

August 22, 2024 Meeting Notes

Mental Health Services Act (MHSA) Workgroup Meeting

10:00 a.m. Boggs Conference Building

- I. Welcome and Introductions.** Ashley Saechao introduced herself, role with Behavioral Health and Social Services (BHSS) and shared her background with Shasta County.
 - a. Please fill out a demographic form – Ashley asked everyone to fill our demo form and turn in.

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

- III. Innovations**
 - a. PADs Update – An extensive update on PADs Phase I & II. Talked about what we’ve accomplished since 2021 and just in the last year that she has been in her new role. Talked about moving into Phase II and what that will look like. Covered slides 7-11
 - b. Level Up NorCal Update – Level Up is scheduled to go before Mental Health Services Oversight and Accountability Commission (MHSOAC) 09-26-24, shared meeting link – Slide 11
 - c. Roughout Ranch Update – Roughout Ranch is working on updating their proposal, this is on hold until we receive that information back. – Slide 11
 - Susan Wilson w/ Youth Options Shasta asked if there was still time to submit a INN proposal. Ashley advised yes. Susan asked to connect with Ashley after today’s meeting. Ashley gave her a business card with her contact info.

- IV. MHSA Updates**
 - a. FY 24-25 Annual Update – Discussed slides 12-13, Ashley explained that her time spent on the MHSA desk review by Department of Health Care Services (DHCS), followed by an MHSA Onsite Review, MHSA Plan of Correction and then going into preparing the 24-25 Annual Update. Now that draft Annual Update has been written, the MHSA Annual Update will post for 30-day public comment on 08/23/24 and close 9/22/24. There will be a MHADAB special meeting scheduled likely the week following (explained not having a date locked down just yet but

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would share as soon as we did) Asked for any feedback during that 30 day period. Advised if anyone would like a paper copy opposed to the link online she would be happy to provide that.

- b. Prop 1 Update – Discussed slides 14-21 covering how MHSA currently funds our programs, to how things will look under Behavioral Health Services Act. Shared several descriptions as well as visual pie charts covering the data. Provided a list of where all current programs/contracts are funded. BHSS is participating in 8 different workgroups to learn how Prop 1 will roll out. We are asked to provide feedback to County Behavioral Health Directors Association of California (CBHDA) about what we think needs to be in place for effective transition to BHSA and they take our feedback and advocate to the State. Ashley gave an example of the counties saying we needed language around funding for housing damages/repairs that get left from Mental Health clients and the State heard that and is considering adding language to cover those instances.
 - Ashley asked Katie Nell to speak on Bond BHCIP and she covered slides 21-24

V. Outreach

- a. Shasta County Out of the Darkness Community Walk/Resource Fair
Saturday, September 7, 2024 at Caldwell Park from 8 a.m. - 11:30 a.m.
Ashley discussed upcoming events and noted MHSA will be trying to be at many more outreach events over the next year and her hope is to increase participation at the stakeholder meetings. She also asked if there were any recommendations on meetings with community partners that would be beneficial for the MHSA team to attend.
 - Marci stated NAMI meetings on the 1st & 3rd Tues of the month at Shasta Community Health Center on the 3rd floor from 5:30-7:00 pm, as well as the Continuum Of Care meetings that have a schedule listed online where they cover different rounds of funding.
 - Marcia Ramstrom with Lotus Education stated the Out of the Darkness Walk is the first since pre-covid. Asked for anyone who may be interested to reach out to her as there are room for more booths.

VI. Open forum

No one had any further questions/comments

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Mental Health Services Act (MHSA) Quarterly Workgroup

WELCOME

Please grab a snack and take a seat.



Shasta County
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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

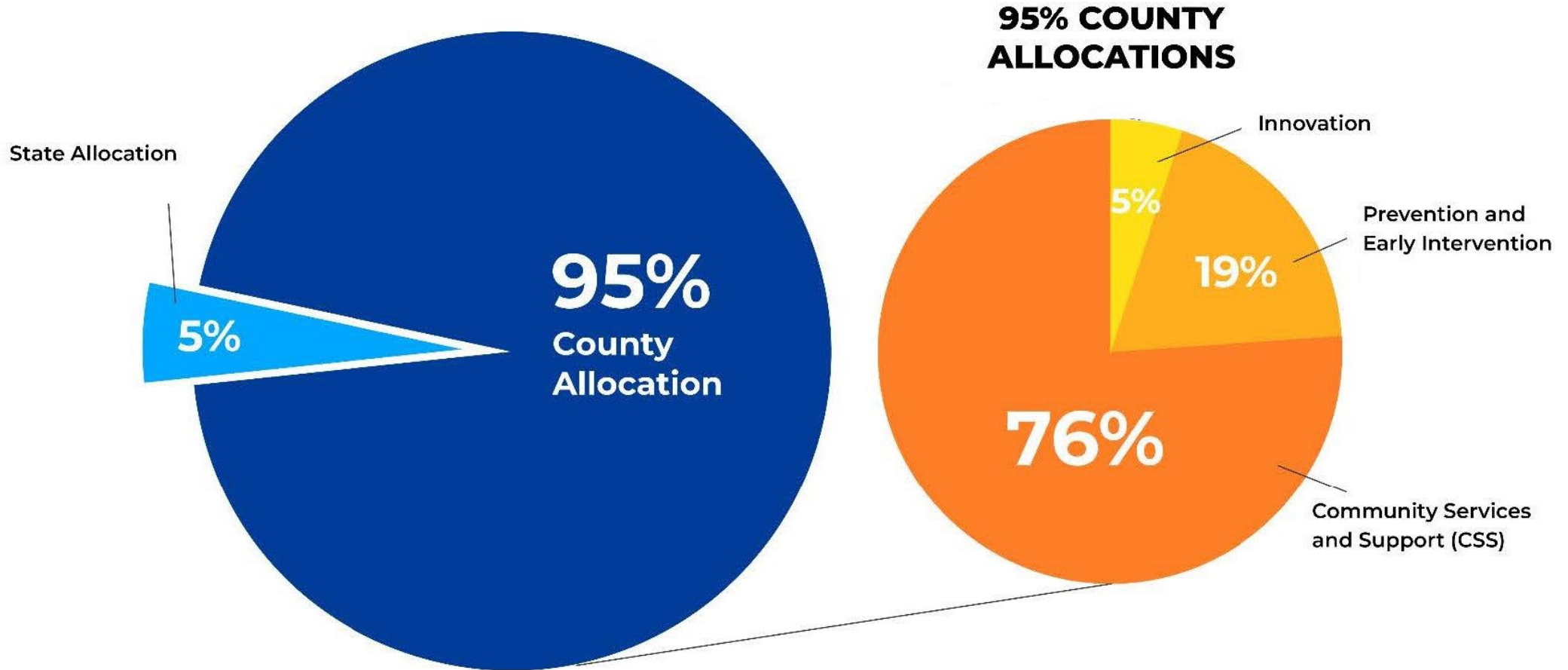
WET: Workforce Education & Training

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. (August 21 and August 28. more dates will be announced at Sunrise Mountain Wellness Center)

Innovation Projects

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

- **Mental Health Services Oversight Accountability Commission (MHSOAC) Hearing on September 26, 2024.**
- <https://mhsaac.ca.gov/connect/commission-meetings/commission-meeting-september-26-2024/>

Roughout Ranch, Authenticity Workshops and Horse Encounters

- **Updating their proposal so this will be on hold until we have this update.**

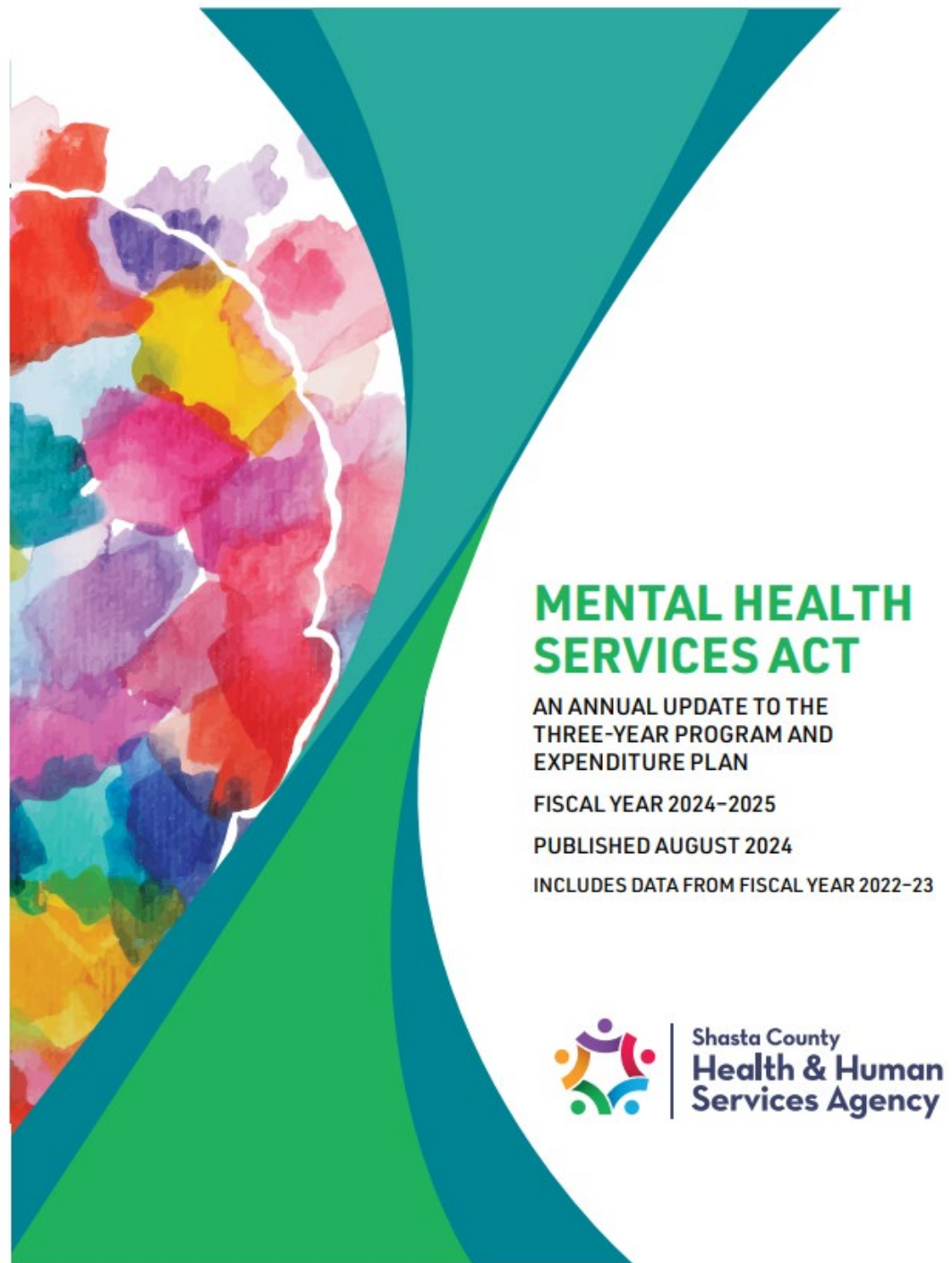
Psychiatric Advance Directives Phase II

- **Approved by the (MHSOAC) and next step is getting approval from the Shasta County Board of Supervisors**

MHSA FY 24-25 Annual Update

to the Three-Year Plan 23-26

<https://www.shastamhsa.com/>



MENTAL HEALTH SERVICES ACT

AN ANNUAL UPDATE TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEAR 2024-2025

PUBLISHED AUGUST 2024

INCLUDES DATA FROM FISCAL YEAR 2022-23



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**Health & Human
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MHSA 24-25 Annual Update

FY 24-25 Annual Update to the Three-Year Plan 2023-2026

Current Status:

- Annual Update has been completed and is being reviewed by HHS leadership and the Mental Health, Alcohol and Drug Advisory Board (MHADAB) Board Members.

<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

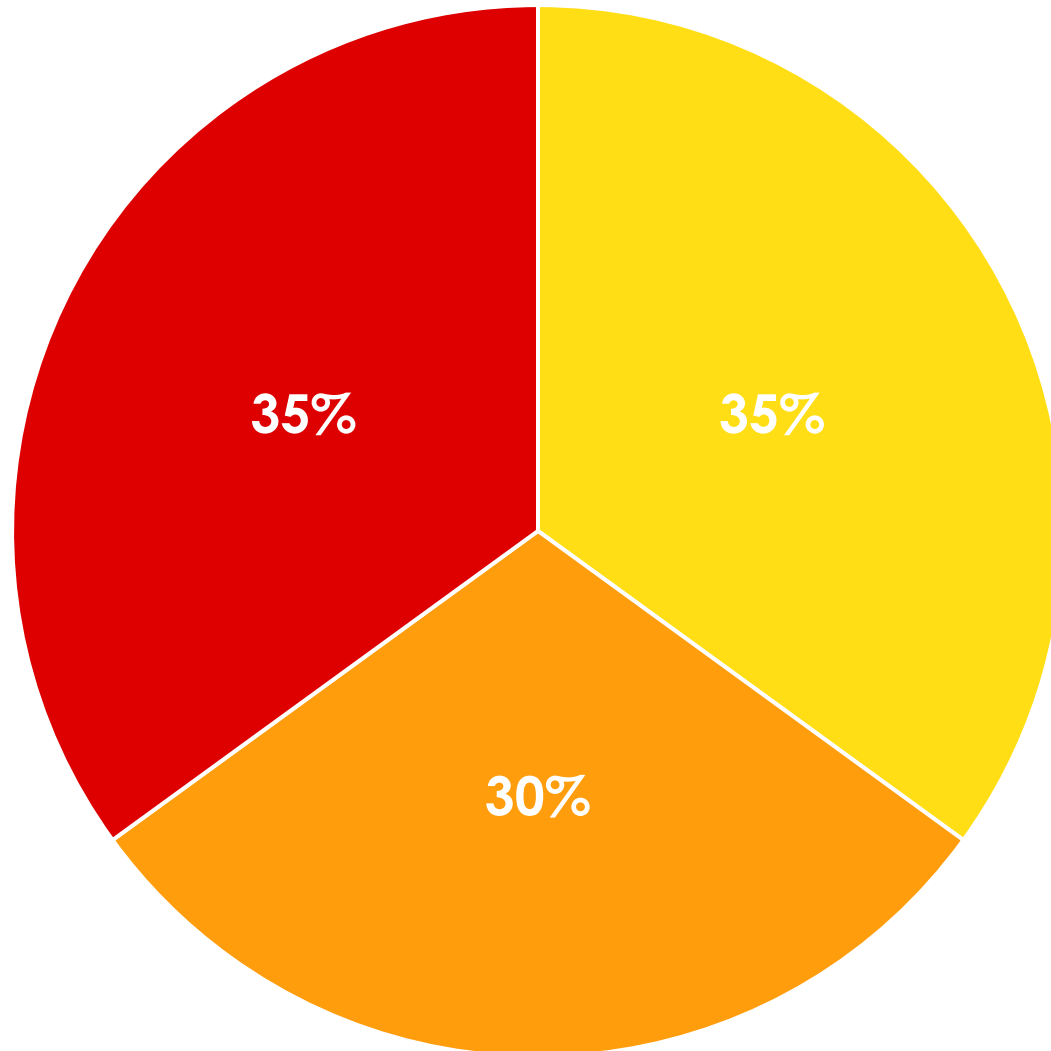
Behavioral Health Services Act (BHSA)

- 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

MHSA to BHSA

Current MHSA Allocation		BHSA Allocation	
County Allocation	95%	County Allocation	90%
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full Service Partnerships (FSP)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
State Directed	5%	State Directed	10%
State Administration	5%	Population-Based Prevention California Department of Public Health (CDPH)	4%
		Behavioral Health Workforce, CA Dept. of Health Care Access and Information (HCAI)	3%
		State Administration	3%

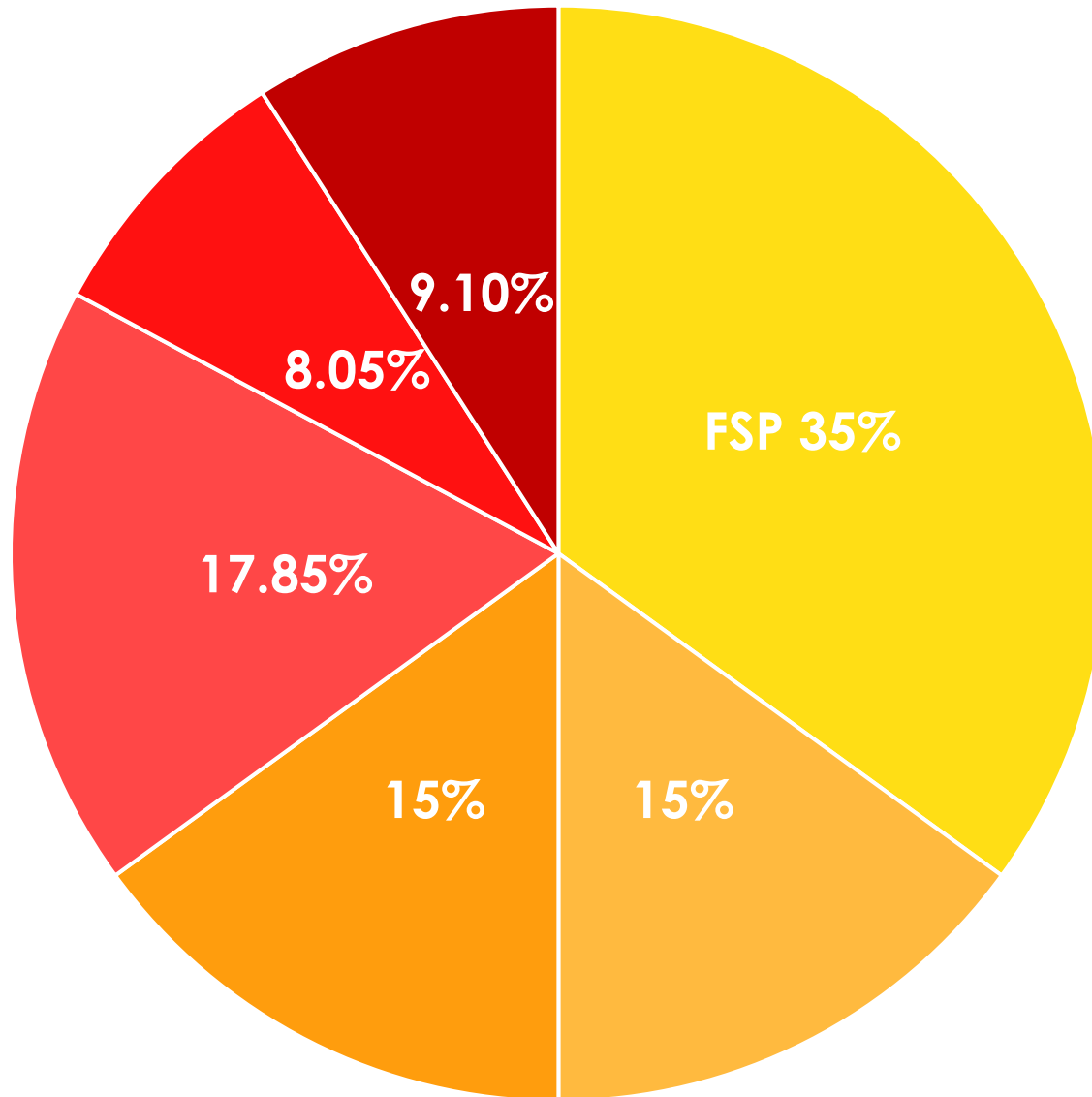
Behavioral Health Services Act (BHSA)



BHSA County Allocation

- Full Service Partnership 35%
- Housing 30%
- Behavioral Health Services and Supports 35%

High level BHSA County Allocation



- Full Service Partnership 35%
- Housing - Chronically Homeless 15%
- Housing -Other 15%
- Behavioral Health Services and Supports (BHSS) 17.85%
- Behavioral Health Services and Supports Early Intervention (EI) 8.05%
- Behavioral Health Services and Supports EI to serve individuals age 25 and younger 9.10%

BHSA Overview

Housing Intervention (30%)

For children and families, youth, adults, and older adults living with Serious Mental Illness and or SUD who are experiencing or at risk of homelessness.

50% is prioritized for housing interventions for the chronically homeless, up to 25% may be used for capital development, includes rental subsidies, shared and family housing.

Full Service Partnerships (35%)

Includes mental health, supportive services, and substance use disorder treatment services. Informally referred to as “whatever it takes” model.

Establishes standard of care with levels based on criteria for step-down into the least intensive level of care.

Behavioral Health Services and Supports (35%)

Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.

51% of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse and 51% of these Early Intervention services and supports must be for people 25 years and younger.

MHSA Categories, Programs and Contracts

Community Services and Supports (CSS) 76%

Contracted Services

Client and Family Operated Services

- Family Support Groups (NAMI)
- Circle of Friends Wellness Center (Hill Country)
- Sunrise Mountain Wellness Center (Kingsview)

Crisis Services

- Crisis Intervention Response Team CIRT (Redding Police)
- Mobile Crisis Team (Hill Country)
- CARE Center (Hill Country)
- Assisted Outpatient Treatment (Kingsview)

Rural Health Initiative/Federally Qualified Health Centers

- Round Mountain (Hill County Health and Wellness Center)
- Burney (Mountain Valleys Health Center)
- Redding (Shasta Community Health Center)

Housing Continuum

- Woodlands (Permanent Supportive Housing)
- Ridgeview Board and Care (Transitional Housing)
- Jim & Liza's Care Home (Transitional Housing)
- Casa Serenity (Transitional Housing)
- Cascades Management (Transitional Housing)

County Behavioral Health Programs

Shasta Triumph and Recovery (STAR)

Older Adult

Crisis Services

- Care Coordination (TAD, MHC's, Staff in the ER, ACCESS)

Crisis Residential and Recovery Center (CRRC)

Co-Occurring/Primary Care Integration

Outreach

Prevention and Early Intervention (PEI) 19%

Contracted Services

Children and Youth in Stressed Families

- Triple P
- At Risk Middle Schoolers (Botvin)
- IMPACT

County Behavioral Health Programs

Children and Youth in Stressed Families

- Trauma Focused Treatment
- 0-5

Individuals Experiencing Onset of Serious Psychiatric Illness

- Early Onset

Stigma and Discrimination Reduction

- Stand Against Stigma
- Peer Support Program

County Public Health Programs

Children and Youth in Stressed Families

- ACES

Outreach for Increasing Recognition of Early Signs of Mental Illness

- Community Mental Wellbeing

Suicide Prevention

Innovations (INN) 5%

Contracted Services

Psychiatric Advance Directives PAD

Workforce Education and Training (WET)

Contracted Services

CalMHSA Superior Region Partnership

Capital Facilities and Technology Needs (CFTN)

N/A

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

First workgroup started in May 2024

Assembly Bill (AB) 531

Behavioral Health Continuum Infrastructure Program

Bond BHCIP



Bond BHCIP

The second portion of Prop 1 is Assembly Bill 531: Behavioral Health Bond Act

This bill authorizes \$6.4 billion in bonds to finance:

- Behavioral health treatment beds
- Supportive housing
- Community sites
- Funding for housing veterans with behavioral health needs

There will be two rounds of funding:

- Round 1: Launch Ready
- Round 2: Unmet Needs

Prop 1 Timelines

Q3 2024

- Bond BHCIP Round 1: Launch Ready Request for Application (RFA) release

Q4 2024

- Bond BHCIP Round 1: Launch Ready RFA due

Q1 2025

- Initial BHTSA Policy Guidance Issued
- Develop three-year (2026-2029) implementation plans for integrated planning

Q2 2025

- Bond BHCIP Round 1: Launch Ready awards announced
- Bond BHCIP Round 2: Unmet Needs RFA released
- Subsequent BHTSA Policy Guidance Issued (DHCS will continue to release policy and guidance in phases)

Q3 2025

- Bond BHCIP Round 2: Unmet Needs RFA due
- Subsequent BHTSA Policy Guidance Issued

Q1 2026

- Bond BHCIP Round 2: Unmet Needs awards announced
- Subsequent BHTSA Policy Guidance Issued

Q2 2026

- First Integrated Plan due (for FY 26-29)



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Thank you!

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For more information visit
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