



Mental Health Services Act (MHSA) Reversion Plan FY 2018/2020: Solano County Behavioral Health

**PRESENTER: TRACY LACEY, LMFT, SOLANO COUNTY SR. MENTAL HEALTH
SERVICE MANAGER MHSA UNIT**

Mental Health Services Act: MHSA

- In November 2004, California voters passed Proposition 63, which imposes a one percent tax on personal income in excess of \$1 million to provide funding to support County mental health programs.
- Five components include:
 - Prevention and Early Intervention (PEI)
 - Community Services and Supports (CSS)
 - Innovation (INN)
 - Workforce Education and Training (WET) Ended 2014
 - Capital Facilities and Technology Needs (CFTN) Ended 2014



Mission & Values of MHSA

- Community collaboration
- Promotes cultural competence
- Decreases stigma
- Increased access to unserved and underserved groups
- Creates individual and family-driven programs
- Philosophy of a wellness, recovery and resilience
- Promotes an integrated service experience
- Outcome-based programs

What is MHSA Reversion?

- With the passage of **Assembly Bill (AB 114)**, *effective July 10, 2017*, counties received notification that previously unspent Mental Health Services Act funds were subject to reversion if not spent locally.
- This created another opportunity for Solano County and other jurisdictions to spend these funds within their originally allocated funding categories to prevent reversion of those funds to the State.

Solano County MHSA Funds Potentially Subject to Reversion

Solano	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ 547,223		\$ 547,223
FY 2007-08	\$ -	\$ -			\$ 338,660	\$ 338,660
FY 2008-09	\$ -	\$ -	\$ -			\$ -
FY 2009-10	\$ -	\$ 370,701	\$ -			\$ 370,701
FY 2010-11	\$ -	\$ -	\$ 533,974			\$ 533,974
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ 455,509			\$ 455,509
FY 2013-14	\$ -	\$ -	\$ 440,314			\$ 440,314
FY 2014-15	\$ -	\$ -	\$ -			\$ -
Total	\$ -	\$ 370,701	\$ 1,429,797	\$ 547,223	\$ 338,660	\$ 2,686,381

Community Services and Supports (CSS) Funds

- SCBH does not have any CSS funding identified as being at risk for reversion.



Prevention and Early Intervention (PEI) Funds

- The **\$370,701** in PEI funds that have been identified to be at risk of reversion will be expended per the PEI programming and services outlined in the current MHSA Three-Year Integrated Plan FY 2017/18 through 2019/20.
- **SCBH anticipates that these funds will be spent down during FY 2019/20** and before the June 30, 2020 deadline for reversion and there is no need for a Reversion Plan for these funds.

Workforce and Education Training (WET) Funds

- The **\$547,223** in WET funds that have been identified to be at risk of reversion will be expended per the WET initiatives outlined in the current MHSA Three-Year Integrated Plan FY 2017/18 through 2019/20.
- **SCBH anticipates that these funds will be spent down during FY 2018/19.** There are no funds subject to this Reversion Plan.

Capital Facilities and Technological Needs (CFTN) Funds

- The **\$338,660** in CFTN funds that have been identified to be at risk of reversion will be expended per the CFTN initiatives outlined in the current MHSa Three-Year Integrated Plan FY 2017/18 through 2019/20.
- **SCBH anticipates that these funds will be spent down with the closing of FY 2017/18.** There are no funds subject to this Reversion Plan.

Innovations (INN) Funds

- **\$1,429,797** in INN funds are the only funds in which a Reversion Plan applies per AB 114.
- Innovation funding is unique in that programs are not designed to support existing or ongoing programs or services, but rather to provide the mental health system with innovative “demonstration projects” that will support system improvements in order to increase access to services for the unserved and underserved communities and to improve consumer outcomes.
- Innovation funds require a separate Plan and approval process through a committee at the state level

INN Reversion Fund Strategies

The MHSA Steering Committee has endorsed using the INN reversion funds to support the following strategies:

- A Statewide Early Psychosis Learning Health Care Network; and
- Enhancement of the current INN Project which is the implementation of the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM).

Statewide Early Psychosis Learning Health Care Network

- MHSA PEI funds and Mental Health Services Block Grant (MHBG) funds are used to provide a local Early Treatment Psychosis Program which uses an evidence-based model Cognitive Behavioral Therapy for Psychosis (CBT-P) to treat consumers who have recently experienced their first psychotic episode.
- Purpose of the Learning Network is to increase the quality of mental health services, including measurable outcomes, for consumers with a diagnosis of psychosis and/or consumers with a high risk of psychosis.
- Provide patient-level data, service-level clinical data, and program level data with the idea that the various EP programs can learn from each other to support best practices statewide.
- Estimated Cost per Year: \$84,087

Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

This project is being facilitated through a partnership between SCBH, UCD Center for Reducing Health Disparities, 3 CBO partners, Rio Vista Care, Solano Pride and Fighting Back Partnership and the community.

The Solano County project is anchored from the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) standards and is the first project of its kind combining CLAS with community engagement.

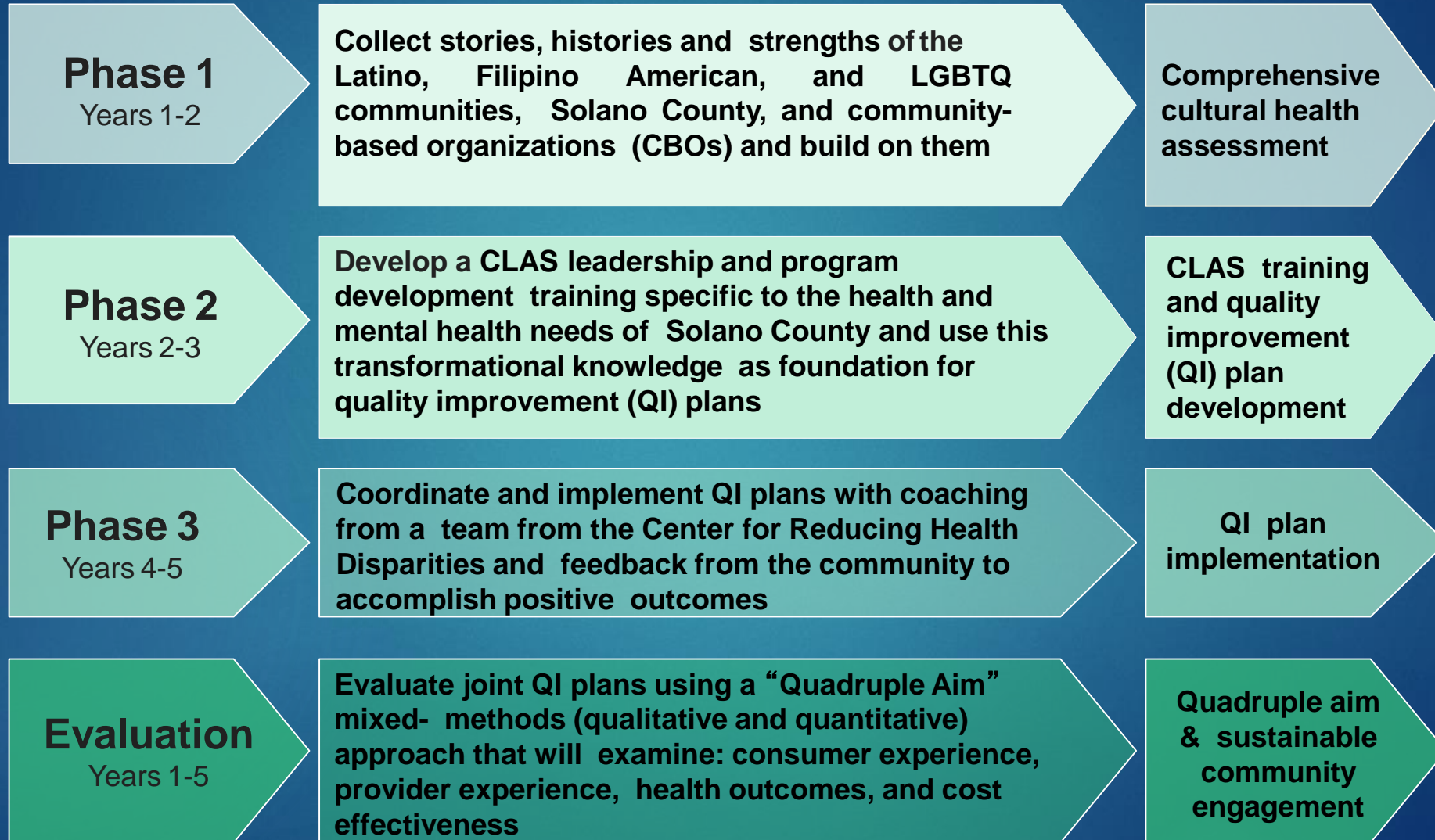
Community engagement includes providing qualitative data and participation in trainings and the development of quality improvement action plans.

Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

Goals of the Project

- Improve access to and utilization of mental health services for Latino, Filipino American, and LGBTQ communities
- Enhance collaborative partnerships between County, Community, and CBOs
- Increase workforce diversity
- Develop organizational policies, programs, and support systems to ensure and sustain cultural and linguistic competency in service delivery

Timeline of ICCTM Project



Current QI Action Plans



Use of INN Reversion Funds

Funds will be used to support the implementation of Quality Improvement Action Plans. Examples include:

- Development of outreach materials and signage to combat stigma
- Stigma reduction public service announcements or campaigns
- Translation of mental health materials into Tagalog, sub-threshold language in Solano County
- Career pipeline projects with local high schools and community colleges
- Internship stipends for trainees who represent the 3 target communities
- Equipment needed for surveying the community; i.e. development of phone apps or use of tablets
- Redesign both county and contractor clinic lobbies to promote welcoming environments
- Trainings and education for providers
- EHR enhancements such as data dashboards

MHSA Updates

- **Program Closures**

- Area Agency on Aging: Older Adult PEAS program
- Heather House Shelter

- **New CSU Provider**

- Crestwood Behavioral Health, Inc.
- Capacity for 12 consumers, both children and adults
- **2101 Courage Drive, Fairfield ♦ Phone: 707-428 -1131**

Crisis Hotlines & Apps

- ▶ **National Suicide Prevention Hotline: (800) 273 –TALK (8255)**
 - 24/7 suicide prevention hotline staffed by crisis specialists
- ▶ **Crisis Text Line:** Text “HELLO” or “START” to **741741**
 - 24/7 suicide prevention texting crisis service staffed by crisis specialists
- ▶ **MY3 Phone App:** www.my3app.org
 - This app can be downloaded on iPhones and Androids and can be used to create safety plans, prompt coping strategies, and support systems when having thoughts of suicide
- ▶ **The Trevor Project:** (866) 488-7386, <http://www.thetrevorproject.org>
 - Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth

Next Steps

- The MHSA Reversion Plan is posted for 30 day public comment through July 27th
- Public Hearing will be held during the Mental Health Advisory Board on August, 21, 2018; 4:30-6pm at 2101 Courage Drive, Fairfield
- MHSA Reversion Plan will be forwarded to the Solano County Board of Supervisors on September 11, 2018 for approval.
- Submission to the state by September 21, 2018.

Key Behavioral Health Contacts

- Diana Tolentino, Clinical Supervisor Access Line
DRTolentino@SolanoCounty.com
- Tracy Lacey, Sr. Manager MHSA Unit
TCLacey@SolanoCounty.com
- Andy Williamson, Administrator Substance Abuse Unit
AMWilliamson@SolanoCounty.com
- Emery Cowan, Administrator Adults & QI
ECowan@SolanoCounty.com
- Leticia De La Cruz-Salas, Administrator Children's & Hiring
LDeLaCruz-Salas@SolanoCounty.com
- Sandra Sinz, Behavioral Health Director
SLSinz@SolanoCounty.com

THANK YOU!