

## Responses to MHSA Annual Update Questions

### **1. Why is Older Adult (PEI) expanded to include under age 60? Isn't there already 26-60 services served by PEI programs?**

- The PEI guidelines focused on funding services for children and youth under age 26, and required that at least half of all PEI funds be directed at children and youth. They also focused specific attention on target populations that are unserved and underserved. When the Solano PEI Plan was originally developed, the Stakeholders determined that adults age 26-60 were getting more available mental health services than other groups, and did not develop a specific sub-plan for this age group. When the PEI plan was updated in 2011-12, the Stakeholders group approved directing a portion of PEI funds to Wellness and Recovery Programs and Primary Care Integration, which provide services to adults.

Additionally, adults age 50-59 were identified by participants in the 2011 PEI Community Planning Process as a population that needed additional services. This population was also identified as needing more services by a Solano County Senior Coalition focus group that was specially convened to provide recommendations for changes to the previous PEI Older Adult program. Because of this feedback from the community, the PEI Steering Committee recommended that our current PEI Older Adult initiative be extended to include brief interventions for adults ages 50-59. There has not been a significant diversion of funds to serve this population as part of the Older Adult component of PEI.

### **2. What % of 1% Millionaires Tax (Prop 63) does Solano get?**

- 1.0122%

### **3. Why does the pie chart for total CSS served by geographic area and pie chart for PEI consumers served by geographic area have the exact same percentages?**

- There was an input error for the PEI consumers served by geographic area. This information has been updated on the Solano County website to accurately reflect the geographic breakdown for PEI.

### **4. How does county MH capture changes in terms of needs of various ethnic groups?**

- Assuming by 'needs' is intended needs for mental health services, and that changes likely has to do with increase or decrease, the MH Plan utilizes the data from the Solano Cultural Competency Report as well as the External Quality Review Organization to indicate the increase or decrease in a given subset of the population, and at least in part, data from the same organization to determine if the MH Plan is adequately serving these populations on a proportional basis, compared to other counties of the same size, or statewide averages.

### **5. How much will MH services capture the realignment of population?**

- Realignment of the population, including age and ethnicity, is captured and reported regularly by the US Census Bureau and the California Department of Finance. Beyond these data and the data from the External Quality Review

Organization, the data-gathering ability of the Mental Health Plan or other Health and Social Services components is somewhat limited, although utilization patterns of services are known month to month.

**6. The CARES program funded by the MHSAs Innovations component is going away, and they provide MH services for those without insurance. How do we fill this gap?**

- Innovation component funding is limited by the Mental Health Services Act to three years. Thus, the CARES program operated by Aldea, which serves 'indigents' or people without insurance, will be discontinued. The indigent population, however, consists of two subsets: One group will be able to qualify for Medi-Cal or Health Exchange Benefits ('Covered California') under the Affordable Care Act ("Obamacare") beginning in January 2014. The second group will not qualify for this new program due to their immigration status, and will continue to remain without insurance, barring a federal or state initiative to fund medical and mental health/substance abuse services for undocumented individuals. Through the MHSAs Integrated planning process, serving the latter population could be made a priority, although the funding would have to come from Prevention and Early Intervention funds and not Innovation funding.

**7. Why doesn't the information get out before the planning meeting? When is the best time to apply for funding – info not out to enough.**

- The 2013-14 Plan update process is primarily a review of the years 2011-12, and 2012-2013, and a preview of the 2013-14 program year. A new, extensive community planning process for an integrated MHSAs Plan starting in 2014-15, will begin in early 2013. This process is expected to take 4-6 months, and will involve a renewed needs assessment, community planning and stakeholder process. During this planning effort, there will be ample opportunity for community input. As noted in the Update Meeting on December 5<sup>th</sup>, 2012, it is expected this community planning process will result in a set of decisions about which current MHSAs programs continue to be funded, which new programs are needed, and which new programs are funded, possibly at the expense of existing programs. This process will be followed, where applicable, by a Request for Proposals ('RFP') for those new projects approved. This RFP process is expected to conclude in late 2013, or early 2014. Subsequently, new contracts will be developed where and if applicable and be ready for implementation by July 1<sup>st</sup>, 2014.

**8. Better description of the MHSAs framework (fewer buckets and how many total served; what is the total number of clients/consumers served?)**

- The Updated MHSAs Plan that is posted on-line contains a more refined breakdown of the quantitative performance of each program.

**9. What would it take to bring a Wellness Center to Fairfield? Has anyone attempted to do so?**

- California Hispanic Commission operates a small Wellness Center called Our Way Solano at 537 Merchant Street in Vacaville with a capacity for

approximately 50 clients. A more substantial Wellness Center would require more funding, and could be identified as a priority project through the MHSA Integrated Planning Process in 2013.