

Solano County Behavioral Health

Annual Prevention and Early Intervention Report FY 2017/18

Mental Health Services Act: A Review of Services Provided FY 2016/17 December 2017



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Introduction

Purpose of This Document

This report highlights the data related to the Solano County Behavioral Health (SCBH) Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs and service delivery for fiscal year (FY 2016/17. The findings of this report—and in particular the demographics—of those community members served will be used to continue to assist the county in identifying strategies to reduce stigma and to address disparities within our system of care.

Mental Health Services Act History

Mental illness affects over two million Californians each year, causing devastating personal suffering among individuals and their families, and imposing huge financial burdens on taxpayers, state and county services. Unrecognized, untreated, or inadequately treated mental illness results in staggering public costs for health care, psychiatric hospitalization, incarceration, homeless services, and other public services.

In November 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% increase in personal income taxes for individuals with incomes over \$1 million to expand mental health services. MHSA, which was implemented in 2005, was written in partnership with individuals and their families whose lives are affected by mental illness and community leaders. MHSA calls for each county to create a state-of-the-art, culturally competent continuum of care that promote wellness and recovery for all age groups from birth to the end of life. Much of the funding is distributed to county mental health programs upon approvals of their Three-Year Integrated Plans. MHSA provides funding to expand community mental health services via five different components: Prevention and Early Intervention (PEI); Innovation ((NN); Community Services and Supports (CSS); Workforce Education and Training (WET); and Capital Facilities and Technological Needs (CFTN). This particular report is focused on the PEI services and programs rendered during FY 2016/17.

Prevention and Early Intervention Regulations

Prevention and Early Intervention (PEI) strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—in particular to traditionally unserved and underserved communities.

In October of 2015 the state passed new PEI regulations that further defined two core strategies and specific PEI program approaches required for each County. The two state-defined PEI core strategies include:

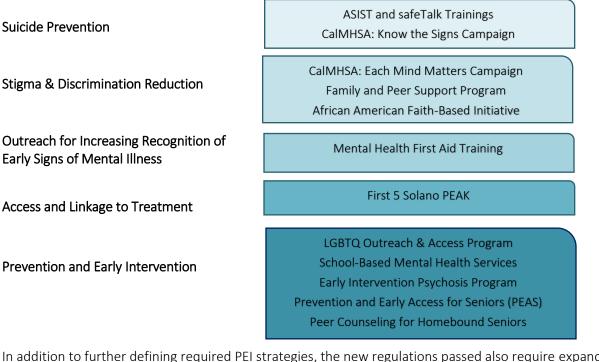
- Access and Linkage to Treatment intended better track and evaluate referrals to treatment services for individuals identified as having a serious mental health condition in order to ensure individuals are linked and engage in treatment and to determine duration of untreated mental illness.
- Improving Timely Access to Services for Underserved Populations intended to better track and evaluate access and referrals for services—to include prevention, early intervention, or treatment program beyond early onset—for specific populations identified as underserved.

The six state-defined approaches for PEI programs and services include:

- Suicide Prevention- organized activities that the County undertakes to prevent suicide as a consequences of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.
- Stigma and Discrimination Reduction includes direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
- Outreach for Increasing Recognition of Early Signs of Mental Illness activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- Access and Linkage to Treatment activities to connect children, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.
- Prevention activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing serious mental illness.
- Early Intervention & Treatment to include treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Local PEI Programs

SCBH ensures that the PEI programming and services include the following strategies: community-wide prevention; targeted prevention; and targeted prevention and early intervention programs. Many of the PEI programs embody two or more of the aforementioned state-defined PEI approaches, however for reporting purposes SCBH has organized the programs in the following manner:



In addition to further defining required PEI strategies, the new regulations passed also require expanded data collection to include the collection of state-defined demographic data to include; age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, and disabilities for participants receiving services.

Implementation Plan

SCBH began planning for implementation of the new regulatory requirements during FY 2015/16 with a goal to approach the initiative in two phases. During Phase I the existing PEI programs were convened and informed of pending changes in data collection and reporting requirements. SCBH provided a self-reporting demographic tool *Solano County Mental Health Services Act Program-Demographic Information* form (see Appendix) in English and Spanish, that programs could use to gather demographic information from their program participants. Additionally, for programs providing early intervention services the group discussed strategies to gather demographic information through face-to-face clinical interview. In addition to providing a self-reporting tool for programs to use with their participants, SCBH developed a monthly data submission tool *Demographic Data Collection Form* (see Appendix) for PEI programs to submit with their monthly performance outcome reports. Over the course of time the data submission tool has been refined to include separate tracking for participants receiving direct services, and participants attending a one-time training/event. In addition to the practical implementation of the data collection PEI contracts were amended to include the new requirements.

Phase II consisted of instituting the tracking of timely access, and referral/linkage activities. Due to the complexity of this new requirement related to tracking whether individuals followed through with referrals, SCBH is implementing this in two stages. During FY 2016/17 PEI programs began to track the number of referrals and linkages they were making and reporting that to SCBH. During FY 2017/18 an expanded referral and linkage tool was implemented (see Appendix) to assist PEI programs in tracking their referral and linkage activities. The tool pulls for referrals to programs that are identified as Solano County Mental Health Plan (MHP) programs. The SCBH MHSA Unit will utilize this information to track timeliness related to access and linkage to treatment under the Solano MHP.

Challenges and Barriers

The new PEI requirements have been challenging to implement in terms of data collection systems and current workflows, particularly for some of our PEI contractors who are small non-profit organizations with limited resources. Having said that, the PEI contractors have been open and responsive to the changes. Additionally, for some PEI programs the setting in which they provide services; i.e. schools, faith communities, etc., at times provided challenging in regards to particular demographic data required. Specific program barriers are included in the report to follow. The SCBH MHSA team continues to provide technical assistance for PEI programs related to data collection and reporting practices.

Suicide Prevention

The following suicide prevention activities were conducted FY 2016/17:

- safeTALK Trainings–8 trainings were provided with a total of 163 participants attending the trainings.
- Applied Suicide Intervention Skills Training (ASIST) 2 trainings were provided with a total of 32 participants attending the trainings.
- National Suicide Prevention Week Proclamations & Resolutions In September of 2016 four local cities: Vallejo, Benicia, Fairfield and Vacaville and the County of Solano, passed local proclamations/resolutions declaring September 5-11, 2016 as Suicide Prevention Awareness Week.
- **CalMHSA Know the Signs Toolkits** –SCBH partnered with the Solano County Office of Education to distribute "Suicide Prevention Know the Signs (KTS) Toolkits" during National Suicide Prevention Week. KST Toolkits were delivered to 42 local middle and high schools.
- National Suicide Prevention Lifeline 1457 calls were received on the Lifeline 1-800-273-TALK/8255.
- Suicide Prevention Committee The Solano County Suicide Prevention Committee actively met throughout the year. The Committee planned and began facilitating a community planning process to create a countywide Suicide Prevention Strategic Plan. The plan includes prevention, intervention, and postvention strategies tailored to meet the needs of the local community.

Stigma Reduction and Discrimination Reduction



May is Mental Health Awareness Month Photo Booth

During FY 2016/17 there were several partners who engaged in community-wide stigma and discrimination reduction efforts—and in particular honoring May is Mental Health Month—campaign. Demographic data was not collected for these activities due to the nature of the activity and the organizers of the activities were not PEI funded.

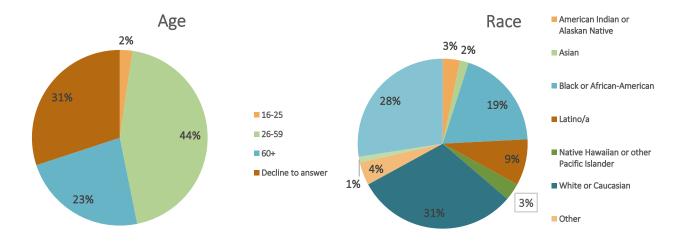
Each Mind Matters May is Mental Health Awareness Month –There were several events held to promote May is Mental Health Awareness Month to combat stigma and raise awareness about mental health including:

- On May 2, 2017, the Solano County Board of Supervisors adopted a County "May is Mental Health Awareness Month" Resolution. Consumers and staff from County and Community-based programs were present for the presentation.
- The Solano County Behavioral Health Wellness & Recovery Unit sponsored a kickoff event attended by 200 consumers, family members, staff, contractors, members of the community & members of the media. Consumers shared stories of wellness and recovery as well as powerful poetry readings. Consumer artwork was displayed. The following awards were presented: Consumer Champion Award and several Community Hero Awards.
- The Solano County Mental Health Advisory Board sponsored an art reception displaying consumer artwork and a separate event was held for the viewing of "*Shattered Families*", a documentary by Dr. Steven Seager.
- The Solano County Behavioral Health MHSA Unit hosted a wellness event for County Health and Social Services staff that included a meditation room, an opportunity for art, and a photo booth activity promoting laughter and fun.
- Caminar held their 2nd annual Art Inspiration exhibit at the Vallejo City Hall where consumers displayed their photography for all to see and hosted their 6th annual "Cammie Awards" celebrating consumer success stories and working to reduce stigma.
- Circle of Friends Wellness Center sponsored a Cinco de Mayo BBQ which included a health fair attended by Solano County and Touro University providers who conducted blood pressure and diabetes checks and hosted a Mother's Day Tea Party with a sip and paint theme.
- St. Stephen CMH Church in Fairfield hosted a "Going Green for Mental Health Awareness" Day of Worship event which included education and stigma reduction activities. Mount Calvary Baptist Church hosted the "Breaking the Silence" workshop developed to address the full spectrum of mental health challenges, particularly as present and experienced in the African American family and community.

The following PEI programs are primarily focused on implementing stigma and discrimination reduction strategies, however they may also engage in prevention activities including relapse prevention for individuals in recovery from a mental health condition.

Agency Name: National Alliance on Mental Illness (NAMI): Solano Chapter Title of Program: Family and Peer Support Program Number Served: 376

This program provides support and advocacy to individuals with mental illness and their family members through workshops and trainings to the local community as well as support groups for peer consumers. A key aim is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.



Demographic Breakdown of NAMI Direct Services

Ethnicity: Non-Hispanic/Latino

2%

2%

African

European

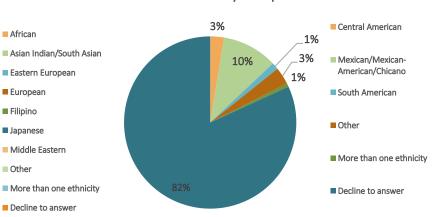
Filipino

Other

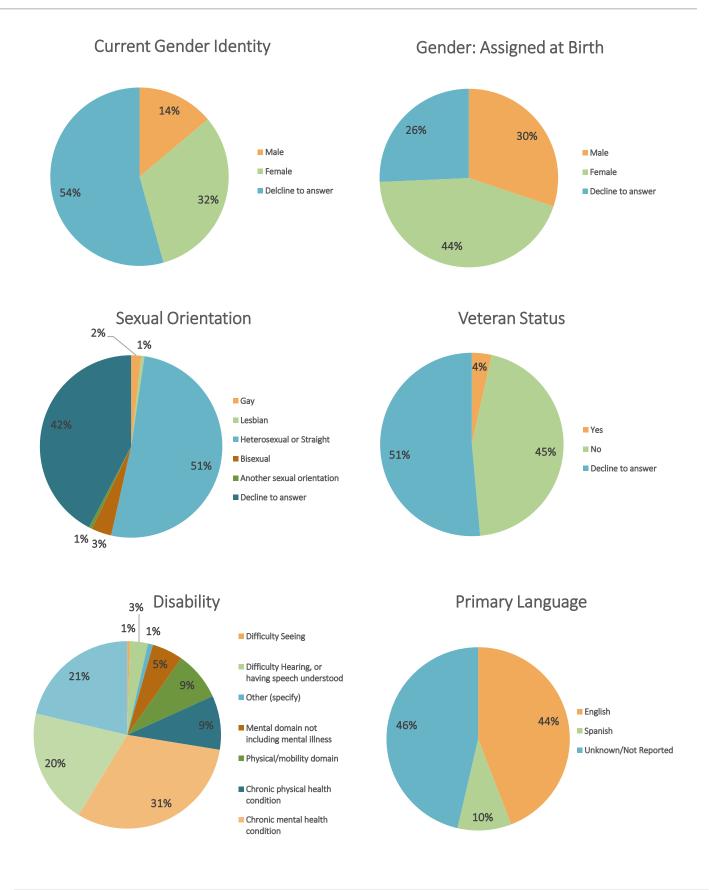
Japanese Middle Eastern

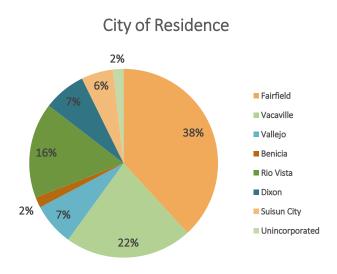
2% <u>1% 2% 1%</u> 1%

83%

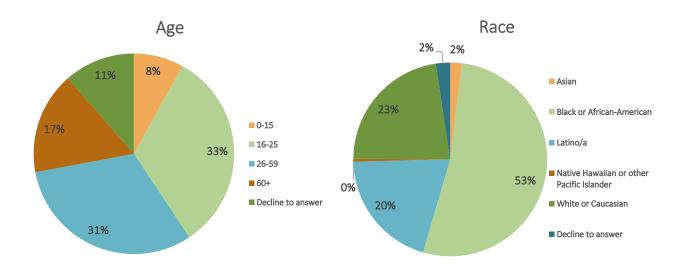


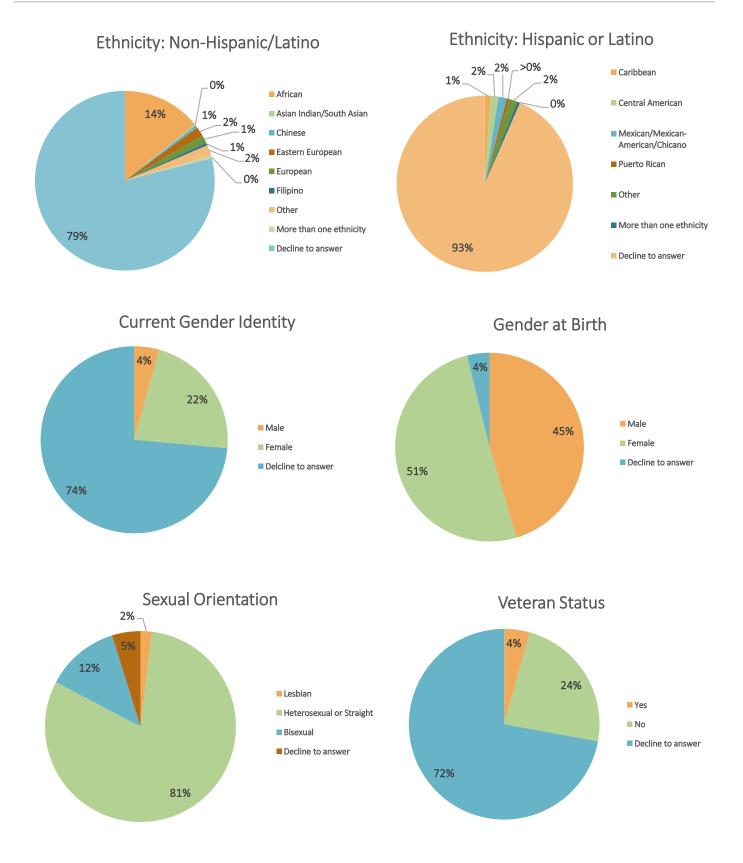
Ethnicity: Hispanic or Latino

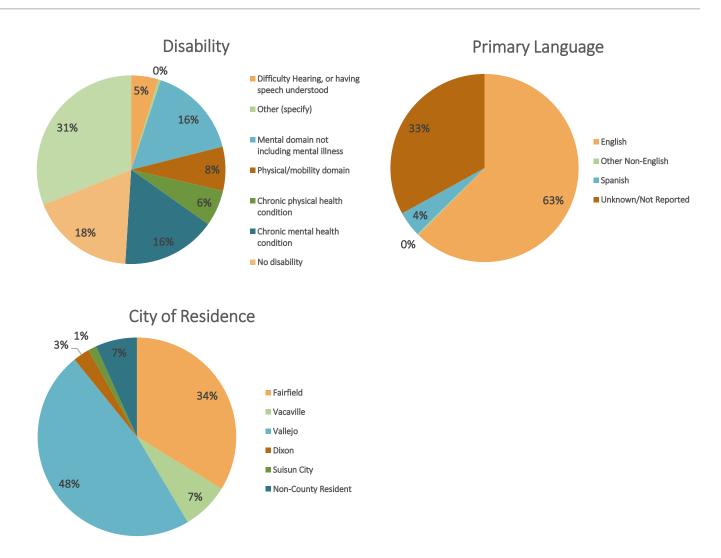




Demographic Breakdown of NAMI Training/Outreach Activities







Challenges & Barriers

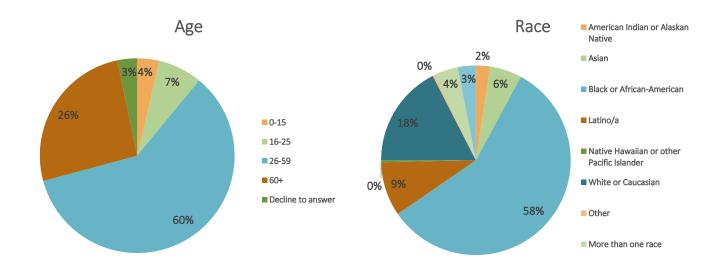
Due to limited program staff and the use of volunteers to provide family and peer support groups demographic data collection was challenging. SCBH worked closely with the program to develop mechanisms to track and report required data.

Consultants: Gigi Crowder (lead), Pastor Horacio Jones and Minister Monique Tarver **Title of Program:** African American Faith-Based Initiative (AAFBI): Mental Health Friendly Communities **Number Served: 1042**

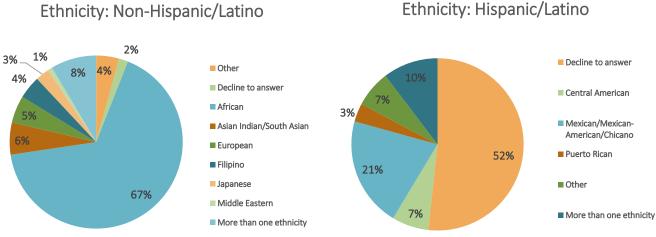
The AAFBI project is delivered in partnership with three independent consultants and several faithleaders, with a goal to create mental health friendly communities to support individuals with mental illness and their families through local African American faith communities. Consultants provide trainings for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions within the faith community, which includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide trainings for mental health providers on best practice to utilize when working with African American consumers.

Demographic Breakdown of AAFBI Direct Services

This program does not provide direct services.

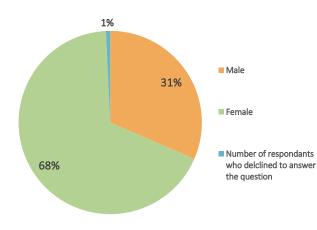


Demographic Breakdown of AAFBI Training/Outreach Activities

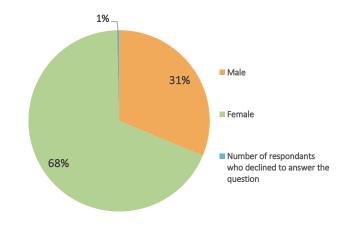


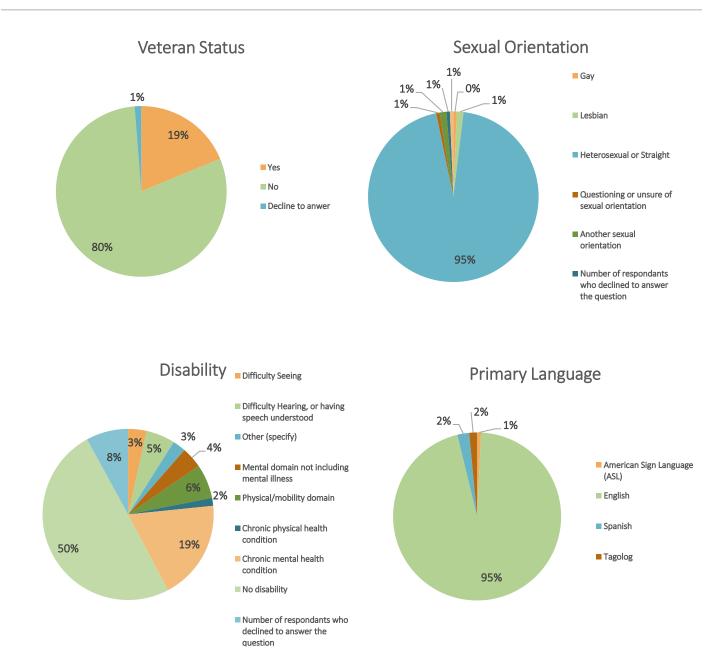
Ethnicity: Hispanic/Latino

Current Gender Identity



Gender at Birth





Challenges & Barriers

The AAFBI program consultants did report some barriers in regards to collecting demographic information, as well as referral/linkage data as this involved collecting identifying information. The primary issue identified was the pervasive stigma associated with mental health within the African American community which was further compounded by the setting of faith communities.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Several of the PEI funded programs employ strategies to provide education and training for the community in the recognition of the early sings of mental illness, however those programs are more weighted towards prevention/early intervention therefore those programs will be reported on in the pages to follow. That said, SCBH has ensured that MHSA funds a specific community training curriculum designed to educate community members to become potential responders.

Agency Name: SCBH Staff and Area Agency on Aging Title of Strategy: Mental Health First Aid (MHFA) Training Number of Trainings: 2 English trainings Number Served: 21

MHFA is an 8-hour course that teaches the signs mental illness and substance use disorders. Training participants will learn skills need to provide support to someone who may be developing a mental health or substance use problem or experiencing a crisis. There is a portion of the training focused on recognizing the signs of suicide thus this curriculum further supports the County's suicide prevention efforts.

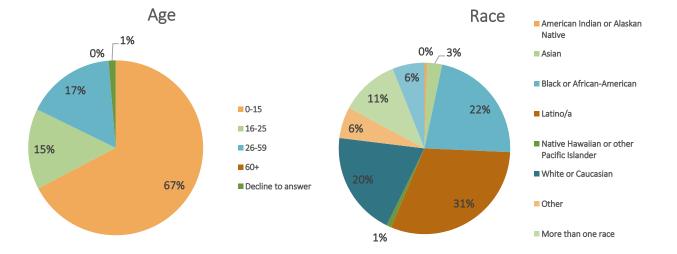
Challenges & Barriers

Demographic data was not collected by the MHFA facilitators during FY 16/17.

Access and Linkage to Treatment

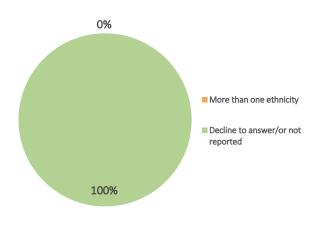
Agency Name: First 5 Solano Title of Program: Partnership for Early Access for Kids (PEAK) Number Served: 1206

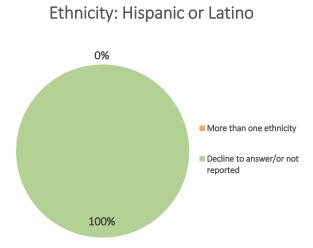
The PEAK Program which is co-funded by SCBH and First 5 Solano, is delivered by three communitybased organizations including Child Haven, Uplift Family Services, and Solano Family Children's Services. Their focus is on providing parent and caregiver educational workshops, provider educational trainings on the topic of early mental health prevention and intervention, and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment.

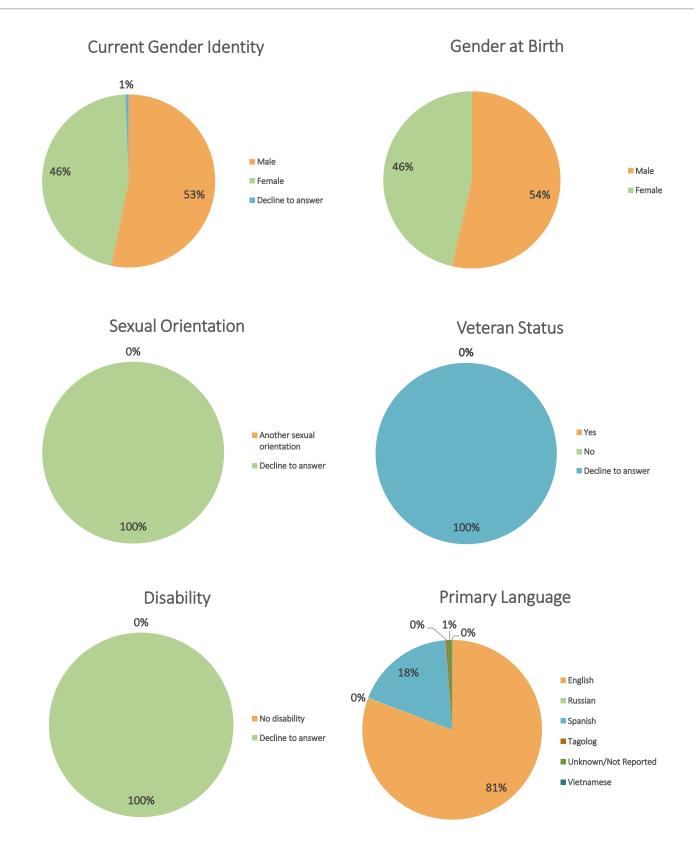


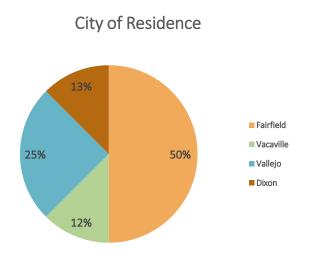
Demographic Breakdown of First 5 PEAK Direct Services

Ethnicity: Non-Hispanic/Latino

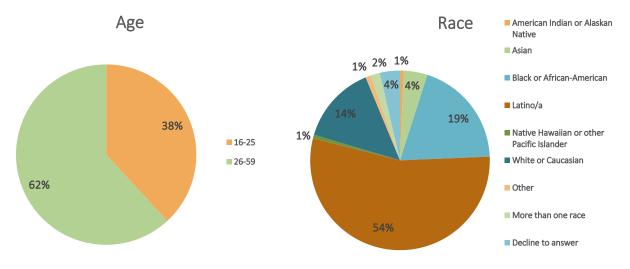


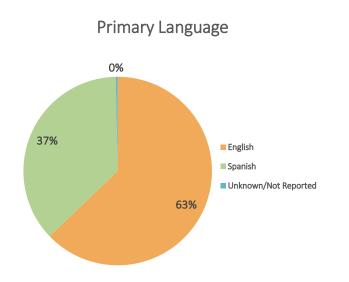






Demographic Breakdown of First 5 PEAK Training/Outreach Activities





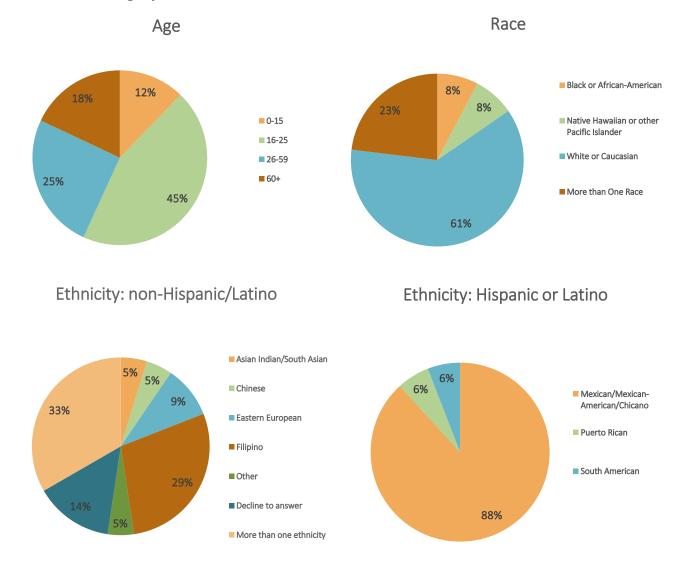
Challenges & Barriers

Data collection has been a challenge in regards to the setup of the database used by PEAK providers which does not have many of the demographic fields that MHSA tracks. Additionally, SCBH does not contract directly with the PEAK providers as these providers are under contract with First 5 Solano and the multi-year contracts were initiated prior to the implementation of the PEI regulations. The PEAK providers collected partial demographic information for training participants. SCBH is working with First 5 Solano to implement tracking of the required data for FY 17/18.

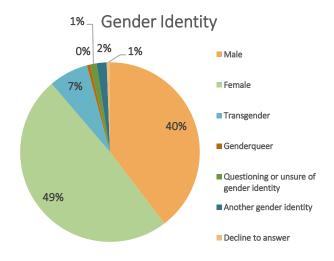
Prevention and Early Intervention

Agency Name: Rainbow Community Center of Contra Costa County and Solano Pride Center Title of Program: Lesbian, Gay, Bisexual, Transgendered, Queer (LGBTQ) Outreach and Access Program Number Served: 508

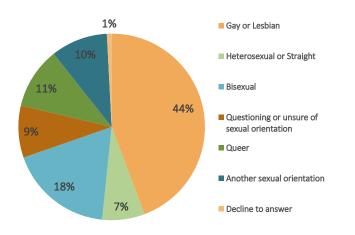
The LGBTQ Outreach & Access Program, delivered by community-based organizations, is designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one's identity.

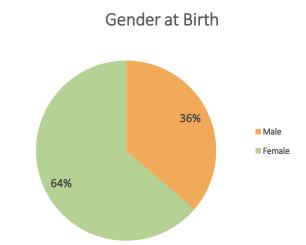


Demographic Breakdown of Rainbow/Solano Pride Direct Services

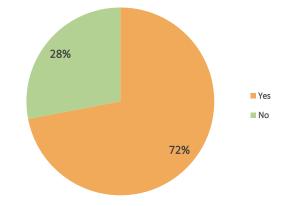


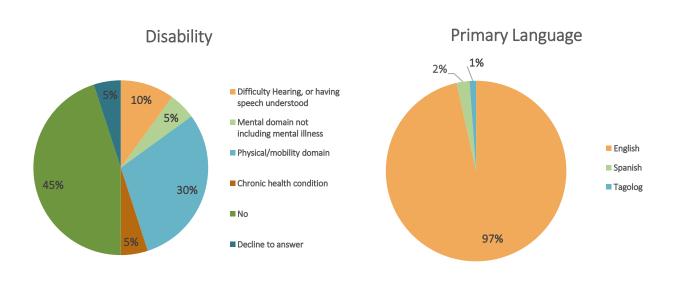
Sexual Orientation



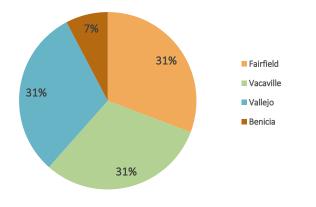


Veteran Status





City of Residence

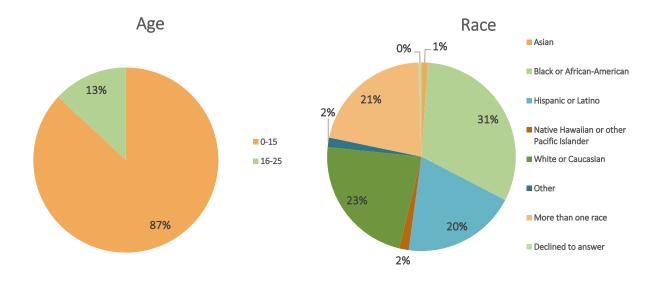


Challenges & Barriers

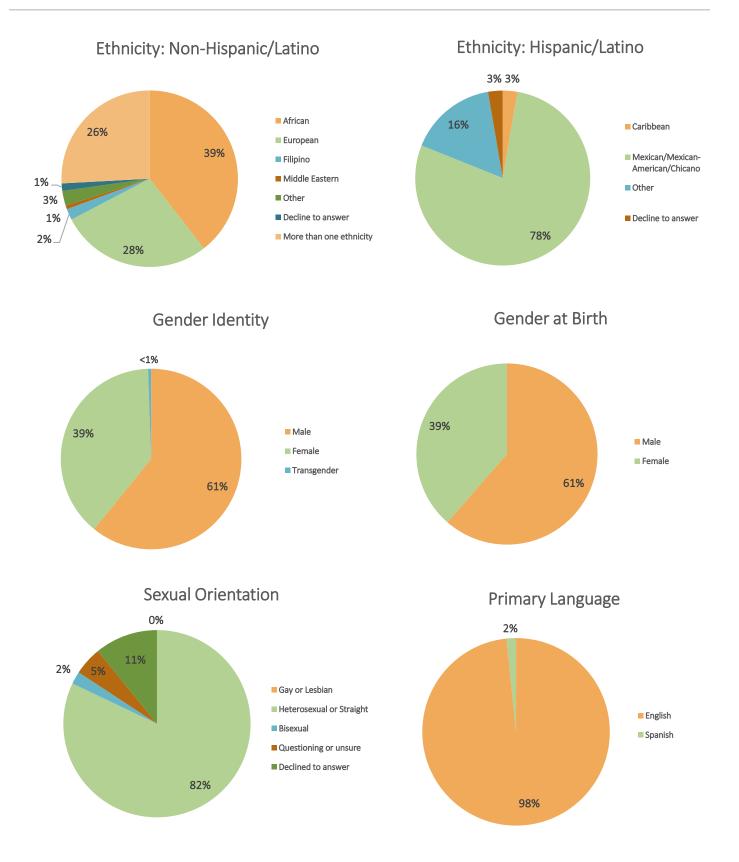
The Rainbow/Solano Pride program reported some barriers in regards to collecting demographic information. The primary issue identified was pervasive stigma associated with both mental health and LGBTQ status. While members of the LGBTQ community are accessing support and services through the Solano Pride Center, there are some individuals who are not comfortable providing any identifying information.

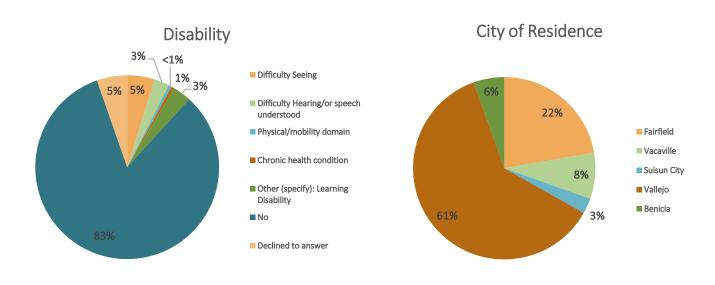
Agency Name: A Better Way Title of Program: School-Based Mental Health Service Program Number Served: 599

The School-Based Mental Health Services program, provided by several community partners, serves children and youth grades K-12 providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County. Prevention services include education and support for school personnel and parents. In addition to school-based services, this vendor also provides services for youth involved in the Mentally III Offender Crime Reduction (MIOCR) diversion program. The MIOCR diversion program is the result of a multi-disciplinary partnership between Solano County Probation, Solano County Behavioral Health, Fairfield Suisun Unified School District, Fairfield Police Department, and A Better Way whereby students who are involved with the juvenile justice system are routed to the diversion program for specialized support from Probation and mental health services including assessment and brief mental health treatment.

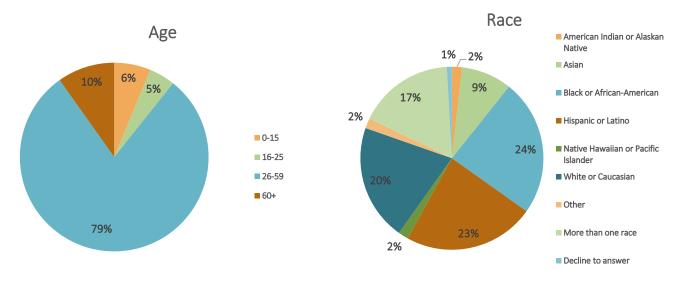


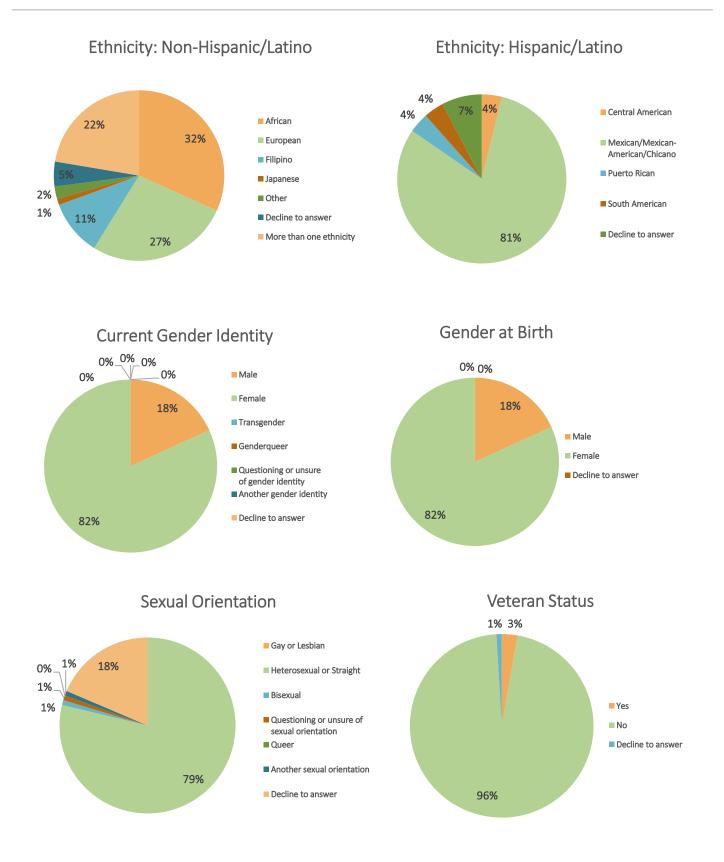
Demographic Breakdown of A Better Way Direct Services

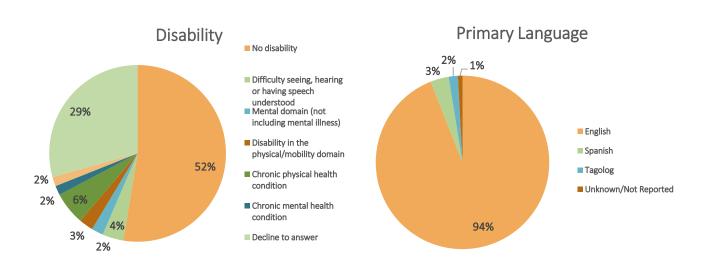




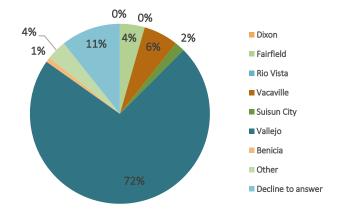
Demographic Breakdown of A Better Way Training/Outreach Activities







City of Residence

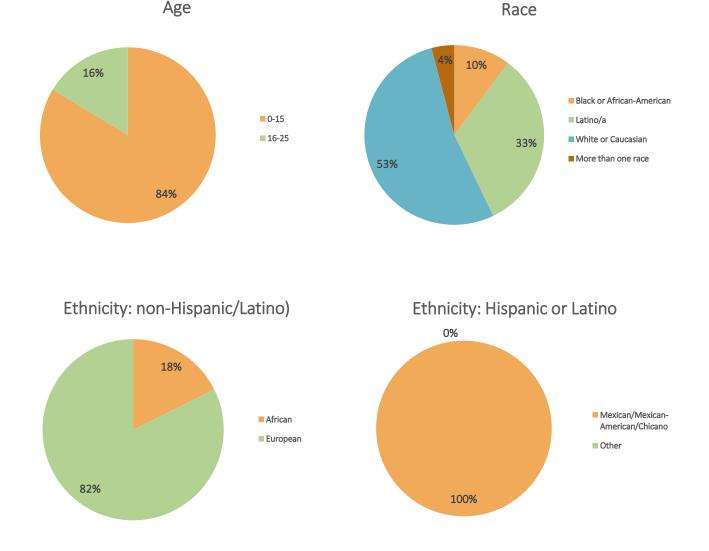


Challenges & Barriers

None report.

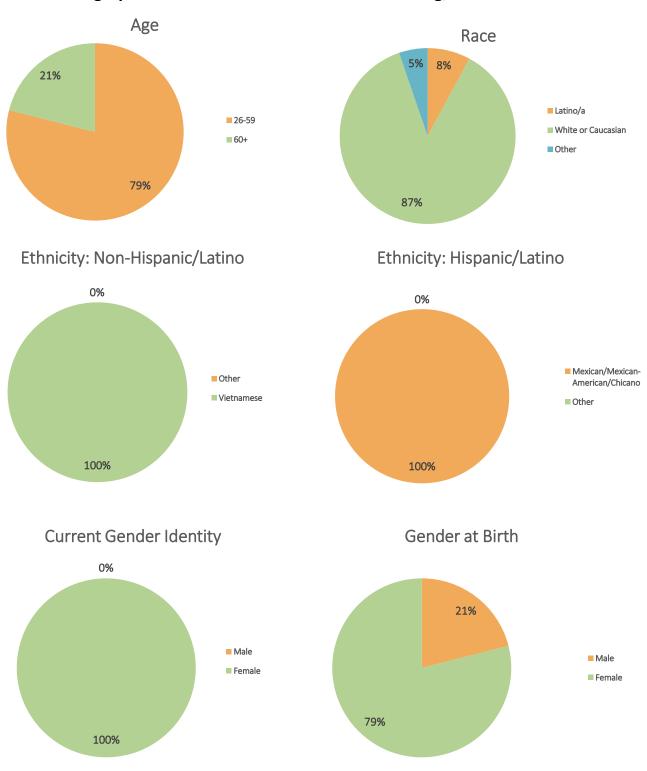
Agency Name: Rio Vista CARE, Inc. Title of Program: School Based Mental Health Program Number Served: 87

The School-Based Mental Health Services program, provided by several community-based organizations, serves children and youth grades K-12 providing prevention services and early intervention mental health treatment services in selected school sites in the city of Rio Vista. Prevention services included education and support for school personnel.



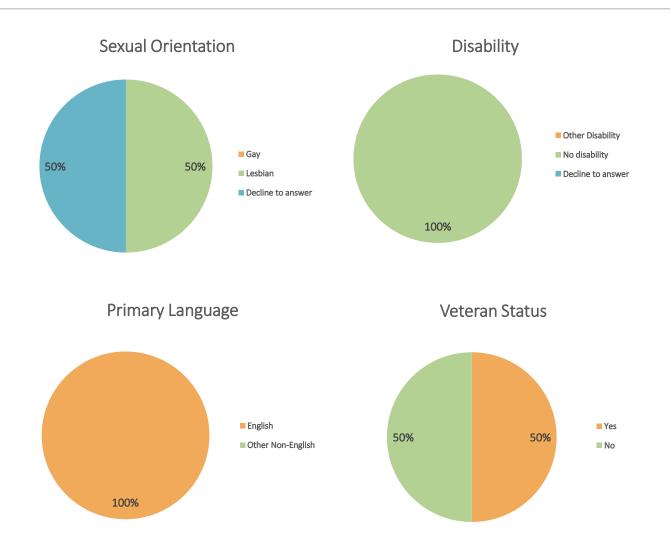
Demographic Breakdown of Rio Vista Direct Services





Demographic Breakdown of Rio Vista Care Training/Outreach Activities





Challenges & Barriers

The agency had changes in regards to clinical oversight which resulted in challenges with data collection, particularly for the trainings provided. The program did not collection demographic data for trainings offered. SCBH continues to provide technical assistance in order to strengthen the data collection and reporting processes.

Agency Name: Solano County Office of Education (SCOE) Title of Program: MHSA Prevention Early Intervention School Age Program Number Served: 225

SCOE serves as a liaison between the County, contracted school-based mental health provider (A Better Way), and local school districts to provide school-based prevention and early intervention services to children/youth ages 6-18. Additionally, SCOE staff provide trainings for school personnel and parents and starting in FY 17/18 SCOE will provide prevention workshops for students.

Demographic Breakdown of SCOE Direct Services

During FY 16/17 SCOE did not provide direct services therefore there was no demographic information collected.

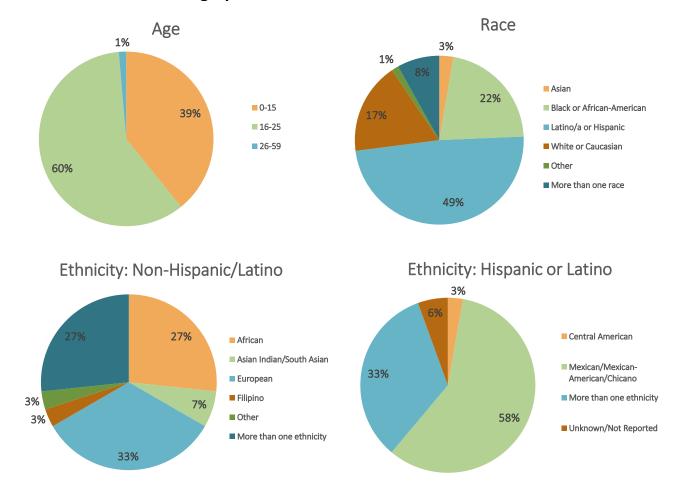
Demographic Breakdown of SCOE Training/Outreach Activities

No data reported.

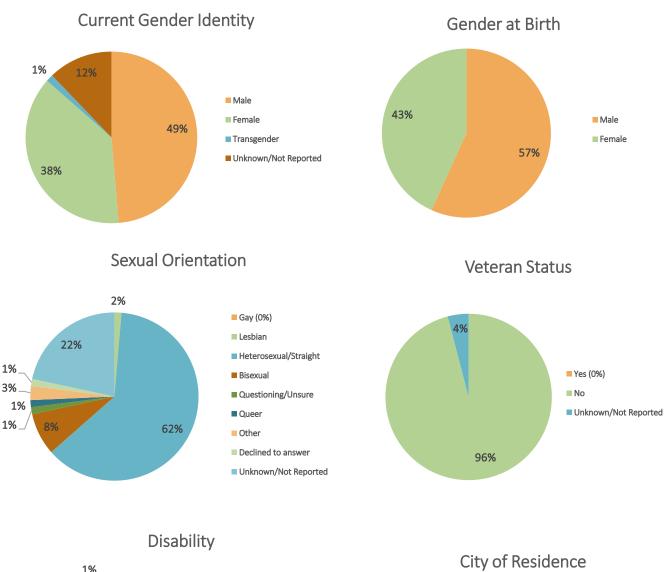
Challenges & Barriers

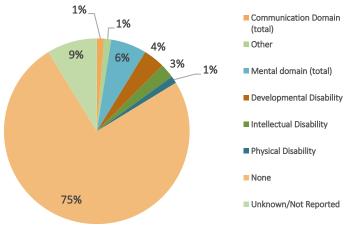
For most of the FY the scope of the work—with the exception of small number of trainings—was focused on a liaison role between SCBH and an alternative provider identified to provide direct school-based mental health services. SCOE did not implement the collection of demographic data for trainings provided during FY 16/17. SCBH has provided technical assistance to implement a data collection and reporting process. Agency Name: Aldea Children and Family Services Title of Program: Supportive Outreach & Access to Resources (SOAR) Number Served: 380

The SOAR Program, delivered by a community-based organization, provides education and outreach activities within the community to heighten awareness about early signs of psychosis and stigma reduction. The core component of the program is the provision of early intervention including evidenced-based mental health treatment services to individuals between the ages of 12-30 who have experienced their first episodic break of psychosis or currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model.



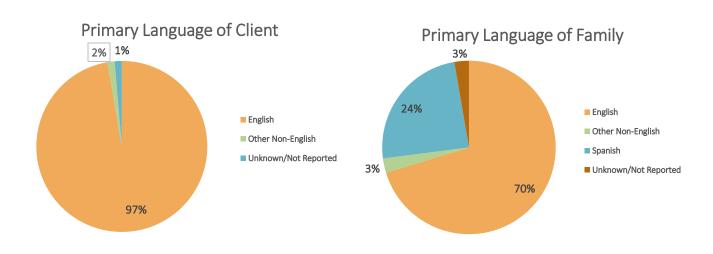
Demographic Breakdown of Aldea Direct Services



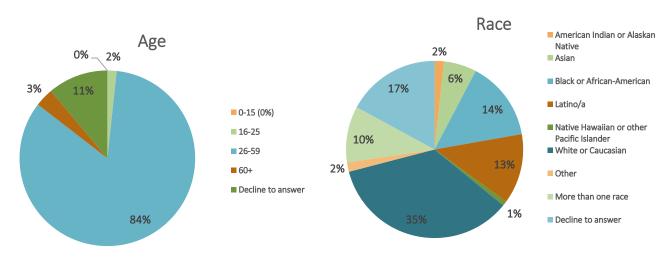


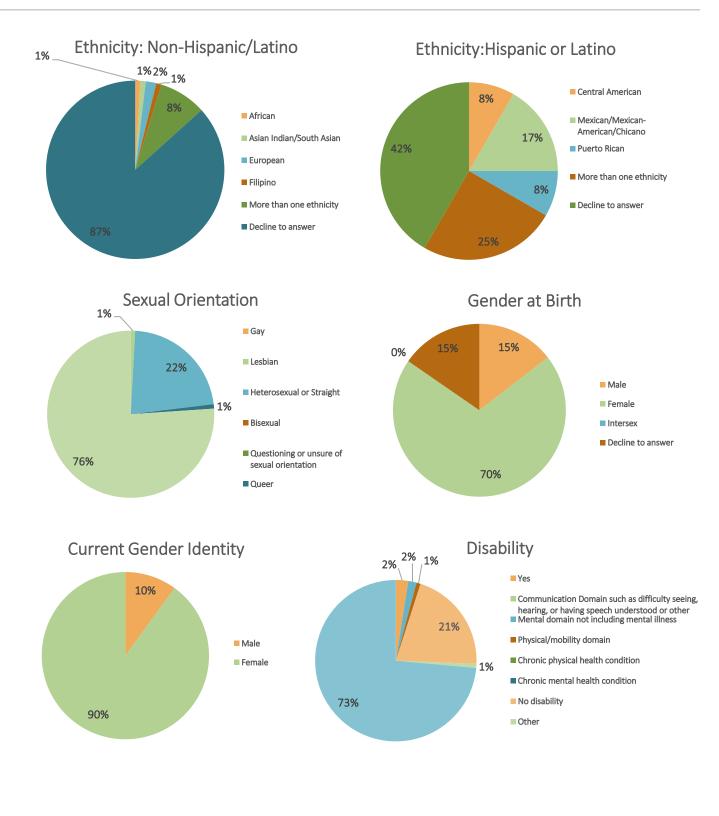
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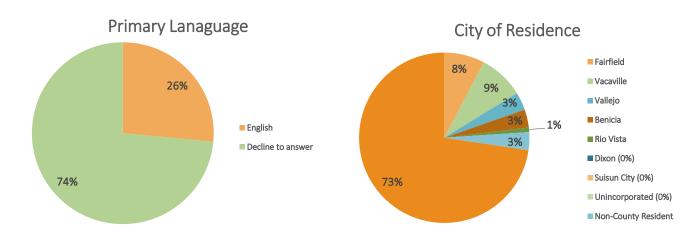




Demographic Breakdown of Aldea Training/Outreach Activities







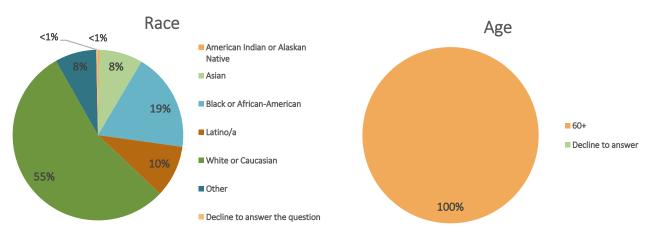
Challenges & Barriers

Initially there were challenges in regards to agreed upon expectations related to collecting demographic data for individuals who were screened and determined not eligible for the program, however this was resolved quickly.

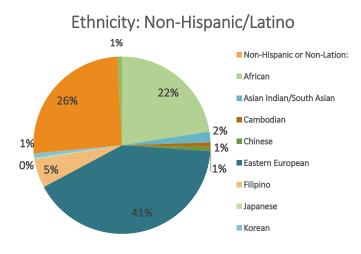
Agency Name: Area Agency on Aging

Title of Program: Prevention and Early Access Program for Seniors (PEAS) Number Served: 1638

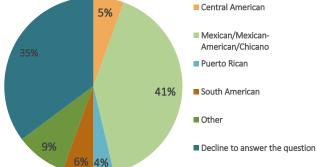
The PEAS Program, delivered by a community-based provider, conducts community outreach education, case management, screenings/assessments, and brief counseling for older adults who may have experienced a loss, are exhibiting signs of depression or anxiety, or who live with a mental illness and need support to continue to maintain their independence in the community. In addition, this program provides trainings on recognizing mental health conditions and suicide prevention communitywide.



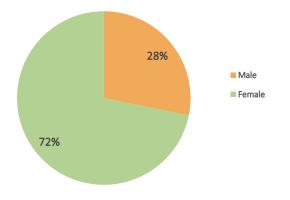
Demographic Breakdown of Area Agency on Aging Direct Services



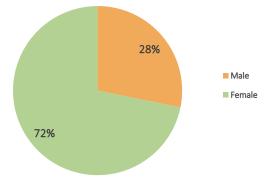
Ethnicity: Hispanic or Latino

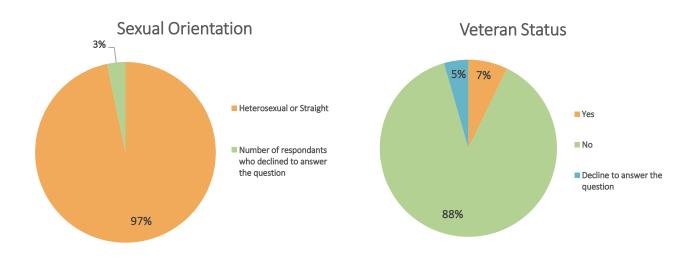


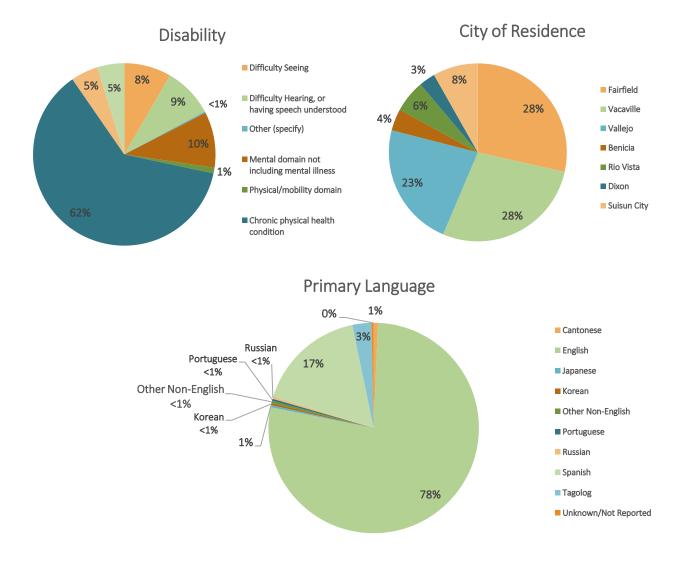
Gender at Birth

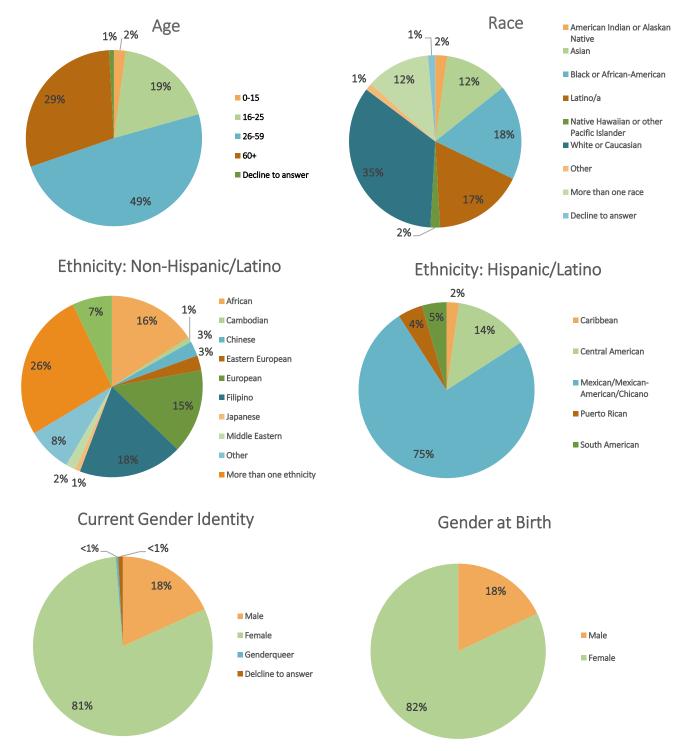


Current Gender Identity

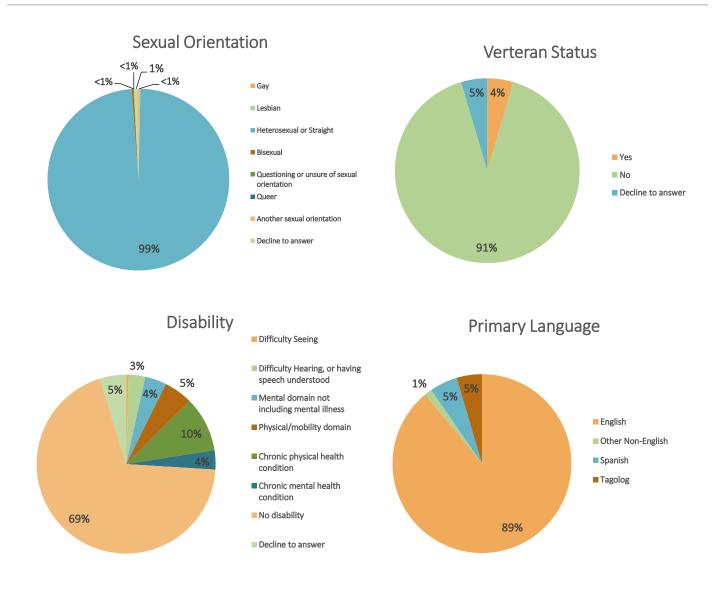


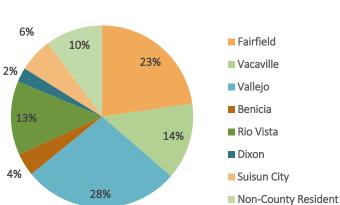






Demographic Breakdown of Area Agency on Aging Training/Outreach Activities





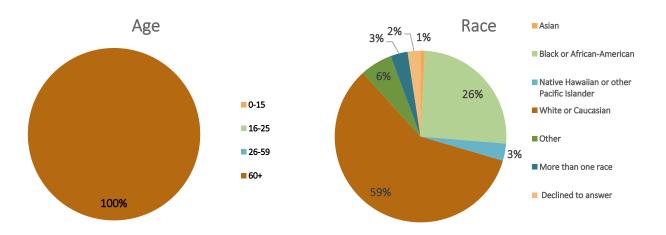
City of Residence

Challenges & Barriers

The program reported barriers regarding the identification of sexual orientation and current gender identity for senior participants, and in particular those participants that now live in assisted living due to fear of stigma and discrimination.

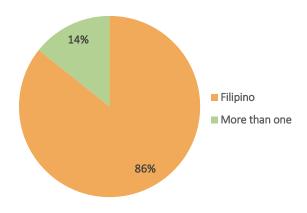
Agency Name: Faith in Action Title of Program: Peer Counseling for Homebound Seniors (PCHS) Number Served: 249

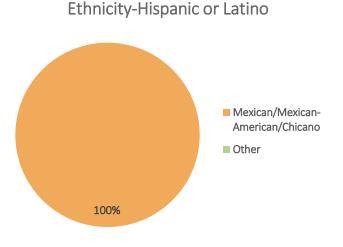
The PCHS Program, delivered by a community-based provider, conducts in-person, group, and virtual mental health peer counseling to those individuals who are 60 years and above. Services also include referral and linkage to necessary programs including primary care and intensive mental health services as determined by need.

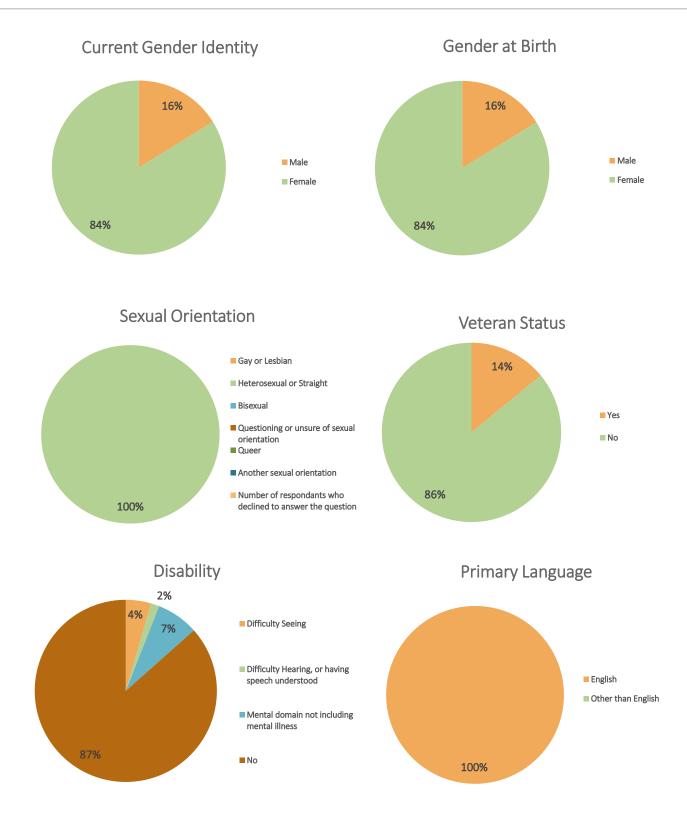


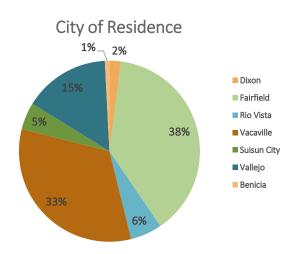
Demographic Breakdown of Faith in Action Direct Services



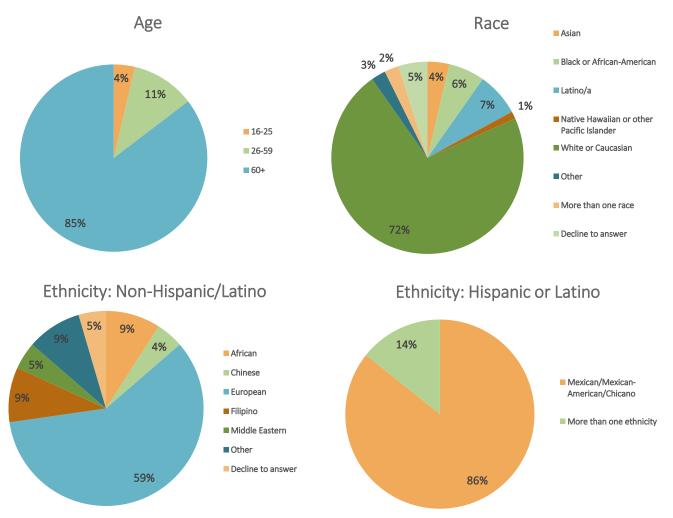


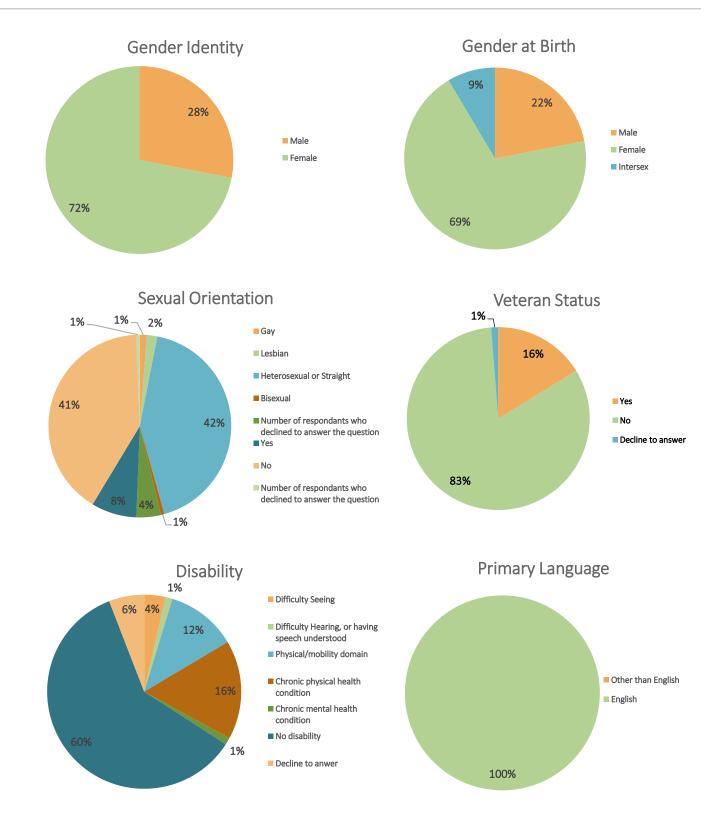


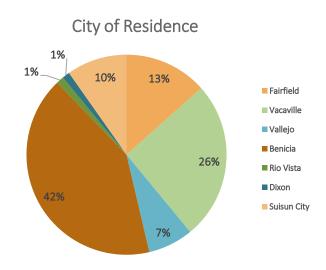




Demographic Breakdown of Faith in Action Training/Outreach Activities







Challenges & Barriers

Much like the other PEI program serving seniors, Faith in Action reported that it was challenging to collect demographic data regarding sexual orientation and current gender identity due to fear of stigma and discrimination which was further compacted by the organization being a faith-based organization. SCBH will continue to partner with the program to help address the stigma through community education.

Summary

SCBH and our PEI contractors have made every effort to implement the new PEI regulations with limited resources. Many of our PEI programs are provided by small community-based organizations that do not have sophisticated data tracking systems. SCBH—and our contractors—recognize the spirit behind the regulations to ensure access to underserved communities and to improve timely linkage to treatment services. The SCBH MHSA Unit will continue to explore tools and mechanisms to support our contractors to adhere to the regulations which will include providing technical assistance as needed.





Solano County Mental Health Services Act Program - Demographic Information

We appreciate your time in filling out this **optional** demographic information form. This information will be provided to Solano County Mental Health Services Act (MHSA) Program. Solano County MHSA is required to report to the State of California on the reach and impact of local prevention and early intervention programs funded by MHSA.

| Date: | Name of Event or Meeting: | City of Residence |
|--------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Age | Ethnicity – Non Hispanic or Non-Latino | Sexual Orientation |
| 🗆 0-15 yrs. 🗆 16-25 yrs. | 🗆 African | 🗆 Gay 🗆 Lesbian 🗆 Heterosexual/Straight 🗆 Bisexual 🗆 Queer |
| □ 26-59 yrs. □ 60-84 yrs. | Asian Indian/South Asian | Question/unsure Other: Decline to answer |
| □ 85+ □ Unknown | Cambodian | Primary Language |
| Decline to answer | □ Chinese □ Eastern European | □ English □ Spanish □ Vietnamese □ Cantonese □ Mandarin |
| Race | European | □ Tagalog □ Khmer □ Hmong □ Russian □ Farsi □ Arabic |
| White | | □ Other |
| Latino | □ Japanese | Veteran Status |
| Black or African American | □ Korean | □ Yes □ No □ Decline to answer |
| □ Asian | Middle Eastern | |
| □ American Indian/ Alaska Native | □ Vietnamese | Do you identify with any of these groups? (mark all that apply) |
| Native Hawaiian/ Pacific Islander | Other | □ LGBTQ □ Involved w/Legal System □ Foster Care Youth |
| Other | □ More than one ethnicity | Decline to answer |
| More than one race Decline to answer | Decline to answer | Individual's disability |
| | Gender Assigned at Birth | □ No disability |
| Ethnicity- Hispanic or Latino | Male | I have a disability, including: (check all that apply) |
| □ Caribbean | Female | Disability in the communication domain such as difficulty seeing, |
| Central American | Decline to answer | hearing or having speech understood, or other |
| Mexican/Mexican-American/Chicano | Current Gender Identity | Disability in the mental domain, not including mental illness (including learning disability, developmental disability, dementia, |
| Puerto Rican | Male Female | autism) |
| South American | 🗆 Transgender 🗆 Genderqueer | Disability in the physical/mobility domain |
| Other | □ Questioning/unsure □ Two-Spirit | Chronic physical health condition |
| More than one ethnicity | □ □ Other | □ Chronic mental health condition |
| | Decline to answer | □ Other |
| Decline to answer | | Decline to answer |
| Commonts/blotos: | | |

Comments/Notes:





Solano County Mental Health Services Act Program - Información Demográfica

Apreciamos su tiempo en llenando esta forma OPCIONAL de información demográfica. Esta información será proveída al Condado de Solano al programa de MHSA. El programa del Condado de Solano MHSA esta requerido por el estado de California a reportar el impacto y el alcance de los programas de prevención e intervención que tiene fondos de MHSA. Gracias.

Fecha: Nombre del Evento o Junta: Ciudad de Residencia Edad Etnicidad – No Hispana o No-Latino Orientación Sexual □ 0-15 yrs. □ 16-25 yrs. □ Gay □Lesbiana □ Heterosexual □ Bisexual Africano Indio Asiático/Asiático del Sur □ 26-59 yrs. □ 60-84 yrs. Cuestionando/Indeciso
 Otro: Prefiero no Camboyano responder □ 85+ Desconocido Chino Lenguaje Preferido Prefiero no responder Europeo del Este Raza □ Inglés □ Español □ Vietnamita □ Cantonés □ Mandarín Europeo □ Tagalo □ Khmer □ Hmong □ Ruso □ Farsi □ Árabe Blanca □ Filipino Latino Japonés Otro: Negra/ Afro Americana Coreano Estatus Veterano Asiático Medio oriental □ Si □ No □ Prefiero no responder Nativo Americano/ Nativo de Alaska Vietnamita ¿ Se identifica con alguno de estos grupos? (margue todos que le Nativo Hawaiano/ Isla Pacifica Otro Otro correspondan) Mas de una etnicidad LGBTQ Involucrado con el Sistema Legal I Jóvenes en Cuidado Tutelar Más de una raza. Prefiero no responder Prefiero no responder Género Asignado Al Nacer (Foster Care) Etnicidad- Hispana o Latino Prefiero no responder Masculino Caribeña Discapacidades del Individuo Femenino Centro Américano Ninguna Deseabilidad Prefirió no responder Mexicano/Mexicano-Tengo una discapacidad, incluvendo: (margue todos que le correspondan) Identidad De Su Género Actual Americano/Chicano Discapacidad de comunicación, tales como dificultad para ver, oír o dificultad del Masuculino E Fememino habla, u otro. Puertorrigueño □ Transgénero □ Discapacidad en el dominio mental, sin incluir la enfermedades mentales □ Sur Americano (incluyendo trastornos del aprendizaje, discapacidades del desarrollo, la demencia, □ Cuestionando/Indeciso □ Dos Espíritus Otro el autismo) Otro: Discapacidad en el dominio físico/movilidad Mas de una etnicidad Condición crónica de salud física (por ejemplo: Fibromialgia) Prefiero no responder Prefiero no responder Condición crónica de salud mental (depresión, ansiedad, estrés-postraumático) Otro: Prefiero no responder

Comentarios/Notas:

Demographic Data Collection Form - Outreach, Events Trainings Fiscal Year 2017-2018

Contractor Name: Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May June Age 0-15 16-25 26-59 60+ Decline to answer Race American Indian or Alaskan Native Asian Black or African-American Latino/a Native Hawaiian or other Pacific Islander White or Caucasian Other More than one race Number of Respondants who declined to answer the question Ethnicity Hispanic or Latino: Caribbean Central American Mexican/Mexican-American/Chicano Puerto Rican South American Other More than one ethnicity Number of Respondants who declined to answer the question Non-Hispanic or Non-Latino: African Asian Indian/South Asian Cambodian Chinese Eastern European European Filipino Japanese Korean Middle Eastern Vietnamese Other More than one ethnicity Number of respondants who declined to answer the question

Demographic Data Collection Form - Outreach, Events Trainings

Fiscal Year 2017-2018

| | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|---------------------------------------|---------|--------|-----------|---------|-----|-----|-----|-----|-----|-----|-----|----------|
| Gender | | | | | | | | | | | | |
| Assigned at birth: | | | | | | | | | | | | |
| Male | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Intersex | | | | | | | | | | | | |
| Number of respondants who | | | | | | | | | | | | |
| declined to answer the question | | | | | | | | | | | | |
| Current gender identity: | Į | I | | | Į | I | Į | | | I | I | |
| Male | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Transgender | | | | | | | | | | | | |
| Genderqueer | | | | | | | | | | | | |
| Questioning or unsure of gender | | | | | | | | | | | | |
| identity | | | | | | | | | | | | |
| Two-spirit | | | | | | | | | | | | |
| Another gender identity | | | | | | | | | | | | |
| Number of respondants who | | | | | | | | | | | | |
| delclined to answer the question | | | | | | | | | | | | |
| Sexual Orientation | | | | | 1 | | | | | | 1 | |
| Gay | | | | | | | | | | | | |
| Lesbian | | | | | | | | | | | | |
| Heterosexual or Straight | | | | | | | | | | | | |
| Bisexual | | | | | | | | | | | | |
| Questioning or unsure of sexual | | | | | | | | | | | | |
| orientation | | | | | | | | | | | | |
| Queer | | | | | | | | | | | | |
| Another sexual orientation | | | | | | | | | | | | |
| Number of respondants who | | | | | | | | | | | | |
| declined to answer the question | | | | | | | | | | | | |
| Veteran Status | | | | | | | | | | | | · |
| Yes | | | | | | | | | _ | | | _ |
| No | | | | | | | | | | | | |
| Number of respondants who | | | | | | | | | | | | |
| declined to answer the question | | | | | | | | | | | | |
| Does participant identify with any of | these | groups | (not real | nuired) | | 1 | | | | | | |
| LGBTQ | chese ; | Sicaps | lineric | quireuj | | 1 | 1 | | _ | 1 | | |
| Involved with the legal system | | | | | | | | | | | | |
| Foster Care youth | | | | | | | | | | | | |
| Decline to answer | | | | | | | | | | | | |
| City of Residence | | | | | | | | | | | | |
| Fairfield | | | | | | | | | | | | |
| Vacaville | | | | | | | | | | | | |
| Vallejo | | | | | | | | | | | | |
| Vallejo Benicia | | | | | | | | | | | | |
| Rio Vista | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Dixon Suicup City | | | | | | | | | | | | |
| Suisun City | | | | | | | | | | | | |
| Unincorporated | | | | | | | | | | | | |
| Non-County Resident | | | | | | | | | | | | 1 |

Demographic Data Collection Form - Outreach, Events Trainings

Fiscal Year 2017-2018

| American Sign Language (ASL) <th colspan="10">Primary Language</th> <th></th> | Primary Language | | | | | | | | | | | | |
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| Arabic Image: Section of the sectio | American Sign Language (ASL) | | | | | • | | | | | | | |
| Armenian Image: Contonese Image: | | <u> </u> | | | | | | | | | | | |
| Cambodian Image: | | 1 | | | | | | | | | | | |
| Cantonese Image: Section of the sec | | | | | | | | | | | | | |
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| French Image: Section of the sectin of the section of the section of the section | - | | | | | | | | | | | | |
| Hebrew Image: Section of the sectin of the section of the section of the section | | | | | | | | | | | | | |
| Hmong Image: Section of the sectin of the section of the section of the section | | | | | | | | | | | | | |
| Ilocano | | + | | | | | | | | | | | |
| Italian Image in the ima | | | | | | | | | | | | | |
| Japanese Image: Section of the sect | | | | | | | | | | | | | |
| Korean Image: Constraint of the section o | | | | | | | | | | | | | |
| Lao Image: state of the section of the se | * | <u> </u> | | | | | | | | | | | |
| Mandarin Image: Section of the sect | | | | | | | | | | | | | |
| Mien Image: Sector of the | | | | | | | | | | | | | |
| Other Chinese Dialects Image: State of the | | <u> </u> | | | | | | | | | | | |
| Other Non-English Image | | <u> </u> | | | | | | | | | | | |
| Other Sign Lanuguage Image Image </td <td></td> | | | | | | | | | | | | | |
| Polish Image: Control of the system of t | | | | | | | | | | | | | |
| Portuguese Image: Constraint of the second sec | | | | | | | | | | | | | |
| Russian Image: Contract of the second se | | | | | | | | | | | | | |
| Samoan Image: Constraint of the symbolic organism | - | | | | | | | | | | | | |
| Spanish Image: Constraint of the system of the | | | | | | | | | | | | | |
| Tagolog Image: Constraint of the second | | | | | | | | | | | | | |
| Thai Image: Constraint of the second sec | | | | | | | | | | | | | |
| Unknown/Not ReportedImage: Constraint of the second se | | | | | | | | | | | | | |
| Vietnamese Image: Communication Domain: Difficulty Seeing Image: Communication Domain: Difficulty Seeing Image: Communication Domain Difficulty Hearing, or having speech understood Image: Communication Domain not including mental illness (including but not limited to learning disability, developmental disability, developmental disability, developmental disability, developmental disability, developmental disability, developmental disability domain Image: Communication Domain D | | | | | | | | | | | | | |
| Vietnamese Image: Constraint of the second seco | Unknown/Not Reported | | | | | | | | | | | | |
| Communication Domain: Difficulty Seeing Image: Seeing of Maxing Seeing of Maxing Seech understood Image: Seech underst | - | | | | | | | | | | | | |
| Communication Domain: Difficulty Seeing Image: Communication Domain Difficulty Hearing, or having Image: Communication Domain speech understood Image: Communication Domain Other (specify) Image: Communication Domain Mental domain not including mental Image: Communication Domain illness (including but not limited to Image: Communication Domain learning disability, developmental Image: Communication Domain disability, developmental Image: Communication Domain Chronic physical health condition Image: Communication Domain No disability Image: Communication Domain Image: Communication Domain Number of respondants who Image: Communication Domain Image: Communication Domain | | | 1 | 1 | 1 | 1 | 1 | | | | 1 | | 1 |
| Difficulty Seeing Image: Second S | - | | | | | | | | | | | | |
| Difficulty Hearing, or having speech understood Image: Constraint of the specify of the specific of the s | | | | | | | | | | | | | |
| speech understoodImage: speech understood | | | | | | | | | | | | | |
| Other (specify)Image: Constraint of the specify of the specific of the specifi | | | | | | | | | | | | | |
| Mental domain not including mental illness (including but not limited to learning disability, developmental disability, developmental disability, dementia, autism, etc) Image: Constraint of the second seco | | <u> </u> | | | | | | | | | | | |
| illness (including but not limited to learning disability, developmental disability, dementia, autism, etc) Physical/mobility domain Chronic physical health condition Chronic mental health condition No disability Number of respondants who | | | | | | | | | | | | | |
| learning disability, developmental Image: Constraint of the second s | | | | | | | | | | | | | |
| disability, dementia, autism, etc)Image: Constraint of the systemImage: Constraint of the | | | | | | | | | | | | | |
| Physical/mobility domain Image: Chronic physical health condition Image: Chronic mental healthealth conditin Image: Chronic mental hea | • · · · · | | | | | | | | | | | | |
| Chronic physical health condition Image: Chronic mental health condit health condition Image: C | | | | | | | | | | | | | |
| Chronic mental health condition Image: Chronic mental health conditin health condition Image: C | | | | | | | | | | | | | |
| Number of respondants who | | 1 | | | | | | | | | | | |
| Number of respondants who | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| declined to answer the question | declined to answer the question | | | | | | | | | | | | |