Mental Health Services Act
MHSA Stakeholders Meeting
Meeting Notes
Thursday, December 3, 2009

Meeting Date: Thursday, December 3, 2009
Location: Ulatis Community Center, 1000 Ulatis Drive, Meeting Rooms A-C, Vacaville, CA 95687
Note Taker(s): Kristina Feil
Facilitator: Jayleen Richards & Lynn DeLapp

Attendees: Arthur Camargo, Travis Curran, Terri Deits, Lynn DeLapp, Kristina Feil, Norman Filley, Leanne Martinsen, Sanjida Mazid, Parivash Mottaghian, Sonja New, Roxanne Paterno, Jayleen Richards, Andre Robertson, Candice Simonds, Monique Sims, Cynthia Sottana, Patrick Stasio, Robert Sullens, Ivonne Vaughn, Pam Watson

Agenda Item	Notes	Public Comment/Action Steps
I. Welcome and Introductions	Jayleen Richards opened with a welcome and introductions took place around the room.	
II. Review Agenda and Purpose of Meeting	The Agenda was reviewed and the purpose of this meeting is to present the final recommendations for the MHSA Community Services & Support Strategic Plan from the MHSA Steering Committee and to present the Plan.	
III. Review Notes from August 20, 2009 Meeting	The notes were reviewed and approved as is.	
IV. What is the Mental Health Services Act (MHSA)?	(Please refer to the Mental Health Services Act PowerPoint handout for more details.) • MHSA was enacted when voters approved Proposition 63 in 2004. • It imposes a 1% income tax on personal income in excess of $1M. • Services focus on wellness & recovery and prevention & early intervention for targeted population including children, transition age youth, adults, older adults, and families.	• Consumers of MH tend to have substance abuse issues. What is the relationship between MHSA and alcohol & other drugs (ATOD)? ➢ *Consumers are assessed for ATOD issues and linked to appropriate resources. Additionally, Solano County provides support groups & some services to dual diagnosis consumers.*

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IV. What is the Mental Health Services Act (MHSA)?, cont'd	• The driving principles for MHSA are community collaboration; cultural competence; client & family driven mental health system; focuses on wellness, recovery & resilience; integrated service experience; outreach; and utilize best practices & evidence based strategies to deliver services. • The 5 Components are Community Support & Services (CSS), Prevention & Early Intervention (PEI), Capital Facilities & Technology, Workforce Education & Training (WET), and Innovation. • Services and activities under MHSA will change due to the decrease in MHSA funding the next few years.	
V. Overview of Community Planning Process for MHSA Community Services & Support Strategic Plan	• The original plan was developed in 2004 through a community planning process and was approved in 2005 by the CA Dept of MH. It has been 5 years so Solano County Mental Health (SCMH) decided to revisit and refresh it. We would like to also include in the plan an evaluation and financial components. • Due to the economy, MHSA is experiencing decrease in funds. We are expecting about a 50% decrease in SCMH funding amounts within 3 years. The Community Participation & Planning Process: • MHSA Stakeholders meet quarterly. • The MHSA Steering Committee met monthly during the six month strategic planning process. In the future, they will focus on reviewing evaluation & outcome measures, making recommendations, and providing	

	recommendations around policies & procedures. • Solano County Local Mental Health Board also receives monthly MHSA updates. • SCMH has an email distribution list of 500+ people. • SCMH post information about meetings at public locations (e.g. libraries, community centers, etc.). • SCMH also posts information about meetings at clinic sites, local newspaper calendars, local radio station, and we try to do press releases. MHSA Plans and Plan Updates: • When a Plan or Plan Update is submitted, it is posted for 30 days for public comment. The comments are integrated into the final version of the Plan which is presented to the Local Mental Health Board. The final Plan is then submitted to the California Dept. of MH. • We will use this Strategic Plan to develop our FY 10-11 Plan Update that will be submitted to the Dept. of MH in the spring. The State hasn't issued the guidelines for FY 10-11 and SCMH may not have enough time to complete the plan update by in time to receive Fiscal Year 2010-11 funds by July 1.	

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VI. Final Recommendations for MHSA Community Services & Support Strategic Plan	(Please refer to the MHSA Strategic Plan PowerPoint handout for more details.) The Community Participation & Planning Process: • The MHSA Steering Committee met monthly from June-November 2009. During the July meeting, the committee decided to form workgroups split by age (Children, Transition Age Youth, Adults, and Older Adults) and made their workgroup meetings open to the community. Each workgroup came up w/ their top 5 recommendations. • The committee then decided to form a smaller workgroup, which consisted of a representative from each workgroup, a consumer & a family member and made that the Planning Committee, to hash out all of the recommendations and come up w/ outcome measures. The Planning Committee met on 5 occasions between October & November. • Besides the Steering Committee Meetings, we are also here today to present the Plan and get some input & feedback from the Stakeholders/community. • We will also present the Plan at the next Local Mental Health Board Meeting on Dec. 15th and get some input & feedback from the Board and the community. Recommendations: 1. Coordinated, seamless continuum of care for all age groups – Required Elements – Full Service Partnership	

	– Intensive Services – Outpatient Mental Health services – Individualized -personal/family-centered services – In-home/in-school services (Older Adults/Children) – Wellness & Recovery Services to support return to everyday life. – Peer Support & Mentoring – Training for Consumers ▪ Discovering your purpose & passion ▪ Employment & education – Linkages to families & community – Clear, seamless referral process among all partners – Collaborative relationship among all partners for goal setting, program design & operations, permitting consumers to flow: ▪ Among county programs such as Mobile Crisis, Full Service Partnerships, inpatient & outpatient services ▪ Between medical & mental health – to allow flow to different levels of service ▪ Among community partners such as hospitals, law enforcement, private providers & networks Coordinated, seamless continuum of care for all age groups – Optional, Highly Desirable Elements • Structured, follow-up care • Increased, specialized staff (children, older adults) • Increased medical staff (older adults) • Housing	

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VI.Final Recommendations for MHSA Community Services & Support Strategic Plan, cont'd	The real focus of the Continuum of Care is to make sure that the silos are eliminated and programs are talking as well as appearing to be seamless from the consumers' perspective. 2. Increase outreach, education and information about access and mental health services. Build on and link existing resource guide/provider and service matrix, website, e-mail, etc. to: – Schools – Families with children – County staff – Consumers/community – Current networks 3. Training for County Staff, Partners, and Contractors – Best practices (especially 0-5 & geriatric) – Customer service & cultural sensitivity 4. Additional, specialized staff for Mobile Crisis (optional, highly desirable) Outcomes – Consumer Impact Measures: Will vary by age group ➢ % showing improvement in diagnosis ➢ % showing improvement as reported by both clinician & consumer ➢ % w/ ER visits for medical, mental health visits ➢ % hospitalized & % re-hospitalized ➢ % of clients able to maintain stable housing/rate of residency change ➢ % able to obtain/maintain education/employment ➢ % able to live independently/least restrictive	• The weakest link to the seamless, continuum of care is the referral. Is SCMH able to measure how well the referral system is? This is the only way to know if the County has a seamless, continuum of care. ➢ *This is an excellent outcome measure and we will definitely figure out a way to measure the effectiveness of referrals.* ➢ *The Planning Committee had a discussion about the RFP stage, how we would encourage all of the parties to work together and come up with an integrated system that actually makes sense from the consumers' point. We would really like to break down the barrier between services and create a really collaborative system of services and referrals.* ➢ *Another part of the system would be building the capacity of the community to screen and do appropriate referrals.*

	living situation ➢ % w/ strong connections to family (as defined by consumer), community ➢ % not incarcerated & % not re-incarcerated Outcomes – System/Quality Measures ➢ % consumers receiving recommended services ➢ Rate of participation/attendance by consumers ➢ % of clients satisfied w/ services ➢ % of staff w/ appropriate training ➢ % of staff demonstrating cultural competence, customer service and sensitivity ➢ Hours of service per client ➢ Degree to which services and referrals are coordinated and seamless o With county services, i.e. Mobile Crisis o With community partners such as hospitals, law enforcement, private providers and networks o Between medical and mental health – to allow flow to different levels of service o With other MHSA plans and services Funding: • Quite a few of the recommendations are funded by other MHSA Plans. (Detailed analysis in the Strategic Plan on pg. 24) • Some of the recommendations are already included in the Prevention & Early Intervention Plan & funding. • The trainings for MH staff, contractors, and the community can be funded under the Workforce Education & Training.	

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VI.Final Recommendations for MHSA Community Services & Support Strategic Plan, cont'd	• Currently, our Planning Estimates is about $9.1M and this will decrease within 3 years to about $4.5M or lower. (More detail about MHSA funds for FYs 10-11 through 12-13 on pg. 15 in the Strategic Plan). • In order to lessen the impact of the decrease., the County is proposing to take the 3 year average of the next 3 years and have the biggest decrease happen next FY (estimating about $2.2M decrease) then leveling it off to about $6M by FY 12-13. • We will also use some of the funds in our Prudent Reserve which is about $4M. Next Steps: • We will have a similar presentation to the Local Mental Health Board. • We are not sure if we will have a presentation to the Board of Supervisors, but when the Strategic Plan gets to be a near draft, we will send it to them with a cover letter. • We are currently in a budget planning and program planning stages, based on this Strategic Plan, discussing how our current MHSA programs will change within Mental Health and our contractors because of the significant decrease in funds. • The plan that we have to submit to the State in order to get the money down for FY 10-11 is planned to be submitted by March 1. • Our goal is to issue the Request for Proposal by the end of December, but it wouldn't be surprising if it happened in January instead. • The new contracts would start July 1, 2010.	• The decrease is based upon the economy, but it could turn around. What about the possibility of that happening? ➢ *The MHSA funds have about a 2 year lag before they hit county coffers. For example, the funds for next year represent the first decrease in the economy 2 years ago, so the next 2 years after that represent what we've already experienced. The other issue is that the CA economy is not improving like the rest of the nation (according to some experts) and this trend may continue.* • A couple of meetings ago, there was a conversation about reducing the Prudent Reserve because it seems so high compared to other governmental Prudent Reserve requirements? ➢ *We cannot reduce it at this time. The State is requiring Counties to have a Prudent Reserve level of 50% of the FY 09-10 Planning Estimates. We were told that when the new guidelines for FY 10-11 are issued, the requirements of the Prudent Reserve will be lifted.* • According to some experts, $2 billion of MHSA funds are money sitting at the State level/coffers and there are efforts to take these funds to help with the state's budget crisis by reversing Prop 63. If the state is successful at reversing Prop. 63 next year, will there be a delay in funds being taken away? ➢ *Yes, there may be a 2-3 year delay. The Legislative Analyst Office has recommended placing a reversion of Prop. 63 on the ballot again.*

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VI. Final Recommendations for MHSA Community Services & Support Strategic Plan, cont'd		• Since some of the services will be eliminated, are people talking about mergers and if so, are there funds allocated to facilitate it and is it included in this Plan? ➢ *Some services may disappear and ideally we would hope to give some funds to help facilitate collaboration and coordination.* ➢ *We have submitted a Plan to integrate Behavioral Health & Primary Care Services, under Prevention & Early Intervention, to the Dept. of Mental Health.* ➢ *One of the ideas behind the idea of Continuum of Care and more integrated services is to try to build more efficiency so services won't have to be cut as much.*
VII. Community Feedback and Input	If you have need for flyers about the Local Mental Health Board Meeting on December 15 or want more copies of the Strategic Plan, please call Kristina Feil at (707) 784-8320.	• Re: the Consumer Impact Measures, are we expecting Access & Utilization to increase or decrease w/ the seamless, continuum of care? ➢ *We would hope that the percentage would increase.* • It would be beneficial to have a group that looks just at evaluation. • Under the Prevention & Early Intervention Component for screening & assessing youths, organizations are using the Massachusetts Youth Screening Instrument throughout the County for the needs assessment as far as mental health & substance abuse. ➢ *We are going to try to list all the evidence based screening & assessment tools in the draft Development section in the Strategic Plan.*

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VIII. Complete Evaluations	There were meeting evaluations included in the handouts.	
IX. Adjournment	Next Meeting: Thusday, February 18, 2010 2:30-4:30PM Dixon Senior Center, 201 South Fifth Street, Dixon, CA 95620	Please notify Solano County Mental Health should you need assistance at the meeting at 707-784-8320.