



JANUARY 18, 2022

4:30 – 6:00 PM

**MENTAL HEALTH ADVISORY BOARD
MINUTES**

Mental Health Advisory Board Members Present: Supervisor Monica Brown, Denise Coleman (late), Vice Chair, Daniel Cotton, Jules D. Hatchett, Rachele Jackson, Chair and Michael Wright. **Absent:** Heather Theaux-Venezio.

Behavioral Health Services Division Members Present: Tracy Lacey, Senior Mental Health Manager. **Absent:** Emery Cowan, Deputy Director Behavioral Health, Leticia De La Cruz Salas, Behavioral Health Services Administrator, Kate Grammy, Behavioral Health Services Administrator and Sandra Sinz, Behavioral Health Director.

DISCUSSION & ACTION ITEMS

I. CALL TO ORDER/ROLL CALL

The meeting was called to order by Rachele Jackson at 4:30 pm. A quorum was attained.

II. CONFIRMATION OF VIRTUAL DISCUSSION

Rachele Jackson motioned approval to adopt a resolution of the Mental Health Advisory Board authorizing remote teleconference through February 18th, 2022 as a result of the continuing Covid-19 pandemic state of emergency.

The motion was properly moved by Jules D. Hatchett and seconded by Daniel Cotton. The motion passed with a unanimous vote of 4 in favor and 0 against. Denise Coleman arrived late and Heather Theaux-Venezio was not present at this meeting to vote.

III. ITEMS FROM THE PUBLIC

There were no items from the Public on matters not listed on the Agenda.

IV. APPROVAL OF DECEMBER 14, 2021 MINUTES

Rachele Jackson motioned to approve the December 14, 2021 Minutes.

The motion was properly moved by Jules D. Hatchett and seconded by Michael Wright. The motion passed with a vote of 4 in favor and 0 against.

V. APPROVAL OF JANUARY 18, 2022 AGENDA

Rachele Jackson motioned to approve the January 18, 2022 Agenda.

The motion was properly moved by Daniel Cotton and seconded by Jules D. Hatchett. The motion passed with a vote of 4 in favor and 0 against.

VI. SCHEDULED CALENDAR

1 Routine Business

a Laura's Law Assisted Outpatient Treatment (AOT) Referrals

Marisol Lopez provided a verbal update and is included in the attached Director's Report.

b MH Related Legislation

Monica Brown did not have any updates at the moment.

Tracy Lacey gave brief update on AB883 Mental Health Services Act: local educational agencies and will keep Board apprised. For more information click below:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB883

	<ul style="list-style-type: none"> c LPS/PES Meeting Discussion Heather was not in attendance to provide an update. Meeting taking place tomorrow, January 19, 2022, per Tracy Lacey. 2 New Business <ul style="list-style-type: none"> a The Peer Workforce Initiative Grant Presentation by NAMI will be held on February 15, 2022 Agenda at 5:00 pm.
VII.	<p>PUBLIC COMMENTS</p> <p>There were no items from the Public on matters listed on the Agenda.</p>
VIII.	<p>STAFF REPORTS</p> <ul style="list-style-type: none"> 1 Director's Report Tracy Lacey provided highlights from the Director's Report. Please refer to attached. 2 MHSA Report Tracy Lacey provided updates on following topics: countywide suicide rates, suicide prevention commercials and posters, community college internships with Health & Social Services and Behavioral Health, Diversity & Equity Committee.
IX.	<p>COMMITTEE REPORTS</p> <ul style="list-style-type: none"> 1 Executive Board No updates during this meeting. 2 Membership No updates during this meeting. 3 Outreach and Education No updates during this meeting.
X.	<p>BOARD DISCUSSION</p> <p>Mental Health Advisory Board members discussed topics related and affecting the mental health community.</p>
XI.	<p>ADJOURN</p> <p>The meeting was adjourned at 5:43 pm.</p>

DEPARTMENT OF HEALTH & SOCIAL SERVICES

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Memorandum

To: Local Mental Health Board, Solano County
From: Emery Cowan, LPCC, Deputy BH Director
Date: January 18, 2022
RE: Monthly report of significant issues

BH Medical Director- our current medical director / supervising psychiatrist position is vacant- as of January 10th there have been no applicants. The position has been posted to the Solano Jobs site- please share widely. <https://jobapscloud.com/solano/>

Staffing retention and hiring problems continue- according to the last Vacancy report from 1/8/22: our vacancy rates remains at 18.24%, down from 19.46% late December, but still double the vacancies from 7.2% (7/13/19). Although we have not had a resignation since November, hiring process is taking longer due to impacts of staffing within HR and process to get staff screened and approved for their start date. This continues to have an impact on direct service work and other staff having to take on more. Contractors are also highly impacted (some at a 30+% vacancy rate) resulting less service capacity- most are asking for rate increases.

ARPA SME groups: Behavioral Health is involved in two subject matter expert groups with the CAO's office focused on (1) mental health and (2) homelessness. For both, we are gathering data and priority areas such as staffing and hiring incentives, loss revenue, and increased infrastructure for housing/homeless impact for county SMHS (specialty mh services) clients.

HHAP-3 funding: BH was awarded the Homeless Housing, Assistance and Prevention Round 3 funds with an initial in the amount of \$321,569.16 and its remainder disbursement in the amount of \$1,286,276.65 after the approval of the HHAP-3 application and full execution of the Remainder Disbursement Contract for Funds. The application is due back to the state by 2/11/22. The goal for these funds is to expand staff focusing on housing navigation, retention, and support services to clients who have mental health and homeless histories.

CalAIM: On December 29, 2021, the state, Department of Health Care Services (DHCS), received approval to move forward with CalAIM - providing the authority to launch and transform and strengthen Medi-Cal as a population health approach, prioritizing prevention, addressing social drivers of health, and transforming services for communities who historically have been under-resourced and faced structural racism in the health care system. For county BH systems, we will see many changes related to documentation, payment reform, and new benefits. The new website is up for more details:
<https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

Block Grants: Approval letters have been received for SABG- MHBG is pending but expected soon. We are able to begin providing allowable services per submitted application. Contracts are being updated and may require backdating due to federal fund delays. Breakdown of funding CRRSSA (Coronavirus Response and Relief Supplemental Appropriations Act of 2021) and ARPA (American Rescue Plan Act of 2021):

- a. Mental Health Block Grant (MHBG) – amounts in (parentheses) indicate additional funds that were requested, as DHCS indicated that there may be additional funds available. The MHBG Base Allocation expansion is planned for: Native American suicide prevention, Eating Disorder treatment, and IT infrastructure development:
 - i. CRRSAA First Episode Psychosis Set-Aside: \$344,785
 - ii. ARPA Base Allocation: \$145,599.00 (\$526,985) Planned for: Native American suicide prevention, Eating Disorder treatment, and IT infrastructure development.
 - iii. ARPA First Episode Psychosis Set-Aside: \$595,539 (\$210,324)

- b. Substance Abuse Block Grant (SABG)
 - i. CRRSAA Prevention related: \$666,413.36
 - ii. CRRSAA Adolescent Set-Aside: \$23,125 (\$496,680 – to stand up an intensive outpatient program)
 - iii. CRRSAA Recovery Housing Support: \$436,659.64 (\$298,008)
 - iv. ARPA Prevention related: \$579,262.40 (\$245,761.11)
 - v. ARPA Discretionary Allocation \$562,054.81 (\$1,149,322 for SUD case managers following the county’s Prop 47 program model, which just ended)

Forensic Referrals for December 2021

DECEMBER 2021 FORENSIC TRIAGE TEAM Referral Breakdown			
MH Diversion	MH Court	MH Services	AOT
5	0	6	2
Total: 13			

AMENDED IN ASSEMBLY APRIL 8, 2021

AMENDED IN ASSEMBLY MARCH 4, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 883

Introduced by Assembly Member O'Donnell

February 17, 2021

An act to amend Section 5892 of, and to add Section 5899.2 to, the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 883, as amended, O'Donnell. Mental Health Services Act: local educational agencies.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund (MHSF) to fund various county mental health programs and requires counties to spend those funds as specified. Existing law requires funds allocated to a county that have not been spent for their authorized purpose within 3 years, and the interest accruing on those funds, to revert to the state, except for specified purposes, including capital facilities and technological needs, which revert after 10 years. Under existing law, reverted funds are reallocated to the counties, as specified. As part of the MHSA, existing law requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process.

Existing law authorizes the MHSA to be amended by a $\frac{2}{3}$ vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA.

This bill would amend the MHSA by requiring reverted funds to be used in the county from which the funds reverted, except as specified. The bill would also amend the MHSA by requiring a county that has had funds reverted to work with the local educational agencies (~~LEAs~~) (*LEAs*), *community-based mental health agencies, and other specified stakeholders* within that county to create a plan for the use of the reverted funds ~~by the LEAs to provide early intervention services to youth, including through school-based or school-connected services, for school-based mental health services, as specified. The bill would prohibit the reverted funds from being used to pay for educationally related mental health services.~~ By authorizing a new purpose for continuously appropriated funds, this bill would make an appropriation. The bill would ~~authorize the county to use the reversion funds that remain after the funds are distributed to the LEAs, if any, to implement the county's 3-year program and expenditure plan.~~ *require reversion funds not used for the plan to be deposited in the Mental Health Services Fund and redistributed as provided.* The bill would make funds used for school mental health purposes subject to reversion after 10 years.

This bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5892 of the Welfare and Institutions Code
- 2 is amended to read:
- 3 5892. (a) In order to promote efficient implementation of this
- 4 act, the county shall use funds distributed from the Mental Health
- 5 Services Fund as follows:
- 6 (1) In the 2005–06, 2006–07, and 2007–08 fiscal years, 10
- 7 percent shall be placed in a trust fund to be expended for education
- 8 and training programs pursuant to Part 3.1 (commencing with
- 9 Section 5820).
- 10 (2) In the 2005–06, 2006–07, and 2007–08 fiscal years, 10
- 11 percent for capital facilities and technological needs shall be
- 12 distributed to counties in accordance with a formula developed in

1 consultation with the County Behavioral Health Directors
2 Association of California to implement plans developed pursuant
3 to Section 5847.

4 (3) Twenty percent of funds distributed to the counties pursuant
5 to subdivision (c) of Section 5891 shall be used for prevention and
6 early intervention programs in accordance with Part 3.6
7 (commencing with Section 5840).

8 (4) The expenditure for prevention and early intervention may
9 be increased in any county in which the department determines
10 that the increase will decrease the need and cost for additional
11 services to persons with severe mental illness in that county by an
12 amount at least commensurate with the proposed increase.

13 (5) The balance of funds shall be distributed to county mental
14 health programs for services to persons with severe mental illnesses
15 pursuant to Part 4 (commencing with Section 5850) for the
16 children's system of care and Part 3 (commencing with Section
17 5800) for the adult and older adult system of care. These services
18 may include housing assistance, as defined in Section 5892.5, to
19 the target population specified in Section 5600.3.

20 (6) Five percent of the total funding for each county mental
21 health program for Part 3 (commencing with Section 5800), Part
22 3.6 (commencing with Section 5840), and Part 4 (commencing
23 with Section 5850), shall be utilized for innovative programs in
24 accordance with Sections 5830, 5847, and 5848.

25 (b) (1) In any fiscal year after the 2007–08 fiscal year, programs
26 for services pursuant to Part 3 (commencing with Section 5800)
27 and Part 4 (commencing with Section 5850) may include funds
28 for technological needs and capital facilities, human resource
29 needs, and a prudent reserve to ensure services do not have to be
30 significantly reduced in years in which revenues are below the
31 average of previous years. The total allocation for purposes
32 authorized by this subdivision shall not exceed 20 percent of the
33 average amount of funds allocated to that county for the previous
34 five fiscal years pursuant to this section.

35 (2) A county shall calculate an amount it establishes as the
36 prudent reserve for its Local Mental Health Services Fund, not to
37 exceed 33 percent of the average community services and support
38 revenue received for the fund in the preceding five years. The
39 county shall reassess the maximum amount of this reserve every

1 five years and certify the reassessment as part of the three-year
2 program and expenditure plan required pursuant to Section 5847.

3 (3) Notwithstanding Chapter 3.5 (commencing with Section
4 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
5 the State Department of Health Care Services may allow counties
6 to determine the percentage of funds to allocate across programs
7 created pursuant to Part 4 (commencing with Section 5850) for
8 the children's system of care and Part 3 (commencing with Section
9 5800) for the adult and older adult system of care for the 2020–21
10 fiscal year by means of all-county letters or other similar
11 instructions without taking further regulatory action.

12 (c) The allocations pursuant to subdivisions (a) and (b) shall
13 include funding for annual planning costs pursuant to Section 5848.
14 The total of these costs shall not exceed 5 percent of the total of
15 annual revenues received for the fund. The planning costs shall
16 include funds for county mental health programs to pay for the
17 costs of consumers, family members, and other stakeholders to
18 participate in the planning process and for the planning and
19 implementation required for private provider contracts to be
20 significantly expanded to provide additional services pursuant to
21 Part 3 (commencing with Section 5800) and Part 4 (commencing
22 with Section 5850).

23 (d) Prior to making the allocations pursuant to subdivisions (a),
24 (b), and (c), funds shall be reserved for the costs for the State
25 Department of Health Care Services, the California Behavioral
26 Health Planning Council, the Office of Statewide Health Planning
27 and Development, the Mental Health Services Oversight and
28 Accountability Commission, the State Department of Public Health,
29 and any other state agency to implement all duties pursuant to the
30 programs set forth in this section. These costs shall not exceed 5
31 percent of the total of annual revenues received for the fund. The
32 administrative costs shall include funds to assist consumers and
33 family members to ensure the appropriate state and county agencies
34 give full consideration to concerns about quality, structure of
35 service delivery, or access to services. The amounts allocated for
36 administration shall include amounts sufficient to ensure adequate
37 research and evaluation regarding the effectiveness of services
38 being provided and achievement of the outcome measures set forth
39 in Part 3 (commencing with Section 5800), Part 3.6 (commencing
40 with Section 5840), and Part 4 (commencing with Section 5850).

1 The amount of funds available for the purposes of this subdivision
2 in any fiscal year is subject to appropriation in the annual Budget
3 Act.

4 (e) In the 2004–05 fiscal year, funds shall be allocated as
5 follows:

6 (1) Forty-five percent for education and training pursuant to
7 Part 3.1 (commencing with Section 5820).

8 (2) Forty-five percent for capital facilities and technology needs
9 in the manner specified by paragraph (2) of subdivision (a).

10 (3) Five percent for local planning in the manner specified in
11 subdivision (c).

12 (4) Five percent for state implementation in the manner specified
13 in subdivision (d).

14 (f) Each county shall place all funds received from the State
15 Mental Health Services Fund in a ~~local~~ *Local* Mental Health
16 Services Fund. The Local Mental Health Services Fund balance
17 shall be invested consistent with other county funds and the interest
18 earned on the investments shall be transferred into the fund. The
19 earnings on investment of these funds shall be available for
20 distribution from the fund in future fiscal years.

21 (g) All expenditures for county mental health programs shall
22 be consistent with a currently approved plan or update pursuant
23 to Section 5847.

24 (h) (1) Other than funds placed in a reserve in accordance with
25 an approved plan, funds allocated to a county that have not been
26 spent for their authorized purpose within three years, and the
27 interest accruing on those funds, shall revert to the state to be
28 deposited into the Reversion Account, hereby established in the
29 fund, and available for use pursuant to Section 5899.2, provided,
30 however, that funds, including interest accrued on those funds, for
31 capital facilities, technological needs, school mental health services,
32 or education and training may be retained for up to 10 years before
33 reverting to the Reversion Account.

34 (2) (A) If a county receives approval from the Mental Health
35 Services Oversight and Accountability Commission of a plan for
36 innovative programs, pursuant to subdivision (e) of Section 5830,
37 the county's funds identified in that plan for innovative programs
38 shall not revert to the state pursuant to paragraph (1) so long as
39 they are encumbered under the terms of the approved project plan,
40 including any subsequent amendments approved by the

1 commission, or until three years after the date of approval,
2 whichever is later.

3 (B) Subparagraph (A) applies to all plans for innovative
4 programs that have received commission approval and are in the
5 process at the time of enactment of the act that added this
6 subparagraph, and to all plans that receive commission approval
7 thereafter.

8 (3) Notwithstanding paragraph (1), funds allocated to a county
9 with a population of less than 200,000 that have not been spent
10 for their authorized purpose within five years shall revert to the
11 state as described in paragraph (1).

12 (4) (A) Notwithstanding paragraphs (1) and (2), if a county
13 with a population of less than 200,000 receives approval from the
14 Mental Health Services Oversight and Accountability Commission
15 of a plan for innovative programs, pursuant to subdivision (e) of
16 Section 5830, the county's funds identified in that plan for
17 innovative programs shall not revert to the state pursuant to
18 paragraph (1) so long as they are encumbered under the terms of
19 the approved project plan, including any subsequent amendments
20 approved by the commission, or until five years after the date of
21 approval, whichever is later.

22 (B) Subparagraph (A) applies to all plans for innovative
23 programs that have received commission approval and are in the
24 process at the time of enactment of the act that added this
25 subparagraph, and to all plans that receive commission approval
26 thereafter.

27 (i) Notwithstanding subdivision (h) and Section 5892.1, unspent
28 funds allocated to a county, and interest accruing on those funds,
29 which are subject to reversion as of July 1, 2019, and July 1, 2020,
30 shall be subject to reversion on July 1, 2021.

31 (j) If there are revenues available in the fund after the Mental
32 Health Services Oversight and Accountability Commission has
33 determined there are prudent reserves and no unmet needs for any
34 of the programs funded pursuant to this section, including all
35 purposes of the Prevention and Early Intervention Program, the
36 commission shall develop a plan for expenditures of these revenues
37 to further the purposes of this act and the Legislature may
38 appropriate these funds for any purpose consistent with the
39 commission's adopted plan that furthers the purposes of this act.

1 SEC. 2. Section 5899.2 is added to the Welfare and Institutions
2 Code, to read:

3 5899.2. (a) Funds subject to reversion pursuant to subdivision
4 (h) of Section 5892 shall be reallocated to the county from which
5 the funds reverted, to be used as provided in this section.

6 (b) (1) A county that has had funds reverted pursuant to
7 subdivision (h) of Section 5892 shall work with the local
8 educational agencies ~~(LEAs)~~ *(LEAs), community-based mental*
9 *health agencies, and other stakeholders identified in subdivision*
10 *(a) of Section 5848* within that county to create a plan for the use
11 of the reverted funds ~~by the LEAs to provide funds. These plans~~
12 ~~shall be developed in concert with the LEAs and shall be for~~
13 ~~school-based mental health services, to include early intervention~~
14 ~~services to youth, including through school-based or~~
15 ~~school-connected services. The plan shall be developed in~~
16 ~~conjunction with the stakeholders identified in subdivision (a) of~~
17 ~~Section 5848.~~ When the plan is developed, the county shall allocate
18 the reverted funds to the LEAs for use pursuant to the plan.

19 (2) If the county has not created a plan pursuant to this
20 subdivision within three years of the date of reversion, the funds
21 shall be deposited in the Mental Health Services Fund for
22 distribution pursuant to Section 5892.

23 (c) ~~The LEAs may provide~~ *Funds allocated pursuant to this*
24 *section may be used to provide mental health services to youth*
25 *directly by LEAs or through partnerships with county or other*
26 *community-based local agencies.*

27 (d) *Funds reverted pursuant to subdivision (h) of Section 5892*
28 *shall not be used to pay for educationally related mental health*
29 *services.*

30 ~~(d)~~

31 (e) If there are reversion funds available after the funds are
32 distributed pursuant to the plan required in subdivision (b), the
33 county may use the remaining funds to implement the county's
34 three-year program and expenditure plan developed pursuant to
35 ~~Section 5847.~~ *funds shall be deposited in the Mental Health*
36 *Services Fund for distribution pursuant to Section 5892.*

1 SEC. 3. The Legislature finds and declares that this act is
2 consistent with, and furthers the intent of, the Mental Health
3 Services Act within the meaning of Section 18 of that act.

O