

May 22, 2024 Meeting Notes

Mental Health Services Act Workgroup Meeting

10:00 a.m. Boggs Conference Building

- I. **Welcome and Introductions.** Ashley Saechao introduced herself and so did Amber Brock
 - a. Please fill out a demographic form – requested everyone to turn this in before they leave.

- II. **MHSA Overview**
 - a. Background, Allocation, Monitoring and Evaluation – Discussed slides 1-6.

- III. **Innovations – Slides 7-11 were covered.**
 - a. PAD Phase II – Public Hearing tonight at 5:30pm. – Ashley invited anyone who would like to speak during public comment to please come to the Mental Health Alcohol and Drug Advisory Board special meeting.
 - b. PAD – Working on roll out of Beta testing with SRMW center.
 - c. Level Up Norcal, Supporting Community-Driven Practices for Health Equity - with Mental Health Services Oversight and Accountability Commission (MHSOAC) analyst and Level Up strengthening the learning piece. – Ashley provided update that she was working with Level Up Norcal to strengthen the learning piece.
 - d. California Youth Connection (CYC), Foster Youth Extracurricular Stipends – with MHSOAC analyst and CYC strengthening their evaluation piece. – Provided update that she was working with CYC on the evaluation piece, stipends exist by not carved out for extracurricular activities – would make this stand alone.
 - e. Roughout Ranch, Authenticity Workshops and Horse Encounters – The Kathy’s are working on updating their proposal. Public Hearing has been delayed to September. Roughout Ranch is submitting a new budget and to will rework their proposal to be more clear with their evaluation piece.

- IV. **MHSA Updates**
 - a. Annual Update: Community relations is reviewing. MHSA fiscal is gathering budget information. June 30th. – Ashley covered slides 12-13 and advised to keep an eye out for the update to go out so that anyone could provide their input.

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- Amber stated she has a handful of appendices left to collect and waiting on Fiscal to provide the updated funding summary.
- b. Prop 1 Workgroups with CBHDA – Ashley covered slides 14-End. Discussed how Substance Use Disorder (SUD) services would now be included and how they aren't currently allowed under MHSA funding unless co-occurring.
 - i. Housing, Prevention & Early Intervention, Community Planning Process & Integrated Plan/Annual Update, Prudent Reserve and Supplantation, Fiscal Strategies, Community Defined Evidence Practices (CDEP) and Evidence-Based Practices (EBPs), Full-Service Partnership, Behavioral Health Outcomes, Accountability, Transparency Report. – **Workgroups will begin now and go through December.**
 - ii. More information to come in early 2025. – **Email MHSA if you want added to the distribution list.**

V. Open forum –

- Question if INN Funding would be going away? If current INN projects would end? Ashley stated the INN projects would fall in the new Behavioral Health Services Act (BHSA) bucket. For on-going approved projects it would depend on the time frame and if successful would be likely to continue. Encumbered amounts are continued through proposed time and from July 2026 forward they would fall in the new funding bucket.
- Lynn Erickson from Circle of Friends said thanks for all the info and being so transparent, she would pass along the info.

Mental Health Services Act (MHSA) Quarterly Workgroup

WELCOME

Please grab a snack and take a seat.



Shasta County
Health & Human
Services Agency



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services Act Background

- Proposition 63 passed on November 2, 2004
- 1% tax on income over \$1 million to expand and transform mental health services
- Provides money for community-based mental health services
- Services should be developed on community input and need
- MHSA is intended to close the gap in the behavioral health system



MHSA Overview

CSS: Community Services & Supports (76%)

Outreach and direct services for serious emotional disturbances or serious mental illness (all ages)

PEI: Prevention & Early Intervention (19%)

Prevent the development of mental health problems by screening for and intervening with early signs

INN: Innovation (5%)

New or changed approaches that may improve outcomes

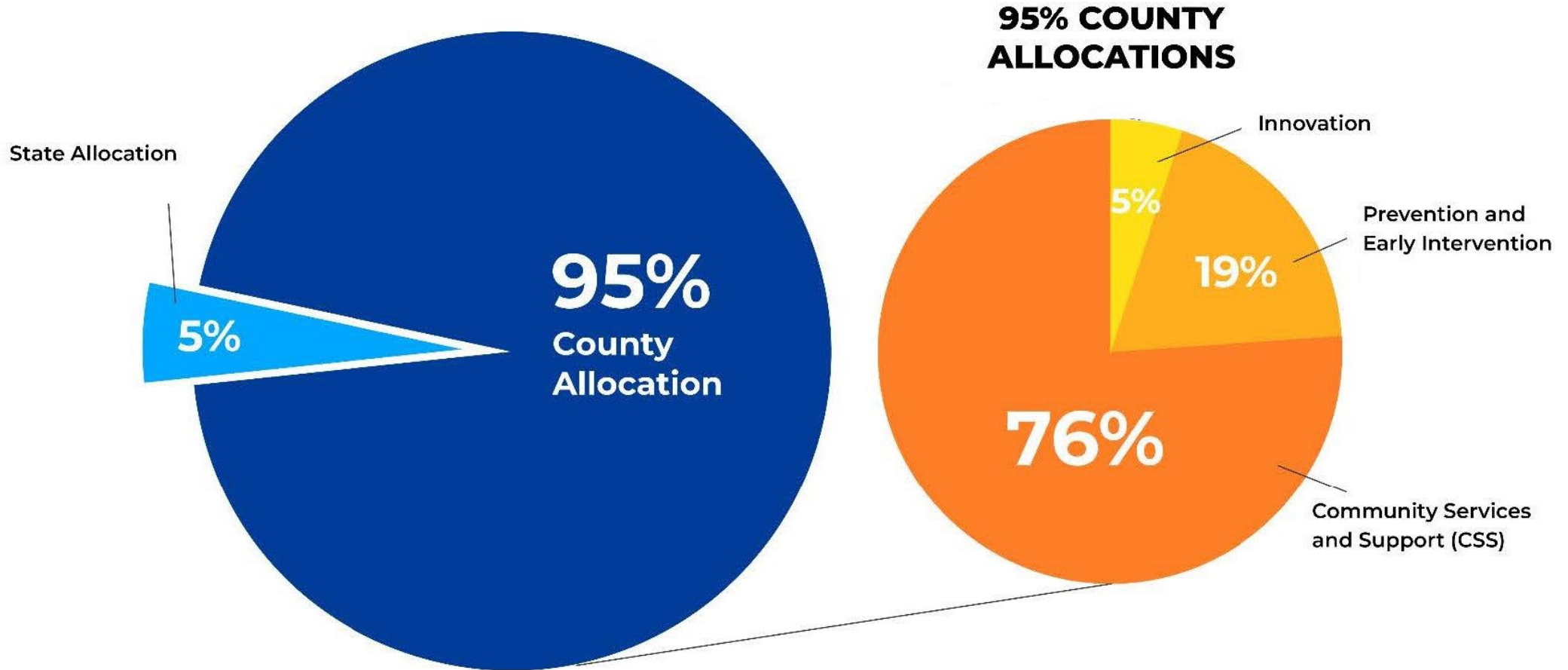
WET: Workforce Education & Training

Build, retain, and train public mental health workforce

CFTN: Capital Facilities & Technology Needs

Infrastructure support (electronic health record, Mental Health facilities)

CURRENT ALLOCATION



Monitoring

Achievement in performance outcomes for CSS, PEI & INN programs

- Age Groups (0-15/Transition Age Youth/Adults/Older Adults)
- Demographics (Gender/Race/Ethnicity/Language)
- Cost Per Person

Narrative – Successes/Barriers

Unserved, underserved & Fully Served Residents

Total population served

Quarterly Progress Reports – Completed by data analysts

Yearly reporting in the MHSA 3 Year Plan/Update – Completed by MHSA Coordinator

Revenue and Expenditure Report (RER) – Completed by Fiscal

Reported to:

Department of Health Care Services (DHCS)

Mental Health Services Oversight & Accountability Commission (MHSOAC)

Evaluation

Purpose:

To evaluate how a program is working for Shasta County Mental Health Clients.

Measurable Outcome:

- Written into each contract with agency partners.
- Dependent on what we are trying to measure or what goal we are trying to achieve.
- Many outcomes get updated at each contract renewal period.

Examples of a Measurable Outcome:

1. How many clients entered the program this quarter? Out of that total how many have successfully completed the program?
2. How many clients this quarter have been referred for housing, education, therapy or workforce? Out of that total how many clients have had success?

Innovations



Psychiatric Advance Directives Phase II

What's next? 2024-2028

- Technology that is guided, humanizing, recovery-based, and transformative.
- Training that goes beyond a one-and-done but “boots” on-the-ground engagement, information, public-service announcements, social media, and hands-on approach in a longitudinal effort for consistency.
- Legislative efforts that uplift the use, access, and importance of Directives.
- Testing the digital PAD in use and access.
- Evaluation and publication
- Statewide adoption



**Psychiatric
Advance Directive**
My Plan • My Voice

Current Statute



AB 1029- ratified 2023

- Adds mental health language to an Advance Health Care Directive
- Confirms that a voluntary standalone Psychiatric Advance Directive may still be executed.
- Documenting preferences for treatment in advance of a mental health crisis.

AB 2352 (Irwin)- pending- PADs Project

- Allows a standalone PAD to be in a digital format
- Allows a standalone PAD to be used in the event of a crisis
- Creates a Healthcare Advocate in addition to a POA

Psychiatric Advance Directives

In collaboration with Sunrise Mountain Wellness Center (SMWC)

- Shasta County will be collaborating with SMWC to host listening sessions and garner interest in those wanting to complete a pad.
- Peer Support Specialists will sit down with those interested to guide them on how to complete a PAD.
- Painted Brain Train the Trainer - Training was held for Peer Support Specialists (Shasta County, SRMW, and COF) in March of 2024.

Innovation Projects

Level Up Norcal, Supporting Community-Driven Practices for Health Equity

California Youth Connections Foster Youth Extracurricular Stipends

Roughout Ranch, Authenticity Workshops and Horse Encounters

MHSA 24-25 Annual Update

to the 3-Year Plan 23-26



Mental Health Services Act

AN ANNUAL UPDATE TO THE
THREE-YEAR PROGRAM

FISCAL YEAR 2022-2023
PUBLISHED JUNE 2024

INCLUDES DATA FROM FISCAL YEAR 2022-23



MHSA 24-25 Annual Update

24-25 Annual Update to the 3-Year Plan 23-26

Current Status:

- Submitted the Annual Update to HHS's Community Relations Team for review
- BHSS leadership to review and approve.
- Creating Appendices from MHSA reporting.
- Working with HHS's fiscal team to complete the FY funding summary.
- Keep similar look but add more content according to California Code of Regulations Title 9, Division 1, Chapter 14 Mental Health Services Act

<https://casetext.com/regulation/california-code-of-regulations/title-9-rehabilitative-and-developmental-services/division-1-department-of-mental-health/chapter-14-mental-health-services-act>



Prop 1

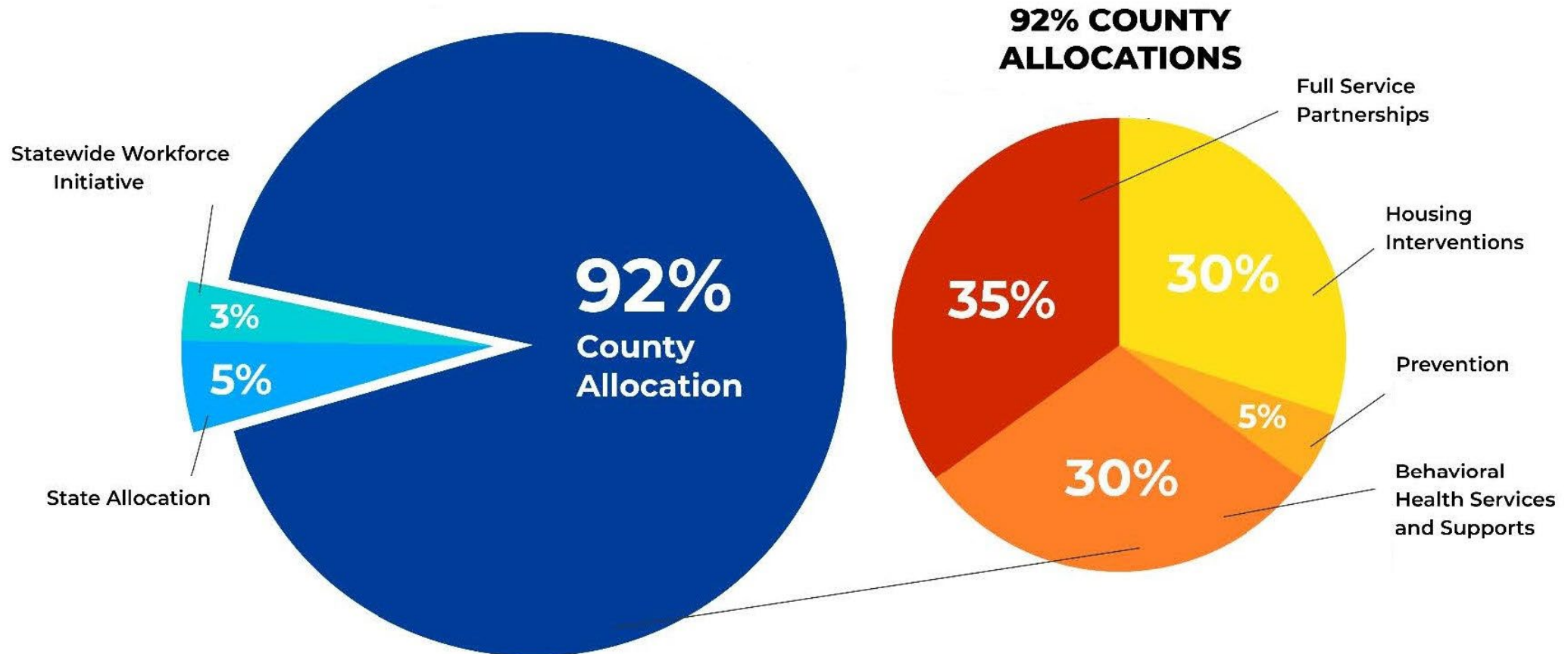
Behavioral Health
Transformation
BHSA

Behavioral Health Services Act (BHSA)

- Changes Mental Health Services Act (MHSA) to Behavioral Health Services Act (BHSA)
- Proposition 1 – Becomes law January 2025 – Embedded timelines: 1st new plan due July 2026
- Changes Components from 5 to 3: – Housing; FSP; Behavioral Health Services
- Includes SUD services
- Focuses on the unhoused and youth

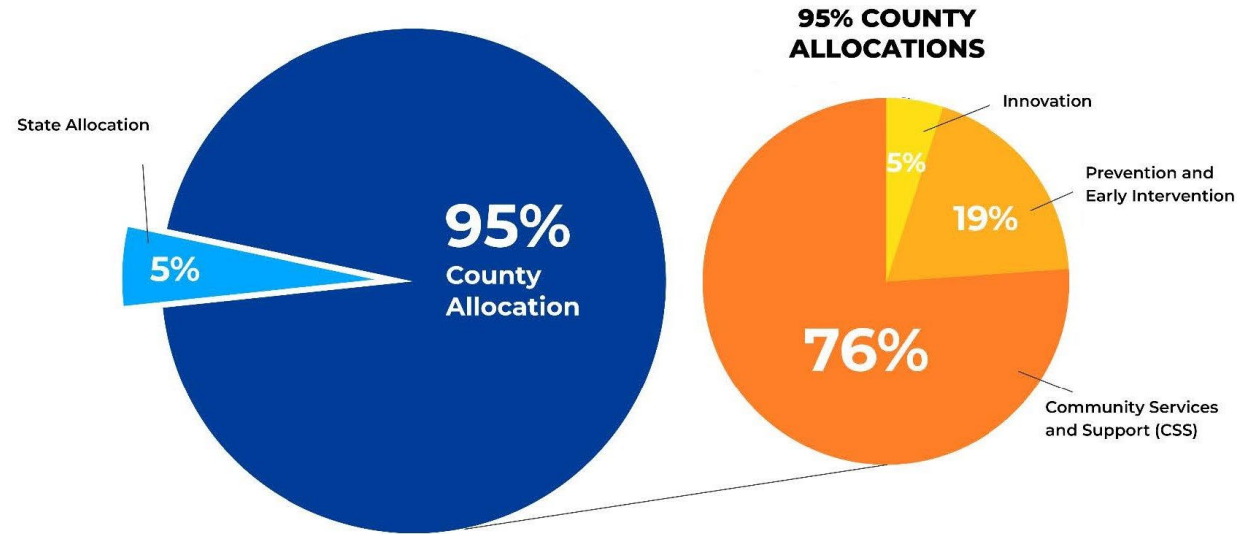
Behavioral Health Services Act (BHSA)

PROPOSED ALLOCATION

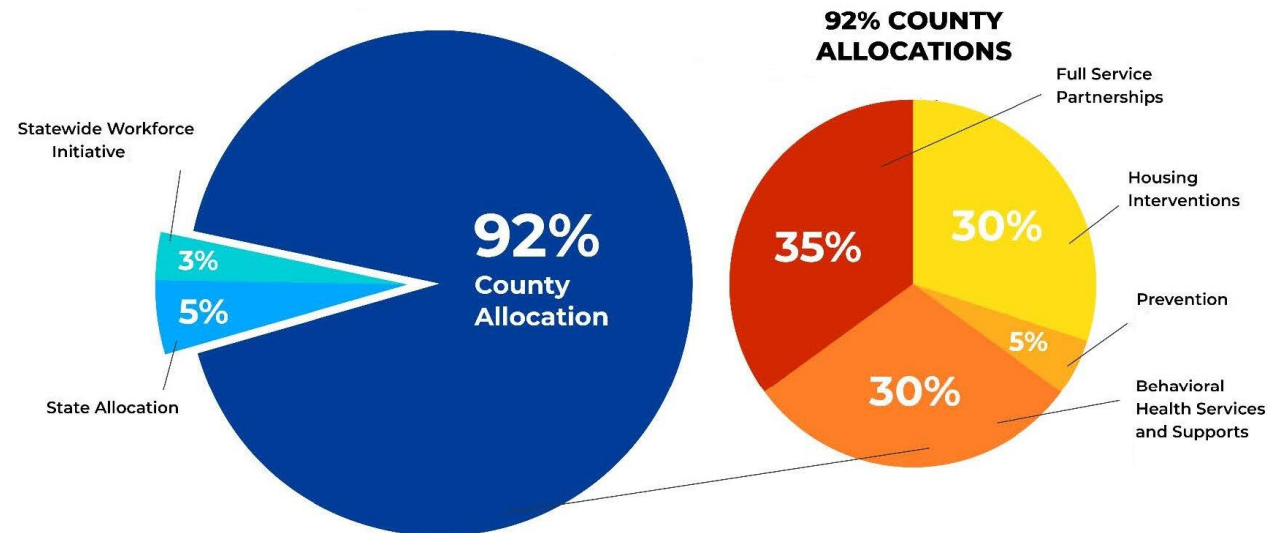


Allocation Comparison

CURRENT ALLOCATION



PROPOSED ALLOCATION



BHSA Workgroups with CBHDA

California Behavioral Health Directors Association

1. Housing
2. Prevention & Early Intervention
3. Community Planning Process & Integrated Plan/Annual Update
4. Prudent Reserve and Supplantation
5. Fiscal Strategies
6. Community Defined Evidence Practices (CDEP) and Evidence-Based Practices (EBPs)
7. Full-Service Partnership
8. Behavioral Health Outcomes, Accountability, Transparency Report

Planning and Reporting

- Starting July 2026: New 3 Year Plan format
- ALL funding sources and programming
- Expands stakeholders
- New fiscal reporting
- **More information to come in early 2025**

*Mental Health Alcohol Drug Advisory Board(MHADAB) Meeting
July 15 at 5:30pm on the Boggs Building
Breakdown of MHSa Programs Presentation*



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Thank you!

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For more information visit
www.shastamhsa.com

