

Solano County Behavioral Health Mental Health Services Act (MHSA) Annual Update FY2022/23

Community Program Planning (CPP) Meetings
September 2022

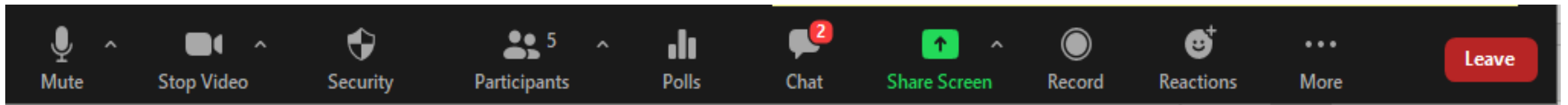


WELLNESS • RECOVERY • RESILIENCE

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



Overview

Mental Health Services Act (MHSA) Refresher

Local & State Updates

MHSA Programs & High-Level Review Outcomes for Services Rendered FY 2021/22

Expenditures FY 2021/22 & Budget for FY 2022/23

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

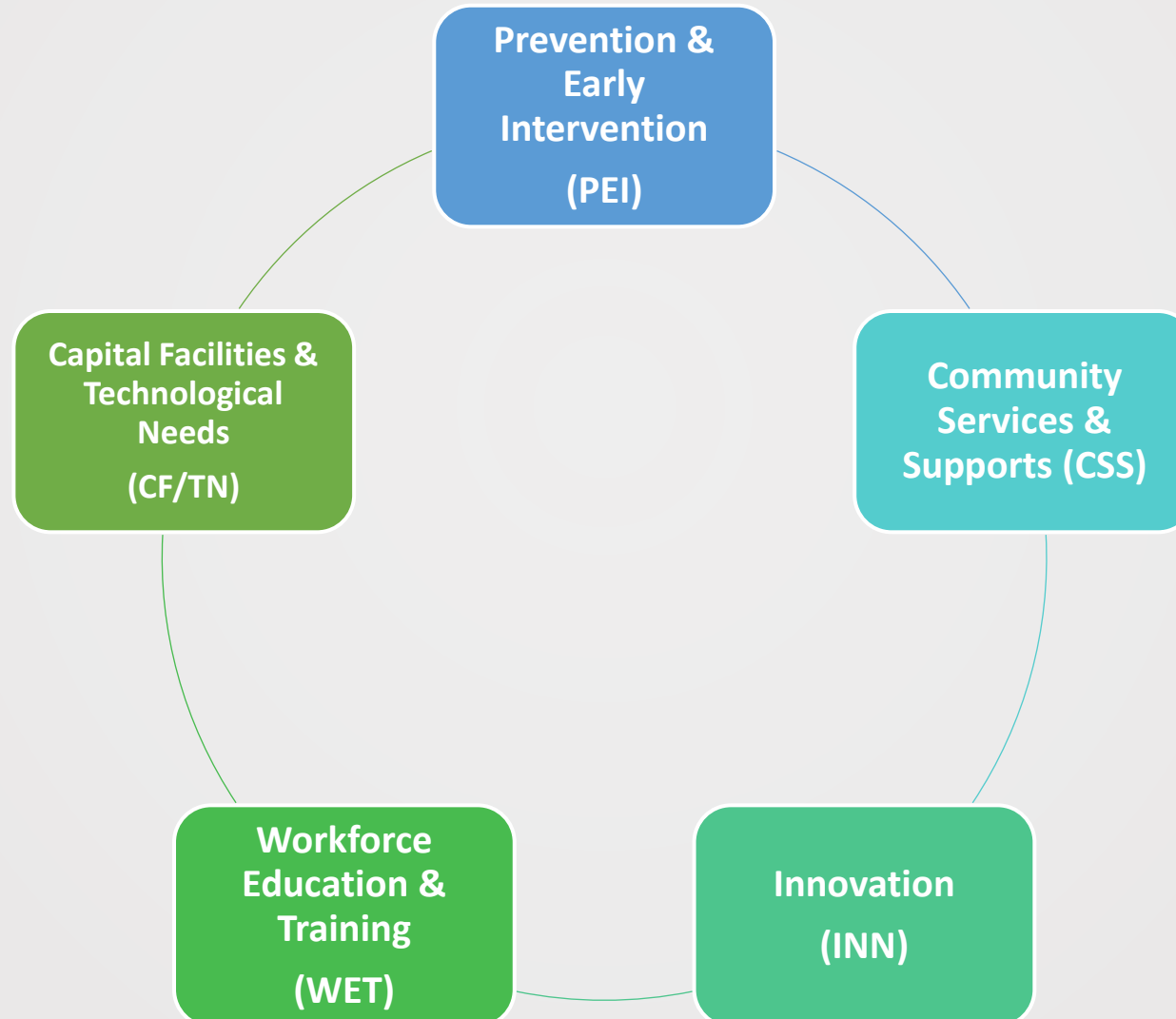
Creates individual
and family-driven
programs

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 \$2.9M in prudent reserve which is 8% of the total current annual MHSA budget.

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 24 months the Behavioral Health MHSA Team has engaged the community in five 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 **300 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

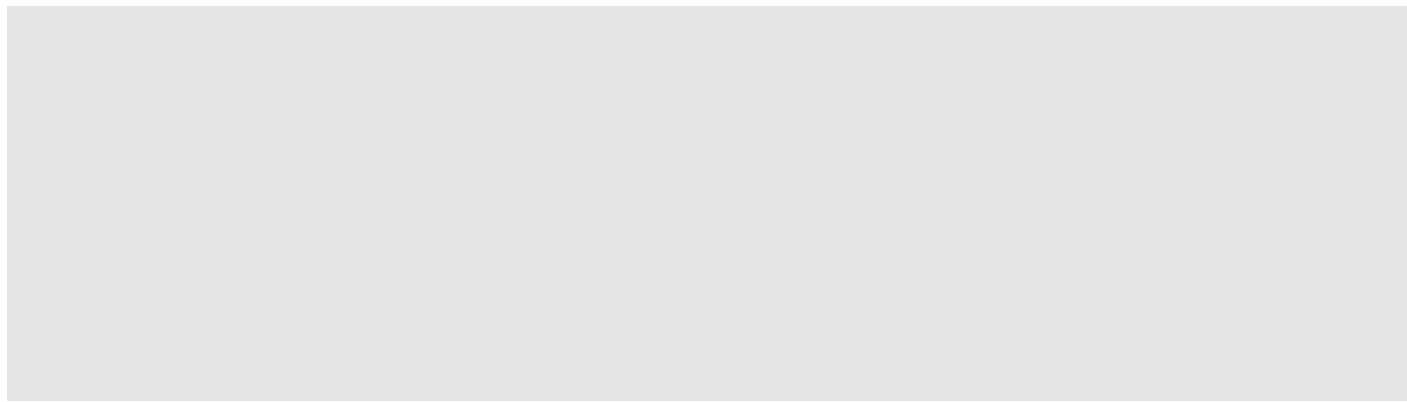
Local Updates

- **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
 - Loosening of medical necessity
 - Redesign of documentation requirements
 - Payment reform coming
- **Senate Bill 1338 CARE Court**
 - Signed by Governor Newsom September 14, 2022
 - Creation of a new expansive court infrastructure to enforce court-ordered treatment and services on unhoused Californians
 - Unfunded mandate that we anticipate seeing impact by 2024
- **Recession impacting non-MHSA funding**
- **Funds from state to local education agencies (LEAs) to support student mental health**

MHSA Programs & Strategies

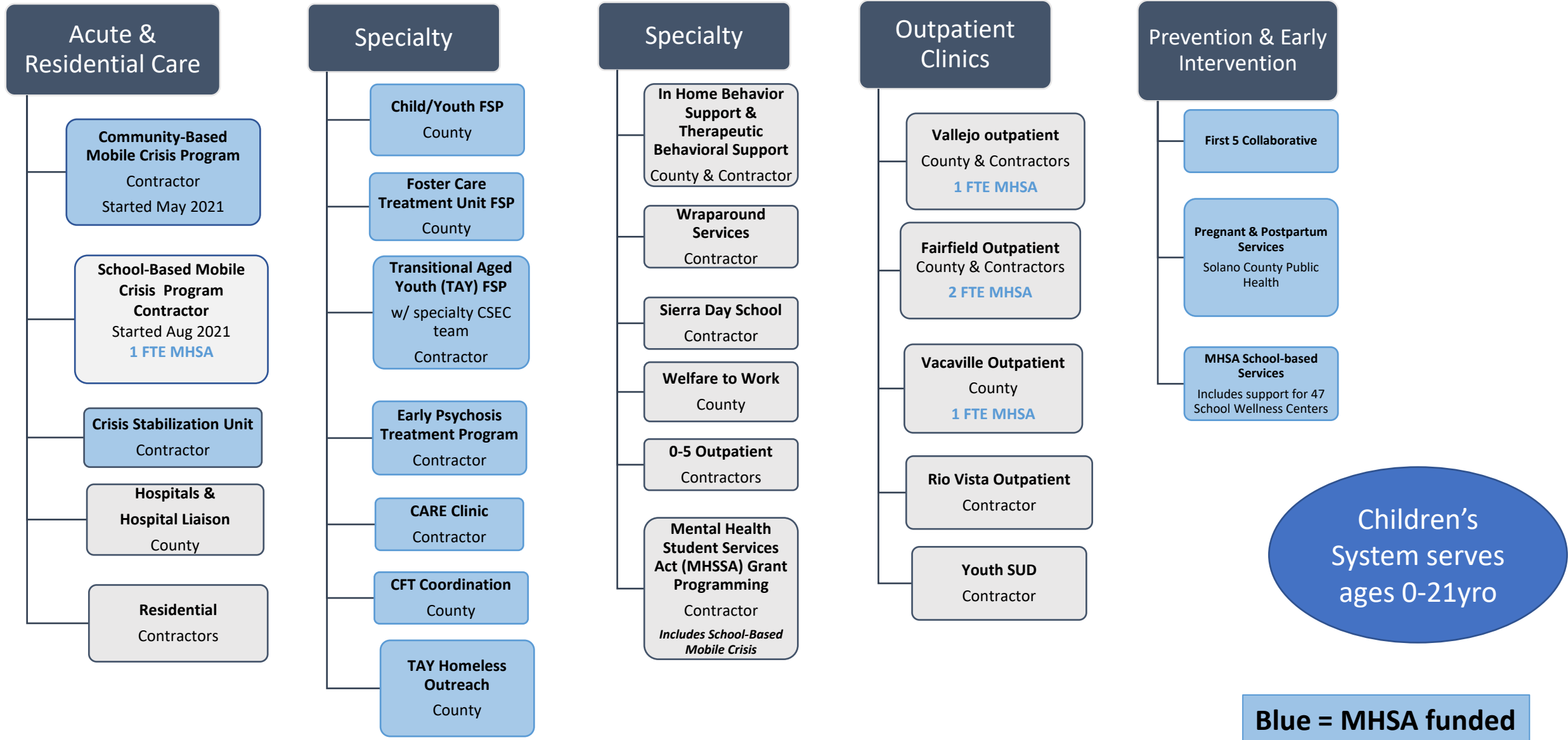


A large, diverse group of people of various ages and ethnicities are smiling and posing together. The group includes children, young adults, middle-aged individuals, and older adults. They are dressed in casual, light-colored clothing. The background is a plain, light color.

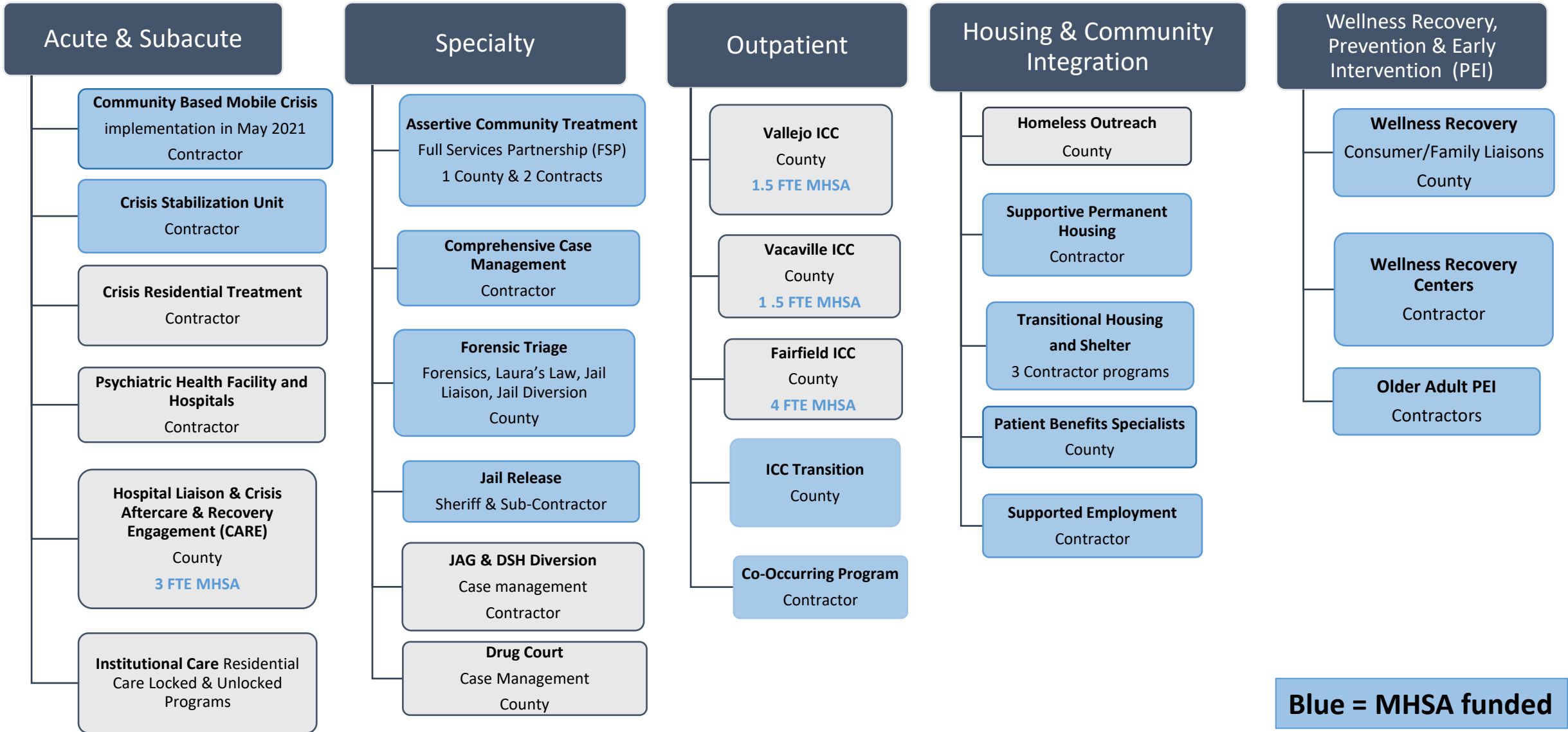
Who County Behavioral Health Serves

- ▶ 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 per CalAIM guidelines

Solano BH Teams/Service Programs – Children & Youth



Solano BH Teams/Service Programs - Adults



Solano BH System of Care – Non-Age Specific

Access

Access Line
County
4 FTE MHSA

Prevention & Early Intervention

LGBTQ+ Outreach & Access
Contractor

NAMI Solano
Contractor

Outreach for Underserved Communities
AA/PI, African American, Latino, and Native Indigenous Communities
RFP pending

Blue = MHSA funded

PEI Programs At a Glance

PROGRAM/SERVICE	AGES	# SERVED PREVENTION	# SERVED INTERVENTION	PROVIDERS
Early Childhood Strategy	0-5	4,239*	247	First 5 Solano & their sub-contractors
Pregnant/Postpartum Maternal Support Strategy	0-5 Mothers	61	61	Solano County Public Health: Maternal Child and Adolescent Health
School-Based MH Services	6-21	2,461	258	A Better Way, Rio Vista CARE, Solano County Office of Education
Early Psychosis Treatment Program	12-30	194	23	Aldea Children & Family Services in partnership with UC Davis Behavioral Health Center of Excellence
Older Adult Programming	60+	240	101	Choice in Aging & Faith in Action
Family & Peer Support	All	101	N/A	National Alliance on Mental Illness (NAMI) Solano
LGBTQ+ Outreach/Access Program	All	128	45	Solano Pride Center
Community-Based Mobile Crisis	All	385 admissions for 306 unduplicated consumers	N/A	Pacific Clinics (had been Uplift Family Services)

* may not be unduplicated

CSS Programs At a Glance

Program/Service	# Unduplicated Consumers Served	Providers
Crisis Stabilization Unit (CSU)	810 admissions for 604 unduplicated consumers	Crestwood
Jail Release Reentry Program	26	Solano County Sheriff's Office & subcontractor (Caminar)
Katie K. Services (KAS) Program	27	Seneca
Wellness & Recovery Unit	492	Solano County Behavioral Health
Adult Wellness & Recovery Centers	150	Caminar
Jobs Plus Employment Program	136	Caminar
CARE Clinic	23	Victor (had been Child Haven)
Community Case Management (CCM) Program	153	Caminar
Forensic Triage Team	150	County
Crisis Aftercare & Recovery Engagement (CARE)	264	County

Full Service Partnership (FSP) Programs at a Glance

FSP Programs Served **479** individuals

- **6** children (ages 0-5)
- **145** children (ages 6-15)
- **122** TAY aged (16-25)
- **173** adults (ages 26-59)
- **33** older adults (60+)

County Child/Youth FSP

County Foster Care Treatment FSP

Contractor Transition Age Youth (TAY) FSP

County Assertive Community Treatment (ACT) FSP

Contractor Adult ACT FSP

Contractor Adult Homeless ACT FSP

MHSA Housing Programs at a Glance



\$2.1M or 8.5% of the CSS funds are being used specifically to fund beds to prevent homelessness
 *Does not include FSP flex funds for housing

# of Consumers Housed	Contractor & Program	# of units/beds available
25	BACS Transitional Housing	8 units, 16 beds
66	Caminar Supported Permanent Housing	46 units (17 units original to CalHFA funds)
8	Caminar Gateway Transitional Housing	1 unit, 4 beds
85	Shelter Solano	15 beds
42	Caminar Bridge Transitional Housing	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



Active Innovation 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: 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.

Progress of EP LHCN FY 2021/22:

- Continued Advisory Committee
- Fidelity Assessment for EP program/s
- Continued use of Beehive app
- Ongoing data collection from Counties including cost and utilization

Project due to end December 31, 2023



**UC DAVIS
HEALTH**

Center for Reducing
Health Disparities



WELLNESS • RECOVERY • RESILIENCE



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

ICCTM Outcomes

- Increased calls to Access by all 3 communities
- Reduction in accessing services through crisis entry point for all 3 communities
- Increase in 3 communities receiving mental health services
- Improved consumer satisfaction

[Link to ICCTM Final Evaluation Report](#)

[Link to 14 Community-Defined QI Action Plans](#)

2022 “Innovations that Bolster Community Trust in Science Award” from the American Association of Medical Colleges (AAMC)

The state is funding Solano County and UC Davis Center for Reducing Health Disparities to provide a statewide ICCTM Learning Collaborative training all California County Behavioral Health Departments and Authorities.

New Innovation Project

Suicide Prevention & Postvention Support for Family Survivors

- Designate a Clinician to be available upon request by the Coroner's Office and/or law enforcement to provide postvention support for families who have experienced the death of a loved one to suicide, overdose and homicide
- Component of psychological autopsies, supporting collection of expanded data
- Develop a Survivor Peer Mentor Network
- Local support groups for family survivors

Updates:

- Met with Coroner's Office leadership
- Met with members of Napa Suicide Prevention Counsel & NAMI Solano reps
- Met with Napa County Behavioral Health to explore a regional approach
- Met with developers of new suicide prevention curriculum *Be Sensitive Be Brave*
- Initial discussion with MHSOAC

Next Steps:

- Draft Plan to post for local review and approval process

MHSA Expenditures FY 2021/22

Total MHSA **\$23,943,651** spent of original **\$32,364,649** budget

Funding Component	Expenditures FY 2020/21
CSS	\$17,493,773
PEI	\$6,011,531
INN	\$58,247
WET	\$378,156
CF/TN	\$1,944
Prudent Reserve	\$2,947,826

These are preliminary and are subject to change

Budget FY 2022/23

Total MHSA budget is **\$35,013,628**

Funding Component	Working Budget FY 2022/23
CSS	\$24,874,043
PEI	\$8,728,465
INN	\$698,979
WET	\$712,141
CF/TN	\$0
Prudent Reserve	\$2,947,826

These are preliminary and are subject to change



County Identified Gaps in the System of Care

Capacity & Service Challenges

- Children's Programming – both Outpatient & FSPs
- Adult Programming – both CCM & FSPs
- Lack of CRT beds for children/youth
- Need for integrated care for consumers with dual diagnosis and complex co-occurring medical conditions

Capital Facility/Technological Needs

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

Hiring & Retention

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

Healthcare Disparities

- African American/Black community, Latino/Hispanic and LGBTQ+ communities experiencing higher # of acute crises based on mobile crisis services utilization
- Need culturally responsive supports for Native American/Indigenous, African American, AAPI and Latino communities

“Write What You Feel” Solano Suicide Prevention Multi-Media Campaign 2022

The “*Write What You Feel*” campaign ran from December 2021-May 2022 and included:

- 5 TV and streaming commercials including two with Spanish and Tagalog subtitles
- 5 radio ads with 3 in English, 1 in Spanish and 1 in Tagalog
- Social media materials
- Ads on buses and bus stand
- Billboards
- Posters

Link below to Solano County “*Write What You Feel*” suicide prevention campaign commercials as well as “*It’s Okay to Not Be Okay*” stigma reduction campaign commercials

<https://vimeo.com/showcase/8761184>

Developing a new campaign to launch public facing phone # for Community Based Mobile Crisis 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 for Annual Update

- Annual Update Document will be posted for 30-day public comment on or before **October 13th**
- Public Hearing– Mental Health Advisory Board Meeting Public Hearing will be held **November 15th**
- Solano County Board of Supervisors approval **December 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 by **December 31, 2022**



Participant Demo Survey QR Code



Meeting Evaluation QR Code



Key Behavioral Health Contacts



www.SolanoCounty.com/Depts/BH



@SolanoCountyBH



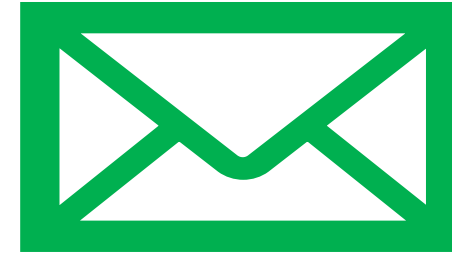
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