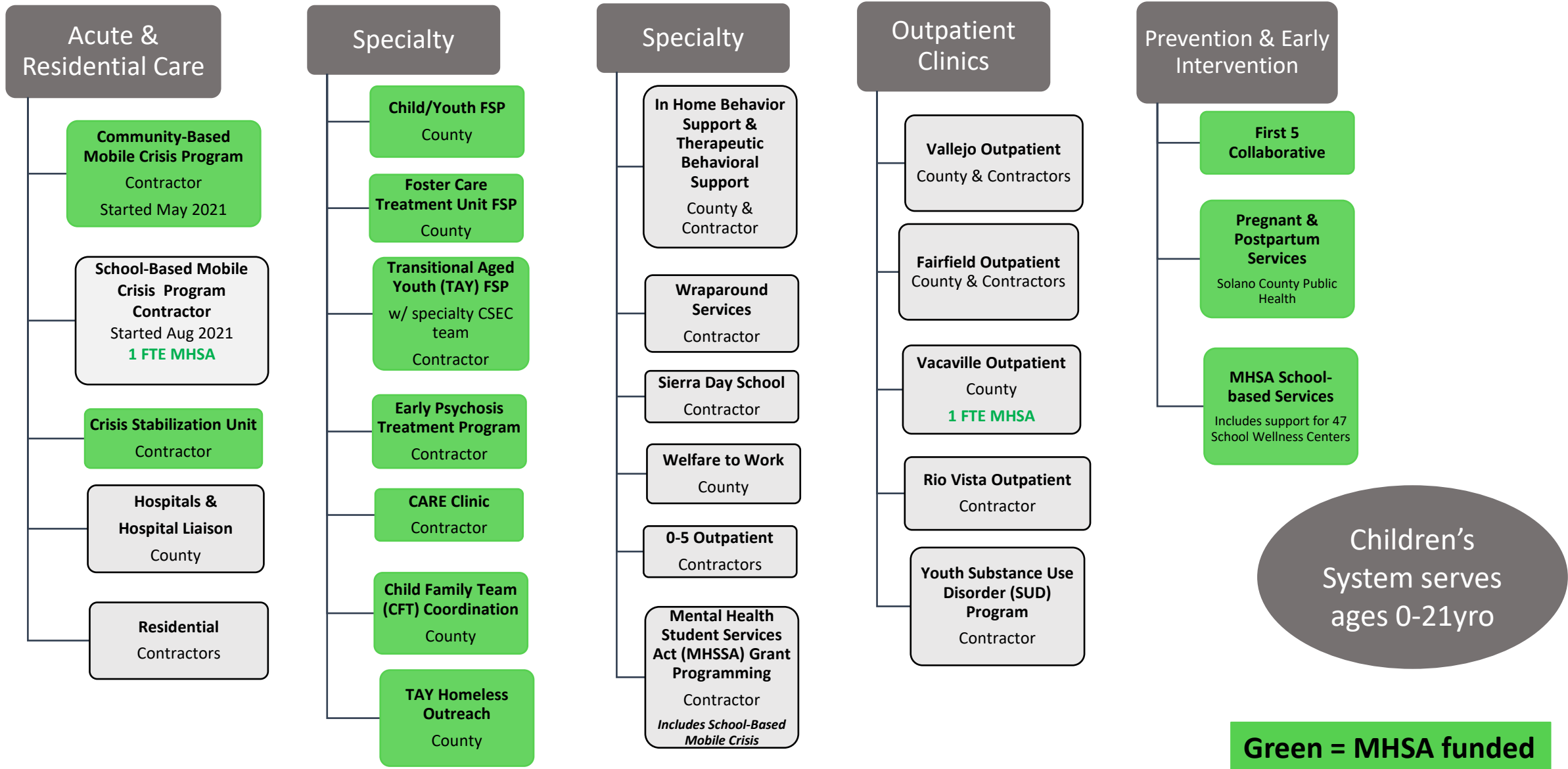
- **California Advancing and Innovating Medi-Cal (CalAIM)**
 - No wrong door
 - Redesign of documentation requirements
 - Payment reform coming
- **Senate Bill 1338 CARE Court (signed 9/14/2022)**
 - Creation of a new expansive court infrastructure to enforce court-ordered treatment and services on unhoused Californians
 - County has to implement by 2024
- **Recession could impact non-MHSA funding**
- **Funds from state to local education agencies (LEAs) to support student mental health**
- **Significant scrutiny of MHSA funding and specifically unspent funds**



Who County Behavioral Health Serves

- Individuals of all ages
- Solano County residents who have Medi-Cal, Medicare, or are uninsured
- Unserved/underserved individuals
- Individuals who meet the criteria for County level services

Solano BH Teams/Service Programs – Children & Youth



Solano BH Teams/Service Programs - Adults

Acute & Subacute

Community Based Mobile Crisis
implementation in May 2021
Contractor

Crisis Stabilization Unit
Contractor

Crisis Residential Treatment
Contractor

Psychiatric Health Facility and Hospitals
Contractor

Hospital Liaison & Crisis Aftercare & Recovery Engagement (CARE)
County
4 FTE MHSA

Institutional Care Residential
Care Locked & Unlocked Programs

Specialty

Assertive Community Treatment
Full Services Partnership (FSP)
1 County & 2 Contracts

Comprehensive Case Management
Contractor

Forensic Triage
Forensics, Laura's Law, Jail Liaison, Jail Diversion
County

Jail Release
Sheriff & Sub-Contractor

JAG & DSH Diversion
Case management
Contractor

Drug Court
Case Management
County

Outpatient

Vallejo ICC
County
1 FTE MHSA

Vacaville ICC
County
1 FTE MHSA

Fairfield ICC
County
2 FTE MHSA

Adult Care Coordination Team
County

Co-Occurring Program
Contractor

Housing & Community Integration

Homeless Outreach
County

Supportive Permanent Housing
Contractor

Transitional Housing and Shelter
3 Contractor programs

Patient Benefits Specialists
County

Supported Employment
Contractor

Wellness Recovery, Prevention & Early Intervention (PEI)

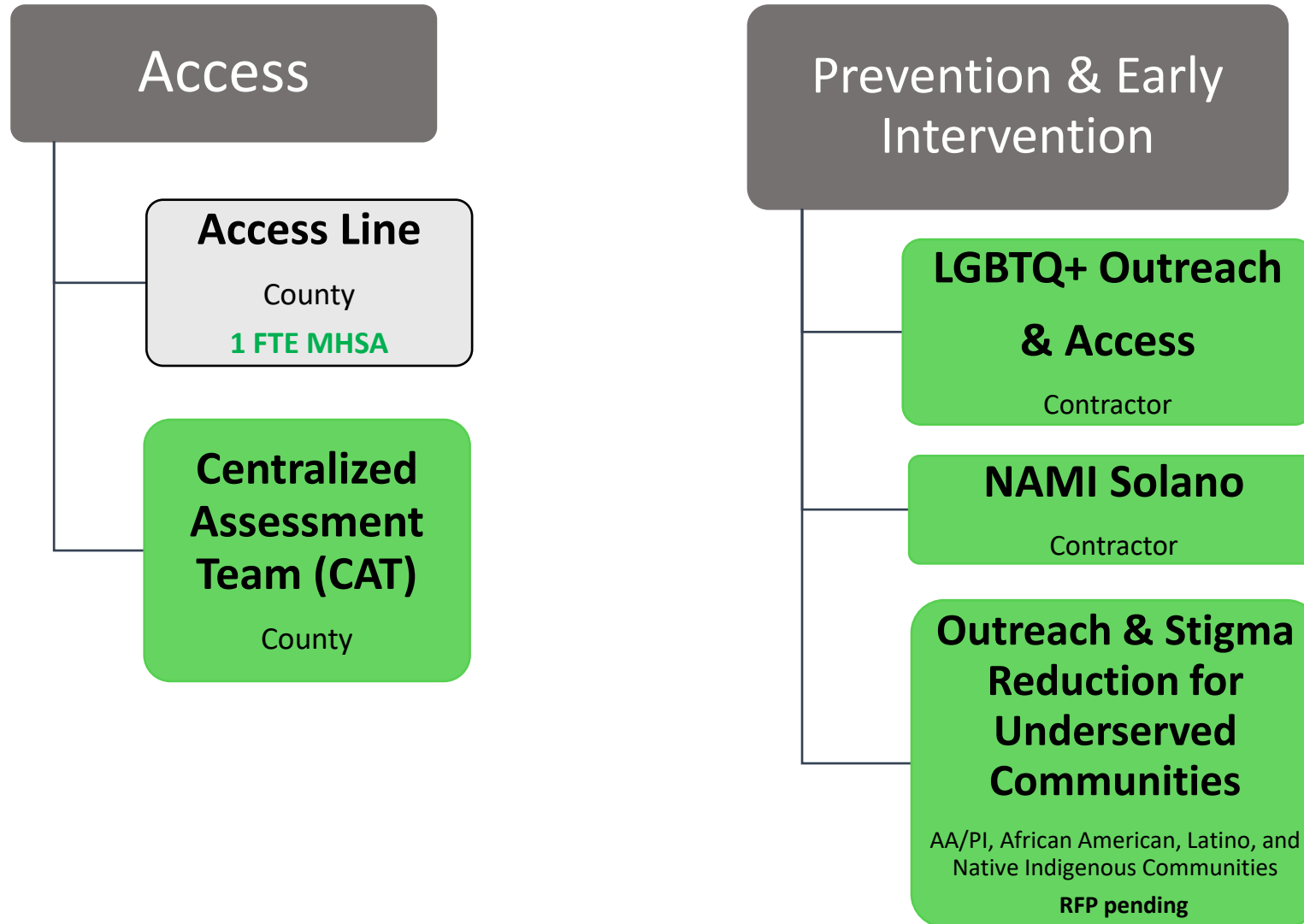
Wellness Recovery Unit
Consumer/Family Liaisons
County

Wellness Recovery Centers
Contractor

Older Adult PEI
Contractors

Green = MHSA funded

Solano BH System of Care – Non-Age Specific



Green = MHSA funded

Innovation Projects



Early Psychosis Learning Health Care Network (EP LHCN)

Creates a unified network of CA Early Psychosis (EP) programs to standardize practice and support knowledge-sharing by establishing an app called **Beehive** enabling participation for consumers and families across 13 languages to self-report progress.

Project Partners: Led by UC Davis Behavioral Health Center of Excellence with the following counties: Solano, San Diego, Sonoma, Los Angeles, Orange, Stanislaus, and Napa. Additional academic institutions include UC San Francisco, UC San Diego and the University of Calgary.

Project due to end December 31, 2023

Coming Soon: Suicide Prevention & Postvention Support for Family Survivors

New Innovation Plan focused on supporting families and individuals who have lost a loved one to suicide.

- Designated Clinician to support families
- Develop a Survivor Peer Mentor Network
- Local support groups for family survivors


Budget FY 2022/23

Total MHSA budget is **\$35,083,295**

Funding Component	Working Budget FY 2022/23
CSS	\$25,126,072
PEI	\$8,528,942
INN	\$698,979
WET	\$659,635
CF/TN	\$69,667
Prudent Reserve	\$5,743,791

These amounts are subject to change

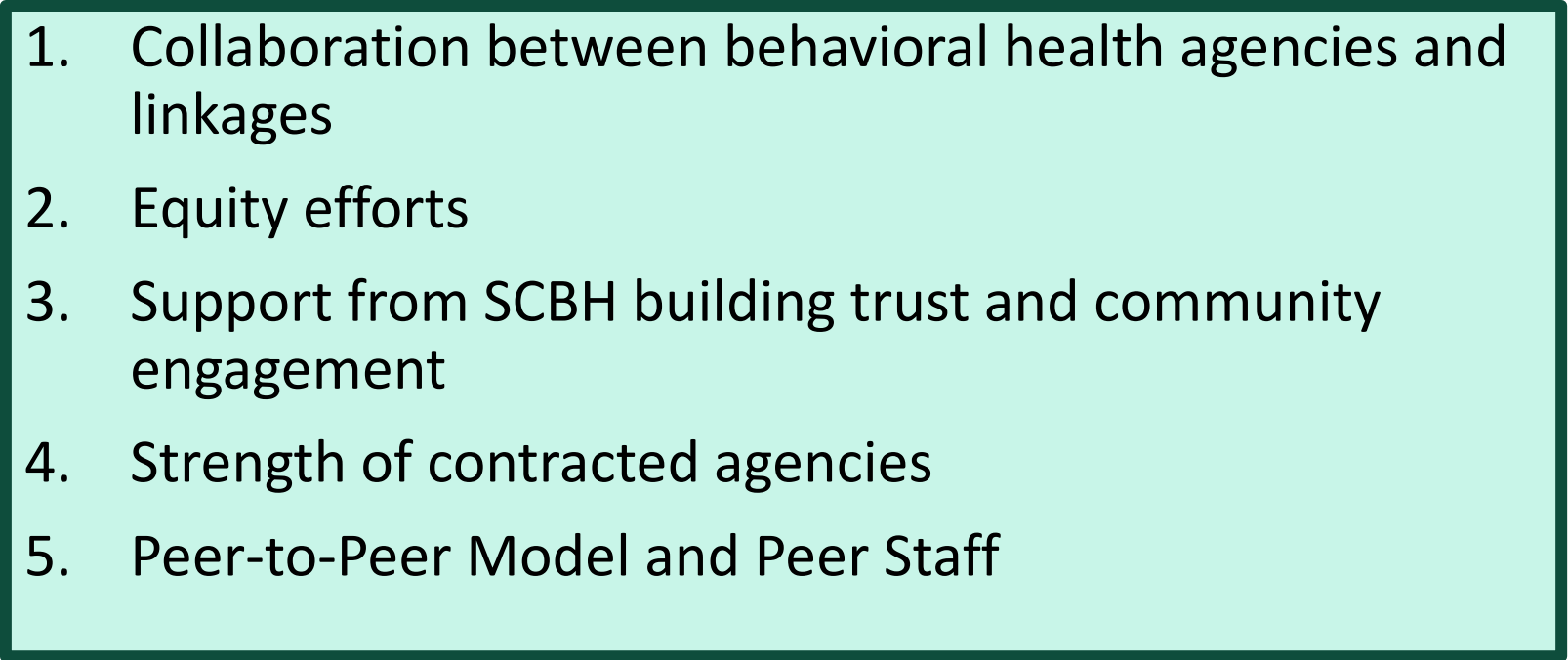
Community Voice: What's Working



“We can see that when we suggest something, the County listens”



“Peer Support”

- 
1. Collaboration between behavioral health agencies and linkages
 2. Equity efforts
 3. Support from SCBH building trust and community engagement
 4. Strength of contracted agencies
 5. Peer-to-Peer Model and Peer Staff

County Identified Gaps in the System of Care

Capacity & Service Challenges

- Adult & Children's Programming – both Outpatient & FSPs
- Lack of CRT beds for children/youth
- Kaiser carve out and anticipated influx of consumers
- Limited treatment options for justice involved consumers; e.g., pending Care Court, Collaborative Courts, etc.

Healthcare Disparities

- African American/Black community, Latino/Hispanic and LGBTQQ+ communities experiencing higher # of acute crises based on mobile crisis service utilization
- Need culturally responsive supports for Native American/Indigenous, African American, AAPI and Latino communities
- Lack of linguistically competent services for Spanish speakers for both mental health and substance use services, all levels of care but particularly residential and housing services

Capital Facility/Technological Needs

- Housing for persons with serious mental health conditions
- Patient portal needed and possible new EHR

System Enhancements Needed to Meet CalAIM Mandates

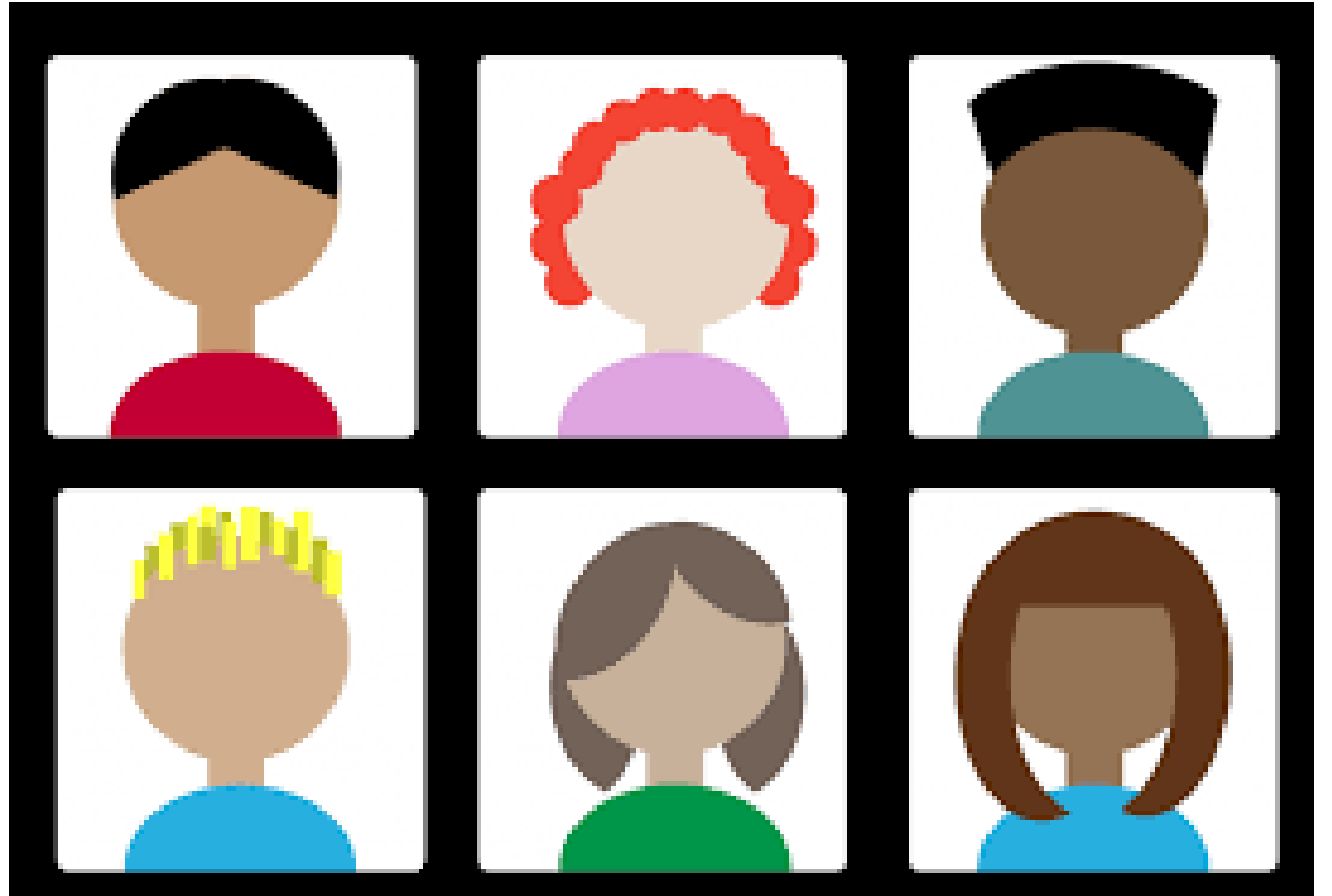
- Support for County and CBO contractors to adjust to payment reform and value-based payment
- Data collection and reporting systems needed
- Funding may be needed to augment contract budgets of non-MHSA contracts while County adjusts to payment reform and new state reimbursement rates

Hiring & Retention

- County and CBO partners have high vacancy rates
- Need to enhance career pipeline through intern program

Breakout Groups

We want to hear
from you!



Small Group Agreements

- **Respect:** share your thoughts in a manner that is respectful of others
- **Open-mindedness:** listen to all points of view
- **Grace:** understanding that we may have unexpected co-workers and/or tech issues
- **Acceptance:** suspend judgment as best you can
- **Brevity:** go for honesty and depth but please make room for others to share
- **Discovery:** question old assumptions, look for new insights, seek to understand rather than persuade
- **Safe Space:** We really do want to hear from our community what is going well but most importantly what is not working well
- **Privacy:** keep personal information shared during this group confidential



Bringing it
Together –
Large Group
Discussion



Next Steps

- Three Year Plan/Annual Update Document will be posted for 30-day public comment on or before **April 14, 2023**
- Public Hearing– Mental Health Advisory Board Meeting Public Hearing will be held **May 16, 2023**
- Solano County Board of Supervisors approval **June 2023 date TBD**
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) for approval by **June 30, 2023**

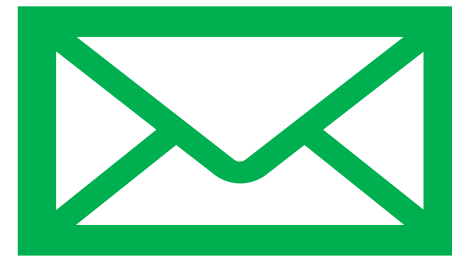
Participant Demo Survey QR Code



Meeting Evaluation QR Code



Key Behavioral Health Contacts



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