



# Solano County Behavioral Health Mental Health Services Act (MHSA) Annual Update FY2021/22

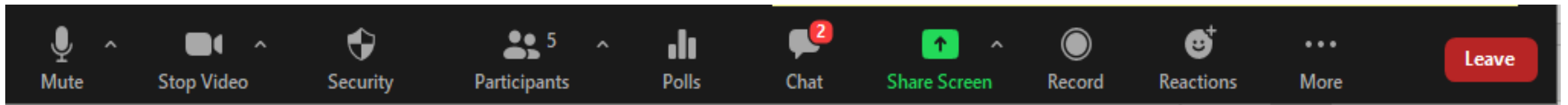
**Tracy Lacey, LMFT | Sr. Manager & MHSA Coordinator**



# Housing Keeping & Demographic Survey



## 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

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

# Overview



Mental Health Services Act (MHSA) Refresher



MHSA Updates



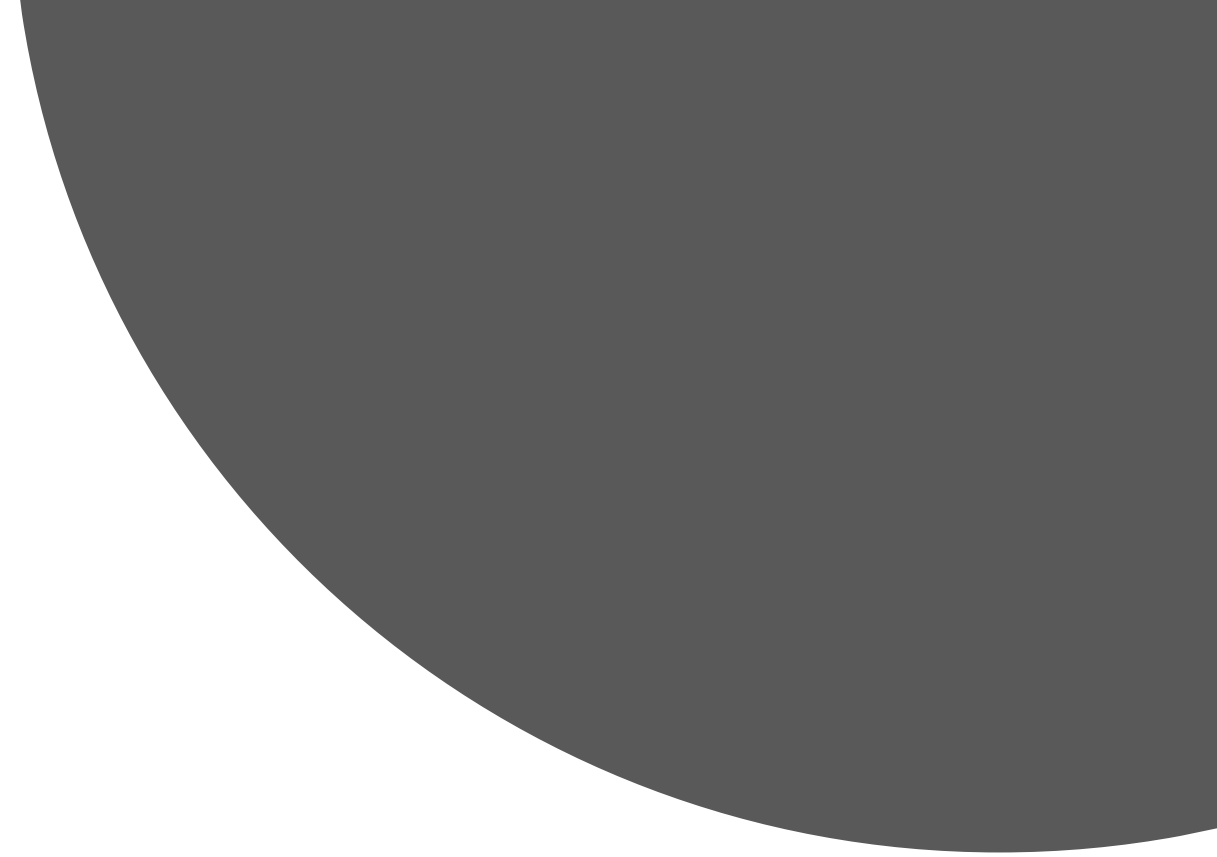
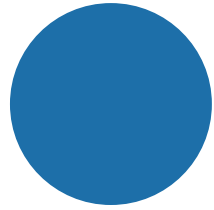
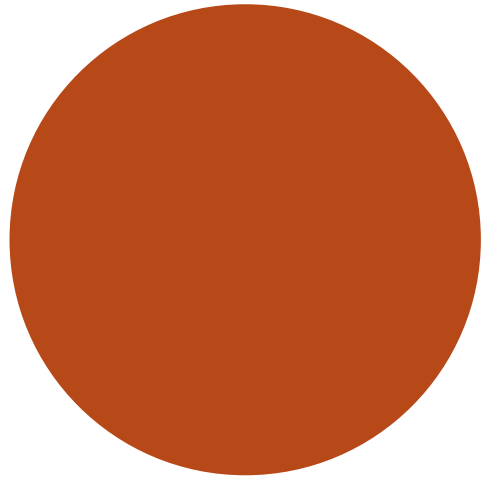
MHSA Programs & High Level Review Outcomes for Services Rendered FY 2020/21



Breakout Groups: Community Voice



Bringing it Together: Group Discussion



# MHSA Refresher



# MENTAL HEALTH SERVICES ACT:

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

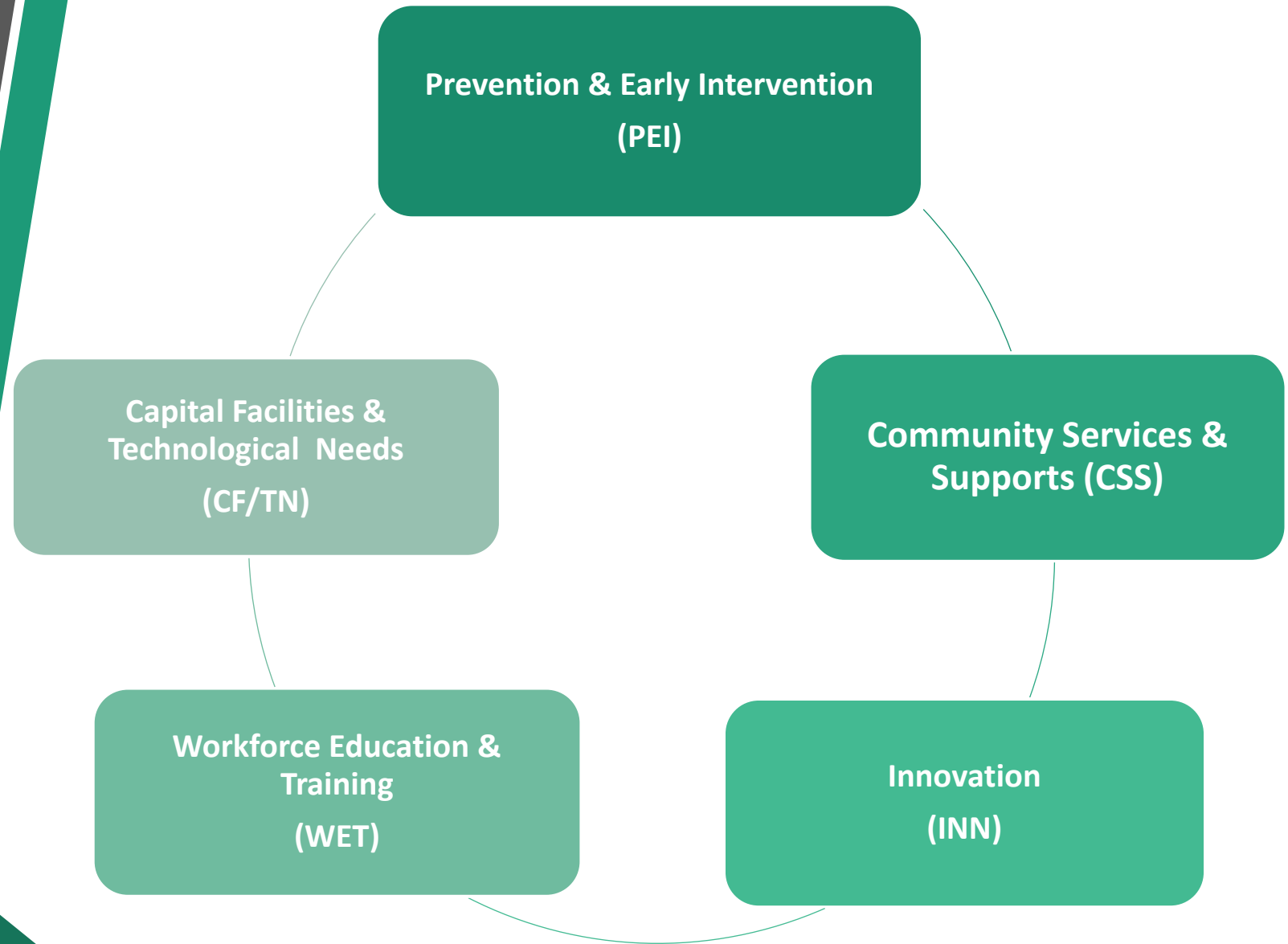
Creates individual and family-driven programs

Philosophy of a wellness, recovery and resilience

Promotes an integrated service experience

Outcome-based programs

# MHSA Program Components

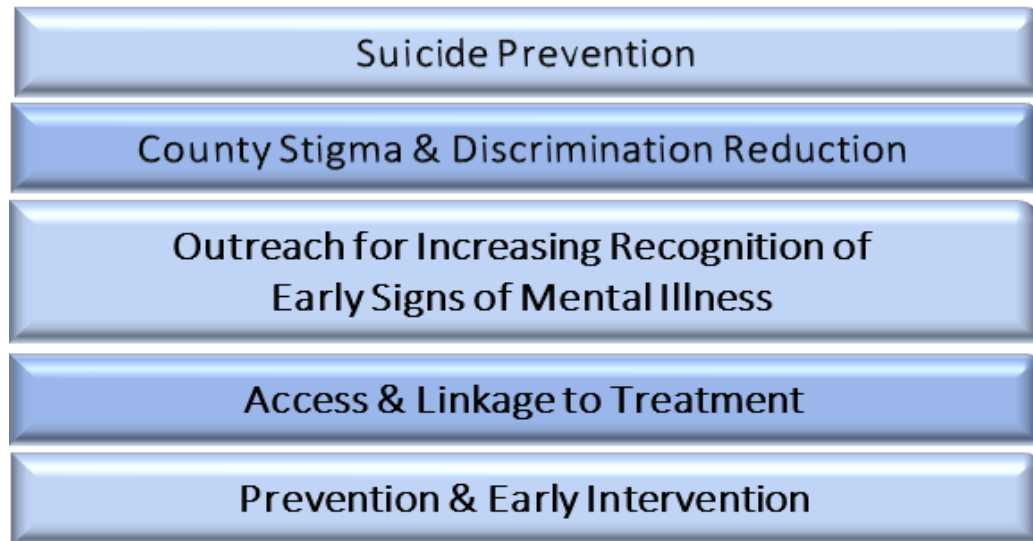


# PEI Component

**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
- There are 5 required approaches per PEI regulations, and additional 6 PEI priorities per SB1004 (2018)
- **51% of the PEI funds mandated to be spent on individuals 25 years and younger**

## Mandated PEI approaches per Act



## Mandated PEI priorities per SB1004



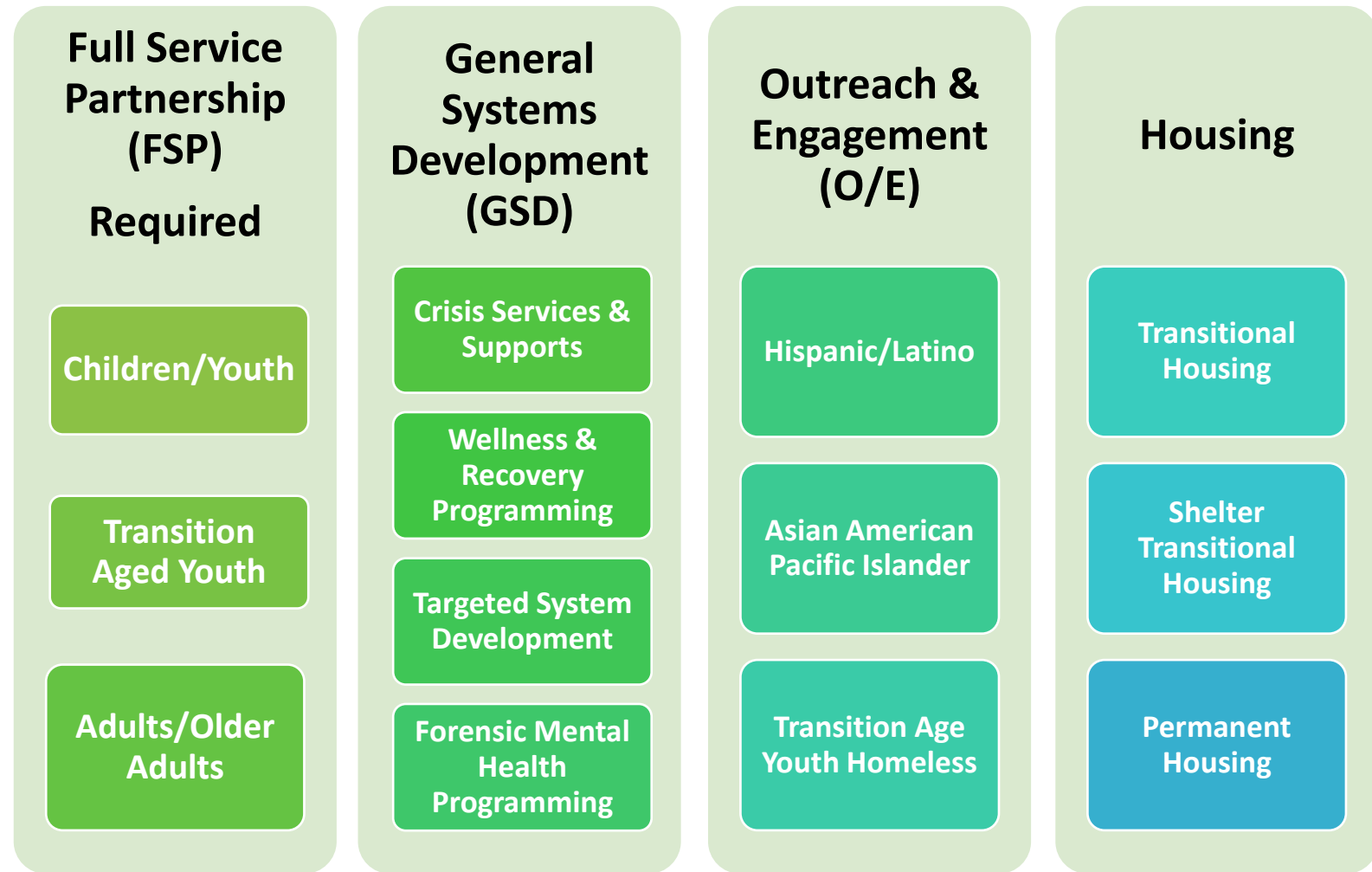
Link to current countywide [Suicide Prevention Plan 2021](#)

# 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 Full Service Partnership Programs (FSP) 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



**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 stakeholder meetings coming soon

**5% of the total funds received annually are INN funds** and cannot be transferred to other components. Intended to identify new innovative practices or strategies with an emphasis on underserved communities and a goal to share learning statewide.

These funds are unique in that the following are mandates:

- A separate community program planning (CPP) stakeholder process
- A separate Plan document is required and must be posted for 30-day public comment and a Public Hearing must be held.
- An annual report is due for each individual INN project
- The INN Plan must be presented to the Mental Health Services Oversight and Accountability Commission before the project can commence or before any funds can be used
- Projects are only approved for 3 years (or 5 with special considerations) and the County has to try and find a way to sustain the program with alternate funds if successful

## 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 stakeholder 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.**
- No current CF/TN initiatives

## Prudent Reserve

- 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.

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



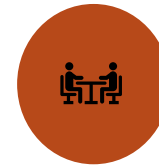
Stakeholders include: consumers, family members, providers, law enforcement, local education agencies, faith communities, etc.



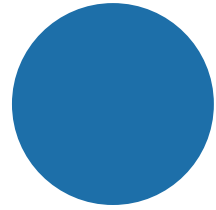
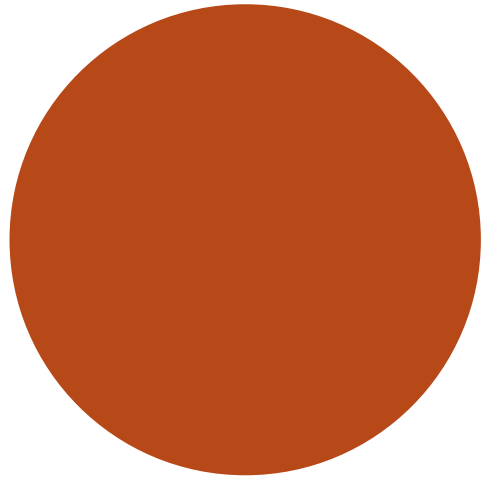
CPP for new 3-Year Plans, review of Annual Updates, and other activities to determine how local MHSA funds will be spent



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

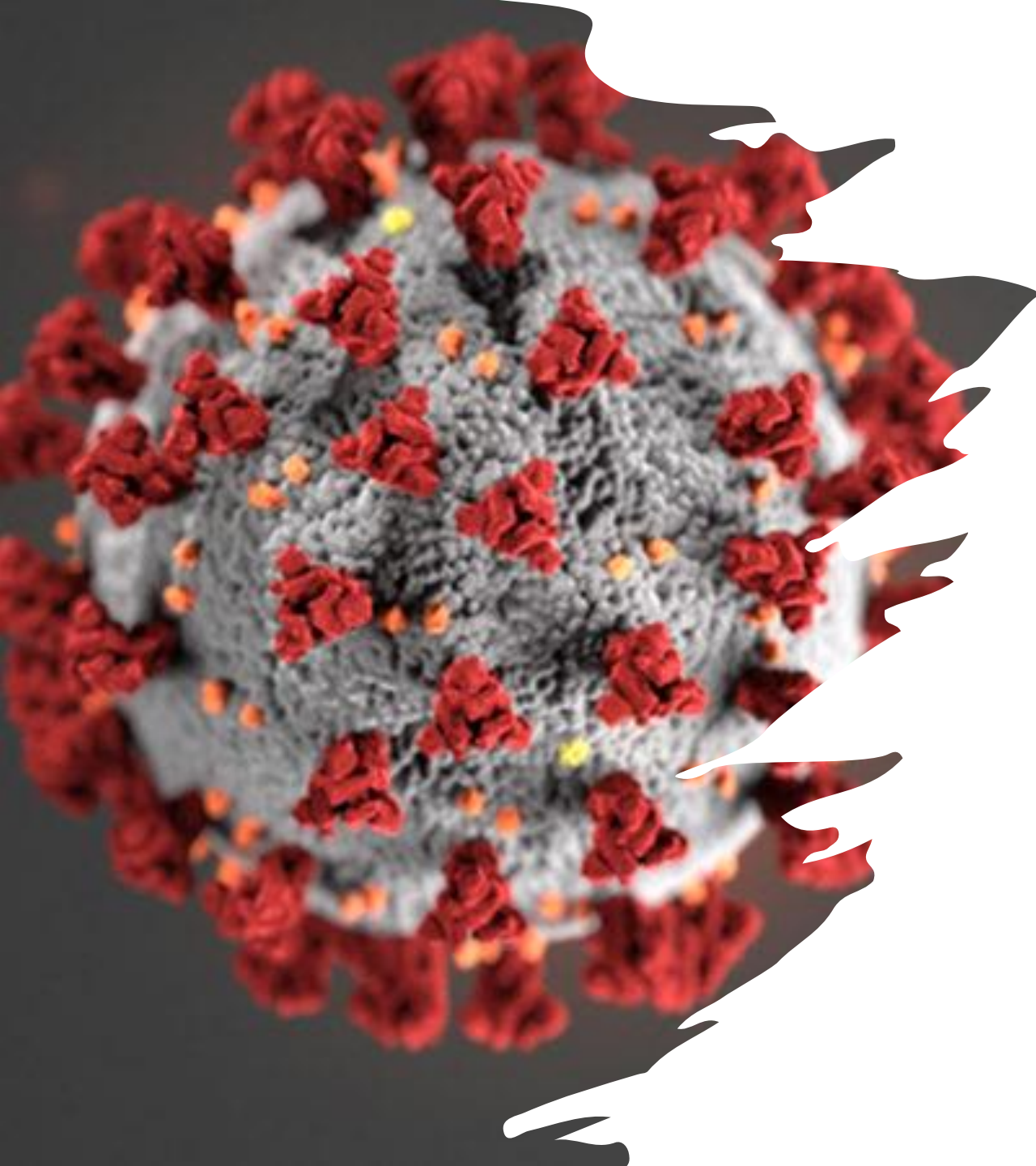


MHSA Steering Committee comprised of community stakeholders. Provide guidance regarding funding or defunding programs/services.



# MHSA Updates

Impact of COVID-19 &  
State and Local MHSA  
Updates



# Update on the Impact of COVID-19

## Service Delivery & Telehealth

As a result of COVID-19 many of our MHSa providers continue to provide telehealth services and or in-person services based on population being served.

- Telehealth posed some barriers for underserved communities without access to equipment
- As a result of telehealth there was some reductions in no shows for medication appointments
- System has adapted to telehealth and will continue to provide this for those consumers who benefit from it

## Funding Update

At start of the pandemic Solano County Behavioral Health had a **\$4.5Million** budget shortage for realignment. MHSa funds were used to preserve core services. The initial projections for MHSa funds anticipated a significant shortfall, however both funding streams have stabilized.

## Staffing Challenges

COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and our outcomes.

# State & Local Updates

## First MHSA Triennial Audit

- **Completed May 2021** – Solano County did well, Plan of Correction for minor issue

## State Legislative Updates & DHCS Information Notices (IN)

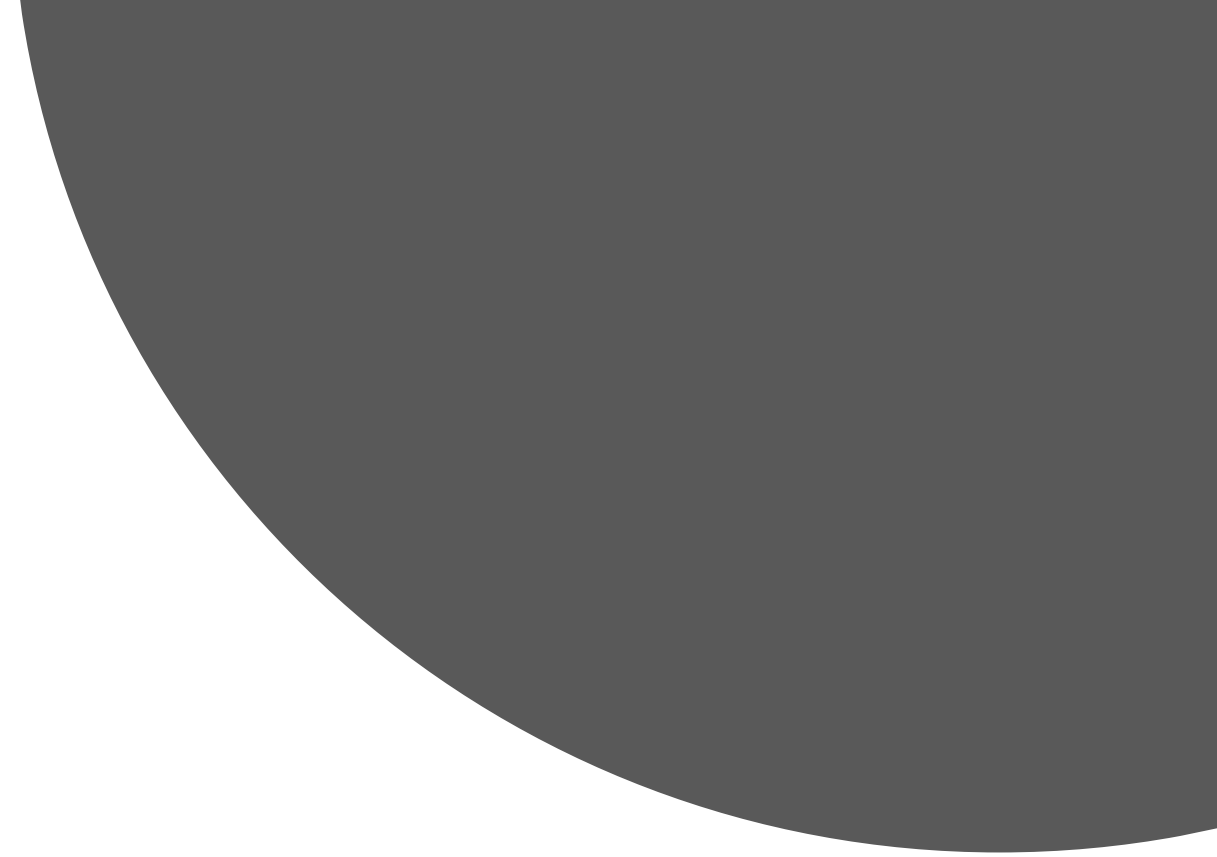
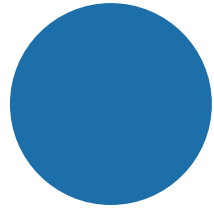
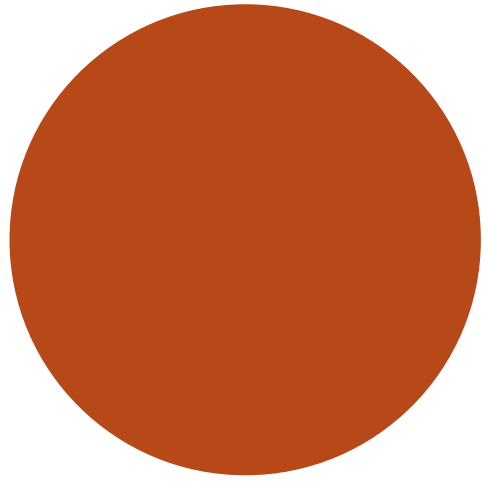
- **AB 2265 Peer Specialist Certification** signed by Governor Newsom September 25, 2020
  - Training and certification will be provided by CalMHSA
  - Peers will have mobility
  - Peer delivered services are in the CalAIM waiver
- **AB 2265 MHSA Funds for Co-Occurring**
  - Allows MHSA funds to be used specifically assess consumers with co-occurring mental health and substance use conditions
  - Mandates reporting of # of consumers assessed under MHSA funded programs who have a co-occurring diagnosis **and** report # of consumers determined to have primary SUD at reassessment

## New Programs

- **Mobile Crisis** – Uplift Family Services launched May 2021

## Staffing Expansions

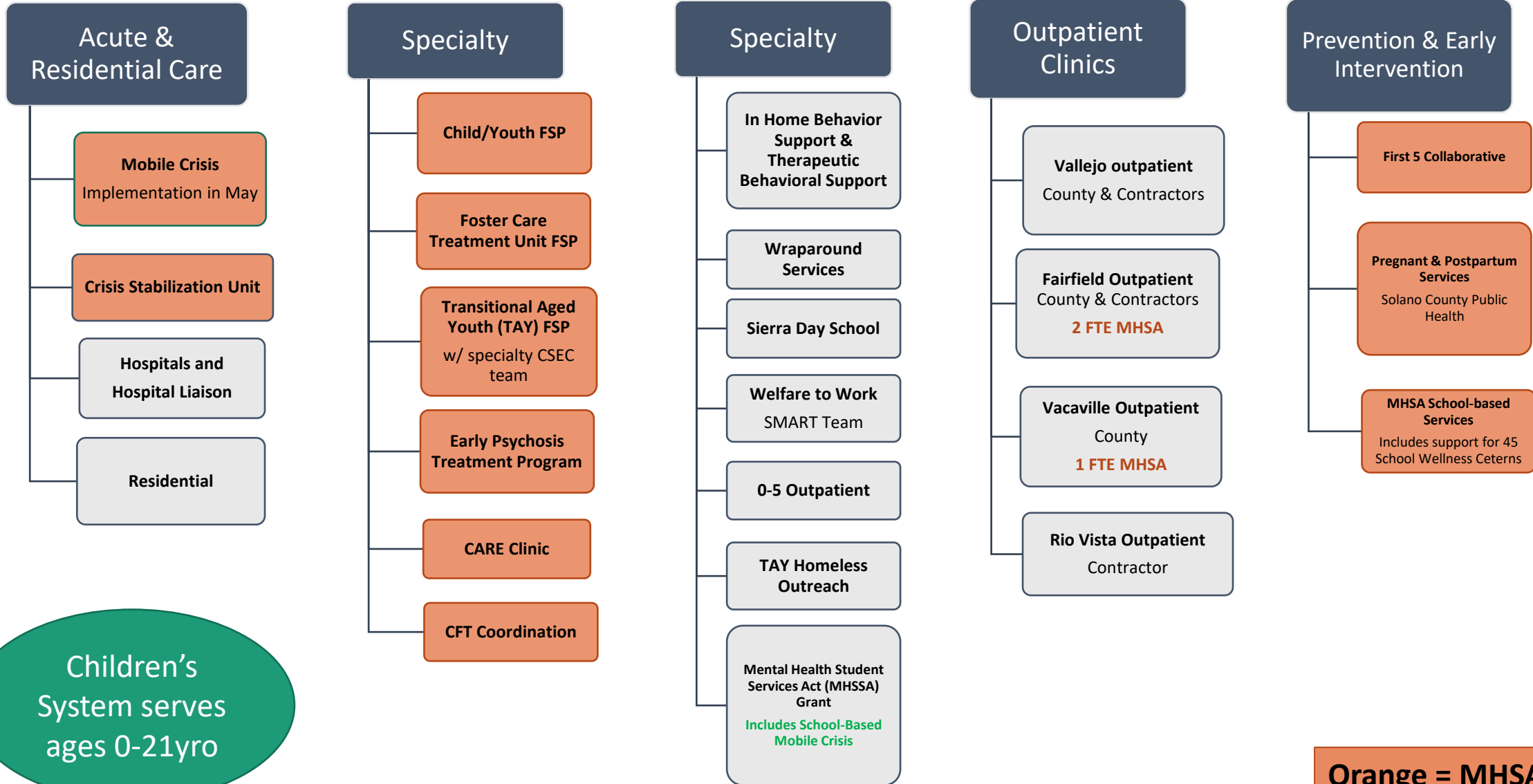
- **County positions to address newly identified needs**



# MHSA Programs



# Solano BH Teams/Service Programs – Children & Youth

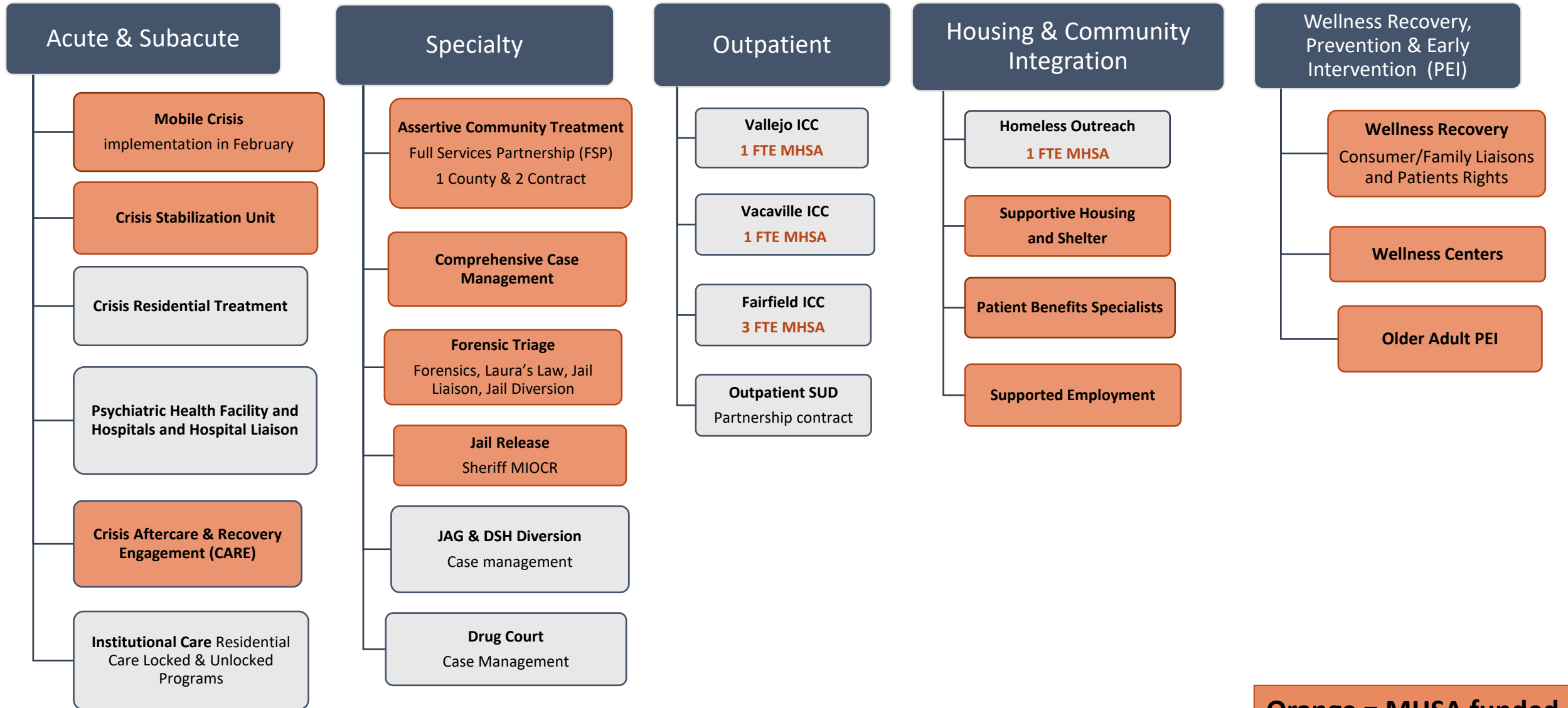


Children's System serves ages 0-21yro

Orange = MHSA funded

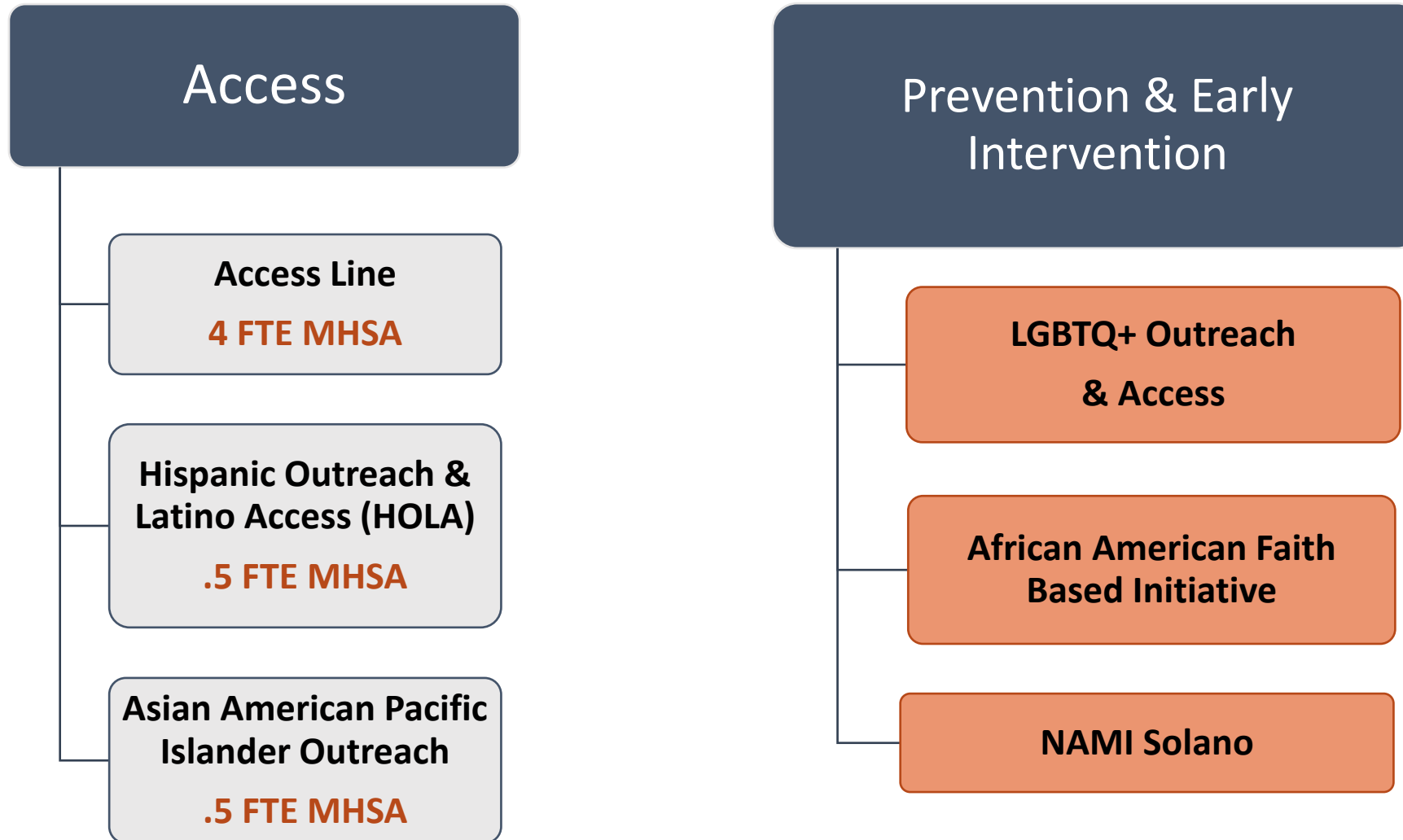


# Solano BH Teams/Service Programs - Adults



**Orange = MESA funded**

# Solano BH System of Care – Non-Age Specific



Orange = MHSA funded

# Mobile Crisis Programming

## Community-Based Mobile Crisis



Delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community and avoid need for further crisis stabilization services or hospitalization.

- Program launched May 2021 in seat of county
- Serves children, youth and adults
- No insurance requirements
- Phased implementation starting with law enforcement as only referral source and eventually phone # to be advertised so any community member can self refer or refer a loved one
- Currently operating Monday-Friday between 11AM-8PM and eventually 365/7 in central County
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

**Mental Health Services Act (MHSA) funded**

## School-Based Mobile Crisis

Delivered by clinicians who are Crisis Specialists who will respond to crisis situations on school sites with a goal to stabilize the student in the community and avoid need for further crisis stabilization services or hospitalization. Due to staffing and support on school campuses one clinician will respond per call. Staffing supports up to 3 calls at same time.

- Program launched at start of this school year
- Serves children and youth at K-12 schools
- No insurance requirements
- All youth must be referred by school site staff
- Services provided during school hours on school campuses 8AM-4:30PM (will take calls up to 4PM)
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

**Mental Health Student Services Act (MHSSA) grant funded**

# MHSA Expenditures FY 2020/21

Total MHSA **\$25,239,674** spent of original **\$30,128,359** budget

Funding Component	Expenditures FY 2020/21	Estimated % of funds allocated for children/youth	Estimated % of funds allocated for adults	Estimated % of funds allocated for all ages
CSS	\$19,308,500	29%	66%	5%
PEI	\$4,668,201	73%	21%	6%
INN	\$1,154,864			
WET	\$108,109			
CF/TN	\$0			

# PEI Programs At a Glance

PROGRAM/SERVICE	AGES	# SERVED PREVENTION	# SERVED INTERVENTION	PROVIDERS
Early Childhood Strategy	0-5	<b>4,662</b>	<b>277</b>	First 5 Solano & their sub-contractors
Pregnant/Postpartum Maternal Support Strategy	0-5 Mothers	<b>61</b>	<b>61</b>	Solano County Public Health: Maternal Child and Adolescent Health
School-Based MH Services	6-21	<b>2,005</b>	<b>207</b>	A Better Way, Rio Vista CARE, Solano County Office of Education
Early Psychosis Treatment Program	12-30	<b>138</b>	<b>33</b>	Aldea Children & Family Services in partnership with UC Davis Behavioral Health Center of Excellence
Older Adult Programming	60+	<b>373</b>	<b>124</b>	Choice in Aging & Faith in Action
African American Faith-Based Initiative	All	<b>2,133*</b>	<b>N/A</b>	Mental Health Friendly Communities (MHFC) Consultants: Gigi Crowder, Pastor Horacio Jones, Minister Monique Tarver
Family & Peer Support	All	<b>513</b>	<b>N/A</b>	National Alliance on Mental Illness (NAMI) Solano
LGBTQ+ Outreach/Access Program	All	<b>300</b>	<b>37</b>	Solano Pride Center
Community-Based Mobile Crisis	All	<b>53</b>	<b>N/A</b>	Uplift Family Services

\* not unduplicated

# CSS Programs At a Glance

Program/Service	# Unduplicated Consumers Served	Providers
Crisis Stabilization Unit (CSU)	<b>995 admissions for 692 unduplicated consumers</b>	Crestwood
Jail Release Reentry Program	<b>176</b>	Solano County Sheriff's Office & subcontractor (Caminar)
Katie K. Services (KAS) Program	<b>41</b>	Seneca
Wellness & Recovery Unit	<b>1,054*</b>	Solano County Behavioral Health
Adult Wellness & Recovery Centers	<b>161</b>	Caminar
Employment Program	<b>140</b>	Caminar Jobs Plus
CARE Clinic	<b>21</b>	Child Haven
Community Case Management (CCM) Program	<b>236</b>	Caminar
Forensic Triage Team	<b>153</b>	County
Crisis Aftercare & Recovery Engagement (CARE)	<b>303</b>	County

\* = may not be unduplicated

# Full Service Partnership (FSP) Programs at a Glance

FSP Programs served **543** individuals

- **10** children (ages 0-5)
- **155** children (ages 6-15)
- **125** Transition-Age Youth (TAY) (ages 16-25)
- **208** Adults (ages 26-59)
- **45** Older Adults (60+)

County Child/Youth FSP

County Foster Care Treatment FSP

Contractor Transition Age Youth (TAY) FSP

County Assertive Community Treatment (ACT) Adult FSP

Contractor Adult ACT FSP

Contractor Adult Homeless ACT FSP

# MHSA Housing Programs at a Glance



**\$2M or 8% of the CSS funds are being used to prevent homelessness**  
 \*Does not include FSP flex funds for housing

# of Consumers Housed	Contractor & Program	# of units/beds available
31	<b>BACS Transitional Housing</b>	8 units, 16 beds
75	<b>Caminar Supported Permanent Housing</b>	46 units (17 units original to CalHFA funds)
9	<b>Caminar Gateway Transitional Housing</b>	1 unit, 4 beds
73	<b>Shelter Solano</b>	15 beds
31	<b>Caminar Bridge Transitional Housing</b>	1 unit, 12 beds

**Green = housing programs were initiated with CalHFA Funds and County must fund case management for 20 years thru FY 2031/2032**



# Innovation Projects - ICCTM Project

***Project Ended: Interdisciplinary Collaboration & Cultural Transformation Model (ICCTM)***

**Project Partners:** County Behavioral Health, UC Davis Center for Reducing Health Disparities, Solano Pride Center, Fighting Back Partnership, Rio Vista CARE and the community.

## **Progress of ICCTM FY 2020/21**

- Continued implementation of 14 QI Action Plans developed by multi-sector partners
- 2 Community Forums 3.0 held, one in English and one in Spanish
- Link to [Final Evaluation Report](#)



**SOLANO COUNTY INTERDISCIPLINARY  
COLLABORATION AND CULTURAL  
TRANSFORMATION MODEL (ICCTM) INNOVATION  
PROJECT: FINAL EVALUATION REPORT**

# Innovation Projects-EP LHCN Project



## ***Current Project: 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 enabling participation for consumers and families across 13 languages to self-report progress.

**Project Partners:** UC Davis Behavioral Health Center of Excellence, Solano LA, Orange, San Diego, Napa and other Counties, and other academic institutions.

## **Progress of EP LHCN FY 2020/21**

- Beta tested the Beehive data collection system
- Held stakeholder focus groups to get feedback on system
- Began to collect data from participating counties for larger project evaluation

# Budget FY 2021/22

Total MHSA budget is **\$32,038,218**

Funding Component	Working Budget FY 21/22	% of funds allocated for children/youth	% of funds allocated for adults	% of funds allocated for all ages
CSS	\$24,097,921	29%	66%	5%
PEI	\$6,405,520	60%	37%	3%
INN	\$1,299,500			
WET	\$235,277			
CF/TN	\$0			

# Stakeholder Identified Gaps in the System of Care

## CPP for Three-Year Plan & Suicide Plan Update

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





# County Identified Gaps in the System of Care

## **Capacity Issues Resulting in Waitlists**

- Children's Programming – both Outpatient & FSPs
- Adult Programming – both CCM & FSPs
- Employment Program
- PEI Older Adult Programs

## **Staff Recruitment & Retention**

- Due to COVID-19 all industries and specifically behavioral health are experiencing staff retention challenges

## **Increased Need**

- Support for students as they return to schools

## **Healthcare Disparities**

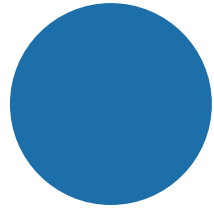
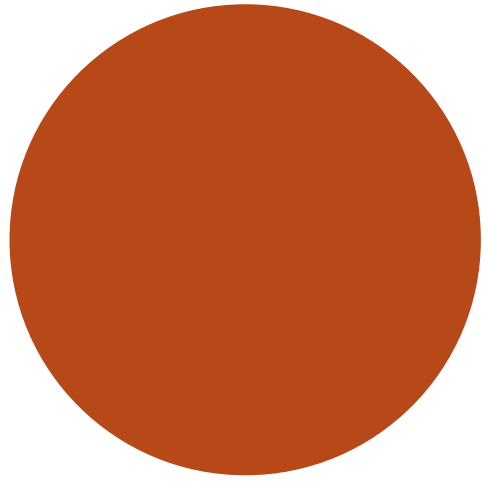
- Hispanic/Latinx, AAPI and LGBTQ+ communities continue to be underserved
- African American/Black community is overrepresented particularly in high end services
- Lacking culturally responsive services for Native American/Indigenous community

## **Community-Based Mobile Crisis**

- Need additional teams to support entire county

TIME FOR  
A BREAK

5 Minute  
Break



# 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 don't go on and on
- **Discovery:** question old assumptions, look for new insights, seek to understand rather than persuade
- **Privacy:** keep personal information shared during this group confidential





Bringing it Together – Large Group Discussion

# Another Chance to Complete the Demographic Survey



# Next Steps for Annual Update

- Annual Update Document will be posted for 30-day public comment in on or before **November 12th**
- Public Hearing– Mental Health Advisory Board Meeting Public Hearing will be held **December 14th**
- Solano County Board of Supervisors approval **January 2022 date TBD**
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) for approval

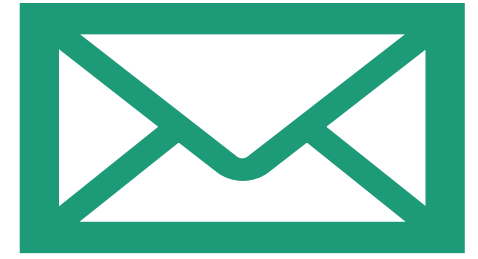
\*Dates revised



## Meeting Evaluation



# Key Behavioral Health Contacts



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



Solano County-Mental Health Services Act Program



@SolanoCountyBH



(707)784-8320

- Tracy Lacey, Sr. Manager & MHSA Coordinator  
[TCLacey@SolanoCounty.com](mailto:TCLacey@SolanoCounty.com)
- Leticia De La Cruz-Salas, Administrator Children's & Hiring  
[LDeLaCruz-Salas@SolanoCounty.com](mailto:LDeLaCruz-Salas@SolanoCounty.com)
- Kate Grammy, Administrator Adult's & SUD  
[KAGrammy@SolanoCounty.com](mailto:KAGrammy@SolanoCounty.com)
- Emery Cowan, Deputy Behavioral Health Director  
[ECowan@SolanoCounty.com](mailto:ECowan@SolanoCounty.com)
- Sandra Sinz, Behavioral Health Director  
[SLSinz@SolanoCounty.com](mailto:SLSinz@SolanoCounty.com)