

# MHSA ANNUAL UPDATE

SOLANO COUNTY BEHAVIORAL HEALTH



FY 2019/2020

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# COUNTY COMPLIANCE CERTIFICATION

## MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Solano

- Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director	Program Lead
Name: Sandra Sinz, LCSW	Name: Tracy Lacey, LMFT
Telephone Number: 707-784-8332	Telephone Number: 707-784-8213
E-mail: SLSinz@solanocounty.com	E-mail: TCLacey@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 10, 2019.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Sandra Sinz, LCSW  
Local Mental Health Director (PRINT)

  
Signature Date



# FISCAL ACCOUNTABILITY CERTIFICATION

Enclosure 1

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Solano

- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Sandra Sinz	Name: Phyllis Taynton
Telephone Number: 707-784-8332	Telephone Number: 707-784-6280
E-mail: SLsinz@solanocounty.com	E-mail: PTaynton@solanocounty.com
Local Mental Health Mailing Address: 275 Beck Avenue, MS 5-200 Fairfield, CA 94533	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Sandra Sinz

Local Mental Health Director (PRINT)



Signature

Date

Enclosure 1

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/ City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12-18-2019 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

 Phyllis Taynton

County Auditor Controller / City Financial Officer (PRINT)



Signature

12/21/19

Date

# BOARD OF SUPERVISORS' MINUTE ORDER



## Solano County

675 Texas Street  
Fairfield, California 94533  
www.solanocounty.com

### Meeting Minutes - Action Only

#### Board of Supervisors

*Erin Hannigan (Dist. 1) Chairwoman*  
(707) 553-5363

*Monica Brown (Dist. 2), Vice-Chair*  
(707) 784-3031

*James P. Spering (Dist. 3)*  
(707) 784-6136

*John M. Vasquez (Dist. 4)*  
(707) 784-6129

*Skip Thomson (Dist. 5)*  
(707) 784-6130

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Tuesday, December 10, 2019

8:30 AM

Board of Supervisors Chambers


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28      [19-945](#)      Receive and approve the Mental Health Services Act FY2019/20 Annual Update for services rendered in FY2018/19 as required by law

Attachments:      [A - Link to Annual Update](#)

Approved

# MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR



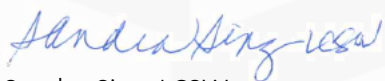
When thinking about community mental health in California, I have an appreciation for how far we have come as a service system, especially in the last decade. The development of new community mental health centers in the late 1960's followed by de-institutionalization, together created opportunity – though

largely unplanned and underfunded – for a community-based approach to treatment. Prior to that, many people had been locked in hospitals indefinitely, and the prevailing thought was that they could not get much better, but medications and other supports gave people a chance to live in their communities. The Olmstead Act of 1999 furthered our recovery thinking by affording people the civil rights to live at the least restrictive level of care. However, inadequately funded, counties faced great challenges in bringing recovery to reality, and today treatment and recovery means something different than it did in 1960. Today, we understand that people with mental illness—with individualized supportive services—can do more than just live in their communities, but can and do thrive in their communities. Now fifteen years after the voters passed Proposition 63 Mental Health Services Act (MHSA), this funding has brought some of our most significant funding and transformative opportunities to support individuals living with mental illness.

MHSA programs began by filling gaps in existing services, and over time it has strived to shift clinical mindsets from old treatment models to promote and expect recovery. With MHSA funding, adult consumers receiving mental health services more than ever are working or seeking employment. Peer Support Specialists hired full-time into civil service positions and contract agencies are living symbols of hope for recovery. Our staff, both county and contractor, work with consumers and their families to achieve meaningful life goals. Additionally, MHSA programming has supported a proactive approach toward serving youth and their families, with an orientation of community education, prevention, early intervention, and family involvement in care. Further impacting mental wellness for our community, we expect over 25 schools—both K-12 and adult education sites—to use MHSA funding opportunities to add wellness centers to their campuses.

The local and statewide housing and homeless crisis has added a complex challenge to service systems. MHSA has always played a role in combatting homelessness for the people we serve. Full Service Partnership programs identify and fund housing arrangements when necessary, and other general systems development programs can direct their funds toward housing support as well. When our community experienced the near closure of its largest homeless shelter, MHSA funds came in to help that transition for already sheltered residents with mental illness and ongoing for additional consumers when current residents graduate to permanent housing. The housing and homeless crisis is one that Mental Health systems cannot solve alone. We need more affordable housing stock with all stakeholders and resources at the table to contribute to solutions for this complex social and economic crisis.

We continue to use MHSA as an anchor for full system commitment to inclusion, recovery, wellness and resilience in our services. We constantly battle stigma in all its forms as we work towards equity in service access, ultimately working to achieve individualized recovery for all who choose it.



Sandra Sinz, LCSW

Solano County Behavioral Health Director



# INTRODUCTION

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## **Purpose of This Document**

The purpose of this document is to provide the Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2019/20 which is a review of services and programs rendered during FY2018/19 including: Prevention and Early Intervention programs and strategies, Community Services and Support programs and initiatives, Innovation projects, Workforce Education and Training initiatives, and Capital Facility and Technological Needs projects.

## **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 can result in the development of disabling mental health conditions, an increase in suicide deaths, and staggering public costs related to: health care, psychiatric hospitalizations, incarceration, homelessness, and other public services.

In November 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services. The MHSA calls for each county to create a state-of-the-art, culturally competent continuum of care that promotes wellness and recovery for all age groups from birth to the end of life. The MHSA, which was implemented in 2005, was written in partnership with community leaders, advocates, individuals affected by mental illness, and their families. Under the MHSA, funds are distributed to counties to expend pursuant to a local plan for specified purposes and includes different component which include:

### **1. Prevention & Early Intervention (PEI)**

PEI funds are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services for individuals with mild to moderate mental health conditions in an effort to avert mental health crises and the development of more severe disabling mental illnesses. Suicide Prevention activities are funded through PEI funding. At least 51% of the PEI funding must be used for programs and services dedicated to children and youth under the age of twenty-five.

### **2. Community Services & Supports (CSS)**

CSS is the largest funding component of MHSA and is intended to expand and transform services for children, youth, adults and older adults living with serious mental illness, with an emphasis on culturally competent and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, the CSS component includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers with serious mental health conditions.

### **3. Innovation (INN)**

INN funds are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to unserved and underserved groups, to improve the quality of services, demonstrate better outcomes and to promote interagency collaboration. Five (5) percent of MHSA funding is allocated to the Innovation component and a separate Innovation Plan is required from each county and can be in place for three years, or with special approval five years, with an emphasis on securing ongoing funding to continue the services beyond the end of the plan period.

# INTRODUCTION

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4. **Workforce Education & Training (WET)** WET funds are used to develop and grow a diverse, linguistically and culturally responsive mental health workforce. The focus includes the training of existing providers, increasing the diversity of individuals entering the mental health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding. With stakeholder endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.
5. **Capital Facilities & Technology Needs (CFTN)**  
CFTN funds are intended to used to develop or improve buildings used specifically for the delivery of mental health services and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. Similar to the WET funding, CFTN funds were only made available for the first 10 years of MHSA funding. With stakeholder endorsement, CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure, provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.
6. **Community Program Planning (CPP)**  
Up to 5% of the annual Community Services Support component can be used by counties to support a robust community program planning (CPP) process with community stakeholders.

In addition to the components listed above, Counties are permitted to allocate up to 33% of the five-year average of revenue under the Community Services and Supports component to the prudent reserve (PR) fund with stakeholder endorsement and provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes the identification of PR funds. The purpose of maintaining PR funds is to safeguard programs and services in the event that there was a budget crisis.

## **Mental Health Service Act Core Values**

- Community collaboration and stakeholder involvement, including consumers and family members, to develop a shared vision for mental health services.
- Provision of services that are culturally and linguistically responsive and effectively serve all consumers including consumers from unserved and underserved communities.
- Community education to combat stigma and to reduce suicide risk.
- Consumer and family driven programs that empower individuals in their recovery.
- A philosophy of wellness that includes concepts of resiliency and recovery.
- Provision of integrated services, when appropriate, to allow individuals to obtain mental health services in locations where they obtain other necessary services: primary care, substance abuse, etc.
- Outcome-based programming to demonstrate the effectiveness of service delivery.

# INTRODUCTION

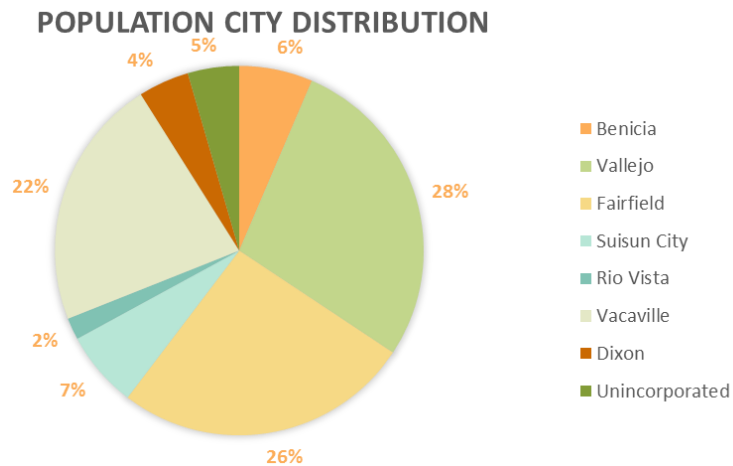
## SOLANO COUNTY DEMOGRAPHICS

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to *County of Solano 2018 Annual Report* the County's population was 439,793 in 2018<sup>1</sup>. 49.7% of the population is male and 50.3% of the population is female<sup>2</sup>.

### ***Population City Distribution***

There are seven incorporated cities in Solano County—Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo. The City of Vallejo is the most populous city in the County, followed by Fairfield and then Vacaville.

Figure 1: Solano County Population City Distribution (January 2015)

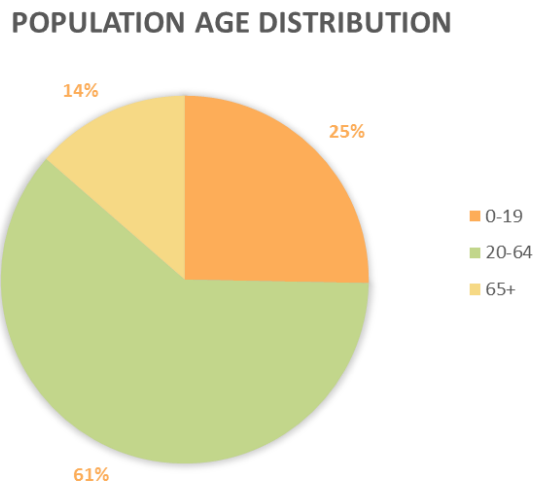


Source: *Solano County Website*<sup>3</sup>

### ***Population Age Distribution***

The median age in Solano County is 36 years old. 25.3% of the population are children/youth under the age of 19 years old, 61.1% of the population are adults between the ages of 20-64 and 13.6% are older adults over the age of 65<sup>4</sup>.

Figure 2: Solano County Population Age Distribution



Source: *County of Solano 2018 Annual Report*



# INTRODUCTION

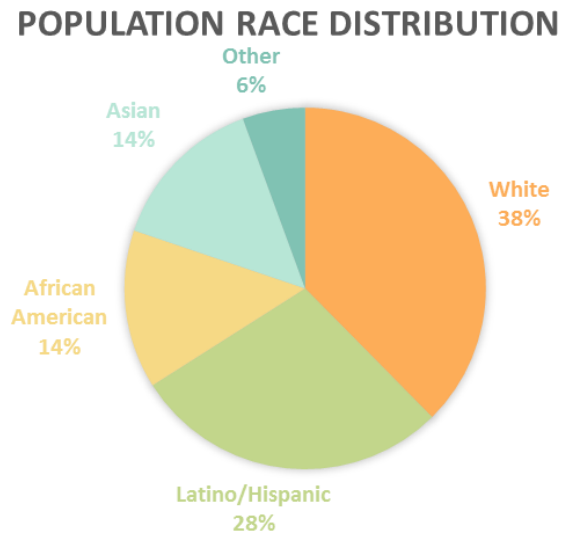
## SOLANO COUNTY DEMOGRAPHICS

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### *Population Race/Ethnicity Distribution*

37.6% of the residents identify as White, 28.4% of the residents identify as Hispanic, 14.2% as Asian, 14.2% as African American; and the remaining 5.6% identified as Other. Approximately 62.4% of the population identified with a race other than White or Caucasian. Recently Solano County was ranked as the 5<sup>th</sup> most racially diverse County in the United States.

Figure 3: Solano County Population Race Distribution



Source: County of Solano 2018 Annual Report

# INTRODUCTION

## MENTAL HEALTH PLAN SYSTEM CAPACITY

### System Adequacy

In February of 2018, County Mental Health Plans (MHPs) were informed by the Department of Health Care Services (DHCS) that they would need to track and report on the adequacy of the MHP network of services it uses to serve Medi-Cal eligibles. This process of certifying to DHCS annually, and on a quarterly basis thereafter, that Solano MHP’s network meets adequacy standards consists of providing evidence to demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children’s Services Systems. Thus far, Solano County has received both annual and quarterly certification from DHCS that we are in compliance with all Network Adequacy standards.

Starting in December of 2017, SCBH began to administer an annual survey of our workforce to gather data related to the diversity of our workforce—both County and contractor—employees at all levels to assess the cultural and linguistic diversity of our MHP. The “Workforce Equity” survey was administered in October of 2019 and yielded 129 responses. The results show that:

- 81% total respondents reported receiving Cultural Responsivity training in the past year
- 12% are certified bilingual county employees (89% Spanish and 11% Tagalog), while 25% of the contractor providers identified as bilingual (100% Spanish and 0 Tagalog).

Figure 4

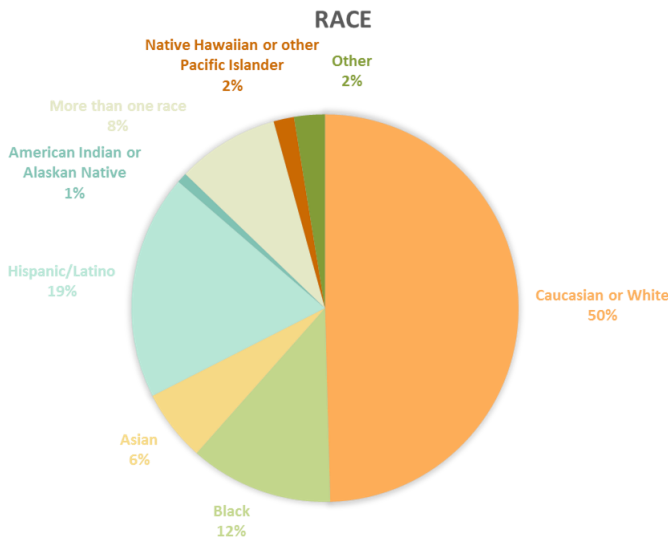


Figure 6

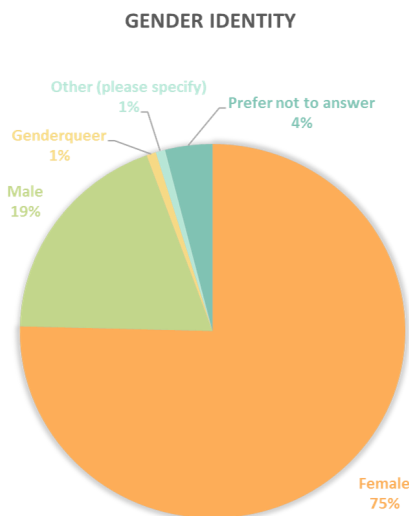


Figure 5

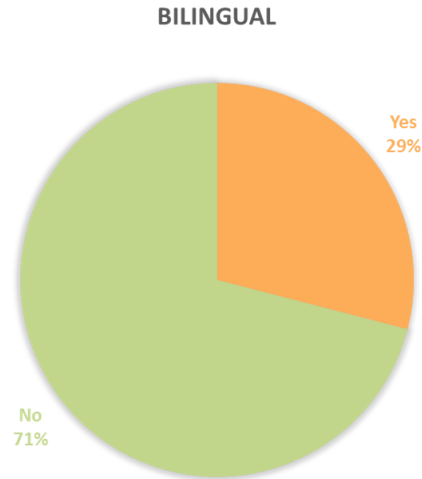
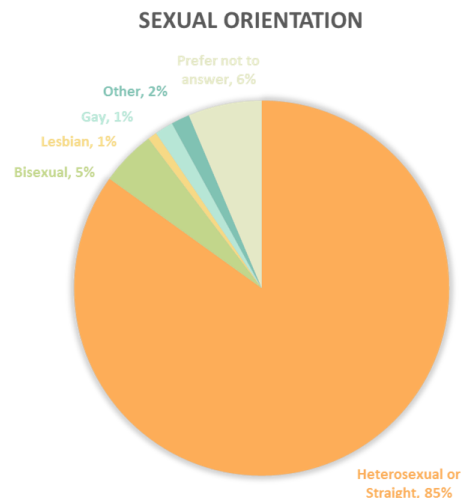


Figure 7



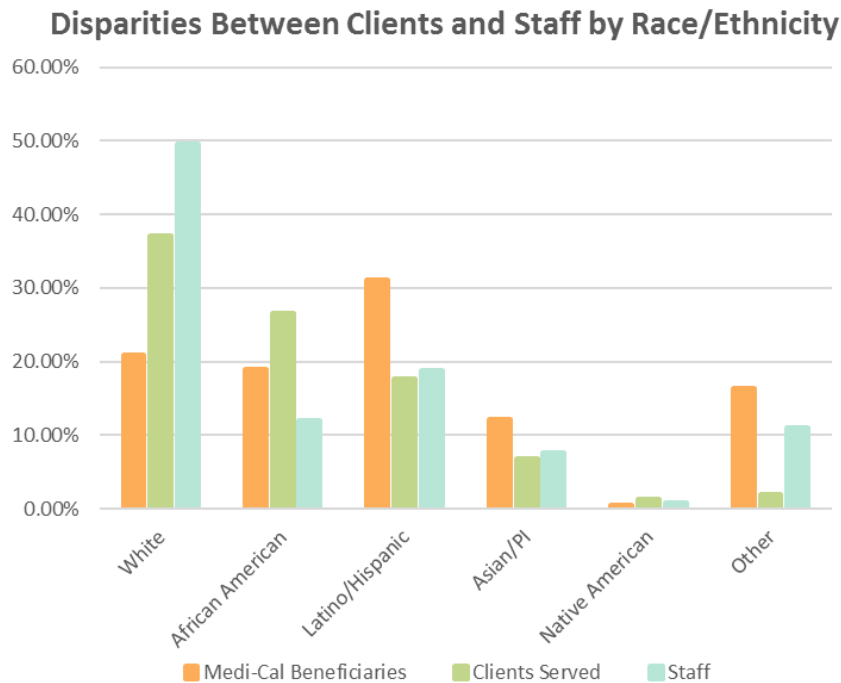
# INTRODUCTION

## MENTAL HEALTH PLAN SYSTEM CAPACITY

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Furthermore, the chart below shows a disparity between eligible Medi-Cal population (those that receive the Medi-Cal insurance benefit), current beneficiaries served by the MHP, and our current County/contractor staff.

Figure 8



The above chart highlights some of the inequities that exist within our system of care. Inferences can be made regarding eligible beneficiaries who might not be receiving culturally and linguistically responsive engagement as well as necessary treatment due to outreach by staff who do not represent their culture. We have identified significant disparities within the African-American/Black, Asian/Pacific Islander (Predominantly Filipino), Latino/Hispanic, and Native American communities. SCBH hires quality, bi-lingual staff whenever possible – a workforce challenge generally experienced statewide. There has been a historical shortage of applicants who speak Spanish and Tagalog, our top two non-English languages. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities and throughout other prominent areas of our county have difficulties with securing basic needs such as housing, transportation, access to healthcare services, and have limited education related to the needs and benefits of behavioral health treatment. These areas are critical for SCBH outreach and engagement efforts for some of our most vulnerable populations.

One of the SCBH Innovation projects, the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM), is currently addressing health disparities within the system of care and there have been ten (10) quality improvement action plans that are focused on workforce development, training, and community engagement. Information about this project is provided in the Innovation section on pages 167-168.



# INTRODUCTION

## COMMUNITY PROGRAM PLANNING (CPP)

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### Stakeholder Engagement

The MHSU Unit engaged community stakeholders in a comprehensive community planning process which included four stakeholder community planning meetings held in Fairfield, Vacaville and Vallejo. Additionally, the MHSU Unit attended several other smaller meetings including a meeting with the local TANF office and one with community members in Rio Vista. These meetings included 165 individuals with representation from: consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; and representatives from the County’s unserved/underserved Latino, Filipino, and LGBTQ communities.

Solano County MHSU Community Planning Meetings 2019	# Attendees
September 5, 2019 – Opening Session, Fairfield	49
September 6, 2019 – TANF Office, Fairfield	10
September 9, 2019 – Vacaville Breakout	16
September 12, 2019 – Rio Vista 1 <sup>st</sup> Step Meeting	18
September 12, 2019 – Vallejo Breakout	36
September 17, 2019 – Closing Session, Fairfield	36

The community stakeholder meetings included a presentation of data related to MHSU funded programs and services rendered during FY2018/19, followed by activities to prompt group discussions to elicit feedback from stakeholders regarding community needs, new ideas and/or gaps within the mental health system of care.

Community planning meetings were advertised through the following avenues: email announcements to over 450 community stakeholders; emails to all County Health and Social Services staff; meeting fliers printed in English, Spanish and Tagalog posted in County and Contractor clinic lobbies; posts on the Solano County Website; and posts on the Solano Behavioral Health and MHSU Facebook pages. Additionally, advertisements for the MHSU community planning meetings were placed in the local newspapers in Solano County’s major cities.

### Community Planning Meetings Participant Demographics

Demographic information was collected at each community planning meeting and included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran’s status, and disability.

Demographic data was collected at the larger community meetings and of the 165 meeting attendees, 66 completed and submitted the demographic survey. 74% were between the ages of 26-59, 20% were over the age of 60, and 6% were between the ages of 16-25. With regard to race/ethnicity, 58% of the attendees identified as White, 17% as Latino, 20% as African American, 2% as American Indian/Alaska Native, 11% as Asian and the remaining attendees identified as other, more than one race, or declined to answer. English was the primary language for 99% of the attendees, and 1% was Spanish. Of the 63 attendees who answered the question related to current gender identity, 62% identified as female, 35% as male and 3% identified as Genderqueer or Other. Of the 63 attendees who indicated their sexual orientation, 2% identified as lesbian, 5% as gay, 84% as heterosexual, 2% as queer, 2% as questioning/unsure, 2% as bisexual, and 3% declined to answer. 29% of the attendees identified as veterans.

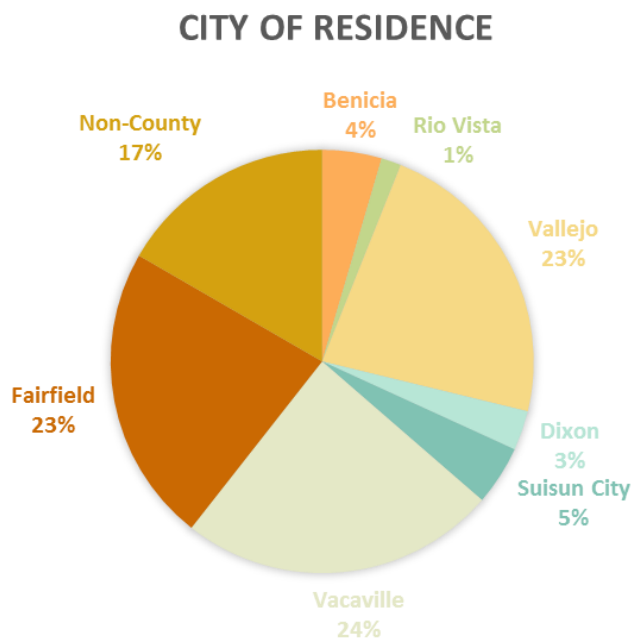
# INTRODUCTION

## COMMUNITY PROGRAM PLANNING (CPP)

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When reviewing participant demographics, it appears that there was good representation from the various regions in the County in regards to city of residence for participants.

Figure 9: Community Meeting Participants' City of Residence



### MHSA Steering Committee

The MHSA Steering Committee was convened on November 18, 2019 to review this Annual Update. The Committee includes representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's unserved/underserved Latino, Filipino and the LGBTQ communities.

The following items were the top priorities planned for implementation pending the availability of funding:

- **Increase Parent Education**  
Utilize PEI funding to expand or implement parent education models with particular emphasis on child abuse prevention and support for families already involved with Child Welfare.
- **Expansion of Employment Services & Support Programming**  
Expand employment services, using the Individual Placement and Support (IPS) model, with a priority for transition aged youth using CSS funding. Efforts will be made to utilize a cultural lens in order to address the needs of diverse marginalized communities.
- **Increase Community Training & Education in Support of the Native American Community**  
Expansion of community education and trainings utilizing PEI funding to better support the Native American community in Solano County.

# INTRODUCTION

## COMMUNITY PROGRAM PLANNING (CPP)

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### MHSA Steering Committee (cont.)

- **Increase Support for Seniors**  
Expansion of PEI funds for current MHSA senior programs in order to expand services and supports for homebound seniors with an emphasis on a peer support model.
- **Community Training & Education in Support of the LGBTQ Community**  
Expansion of community education and trainings utilizing PEI funding to better support LGBTQ community members and consumers.
- **Provide 24/7 Support for Commercially Sexually Exploited Children/Youth (CSEC)**  
Emphasis was placed on youth ages 18-25 years old. Consider utilization of CSS funds to expand the current TAY FSP that specializes in the CSEC population.
- **Expansion of Housing Services & Support**
  - ◇ Consider expansion of housing utilizing CSS funding for all consumers with serious mental illness with an emphasis on low barrier housing models and particular attention to transition age youth, families, and weather shelters.
  - ◇ Ensure support to create safe housing for LGBTQ individuals.
- **Pregnancy and Post-Partum Maternal Support**  
Expansion of the current PEI funding allocated to the Public Health Maternal Child and Adolescent Health Bureau to expand services with particular emphasis on the Latino community.

SCBH may transfer funds to the Prudent Reserve pending availability of funding.

### Local Review Process

On October 17, 2019 the draft of the *Mental Health Services Act Annual Update for Fiscal Year 2019/20: A Review of Services Rendered in Fiscal Year 2018/19* was posted on the Solano County MHSA web page at [http://www.solanocounty.com/depts/bh/mhsa/ann\\_plan/default.asp](http://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp) for 30-day Public Comment. In addition, the Mental Health Services Act (MHSA) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via e-mail to over 450 community stakeholders and an email was sent to all County Health and Social Services staff.

The 30-Day Public Comment period was held from October 17, 2019 - November 19, 2019. Public Comment forms were posted on the website and made available at the Public Hearing. The Public Hearing was held at the Solano County Local Mental Health Advisory Board (MHAB) on Tuesday November 19, 2019, 4PM-5PM, to present the MHSA Annual Update with a request for the MHAB to review and endorse the document as it is forwarded to the Solano County Board of Supervisors (BOS).

The *Mental Health Services Act Annual Update for Fiscal Year 2019/20: A Review of Services Rendered in Fiscal Year 2018/19* was presented to the Solano County Board of Supervisors (BOS) on December 10, 2019 for approval. The BOS approved the document which will be submitted to the following state entities: Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS).

# Mental Health Services Act Annual Update

In this section of the document, programs funded by MHSa during FY 2018/19 will be reviewed to include: unduplicated count of individuals served when possible; cost per person for programs or total program cost; program performance outcomes; participant demographics; program highlights and achievements; program barriers and challenges; and success stories for some of the programs. **In regards to success stories names and other identifying information has been changed to protect the privacy of individual consumers and/or family members.**

Additionally, any potential changes that will be made to the current *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* will be identified. Changes may include new services to be offered, changes in vendors providing services, adjustments in funding allocated to particular programs, etc.









**PREVENTION &  
EARLY INTERNVENTION**

# PREVENTION & EARLY INTERVENTION

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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. The following section contains outcomes for PEI funded programs and strategies for FY 2018/19 as well as the required Annual PEI Report elements to include demographic data for participants served 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, and data related to access and linkage to treatment.

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 PEI core strategies include:

- **Access and Linkage to Treatment** – intended to 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 beyond early onset—for specific populations identified as underserved.

The six regulatory approaches for PEI programs and services include:

- **Suicide Prevention** – organized activities that the County undertakes to prevent suicide as a consequence 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.



# PREVENTION & EARLY INTERVENTION

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PEI Core Strategies (cont.):

- **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:

Suicide Prevention	Trainings: ASIST, safeTALK, etc. Community Outreach Events
Stigma & Discrimination Reduction	Community Outreach Events Family and Peer Support Program African American Faith-Based Initiative
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health First Aid Trainings
Access & Linkage to Treatment	Early Childhood Services
Prevention & Early Intervention	Pregnant & Postpartum Maternal Support LGBTQ Outreach & Access Program School-Based Mental Health Services Early Intervention Psychosis Program Older Adult Programming

# PREVENTION & EARLY INTERVENTION

## SUICIDE PREVENTION

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### Suicide Prevention

During FY 2018/19 Solano County Behavioral Health (SCBH) continued to work with the California Mental Health Services Authority (CalMHSA) Each Mind Matters (EMM) who spearheads the statewide effort in suicide prevention and stigma reduction. SCBH outreach staff and several community-based organizations distributed educational stigma and suicide prevention materials received from CalMHSA EMM. Additionally, SCBH continued advertise the National Suicide Prevention Lifeline, 1-800-273-TALK (8255) during FY 2018/19.

The following suicide prevention activities were conducted FY 2018/19:

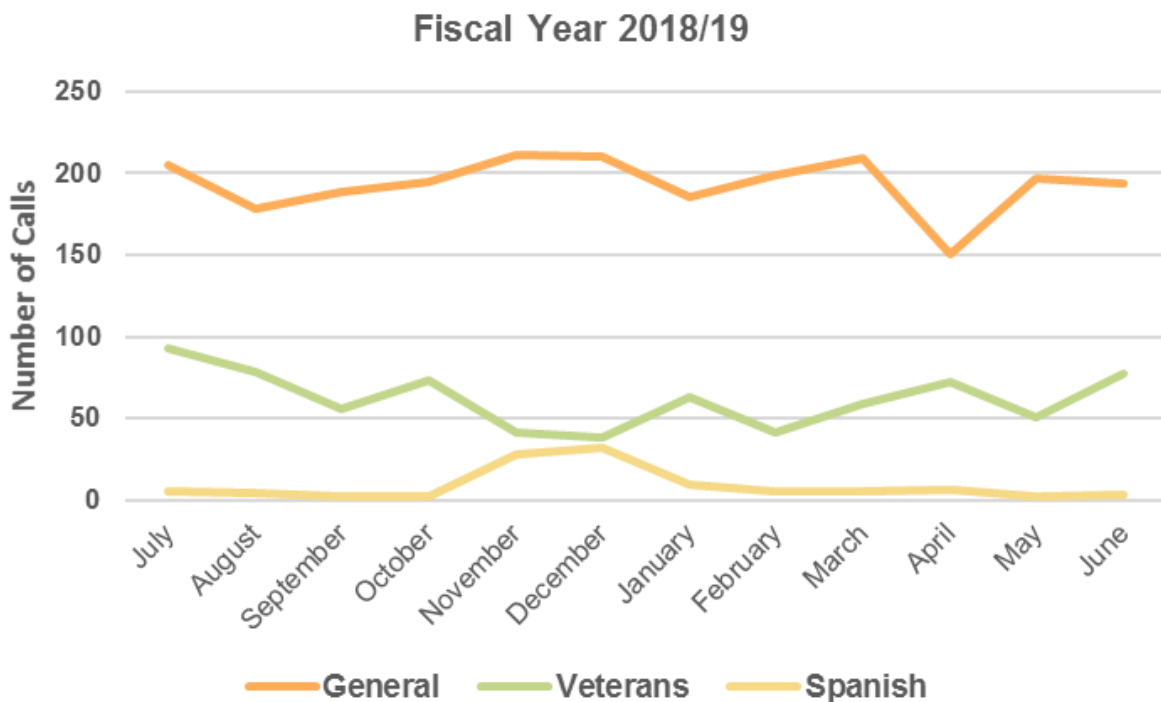
- **Suicide Prevention Committee** – During FY 2018/19 the Solano County Suicide Prevention Committee remained active meeting 9 times for the larger committee meeting and 4 times as sub-committees addressing “Visual & Literature Prevention Campaigns” and “Community Awareness Events”.
- **safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings**– 4 safeTALK trainings were provided and 8 ASIST trainings were provided with a total of 218 participants attending the trainings.
- **National Suicide Prevention Week Proclamations & Resolutions** – In September of 2018 six local cities: Vallejo, Benicia, Fairfield, Suisun City, Dixon, and Vacaville; and the County of Solano, passed local proclamations/resolutions declaring September 9-15, 2018 as Suicide Prevention Awareness Week.
  - **Firearm Safety Campaign** – SCBH team members conducted outreach to local businesses that sell firearms in Solano County to redistribute 1,000 firearm safety brochures, which were developed in partnership between SCBH, the Solano County Sheriff-Coroner’s Office, and local firearms instructors. The brochure includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources: the 24-hour National Suicide Prevention Lifeline number, the local Crisis Stabilization Unit address and phone number, and the SCBH Access Line number.
  - **Coffee Shop & Bar Outreach** – SCBH conducted outreach to local coffee shops and bar establishments to distribute coffee sleeves and bar coasters developed by EMM highlighting the KTS suicide prevention campaign intended to target middle-aged men who are at the highest risk of suicide.



# PREVENTION & EARLY INTERVENTION

## SUICIDE PREVENTION

- **Survivor Day** – A Suicide Prevention Committee member, in partnership with SCBH, held the annual Survivor Day on November 17, 2018 to support community members who have lost a loved one to suicide.
- **Community Trainings** – A SCBH staff member provided 12 trainings on recognizing the signs of depression/ anxiety and suicide prevention to a total of 395 students from Dixon, Vallejo, Fairfield and Vacaville high schools. In March of 2019 SCBH provided two (2) suicide prevention trainings for 61 Solano County Resource Management staff.
- **Public Service Announcements (PSA)** – SCBH funded PSAs in local movie theaters utilizing short films created by students from Vanden High per their entries in the statewide “Directing the Change” film contest. The short films were focused on stigma reduction and suicide prevention.
- **National Suicide Prevention Lifeline** – In FY 2018/19 there were 3,176 calls from Solano County residents received by the national Suicide Prevention Lifeline 1-800-273-TALK/8255. Of the 3,176 calls, 2,324 were general calls, 744 were calls from veterans, and 108 of the calls were from Spanish-speaking callers.





# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

The following stigma reduction and outreach activities to reach traditionally unserved and underserved populations were conducted during FY 2018/19:

**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 April 23, 2019, the Solano County Board of Supervisors adopted a resolution deeming May “Mental Health Awareness Month” in Solano County. Consumers and staff from County and Community-based programs were present for the presentation.
- The 4<sup>th</sup> annual “May is Mental Health Month” (MMHM) event was held on May 12th, 2019 and was attended by 200 community members representing consumers, family members, staff, contractors, members of the community, first responders, and members of the media. The event included vendors providing resources, a drumming circle, and activities to promote wellness and recovery.
- Caminar held their 4th annual Art Inspiration exhibit at the Vallejo City Hall where consumers displayed their photography for all to see and hosted their 8th annual "Cammie Awards" celebrating consumer success stories and working to reduce stigma.
- Circle of Friends Wellness Center sponsored a BBQ which included a health fair attended by Solano County and Touro University providers who conducted blood pressure and diabetes checks.
- In March of 2019 SCBH, in partnership with the local TANF office, held the first Native American training “A Path Toward Healing” in Solano County, which addressed issues of mental health in Native American communities, cultural disparities, homelessness, and outreach services.

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.

### Family and Peer Support Program-Contractor

**Agency Name:** National Alliance on Mental Illness (NAMI) Solano Chapter

**Description of Program:**

The NAMI program provides support and advocacy to individuals with mental illness and their family members through workshops, trainings, and presentations for the local community as well as support groups for peer consumers. The primary goal of the program is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma. Pre/post surveys are used to evaluate the program’s impact on those served.

Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 529	
Program Indicators	Annual Outcome
Provide educational and support services to a minimum of 120 unduplicated individuals to include consumers, family members, and community partners	A total of 412 unduplicated individuals received educational and/or support services

# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

Prevention Activities Unduplicated Individuals Served: 529	
Program Indicators	Annual Outcome
<p>Provide educational classes and presentations to individuals with mental health illness and their families to include:</p> <ul style="list-style-type: none"> <li>5 courses including: “Family-to-Family” (F2F) [at least one in Spanish], “Peer-to-Peer” (P2P), and “Basics”. <ul style="list-style-type: none"> <li>At least 50% of those individuals will demonstrate an overall increase in knowledge per the post participant survey.</li> </ul> </li> <li>Provide 10 “In Our Own Voice” (IOOV) presentations</li> <li>Provide 3 “Ending the Silence” (ETS) in-service presentations for high school aged youth and school personnel</li> </ul>	<ul style="list-style-type: none"> <li>Provided a total of 7 courses and served a total of 100 unduplicated individuals: <ul style="list-style-type: none"> <li>-Five (5) F2F/English class</li> <li>-Two (2) P2P classes</li> </ul> </li> <li>89% (89) of those individuals demonstrated an increase in knowledge on the post survey.</li> <li>Provided 25 IOOV presentations to 337 unduplicated individuals.</li> <li>Provided 2 ETS presentations, to 22 unduplicated participants.</li> </ul> <p><i>The program was not able to offer the F2F course in Spanish or the Basics course as they did not have certified trainers able to teach the courses.</i></p>
Early Intervention Activities Individuals Served: 598 (not unduplicated)	
Program Indicators	Annual Outcome
<p>Provide 3 “Connection” relapse prevention support groups per month (36 groups annually) for adults living with mental health illness.</p>	<p>Provided 45 anonymous groups to a total of 598 duplicated individuals</p> <p>Participants shared newly discovered or hidden symptoms, that they had not previously associated with their mental health condition, thus showing an increase of knowledge and understanding of mental health symptoms by 97%.</p>
Linkages	
Referrals and linkages made to necessary services; i.e. non-mental health.	202 individuals received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0
Referrals made to the Solano County Mental Health Plan.	7 referrals made to the Access Unit
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	Due to incomplete data SCBH was not able to confirm outcome of linkages
Timely access to services: the average interval between referral and participation in services to which referred.	Due to incomplete data SCBH was not able to confirm timeliness of linkages
Financial Report	
Cost per person for prevention activities	\$30
Cost per person for early intervention activities	\$29
Contract Amount FY 2018/19: <b>\$81,515</b>	Total Expenditures FY 2018/19: <b>\$60,879</b>

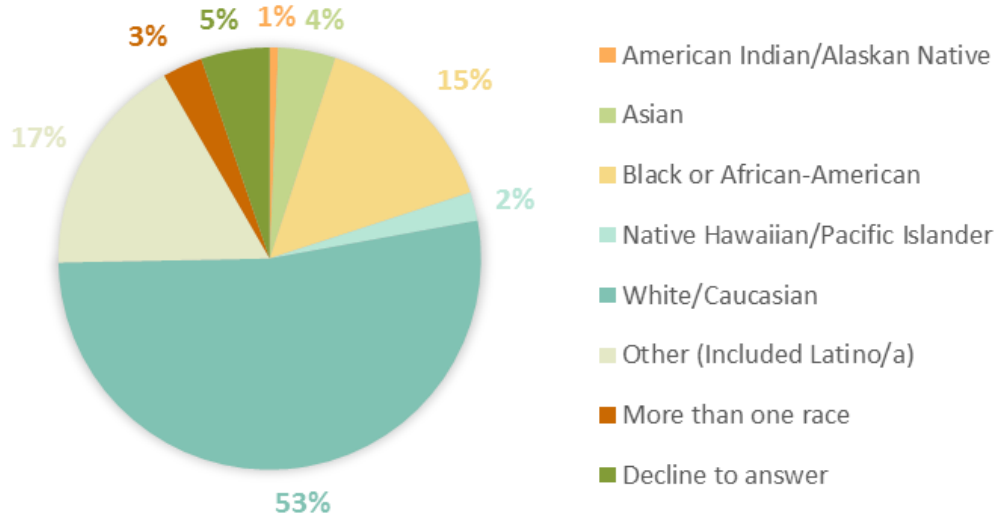
# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

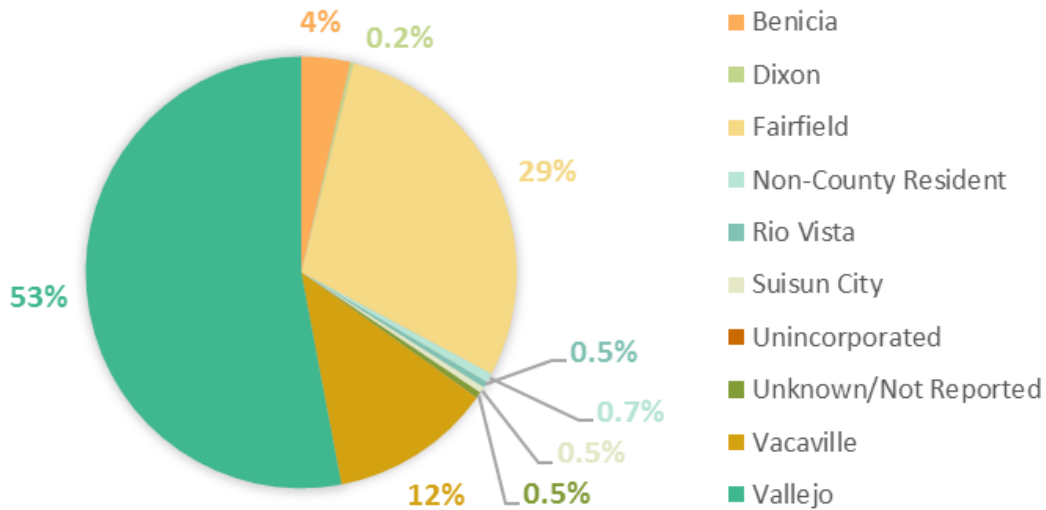
The following charts and table provide demographic data for the individuals who were served by NAMI:

*Demographic Breakdown of Outreach Services (demographic surveys collected for 458 individuals)*

### RACE



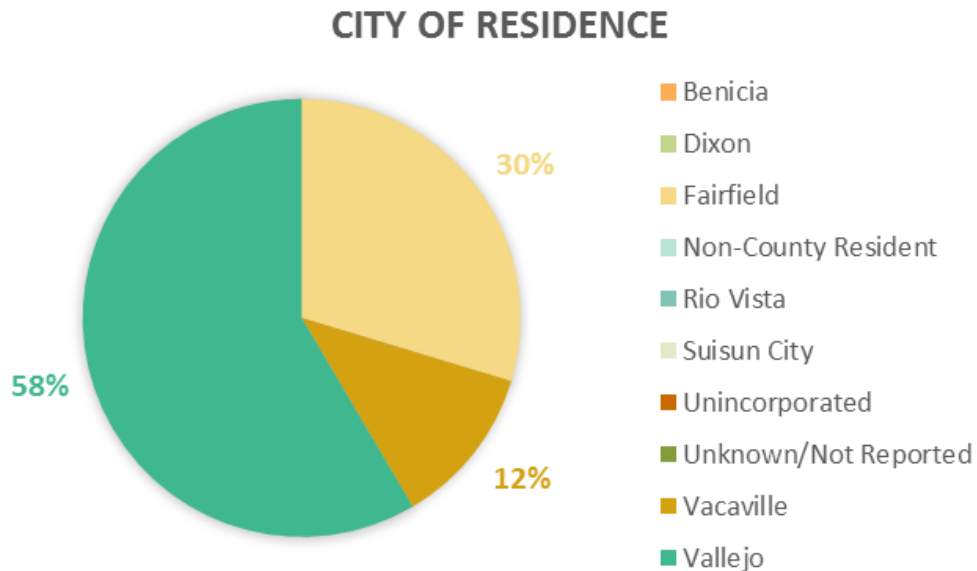
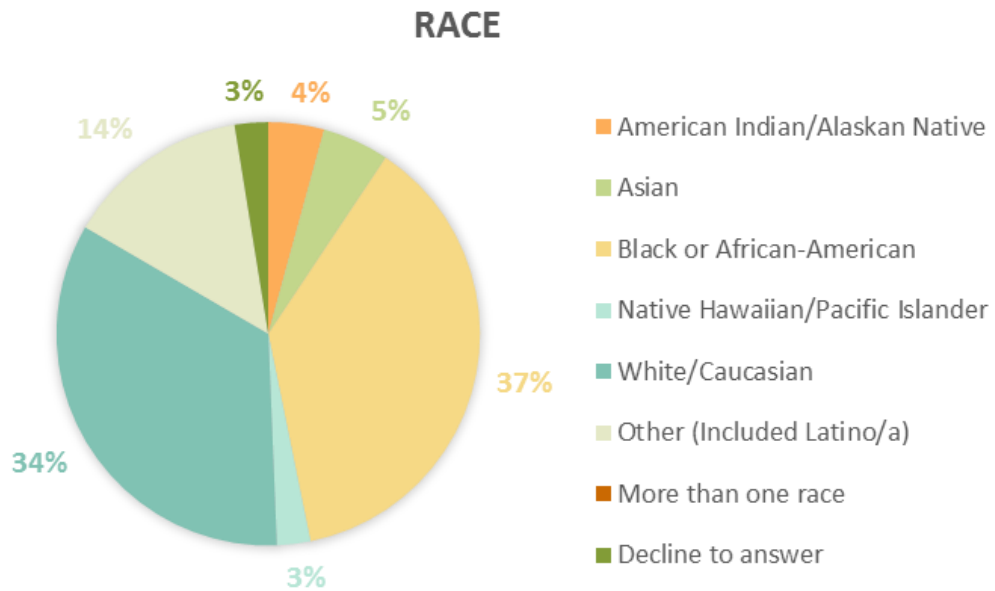
### CITY OF RESIDENCE



# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

Demographic Breakdown of Direct Services (demographic surveys collected for 98 individuals attending classes/support groups):



# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

Program Name:			Total Individuals Demo Collected:		
NAMI			Direct	Outreach	
			98	458	
Age	Direct	Outreach	Primary Language	Direct	Outreach
0-15	0%	0%	Korean	0%	0%
16-25	27%	10%	Mandarin	1%	0%
26-59	58%	78%	Other	1%	0%
60+	9%	10%	Other Indic (Indian) Language	0%	0%
Decline to answer	6%	2%	Other Pacific Island Language	0%	0%
Race			Spanish	4%	3%
American Indian/Alaskan Native	4%	1%	Tagalog	0%	3%
Asian	5%	4%	Unknown/Not Reported	2%	2%
Black or African-American	37%	15%	Vietnamese	0%	0%
Native Hawaiian/other Pacific Islander	3%	2%	City of Residence		
White/Caucasian	34%	53%	Benicia	0%	4%
Other (Included Latino/a)	14%	17%	Dixon	0%	0%
More than one race	0%	3%	Fairfield	30%	29%
Decline to answer	3%	5%	Non-County Resident	0%	1%
Gender Assigned At Birth			Rio Vista	0%	0%
Male	55%	42%	Suisun City	0%	0%
Female	40%	55%	Unincorporated	0%	0%
Decline to answer	5%	3%	Unknown/Not Reported	0%	0%
Current Gender Identity			Vacaville	12%	12%
Male	16%	35%	Vallejo	58%	53%
Female	72%	62%	Ethnicity		
Transgender	0%	0%	Caribbean	0%	0%
Genderqueer	0%	0%	Central American	0%	0%
Questioning/unsure	0%	1%	Mexican/Mexican-American/Chicano	1%	4%
Another gender identity (Included Two-Spirit)	3%	0%	Puerto Rican	0%	0%
Decline to answer	9%	2%	South American	0%	1%
Sexual Orientation			Other Hispanic/Latino	0%	0%
Gay	0%	0%	Hispanic or Latino/Decline to answer	14%	10%
Lesbian	0%	0%	African	3%	0%
Heterosexual/straight	71%	62%	Asian Indian/South Asian	0%	0%
Bisexual	2%	1%	Cambodian	0%	0%
Questioning/unsure	1%	1%	Chinese	0%	0%
Queer	0%	0%	Eastern European	0%	1%
Other/another sexual orientation	3%	0%	European	0%	1%
Decline to answer	24%	35%	Filipino	1%	4%
Identify with any of these groups			Japanese	0%	0%
LGBTQ	0%	0%	Korean	0%	0%
Involved with the legal system	1%	4%	Middle Eastern	0%	0%
Foster Care youth	0%	1%	Vietnamese	0%	0%
Decline to answer	69%	64%	Other non-Hispanic/Latino	0%	1%
Not identify with any above	30%	30%	More than one ethnicity	0%	4%
Veteran Status			Non-Hispanic or Latino/Decline to answer	82%	74%
Yes	7%	7%	Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness		
No	53%	38%	Difficulty seeing	0%	0%
Decline to answer	40%	54%	Difficulty hearing/having speech understood	11%	0%
Primary Language			Other communication condition	6%	3%
American Sign Language (ASL)	0%	0%	Cognitive impairment (not including mental illness)	13%	9%
Cantonese	0%	0%	Physical/mobility condition	1%	7%
English	92%	92%	Chronic health condition	5%	5%
German	0%	0%	No disability	1%	19%
Hindi	0%	0%	Other disability	77%	96%
Ilocano	0%	0%	Decline to answer	4%	8%
Japanese	0%	0%			



# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

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### *Highlights & Achievements*

- NAMI Solano trained seven (7) new F2F teachers who held classes in Benicia, Fairfield, and Vacaville. Ninety-eight percent (98%) of participants who registered were able to complete the course.
- NAMI hosted the P2P training classes for new peers in Vallejo and Vacaville. The greatest impact of this class was helping peers develop relationships with other peers to embrace their many differences and ensure that every peer felt respected and loved while providing hope and encouragement. Three (3) peers have gone on to become Peer Support Specialists employed by SCBH. As peer leaders, these individuals had increased levels of confidence that expanded their capacities to attend and join various boards and committees throughout the county.
- The program made efforts to build capacity to serve culturally diverse groups in new programs such as “Families and Friends” utilizing best practice models developed by NAMI California.

### *Challenges & Barriers*

- The local NAMI Solano chapter has a shortage of teachers for most of the peer run programs and has had significant challenges recruiting Spanish-speaking volunteer facilitators for the F2F Spanish group.
- The “Basics” class was advertised as a one-day Saturday event and while two (2) people signed up, no one showed up for the class. The program is exploring barriers which may include the need for babysitting given the class is intended for parents of children with mental health issues. The program is considering offering a stipend to cover babysitting costs in the future.
- There had historically been a challenge in engaging the community of Dixon, however a connection was made with a local Dixon faith-based leader in order to partner to address stigma.
- A resource line had been advertised as a warm line historically. NAMI and SCBH have agreed to advertise the phone number as a resource line to more accurately reflect the purpose and true functioning of the phone.

### *Changes in FY19/20*

No changes planned.

# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

**African American Faith-Based Initiative (AAFBI) Mental Health Friendly Communities (MHFC) -Contractors Consultants:** Gigi Crowder (lead), Pastor Horacio Jones, and Minister Monique Tarver

**Description of Program:**

The Mental Health Friendly Communities (MHFA) project is delivered in partnership with three independent contractors several of which are faith-leaders themselves, with a goal to create mental health friendly communities to support individuals with mental illness and their families at 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 practices when working with African American consumers.

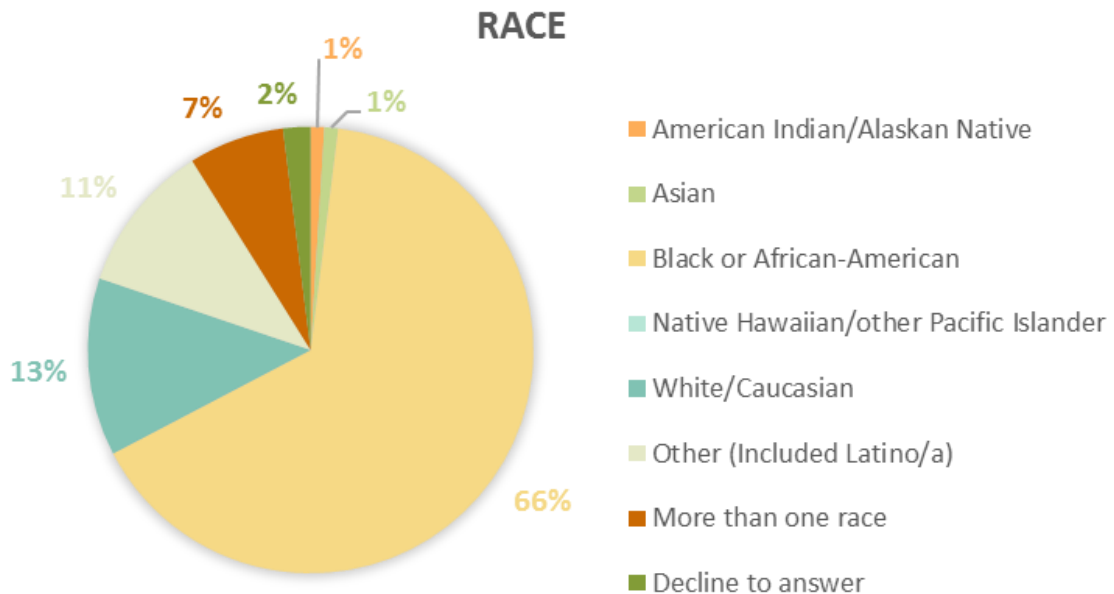
Program Performance Measures	
Prevention Activities	
Individuals Served: 12,907 (not unduplicated)	
Program Indicators	Annual Outcome
A minimum of 3 new faith centers will be identified and complete in the process of becoming MHFC congregation	A total of 4 new faith centers were identified and completed the process of becoming MHFC congregations.
A minimum of 90% MHFC faith centers will have identified a mental health lead trainer that will provide ongoing training using MHFC curriculum.	A total of 67% (8 out of 12) faith centers identified a mental health lead trainer.
Reach a minimum of 300 individuals through the following activities: <ul style="list-style-type: none"> <li>• 8 in-service presentations</li> <li>• 2 major community-wide outreach events</li> <li>• Co-facilitate trainings which may include: <ul style="list-style-type: none"> <li>◊ "Mental Health 101" for faith leaders</li> <li>◊ "Spirituality 101" for MH providers</li> <li>◊ "Keepers of the Flock" for stakeholders</li> <li>◊ "A Bridge Over Troubled Waters" for providers and community partners</li> </ul> </li> </ul>	Reached 12,907 individuals through a total of 23 outreach & trainings: <ul style="list-style-type: none"> <li>• 5 in-service presentations were offered for 53 participants.</li> <li>• 4 community-wide outreach events were attended by the consultants and 12,128 people were contacted. Several of these events included speaking engagement during Sunday worship at large faith centers.</li> <li>• 3 sessions of "Mental Health 101" were held for faith leaders for a total of 63 participants.</li> <li>• 8 sessions of "Keepers of the Flock" was provided for 524 participants.</li> <li>• 3 sessions of "A Bridge Over Troubled Waters" was provided for 139 participants.</li> </ul>
At least 75% of participants in "Spirituality 101" and/or "A Bridge Over Troubled Waters" trainings shall demonstrate increased knowledge based on pre-/post-evaluation.  <b><i>"Spiritually 101" is offered every other year and therefore the training was not provided during FY 2018/19.</i></b>	Of the 139 participants that attended "A Bridge Over Troubled Waters", 23 completed a post evaluation and of those 100% demonstrated increased knowledge.
At least 75% of clergy members participating in "Keeper of the Flock" and/or "Mental Health 101" shall demonstrated increased knowledge based on pre-/post evaluation.	Of the 524 participants that attended "Keepers of the Flock", 93 participants completed a post evaluation and of those 100% demonstrated increased knowledge.  Post evaluations were not collected for the "Mental Health 101" trainings.

# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

Linkage Services	
<i>Given the nature of this strategy (trainings and consultation for faith leads and providers) the consultants are not providing direct services for consumers and community member.</i>	
Provide referrals and linkages to necessary services.	1 referral made
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0
Referrals made to the Solano County Mental Health Plan.	1 referral made to the Access Unit
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	Due to incomplete data SCBH was not able to confirm outcome of linkage
Timely access to services: the average interval between referral and participation in services to which referred.	Due to incomplete data SCBH was not able to confirm timeliness of linkage
Financial Report	
Cost per person for prevention activities	<b>\$8</b>
Contract Amount FY 2018/19: <b>\$100,060</b> (cumulative for 3 consultant contracts)	Total Expenditures FY 2018/19: <b>\$97,727</b> (cumulative for 3 consultant contracts)

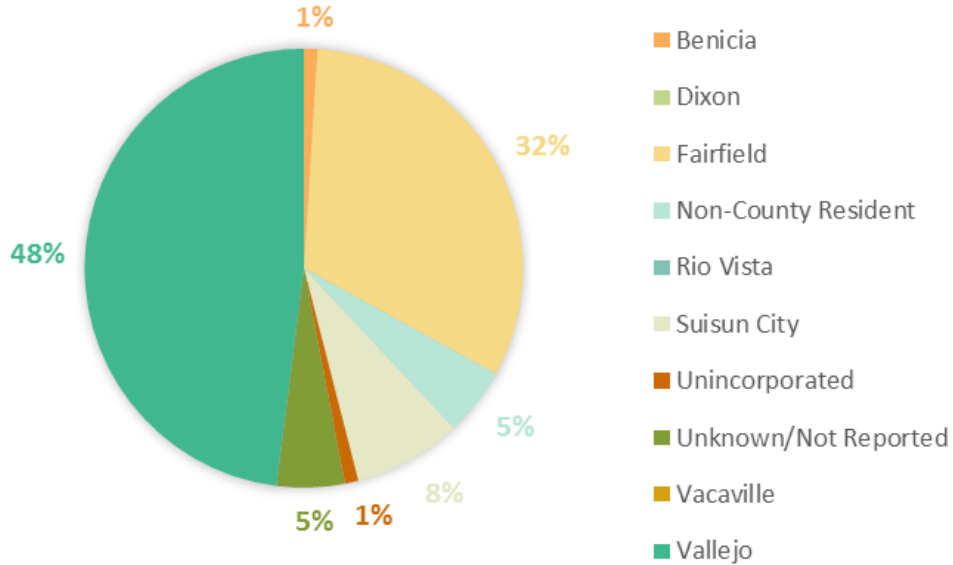
The following charts and table provide demographic data for the individuals who were served by AAFBI MHFC:



# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

### CITY OF RESIDENCE



Program Name:		Total Individuals Served:	
AAFBI		98	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	4%	Mandarin	0%
26-59	52%	Other	0%
60+	44%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	4%
American Indian/Alaskan Native	1%	Tagalog	1%
Asian	1%	Unknown/Not Reported	3%
Black or African-American	66%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	0%	<b>City of Residence</b>	
White/Caucasian	13%	Benicia	1%
Other (Included Latino/a)	11%	Dixon	0%
More than one race	7%	Fairfield	32%
Decline to answer	2%	Non-County Resident	5%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	22%	Suisun City	8%
Female	75%	Unincorporated	1%
Decline to answer	3%	Unknown/Not Reported	5%
		Vacaville	0%
		Vallejo	48%

# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

Program Name:		Total Individuals Served:	
Female	72%	<b>Ethnicity</b>	
Transgender	0%	Caribbean	1%
Genderqueer	0%	Central American	1%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	5%
Another gender identity	0%	Puerto Rican	0%
Decline to answer	5%	South American	1%
<b>Sexual Orientation</b>		Other Hispanic or Latino	2%
Gay	0%	Hispanic or Latino/Decline to answer	36%
Lesbian	2%	African	33%
Heterosexual/straight	81%	Asian Indian/South Asian	0%
Bisexual	4%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	2%
Other/another sexual orientation	1%	European	1%
Decline to answer	12%	Filipino	0%
<b>Identify with any of these groups</b>		Japanese	0%
LGBTQ	5%	Korean	0%
Involved with the legal system	6%	Middle Eastern	0%
Foster Care youth	3%	Vietnamese	0%
Decline to answer	54%	Other Non-Hispanic or Latino	4%
Not identify with any above	32%	More than one ethnicity	3%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	10%
Yes	11%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	83%	Difficulty seeing	0%
Decline to answer	5%	Difficulty hearing/having speech understood	2%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	2%
Cantonese	0%	Physical/mobility condition	2%
English	91%	Chronic health condition	3%
German	0%	No disability	69%
Hindi	0%	Other disability	5%
Ilocano	0%	Decline to answer	18%
Japanese	0%		

### Highlights & Achievements

- Consultants facilitated several events utilizing the “A Bridge Over Troubled Waters” training curriculum in February and March which helped recruit 4 additional faith centers to be deemed mental health friendly communities (MHFC).
- Consultants visited African American faith centers throughout the County as invited speakers for Sunday worship services where they distributed green ribbons and shared the importance of seeking mental health support when needed.

### Challenges & Barriers

- Experienced challenges with submitting data collection/reporting tool.

### Changes in FY19/20

No changes planned.



# PREVENTION & EARLY INTERVENTION

## STIGMA & DISCRIMINATION REDUCTION

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### **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 signs 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.

### **Mental Health First Aid (MHFA) Trainings-County and Contractor**

**Agency Name:** SCBH Staff

**Number of Trainings:** 2 trainings provided

**Number Served:** 54 total participants

MHFA is an 8-hour course that teaches the signs mental illness and substance use disorders. Training participants 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.

# PREVENTION & EARLY INTERVENTION

## ACCESS & LINKAGE TO TREATMENT

**Agency Name:** First 5 Solano and subcontractors

**Title of Program:** Partnership for Early Access for Kids (PEAK) Starting FY 19/20 the name of program is being changed to “Early Childhood Services”

<p>The program, which is co-funded by SCBH and First 5, is delivered by several community-based organizations per sub-contracts with First 5. The focus is on providing parent and caregiver educational workshops utilizing the “Triple P” evidence-based parenting model; provider trainings on the topic of early childhood mental health; and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the Help Me Grow (HMG) Solano phone line is co-funded by SCBH and First 5 and is a point of access for many resources needed for children ages birth-5.</p>	
<b>Performance Measures</b>	
<b>Prevention Activities</b> Unduplicated Individuals Served: 4,018 (1,902 thru activities & 2,116 HMG calls)	
Program Indicators	Annual Outcome
Provide 74 educational trainings to 719 professional providers. 85% of participants will show an increase in knowledge as measured by a likert scale.	656 professional providers attended educational trainings.  82% (537) of the attendees who submitted a post training survey demonstrated increased knowledge on the training topic as measured by a likert scale.
Provide developmental/social-emotional screenings to 150 moderate/high-risk children who need further assessment and/or referral to treatment services.	276 developmental/social-emotional screenings were provided.
Provide 138 Triple P Level 2 one-time parenting seminars to serve a total of 828 parent/caregiver participants ( <i>Parent Satisfaction Survey</i> measuring knowledge improvement). <b><i>This is the first year of implementation of Triple P and trainers completed training/certification in October 2018.</i></b>	105 Triple P Level 2 parenting seminars were held, serving a total of 970 parent/caregiver participants.  98% (954) demonstrated improved knowledge as measured by the <i>Parent Satisfaction Survey</i> .
Help me Grow (HMG) Solano line will accept 1,300 new incoming calls/web/fax requests (new requests for services/resources) with 90% of the incoming calls resulting in receiving a referral to at least one program/services, including referrals for developmental/social-emotional screenings, Triple P, and mental health services as necessary.	2,116 new requests for services were made through the HMG line.  85% (1,789) resulted in a referral to at least one program/service.
<b>Early Intervention Activities</b> Unduplicated Individual Served: 179	
Program Indicators	Annual Outcome
Triple P Level 3 Primary Care (Brief Intervention) to serve a minimum of 595 families/parents ( <i>Parenting Experiences Survey</i> measuring knowledge improvement).  <b><i>This is the first year of implementation of Triple P and trainers completed training/certification in October 2018.</i></b>	83 families/parents were served thru the Triple P Level 3 intervention.  94% (78) families/parents demonstrated improved knowledge as measured by <i>Parenting Experiences Survey</i> .
Triple P Level 4 Group to serve a minimum of 116 families/parents ( <i>Parenting Scale Survey</i> measure knowledge improvement; additionally, using one other clinical tool). <b><i>This is the first year of implementation of Triple P and trainers completed training/certification in October 2018.</i></b>	89 families/parents were served through the Triple P Level 4 intervention. 98% (87) families/parents demonstrated improved knowledge as measured by <i>Parenting Scale Survey</i> .

# PREVENTION & EARLY INTERVENTION

## ACCESS & LINKAGE TO TREATMENT

Early Intervention Activities Unduplicated Individual Served: 179	
Program Indicators	Annual Outcome
Triple P Level 4 Standard (individual) to serve a minimum of 118 families/parents. <i>This is the first year of implementation of Triple P and trainers completed training/certification in October 2018.</i>	7 families/parents were served thru the Triple P Level 4 individual intervention.  100% (7) families/parents demonstrated improved knowledge as measured by as measured by <i>Parenting Scale Survey</i> .
Linkage Services	
Total referrals made from HMG referrals log	5,226 referrals made <i>A child/family may receive more than one referral</i>
Referral made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers)	26 referrals made
Referral made to Solano County Mental Health Plan	57 referrals made to the Access Unit
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	19 individuals contacted the Access Unit
Timely access to services: the average interval between referral and participation in services to which referred	Average 20 days
Financial Report	
Cost per person for prevention activities*	\$44
Cost per person for early intervention activities*	\$958
MOU Amount FY 2018/19: \$600,000 MHSA funds and \$520,000 First 5 funds	Total Expenditures FY 2018/19: \$346,381 in MHSA funds

\*Cost per person reflects MHSA funding only.

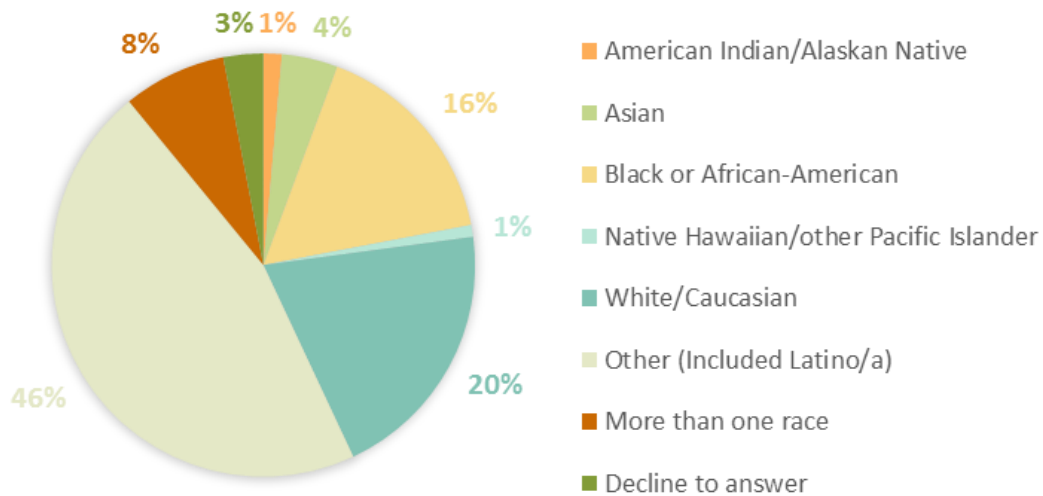
# PREVENTION & EARLY INTERVENTION

## ACCESS & LINKAGE TO TREATMENT

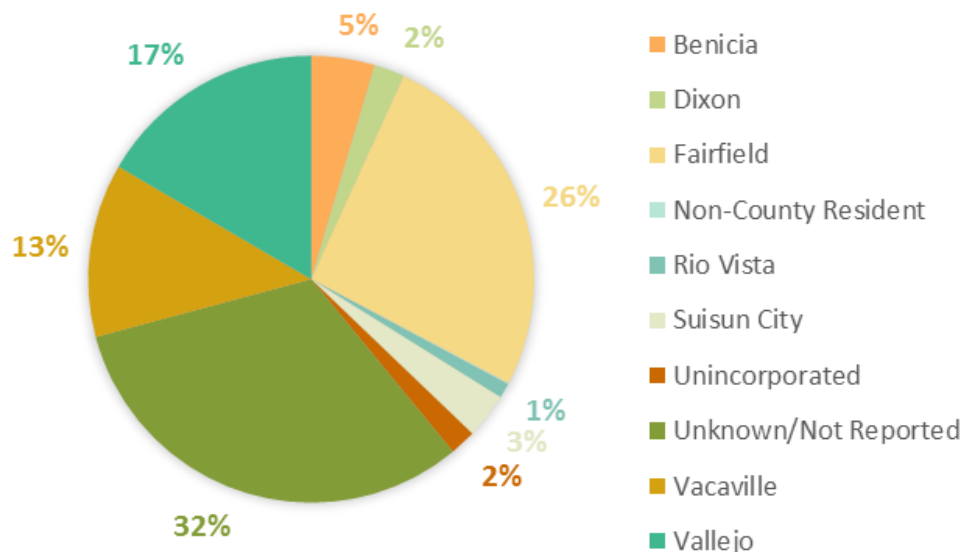
The following charts and table on pages to follow provide demographic data for the individuals who were served by First 5 Solano subcontractors:

*Demographic Breakdown of Direct Services (demographic surveys collected for 1,217 individuals):*

### RACE: DIRECT SERVICES



### CITY OF RESIDENCE: DIRECT SERVICES

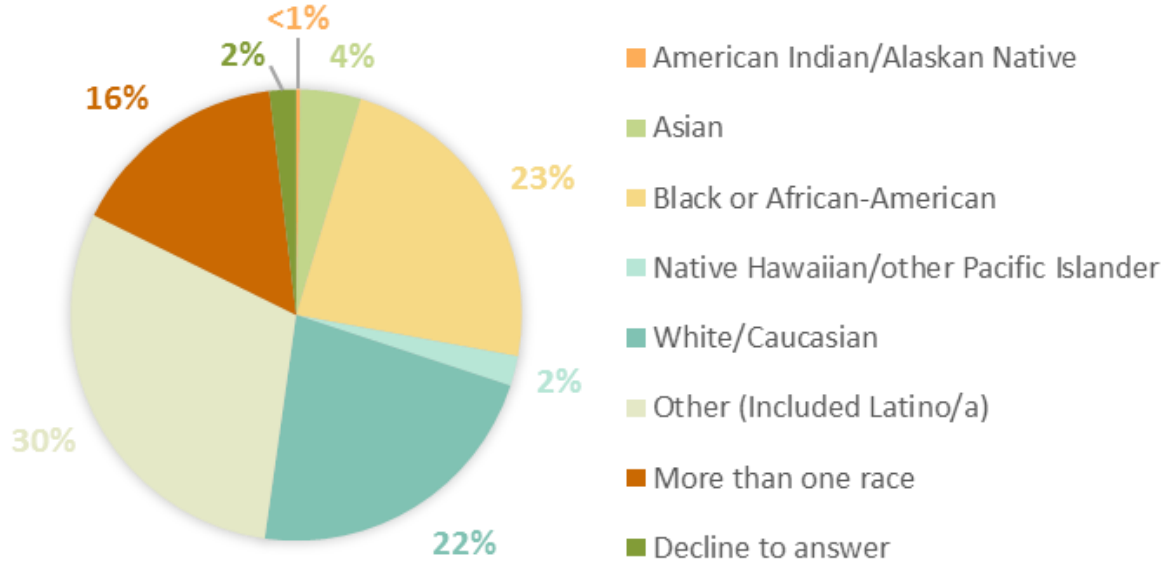


# PREVENTION & EARLY INTERVENTION

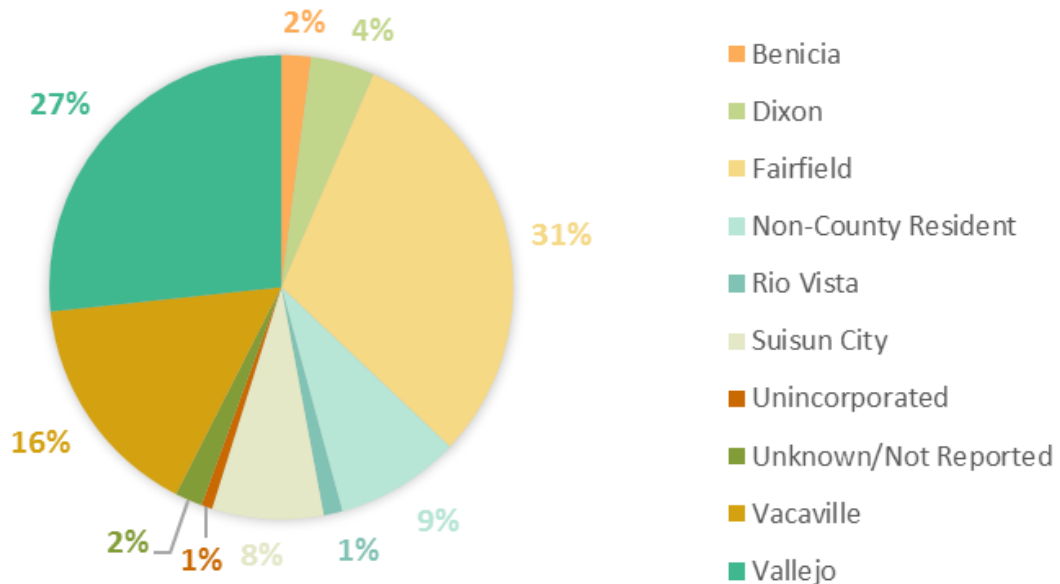
## ACCESS & LINKAGE TO TREATMENT

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 1,687 individuals):

### RACE: OUTREACH & TRAINING



### CITY OF RESIDENCE: OUTREACH & TRAINING



# PREVENTION & EARLY INTERVENTION

## ACCESS & LINKAGE TO TREATMENT

Program Name:			Total Individuals Demo Collected:		
First 5 Solano			Direct	Outreach	
<b>Age</b>	Direct	Outreach	<b>Primary Language</b>	Direct	Outreach
0-15	30%	53%	Korean	0%	0%
16-25	11%	5%	Mandarin	0%	0%
26-59	57%	36%	Other	1%	0%
60+	2%	2%	Other Indic (Indian) Language	0%	0%
Decline to answer	0%	4%	Other Pacific Island Language	0%	0%
<b>Race</b>			Spanish	31%	14%
American Indian/Alaskan Native	1%	0%	Tagalog	1%	1%
Asian	4%	4%	Unknown/Not Reported	1%	0%
Black or African-American	16%	23%	Vietnamese	0%	0%
Native Hawaiian/other Pacific Islander	1%	2%	<b>City of Residence</b>		
White/Caucasian	20%	22%	Benicia	5%	2%
Other (Included Latino/a)	46%	30%	Dixon	2%	4%
More than one race	8%	16%	Fairfield	26%	31%
Decline to answer	3%	2%	Non-County Resident	0%	9%
<b>Gender Assigned At Birth</b>			Rio Vista	1%	1%
Male	26%	32%	Suisun City	3%	8%
Female	70%	67%	Unincorporated	2%	1%
Decline to answer	4%	0%	Unknown/Not Reported	32%	2%
<b>Current Gender Identity</b>			Vacaville	13%	16%
Male	15%	26%	Vallejo	17%	27%
Female	55%	61%	<b>Ethnicity</b>		
Transgender	0%	0%	Caribbean	0%	0%
Genderqueer	0%	0%	Central American	4%	1%
Questioning/unsure	0%	0%	Mexican/Mexican-American/Chicano	28%	22%
Another gender identity (Included Two-Spirit)	0%	0%	Puerto Rican	0%	0%
Decline to answer	30%	13%	South American	1%	1%
<b>Sexual Orientation</b>			Other Hispanic/Latino	2%	0%
Gay	0%	0%	Hispanic or Latino/Decline to answer	12%	6%
Lesbian	0%	1%	African	7%	20%
Heterosexual/straight	59%	83%	Asian Indian/South Asian	0%	0%
Bisexual	1%	0%	Cambodian	0%	0%
Questioning/unsure	0%	0%	Chinese	1%	1%
Queer	0%	0%	Eastern European	1%	0%
Other/another sexual orientation	0%	0%	European	2%	13%
Decline to answer	40%	15%	Filipino	2%	3%
<b>Identify with any of these groups</b>			Japanese	0%	0%
LGBTQ	19%	1%	Korean	0%	0%
Involved with the legal system	4%	1%	Middle Eastern	1%	0%
Foster Care youth	1%	3%	Vietnamese	0%	0%
Decline to answer	25%	51%	Other non-Hispanic/Latino	5%	6%
Not identify with any above	50%	45%	More than one ethnicity	7%	13%
<b>Veteran Status</b>			Non-Hispanic or Latino/Decline to answer	26%	13%
Yes	4%	0%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>		
No	66%	86%	Difficulty seeing	1%	0%
Decline to answer	30%	14%	Difficulty hearing/having speech understood	1%	0%
<b>Primary Language</b>			Other communication condition	0%	0%
American Sign Language (ASL)	0%	0%	Cognitive impairment(not including mental illness)	1%	1%
Cantonese	0%	0%	Physical/mobility domain	2%	0%
English	65%	84%	Chronic health condition	1%	1%
German	0%	0%	No disability	60%	80%
Hindi	0%	0%	Other disability	2%	0%
Ilocano	0%	0%	Decline to answer	33%	17%
Japanese	0%	0%			



# PREVENTION & EARLY INTERVENTION

## ACCESS & LINKAGE TO TREATMENT

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### *Highlights & Achievements*

- From July through October 2018, 42 practitioners representing 8 community agencies participated in extensive training and were certified in the evidence-based Triple P parenting model, which includes four levels of parenting education intervention.
- A Better Way (ABW), one of the contracted vendors, provided staff trainings for several community partners including Vacaville Police Department, Solano Family and Children’s Services, and Solano County Public Health and Behavioral Health Divisions. Many of the participants reported an increased knowledge of trauma-informed practices.
- Solano Family & Children’s Services, vendor operating the Help Me Grow Solano phone line, held its first “Let’s Get Connected” meeting to share its services with front line community partners to begin a sharing and learning process between all partners in Solano County, which resulted in a 27% increase in request calls from 1,660 calls in FY 2017/18 to 2,116 in FY 2018/19. Solano Family & Children’s Services also established 17 new partnerships with healthcare providers to actively refer clients to HMG services.

### *Challenges & Barriers*

- Earlier in the program year, ABW had difficulty outreaching to participants to attend provider workshops and trainings. At the mid-year point, ABW had only offered 7 trainings countywide. This was attributed to the program being newly offered in Solano, with community partners not yet realizing that trainings were available at no-cost to attendees. In the latter half of the program year, ABW significantly increased their outreach and was successful in increasing the number of trainings offered.
- In this first year of Triple P program implementation, there were some challenges in hiring enough staff to be trained in the model. Additionally, as the year progressed, some agencies experienced staff turnover, including practitioners who had been trained and certified in the model. Most agencies had a late start in implementing services as certification for most practitioners was not completed until October 2018.
- In the latter half of the FY, Child Haven experienced staff turnover.

### *Changes in FY19/20*

During the Annual Update Community Program Planning process, the need for increased training for parents with particular attention to support families already involved with Child Welfare was identified. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

# PREVENTION & EARLY INTERVENTION

**Agency Name:** Maternal, Child and Adolescent Health (MCAH) Bureau of Public Health Division

**Title of Program:** Pregnant & Postpartum Maternal Support (PPMS)

**Description of Program:**

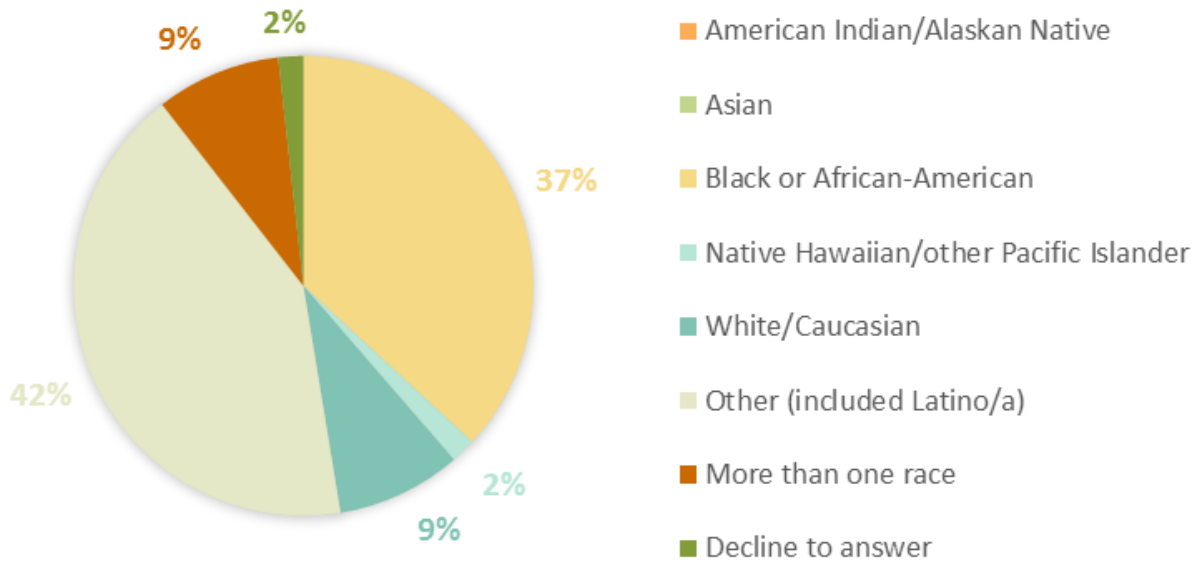
Performance Measures	
Prevention Activities Unduplicated Individuals Served: 57	
Program Indicators	Annual Outcomes
Provide mental health screening and referrals to 50 individuals, of which at least 21 individuals will be referred to mental health services.	A total of 57 consumers received screening services, of which 7 individuals were referred to mental health services.
20-30 MCAH home visiting staff will be trained on the evidence-based "Mothers and Babies Perinatal Depression Prevention Intervention" model. <i>Deliverable was for year 1 supporting the implementation of the model</i>	A total of 15 (9 refreshers; 6 new staff) MCAH home visiting and management staff received the training.
Early Intervention Activities Unduplicated Individual Served: 43	
Program Indicators	Annual Outcomes
Provide 3-4 cycles (6-weeks) of the "Mothers and Babies" (MB) Groups for a minimum of 25 individuals.	A total of 3 groups were provided, with 17 unduplicated participants.
Provide brief counseling services for women who are high risk due to mental health and/or co-occurring substance abuse conditions.	A total of 26 unduplicated consumers received brief intervention services.
70% of the MB group participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale</i> .	75% (9) of the participants who completed the MB Group reported a decrease in depression and/or anxiety based on the <i>Edinburgh Postnatal Depression Scale</i> .
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale</i> .	75% (9) of the participants who completed the MB Group reported a decrease in perceived stress levels as measured by the <i>Perceived Stress Scale</i> .
Linkage Services	
Referrals and linkages made to necessary services; i.e. non-mental health.	6 individuals received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	4 referrals made to the Access Unit
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	0
Timely access to services: the average interval between referral and participation in services to which referred.	There were no successful linkages
Financial Report	
Cost per person for prevention activities*	\$29
Cost per person for early intervention activities*	\$395
MOU Amount FY 2018/19: <b>\$150,000</b>	Total Expenditures FY 2018/19: <b>\$150,000</b>

# PREVENTION & EARLY INTERVENTION

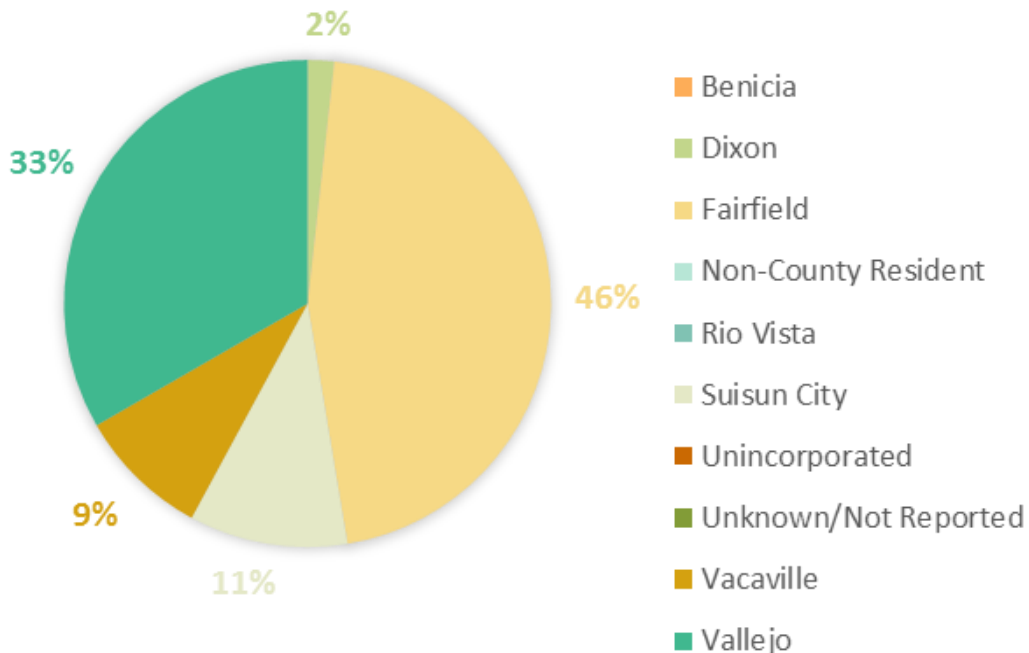
The following charts and table provide demographic data for the individuals who were served by MCAH:

*Demographic Breakdown of Direct Services (demographic surveys collected for 57 individuals):*

## RACE



## CITY OF RESIDENCE



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:		
MACH			Direct	Outreach	
			57	0	
Age	Direct	Outreach	Primary Language	Direct	Outreach
0-15	0%	NA	Korean	0%	NA
16-25	28%	NA	Mandarin	0%	NA
26-59	72%	NA	Other	0%	NA
60+	0%	NA	Other Indic (Indian) Language	0%	NA
Decline to answer	0%	NA	Other Pacific Island Language	0%	NA
Race			Spanish	16%	NA
American Indian/Alaskan Native	0%	NA	Tagalog	0%	NA
Asian	0%	NA	Unknown/Not Reported	0%	NA
Black or African-American	37%	NA	Vietnamese	0%	NA
Native Hawaiian/other Pacific Islander	2%	NA	City of Residence		
White/Caucasian	9%	NA	Benicia	0%	NA
Other (included Latino/a)	42%	NA	Dixon	2%	NA
More than one race	9%	NA	Fairfield	46%	NA
Decline to answer	2%	NA	Non-County Resident	0%	NA
Gender Assigned At Birth			Rio Vista	0%	NA
Male	0%	NA	Suisun City	11%	NA
Female	100%	NA	Unincorporated	0%	NA
Decline to answer	0%	NA	Unknown/Not Reported	0%	NA
Current Gender Identity			Vacaville	9%	NA
Male	0%	NA	Vallejo	33%	NA
Female	100%	NA	Ethnicity		
Transgender	0%	NA	Caribbean	0%	NA
Genderqueer	0%	NA	Central American	4%	NA
Questioning/unsure	0%	NA	Mexican/Mexican-American/Chicano	33%	NA
Another gender identity (Included Two-Spirit)	0%	NA	Puerto Rican	0%	NA
Decline to answer	0%	NA	South American	2%	NA
Sexual Orientation			Other Hispanic/Latino	0%	NA
Gay	0%	NA	Hispanic or Latino/Decline to answer	14%	NA
Lesbian	0%	NA	African	4%	NA
Heterosexual/straight	62%	NA	Asian Indian/South Asian	0%	NA
Bisexual	2%	NA	Cambodian	0%	NA
Questioning/unsure	0%	NA	Chinese	0%	NA
Queer	0%	NA	Eastern European	0%	NA
Other/another sexual orientation	0%	NA	European	0%	NA
Decline to answer	36%	NA	Filipino	2%	NA
Identify with any of these groups			Japanese	0%	NA
LGBTQ	0%	NA	Korean	0%	NA
Involved with the legal system	4%	NA	Middle Eastern	0%	NA
Foster Care youth	2%	NA	Vietnamese	0%	NA
Decline to answer	35%	NA	Other non-Hispanic/Latino	0%	NA
Not identify with any above	59%	NA	More than one ethnicity	6%	NA
Veteran Status			Non-Hispanic or Latino/Decline to answer	33%	NA
Yes	0%	NA	Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness		
No	70%	NA	Difficulty seeing	0%	NA
Decline to answer	30%	NA	Difficulty hearing/having speech understood	0%	NA
Primary Language			Other communication condition	0%	NA
American Sign Language (ASL)	0%	NA	Cognitive impairment (not including mental illness)	5%	NA
Cantonese	0%	NA	Physical/mobility condition	0%	NA
English	84%	NA	Chronic health condition	2%	NA
German	0%	NA	No disability	67%	NA
Hindi	0%	NA	Other disability	0%	NA
Ilocano	0%	NA	Decline to answer	26%	NA
Japanese	0%	NA			

# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- The program expanded the MB group intervention to include a cohort in the city of Vacaville. Solano MCAH successfully completed three Cohorts of the 6-week MB group intervention, in the cities of Fairfield, Vacaville and Vallejo.
- An expansion of referral source to include Women Infants and Children (WIC) recipients resulted in ninety-seven (97) referrals, compared to 24 referrals received in FY 17/18 resulting in a 304% increase.
- Program staff initiated Solano County's first recognition of World Maternal Mental Health Day. On April 23, 2019 MCAH was present with a board resolution as the Solano County Board of Supervisors recognized May 1, 2019 as World Maternal Mental Health Day.

## *Challenges & Barriers*

- Solicitation of referrals from the MCAH program staff were not consistent partly due to start and stop of groups (groups are not always available at the time of need). To address this the program eligibility was expanded to include mothers receiving WIC which resulted in increased referrals.
- Having designated group meeting spaces and times, with an appropriate child friendly adjacent room, was challenging to secure on a consistent basis. To address this challenge, staff developed a partnership with the WIC program to use their classroom space that is both mother and child friendly.
- Program participants had challenges with securing transportation to groups and in order to address this challenge bus tickets were offered to participants.
- The population of teen-moms was difficult to connect with and engage in services. To better serve this population the clinician made more attempts to contact consumers to engage them, allowed more flexibility for missed appointments, and partnered with home visitors who meet monthly with the teen-moms to share information about the services in order to better engage them.

## *Changes in FY19/20*

In FY 2019/20 MCAH will explore an expansion of the MB Groups and offering them at community locations such as the Solano County Public libraries in Suisun City and Cordelia and the new First 5 Child Development Center located in the city of Vallejo, projected to open in late fall of 2019. During the Annual Update Community Program Planning process the need was identified to increase pregnancy and post-partum services with particular emphasis on the Latino community. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

# PREVENTION & EARLY INTERVENTION

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## Success Story

*The MCAH Mental Health Clinician started working with a Spanish-speaking mom who was 8 months pregnant with her third child and experiencing extreme stress in the home due to her three stepchildren moving into the home following their mother's death resulting in her carrying for five children. In addition to being concerned about her ability to stay in the home and manage her stepchildren's behavior, the consumer was also worried she would experience post-partum depression with her unborn baby because she had experienced it with her second child. The Clinician utilized Cognitive Behavioral Therapy and began working with the consumer around the cognitive model of depression. The consumer started journaling positive attributes for all the household members, and as she did so she noticed that the way she interacted with her stepchildren improved as did her communication with her husband. When the baby was born the consumer was delighted to report that she had not experienced any symptoms of post-partum depression. By the time the consumer finished treatment her outlook on the situation substantially changed and she expresses feeling happy and hopeful about the future of her family.*





# PREVENTION & EARLY INTERVENTION

## LGBTQ Outreach and Access Program-Contractor

**Agency Name:** Solano Pride Center

**Title of Program:** Solano Pride Center

### **Description of Program:**

Solano Pride Center is a community-based social support program 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. The program provides education to the community, social/support groups for LGBTQ individuals, and brief counseling for LGBTQ consumers with mild to moderate mental health conditions.

### Program Performance Measures

#### Prevention Activities Unduplicated Individuals Served: 2,575

Program Indicators	Annual Outcome
Reach an annual minimum of 150 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 39 outreach and education activities were offered with a total of 2,206 participants.
Collaborate with 10 Solano County schools to engage in the "Welcoming Schools" program to provide education and trainings in the schools to promote LGBTQ inclusive schools and prevent bullying.	Collaborated with 15 local schools.
Reach an annual minimum of 50 unduplicated consumers through social activities and support groups.	A total of 369 unduplicated consumers were served.
A minimum of 50% of individuals receiving social/support group prevention services shall demonstrate satisfaction on a <i>Quality of Life (QoL) Scale</i> .	Due to changes in staffing the <i>QoL Scale</i> was only administered one time for 9 unduplicated consumers and of those 89% (8) demonstrated satisfaction.

#### Early Intervention Activities

Unduplicated Individuals Served: 70 attended one session, and 42 attended 2+ sessions

Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 20 unduplicated consumers.  75% of consumers receiving counseling services will report improved functioning per the <i>Quality of Life (QoL) Scale</i> as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	A total of 42 unduplicated consumers received two or more counseling sessions.  Due to changes in staffing the <i>QoL Scale</i> was only administered one time for 11 consumers and of those 82% (9) showed improvement in functioning.

#### Linkage Services

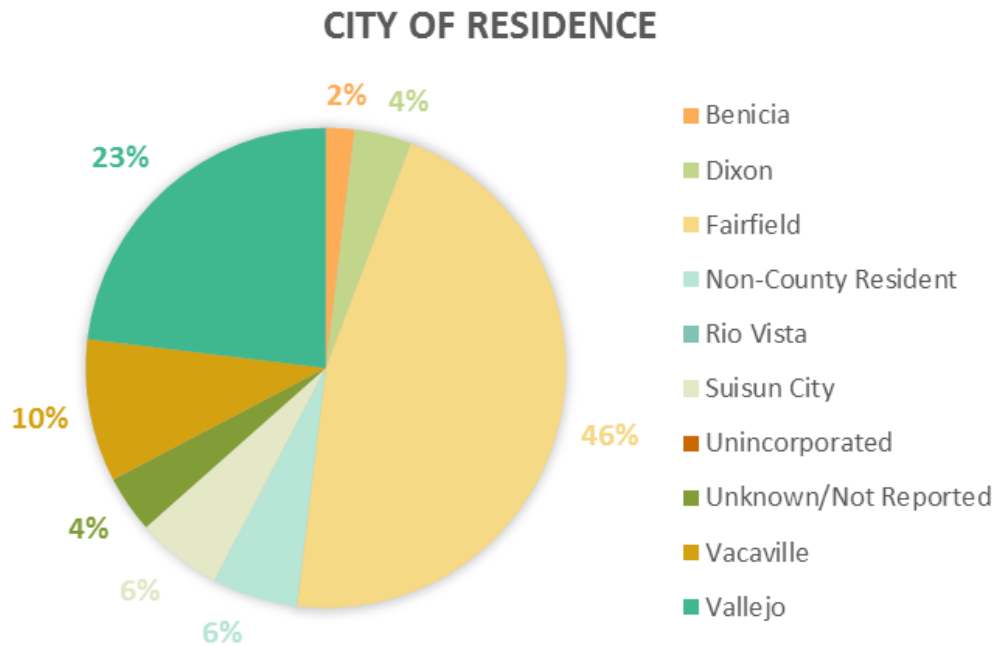
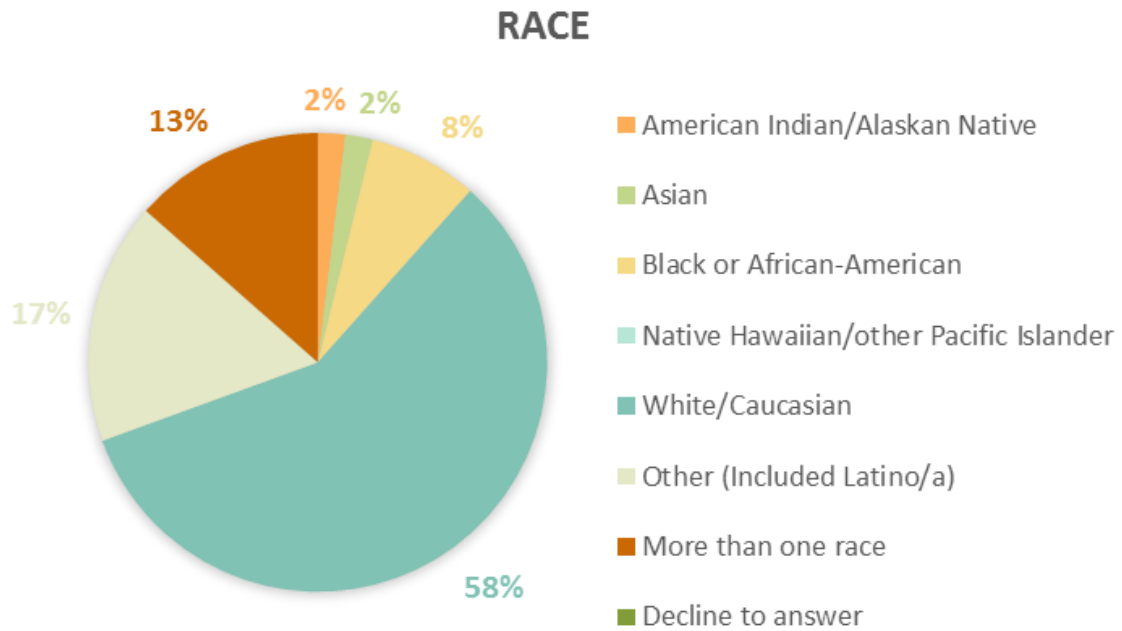
Referrals and linkages made to necessary services; i.e. non-mental health.	4 individuals received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	2 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	0
Timely access to services: the average interval between referral and participation in services to which referred.	Data not available due to unsuccessful linkages

#### Financial Report

Cost per person for prevention activities	\$42
Cost per person for early intervention activities	\$172
Contract Amount FY 2018/19: <b>\$150,000</b>	Total Expenditures FY 2018/19: <b>\$120,111</b>

# PREVENTION & EARLY INTERVENTION

*Demographic Breakdown of Direct Services (demographic surveys collected for 52 individuals):*



*Demographic Breakdown of Outreach/Training Services:*

No demographic information is available due to outreach services being provided thru tabling at fairs and community events.

# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:	
Solano Pride			Direct	Outreach
			52	0
Age			Primary Language	
0-15	Direct	Outreach	Korean	0% NA
16-25	4%	NA	Mandarin	0% NA
26-59	35%	NA	Other	0% NA
60+	50%	NA	Other Indic (Indian) Language	0% NA
Decline to answer	12%	NA	Other Pacific Island Language	0% NA
Decline to answer			0%	NA
Race			Spanish	8% NA
American Indian/Alaskan Native	2%	NA	Tagalog	0% NA
Asian	2%	NA	Unknown/Not Reported	0% NA
Black or African-American	8%	NA	Vietnamese	0% NA
Native Hawaiian/other Pacific Islander	0%	NA	City of Residence	
White/Caucasian	58%	NA	Benicia	2% NA
Other (Included Latino/a)	17%	NA	Dixon	4% NA
More than one race	13%	NA	Fairfield	46% NA
Decline to answer	0%	NA	Non-County Resident	6% NA
Gender Assigned At Birth			Rio Vista	0% NA
Male	46%	NA	Suisun City	6% NA
Female	48%	NA	Unincorporated	0% NA
Decline to answer	6%	NA	Unknown/Not Reported	4% NA
Current Gender Identity			Vacaville	10% NA
Male	42%	NA	Vallejo	23% NA
Female	29%	NA	Ethnicity	
Transgender	17%	NA	Caribbean	1% NA
Genderqueer	4%	NA	Central American	0% NA
Questioning/unsure	6%	NA	Mexican/Mexican-American/Chicano	13% NA
Another gender identity (Included Two-Spirit)	2%	NA	Puerto Rican	1% NA
Decline to answer	0%	NA	South American	0% NA
Sexual Orientation			Other Hispanic/Latino	1% NA
Gay	29%	NA	Hispanic or Latino/Decline to answer	34% NA
Lesbian	12%	NA	African	3% NA
Heterosexual/straight	18%	NA	Asian Indian/South Asian	0% NA
Bisexual	20%	NA	Cambodian	0% NA
Questioning/unsure	2%	NA	Chinese	0% NA
Queer	4%	NA	Eastern European	1% NA
Other/another sexual orientation	10%	NA	European	8% NA
Decline to answer	6%	NA	Filipino	3% NA
Identify with any of these groups			Japanese	2% NA
LGBTQ	79%	NA	Korean	0% NA
Involved with the legal system	0%	NA	Middle Eastern	0% NA
Foster Care youth	0%	NA	Vietnamese	0% NA
Decline to answer	19%	NA	Other non-Hispanic/Latino	0% NA
Not identify with any above	2%	NA	More than one ethnicity	3% NA
Veteran Status			Non-Hispanic or Latino/Decline to answer	30% NA
Yes	15%	NA	Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness	
No	79%	NA	Difficulty seeing	0% NA
Decline to answer	6%	NA	Difficulty hearing/having speech understood	2% NA
Primary Language			Other communication condition	4% NA
American Sign Language (ASL)	0%	NA	Cognitive impairment(not including mental illness)	8% NA
Cantonese	0%	NA	Physical/mobility condition	4% NA
English	92%	NA	Chronic health condition	8% NA
German	0%	NA	No disability	49% NA
Hindi	0%	NA	Other disability	19% NA
Ilocano	0%	NA	Decline to answer	8% NA
Japanese	0%	NA		

# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- One of biggest successes remains the Solano Pride Youth Group, with an average of 15-20 youth in attendance at the bi-weekly meetings.
- Staff's efforts to collaborate and outreach to Solano Community College to introduce services resulted in increased volume in number people reached.

## *Challenges & Barriers*

- The program had challenges in collecting demographic data consistently and administering the outcome measures. The program plans to implement collecting demographic data with tablets and has hired a program assistant to support data collection/reporting.
- Clinical intervention services had a gap in services due to staffing changes. A new Mental Health Clinician came on board to re-initiate providing clinical services in November of 2018.
- Difficulty meeting the needs of the Solano LGBTQ community, including queer people of color who are underserved, due to being the only program of its kind to offer LGBTQ specific services in Solano. The program plans to increase efforts to outreach to queer people of color.

## *Changes in FY19/20*

During the Annual Update Community Program Planning process, the need was identified to increase training for the community on working with LGBTQ individuals. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

## Success Story

*A youth who is identified as a trans man, who came in initially as a high school senior in Vallejo, has made significant strides towards recovery and socialization after he attended our youth program and one-on-one counseling regularly. He was able to successfully navigate public transportation and housing resources and verbalize his mental health challenges and progress he made with the support of program staff.*

# PREVENTION & EARLY INTERVENTION

## School-Based Mental Health Service Programming-Contractors

**Agency Name:** A Better Way (ABW)

**Title of Program:** School-Based Mental Health Service Program

**Description of Program:**

The A Better Way school-based program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment.

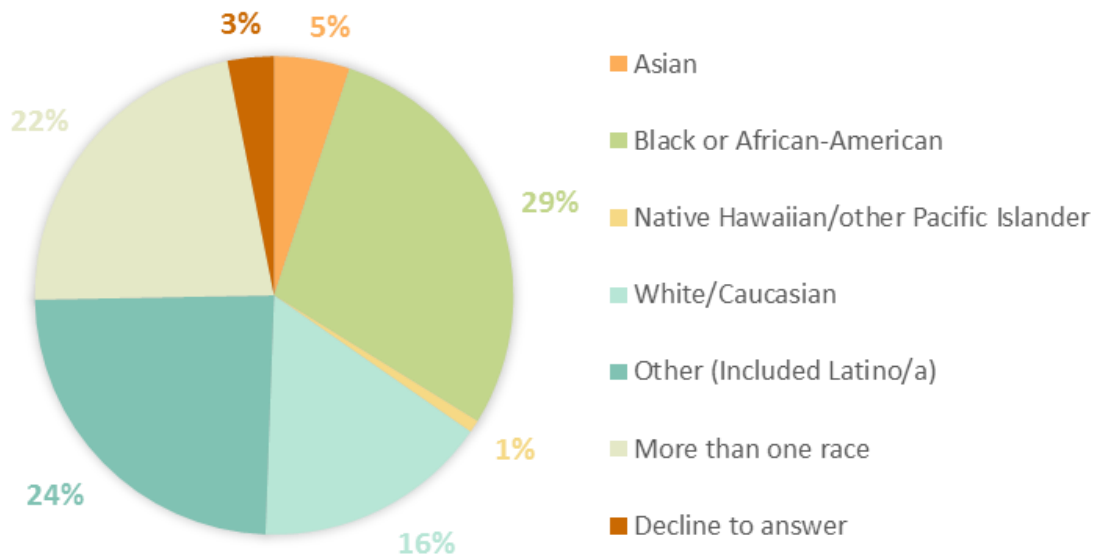
Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 544	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 600 students, school personnel and parents/caretakers.	A total of 544 individuals received a prevention service.
Provide 18 trainings/consultation services for school personnel in participating school districts.	A total of 17 trainings were provided with a total of 291 participants
Provide 16 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 7 trainings were provided with a total of 56 participants.
Provide a minimum of 4 student workshops for students for each participating school district.	A total of 55 workshops were provided with a total of 197 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.	A total of 339 participants were administered both a pre/post survey and of those 86% (290) showed increased knowledge in the training/workshop topic.
Early Intervention Activities	
Unduplicated Individual Served: 210	
Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 300 students.	A total of 163 youth received an assessment.
Provide brief counseling for 3-5 months for students at assigned school sites.	A total of 210 youth received treatment services. <i>A number of the youth receiving counseling were carryovers from the prior school year.</i>
At least 75% of the students receiving short-term mental health services will demonstrate improvement in overall score on post measure at discharge per an assessment tool which may include various <i>BECK Inventories or the Quality of Life (QoL) Scale</i> .	Of the 210 students receiving counseling services, 103 students were administered both a pre/post measure during the reporting period and of those 70% (72) showed improvement in symptoms.
Linkage Services	
Referrals and linkages made to necessary services; i.e. non-mental health.	27 referrals made
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	5 referrals made
Referrals made to the Solano County Mental Health Plan.	17 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	8 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 8 individuals linked it took an average of 15.5 days from referral to service
Financial Report	
Cost per person for prevention activities	\$462
Cost per person for early intervention activities	\$5,448
Contract Amount FY 2018/19: <b>\$1,696,768</b>	Total Expenditures FY 2018/19: <b>\$1,395.17</b>

# PREVENTION & EARLY INTERVENTION

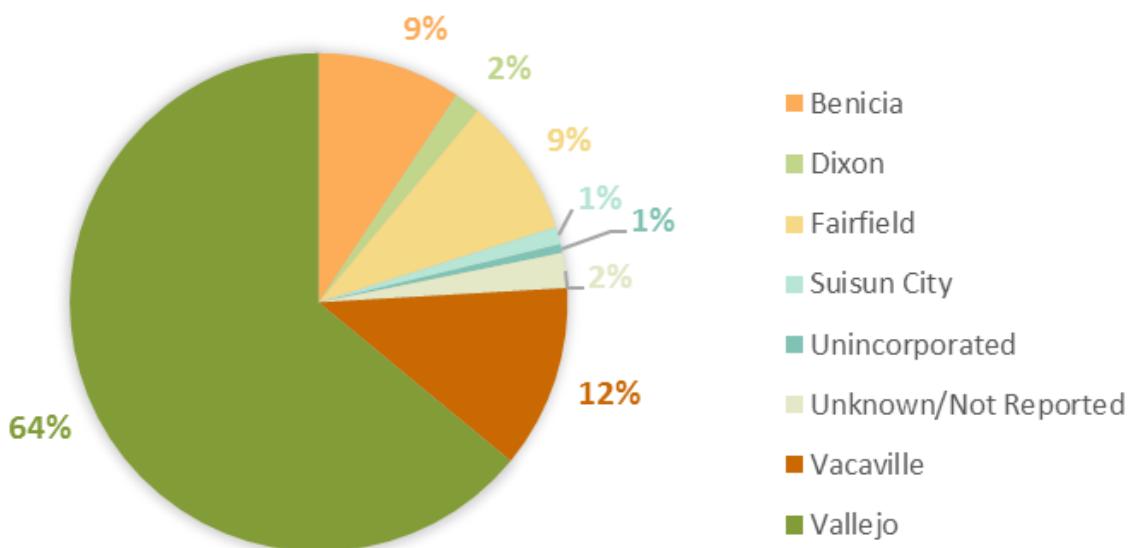
The following charts and table provide demographic data for the individuals who were served by A Better Way:

*Demographic Breakdown of Direct Services (demographic surveys collected for 354 individuals who participated in student workshops and/or individual therapy):*

## RACE



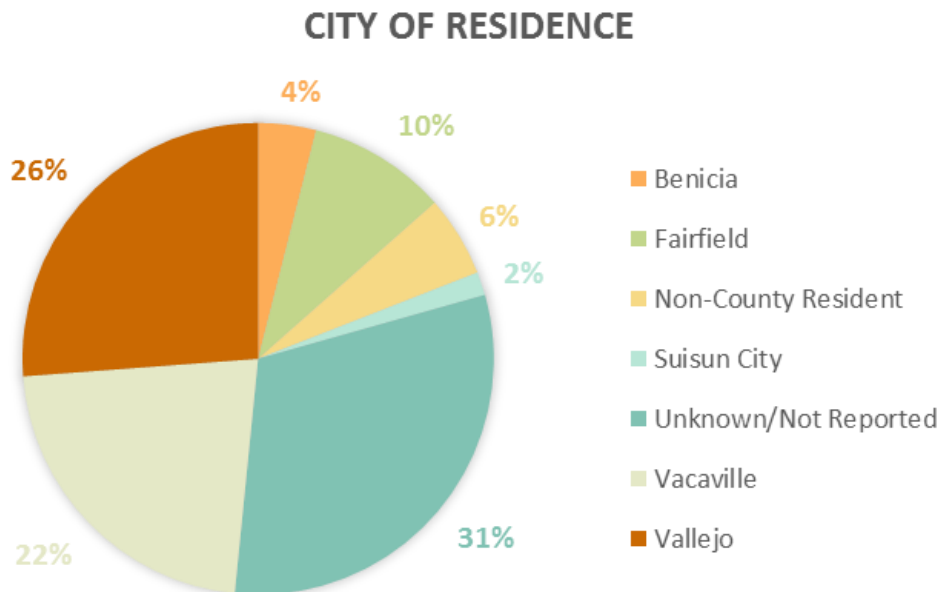
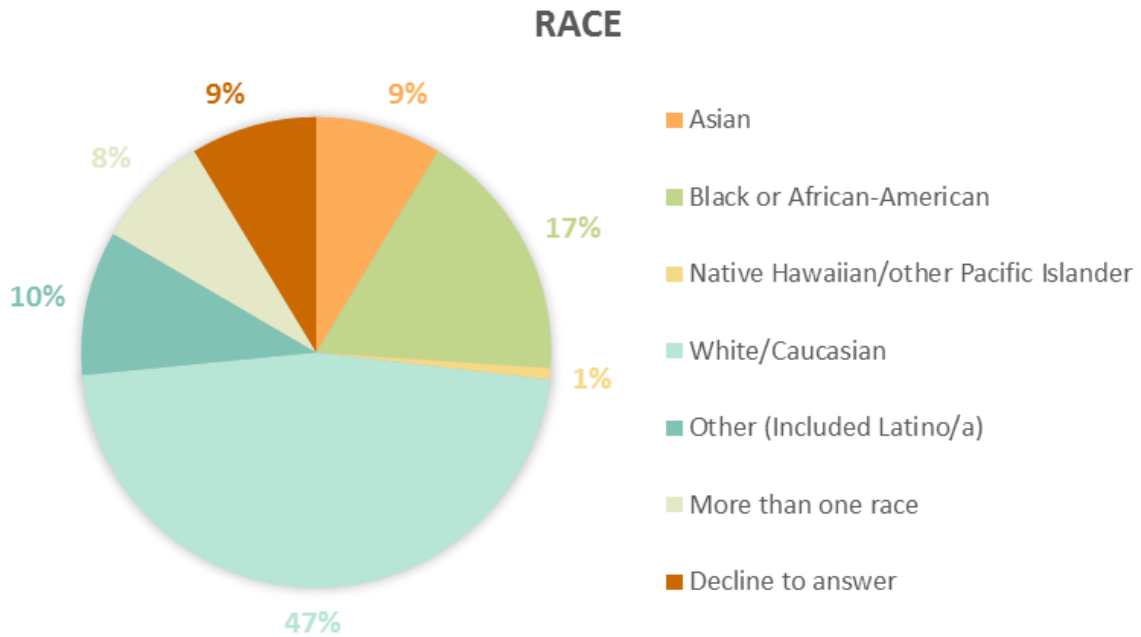
## CITY OF RESIDENCE





# PREVENTION & EARLY INTERVENTION

Demographic Breakdown of Training Services (demographic surveys collected for 126 individuals):



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:		
A Better Way, Inc.			Direct	Outreach	
<b>Age</b>	Direct	Outreach	<b>Primary Language</b>	Direct	Outreach
0-15	84%	0%	Korean	0%	0%
16-25	16%	12%	Mandarin	0%	0%
26-59	0%	79%	Other	1%	0%
60+	0%	8%	Other Indic (Indian) Language	0%	0%
Decline to answer	0%	2%	Other Pacific Island Language	0%	0%
<b>Race</b>			Spanish	5%	7%
American Indian/Alaskan Native	0%	0%	Tagalog	0%	0%
Asian	5%	9%	Unknown/Not Reported	0%	0%
Black or African-American	29%	17%	Vietnamese	0%	0%
Native Hawaiian/other Pacific Islander	1%	1%	<b>City of Residence</b>		
White/Caucasian	16%	47%	Benicia	9%	4%
Other (Included Latino/a)	24%	10%	Dixon	2%	0%
More than one race	22%	8%	Fairfield	9%	10%
Decline to answer	3%	9%	Non-County Resident	0%	6%
<b>Gender Assigned At Birth</b>			Rio Vista	0%	0%
Male	50%	20%	Suisun City	1%	2%
Female	49%	75%	Unincorporated	1%	0%
Decline to answer	0%	5%	Unknown/Not Reported	2%	31%
<b>Current Gender Identity</b>			Vacaville	12%	22%
Male	50%	21%	Vallejo	64%	26%
Female	49%	74%	<b>Ethnicity</b>		
Transgender	0%	0%	Caribbean	0%	0%
Genderqueer	0%	0%	Central American	1%	2%
Questioning/unsure	0%	0%	Mexican/Mexican-American/Chicano	21%	7%
Another gender identity (Included Two-Spirit)	0%	0%	Puerto Rican	0%	0%
Decline to answer	0%	6%	South American	0%	0%
<b>Sexual Orientation</b>			Other Hispanic/Latino	1%	1%
Gay	0%	1%	Hispanic or Latino/Decline to answer	0%	0%
Lesbian	0%	0%	African	29%	17%
Heterosexual/straight	85%	82%	Asian Indian/South Asian	1%	2%
Bisexual	1%	3%	Cambodian	0%	0%
Questioning/unsure	2%	0%	Chinese	0%	0%
Queer	0%	0%	Eastern European	0%	0%
Other/another sexual orientation	1%	2%	European	16%	45%
Decline to answer	11%	13%	Filipino	3%	6%
<b>Identify with any of these groups</b>			Japanese	0%	0%
LGBTQ	2%	6%	Korean	0%	0%
Involved with the legal system	0%	0%	Middle Eastern	0%	0%
Foster Care youth	0%	0%	Vietnamese	0%	0%
Decline to answer	6%	13%	Other Non-Hispanic/Latino	1%	2%
Not identify with any above	92%	80%	More than one ethnicity	22%	8%
<b>Veteran Status</b>			Non-Hispanic or Latino/Decline to answer	5%	10%
Yes	0%	0%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>		
No	100%	98%	Difficulty seeing	3%	1%
Decline to answer	0%	2%	Difficulty hearing/having speech understood	3%	2%
<b>Primary Language</b>			Other communication condition	2%	1%
American Sign Language (ASL)	0%	0%	Cognitive impairment (not including mental illness)	3%	2%
Cantonese	0%	0%	Physical/mobility condition	0%	2%
English	94%	93%	Chronic health condition	1%	4%
German	0%	0%	No disability	82%	73%
Hindi	0%	0%	Other disability	3%	1%
Ilocano	0%	0%	Decline to answer	4%	17%
Japanese	0%	0%			

# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- The program provided services in 19 schools in all six (6) school districts: Dixon, Vacaville, Travis, Fairfield/Suisun, Benicia, and Vallejo City.
- The program provided services to 407 students.
- Student workshops were on various topics including: transitions - dealing with separation/ individuation; hip-hop therapy as an expression of emotional struggles; grief and loss; bullying; girls and boys' groups; anger management; social/emotional skill's building; self-esteem; and anger management.
- The program partnered with Solano County Office of Education (SCOE) and SCBH to provide postvention services following several crisis situations impacting several school sites with Solano County.

## *Challenges & Barriers*

- The program was not able to meet the deliverable of assessing a minimum of 300 children/youth. While two clinicians were designated to spend one day each doing assessments for any student who had a mental health concern, the families voiced a desire to have the assessments done by the agency they would be referred to, for example Kaiser. In addition, school personnel preferred not to refer cases to the program that would need to be transferred to a higher level of care.
- There continued to be challenges securing times/opportunities to provide trainings for school personnel and parents/caretakers. In part this is due to districts planning staff development a year in advance.
- Several school sites struggled to provide adequate referrals, which was particularly challenging at the beginning of the school year. This led to an underutilization of clinicians.
- Program staff continue to experience challenges related to schools requesting services for students who had more serious mental health conditions requiring a higher level of care.

## *Changes in FY19/20*

SCBH, in partnership with SCOE, is implementing school wellness centers/rooms for participating school sites K-12 that apply for wellness centers/rooms during FY 2019/20.

Efforts will be made to leverage the MHSA School-Based Mental Health Service program deliverables related to trainings for school personnel and parents/caretakers as well as student workshops/groups.

## *s u c c e s s s t o r y*

*At a school in Vallejo, the ABW Clinician developed a strong partnership with the Caliber team, meeting weekly with the school therapists and school administrator to discuss clinical issues at the site and was able to meet with a wide variety of children and families through the short-term model as well as through student workshops. He volunteered to stay after school on Thursdays in order to support a consumer in starting a Multicultural Club. At the end of the school year the consumer reported that she felt like she had a stronger support network of friends due to the club and felt safer and happier at school than ever before.*

# PREVENTION & EARLY INTERVENTION

**Agency Name:** Rio Vista CARE, Inc.

**Title of Program:** School-Based Mental Health Service Program

**Description of Program:**

The Rio Vista CARE school-based program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services at 3 school sites, D.H White Elementary, Riverview Middle School, and Rio Vista High School, in the city of Rio Vista. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment.

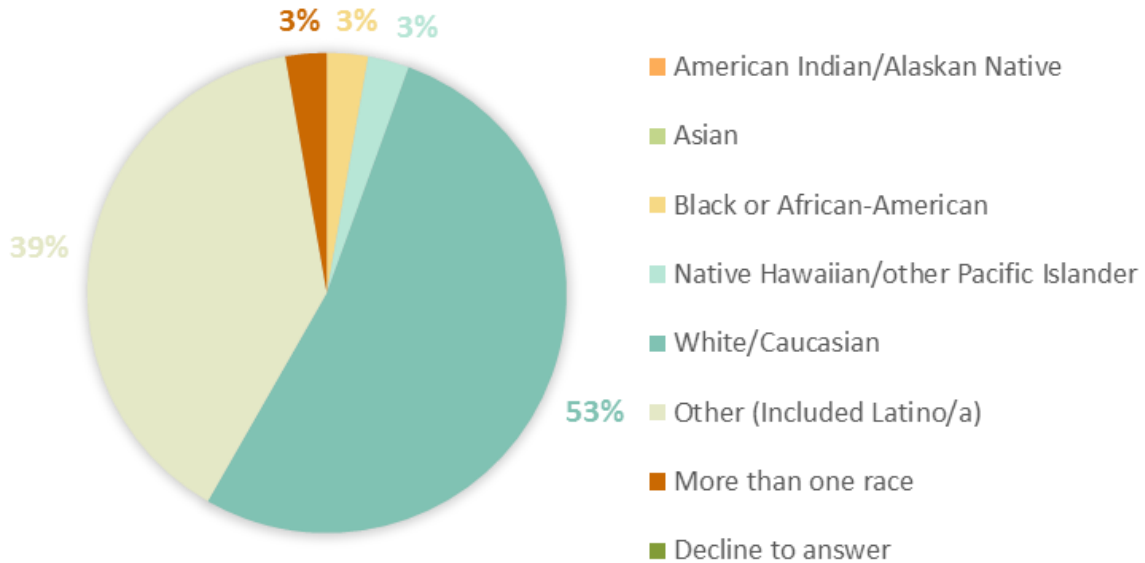
Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 195	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 100 students, school personnel, and parents/caretakers.	A total of 195 individuals received a prevention service.
Provide a minimum of one training for school personnel at each assigned school site.	A total of 6 trainings were provided with a total of 171 participants.
Provide a minimum of one training for parent/caretakers at each assigned school site.	A total of 6 trainings were provided with a total of 6 participants.
Provide a minimum of two student workshops at each assigned school site.	A total of 8 workshops were provided with a total of 18 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 5 participants were administered both a pre/post survey and of those 0% demonstrated increased knowledge. <i>Program staff did not consistently administer pre/post surveys for trainings provided for school personnel and parents/caretakers.</i>
60% of student workshop participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 23 post surveys were collected from students and of those 83% (19) demonstrated increased knowledge on the workshop topic.
Early Intervention Activities	
Unduplicated Individual Served: 34	
Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 30 students.	A total of 34 youth received an assessment and of those 27 youth were referred to a higher level of care.
At least 75% of the students who receive short-term mental health treatment will show improvement in overall score on an assessment tool which may include the <i>Quality of Life (QoL) Scale</i> or the <i>Child and Adolescent Needs and Strengths (CANS)</i> tool.	100% (7) students who received brief treatment services and completed the pre/post outcome measure, showed improvement in functioning and symptoms.
Linkage Services	
Referrals and linkages made to necessary services; i.e. non-mental health.	5 students received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	0 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	\$70
Cost per person for early intervention activities	\$741
Contract Amount FY 2018/19: <b>\$40,000</b>	Total Expenditures FY 2018/19: <b>\$38,740</b>

# PREVENTION & EARLY INTERVENTION

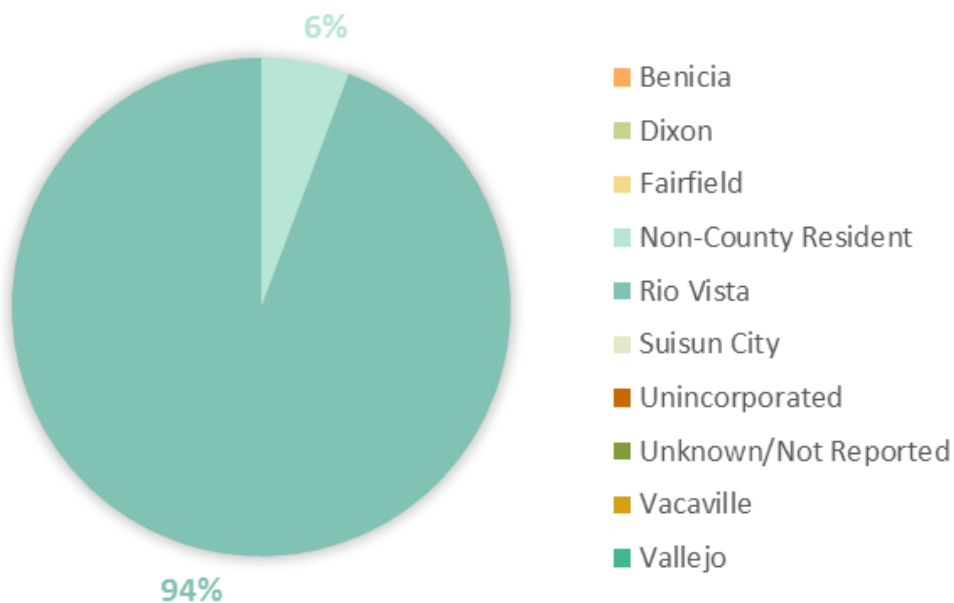
The following charts provide demographic data for the individuals who were served by Rio Vista CARE. Please note that the demographic table with expanded demographic data is not included in the report due to the small number of individuals served in order to protect confidentiality:

*Demographic Breakdown of Direct Services (demographic surveys collected for 36 individuals who participated in student workshops and/or individual therapy):*

## RACE



## CITY OF RESIDENCE

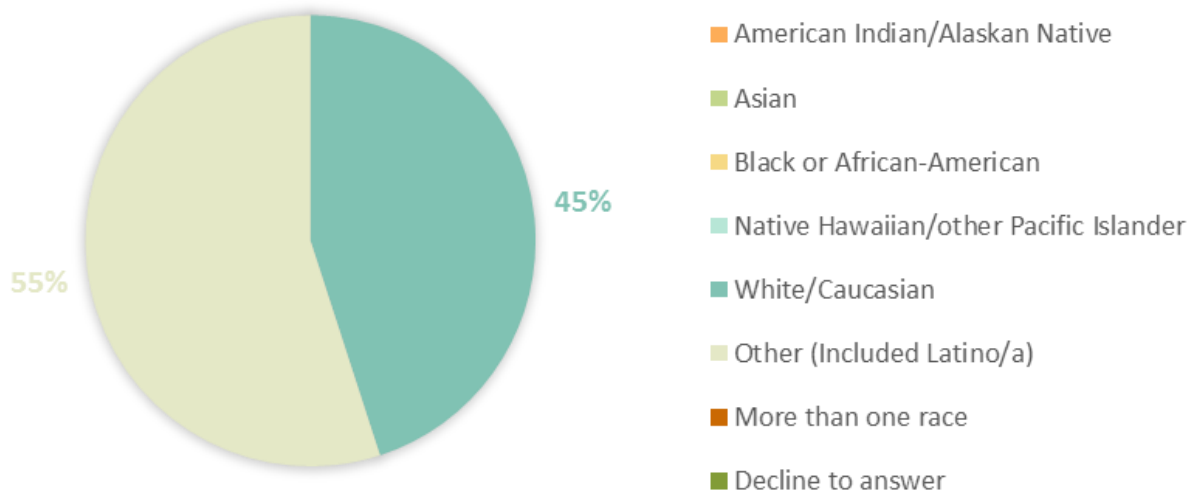


# PREVENTION & EARLY INTERVENTION

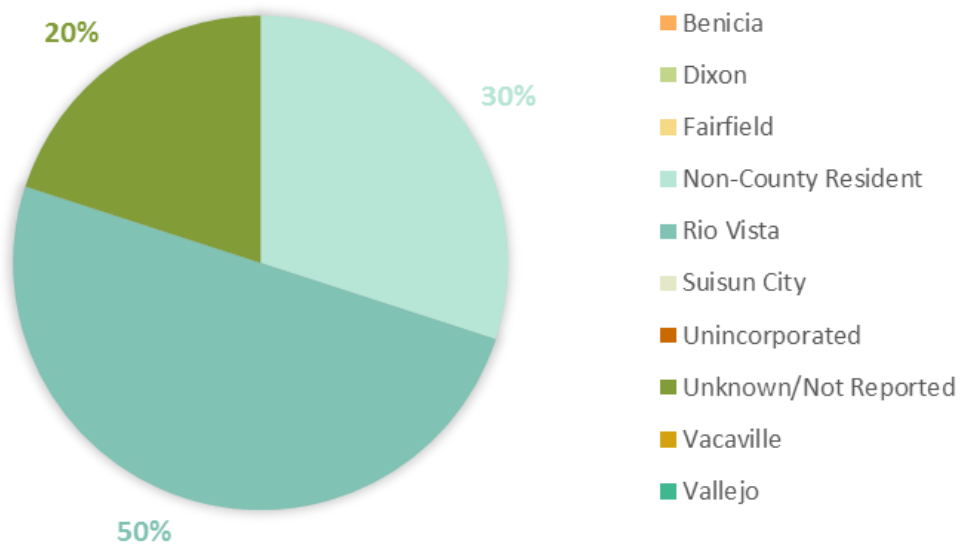
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Demographic Breakdown of Training Services (demographic surveys collected for 19 individuals):

## RACE



## CITY OF RESIDENCE





# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- The program established a strong and trusted partnership with the River Delta Unified School District, which allowed for the school-based services to operate efficiently within a supportive environment at the school sites.
- Built a foundation to strengthen the relationship with the Rio Vista Police Department.
- Took a lead role in the development of a grassroots mental health awareness campaign within the community that partners with other service clubs and SCBH personnel.

## *Challenges & Barriers*

- Limited capacity to serve students due to significant increase of referrals of which a significant number instead needed a higher level care.
- Due to the city of Rio Vista being within the jurisdiction of three counties this poses challenges for providers with connecting students to available resources when they need a higher level of care.
- The program continued to struggle with technical and administrative workflow with regards to screening referrals for the appropriate level of care per the school-based PEI model intended for students with mild to moderate mental health conditions.
- There was an identified increased need to support LGBTQ students at assigned schools. The program sought out trainings and will continue to collaborate with Solano Pride Center and other experts to better served and support the needs of LGBTQ students.

## *Changes in FY19/20*

SCBH, in partnership with SCOE, is implementing school wellness centers/rooms for participating school sites K-12 that apply for wellness centers/rooms during FY 2019/20. Efforts will be made to leverage the MHSA School-Based Mental Health Service program deliverables related to trainings for school personnel and parents/caretakers as well as student workshops/groups. In order for wellness centers/rooms to be made available to the three schools that are within the Solano County jurisdiction, River Delta Unified School District will need to approve SCOE to provide support for the identified school sites.

# PREVENTION & EARLY INTERVENTION

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# PREVENTION & EARLY INTERVENTION

**Agency Name:** Solano County Office of Education (SCOE)

**Title of Program:** School-Based Mental Health Service Program

**Description of Program:**

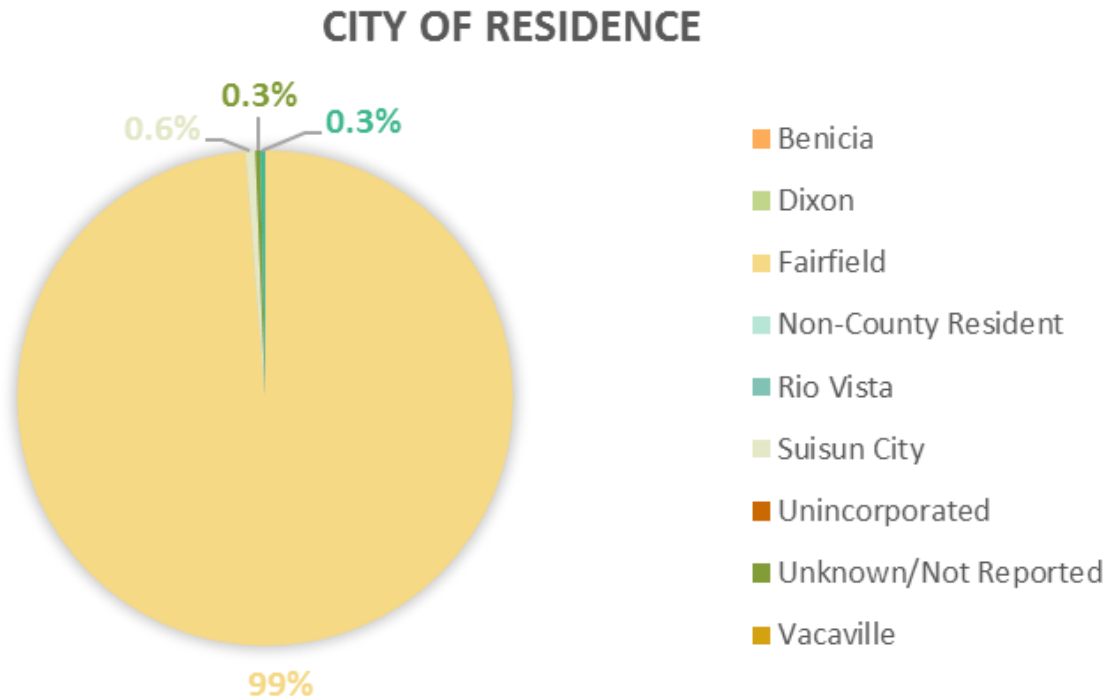
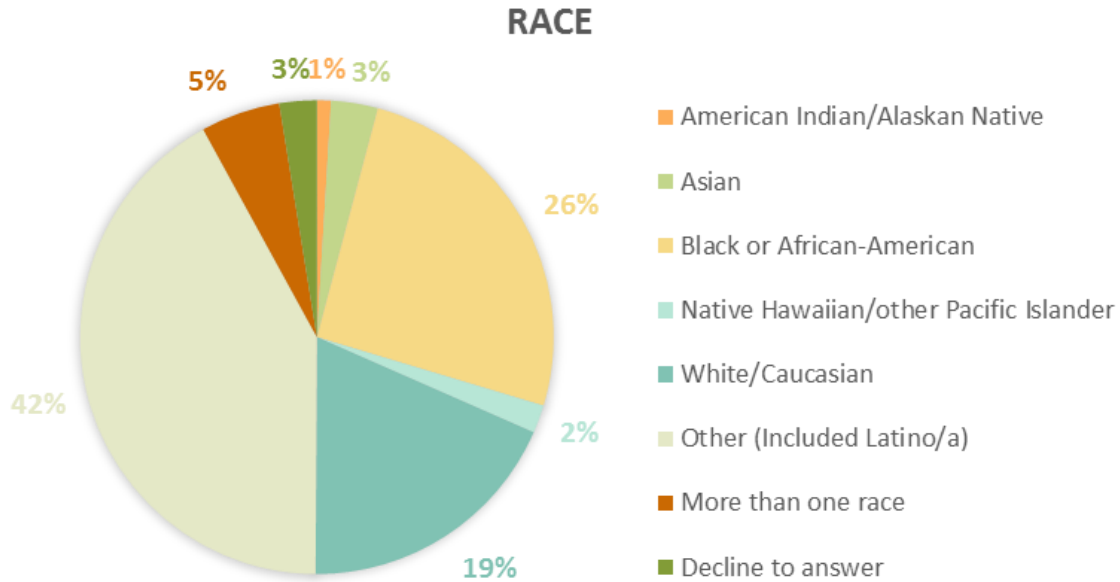
SCOE serves as a liaison between SCBH, contracted school-based mental health provider (A Better Way), and local school districts to provide school-based prevention and early intervention services to children/youth ages 6-21. Additionally, SCOE staff provide trainings for school personnel and parents as well as prevention workshops for students.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 520	
Program Indicators	Annual Outcome
Provide a minimum of 2 trainings for school personnel for participating school districts.	A total of 4 trainings were provided with a total of 86 participants.
Provide a minimum of 2 trainings/engagement activities for parents/caregivers for participating school districts.	No parent/caregiver trainings were provided.
Provide a minimum of 10 workshops for participating school districts.	A total of 11 workshops were provided with a total of 326 students.
At least 60% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post training surveys.	<p>80% (69) of the school personnel demonstrated an increase in knowledge in the training topic.</p> <p>3 ASIST trainings provided, with 69 participants served. A total of 60 participants administered the pre/posted survey and of those 95% (57) of participants demonstrated knowledge improved.</p> <p>4 safeTALK trainings provided, with 39 participants served. And of those 87% (34) demonstrated knowledge improved.</p> <p>A total of 252 student workshop participants were administered the pre/post survey and of those 69% (175) increased knowledge in the workshop topic.</p>
Early Intervention Activities Unduplicated Individual Served: N/A	
Program Indicators	Annual Outcomes
SCOE does not provide early intervention services.	N/A
Linkage Services	
Referrals and linkages made to necessary services; i.e. non-mental health.	No referrals made
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	N/A
Referrals made to the Solano County Mental Health Plan.	N/A
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	<b>\$257</b>
Contract Amount FY 2018/19: <b>\$139,108</b>	Total Expenditures FY 2018/19: <b>\$133,672</b>

# PREVENTION & EARLY INTERVENTION

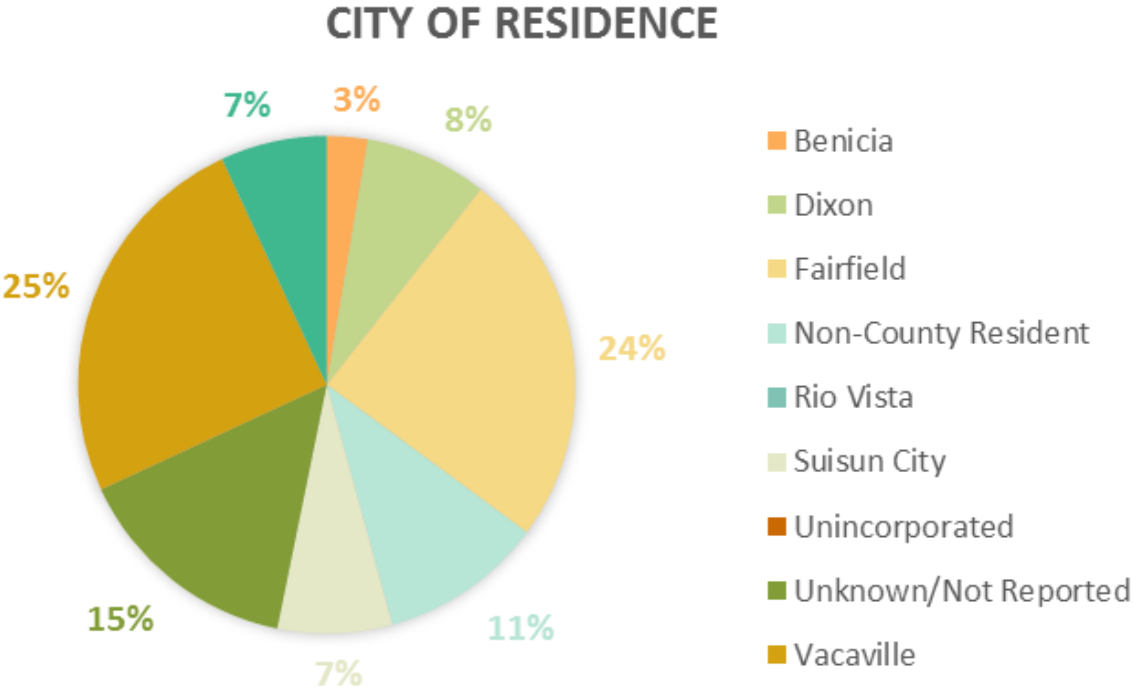
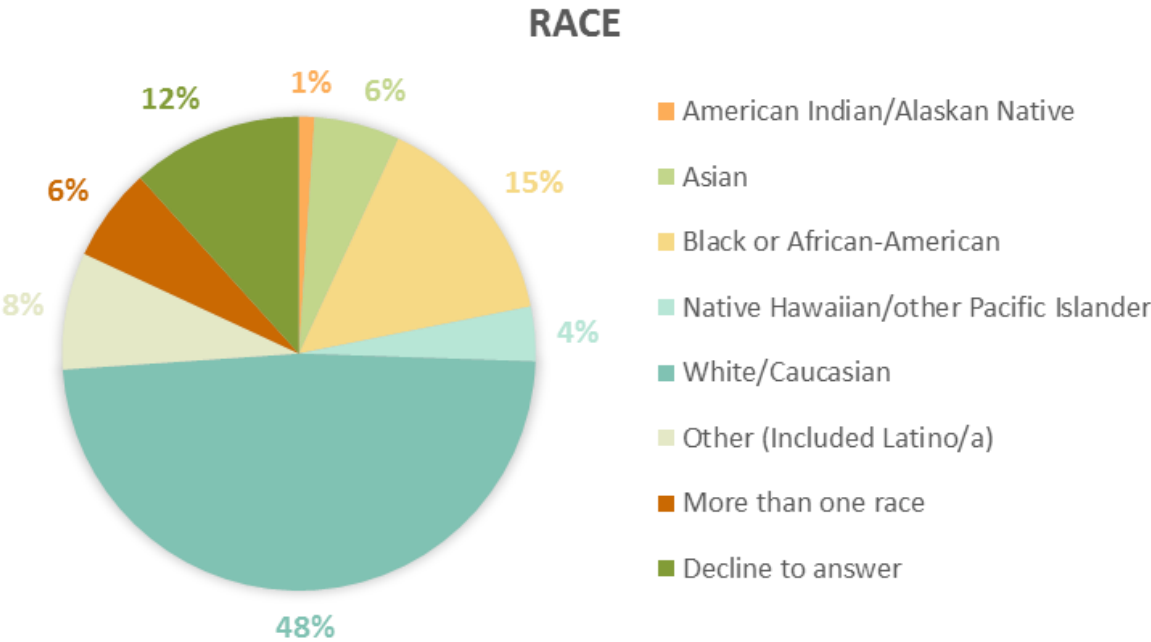
The following charts and table provide demographic data for the individuals who were served by SCOE:

*Demographic Breakdown of Direct Services (demographic surveys collected for 314 student workshop participants):*



# PREVENTION & EARLY INTERVENTION

Demographic Breakdown of Training Services (demographic surveys collected for 188 individuals):



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:		
SCOE			Direct	Outreach	
			314	188	
Age	Direct	Outreach	Primary Language	Direct	Outreach
0-15	99%	0%	Korean	0%	0%
16-25	0%	8%	Mandarin	0%	0%
26-59	1%	66%	Other	0%	0%
60+	0%	15%	Other Indic (Indian) Language	0%	0%
Decline to answer	0%	11%	Other Pacific Island Language	0%	0%
Race			Spanish	37%	2%
American Indian/Alaskan Native	1%	1%	Tagalog	0%	1%
Asian	3%	6%	Unknown/Not Reported	3%	12%
Black or African-American	26%	15%	Vietnamese	0%	0%
Native Hawaiian/other Pacific Islander	2%	4%	City of Residence		
White/Caucasian	19%	48%	Benicia	0%	3%
Other (Included Latino/a)	42%	8%	Dixon	0%	8%
More than one race	5%	6%	Fairfield	99%	24%
Decline to answer	3%	12%	Non-County Resident	0%	11%
Gender Assigned At Birth			Rio Vista	0%	0%
Male	51%	16%	Suisun City	1%	7%
Female	47%	69%	Unincorporated	0%	0%
Decline to answer	1%	15%	Unknown/Not Reported	0%	15%
Current Gender Identity			Vacaville	0%	25%
Male	51%	16%	Vallejo	0%	7%
Female	47%	66%	Ethnicity		
Transgender	0%	0%	Caribbean	0%	0%
Genderqueer	0%	0%	Central American	0%	0%
Questioning/unsure	0%	0%	Mexican/Mexican-American/Chicano	10%	6%
Another gender identity (Included Two-Spirit)	0%	0%	Puerto Rican	1%	1%
Decline to answer	1%	17%	South American	0%	1%
Sexual Orientation			Other Hispanic/Latino	15%	1%
Gay	0%	2%	Hispanic or Latino/Decline to answer	12%	11%
Lesbian	1%	1%	African	7%	7%
Heterosexual/straight	16%	76%	Asian Indian/South Asian	0%	2%
Bisexual	1%	2%	Cambodian	0%	0%
Questioning/unsure	1%	1%	Chinese	0%	1%
Queer	0%	0%	Eastern European	0%	1%
Other/another sexual orientation	0%	0%	European	2%	15%
Decline to answer	82%	19%	Filipino	3%	5%
Identify with any of these groups			Japanese	0%	1%
LGBTQ	3%	4%	Korean	0%	0%
Involved with the legal system	3%	0%	Middle Eastern	0%	0%
Foster Care youth	0%	12%	Vietnamese	0%	0%
Decline to answer	94%	39%	Other Non-Hispanic/Latino	4%	3%
Not identify with any above	0%	45%	More than one ethnicity	3%	12%
Veteran Status			Non-Hispanic or Latino/Decline to answer	42%	35%
Yes	0%	4%	Disability: lasting at least 6 months that limits a major life activity, which is no the result of a severe mental health illness		
No	100%	80%	Difficulty seeing	2%	2%
Decline to answer	0%	16%	Difficulty hearing/having speech understood	0%	3%
Primary Language			Other communication condition	0%	0%
American Sign Language (ASL)	0%	1%	Cognitive impairment (not including mental illness)	1%	2%
Cantonese	0%	0%	Physical/mobility condition	0%	1%
English	60%	85%	Chronic health condition	1%	6%
German	0%	0%	No disability	17%	62%
Hindi	0%	0%	Other disability	1%	4%
Ilocano	0%	0%	Decline to answer	79%	21%
Japanese	0%	0%			



# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- Total of 326 students participated in Anti-Bullying Workshops led by SCOE staff. Additionally, 108 participants were trained in ASIST and safeTALK, thus increasing their capacity to address the issue of suicide prevention. These opportunities served to build collaboration with local school districts, and it is anticipated that next year even more students and community members will be reached.
- Due to funding made available by SCBH and other grants SCOE was able to partner with school districts and adult education sites to begin the process of establishing Wellness Centers on school campuses. This is an expansion of Positive Behavioral Interventions & Supports, which is a strategy that SCOE has championed for the past five years. It is anticipated that wellness centers will result in a significant impact on student mental health and wellness, as well as general school climate at the participating schools.
- SCOE is also in the process of updating to more current evidence-based approaches, to include Social Emotional Learning, Anti-Bullying, Grief & Loss, Trauma Groups in Schools, amongst others.

## *Challenges & Barriers*

- There continued to be challenges with scheduling trainings for school personnel and parents/caretakers. This is in part due to districts planning staff development a year in advance. This coming year SCOE is hoping to make headway on this deliverable by offering a range of trainings, and marketing to the school administrators in a way that highlights the benefits of such trainings. There have been conversations over the summer with school administrators to plan early, to ensure training time is allotted for SCOE.
- One barrier was that not all training/workshop participants completed the pre/post survey. The need for evaluations to be completed will be emphasized multiple times to increase the number received. For school-based student workshops, an incentive will be given for evaluations turned in at the end of the workshop series.
- The pre/post evaluations did not always highlight an increase in knowledge. The program will explore whether the tool needs to be revised and will review the pre/post evaluations to ensure they are best capturing knowledge gained, or if there are aspects of the training that needs to be adjusted.

## *Changes in FY19/20*

SCBH will continue to partner with SCOE to implement and support school wellness centers/rooms for participating school sites. Efforts will be made to leverage the MHSa School-Based Mental Health Service program deliverables related to trainings for school personnel and parents/caretakers as well as student workshops/groups.

### ***Cumulative School-based Services Prevention Activities:***

Total number of school personnel who participated in trainings: 586

Total number of parents who participated in trainings: 62

Total number of students who participated in workshops: 344

### ***Cumulative School-based Services Early Intervention Activities:***

Total number of unduplicated students who received early intervention services: 244 up from 165 the year prior

# PREVENTION & EARLY INTERVENTION

## Early Treatment Psychosis Program-Contractors

**Agency Name:** Aldea Children & Family Services

**Title of Program:** Supportive Outreach & Access to Resources (SOAR)

**Description of Program:**

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 of psychosis or currently have subthreshold symptoms of psychosis.

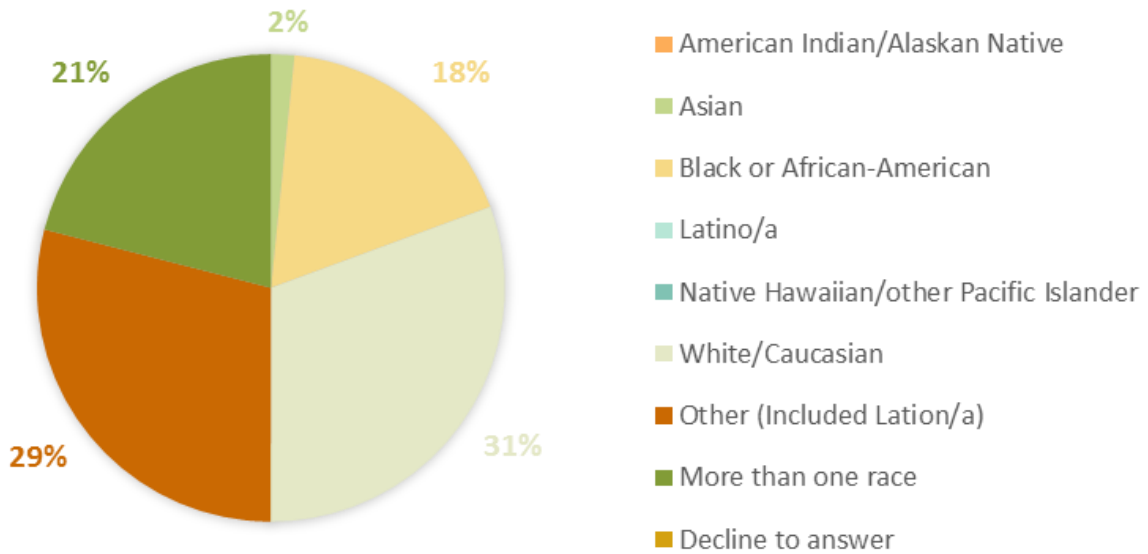
Performance Measures	
<b>Prevention Activities</b> Unduplicated Individuals Served: 250	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 250 individuals.	A total of 250 individuals reached.
Conduct a minimum of 60 screenings to individuals referred to SOAR.	29 unduplicated individuals received screenings to determine eligibility for the program.
<b>Early Intervention Activities</b> Unduplicated Individual Served: 38	
Program Indicators	Annual Outcomes
Provide mental health <u>treatment</u> services to 40 unduplicated consumers.	38 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	89% (34) of individuals received education support and/or referral to educational institution and/or employment support program
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	5% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the Clinical <i>Global Impression (CGI) Scale</i> at the 6- month mark; and by the 12-month mark 50% of the consumers enrolled will demonstrate improvement on the <i>CGI</i> .	Of the 11 consumers opened for 6 months, 64% (7) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 7 consumers opened for 12 months, 86% (6) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .
<b>Linkage Services</b>	
Referrals and linkages made to necessary services; i.e. non-mental health.	15 individuals received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	1 referral made
Referrals made to the Solano County Mental Health Plan.	6 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	5 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 5 individuals linked it took an average of 1 day from referral to service
<b>Financial Report</b>	
Cost per person for prevention activities*	\$181
Cost per person for early intervention activities*	\$6,739
Contract Amount FY 2018/19: <b>\$581,906</b>	Total Expenditures FY 2018/19: <b>\$227,119 in MHSA funds</b>

\*Cost per person is MHSA portion. SCBH leverages Mental Health Block Grant (MHBG) funds to co-fund this program.

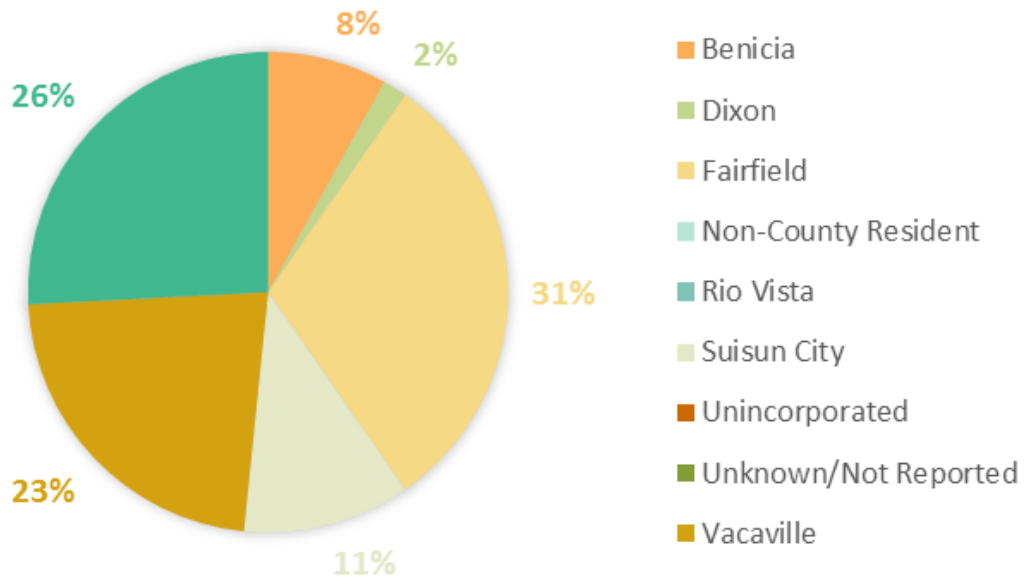
# PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by Aldea:  
*Demographic Breakdown of Direct Services (demographic surveys collected for 62 individuals):*

## RACE

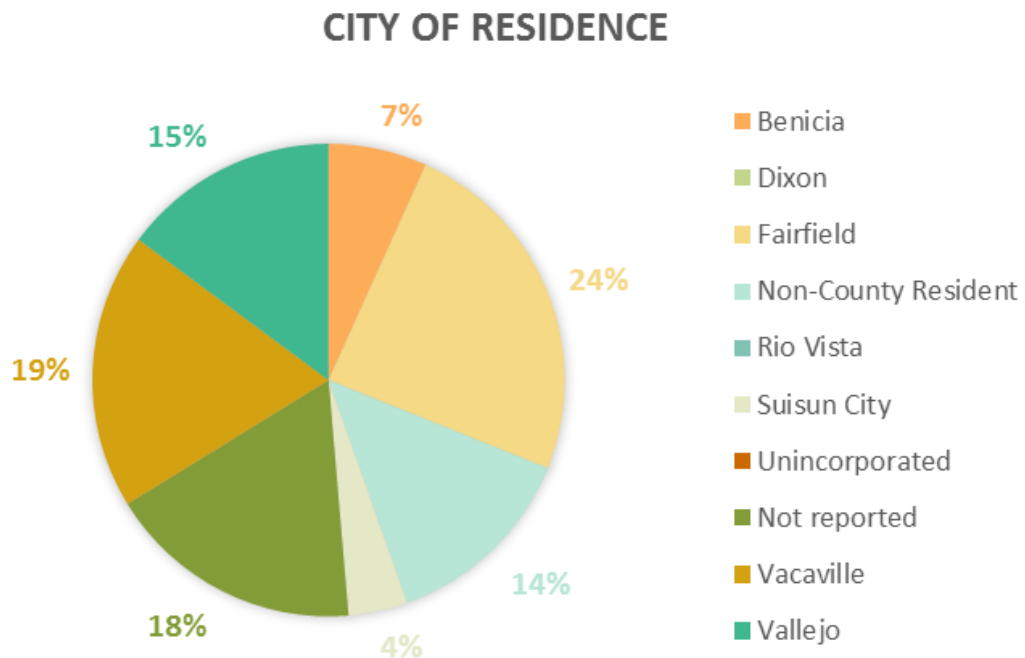
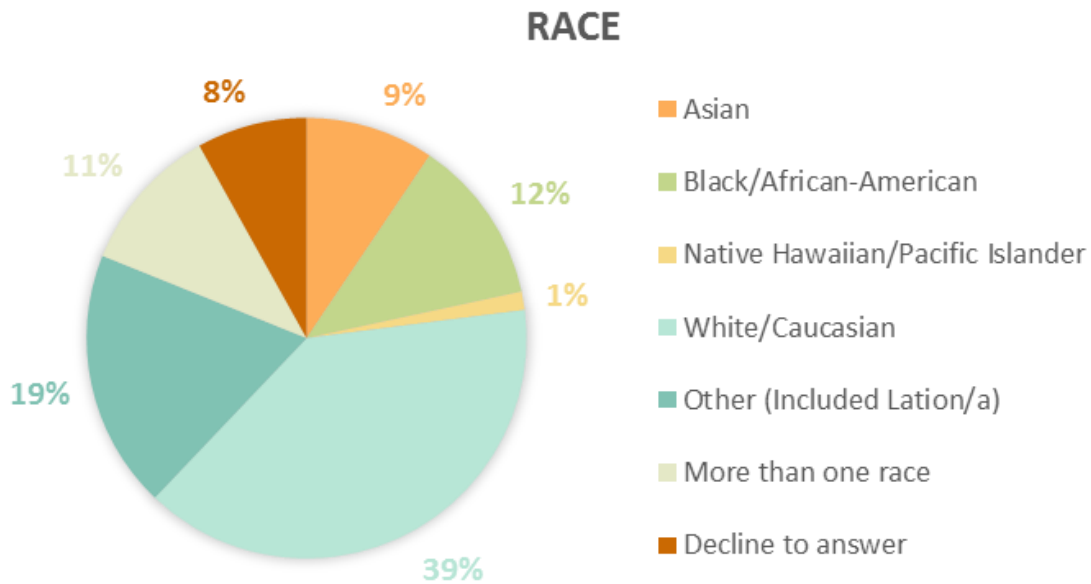


## CITY OF RESIDENCE



# PREVENTION & EARLY INTERVENTION

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 74 individuals):



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:		
ALDEA SOAR			Direct	Outreach	
			62	74	
Age	Direct	Outreach	Primary Language	Direct	Outreach
0-15	24%	0%	Korean	0%	0%
16-25	74%	5%	Mandarin	0%	0%
26-59	2%	73%	Other	0%	4%
60+	0%	18%	Other Indic (Indian) Language	0%	0%
Decline to answer	0%	4%	Other Pacific Island Language	0%	0%
Race			Spanish	2%	3%
American Indian/Alaskan Native	0%	0%	Tagalog	0%	1%
Asian	2%	9%	Unknown/Not Reported	0%	5%
Black or African-American	18%	12%	Vietnamese	0%	0%
Native Hawaiian/other Pacific Islander	0%	1%	City of Residence		
White/Caucasian	31%	39%	Benicia	8%	7%
Other (Included Latino/a)	30%	19%	Dixon	2%	0%
More than one race	21%	11%	Fairfield	31%	24%
Decline to answer	0%	8%	Non-County Resident	0%	14%
Gender Assigned At Birth			Rio Vista	0%	0%
Male	53%	14%	Suisun City	11%	4%
Female	47%	80%	Unincorporated	0%	0%
Decline to answer	0%	7%	Unknown/Not Reported	0%	18%
Current Gender Identity			Vacaville	23%	19%
Male	55%	12%	Vallejo	26%	15%
Female	39%	80%	Ethnicity:		
Transgender	0%	0%	Caribbean	0%	0%
Genderqueer	0%	0%	Central American	0%	3%
Questioning/unsure	0%	0%	Mexican/Mexican-American/Chicano	33%	11%
Another gender identity (Included Two-Spirit)	0%	0%	Puerto Rican	0%	0%
Decline to answer	6%	8%	South American	0%	0%
Sexual Orientation			Other Hispanic or Latino	0%	1%
Gay	2%	0%	Hispanic or Latino/Decline to answer	2%	6%
Lesbian	0%	1%	African	11%	5%
Heterosexual/straight	73%	81%	Asian Indian/South Asian	0%	0%
Bisexual	11%	3%	Cambodian	0%	3%
Questioning/unsure	3%	0%	Chinese	0%	1%
Queer	2%	0%	Eastern European	0%	8%
Other/another sexual orientation	0%	0%	European	21%	6%
Decline to answer	10%	15%	Filipino	2%	4%
Identify with any of these groups			Japanese	0%	1%
LGBTQ	0%	4%	Korean	0%	0%
Involved with the legal system	0%	3%	Middle Eastern	0%	3%
Foster Care youth	0%	3%	Vietnamese	0%	0%
Decline to answer	0%	9%	Other Non-Hispanic or Latino	2%	1%
Not identify with any above	100%	81%	More than one ethnicity	16%	12%
Veteran Status			Non-Hispanic or Latino/Decline to answer	14%	35%
Yes	0%	7%	Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness		
No	100%	88%	Difficulty seeing	0%	0%
Decline to answer	0%	5%	Difficulty hearing/having speech understood	2%	1%
Primary Language			Other communication condition	0%	0%
American Sign Language (ASL)	0%	0%	Cognitive impairment (not including mental illness)	0%	0%
Cantonese	0%	0%	Physical/mobility condition	0%	3%
English	98%	86%	Chronic health condition	0%	3%
German	0%	0%	No disability	98%	86%
Hindi	0%	0%	Other disability	0%	0%
Ilocano	0%	0%	Decline to answer	0%	7%
Japanese	0%	0%			

# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- The program continued to provide group support through Multi-Family Group and Family Support Group (each offered twice a month) as well as Adult Peer and Teen Peer Groups (each offered weekly).
- The program has been able to secure bilingual clinicians to work on the program which is particularly important in seamlessly integrating monolingual Spanish-speaking parents of consumers into services. This is extremely important as the model is designed in recognition of the importance of family knowledge of early psychosis, which allows the family to be involved in and supportive of the consumer's treatment and wellness/relapse prevention.
- To support staffing changes, the program recruited and trained SOAR model to new five part-time therapists from another internal program of the agency.
- A total of 19 consumers were discharged from SOAR services and of those 74% (14) met or partially met their goals.

## *Challenges & Barriers*

- The program did not meet the outcome measure for phone screens which is likely attributed to a decrease in referrals due to the eligibility assessment waitlist which was a result of staff turnover.
- The program had a backlog of people awaiting eligibility assessments, with the majority being referred from Kaiser and other private insurers. This resulted in a significant drop in referrals for Medi-Cal consumer from the SCBH Mental Health Plan (MHP) due to the long wait time for the assessment. This was addressed by SCBH leadership deciding in March of 2019 to discontinue offering SOAR services to those with commercial private insurance in order to serve the County's priority population.
- Staff retention challenges included three trained SOAR therapists and one half time supervisor leaving the program during the fiscal year.

## *Changes in FY19/20*

No changes planned.

## *Success Story*

“Matthew” (pseudonym) was a middle school student referred to Aldea SOAR by another clinic. He was a good student prior to the onset of psychotic and depressive symptoms. He stopped attending school due to having daily hallucinations, disorganized thoughts and speech, and delusional thoughts about being in danger, which made him fearful and unable to concentrate. He had a poor memory and difficulty focusing. He isolated from family and friends and experienced constant suicidal ideation. Fortunately for Matthew, he had a supportive family that encouraged his full participation in the program. His family learned about his illness and what would support his recovery, including family involvement. Matthew participated in individual and family therapy, met with the psychiatric nurse practitioner (NP) regularly, and attended all groups offered, including the Multi-Family Group with his family as well as the Teen Peer Group. Gradually, over time, as Matthew's symptoms reduced, and his coping skills increased, he was able to increase the number of classes he attended. He became more comfortable in social settings and began encouraging peers in the program. He was fully committed to his own recovery, attending therapy and group even when he was depressed. His family maintained good communication with the treatment team. Matthew again became involved with family and friends, gradually resumed activities, and is on track to graduate on time.



# PREVENTION & EARLY INTERVENTION

**Agency Name:** UC Davis Behavioral Health Center of Excellence

**Title of Program:** Early Diagnosis and Preventative Treatment (EDAPT) Program

**Description of Program:**

The EDAPT program, delivered by a California educational institution, provides technical assistance, training on the evidence-based model, and consultation for the Early Treatment Psychosis Program for the County of Solano which is delivered by Aldea Children and Family Services. The Early Treatment Psychosis Program offers early identification and comprehensive evidenced-based treatment for individuals between the ages of 12-30 who have experienced their first psychotic break.

Performance Measures	
Unduplicated Individuals Served: 5	
Assessment Training: Trainees will reach a minimum of 80% diagnostic agreement on the <i>Structural Clinical Interview for DSM Disorders</i> (SCID) and <i>SIPS</i> and <i>ICCs</i> indicating average concordance of .80 on rating scales.	100% (2) staff trained in program assessments met the threshold of diagnostic agreement.
Trainers shall be rated by trainees with an overall rating of “excellent” or “good” collectively on trainer performance evaluations. 1) Trainer One 2) Trainer Two	A total of 5 new (unduplicated) staff members were trained in elements of the treatment model, including: 4 therapists/clinicians, and 1 clinical supervisor. Trainer One: 100% (5) Trainer Two: 100% (3)
Financial Report	
Contract Amount FY 2018/19: <b>\$155,391</b>	Total Expenditures FY 2018/19: <b>\$81,758 in MHSA funds</b>

During FY 18/19 SCBH leveraged Mental Health Block Grant (MHBG) funds to co-fund this program.

**Highlights & Achievements**

- The consultation team has added a Bilingual Spanish Clinician-Trainer to the UCD training and consultation team. Utilizing the translated documents from our Spanish translation project in FY 2017/18, the trainer provided a specific training in the administration of gold standard diagnostic assessments in Spanish with Spanish-speaking consumer and families, as well as training and consultation on language and cultural considerations when working with Spanish-speaking consumers and families. Additionally, the EDAPT team trained two (2) additional bilingual Spanish-speaking clinicians in FY 2018/19, increasing SOAR’s capacity to serve Spanish-speaking families.
- The EDAPT team provided training in LGBTQIA+ inclusive and gender affirming care, including training in inclusive language and how to create safe and inclusive spaces for consumers who identify as members of the LGBTQIA+ community.

**Challenges & Barriers**

- Staff turnover is likely always going to be a challenge for the direct service provider. To build more predictable turnover and minimize disruption to consumer care, the EDAPT team is supporting Aldea in developing a training program (i.e. 1- and 2- year training fellowships that start and end at set times).
- A vacancy for the Aldea Supervisor position resulted in challenges in supporting staff. Despite efforts to recruit a specialty trained individual via psychosis specific recruitment avenues, Aldea was unable to fill this position. Fortunately, Aldea’s cross training efforts over the past year enabled the program director to assign existing Supervisors from another program to the SOAR program.

**Changes in FY19/20**

No changes planned.

# PREVENTION & EARLY INTERVENTION

## Older Adult Programming

**Agency Name:** Choice in Aging

**Title of Program:** Prevention and Early Access Program for Seniors (PEAS)

**Description of Program:**

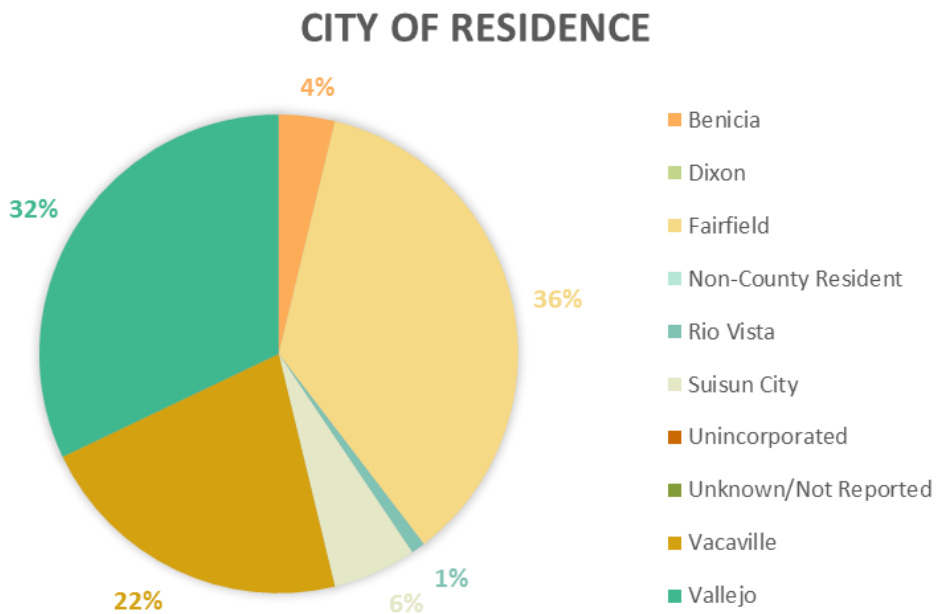
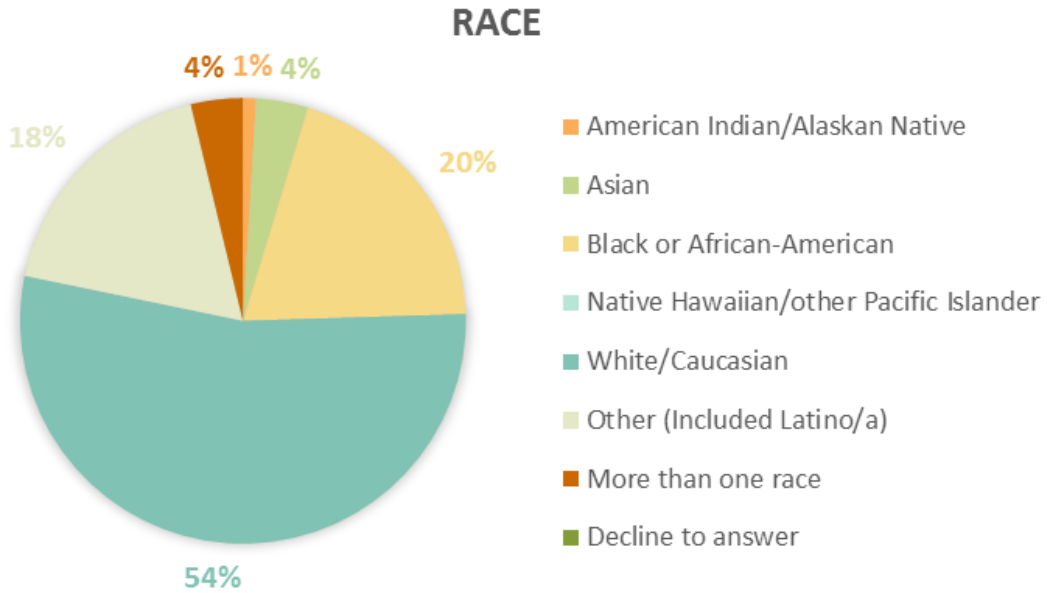
The PEAS Program, delivered by a community-based provider, conducts community outreach education and assessments for older adults who may have experienced a loss, are exhibiting signs of depression or anxiety, or who live with a mental illness and need support to continue to maintain their independence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

Performance Measures	
Prevention Activities Unduplicated Individuals Served: 798	
Program Indicators (Deliverables are prorated based on 9 months of services for the FY and first year of the contract)	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities. (FY 2018/19: prorated to 225 older adults)	A total of 619 individuals were reached.
Provide 5 suicide prevention trainings. (FY 2018/19: prorated to 4 trainings)	5 suicide prevention trainings were provided with a total of 69 participants.
Provide an initial screening for a minimum of 180 older adults. (FY 2018/19: prorated to 135 adults)	A total of 135 unduplicated older adults received a screening.
Provide brief preventative (45-60 business days) case management to a minimum of 120 older adults. (FY 2018/19: prorated to 90 adults)	A total of 55 unduplicated older adults received brief case management services.
Early Intervention Activities Unduplicated Individuals Served: 59	
Program Indicators	Annual Outcomes
Provide counseling services for 35 unduplicated older adult consumers; consumers shall receive two or more counseling sessions. (FY 2018/19: prorated to 26 unduplicated clients)	A total of 7 unduplicated older adults were served.
Provide comprehensive case management services to 80 unduplicated clients. (FY 2018/19: prorated to 60 unduplicated clients)	A total of 52 unduplicated older adults were served.
75% of the consumers shall demonstrate improvement in symptoms based on pre/post assessment, on at least one measurement: <i>General Anxiety Disorder (GAD)-7</i> , <i>Patient Health Questionnaire (PHQ)-9</i> , or <i>Quality of Life (QoL) Scale</i> .	7 consumers completed pre/post assessments during the reporting period with the following results: -GAD-7: 43% (3/7) -PHQ-9: 71% (5/7) -QoL Scale: 57% (4/7)
Linkage Services	
Referrals and linkages made to necessary services; i.e. non-mental health.	79 individuals received linkage services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	3 referrals made
Referrals made to the Solano County Mental Health Plan.	2 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	0
Timely access to services: the average interval between referral and participation in services to which referred.	Data not available due to unsuccessful linkages
Financial Report	
Cost per person for prevention activities	\$174
Cost per person for early intervention activities	\$2,884
Contract Amount FY 2018/19: \$500,000	Total Expenditures FY 2018/19: \$309,371

# PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by Choice in Aging:

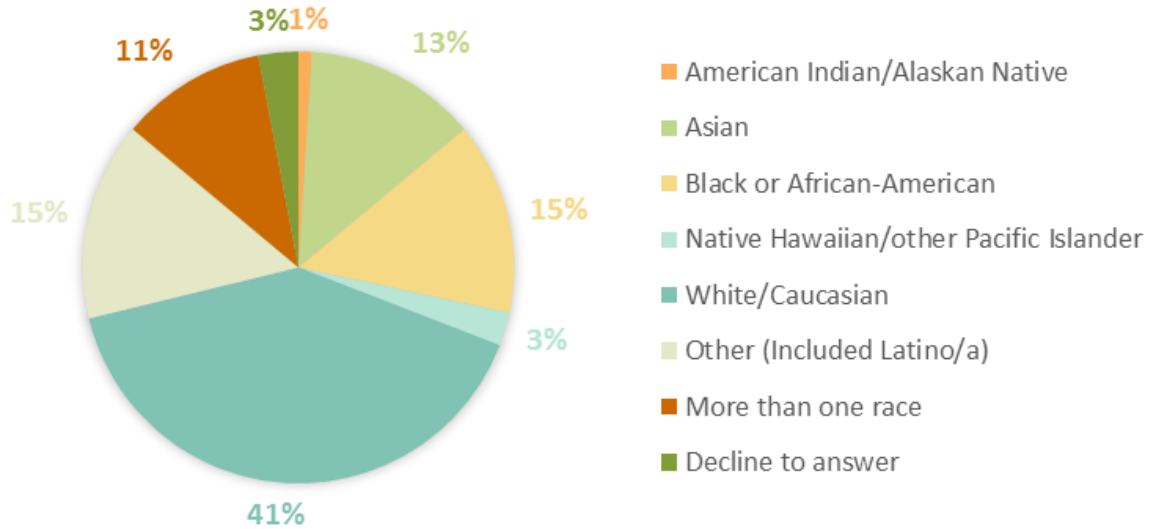
*Demographic Breakdown of Direct Services (demographic surveys collected for 106 individuals):*



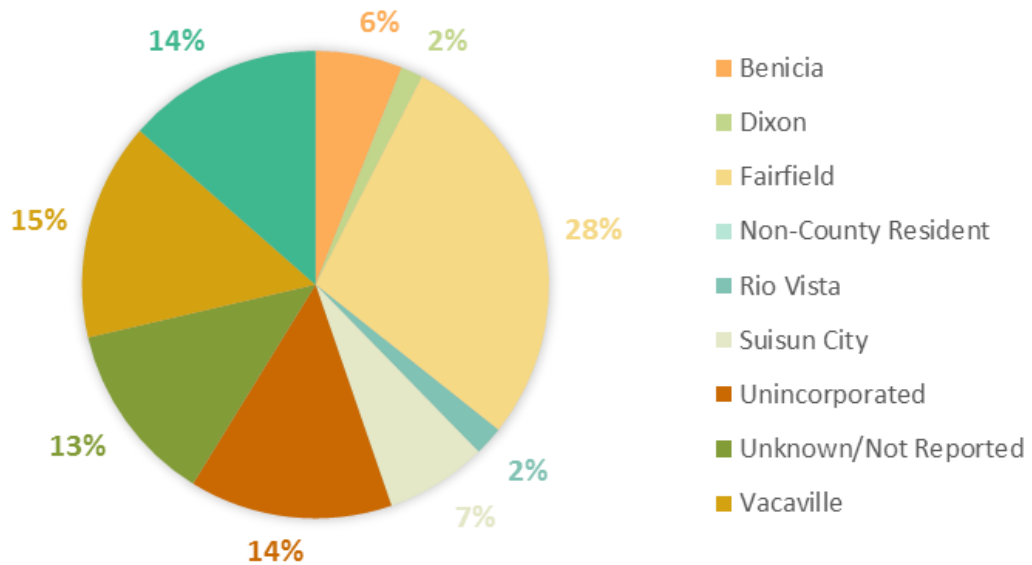
# PREVENTION & EARLY INTERVENTION

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 199 individuals):

## RACE



## CITY OF RESIDENCE



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:	
Choice in Aging			Direct	Outreach
			106	199
Age	Direct	Outreach	Primary Language	
0-15	0%	0%	Direct	Outreach
16-25	0%	3%	Korean	0%
26-59	0%	64%	Mandarin	0%
60+	100%	31%	Other	0%
Decline to answer	0%	3%	Other Indic (Indian) Language	0%
Race			Other Pacific Island Language	1%
American Indian/Alaskan Native	1%	1%	Spanish	10%
Asian	4%	13%	Tagalog	1%
Black or African-American	20%	15%	Unknown/Not Reported	0%
Native Hawaiian/other Pacific Islander	0%	3%	Vietnamese	0%
White/Caucasian	54%	41%	City of Residence	
Other (Included Latino/a)	18%	15%	Benicia	4%
More than one race	4%	11%	Dixon	0%
Decline to answer	0%	3%	Fairfield	36%
Gender Assigned At Birth			Non-County Resident	0%
Male	34%	14%	Rio Vista	1%
Female	66%	84%	Suisun City	6%
Decline to answer	0%	2%	Unincorporated	0%
Current Gender Identity			Unknown/Not Reported	0%
Male	34%	14%	Vacaville	22%
Female	66%	79%	Vallejo	32%
Transgender	0%	0%	Ethnicity	
Genderqueer	0%	0%	Caribbean	0%
Questioning/unsure	0%	0%	Central American	0%
Another gender identity (Included Two-Spirit)	0%	0%	Mexican/Mexican-American/Chicano	12%
Decline to answer	0%	7%	Puerto Rican	1%
Sexual Orientation			South American	1%
Gay	0%	1%	Other Hispanic or Latino	2%
Lesbian	0%	1%	Hispanic or Latino/Decline to answer	2%
Heterosexual/straight	89%	76%	African	20%
Bisexual	1%	3%	Asian Indian/South Asian	0%
Questioning/unsure	0%	0%	Cambodian	0%
Queer	0%	0%	Chinese	1%
Other/another sexual orientation	0%	1%	Eastern European	11%
Decline to answer	10%	19%	European	0%
Identify with any of these groups			Filipino	2%
LGBTQ	0%	6%	Japanese	0%
Involved with the legal system	8%	0%	Korean	0%
Foster Care youth	1%	3%	Middle Eastern	1%
Decline to answer	2%	81%	Vietnamese	0%
Not identify with any above	90%	11%	Other Hispanic or Latino	43%
Veteran Status			More than one ethnicity	5%
Yes	10%	4%	Hispanic or Latino/Decline to answer	0%
No	87%	92%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a sever mental health illness</b>	
Decline to answer	3%	5%	Difficulty seeing	10%
Primary Language			Difficulty hearing/having speech understood	7%
American Sign Language (ASL)	0%	0%	Other communication condition	0%
Cantonese	1%	0%	Cognitive impairment (not including mental illness)	11%
English	87%	88%	Physical/mobility condition	25%
German	0%	0%	Chronic health condition	31%
Hindi	0%	0%	No disability	2%
Ilocano	0%	0%	Other disability	12%
Japanese	0%	0%	Decline to answer	0%
				8%

# PREVENTION & EARLY INTERVENTION

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## **Highlights & Achievements**

- The program has diverse team in race, including Africa American, Pacific islander, Hispanic and bi-lingual staff members which enables the team to provide culturally and linguistically responsive services for the consumers being served.
- The program began in October 2019 when the agency entered into a contract with SCBH. Within 8 months, the program successfully outreached and collaborated with partners to launch the program resulting in 230 referrals (30 being Latino/a) as of the end of the FY.
- The program's Education/Outreach Specialist was able to coordinate and lead 5 suicide prevention workshops within 7 months; and reach 608 professionals/community members through 25 other outreach events, Gatekeeper trainings or educational workshops.

## **Challenges & Barriers**

- There were challenges in staffing up to secure all the positions needed to operate at full program capacity. Additionally, there was a period for approximately 6-7 weeks (May – through mid-June) that the program experienced staff turnover. The lack of staff impacted the program's ability to meet all the deliverables. These challenges are not uncommon as agencies start new programs. By the end of the FY the program was fully staffed.
- The program was not able to meet the counseling deliverable due to the position not being filled with a licensed therapist until May 2019.

## **Changes in FY19/20**

No changes planned.

## **Success Story**

*“Kelly” (pseudonym) is a charismatic, enthusiastic, outgoing senior within the Solano County community. The Case Manager collaborated with her on several ongoing obstacles impeding her quality of life. After the completion of multiple, face to face, assessments and rapport-building home visits, the program developed a tailored care plan to address Kelly's difficulties. In addition to providing the consumer with case management, transportation, counseling, and socialization resources, the program offered hands on assistance with Medi-Cal and Medicare guidance to position her with the best medical benefits her plan could offer her. Program staff were able to work with the consumer to coach Kelly to begin using her durable medical equipment, such as a cane, to promote safety and reduce fall risk. The consumer's grievances with her living conditions were properly addressed and her Cal-Fresh benefits continued to be active to provide her with comfortability and quality in her day-to-day life.*



# PREVENTION & EARLY INTERVENTION

**Agency Name:** Faith in Action

**Title of Program:** Peer Counseling for Seniors (PCS)

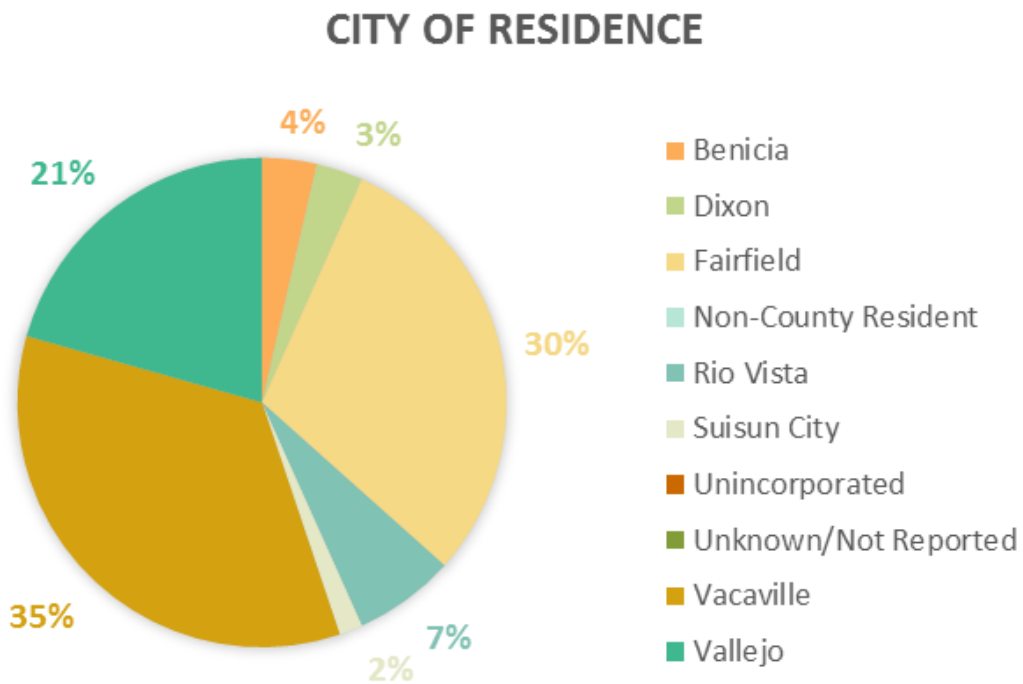
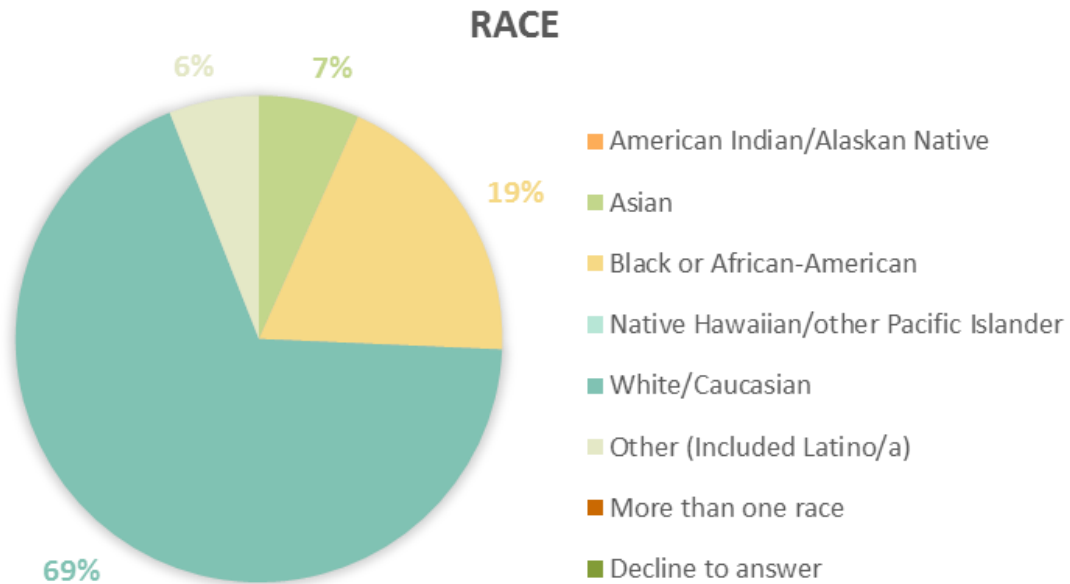
**Description of Program:**

The PCS Program, delivered by a community-based provider, conducts in-person 1:1 and group peer counseling, virtual (conference call) peer counseling, home visits and reassurance calls for older adults 60 and over who are often homebound.	
<b>Performance Measures</b>	
<b>Prevention Activities</b> Unduplicated Individuals Served: 152	
<b>Program Indicators</b>	<b>Annual Outcomes</b>
Overarching Goal: Provide outreach and prevention services to 250 individuals to include older adult consumers and community partners.	A total 550 individuals were reached.
Conduct 2 outreach and engagement activities per month for a total of 24 activities annually.	A total of 23 outreach/engagement events provided.
Serve 80 unduplicated older adults with a minimum of 4,000 reassurance calls.	Served 82 unduplicated older adults with 3,823 reassurance calls. (Average 73 seniors served monthly)
Serve 75 unduplicated homebound older adults with a minimum of 2,500 home visiting hours.	Provided 2,975 hours of home visiting to a total of 70 unduplicated older adults. (Average 63 seniors served monthly)
<b>Early Intervention Activities</b> Unduplicated Individual Served: 58	
<b>Program Indicators</b>	<b>Annual Outcomes</b>
Provide peer counseling for a minimum of 75 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 58 unduplicated older adults were served.
75% of the older adults participating in 1:1 counseling services will demonstrate an overall improved score on the <i>Geriatric Depression Scale (GDS)</i>	Of the 20 older adults who completed a pre/post <i>GDS</i> measure during the reporting period, 95% (19) demonstrated improvement in symptoms and functioning.
75% of older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50% of the <i>Quality of Life (QoL) Scale</i> domains.	Of the 42 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 83% (35) of demonstrated improvement in functioning.
<b>Linkage Services</b>	
Referrals and linkages made to necessary services; i.e. non-mental health.	16 individuals received linkages services
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0
Referrals made to the Solano County Mental Health Plan.	0
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
<b>Financial Report</b>	
Cost per person for prevention activities	\$330
Cost per person for early intervention activities	\$865
Contract Amount FY 2018/19: <b>\$116,687</b>	Total Expenditures FY 2018/19: <b>\$100,394</b>

# PREVENTION & EARLY INTERVENTION

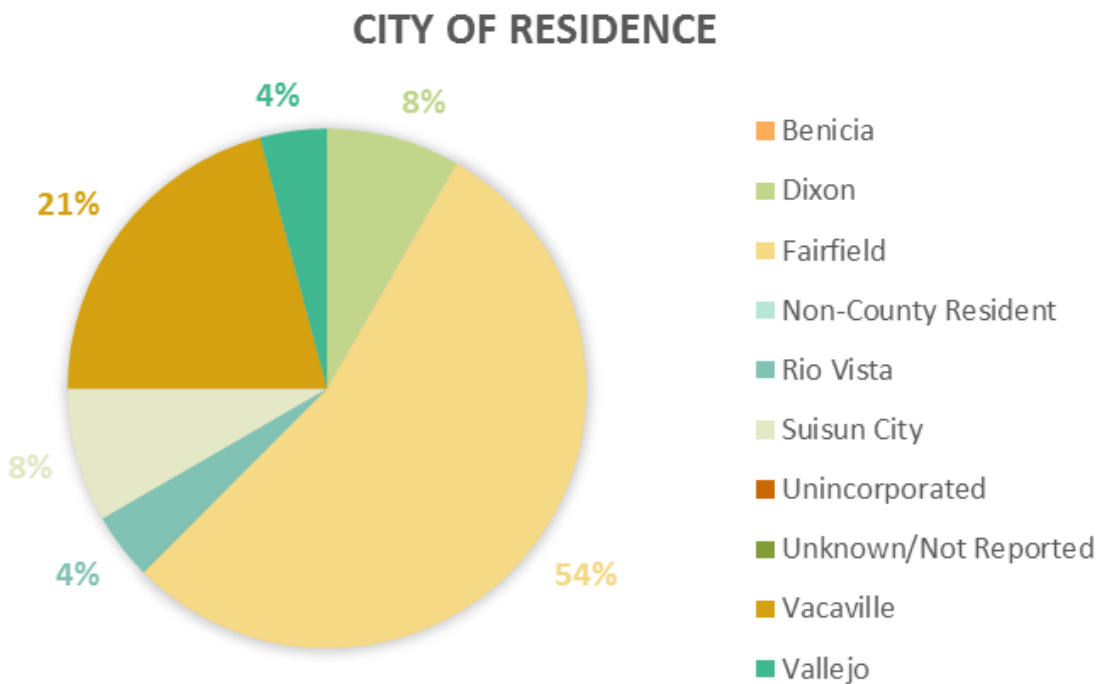
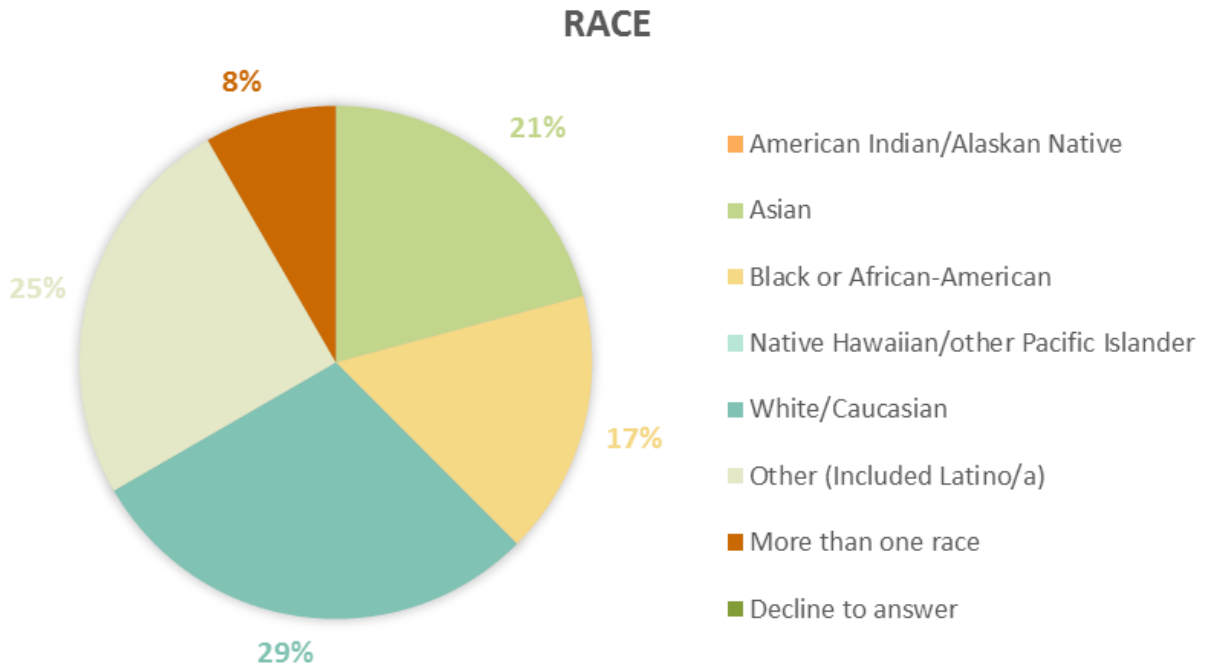
The following charts and table provide demographic data for the individuals who were served by Faith in Action:

*Demographic Breakdown of Direct Services (demographic surveys collected for 194 individuals):*



# PREVENTION & EARLY INTERVENTION

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 24 individuals):



# PREVENTION & EARLY INTERVENTION

Program Name:			Total Individuals Demo Collected:	
Faith In Action			Direct	Outreach
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>		
0-15	0%	0%		
16-25	0%	4%		
26-59	0%	29%		
60+	100%	67%		
Decline to answer	0%	0%		
<b>Race</b>				
American Indian/Alaskan Native	0%	0%		
Asian	7%	21%		
Black or African-American	19%	17%		
Native Hawaiian/other Pacific Islander	0%	0%		
White/Caucasian	69%	29%		
Other (Included Latino/a)	6%	25%		
More than one race	0%	8%		
Decline to answer	0%	0%		
<b>Gender Assigned At Birth</b>				
Male	15%	38%		
Female	85%	63%		
Decline to answer	0%	0%		
<b>Current Gender Identity</b>				
Male	15%	38%		
Female	85%	58%		
Transgender	0%	0%		
Genderqueer	0%	0%		
Questioning/unsure	0%	0%		
Another gender identity (Included Two-Spirit)	0%	0%		
Decline to answer	0%	4%		
<b>Sexual Orientation</b>				
Gay	0%	0%		
Lesbian	0%	4%		
Heterosexual/straight	100%	83%		
Bisexual	0%	0%		
Questioning/unsure	0%	0%		
Queer	0%	0%		
Other/another sexual orientation	0%	0%		
Decline to answer	0%	13%		
<b>Identify with any of these groups</b>				
LGBTQ	0%	4%		
Involved with the legal system	0%	0%		
Foster Care youth	0%	0%		
Decline to answer	4%	38%		
Not identify with any above	96%	58%		
<b>Veteran Status</b>				
Yes	11%	13%		
No	89%	75%		
Decline to answer	0%	13%		
<b>Primary Language</b>				
American Sign Language (ASL)	0%	0%		
Cantonese	0%	0%		
English	99%	71%		
German	0%	0%		
Hindi	0%	0%		
Ilocano	0%	0%		
Japanese	0%	0%		
<b>Primary Language</b>	<b>Direct</b>	<b>Outreach</b>		
Korean	0%	0%		
Mandarin	0%	0%		
Other	0%	0%		
Other Indic (Indian) Language	0%	0%		
Other Pacific Island Language	0%	0%		
Spanish	0%	17%		
Tagalog	1%	13%		
Unknown/Not Reported	0%	0%		
Vietnamese	0%	0%		
<b>City of Residence</b>				
Benicia	4%	0%		
Dixon	3%	8%		
Fairfield	30%	54%		
Non-County Resident	0%	0%		
Rio Vista	7%	4%		
Suisun City	2%	8%		
Unincorporated	0%	0%		
Unknown/Not Reported	0%	0%		
Vacaville	35%	21%		
Vallejo	21%	4%		
<b>Ethnicity</b>				
Caribbean	0%	0%		
Central American	0%	18%		
Mexican/Mexican-American/Chicano	5%	12%		
Puerto Rican	0%	0%		
South American	1%	0%		
Other Hispanic or Latino	0%	0%		
Hispanic or Latino/Decline to answer	0%	6%		
African	0%	12%		
Asian Indian/South Asian	0%	0%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	0%		
European	1%	0%		
Filipino	6%	24%		
Japanese	1%	0%		
Korean	0%	0%		
Middle Eastern	1%	0%		
Vietnamese	0%	0%		
Other Non-Hispanic or Latino	0%	0%		
More than one ethnicity	0%	18%		
Non-Hispanic or Latino/Decline to answer	86%	12%		
<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>				
Difficulty seeing	4%	4%		
Difficulty hearing/having speech understood	1%	0%		
Other communication condition	0%	0%		
Cognitive impairment (not including mental illness)	1%	0%		
Physical/mobility condition	32%	22%		
Chronic health condition	30%	7%		
No disability	20%	48%		
Other disability	3%	0%		
Decline to answer	9%	19%		

# PREVENTION & EARLY INTERVENTION

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## *Highlights & Achievements*

- During this past FY Faith in Action celebrated 20 years of providing services to seniors throughout Solano County. Central to the mission of Faith in Action is the ending of isolation of the homebound elderly in the community – isolation which negatively impacts the mental, physical, and spiritual well-being of seniors who often feel forgotten by the community at large.
- A popular service provided by the agency are the virtual support groups, which allow for seniors to be connected to other seniors throughout the county via telephone conference calls. The Senior Voices groups made available this past FY included “Senior Chat” (focusing on a variety of issues facing seniors today), “Living Well with Diabetes”, “Surviving Cancer Together”, and “Silver Rainbow” (focusing on issues being navigated by LGBTQ seniors).
- Faith in Action began a fall prevention program in October 2018, a service made available to seniors enrolled in other agency programs. Seniors who participated in the fall prevention classes from outside the agency were made aware of the other services, and volunteer opportunities provided by Faith in Action – which led to a new pool of care recipients and volunteers.
- There has been an expansion of culturally and linguistically diverse staff and senior volunteers including those who self-identify as members of the LGBTQ community.

## *Challenges & Barriers*

- Increasing Faith in Action’s demographics for the number of seniors of Latino and Asian decent served in FY 2018/19 was a challenge. Outreach was made to the Chambers of Commerce representing these communities but to no avail. Agency goals to reach underserved marginalized communities for FY 2019/20 include being present at cultural fairs and working with publications targeting minority groups, providing specific training of bi-lingual volunteers, and translating agency materials into other languages.
- The “Gay and Grey” in-person support groups for LGBTQ seniors will be revived in cooperation with the new leadership of the Solano Pride Center.
- The staff of Faith in Action is working on a greater use of social media to reach the younger set of seniors; those who belong to the “Baby Boomer” generation.

## *Changes in FY19/20*

During the Annual Update Community Program Planning process, the need was identified to increase support for homebound seniors using a peer model. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

## *Success Story*

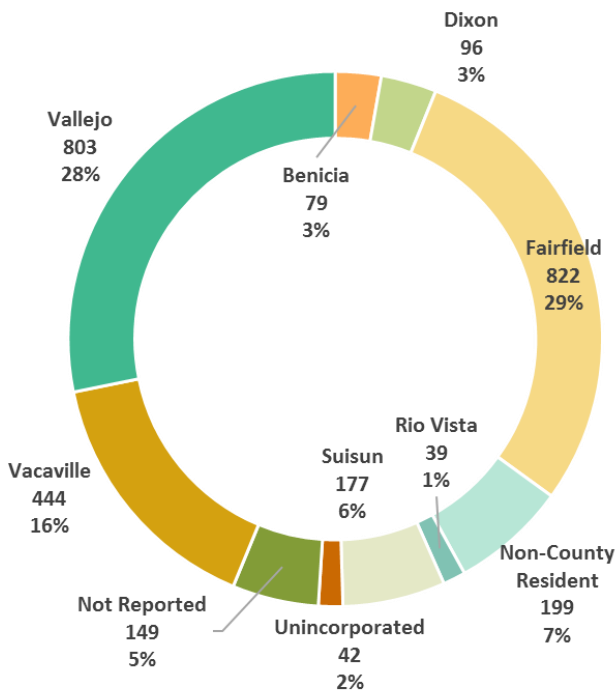
“Mary” (pseudonym), referred to the agency from a partnering program, has made many strides over this past year. At intake, she was navigating depression due to her isolation caused by a major stroke, which left her unable to communicate verbally. For several months, she had difficulty looking at people in the eye, or interacting with others when brought to the senior center by her FIA volunteer to engage in activities. Mary never smiled. She was most comfortable keeping others at bay.

With the continued encouragement of the volunteer, this senior opened up over time and began to make friends with other seniors in her exercise group. In particular, she became close with another FIA senior who was also a stroke survivor. The volunteer engineered outings with the two seniors including lunch, shopping, and bowling! Mary has come into her own, confidently interacting with others, and even volunteering herself with her FIA volunteer at senior center events. Increasingly self-assured, she has worked on communicating with others through her phone app and texting. Greeting FIA volunteers and staff, with a smile, at the office located at the senior center, is now commonplace.

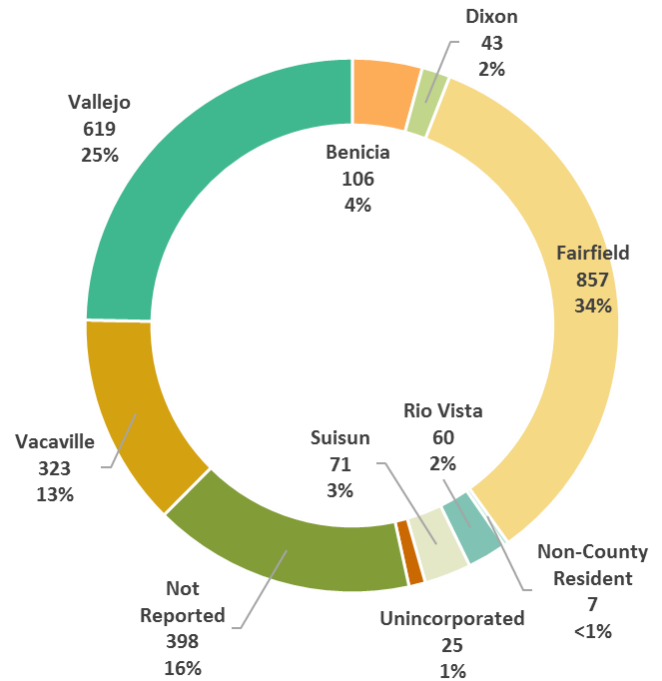
# PREVENTION & EARLY INTERVENTION

The following charts demonstrate the communities in Solano County that benefited from PEI services. Outreach activities included trainings, presentations, resource fairs, and screenings and Early Intervention Activities include assessments and counseling services including individual, family and group treatment.

### Outreach Activities



### Early Intervention Activities



## PEI Annual Report Summary

The PEI funded programs continue to work collaboratively with SCBH to adhere to the PEI regulations regarding the tracking of expanded demographics, linkages to services and duration of untreated illness. SCBH has provided a self-reporting demographic form *Solano County Mental Health Services Act Program-Demographic Information* in English and Spanish that providers can use with individuals that they serve. This tool was revised for FY2019/20 to better capture duration of untreated illness. While the majority of the programs have succeeded in tracking the demographics for those that they serve there has continued to be challenges regarding reporting of linkages. Challenges have included not providing adequate detail (dates, full names, and dates of birth) which would allow SCBH to verify in the electronic health record whether an individual was linked and the timeliness of that linkage. The SCBH MHSa team continues to provide technical assistance for PEI programs related to data collection and reporting practices. During FY2019/20 SCBH will provide a uniform referral form for all PEI programs to utilize when referring to ongoing or higher level mental health treatment services.

The SCBH MHSa Unit collects data from each contractor on a monthly basis and on an annual basis a Narrative Report is collected in July to elicit additional program performance data, highlights, and barriers being experienced. Each program is provided a unique reporting tool that includes the program's specific deliverables and mechanisms to collect demographic and linkage data. On a quarterly basis the SCBH MHSa Unit meets with MHSa funded contractors to provide quarterly snapshots of performance outcomes, fiscal expenditures, and demographics of participants served. SCBH will continue to partner with the PEI contractors to continue to improve data collection and adherence to the PEI regulations.







**COMMUNITY  
SERVICES & SUPPORTS**

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

In FY 2018/19, Solano County provided seven Full Service Partnership (FSP) programs both through county-operated programs and contract providers, including: SCBH Children’s FSP; SCBH Foster Care Treatment Unit FSP; Seneca Transitional Age Youth (TAY) FSP; SCBH Adult FSP; Caminar Adult/Older Adult FSP; Caminar HOME (homeless) FSP; and the SCBH Adult Forensic FSP.

Individuals served by FSP programs have more severe mental health conditions as defined as: seriously emotionally disturbed (SED) children/youth or persistently seriously mentally ill (SMI) adults who are currently at risk of or have recently been at risk of the following: hospitalization, out of home placement, involvement with child welfare, homelessness, involvement with the juvenile/adult criminal justice system, incarceration, or are part of an unserved/underserved population. FSP services involve a multidisciplinary approach including but not limited to: mental health clinicians, mental health specialists, peer/parent support counselors, nursing staff, and a psychiatry provider (when indicated), working collaboratively with consumers and their families. Services are provided in homes, the community, and the office setting depending the need of the consumer. FSP intensive services are delivered in a manner that are culturally and linguistically responsive with a focus on the promotion of wellness, recovery and resiliency. Driven by a “whatever it takes” philosophy, FSP programs collaborate with a wide variety of community agencies and organizations to ensure a full array of services to meet housing, medical, social/recreational, vocational and educational needs.

### Children’s Full-Service Partnership (FSP) Programming (Ages 0-21)—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** SCBH Children/Youth Full Service Partnership (FSP)

**Description of Program:**

The SCBH Children’s FSP program provides intensive services for children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. SCBH offered FSP services regionally throughout Solano County.

#### Program Performance Measures

Unduplicated Individuals Served: 119

Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	14% (17) of the consumers served were hospitalized 1 time during the course of treatment. 10% (12) of the consumers served were hospitalized 2 times or more times during the course of treatment.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	9% (11) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	No child/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers.	An average of 3% (3) consumers served experienced an incidence of placement loss.

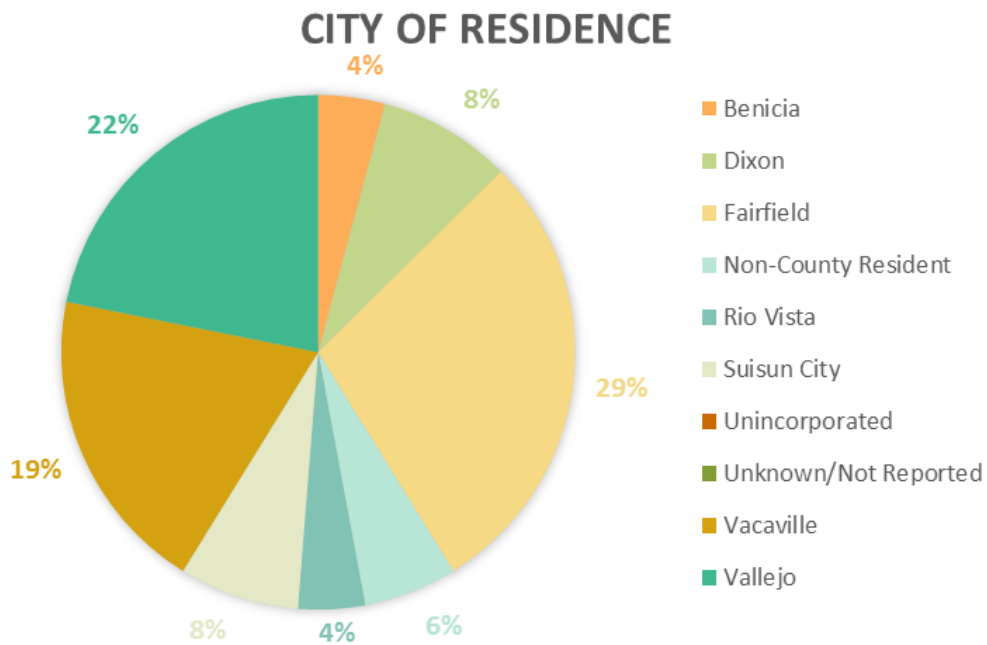
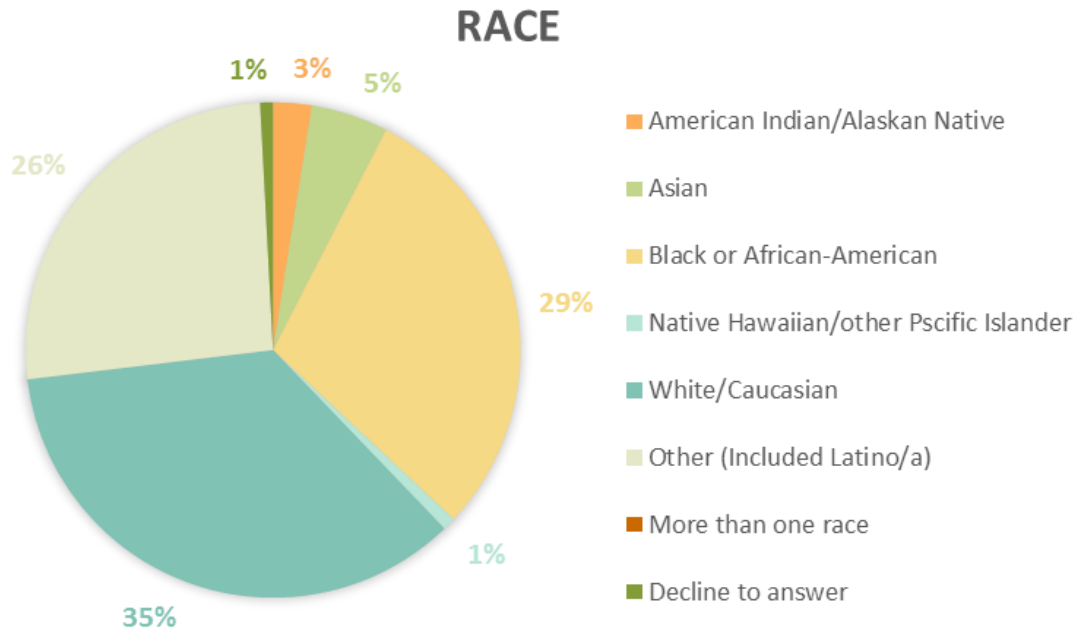
#### Financial Report

Cost per person	\$17,137
Budgeted Amount FY 2018/19: \$2,131,873	Total Expenditures FY 2018/19: \$2,039,282

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the SCBH Children/Youth FSP program:



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name:		Total Individuals Served:	
SCBH Children's Full Services Partnership (FSP)		119	
<b>Age</b>		<b>Primary Language</b>	
0-5	1%	American Sign Language (ASL)	0%
6-15	85%	Cantonese	0%
16-25	14%	English	94%
25-59	0%	German	0%
60+	0%	Hindi	0%
<b>Race</b>		Ilocano	0%
American Indian/Alaskan Native	3%	Japanese	0%
Asian	5%	Korean	0%
Black or African-American	29%	Mandarin	0%
Native Hawaiian/other Pacific Islander	1%	Other	2%
White/Caucasian	35%	Other Indic (Indian) Language	0%
Other (Included Latino/a)	26%	Other Pacific Island Language	0%
More than one race	0%	Spanish	4%
Decline to answer	2%	Tagalog	0%
<b>Gender Assigned At Birth</b>		Unknown/Not Reported	0%
Male	50%	Vietnamese	0%
Female	50%	<b>City of Residence</b>	
Decline to answer	0%	Benicia	4%
<b>Current Gender Identity</b>		Dixon	8%
Male	47%	Fairfield	29%
Female	45%	Non-County Resident	6%
Transgender	1%	Rio Vista	4%
Genderqueer	0%	Suisun City	8%
Questioning/unsure	2%	Unincorporated	0%
Another gender identity(Included Two-Spirit)	2%	Unknown/Not Reported	0%
Decline to answer	4%	Vacaville	19%
<b>Sexual Orientation</b>		Vallejo	22%
Gay	1%	<b>Ethnicity</b>	
Lesbian	0%	Caribbean	0%
Heterosexual/straight	66%	Central American	0%
Bisexual	9%	Mexican/Mexican-American/Chicano	26%
Questioning/unsure	4%	Puerto Rican	0%
Queer	0%	South American	0%
Other/another sexual orientation	0%	Other Hispanic/Latino	10%
Decline to answer	18%	Hispanic or Latino/Decline to answer	0%
<b>Veteran Status</b>		African	0%
Yes	0%	Asian Indian/South Asian	0%
No	100%	Cambodian	0%
Decline to answer	0%	Chinese	0%
<b>Preferred Language</b>		Eastern European	0%
English	94%	European	0%
Spanish	4%	Filipino	0%
Tagalog	0%	Japanese	0%
Other Non-English	1%	Korean	0%
Not Reported	1%	Middle Eastern	0%
		Vietnamese	0%
		Other non-Hispanic/Latino	56%
		More than one ethnicity	0%
		Non-Hispanic or Latino/Decline to answer	7%

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- In an effort to connect FSP consumers to treatment services more quickly, 2 clinicians—including one bilingual—were assigned to do assessments with children/youth while they are at the Crisis Stabilization Unit (CSU) which allows treatment to commence as soon as the consumer is discharged from the CSU or inpatient hospital. Additionally, these clinicians are utilized for directly admitting to the program when there is a request for service through the Access Line or Juvenile Probation and it is clear that the consumer will meet FSP criteria.
- There has been an increase in consumers successfully graduating from the program during the annual graduation ceremony with 15 graduates up from 7 the year prior.
- 98% of our consumers have agreed to participate in Child Family Team (CFT) meetings, which is an increase from 40% from the previous year. This increase is attributed to staff developing a better understanding of the importance of CFT meetings and the Intensive Care Coordinator engaging with families prior to the first meeting to explain the CFT process.
- Team members took advantage of trainings offered throughout the year focused on cultural responsiveness including a training on “Gender Diversity”. As a result of that training, team members put rainbow stickers on visible items, such as cell phones and county cars. Consequently, staff noticed an increase in the number of consumers discussing LGBTQ matters and the staff now feel more comfortable engaging the consumers in those discussions.
- The Supervisor and Manager of the unit attended a 2-day training on “Promoting Cultural Sensitivity in Clinical Supervision” which has positively influenced supervision for staff.
- The program hired a bilingual/bi-cultural Clinician who was able to connect with the Spanish-speaking community. As a result, the number of monolingual Spanish-speaking consumers increased dramatically from 4 in FY2017/18 to 17 in FY2018/19. In order to meet the need of the Latino community the program is making efforts to hire two additional bilingual Clinicians and two bilingual Mental Health Specialists.

### *Challenges & Barriers*

- The smaller teams out-stationed in Vallejo and Vacaville found it challenging to fully implement an FSP model due to not being part of a larger FSP team.

### *Changes in FY19/20*

In 2016 SCBH had out-stationed small FSP teams (up to 3 staff) to the Vallejo and Vacaville county clinics to be located closer to consumers living in those communities. However, due to challenges with being able to implement the programs using the FSP principles of multidisciplinary teaming, all children’s FSP staff were relocated to the Fairfield office. This change has led to more collaboration and team building among the staff and has allowed for more mentorship opportunities between veteran and newer employees.

During FY 2019/20 SCBH will be funding training and implementation of the Transition to Independence Process (TIP) evidence-supported practice that focuses on youth engagement, future planning, and skills-building through a strengths-based model. FSP program staff will be trained in the TIP model.

**Number of children (0-5) served: 1**

**Number of children (6-15) served: 101**

**Number of TAY (16-25) served: 17**



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

**Agency Name:** Solano County Behavioral Health

**Title of Program:** SCBH Foster Care Treatment Unit (FCTU) Full Service Partnership (FSP)

**Description of Program:**

The FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with the Child Welfare System. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, have continued involvement with child welfare, and may have had multiple placement changes, etc.

### Program Performance Measures

Unduplicated Individuals Served: 94

Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	2% (2) of the consumers served were hospitalized 1 time; and 1% (1) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	1% (1) of the consumers served experienced incarceration.
Partner with CWS, each foster youth, birth family, and/or caretakers to secure stable permanent placements for the youth served.	24% (23) of the youth had loss of placement.

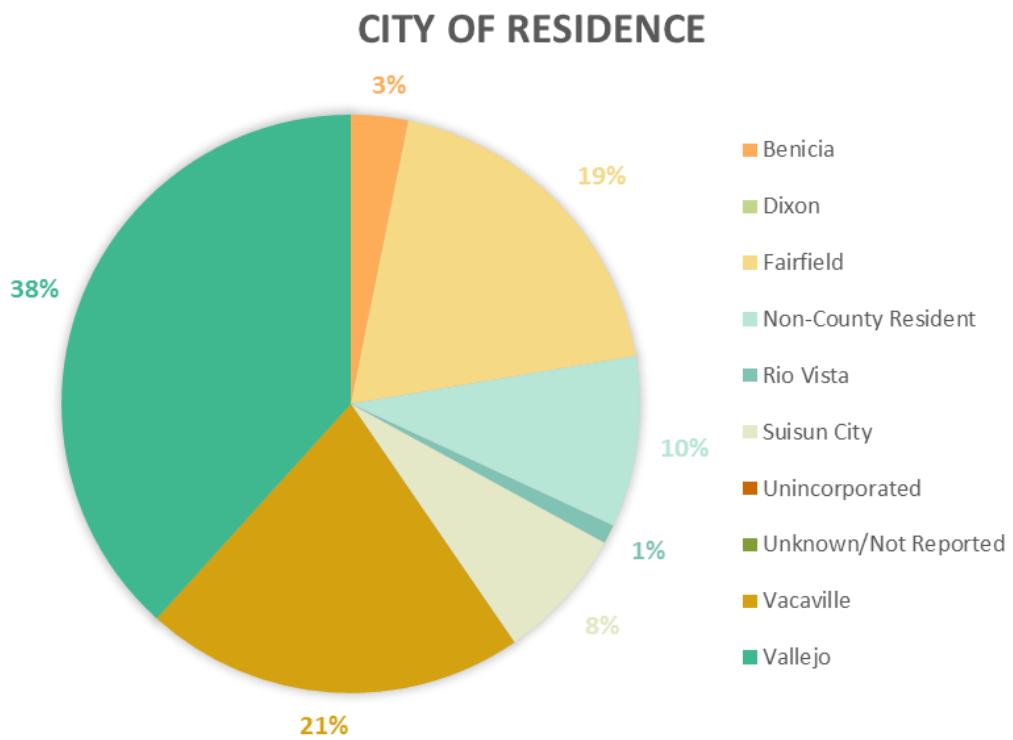
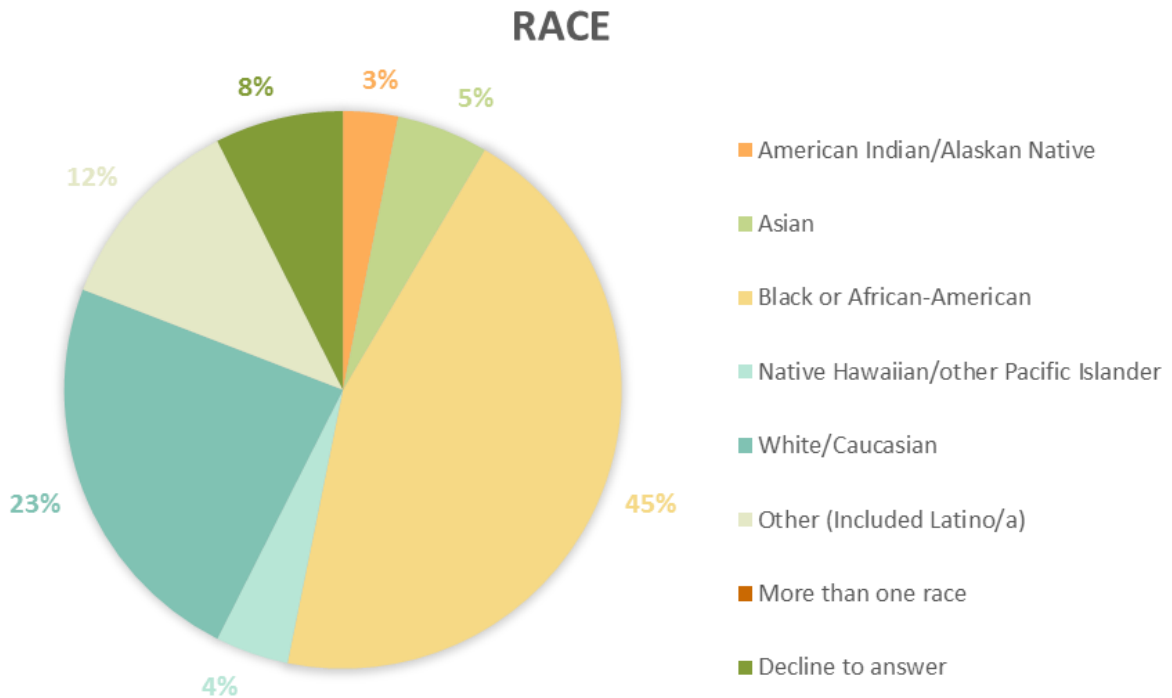
### Financial Report

Cost per person	\$12,675
Budgeted Amount FY 2018/19: \$1,375,073	Total Expenditures: \$1,191,408

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the FCTU FSP program:



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name: SCBH FCTU		Total Individuals Served: 94	
<b>Age</b>		<b>Primary Language</b>	
0-5	5%	American Sign Language (ASL)	0%
6-15	82%	Cantonese	0%
16-25	13%	English	94%
25-59	0%	German	0%
60+	0%	Hindi	0%
<b>Race</b>		Ilocano	0%
American Indian/Alaskan Native	3%	Japanese	0%
Asian	5%	Korean	0%
Black or African-American	45%	Mandarin	0%
Native Hawaiian/other Pacific Islander	4%	Other	0%
White/Caucasian	23%	Other Indic (Indian) Language	0%
Other (Included Latino/a)	12%	Other Pacific Island Language	0%
More than one race	0%	Spanish	4%
Decline to answer	7%	Tagalog	0%
<b>Gender Assigned At Birth</b>		Unknown/Not Reported	1%
Male	49%	Vietnamese	0%
Female	51%	<b>City of Residence</b>	
Decline to answer	0%	Benicia	3%
<b>Current Gender Identity</b>		Dixon	0%
Male	45%	Fairfield	19%
Female	47%	Non-County Resident	10%
Transgender	0%	Rio Vista	1%
Genderqueer	0%	Suisun City	7%
Questioning/unsure	0%	Unincorporated	0%
Another gender identity (Included Two-Spirit)	1%	Unknown/Not Reported	0%
Decline to answer	7%	Vacaville	21%
<b>Sexual Orientation</b>		Vallejo	38%
Gay	0%	<b>Ethnicity</b>	
Lesbian	1%	Caribbean	0%
Heterosexual/straight	54%	Central American	0%
Bisexual	4%	Mexican/Mexican-American/Chicano	12%
Questioning/unsure	0%	Puerto Rican	1%
Queer	1%	South American	0%
Other/another sexual orientation	0%	Other Hispanic/Latino	2%
Decline to answer	40%	Hispanic or Latino/Decline to answer	0%
<b>Veteran Status</b>		African	0%
Yes	0%	Asian Indian/South Asian	0%
No	99%	Cambodian	0%
Decline to answer	1%	Chinese	0%
<b>Preferred Language</b>		Eastern European	0%
English	94%	European	0%
Spanish	4%	Filipino	0%
Tagalog	0%	Japanese	0%
Other Non-English	0%	Korean	0%
Not Reported	1%	Middle Eastern	0%
		Vietnamese	0%
		Other non-Hispanic/Latino	67%
		More than one ethnicity	0%
		Non-Hispanic or Latino/Decline to answer	18%

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### **Highlights & Achievements**

- Intensive Care Coordination (ICC) services were provided to over 75 FSP youth.
- The program supported other programs including the Centralized Assessment Team (CAT) and Hospital Liaison with urgent and Spanish-speaking assessments.
- FCTU office staff maintained accurate data and tracking for Presumptive Transfers, Katie A./Pathways, and ICC services.
- The FCTU team maintained positive morale and demonstrated strength in terms of teaming while working with challenging cases.

### **Challenges & Barriers**

- From July through February the program had a key position vacant which made it challenging to refer for Intensive Home-Based Services (IHBS). To address the barrier Clinicians increased their service delivery and provided additional psychosocial rehabilitative services as needed.
- The addition of new forms, documentation expectations, and changes with the electronic health record was challenging. To address this the team was provided with a simplified checklist of required forms for required documentation. Documentation requirements were regularly discussed during staff meetings and staff from the Quality Improvement Unit were invited to attend meeting to clarify updates. The supportive culture of the team helped maintain a positive morale.
- The collaboration amongst multi-sector partners and CFT members can be challenging. The FCTU team addresses this challenge by maintaining professionalism, open communication, transparency, and respect with all partners.

### **Changes in FY19/20**

During FY 2019/20 SCBH will be funding training and implementation of the Transition to Independence Process (TIP) evidence-supported practice that focuses on youth engagement, future planning, and skills-building through a strengths-based model. FSP program staff will be trained in the TIP model.

### **Success Story**

*Before being placed in foster care with her paternal grandparents 9-year-old “Suzy” (pseudonym) experienced severe neglect in the care of her parents, unstable housing, and had low school attendance. When Suzy began mental health treatment with SCBH she struggled with oppositional behaviors, throwing objects, slamming doors, and daytime/nighttime enuresis both at home and at school. After one year of treatment Suzy was able to enter a guardianship with her grandparents. She is now able to process and share her emotions, reach out for support, use her coping skills and enjoys attending school. Suzy successfully completed all her treatment objectives and graduated from the program.*

**Number of children (0-5) served: 5**

**Number of children (6-15) served: 12**

**Number of TAY (16-25) served: 77**

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Transition Age Youth (TAY) Full Service Partnership (Ages 16-25)—Contractor

**Agency Name:** Seneca Family of Agencies

**Title of Program:** The Transition Age Youth (TAY) Full Service Partnership (FSP)

**Description of Program:**

The Transition Age Youth (TAY) FSP program, administered by a community-based organization, delivers intensive strengths-based mental health services and support to high-need and high-risk youth ages 16-25. The youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. Additionally, the program specializes in serving commercially sexually exploited children/youth (CSEC). While the program primarily serves TAY aged consumers, SCBH approved the program to serve children as young as 10 years old at risk of CSEC or currently being exploited.

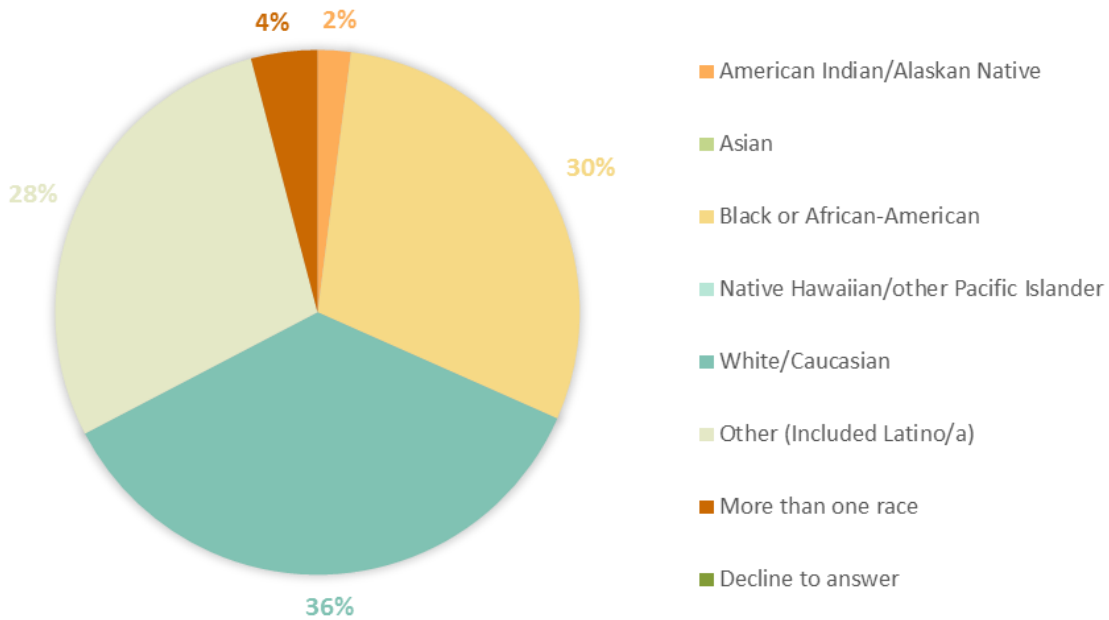
Program Performance Measures	
Unduplicated Individuals Served: 50	
Program Indicators	Annual Outcome
Provide FSP level services to minimum of 40 TAY consumers.	50 unduplicated consumers received TAY FSP services and of these 24 were CSEC cases.
At least 75% of consumers will experience a reduction in psychiatric hospitalization and criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	77% of the consumers served experienced a reduction in hospitalizations. Only 13% (17) of the consumers served have re-admitted to psychiatric hospital since engaging with the FSP team.
At least 75% of consumers will experience a reduction in criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	73% of consumers experienced a reduction/maintain in criminal arrest.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Of the 32 consumers who have had a follow-up <i>CANS/ANSA</i> administered at the 6-month mark, 75% (24) have achieved or partially achieved at least one treatment goals.
60% or more of the CSEC consumers served will demonstrate a reduction in risk factors based on the <i>CANS-CSEC</i> or <i>ANSA-T CSEC</i> .	Of the 24 CSEC cases, 4% (1) of consumers showed a reduction in risk factors.
At least 70% of the consumers will achieve and/or maintain stable housing.	88% (44) of the consumers have achieved/maintained stable housing.
At least 75% of the consumers will improve their knowledge, understanding, and skills associated with independent living tasks and responsibilities per skills-based assessment tool	Of the 22 consumers measured, 64% (14) showed improved knowledge, understanding and skills associated with independent living tasks and responsibilities.
Financial Report	
Cost per person	\$17,383
Contact Amount FY 2018/19: \$912,253	Total Expenditures FY 2018/19: \$869,156

# COMMUNITY SERVICES & SUPPORTS

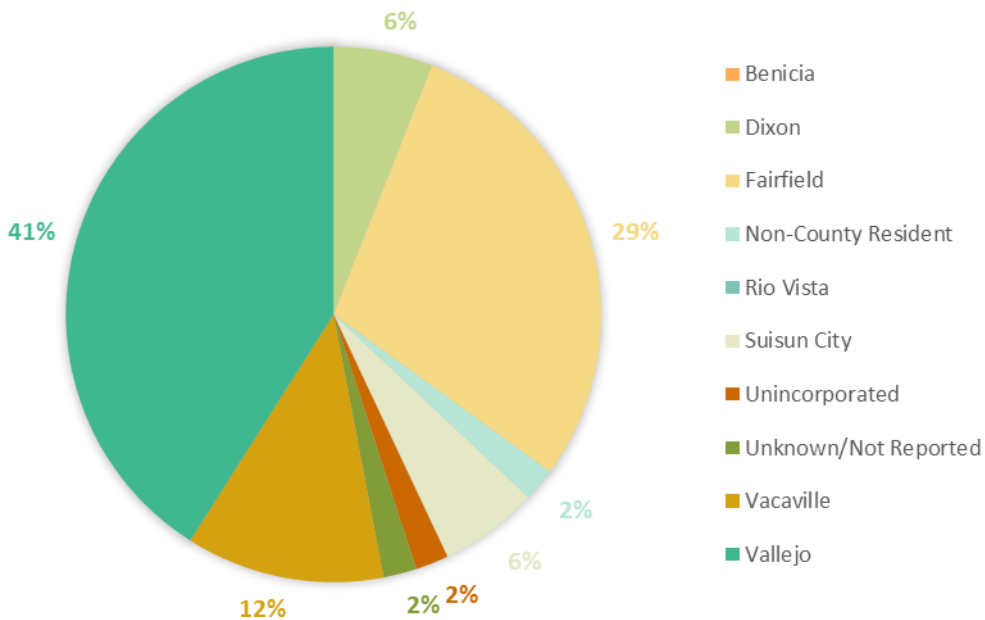
## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the TAY FSP program:

### RACE



### CITY OF RESIDENCE





# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name: Seneca TAY		Total Individuals Served: 50	
<b>Age</b>		<b>Primary Language</b>	
0-15	16%	Korean	0%
16-25	84%	Mandarin	0%
26-59	0%	Other	0%
60+	0%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	4%
American Indian/Alaskan Native	2%	Tagalog	0%
Asian	0%	Unknown/Not Reported	0%
Black or African-American	29%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	27%	<b>City of Residence</b>	
White/Caucasian	0%	Benicia	0%
Other (Included Latino/a)	29%	Dixon	6%
More than one race	4%	Fairfield	29%
Decline to answer	0%	Non-County Resident	2%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	35%	Suisun City	6%
Female	65%	Unincorporated	2%
Decline to answer	0%	Unknown/Not Reported	2%
<b>Current Gender Identity</b>		Vacaville	12%
Male	31%	Vallejo	41%
Female	69%	<b>Ethnicity:</b>	
Transgender	0%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	20%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	0%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	8%
Gay	0%	Hispanic or Latino/Decline to answer	0%
Lesbian	2%	African	29%
Heterosexual/straight	86%	Asian Indian/South Asian	0%
Bisexual	6%	Cambodian	0%
Questioning/unsure	2%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	0%	European	33%
Decline to answer	4%	Filipino	0%
<b>Identify with any of these groups?</b>		Japanese	0%
LGBTQ	10%	Korean	0%
Involved with the legal system	4%	Middle Eastern	0%
Foster Care youth	16%	Vietnamese	0%
Decline to answer	0%	Other Non-Hispanic or Latino	4%
Not identify with any above	71%	More than one ethnicity	4%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	2%
Yes	0%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	100%	Difficulty seeing	0%
Decline to answer	0%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	0%
Cantonese	0%	Physical/mobility condition	4%
English	96%	Chronic health condition	0%
German	0%	No disability	96%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- The program began a social skills group for consumers focusing on social skills, emotional regulation, and navigating relationships. Eight to ten consumers attend this group consistently weekly and have reported reduced anxiety in social situations.
- In January 2019 “Human Trafficking Month”, the program partnered with Vacaville Police Department and the Solano County MHSA team to host a Social Media Safety Event to raise awareness in the community regarding CSEC risk and internet safety.
- To provide culturally sensitive, strengths-based, individualized treatment, the program provided trainings to enhance staff clinical skills and knowledge. Trainings included: CSEC 101 and 102, training on the CSE-IT tool used to screen for CSEC, Motivational Interviewing, Community Safety, Crisis Response, Unconscious Bias, Narrative Therapy, and Cultural Humility: Working with Family.

### *Challenges & Barriers*

- While engagement with consumers’ collateral supports (family, friends, community, other, etc.) in order to build a natural support team is a program goal, this continues to pose challenges due to consumers’ distrust from previous unpleasant experiences with some of the collateral support persons. At times this manifests in consumers refusing to sign releases or withholding necessary information staff need to communicate with collateral supports. Additional training has been provided for the staff to assist them in having difficult conversation related to permanency and building natural support systems.
- The continued increase in enrollment of TAY FSP consumers in the CSEC population presented unique challenges with initial engagement, particularly with consumers who are homeless or missing for periods of time. To address this, efforts were made to assign a clinician immediately to begin engagement with the consumer, initiate supportive services, develop safety plans, and to increase the frequency of team meetings. Additionally, there is a plan to organize a Spanish-speaking parent support group to address an increase in Spanish-speaking youth with CSEC risk.

### *Changes in FY19/20*

During FY 2019/20 SCBH will be funding training and implementation of the Transition to Independence Process (TIP) evidence-supported practice that focuses on youth engagement, future planning, and skills-building through a strengths-based model. TAY FSP program staff will be trained in the TIP model. During the Annual Update Community Program Planning process the need for 24/7 emergency support for CSEC youth was identified. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

**Number of children (6-15) consumers served: 15 (CSEC cases)**

**Number of TAY (16-25) consumers served: 35**

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Adult Full Service Partnership Programming (Ages 18+)—County and Contractor

**Agency Name:** Solano County Behavioral Health

**Title of Program:** County Adult Full Service Partnership (FSP)

**Description of Program:**

The Adult FSP Program operated by SCBH serves seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, involved with the criminal justice system, or homeless. Consumers are referred through the Transitions in Care (TIC) Committee. The program’s goal is to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice.

#### Program Performance Measures

Unduplicated Individuals Served: 82

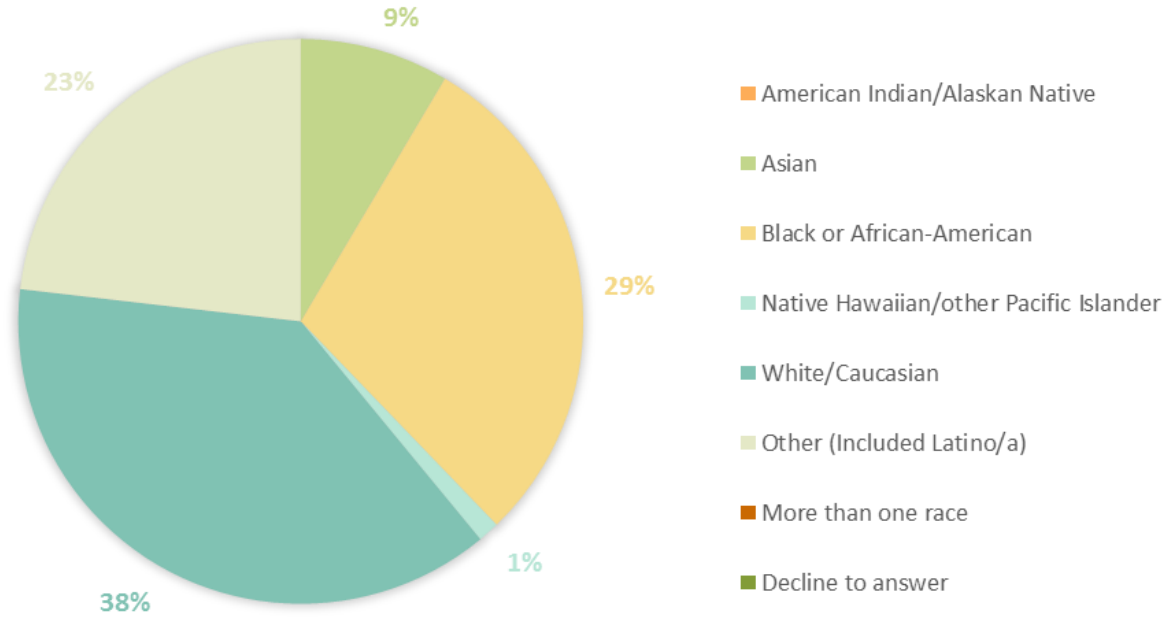
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	23% (19) of the consumers served were hospitalized 1 time; and 11% (9) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	29% (24) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	0% (0) of the consumers served experienced an incident of incarceration.
Financial Report	
Cost per person	\$17,268
Budgeted Amount FY 2018/19: \$1,495,420	Total Expenditures FY 2018/19: \$1,415,945

# COMMUNITY SERVICES & SUPPORTS

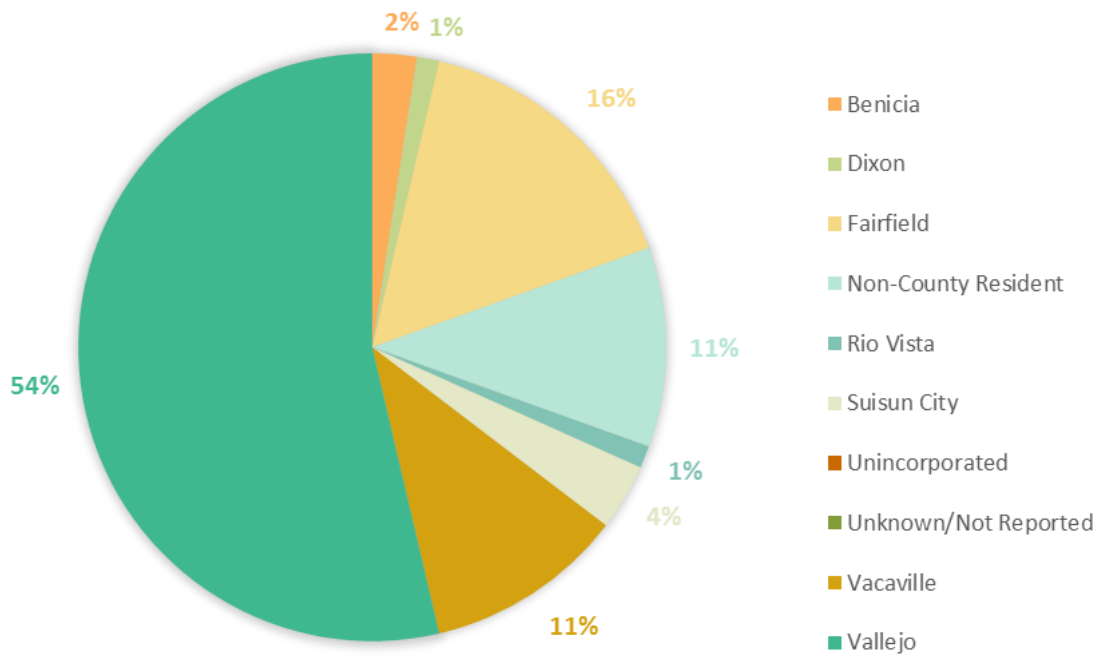
## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the County Adult FSP program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name:		Total Individuals Served:	
SCBH Adult Full Services Partnership (FSP)		82	
<b>Age</b>		<b>Primary Language</b>	
0-5	0%	American Sign Language (ASL)	0%
6-15	0%	Cantonese	0%
16-25	10%	English	98%
25-59	82%	German	0%
60+	8%	Hindi	0%
<b>Race</b>		Ilocano	0%
American Indian/Alaskan Native	0%	Japanese	0%
Asian	9%	Korean	0%
Black or African-American	29%	Mandarin	0%
Native Hawaiian/other Pacific Islander	1%	Other	0%
White/Caucasian	38%	Other Indic (Indian) Language	0%
Other (Included Latino/a)	23%	Other Pacific Island Language	0%
More than one race	0%	Spanish	1%
Decline to answer	0%	Tagalog	1%
<b>Gender Assigned At Birth</b>		Unknown/Not Reported	0%
Male	68%	Vietnamese	0%
Female	32%	<b>City of Residence</b>	
Decline to answer	0%	Benicia	2%
<b>Current Gender Identity</b>		Dixon	1%
Male	65%	Fairfield	16%
Female	30%	Non-County Resident	11%
Transgender	0%	Rio Vista	1%
Genderqueer	0%	Suisun City	4%
Questioning/unsure	0%	Unincorporated	0%
Another gender identity (Included Two-Spirit)	0%	Unknown/Not Reported	0%
Decline to answer	5%	Vacaville	11%
<b>Sexual Orientation</b>		Vallejo	54%
Gay	1%	<b>Ethnicity</b>	
Lesbian	0%	Caribbean	0%
Heterosexual/straight	89%	Central American	0%
Bisexual	1%	Mexican/Mexican-American/Chicano	18%
Questioning/unsure	1%	Puerto Rican	0%
Queer	0%	South American	0%
Other/another sexual orientation	0%	Other Hispanic/Latino	7%
Decline to answer	8%	Hispanic or Latino/Decline to answer	0%
<b>Veteran Status</b>		African	0%
Yes	2%	Asian Indian/South Asian	0%
No	96%	Cambodian	0%
Decline to answer	2%	Chinese	0%
<b>Preferred Language</b>		Eastern European	0%
English	95%	European	0%
Spanish	0%	Filipino	0%
Tagalog	1%	Japanese	0%
Other Non-English	0%	Korean	0%
Not Reported	4%	Middle Eastern	0%
		Vietnamese	0%
		Other non-Hispanic/Latino	74%
		More than one ethnicity	0%
		Non-Hispanic or Latino/Decline to answer	1%

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Highlights & Achievements

- The program has begun transitioning to an Assertive Community Treatment (ACT) evidence-based model which includes increased collaboration among team members, a wider breadth in service delivery, and an increased emphasis on vocational supports that promote community integration.
- The program has made an impact in terms of individual consumer successes and improved quality of life for consumers by providing linkage to education and employment programs resulting in an increase of consumer employability and reintegrating consumers back into the community.
- A bilingual Peer Support Specialist has joined the team which has helped provide the “lived experience” perspective on the services.

### Success Story

*A consumer is in his early 20's made gradual successes while in treatment with FSP. At intake the consumer was a very shy, distant individual lacking social skills and was not motivated to obtain goals related to employment or education. After participating in the program, the consumer has made many positive changes, has become more outgoing, and has increased his social skills as evidenced by developing friendships with peers at his placement. The consumer is now gainfully employed at a local amusement park in Vallejo and is currently very interested securing his GED.*

### Challenges & Barriers

- The program continues to face a lack of available housing for consumers in general within our local community particularly housing with adequate support for the level of assistance some consumers need.
- Throughout the FY there were several staff vacancies that impacted service frequency and support needed to implement the ACT model. In order to address this the program elicited support from other SCBH programs.

### Changes in FY19/20

During FY2019/20 the team from this program will be merged with the county-operated adult forensic FSP program for the purpose of developing a large fully functioning FSP in order to better adhere to fidelity of the ACT model. Additionally, SCBH is integrating its substance use disorder (SUD) staff with the mental health staff to promote integrated service delivery for consumers with co-occurring conditions. A staff member with SUD experience will be embedded with the FSP team.

**Number of TAY Adults (18-25) served: 8**

**Number of Adults (26-59) served: 67**

**Number of Older Adults (60+) served: 7**

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

**Agency Name:** Caminar, Inc.

**Title of Program:** Adult & Older Adult Full Services Partnership (FSP)

**Description of Program:**

The Caminar FSP Program operated by SCBH serves seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, involved with the criminal justice system, or homeless. Consumers are referred through the Transitions in Care (TIC) Committee. The program's goal is to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice.

### Program Performance Measures

**Unduplicated Individuals Served: 67**

Program Indicators	Annual Outcome
Provide FSP services to a minimum of 56 consumers (36 between the ages of 18-59 and 20 age 60 or older).	A total of 67 unduplicated consumers were served of which 55 were age 18-59 and 12 were 60 or older
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	16% (11) of consumers served were hospitalized.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	6% (4) of consumers served experienced an incarceration.
No more than 15% of program participants will experience an episode of homelessness.	6% (4) of consumers served experienced an episode of homelessness.
15% of participants receiving services during this fiscal year will be stepped down/graduate from the program and transitioning independently to the community.	9% (6) of consumers served stepped down/graduated from the program and transitioned independently to the community.

### Financial Report

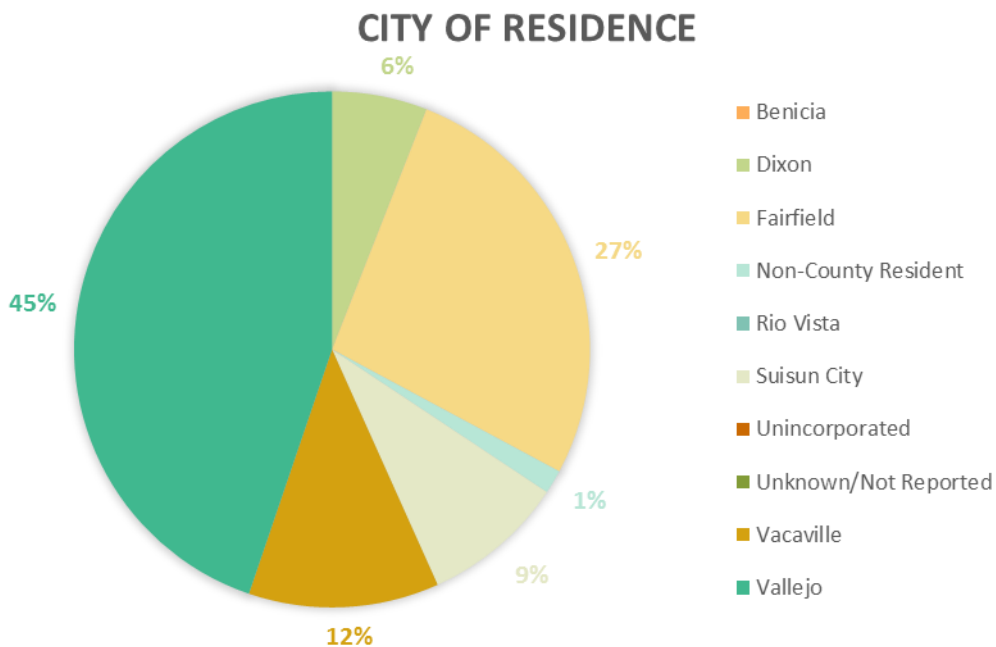
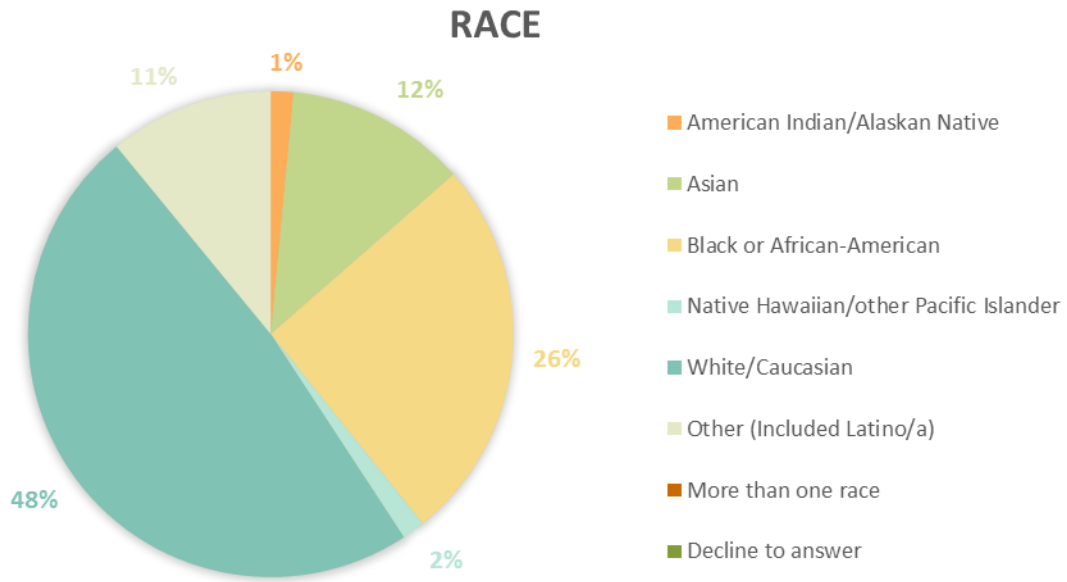
Cost per person	<b>\$14,263</b>
Contract Amount FY 2018/19: <b>\$1,122,923</b>	Total Expenditures FY 2018/19: <b>\$955,597</b>



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the Caminar Adult/Older Adult FSP program:



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name: Caminar FSP		Total Individuals Served: 67	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	0%	Mandarin	0%
26-59	72%	Other	0%
60+	28%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	2%	Tagalog	0%
Asian	12%	Unknown/Not Reported	0%
Black or African-American	26%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	2%	<b>City of Residence</b>	
White/Caucasian	48%	Benicia	0%
Other (Included Latino/a)	11%	Dixon	6%
More than one race	0%	Fairfield	27%
Decline to answer	0%	Non-County Resident	1%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	51%	Suisun City	9%
Female	49%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	0%
<b>Current Gender Identity</b>		Vacaville	12%
Male	49%	Vallejo	45%
Female	51%	<b>Ethnicity</b>	
Transgender	0%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	1%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	0%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	9%
Gay	0%	Hispanic or Latino/Decline to answer	0%
Lesbian	1%	African	22%
Heterosexual/straight	96%	Asian Indian/South Asian	0%
Bisexual	0%	Cambodian	0%
Questioning/unsure	1%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	0%	European	0%
Decline to answer	1%	Filipino	10%
<b>Identify with any of these groups</b>		Japanese	1%
LGBTQ	1%	Korean	0%
Involved with the legal system	0%	Middle Eastern	0%
Foster Care youth	0%	Vietnamese	0%
Decline to answer	1%	Other Non-Hispanic or Latino	55%
Not identify with any above	97%	More than one ethnicity	0%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	0%
Yes	3%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	97%	Difficulty seeing	0%
Decline to answer	0%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	0%
Cantonese	0%	Physical/mobility condition	0%
English	100%	Chronic health condition	0%
German	0%	No disability	100%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- This year Caminar FSP focused on full implementation of the ACT Model. This model encouraged the FSP staff to work more closely as a team, increased the degree of involvement of psychiatric medical staff, and demonstrated greater flexibility as a team in support of consumers. Medical staff participated in all daily team meetings and provided services in the field. Daily team meetings enabled staff to close the gaps in services and better assist consumers, efficiently connecting them to needed services and community resources in a timely manner.
- The program assisted in the smooth transfer of consumers from two community programs that were closing without disruption in services.
- The program has hired qualified applicants who can support our diverse population, examples include: additional Case Managers who speak Spanish, Portuguese, and Hmong.
- Caminar provided training in “Life Orientations” (LIFO). LIFO is a methodology and framework that reveals a person’s behavioral and communication style. LIFO training is being implemented throughout Caminar at all levels of the organization.

### *Challenges & Barriers*

- The program was operating at nearly half staff for the first portion of FY but became fully staffed during the second portion of the year and has been able to serve many more consumers. Due to challenges with staff retention, Caminar secured an increase in contract funds to increase salaries in FY 2019/20.

### *Changes in FY18/19*

Beginning FY 2019/20 the program will be renamed “Caminar Adult Full Services Partnership (FSP)” program from “Adult & Older Adult Full Services Partnership (FSP)” program as the contract with Caminar will no longer specifically require a particular number of adult consumers versus older adult consumers to be served. This change is being made because all the adult FSP programs—SCBH and CBO operated—serve consumers age 60 and over. SCBH will explore increasing funding to increase the program’s capacity to serve more consumers.

**Number of TAY Adults (18-25) served: 0**

**Number of Adults (26-59) served: 48**

**Number of Older Adults (60+) served: 19**

### *Success Story*

The consumer is a 59-year-old male diagnosed with Schizophrenia who started with the program 14 months ago. At intake he was very symptomatic and would not talk and often got out of socializing by stating that the voices were too much for him to handle in public. He was at risk of eviction due to his erratic behavior.

A new psychiatry provider recommended a medication change of which he was initially opposed to due to the requirement for routine blood work. With support from the treatment team, the consumer agreed to try the new medication. Program staff provided support regarding transportation for lab work. Today he has significantly improved his socialization skills, is talking more clearly, and is ready to resume his hobby of playing the piano. He has learned how to manage his symptoms, does well in the community, and is no longer at risk of eviction.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

**Agency Name:** Caminar, Inc.

**Title of Program:** Adult Homeless Outreach Motivation & Engagement (HOME) Full Service Partnership (FSP)

**Description of Program:**

The Caminar HOME FSP program provides intensive services for homeless seriously mentally ill consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, or involved with the criminal justice system. The program uses the “Housing First” model, “Wellness Recovery Action Planning” (WRAP), and the “Motivational Interviewing” model to meet consumers’ needs working towards residential stability and recovery. Program staff partner with local law enforcement departments and conduct outreach to homeless encampments and other locations that the homeless community congregate in order to identify and screen consumers who would benefit from FSP level services.

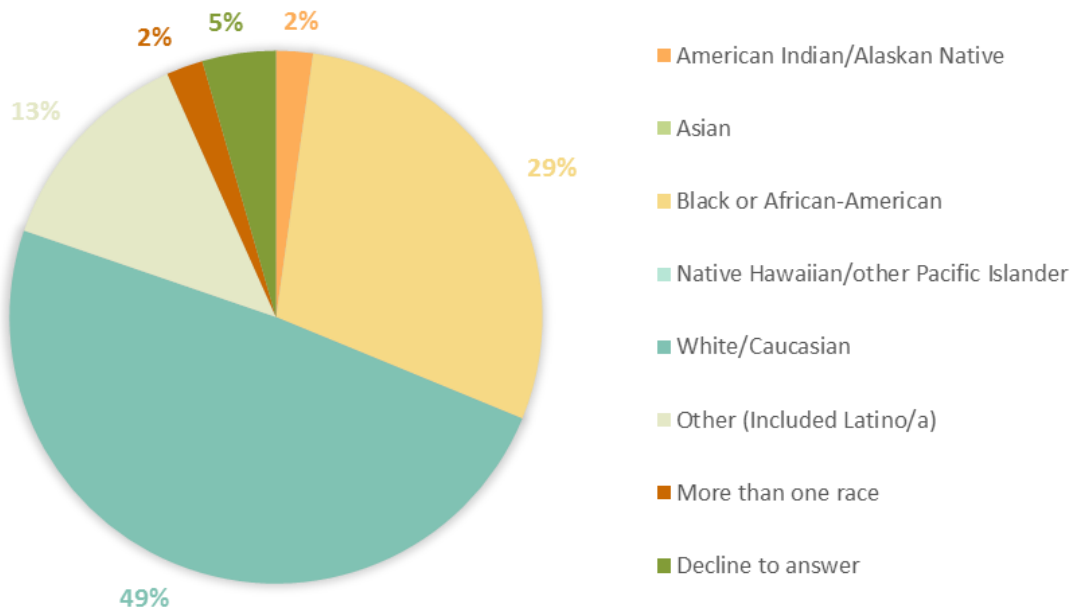
Performance Measures	
Unduplicated Individuals Served: 46	
Program Indicators	Annual Outcome
Maintain capacity to provide FSP services to 30-36 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	A total of 46 unduplicated consumers were served.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	20% (9) of consumers served were hospitalized
No more than 10% of program participants will have interactions with the legal system that result in an incarceration.	9% (4) of consumers served experienced an incarceration.
Once enrolled for six months, no more than 40% of the consumers will experience an episode of homelessness.	22% (10) of consumers served experienced an episode of homelessness.
15% of the consumers served will be stepped down or will graduate to lower level of care including a case management program, one of the adult psychiatry clinics, or another community-based organization.	9% (4) of consumers served were stepped down to appropriate services.
Financial Report	
Cost per person	\$15,109
Contract Amount FY 2018/19: <b>\$734,144</b>	Total Expenditures FY 2018/19: <b>\$695,034</b>

# COMMUNITY SERVICES & SUPPORTS

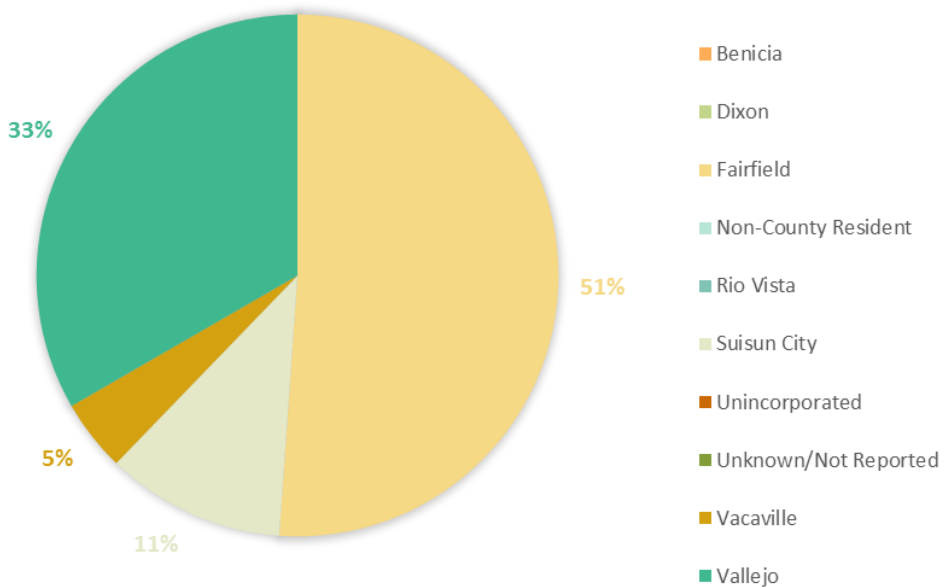
## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the HOME FSP program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name: Caminar HOME		Total Individuals Served: 46	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	4%	Mandarin	0%
26-59	84%	Other	0%
60+	11%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	2%	Tagalog	0%
Asian	0%	Unknown/Not Reported	0%
Black or African-American	29%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	0%	<b>City of Residence</b>	
White/Caucasian	49%	Benicia	0%
Other (Included Latino/a)	13%	Dixon	0%
More than one race	2%	Fairfield	51%
Decline to answer	4%	Non-County Resident	0%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	47%	Suisun City	11%
Female	53%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	0%
<b>Current Gender Identity</b>		Vacaville	4%
Male	47%	Vallejo	33%
Female	51%	<b>Ethnicity</b>	
Transgender	2%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	7%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	0%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	7%
Gay	0%	Hispanic or Latino/Decline to answer	0%
Lesbian	2%	African	28%
Heterosexual/straight	98%	Asian Indian/South Asian	0%
Bisexual	0%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	0%	European	2%
Decline to answer	0%	Filipino	0%
<b>Identify with any of these groups?</b>		Japanese	0%
LGBTQ	2%	Korean	0%
Involved with the legal system	0%	Middle Eastern	0%
Foster Care youth	0%	Vietnamese	0%
Decline to answer	0%	Other Non-Hispanic or Latino	53%
Not identify with any above	98%	More than one ethnicity	2%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	0%
Yes	0%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	100%	Difficulty seeing	0%
Decline to answer	0%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	0%
Cantonese	0%	Physical/mobility condition	0%
English	100%	Chronic health condition	0%
German	0%	No disability	100%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- This year Caminar FSP focused on full use of the ACT Model. This model encouraged the FSP staff to work more closely as a team, increased the degree of involvement of medical staff, and demonstrated greater flexibility as a team in support of consumers. Medical staff participated in all daily team meetings and provided services in the field. Daily team meetings enabled staff to close the gaps in services and better assist consumers, efficiently connecting them to needed services and community resources in a timely manner.
- The program assisted in the smooth transfer of consumers from two community programs that were closing without disruption in services.
- The program has hired qualified applicants who can support our diverse population, examples include: additional Case Managers who speak Spanish, Portuguese, and Hmong.
- Caminar provided training in “Life Orientations” (LIFO). LIFO is a methodology and framework that reveals a person’s behavioral and communication style. LIFO training is being implemented throughout Caminar at all levels of the organization.

### *Challenges & Barriers*

- The program was operating at nearly half staff for the first portion of FY but became fully staffed during the second portion of the year and has been able to serve many more consumers. Due to challenges with staff retention, Caminar secured an increase in contract funds to increase salaries in FY 2019/20.
- There is a lack of housing in the area which makes it extremely difficult to transition consumers to stable housing.
- Due to staffing issues the program did not have the bandwidth to outreach in the more rural communities. Increased efforts will be made to increase outreach in Rio Vista and Dixon.

### *Changes in FY19/20*

SCBH will explore increasing funding to increase the program’s capacity to serve more consumers.

### *Success Story*

The consumer is a 42-year-old female who experiences hallucinations, delusions, paranoia, depression and anxiety and had a history of self-injurious behavior and attempting suicide. She was homeless at intake and had been living in a temporary shelter and/or her car. The program provided intensive mental health services including supported housing and employment support services. The consumer gradually became medication compliant and learned coping skills and was able to utilize the Caminar resources to manage her mental health symptoms, obtain a stable housing situation, receive job training and become employed. She attended and received the Peer-to-Peer Counseling certification from SCBH and is now a full-time Registered Behavioral Technician. She exhibits a high level of self-confidence and ability to manage obstacles in her life and is planning to work on her bachelor’s degree in the near future.

**Number of TAY Adults (18-25) served: 4**

**Number of Adults (26-59) served: 38**

**Number of Older Adults (60+) served: 4**



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Forensic Assessment Community Treatment (FACT) Full Service Partnership (FSP)

**Description of Program:**

The FACT FSP Program serves adults with serious and persistent mental illness who are currently involved with the criminal justice/probation system and who have recently been released from a local jail and/or are incarcerated and pending imminent release to the community. Referrals come directly from the Courts or Probation.

### Program Performance Measures

Unduplicated Individuals Served: 110

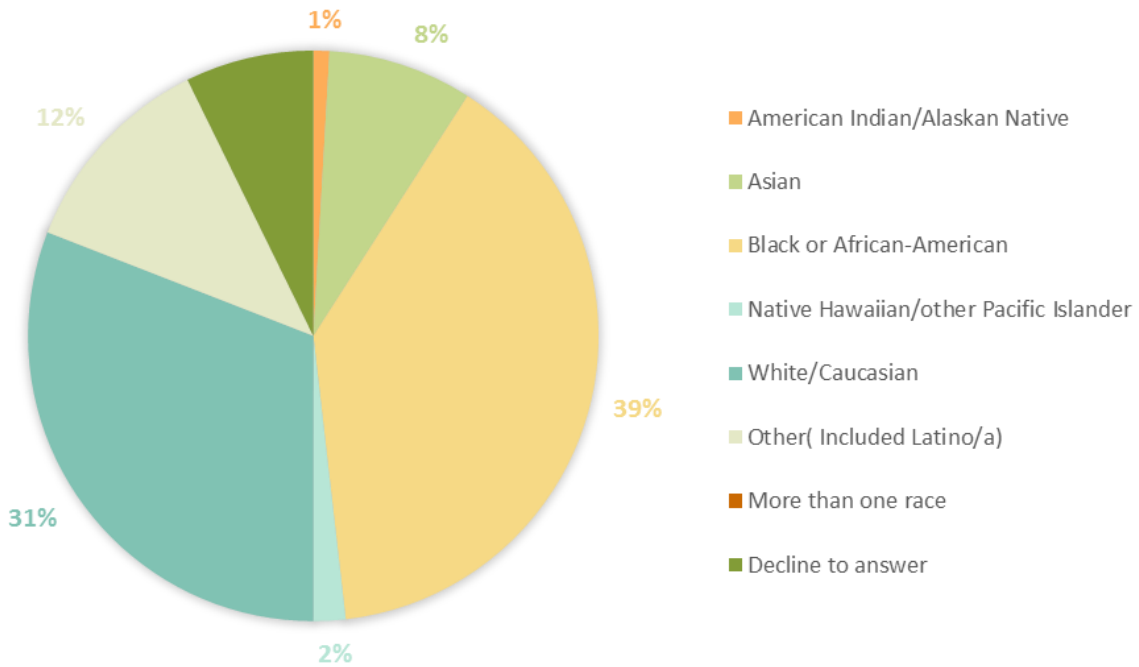
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	6% (7) of the consumers served were hospitalized 1 time; and 5% (6) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	1% (1) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	No consumers served experienced incidents of incarceration.
Financial Report	
Cost per Person	\$ 13,285
Budgeted Amount FY 2018/19: <b>\$1,430,059</b>	Total Expenditures FY 2018/19: <b>\$1,461,309</b>

# COMMUNITY SERVICES & SUPPORTS

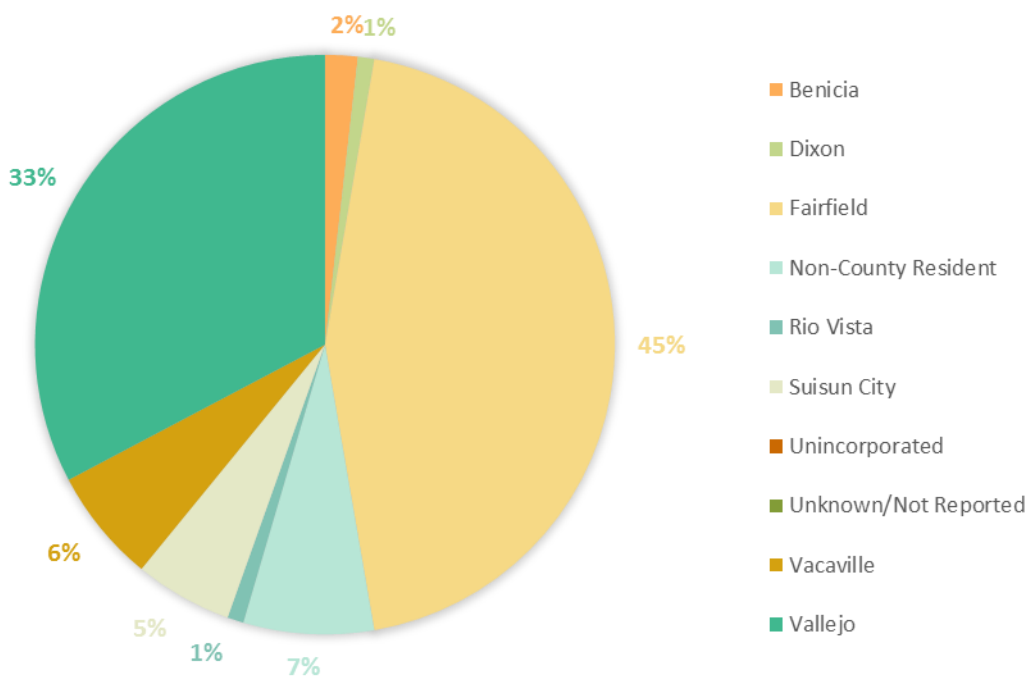
## FULL SERVICE PARTNERSHIPS

The following charts and table provide additional demographic data for the consumers served by the FACT FSP program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Program Name: SCBH FACT/AB109		Total Individuals Served: 110
<b>Age</b>		
0-5	0%	
6-15	0%	
16-25	20%	
25-59	75%	
60+	5%	
<b>Race</b>		
American Indian/Alaskan Native	1%	
Asian	8%	
Black or African-American	39%	
Native Hawaiian/other Pacific Islander	2%	
White/Caucasian	31%	
Other (Included Latino/a)	12%	
More than one race	0%	
Decline to answer	7%	
<b>Gender Assigned At Birth</b>		
Male	68%	
Female	32%	
Decline to answer	0%	
<b>Current Gender Identity</b>		
Male	68%	
Female	32%	
Transgender	0%	
Genderqueer	0%	
Questioning/unsure	0%	
Another gender identity (Included Two-Spirit)	0%	
Decline to answer	0%	
<b>Sexual Orientation</b>		
Gay	2%	
Lesbian	0%	
Heterosexual/straight	91%	
Bisexual	5%	
Questioning/unsure	1%	
Queer	0%	
Other/another sexual orientation	0%	
Decline to answer	1%	
<b>Veteran Status</b>		
Yes	2%	
No	98%	
Decline to answer	0%	
<b>Preferred Language</b>		
English	96%	
Spanish	1%	
Tagalog	0%	
Other Non-English	1%	
Not Reported	2%	
<b>Primary Language</b>		
American Sign Language (ASL)	0%	
Cantonese	0%	
English	98%	
German	0%	
Hindi	0%	
Ilocano	0%	
Japanese	0%	
Korean	0%	
Mandarin	0%	
Other	0%	
Other Indic (Indian) Language	1%	
Other Pacific Island Language	0%	
Spanish	1%	
Tagalog	0%	
Unknown/Not Reported	0%	
Vietnamese	0%	
<b>City of Residence</b>		
Benicia	2%	
Dixon	1%	
Fairfield	45%	
Non-County Resident	7%	
Rio Vista	1%	
Suisun City	5%	
Unincorporated	0%	
Unknown/Not Reported	0%	
Vacaville	6%	
Vallejo	33%	
<b>Ethnicity</b>		
Caribbean	0%	
Central American	0%	
Mexican/Mexican-American/Chicano	12%	
Puerto Rican	4%	
South American	0%	
Other Hispanic/Latino	6%	
Hispanic or Latino/Decline to answer	0%	
African	0%	
Asian Indian/South Asian	0%	
Cambodian	0%	
Chinese	0%	
Eastern European	0%	
European	0%	
Filipino	0%	
Japanese	0%	
Korean	0%	
Middle Eastern	0%	
Vietnamese	0%	
Other non-Hispanic/Latino	76%	
More than one ethnicity	0%	
Non-Hispanic or Latino/Decline to answer	2%	

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- The program has begun transitioning to an Assertive Community Treatment (ACT) evidence-based model which includes increased collaboration among team members, a wider breadth in service delivery, and an increased emphasis on vocational supports.
- Expanded target population to those with history of criminal justice involvement, not just current probationers, in order to serve more individuals who would benefit from the services.
- Staff are efficient at finding housing resources with the limited housing resources in the community due to having established relationships with housing operators which was leveraged to ensure consumers remained housed.

### *Challenges & Barriers*

- There were some adjustments made in order to implement the ACT model which included: adjustment of workflows and schedules, increased sharing of caseloads requiring more frequent and timely coordination with coworkers, and adjustments of roles within the team.
- Challenges with the Courts/Jails releasing FACT consumers late at night. The program continues to work with the Courts to educate the on benefits of coordinated release to specific mental health staff.
- Multiple changes in staff resulted in staff shortages at times. To address staff vacancies the following steps were taken: the Supervisor provided direct services and conducted assessments, the program leadership revisited with the team the FSP criteria and expectations regarding coordination of care which at times including being able to communicate limitations, and the team consulted more frequently in order to meet consumers' needs.

### *Changes in FY19/20*

During FY2019/20 the team from this program will be merged with the other county-operated adult FSP program for the purpose of developing a large fully functioning FSP in order to better adhere to the fidelity of the ACT model. The program will continue to have staff that specialize in working with the adult forensic mentally ill population. Additionally, SCBH is integrating its substance use disorder (SUD) staff with the mental health staff to promote integrated service delivery for consumers with co-occurring conditions. A staff member with SUD experience will be embedded with the FSP team.

**Number of TAY Adults (18-25) served: 22**

**Number of Adults (26-59) served: 82**

**Number of Older Adults (60+) served: 6**

### *Success Story*

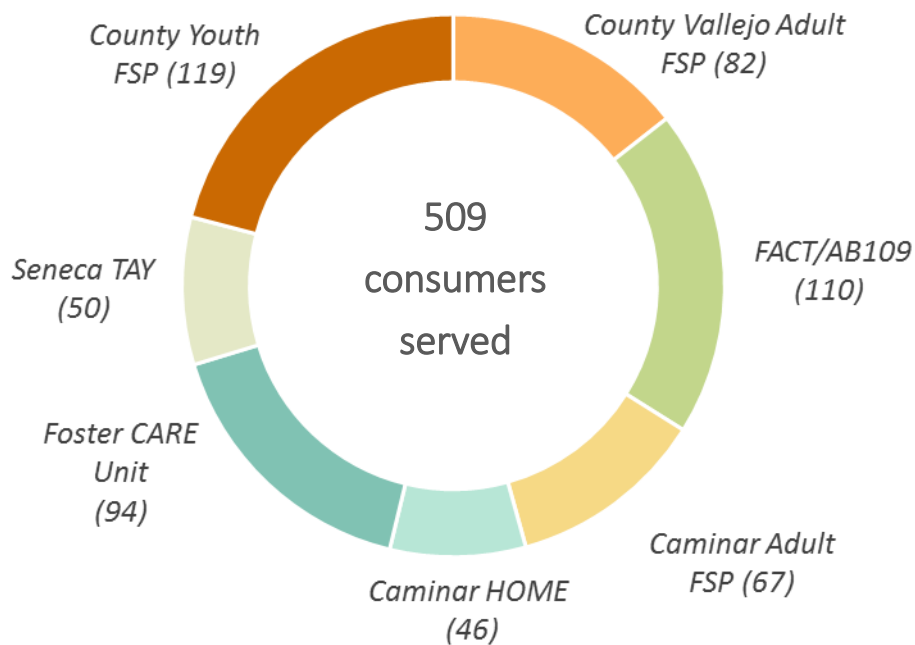
The program has been serving an African American young male who has a criminal history and has grown up in the foster care/group home system. He can become quite manic at times, which tends to be interpreted as threatening or dangerous. This factor combined with his young age and his race make him much more likely to be arrested. He has become receptive to exploration of these social factors and has worked with his case manager to identify ways to “survive” in his community and be less of a target. He struggles with basic life skills such as money management, planning, acquiring resources beyond immediate needs and has poor communication skills. He was hospitalized 3 times in a 6 month period and each time he collaborated with his providers as best he could to stabilize and advocate for himself with probation. Since starting the program, he has remained dedicated and open to learning to manage his own life, stopped engaging in petty criminal behaviors, set a goal to get a job and has been participating in his treatment, and demonstrates commitment to being more independent and self-sufficient.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

FSP System of Care	During Annual Period (7/1/2018—6/30/2019)					
	Consumers Served	Hospitalized 1 Time	Hospitalized 2 or More Times	Incarcerated	Experienced 1 Episode of Homelessness	Experienced Placement Loss (children/youth only)
Adults	302	14% (43)	6% (19)	11% (33)	13% (39)	N/A
Child/Youth	236	10% (26)	6% (16)	1% (3)	8% (22)	10% (27)

### FY18/19 TOTAL FSP CONSUMERS SERVED

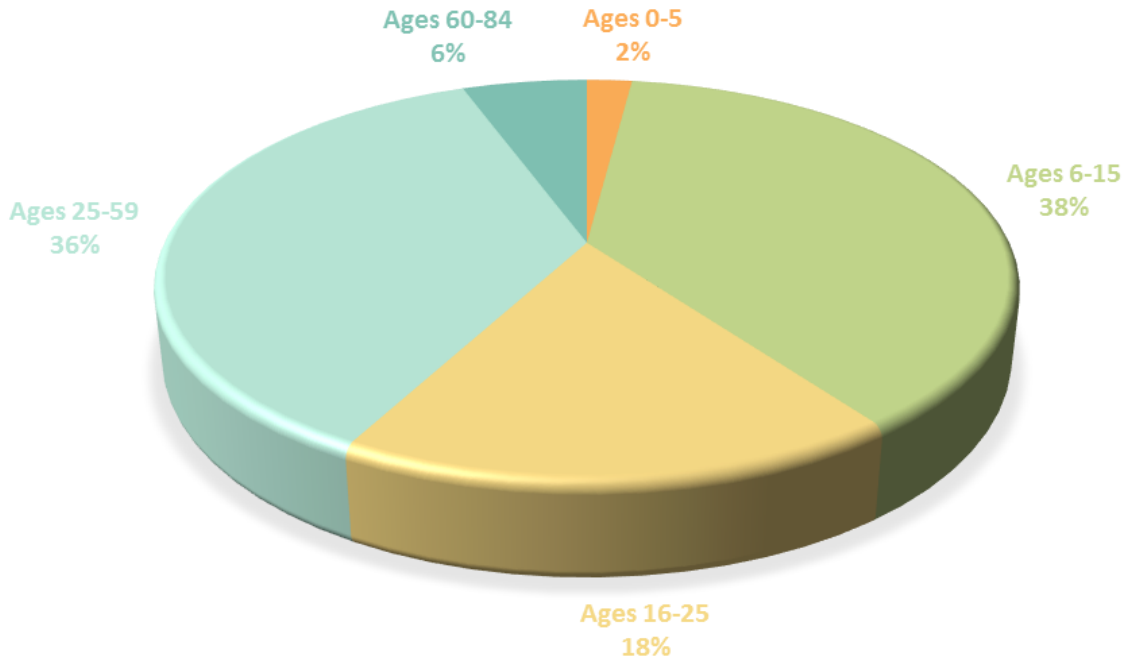


# COMMUNITY SERVICES & SUPPORTS

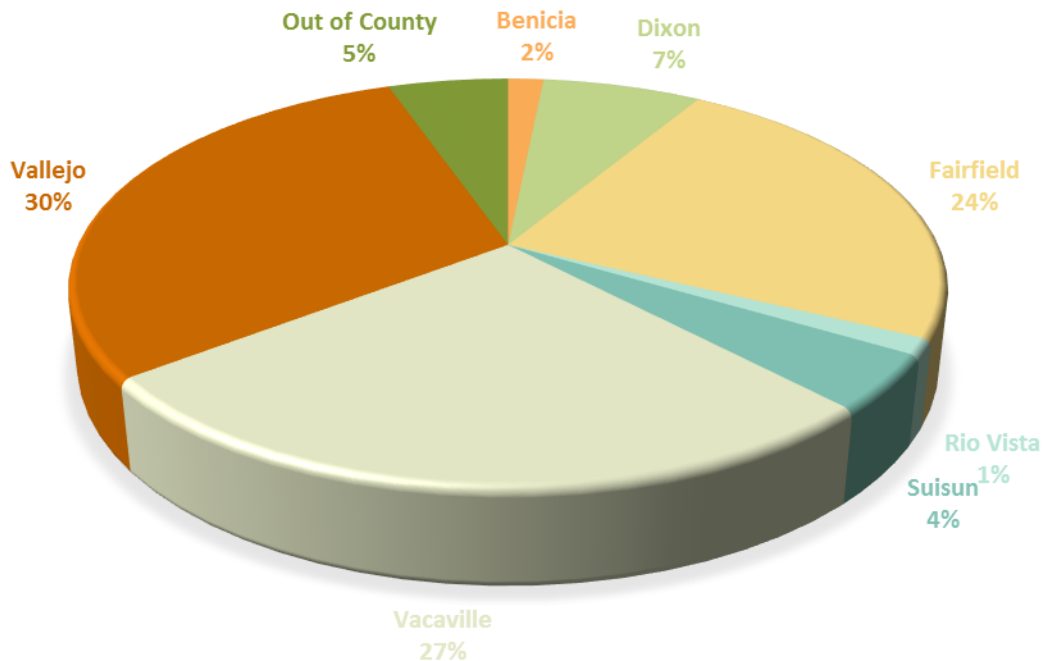
## FULL SERVICE PARTNERSHIPS

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### TOTAL FSP CONSUMERS SERVED: AGE



### TOTAL FSP CONSUMERS SERVED: CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT

In FY 2018/19 CSS General Systems Development (GSD) programming included the following strategies: Crisis Services and Supports; Wellness and Recovery Programming; Targeted System Supports; Mentally Ill Offender Programming; and MHSA Housing Supports.

### Crisis Services & Supports

#### Crisis Stabilization Unit—Contractor

**Agency Name:** Crestwood Behavioral Health, Inc.

**Title of Program:** Solano Crisis Stabilization Unit (CSU)

#### **Description of Program:**

Crestwood Behavioral Health Crisis Stabilization Unit (CSU) services, operates 24 hours a day, 7 days a week, for consumers experiencing an acute mental health crisis on either a voluntary basis or via a 5150 hold. The program provides crisis intervention, psychiatric evaluation and, linkage services in a milieu that is trauma-informed and recovery-oriented. Crestwood has created a therapeutic, homelike environment that is welcoming and inclusive.

Program Performance Measures	
Unduplicated Individuals Served: 1,101	
Program Indicators	Annual Outcome
Serve as Solano County’s Access Line after-hours (after 5pm to 8:30am daily) telephone services. To ensure quality of service, for the after-hour access calls. A least 90% of the test calls made will pass the threshold of meeting the state criteria.	A total of 20 after-hour test calls were made, with 80% (16) calls meeting the state criteria.
Provide linkage/referral services for at least 90% of the consumers being discharged to the community.	During FY 2018/19 there were 1,728 admissions to the CSU serving 1,101 unduplicated consumers. Starting in February of 2019 a new Avatar Discharge Disposition report was developed to track linkages from the CSU. Based on this report of the 140 consumers who were released to the community following the implementation of the report, 100% were referred to ongoing services and 79% of those consumers were successfully linked.
At least 70% of the consumers who complete the CSU <i>Consumer Satisfaction Survey</i> upon discharge will report overall satisfaction with the services by endorsing “agree” on question 6.	A total of 302 surveys were submitted and 94% (283) of consumers served endorsed overall satisfaction with services.
Financial Report	
Cost per person	\$3,665
Contact Amount FY 2018/19: <b>\$4,198,286</b>	Total Expenditures FY 2018/19: <b>\$4,034,646</b>

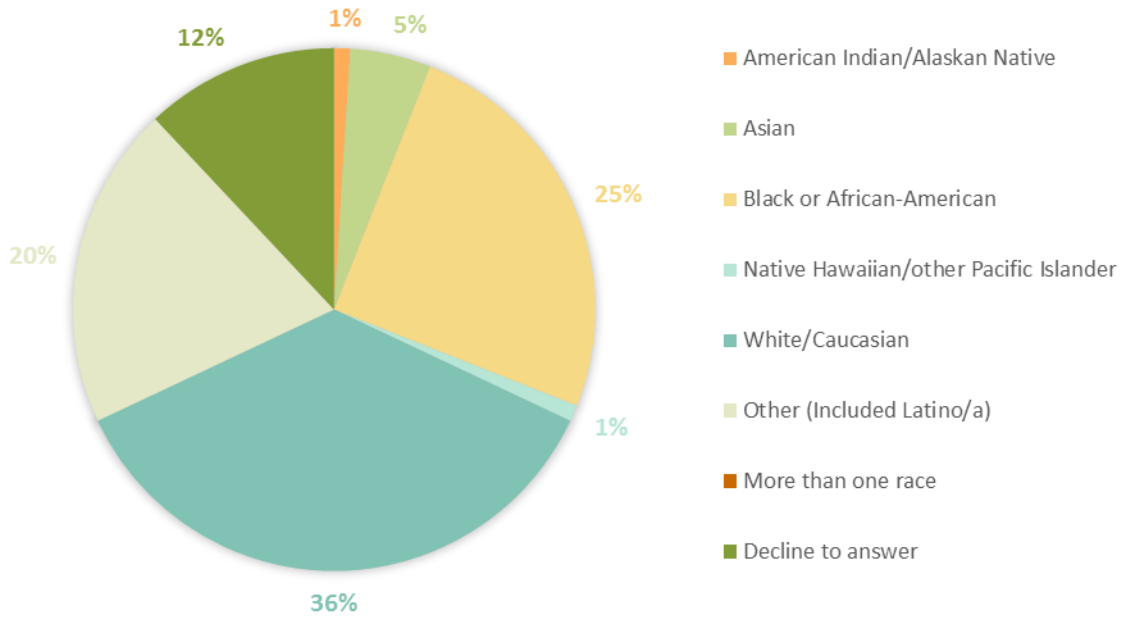


# COMMUNITY SERVICES & SUPPORTS

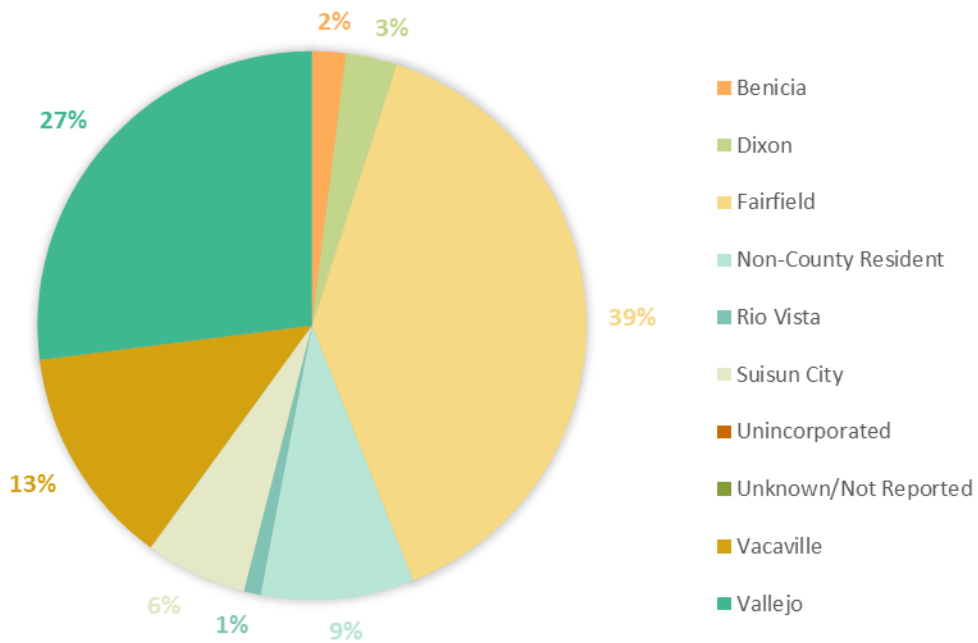
## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the CSU:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

Program Name: CSU		Total Individuals Served: 1,101 individuals demo collected	
<b>Age</b>		<b>Primary Language</b>	
0-15	13%	American Sign Language (ASL)	0%
16-25	25%	Cantonese	0%
26-59	58%	English	92%
60+	4%	German	0%
Decline to answer	0%	Hindi	0%
<b>Race</b>		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	5%	Korean	0%
Black or African-American	25%	Mandarin	0%
Native Hawaiian/other Pacific Islander	1%	Other	0%
White/Caucasian	36%	Other Indic (Indian) Language	0%
Other (Included Latino/a)	20%	Other Pacific Island Language	0%
More than one race	0%	Spanish	5%
Decline to answer	12%	Tagalog	1%
<b>Gender Assigned At Birth</b>		Unknown/Not Reported	2%
Male	54%	Vietnamese	0%
Female	46%	<b>City of Residence</b>	
Decline to answer	0%	Benicia	2%
<b>Current Gender Identity</b>		Dixon	3%
Male	52%	Fairfield	39%
Female	43%	Non-County Resident	9%
Transgender	0%	Rio Vista	1%
Genderqueer	0%	Suisun City	6%
Questioning/unsure	0%	Unincorporated	0%
Another gender identity	0%	Unknown/Not Reported	0%
Decline to answer	5%	Vacaville	13%
<b>Sexual Orientation</b>		Vallejo	27%
Gay	1%	<b>Ethnicity</b>	
Lesbian	1%	Caribbean	0%
Heterosexual/straight	79%	Central American	0%
Bisexual	6%	Mexican/Mexican-American/Chicano	16%
Questioning/unsure	1%	Puerto Rican	1%
Queer	0%	South American	0%
Other/another sexual orientation	1%	Other Hispanic or Latino	7%
Decline to answer	11%	Hispanic or Latino/Decline to answer	0%
<b>Veteran Status</b>		African	8%
Yes	3%	Asian Indian/South Asian	0%
No	96%	Cambodian	0%
Decline to answer	1%	Chinese	0%
<b>Preferred Language</b>		Eastern European	2%
English	93%	European	0%
Spanish	4%	Filipino	0%
Tagalog	0%	Japanese	0%
Other Non-English	0%	Korean	0%
Not reported	3%	Middle Eastern	0%
		Vietnamese	0%
		Other Non-Hispanic or Latino	68%
		More than one ethnicity	28%
		Non-Hispanic or Latino/Decline to answer	8%

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

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### *Highlights & Achievements*

- This year there was a focus on strengths-based and culturally responsive care including culturally sensitive communication and treatment of transgender consumers. The program has employees who speak Tagalog and Spanish, as well as access to immediate phone-based interpretation services.
- All staff have been trained in trauma-informed approaches and the team uses evidence-based practices such as Dialectical Behavior Therapy (DBT) and Wellness Recovery Action Plans (WRAP).
- The Crestwood CSU has hired staff that will best help support those that receive services; i.e. peers with lived experience, family partners, and employees with a specialty in chemical dependency.
- The program has made efforts to develop systems and relationships with local law enforcement as well as emergency departments of which 50% of the referrals come from.

### *Challenges & Barriers*

- This was the first full year of CSU services provided by Crestwood. As such the program experienced some challenges in terms of implementation including staffing challenges, and the development and training on policies and procedures to establish the desired program model with an eye on the employee culture as well.

### *Changes in FY19/20*

No changes planned.

**Number of Children (0-15) served: 140**

**Number of TAY Adults (16-25) served: 274**

**Number of Adults (26-59) served: 641**

**Number of Older Adults (60+) served: 46**

### **Success Story**

*A father of two pre-teen children presented at the CSU with a plan to end his life. He had been injured on the job and could no longer work in his preferred field. The stress had taken its toll on his marriage and he had decided to end his life. At admission he shared that he had written suicide notes to each of his children and wife. The CSU staff supported him through the crisis and were able to link him with services. There were support meetings with his wife and family and friends to provide education and resources for mental health. A team meeting with his family determined that it was safe to discharge him to their care with increased services. He contacted the CSU a couple of months later to thank the staff for their support and to let them know that he followed up on their treatment recommendations.*

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

### Relapse Prevention and Crisis Aftercare (Ages 18+)—Contractor

**Agency Name:** Bay Area Community Services (BACS)

**Title of Program:** Prevention Engagement Program (PEP)

**Description of Program:**

The PEP program serves adults who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the Crisis Stabilization Unit (CSU) or other emergency services. The program provides an average of 60-90 days of engagement and crisis after-care services including peer support, individual and group rehabilitation, therapy, linkage for basic needs including housing, general assistance, etc.

#### Program Performance Measures

Unduplicated Individuals Served: 171

Program Indicators	Annual Outcome
Decrease the psychiatric inpatient readmission rate for consumers served by the PEP program by 50%.	40% (12) unduplicated consumers were readmitted to psychiatric inpatient hospitals after engagement with the PEP program.
A minimum of 90% of the individuals served will receive SBIRT to assess for substance abuse and for those identified to have a substance abuse diagnosis 100% will be referred to the Solano County Substance Use Disorder Unit in order to be referred to a provider for more in-depth treatment.	A total of 136 consumers were admitted to the program and 82% (111) received the SBIRT screening at intake <sup>1</sup> .  A total of 55 unduplicated consumers identified as having a substance use disorder diagnosis and 84% (46) of those consumers were referred to Substance Use Disorder services.
80% of the consumers will show improvement based on <i>Partners for Change Outcome Management System (PCOMS)</i> outcome measure at point of re-administration of the tool compared to admission <i>PCOMS</i> .  At the request of the program the outcome measure was changed to the <i>Quality of Life (QoL) Scale</i> in January of 2019 to replace <i>PCOMS</i> as this tool was determined to not be a viable outcome measure for the short-term program.	A total of 35 unduplicated consumers received a follow-up <i>PCOMS</i> measures, and 37% (13) of these consumers showed improvement on the <i>PCOMS</i> .  A total of 32 unduplicated consumers received a post <i>QoL</i> measures, and 72% (23) of these consumers showed improvement on the <i>QoL</i> .
90% of consumers opened to the PEP program will attend a first appointment with a long-term mental health service provider prior to discharge from PEP program.	Of the 195 total discharges 83 were linked to ongoing mental health outpatient services, and of those 83% (69) attended a mental health appointment with a long-term provider prior to discharge from the program.

#### Financial Report

Cost per person	\$2,898
Contract Amount FY 2018/19: \$678,507	Total Expenditures FY 2018/19: \$495,560

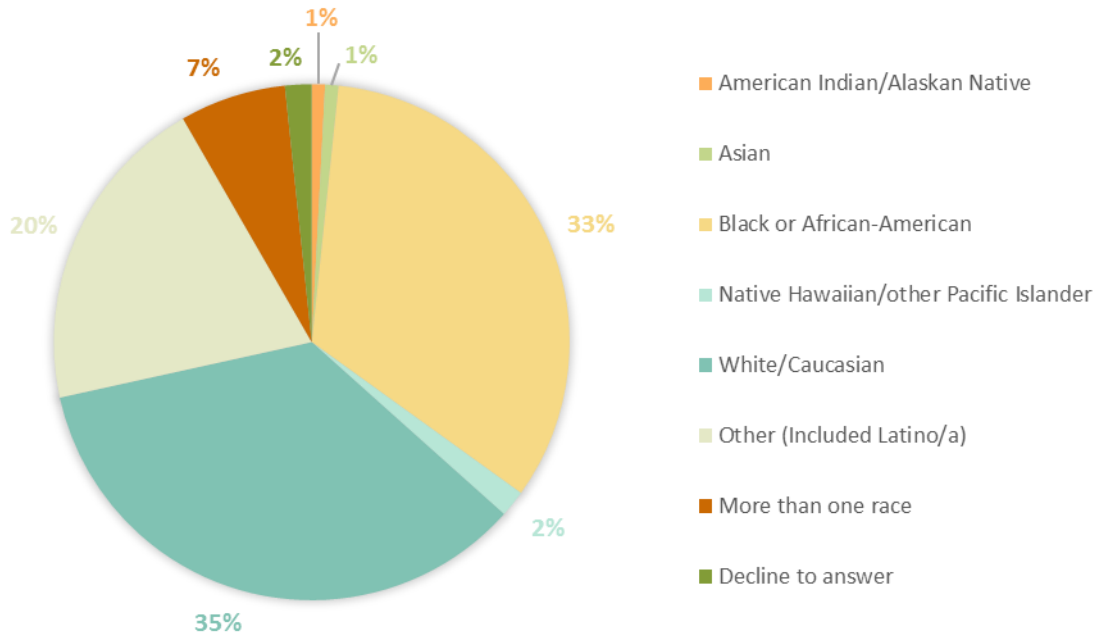
<sup>1</sup>The SBIRT is designed to be administered at intake or as needed. The program had a total of 170 unduplicated consumers admitted during the fiscal year. Thirty (30) consumers were in treatment the previous fiscal year and continued services into FY2018/19.

# COMMUNITY SERVICES & SUPPORTS

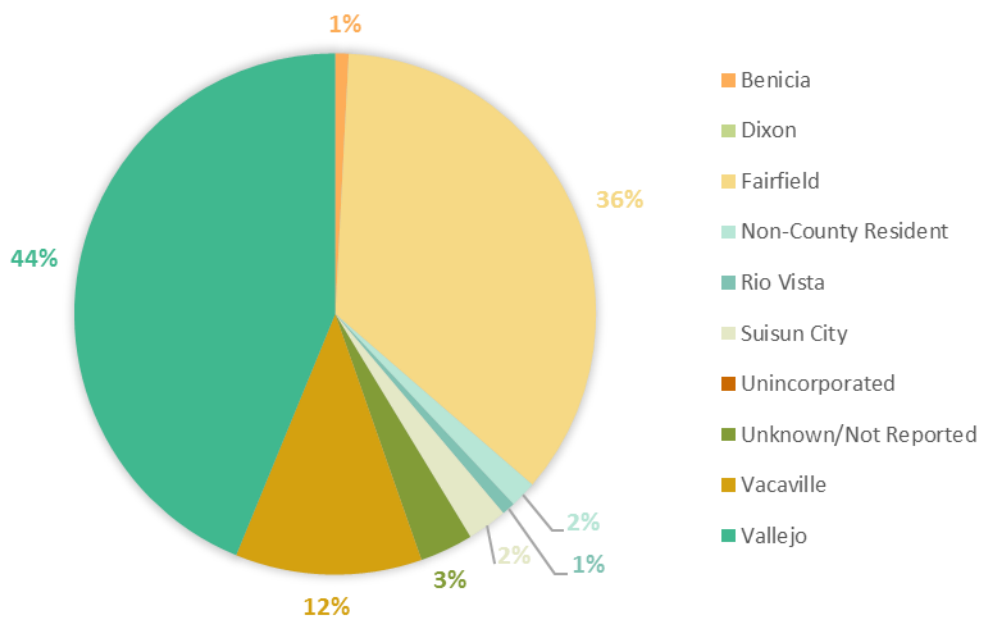
## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the PEP program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

Program Name:		Total Individuals Served:	
BACS-PEP		171	
Age		Primary Language	
0-15	0%	Korean	0%
16-25	13%	Mandarin	0%
26-59	75%	Other	0%
60+	12%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
Race		Spanish	1%
American Indian/Alaskan Native	1%	Tagalog	0%
Asian	1%	Unknown/Not Reported	0%
Black or African-American	33%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	2%	City of Residence	
White/Caucasian	35%	Benicia	1%
Other (Included Latino/a)	20%	Dixon	0%
More than one race	7%	Fairfield	36%
Decline to answer	2%	Non-County Resident	2%
Gender Assigned At Birth		Rio Vista	1%
Male	58%	Suisun City	2%
Female	42%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	3%
Current Gender Identity		Vacaville	12%
Male	55%	Vallejo	44%
Female	43%	Ethnicity	
Transgender	2%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	1%	Mexican/Mexican-American/Chicano	60%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	0%	South American	0%
Sexual Orientation		Other Hispanic or Latino	0%
Gay	1%	Hispanic or Latino/Decline to answer	10%
Lesbian	0%	African	0%
Heterosexual/straight	88%	Asian Indian/South Asian	0%
Bisexual	4%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	1%	European	0%
Decline to answer	6%	Filipino	10%
Identify with any of these groups		Japanese	0%
LGBTQ	0%	Korean	0%
Involved with the legal system	8%	Middle Eastern	0%
Foster Care youth	3%	Vietnamese	0%
Decline to answer	0%	Other Non-Hispanic or Latino	0%
Not identify with any above	88%	More than one ethnicity	10%
Veteran Status		Non-Hispanic or Latino/Decline to answer	10%
Yes	3%	Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness	
No	96%	Difficulty seeing	0%
Decline to answer	1%	Difficulty hearing/having speech understood	0%
Primary Language		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	1%
Cantonese	0%	Physical/mobility condition	2%
English	99%	Chronic health condition	3%
German	0%	No disability	94%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - CRISIS SERVICES & SUPPORTS

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### *Highlights & Achievements*

- The program leadership made efforts to increase staff training and support which resulted in quicker responses to referrals and better collaboration with partners.
- The program shifted to more appropriate caseloads and were able to increase the number of successful referrals to higher levels of care and warm handoffs to long-term providers.

### *Challenges & Barriers*

- The program did not receive referrals for particular marginalized communities; i.e. Filipino and or Latino, and some cities.
- The majority of the referrals were homeless consumers with many needs, in a system with limited resources available.

### *Changes in FY19/20*

BACS made the difficult decision to transition the PEP program and/or not apply for an impending Request for Proposals (RFP) for the crisis aftercare service due to challenges the program had experienced operating a crisis aftercare triage model within the current system of care and due to compliance challenges.

At the writing of this report SCBH has released an RFP to solicit a new vendor to provide crisis after care services for adult consumers. Going forward the name of this service will be changed from “Relapse Prevention and Crisis Aftercare” to “Crisis Aftercare and Relapse Prevention” to better emphasize that this is a short-term service intended for individuals who have recently had an acute crisis; i.e. either discharged from the CSU or an inpatient psychiatric facility.



### Update on Mobile Crisis Program

During the Community Program Planning process for the current MHSA Three-Year Plan the community endorsed the implementation of Mobile Crisis services, however due to concerns regarding a potential fiscal downturn that could have impacted both MHSA and non-MHSA funded County mental health programs, County Administration had taken a conservative stance in terms of implementing a new costly program. Since that time, Behavioral Health was approved to release a Request for Proposal (RFP), and did so in July of 2019. Unfortunately SCBH did not receive any bids for this service. The plan is to repost the RFP for Mobile Crisis services in October of 2019 in the hopes that there will a renewed interest in this service.



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

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### Wellness & Recovery Unit—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Wellness & Recovery Unit (WR Unit)

**Description of Program:**

WR Unit staff provide support, advocacy, peer counseling, mentoring, training, and for consumers and family members. The team provides peer consumer and family support groups across the county as well as education in the community to combat the stigma associated with mental health.

Program Performance Measures	
Unduplicated Individuals Served: 359	
Program Indicators	Annual Outcome
Facilitate consumer support groups throughout the County and provide 1:1 support (phone or in-person) for consumers.	320 consumer support groups were offered in the community with 191 unduplicated consumers.
Facilitate family support groups throughout the County and provide 1:1 support for families as needed.	320 family support groups were offered in the community with 52 unduplicated family member participants.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 26 trained PSS, from diverse backgrounds, providing support for consumers accessing services through the County system of care.
Financial Report	
Cost per person	\$1,935
Budgeted Amount FY 2018/19: <b>\$985,623</b>	Total Expenditures FY 2018/19: <b>\$694,547</b>

MHSA demographic information was not collected consistently throughout the FY. For FY 2019/20 the program will utilize data tracking tools provided to better track the demographics of those served.

**Highlights & Achievements**

- The team provided mentorship and support for three individuals who were eventually hired by SCBH as Peer Support Specialists (PSS).
- Offered a 2-week Peer Supported Learning (Peer employment certificate) Training to 12 Peers who completed this training – of which 3 who went on to apply and were hired as county PSS’s. Many of the rest of the participants joined the PSS volunteer group who will provide peer services in Solano County on a voluntary basis.
- Held quarterly Education Events in collaboration with various community agencies:
  - ◊ September 2018- SSI-SSDI Benefits Acquisition presentation – 34 participants
  - ◊ November 2018- “CrazyWise” film screening and discussion – 16 participants
  - ◊ March 2019 – Partnered with Vallejo Police Department for a panel discussion – 29 participants
- Continued to offer/provide both weekly Family and Peer Support groups in Fairfield, Vacaville and Vallejo. Monthly Family Support Groups were held in Rio Vista.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

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### *Highlights & Achievements (cont.)*

- Hired a Consumer Affairs Liaison in December 2018 – Working title changed to “Recovery and Resilience Liaison” (RRL).
- Team members collaborated with the local Tribal TANF agency, and the County MHSU Unit to provide the first Native American Educational Forum, “A Path Toward Healing” in Solano County, which addressed issues of mental health in Native American communities, cultural disparities, homelessness, and outreach services.

### *Challenges & Barriers*

- Consumer Affairs Liaison position was vacant for the first half of the FY which resulted in a gap in the provision of Peer Support groups.
- Discontinued the Vallejo WR Peer Support Group during CAL/RRL absence (approx. 3 months)

### *Changes in FY19/20*

The WR Unit began initiating qualitative measures with the ongoing consumer and family member support groups in order to better measure the impact these services are having.

### *Success Story*

Sarah is a Peer who has dealt with mental health issues her entire life, experiencing panic attacks, posttraumatic stress, impulse control issues, low self-esteem, daily depression, mood swings, and hallucinations. On her road to recovery, she utilized the services of Circle of Friends (COF), participated in on-going individual therapy, attended and became a member of NAMI, worked collaboratively with her probation officer for 5 years, attended NA meetings, received support from Jobs-Plus toward gainful employment as a case manager with Caminar, took Peer-to-Peer classes, and completed the Wellness Recovery Action Plan (WRAP) self-help group among other behavioral health and community services offered to help her to get and stay well. Approximately 3 years ago, Sarah joined the group of volunteer Peer Support Specialists offered by the WR unit and began taking PET courses and co-facilitating one of the weekly WR Peer Support groups. Since that time, Sarah completed 2 separate Peer Supported Learning/Employment Trainings and is a twice certified “Peer Support Specialist (PSS)”.

Now Sarah is a member of the Local Mental Health Advisory Board and has been hired as a County PSS Employee. Sarah believes that it takes a community to help peers and, “Peers must be able to receive the support that we need so that we are able to take personal risks toward recovery and not be afraid to lose our families or go back to jail. This way peers can learn how to live a better life by working with one another. I now work for Solano County helping others, doing what I love, and making a career out of it. I am resilient, always learning, and I have empathy and care about everyone!”



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

### Wellness & Recovery Centers (WRC) Programming—Contractors

**Agency Name:** Circle of Friends

**Title of Program:** Wellness & Recovery Center (WRC)

**Description of Program:**

The Circle of Friends, drop-in WRC, is 100% peer-operated and provides a safe and welcoming place for consumers who have a known mental illness. Staff members apply the principles of recovery to exemplify and promote hope, commitment, and action. The WRC in Fairfield operates 6 days per week (Monday thru Saturday) and a second satellite site operates in Vacaville 2 days per week (Wednesdays and Thursdays).

#### Program Performance Measures

**Unduplicated Individuals Served: 385**

Program Indicators	Annual Outcome
Provide wellness and recovery services to 350 unduplicated consumers through the Centers located in Fairfield and the Vacaville satellite site.	A total of 385 unduplicated consumers were served, of which 202 unduplicated individuals have attended a center site more than one time.
At least 85% of the consumers who attend the Center more than one time will have an active <i>Wellness and Recovery Action Plan (WRAP)</i> on file.	Of the 202 consumers who attended the Center more than one time, 85% (171) consumers had an active <i>WRAP</i> plan on file.
Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter. Recommended goal of 60%.	Of the 330 consumers who completed the intake and at least one follow-up <i>QoL Scale</i> , 65% (214) demonstrated either maintaining or improving their functioning.
50% of the consumers attending the Center regularly will participate in the vocational/employment services offered thru the Center. <ul style="list-style-type: none"> <li>Of the consumers who participate in the vocational/employment services offered thru the Center, 75% will serve in a volunteer position at the Center.</li> <li>Of the consumers who participate in the vocational/employment services offered thru the Center, 25% will secure a job outside of the Center.</li> </ul>	A total of 78% (157) unduplicated consumers participated in vocational/employment services.  74% (116) of the consumers became volunteers at the Center.  31% (49) of the consumers secured a job outside of the Center.

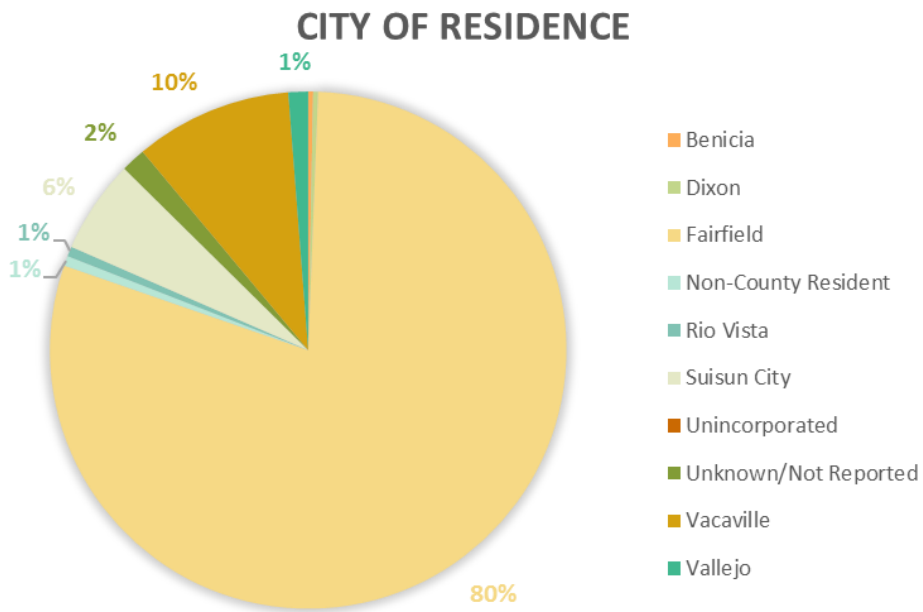
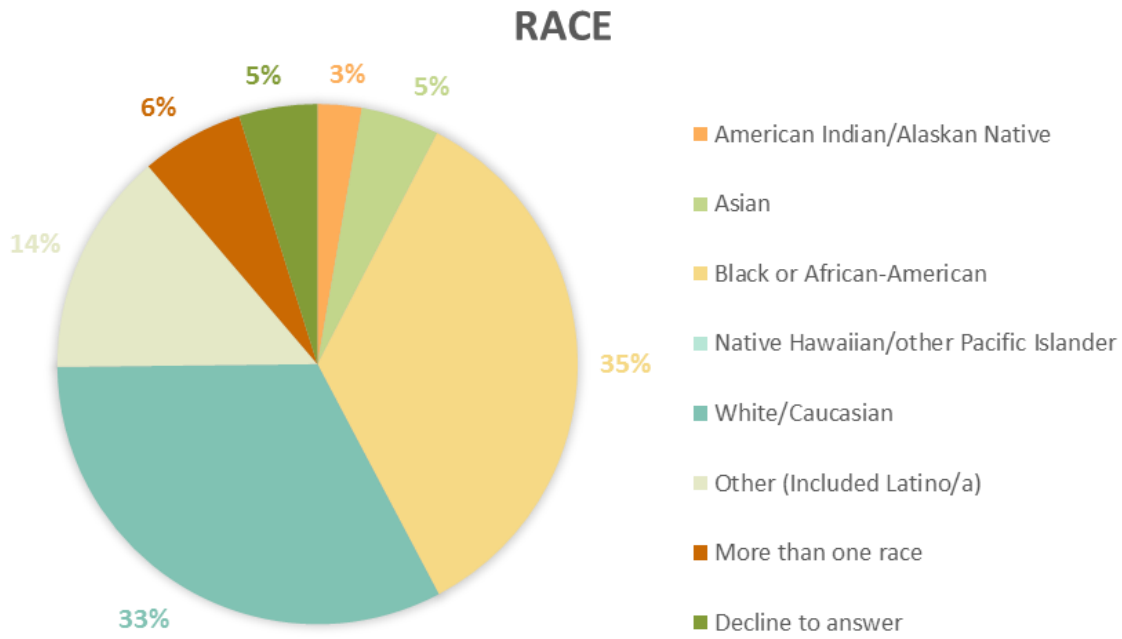
#### Financial Report

Cost per person	\$1,009
Budgeted Amount FY 2018/19: \$450,000	Total Expenditures FY 2018/19: \$388,783

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

The following charts and table provide additional demographic data for the consumers served by the Circle of Friends WRC:



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

Program Name:		Total Individuals Served:	
<b>Circle of Friends</b>		<b>327</b>	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	7%	Mandarin	0%
26-59	80%	Other	0%
60+	12%	Other Indic (Indian) Language	0%
Decline to answer	1%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	2%
American Indian/Alaskan Native	3%	Tagalog	1%
Asian	5%	Unknown/Not Reported	2%
Black or African-American	35%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	0%	<b>City of Residence</b>	
White/Caucasian	33%	Benicia	0%
Other (Included Latino/a)	14%	Dixon	0%
More than one race	6%	Fairfield	80%
Decline to answer	5%	Non-County Resident	1%
<b>Gender Assigned At Birth</b>		Rio Vista	1%
Male	49%	Suisun City	6%
Female	46%	Unincorporated	0%
Decline to answer	4%	Unknown/Not Reported	2%
<b>Current Gender Identity</b>		Vacaville	10%
Male	49%	Vallejo	1%
Female	46%	<b>Ethnicity: Hispanic or Latino</b>	
Transgender	0%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	2%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	5%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	11%
Gay	0%	Hispanic or Latino/Decline to answer	26%
Lesbian	1%	African	1%
Heterosexual/straight	41%	Asian Indian/South Asian	0%
Bisexual	2%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	1%	European	2%
Decline to answer	55%	Filipino	1%
<b>Identify with any of these groups</b>		Japanese	0%
LGBTQ	1%	Korean	0%
Involved with the legal system	1%	Middle Eastern	0%
Foster Care youth	0%	Vietnamese	0%
Decline to answer	31%	Other Non-Hispanic or Latino	13%
Not identify with any above	67%	More than one ethnicity	17%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	26%
Yes	2%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	93%	Difficulty seeing	7%
Decline to answer	5%	Difficulty hearing/having speech understood	4%
<b>Primary Language</b>		Other communication condition	1%
American Sign Language (ASL)	1%	Cognitive impairment (not including mental illness)	7%
Cantonese	0%	Physical/mobility condition	0%
English	94%	Chronic health condition	1%
German	0%	No disability	69%
Hindi	0%	Other disability	1%
Ilocano	0%	Decline to answer	8%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

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### **Highlights & Achievements**

- Circle of Friends encourages all peers to participate in any trainings that would benefit their recovery. Seven (7) peers who access Circle of Friends services participated in the Peer Supported Learning (Peer employment certificate) Training and were certified and then did their field work at the Center sites. The three (3) peers hired as PSS by SCBH were consumers from the Circle of Friends program.
- The program coordinated vocational training in the community in a restaurant and the Employment Specialist and the trainee worked at JJ's Fish-n-Chicken. It was a great experience for everyone. The program plans to expand the pool of local businesses willing to provide training sites and employment opportunities for peer consumers.
- Many of the peers are serving on various boards such as the Housing Board and local Mental Health Advisory Board (MHAB). Their positions on the boards allows them to bring information back to the Center regarding upcoming rentals or new initiatives to build housing, and participation on the MHAB provides a consumer peer voice to decision making regarding the mental health system of care.

### **Challenges & Barriers**

Not having diversified funding has continued to be a challenge for the agency. As such the program hired a consultant who is experienced in nonprofit grant writing and is working with agency leadership to strengthen the infrastructure and seek out other sources of funding.

### **Changes in FY19/20**

No changes planned.

## Success Story

*When "Mathew" (pseudonym) first came to Circle of Friends he was living in a room and board sharing a bedroom with five other men who were also dealing with mental health issues. He came to the center regularly and participated in the classes and workshops provided including taking one of the Certified Peer Specialist trainings offered. He developed his WRAP and began focusing on maintaining his wellness. He started volunteering daily and has learned how to utilize his lived experience to be a role model for his peers. Accessing the vocational training offered at the Center gave him the support needed in building his resume and practicing his soft skills. Mathew was hired into a position at the Center and now maintains his own apartment while managing his acute chronic mental health condition. He credits his success on being able to participate in a Wellness Center run by peers.*

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

**Agency Name:** Caminar, Inc.

**Title of Program:** Wellness & Recovery Center (WRC)

**Description of Program:**

The Caminar WRC provides a safe and welcoming place for consumers who have a known mental illness. Staff members at Center, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. The Caminar WRC in Vallejo operates 5- days per week (Monday thru Friday).

### Program Performance Measures

Unduplicated Individuals Served: 119

Program Indicators	Annual Outcome
Provide wellness and recovery services to a minimum of 90 unduplicated consumers through the Center located in Vallejo.	A total of 119 unduplicated consumers were served and of those 100% attended more than one time.
At least 85% of the consumers who attend the Center more than one time will have an active <i>Wellness and Recovery Action Plan</i> (WRAP) on file.	Of the 119 individuals who attended more than one time, 98% (117) had an active WRAP on file.
Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter. Suggested goal of 60%	Of the 91 individuals who were administered the quarterly <i>QoL</i> measure, 56% (51) individuals maintained or improved their functioning.
Financial Report	
Cost per person	\$2,930
Contract Amount FY 2018/19: <b>\$350,000</b>	Total Expenditures FY 2018/19: <b>\$348,753</b>

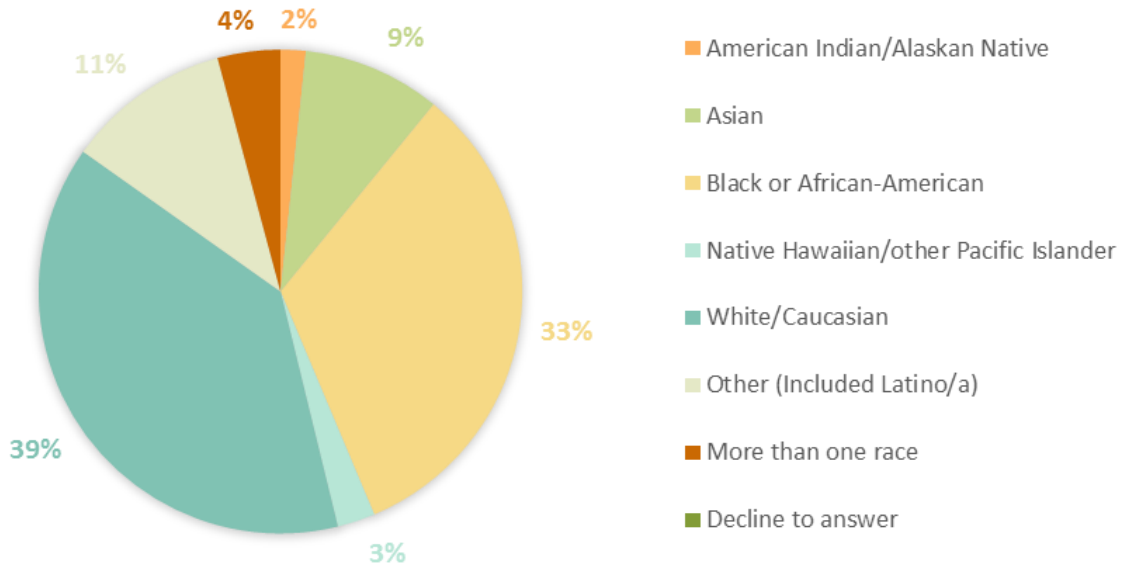


# COMMUNITY SERVICES & SUPPORTS

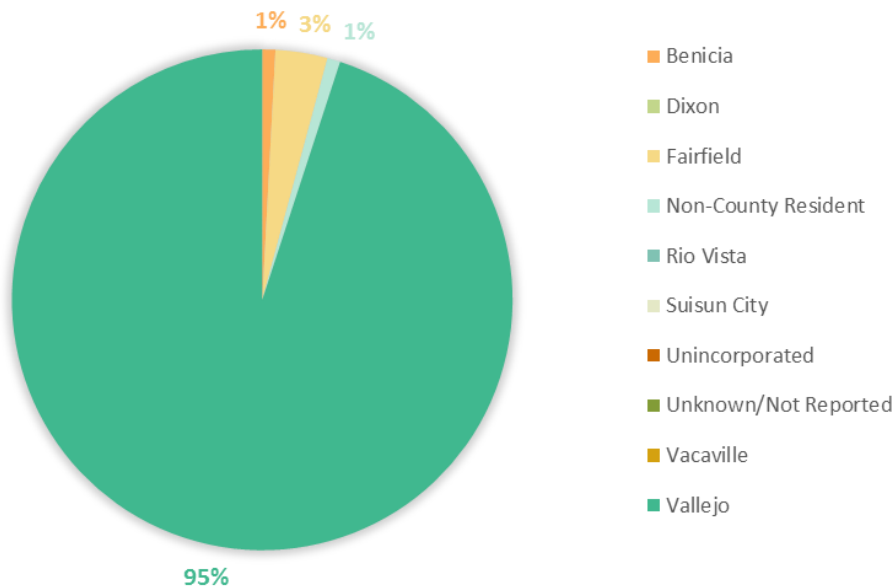
## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

The following charts and table provide additional demographic data for the consumers served by the Caminar WRC:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

Program Name: Caminar WRC		Total Individuals Served: 119	
Age			
0-15	0%		
16-25	3%		
26-59	80%		
60+	18%		
Decline to answer	0%		
Race			
American Indian/Alaskan Native	2%		
Asian	9%		
Black or African-American	33%		
Native Hawaiian/other Pacific Islander	3%		
White/Caucasian	39%		
Other (Included Latino/a)	11%		
More than one race	4%		
Decline to answer	0%		
Gender Assigned At Birth			
Male	76%		
Female	24%		
Decline to answer	0%		
Current Gender Identity			
Male	76%		
Female	24%		
Transgender	0%		
Genderqueer	0%		
Questioning/unsure	0%		
Another gender identity (Included Two-Spirit)	0%		
Decline to answer	0%		
Sexual Orientation			
Gay	0%		
Lesbian	0%		
Heterosexual/straight	99%		
Bisexual	0%		
Questioning/unsure	0%		
Queer	0%		
Other/another sexual orientation	1%		
Decline to answer	0%		
Identify with any of these groups			
LGBTQ	0%		
Involved with the legal system	0%		
Foster Care youth	0%		
Decline to answer	0%		
Not identify with any above	100%		
Veteran Status			
Yes	2%		
No	98%		
Decline to answer	0%		
Primary Language			
American Sign Language (ASL)	0%		
Cantonese	0%		
English	99%		
German	0%		
Hindi	0%		
Ilocano	0%		
Japanese	0%		
Primary Language			
Korean	0%		
Mandarin	0%		
Other	0%		
Other Indic (Indian) Language	0%		
Other Pacific Island Language	0%		
Spanish	1%		
Tagalog	0%		
Unknown/Not Reported	0%		
Vietnamese	0%		
City of Residence			
Benicia	1%		
Dixon	0%		
Fairfield	3%		
Non-County Resident	1%		
Rio Vista	0%		
Suisun City	0%		
Unincorporated	0%		
Unknown/Not Reported	0%		
Vacaville	0%		
Vallejo	95%		
Ethnicity: Hispanic or Latino			
Caribbean	0%		
Central American	0%		
Mexican/Mexican-American/Chicano	6%		
Puerto Rican	0%		
South American	0%		
Other Hispanic or Latino	7%		
Hispanic or Latino/Decline to answer	0%		
African	28%		
Asian Indian/South Asian	0%		
Cambodian	0%		
Chinese	2%		
Eastern European	1%		
European	1%		
Filipino	8%		
Japanese	0%		
Korean	0%		
Middle Eastern	0%		
Vietnamese	0%		
Other Non-Hispanic or Latino	38%		
More than one ethnicity	10%		
Non-Hispanic or Latino/Decline to answer	1%		
Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness			
Difficulty seeing	21%		
Difficulty hearing/having speech understood	6%		
Other communication condition	0%		
Cognitive impairment (not including mental illness)	7%		
Physical/mobility condition	8%		
Chronic health condition	7%		
No disability	50%		
Other disability	1%		
Decline to answer	0%		

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

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### *Highlights & Achievements*

- Group programming for the peer operated center increased to 3 each morning and offered topics such as a Morning Exercise, Positive Affirmations Reading, Seeking Safety, Dual Recovery, WRAP, Art and General Mental Health to name a few. Additionally, members shared current events over coffee, and prepared lunch together on a daily basis and ended each day with socialization activities.
- There was an emphasis put on health including nursing staff providing “Bridges to Wellness” educational groups focused on a variety of health and wellness concerns. Many participants reported improvements in their efforts to eat better and exercise more frequently and indicated feeling better as a result.
- Participants were referred to Caminar Jobs Plus employment program for assistance with job readiness skills.
- All of the peers who staff the Center reflect the cultural and linguistic preferences of those attend the Center.
- Caminar provided training in “Life Orientations” (LIFO). LIFO is a methodology and framework that reveals a person’s behavioral and communication style. LIFO training is being implemented throughout Caminar at all levels of the organization.

### *Challenges & Barriers*

Programming was reconstructed and there was an increased census on a daily basis. As a result, the Center increased the number of groups meeting at the same time so that participants had more choices of activities and groups throughout the week.

### *Changes in FY19/20*

No changes planned.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

### Employment Programming—State and Contractor

**Agency Name:** CA State Department of Rehabilitation (DOR) & Caminar, Inc.

**Title of Program:** Cooperative Employment Program

**Description of Program:**

SCBH and the Greater East Bay District of the Department of Rehabilitation (DOR) partnered to fund this employment program in order to provide employment services to individuals with severe and persistent psychiatric disabilities. Caminar Jobs Plus Program, a sub-contractor of DOR, provides the direct job development services. Referral primarily come from SCBH adult psychiatry clinics.

#### Program Performance Measures

**Unduplicated Individuals Served: 32** (July 2018-February 2019)

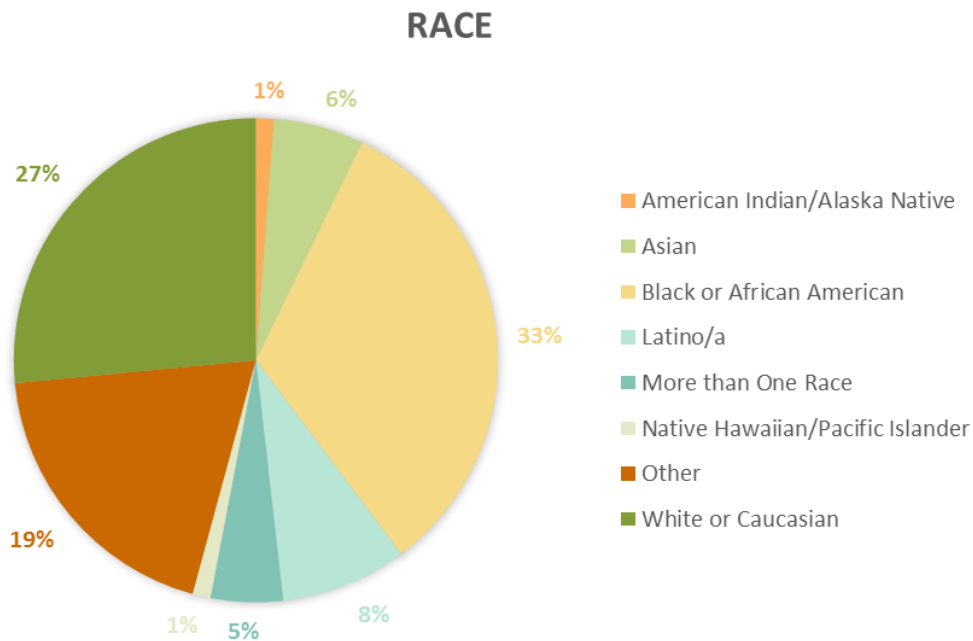
Program Indicators	Annual Outcome
During fiscal year 2018/19, 90 SCBH/DOR consumers shall receive pre-employment services.	32 consumers received employment services from July 1, 2018-February 28, 2019.
During FY 2018/19, at least 60 consumers who received pre-employment services will retain a job for a minimum of 90 days.	10 consumers were employed and 8 of those consumers maintained employment for at least 90 days.

#### Financial Report

Cost per person	<b>\$4,647*</b>
Contract Amount FY 2018/19: <b>\$162,235 MHSa funding and \$586,996 DOR funding</b>	Total Expenditures FY 2018/19: <b>\$148,715 MHSa funds</b> Based on July 1, 2018—February 28, 2019

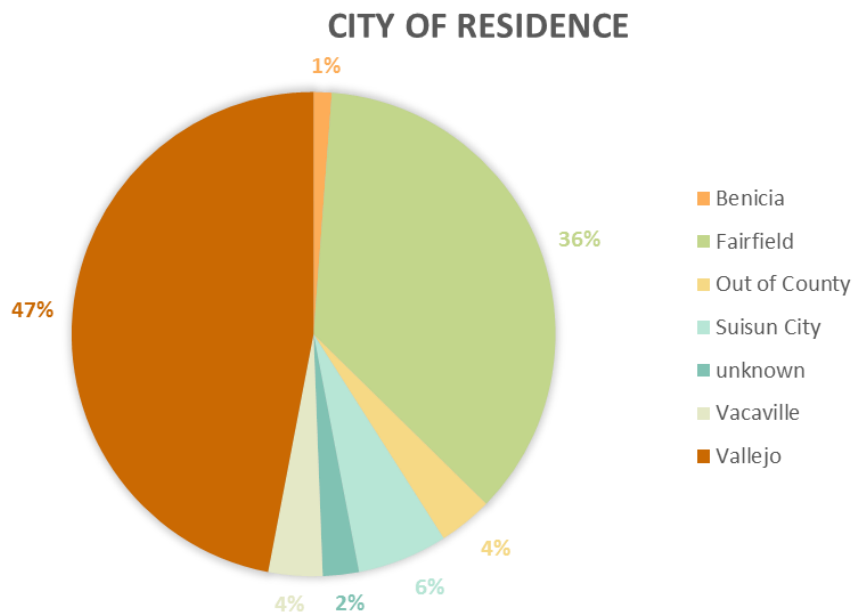
\*Cost per person reflects MHSa funding only

The following charts provide additional demographic data for the consumers served by the DOR Coop program:



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY



### ***Highlights & Achievements***

DOR, SCBH, and Caminar Jobs Plus staff met several times during the first half of the FY to collaboratively address the challenges with the referral workflow. At one point during the FY a plan was put in place to have the DOR Vocational Counselor co-locate in two of the SCBH adult psychiatry clinics to help streamline the referral and approval process.

### ***Challenges & Barriers***

- There were challenges with moving consumers from point of referral through the DOR eligibility process in order to be routed to the Caminar Jobs Plus team who provided the direct employment services resulting in poor program outcomes.
- The Co-op contract structure defined by DOR was not flexible in terms of providing pre-employment support for consumers with serious mental illness.

### ***Changes in FY19/20***

In January of 2019 SCBH made the difficult decision to terminate the contract with DOR to provide employment services. Services were provided through February of 2019 at which time SCBH contracted directly with Caminar to provide supportive employment services utilizing the Individual Placement and Support (IPS) evidence-based model geared towards individuals with serious mental illness.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

**Agency Name:** Caminar, Inc.

**Title of Program:** Jobs Plus

**Description of Program:**

Caminar Jobs Plus provides Supported Employment and Educational (SEE) services utilizing the Individual Placement and Support (IPS) evidence-based model for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment. Employment Specialists work closely with specific programs including the three SCBH adult psychiatry clinics, the two SCBH adult FSP programs and the two Caminar adult FSP programs to provide employment services in a collaborative manner.

### Program Performance Measures

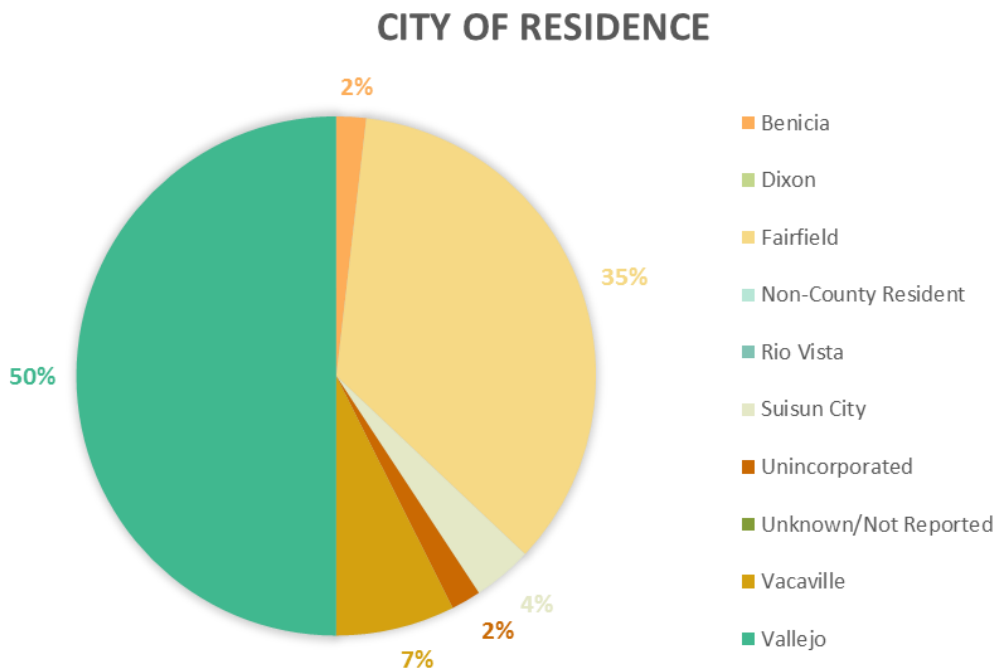
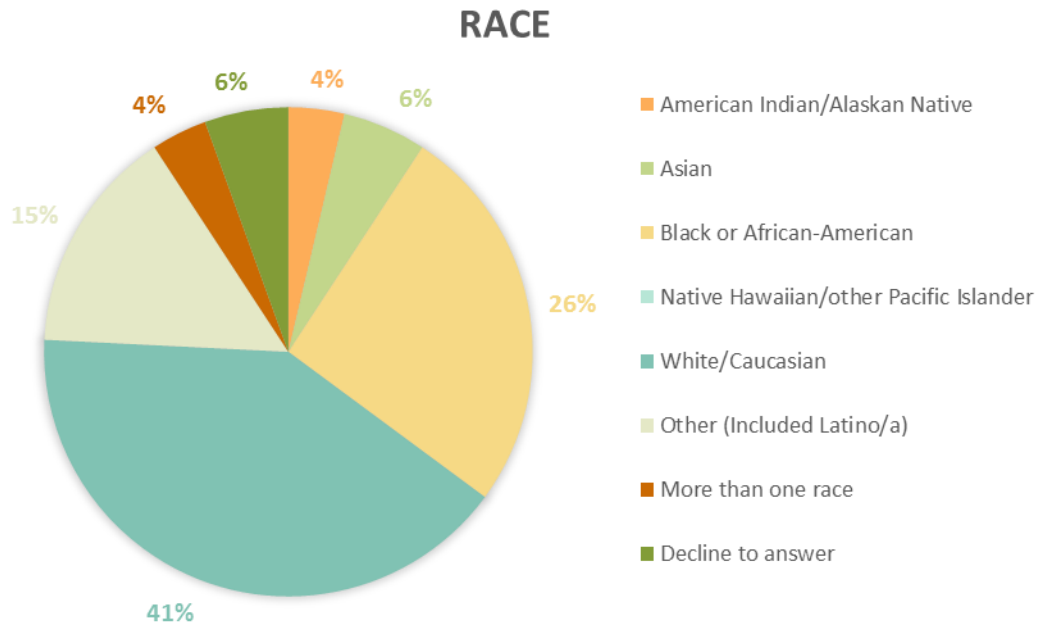
**Unduplicated Individuals Served: 59** (March 2019-June 2019)

Program Deliverables	Annual Outcome
Provide employment services for 120 consumers annually (prorated to 30 consumers for FY18/19 based on March 2019 contract start date) who will achieve a 50% or higher competitive employment rate.	59 consumers (12 existing consumers transferred from DOR Coop) received employment services and of these 34 consumers secured competitive employment.
75% of consumers served will demonstrate improvement on the <i>Temple University Community Inclusion Scale</i> .	No data available due to staff not having been trained on the scale during reporting period.
Of those consumers with education goals, at least 75% will enrolled in vocational/tech courses.	2 consumers identified with educational goals, and of these 100% (2) enrolled in vocational/tech courses.
A minimum of 25% of the consumers who secure employment will maintain employment for at least 90 days.	Of the 34 consumers who secured employment, 7 consumers were employed for 90 or more days during the reporting period and of those 100% (7) consumers maintained their employment for at least 90 days.
Financial Report	
Cost per person	<b>\$2,413</b>
Contract Amount FY 2018/19: <b>\$173,691</b>	Total Expenditures FY 2018/19: <b>\$142,362</b>

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

The following charts and table provide additional demographic data for the peer consumers served by Caminar Jobs Plus:





# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

Program Name: Caminar: Jobs Plus		Total Individuals Served: 54
<b>Age</b>		<b>Primary Language</b>
0-15	0%	Korean
16-25	17%	Mandarin
26-59	78%	Other
60+	6%	Other Indic (Indian) Language
Decline to answer	0%	Other Pacific Island Language
<b>Race</b>		Spanish
American Indian/Alaskan Native	4%	Tagalog
Asian	6%	Unknown/Not Reported
Black or African-American	26%	Vietnamese
Native Hawaiian/other Pacific Islander	0%	<b>City of Residence</b>
White/Caucasian	41%	Benicia
Other (Included Latino/a)	15%	Dixon
More than one race	4%	Fairfield
Decline to answer	6%	Non-County Resident
<b>Gender Assigned At Birth</b>		Rio Vista
Male	61%	Suisun City
Female	39%	Unincorporated
Decline to answer	0%	Unknown/Not Reported
<b>Current Gender Identity</b>		Vacaville
Male	61%	Vallejo
Female	39%	<b>Ethnicity</b>
Transgender	0%	Caribbean
Genderqueer	0%	Central American
Questioning/unsure	0%	Mexican/Mexican-American/Chicano
Another gender identity	0%	Puerto Rican
Decline to answer	0%	South American
<b>Sexual Orientation</b>		Other Hispanic or Latino
Gay	0%	Hispanic or Latino/Decline to answer
Lesbian	0%	African
Heterosexual/straight	44%	Asian Indian/South Asian
Bisexual	2%	Cambodian
Questioning/unsure	0%	Chinese
Queer	0%	Eastern European
Other/another sexual orientation	0%	European
Decline to answer	54%	Filipino
<b>Identify with any of these groups</b>		Japanese
LGBTQ	2%	Korean
Involved with the legal system	0%	Middle Eastern
Foster Care youth	0%	Vietnamese
Decline to answer	0%	Other Non-Hispanic or Latino
Not identify with any above	98%	More than one ethnicity
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer
Yes	4%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>
No	96%	Difficulty seeing
Decline to answer	0%	Difficulty hearing/having speech understood
<b>Primary Language</b>		Other communication condition
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)
Cantonese	0%	Physical/mobility condition
English	94%	Chronic health condition
German	0%	No disability
Hindi	0%	Other disability
Ilocano	0%	Decline to answer
Japanese	0%	

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - WELLNESS & RECOVERY

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### *Highlights & Achievements*

- In order to ready the system of care for the implementation of a new employment program, a training on the IPS evidenced-based model was provided for 40 providers in March of 2019. All of the Caminar Jobs Plus program staff participated in this training and continue to engage in coaching meetings with the trainer. The program is following the fidelity of the model in terms of staff/consumer ratios.
- Utilizing the IPS model, consumers have been placed in jobs more rapidly and positions were considered competitive employment.
- Per the IPS model program staff engage more frequently with at least 6 employers per week, which allows them to build rapport and identify positions available for consumers.
- The program hired a bilingual Peer Specialist and a bilingual Employment Specialists which has resulted in the program being better able to support Spanish-speaking consumers.

### *Challenges & Barriers*

Due to an influx in referrals there is currently a waitlist for employment services. The IPS model includes a cap on caseloads for Employment Specialists.

### *Changes in FY19/20*

During the Annual Update Community Program Planning process, the need for increased employment services—particularly for transition aged youth—was identified. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need.

### *Success Story*

The consumer had been served under the DOR Co-op and transferred to the new IPS program. While under the DOR Co-op model the consumer had identified a desire to secure an administrative position and had not been successful in securing a job. She suffered from major depression and her mental health began to decline when she was not able to find employment she wanted. Under the new IPS model, there was more flexibility to change employment goals often at the consumer's request. Eventually the consumer identified a desire to work in early childhood education. The consumer eventually secured a position as babysitter in May and is still employed which represents the longest period of employment in several years. She loves her job, loves working with kids and has expressed a desire to go back to school to study early childhood development. She has shared that when she is working with kids it alleviates her depressive symptoms and that the kids' happy and innocent nature make her feel happy.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

### Adult Psychiatry Clinic “On-Duty” Staff Support—County

**Agency Name:** Solano County Behavioral Health (SCBH)

**Title of Program:** Integrated Care Clinic On-Duty Staff

**Description of Program:**

Each of the three, SCBH-operated, regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville provide primarily medication services to adults who have been diagnosed with a serious mental health condition. Each clinic employs a Mental Health Specialist who is assigned the “On Duty” (OD) role, primarily focused on providing crisis intervention and emergent case management for consumers to address basic needs such as food, clothing and shelter. OD staff provide linkages to Patients Benefits Specialist as well as linking consumers to other vital resources such as Employment & Eligibility Services (CalFresh), local shelters, etc.

#### Financial Report

Number of Consumers Served: **504**

Cost Per Consumer: **\$586**

### Bi-Lingual Services for Children and Youth—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Bilingual Services for Children and Youth

**Description of Program:**

MHSA funding is used to increase bi-lingual services to improve mental health access to Latino and monolingual Spanish-speaking children and youth by supporting at least three bilingual providers to be assigned to any of the three County-operated Children’s regional clinics; Vallejo, Fairfield or Vacaville, and/or Access.

#### Financial Report

Number of Consumers Served: **76**

Cost per Person: **\$3,034**

### Changes in FY19/20

SCBH is making efforts to recruit more bilingual staff—including both Spanish-speaking and Tagalog-speaking—to serve the underserved Latino and Filipino communities. During the Annual Update Community Program Planning process, the need for increased bilingual staff to serve both children and adult consumers was identified. SCBH, in partnership with the MHSA Steering Committee, will explore how best to meet the identified need. Going forward this MHSA funded strategy will be renamed “System-wide Bilingual Services” in order to allow for hiring bilingual staff to serve both children and adult consumers.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

### CARE Clinic—Contractor

**Agency Name:** Child Haven

**Title of Program:** Solano Comprehensive Assessment Research and Evaluation (CARE) Clinic

**Description of Program:**

The CARE clinic, delivered by a community-based provider, offers an intensive ten-week, daily menu of services for consumers ages 2-6 years of age (up to 7<sup>th</sup> birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges, utilizing the Comprehensive Assessment Research and Evaluation (CARE) model. The Solano County Special Education Local Plan Area (SELPA) also refers children to the program and fully funds the children they refer.

#### Program Performance Measures

Unduplicated Individuals Served: 20 MHSA funded

Program Indicators	Annual Outcome
Annually provide 4 intensive ten-week cohorts, four-hours per day, with a menu of services for consumers utilizing the CARE multidisciplinary model and serve a maximum of 30 unduplicated children.	A total of 4 cohorts were conducted, with 16 unduplicated children (MHSA funded) completing a ten-week cohort. There were an additional 4 consumers who started the program but did not complete it.
80% of the children who complete the CARE Clinic will demonstrate improvement on the <i>Child Behavior Checklist (CBCL)</i> as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	The <i>CBCL</i> was completed for 16 children, of which 100% (16) demonstrated improvement.
80% of the children and families who complete the CARE Clinic will demonstrate improved child/parent interactions as evidenced by a decrease in the T-score for both the intensity and problem scales on the <i>Eyberg Child Behavior Inventory (ECBI)</i> .	81% (13) of the children demonstrated improved child/parent interactions per the intensity and problem scales on the <i>ECBI</i> .
80% of the children who complete the CARE Clinic will successfully transition back to a school or daycare setting and will remain in the setting for 30 days or more.	100% (16) children successfully transitioned back to school and remained in the setting for 30 days or more.

#### Financial Report

Cost per person	\$28,154
Contract Amount FY 2018/19: \$996,270	Total Expenditures FY 2018/19: \$591,232

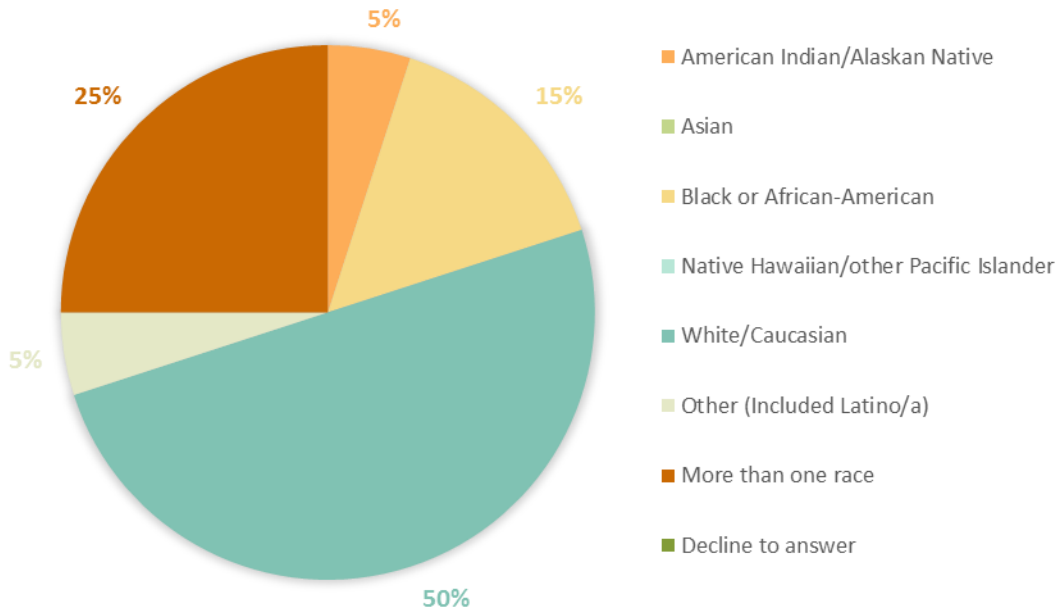
# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

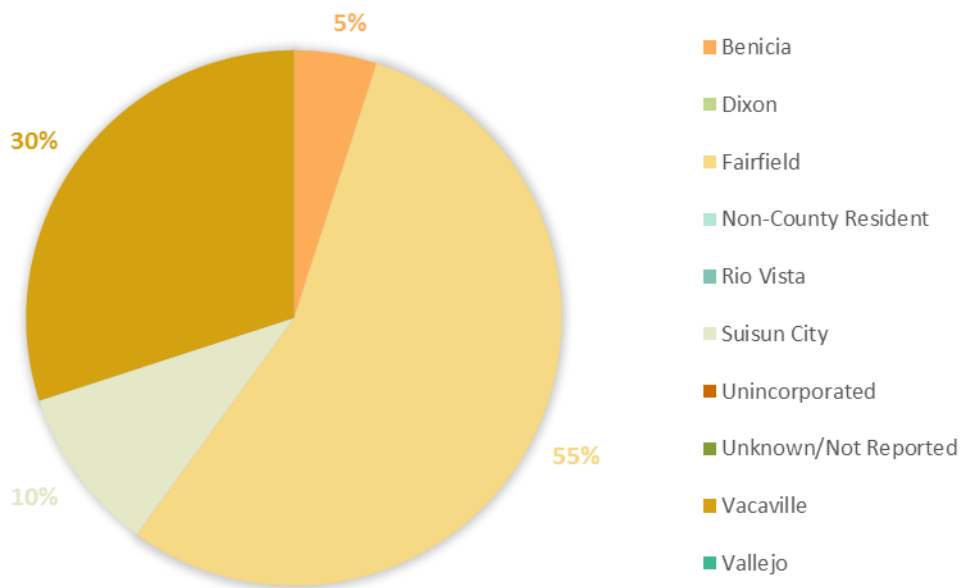
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The following charts and provide additional demographic data for the consumers served by the CARE program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

Program Name:		Total Individuals Served:	
<b>Child Haven CARE</b>		<b>20</b>	
<b>Age</b>		<b>Primary Language</b>	
0-15	100%	Korean	0%
16-25	0%	Mandarin	0%
26-59	0%	Other	0%
60+	0%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		<b>City of Residence</b>	
American Indian/Alaskan Native	5%	Benicia	5%
Asian	0%	Dixon	0%
Black or African-American	15%	Fairfield	55%
Native Hawaiian/other Pacific Islander	0%	Non-County Resident	0%
White/Caucasian	50%	Rio Vista	0%
Other (Included Latino/a)	5%	Suisun City	10%
More than one race	25%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	0%
<b>Gender Assigned At Birth</b>		<b>Ethnicity</b>	
Male	75%	Caribbean	0%
Female	25%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	15%
<b>Current Gender Identity</b>		<b>Other Hispanic or Latino</b>	
Male	70%	Hispanic or Latino/Decline to answer	0%
Female	25%	African	4%
Transgender	0%	Asian Indian/South Asian	0%
Genderqueer	0%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Another gender identity	0%	Eastern European	0%
Decline to answer	5%	European	15%
<b>Sexual Orientation</b>		<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
Gay	0%	Difficulty seeing	0%
Lesbian	0%	Difficulty hearing/having speech understood	22%
Heterosexual/straight	85%	Other communication condition	13%
Bisexual	0%	Cognitive impairment (not including mental illness)	30%
Questioning/unsure	0%	Physical/mobility condition	9%
Queer	0%	Chronic health condition	0%
Other/another sexual orientation	0%	No disability	26%
Decline to answer	15%	Other disability	0%
<b>Identify with any of these groups</b>		<b>Decline to answer</b>	
LGBTQ	0%		0%
Involved with the legal system	5%		
Foster Care youth	0%		
Decline to answer	10%		
Not identify with any above	85%		
<b>Veteran Status</b>			
Yes	0%		
No	100%		
Decline to answer	0%		
<b>Primary Language</b>			
American Sign Language (ASL)	0%		
Cantonese	0%		
English	100%		
German	0%		
Hindi	0%		
Ilocano	0%		
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

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### *Highlights & Achievements*

- The program made concentrated efforts are outreach which resulted in increased referrals and enrollments.
- Hired a bilingual Spanish-speaking Behavioral Intervention Specialist.
- The program reported good staff retention due to support from agency leadership, having a family-oriented culture, and strong communication within the agency.
- Staff were trained in the “Triple P” evidence-based practice which was used during the 30 days aftercare follow-up services with parents/caregivers.
- The Help-Me-Grow Solano phone line was a great referral source.

### *Challenges & Barriers*

- Transportation was a barrier for some families that did not live in central Solano.
- There was a shortage of referrals for the first two cohorts of the year.

### *Changes in FY19/20*

Due to underspending as a result of the program serving more SELPA-funded consumers the total annual contract amount was reduced from \$996,270 to \$596,270.

### *Success Story*

“Charles” (pseudonym), a 3-year-old boy, received a developmental screening which revealed speech delays, fine motor skills delays, and social/emotional disturbance. He had already been kicked out of one daycare setting because of aggressive behaviors. His mother reported experiencing stress in their household and in public settings due to his behaviors and was feeling very defeated and exhausted. From the results of the initial screening, Charles was referred to Child Haven’s CARE Clinic, and while in the program, he received interventions to address his aggression and socialization problems as well as supports to address communication and fine motor delays. At the same time, his mother received parenting support and education through weekly parent groups. Both Charles and his mother participated in Parent-Child Interaction Therapy (PCIT) to develop their relationship building skills. After completing the 10-week CARE Clinic program, Charles is expected to attend transitional-kindergarten this Fall. He is doing much better at home, and still has some challenging behaviors from time to time, but not as intense. He can now communicate his needs more effectively.



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

### Foster Child and Family Services—County and Contractors

*New Program FY 2018/19*

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Foster Care Treatment Unit (FCTU) CANS Assessors

**Description of Program:**

The goal of the initiative to fund two solely dedicated FCTU Clinicians to conduct Child and Adolescent Needs and Strengths (CANS) assessments for all foster youth is to identify mental health and other social service needs for all foster youth entering the Solano County Child Welfare System. This initiative represents a collaboration between Behavioral Health and Child Welfare Services (CSW) and meets a state mandate for CWS.

#### Financial Report

Number of Consumers Served: **259**

Cost per Person: **\$482**

**Agency Name:** Child Haven and Aldea Children & Family Services

**Title of Program:** EPSDT Contract Expansion to Serve Foster Children/Youth

**Description of Program:**

Per the current MHSa Three-Year Plan, MHSa funds were allocated to expand EPSDT contracts for two community-based organizations who provide comprehensive services for children/youth who are currently involved with the Child Welfare system. This strategy was included to ensure system capacity to respond to AB 1299 and the Continuum of Care Reform (CCR) to child welfare services including mental health services for children/youth in foster care. MHSa funds will only be utilized if the vendor reaches their original contract cap.

#### Financial Report

Total MHSa funding used:

**\$400,000**

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

**Agency Name:** Seneca Family of Agencies

**Title of Program:** Katie A. Services (KAS) Program

**Description of Program:**

The KAS Program provides outpatient mental health services for children and adolescents ages 6-21 (up to 21<sup>st</sup> birthday), with targeted population of individuals have identified as the Katie A sub-class or referred by Solano County Child Welfare or Behavioral Health. A particular emphasis is placed on building the child's natural supports which is vital for children involved with the child welfare system.

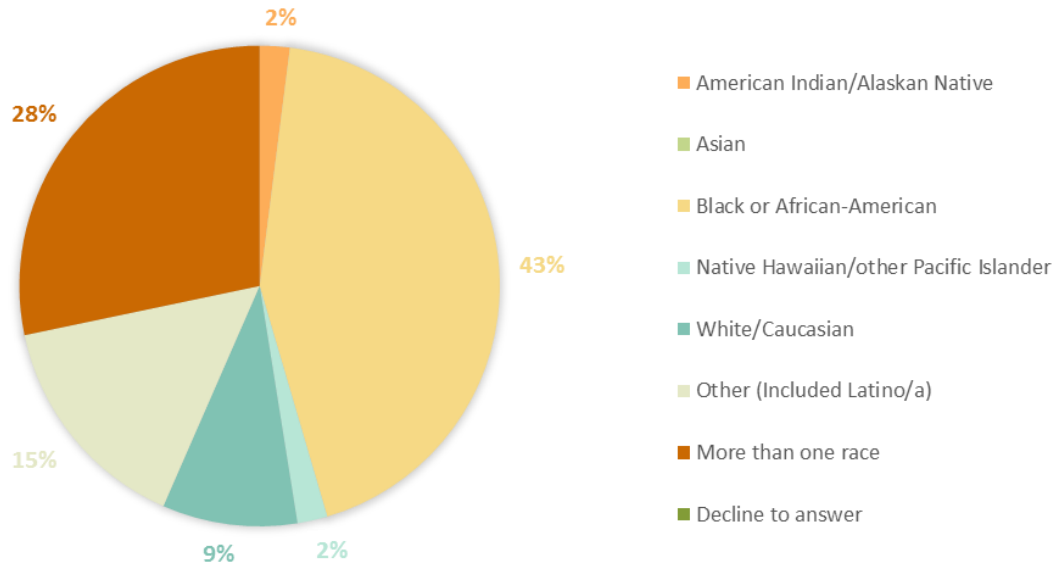
Program Performance Measures	
Unduplicated Individuals Served: 53	
Program Indicators	Annual Outcome
Provide outpatient mental health services for 65-75 unduplicated child/youth consumers identified as Katie A. eligible.	A total of 53 unduplicated consumers were served.  Note: Three (3) consumers were only opened for assessment and authorization for TBS services. The remaining 50 consumers were served with KAS treatment.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score, or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Of the 31 consumers who have had a follow-up CANS/ ANSA administered during this reporting period at the 6-month mark or discharge, 96% (30) have achieved or partially achieved at least one treatment goals.
At least 80% of consumers served will remain in a stable placement or transition to a lower level of care.	Of the 50 consumers who received KAS treatment services, 84% (42) remained in a stable placement or transitioned to a lower level of care.
At least 80% of consumers served will have an increase in on-going natural support people involved in their treatment.	Of the 50 consumers who received KAS treatment services, 78% (39) had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then monthly thereafter, at least 85% of consumers will receive Child and Family Team (CFT) meetings with an emphasis on building each consumer's team with natural supports and, concurrently focusing on placement stabilization.	88% (44) of the consumers received timely CFT meetings.
Financial Report	
Cost per person	\$11,624
Contract Amount FY 2018/19: <b>\$650,000</b>	Total Expenditures FY 2018/19: <b>\$581,180</b>

# COMMUNITY SERVICES & SUPPORTS

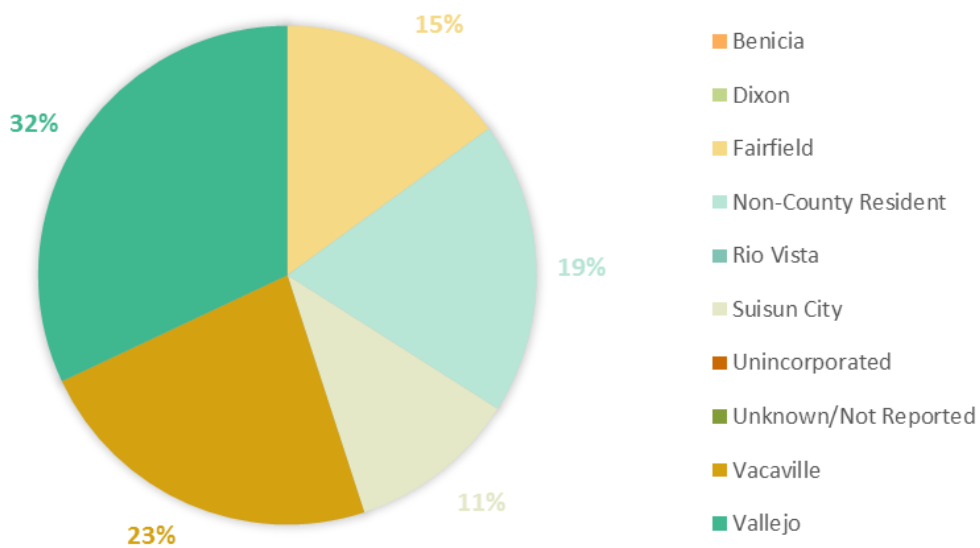
## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the KAS program:

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

Program Name: Seneca KAS		Total Individuals Served: 53	
<b>Age</b>		<b>Primary Language</b>	
0-15	85%	Korean	0%
16-25	15%	Mandarin	0%
26-59	0%	Other	0%
60+	0%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	2%	Tagalog	0%
Asian	0%	Unknown/Not Reported	0%
Black or African-American	43%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	2%	<b>City of Residence</b>	
White/Caucasian	9%	Benicia	0%
Other (Included Latino/a)	15%	Dixon	0%
More than one race	28%	Fairfield	15%
Decline to answer	0%	Non-County Resident	19%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	43%	Suisun City	11%
Female	57%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	0%
<b>Current Gender Identity</b>		Vacaville	23%
Male	43%	Vallejo	32%
Female	55%	<b>Ethnicity</b>	
Transgender	2%	Caribbean	0%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	15%
Another gender identity	0%	Puerto Rican	2%
Decline to answer	0%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	0%
Gay	0%	Hispanic or Latino/Decline to answer	0%
Lesbian	0%	African	8%
Heterosexual/straight	30%	Asian Indian/South Asian	0%
Bisexual	6%	Cambodian	0%
Questioning/unsure	2%	Chinese	0%
Queer	2%	Eastern European	2%
Other/another sexual orientation	0%	European	0%
Decline to answer	60%	Filipino	0%
<b>Identify with any of these groups</b>		Japanese	0%
LGBTQ	2%	Korean	0%
Involved with the legal system	4%	Middle Eastern	0%
Foster Care youth	92%	Vietnamese	0%
Decline to answer	0%	Other Non-Hispanic or Latino	42%
Not identify with any above	2%	More than one ethnicity	28%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	4%
Yes	0%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	100%	Difficulty seeing	2%
Decline to answer	0%	Difficulty hearing/having speech understood	2%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	4%
Cantonese	0%	Physical/mobility condition	0%
English	100%	Chronic health condition	4%
German	0%	No disability	89%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - TARGETED SYSTEM SUPPORTS

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### *Highlights & Achievements*

- Of the 50 consumers served by the program who had intake/discharge CANS measures administered there was significant improvement in areas of depression, anger control, relationship permanence, adjustment to trauma and family functioning.
- Due to increased communication and collaboration between program staff and Child Welfare Services (CWS) staff, the program was able to support consumers in increasing involvement of natural supports in treatment which can positively impact securing permanent placements.

### *Challenges & Barriers*

- The program experienced challenges meeting timeliness protocols for engaging consumers newly referred to the program; i.e. opening cases within 10 days of referral, due to delays in receiving a return phone call from CWS workers and/or getting consent paperwork signed to begin treatment.
- The program identified that there were different levels of expectations from each CWS Unit regarding the focus of Child and Family Team meetings. The variation in standards and communication around the CFT meetings has been difficult to navigate.

### *Changes in FY19/20*

No changes planned.

## Success Story

*The teen consumer was referred to and opened to the KAS Program just days after experiencing a serious trauma. It became clear that the consumer also experienced traumatic events prior to being removed by Child Welfare. He had been placed with family friends in the area and these non-relative kin foster parents played a huge role in creating stability and safety for him as he started to deal with processing and healing from trauma in treatment. Treatment consisted of intensive individual therapy and psychoeducation/collateral support for his caregivers, extended family members, parent, teachers and school staff. Monthly Child and Family Team (CFT) meetings helped the consumer, caretakers, family, and providers get together to discuss and plan the action items. This enhanced the treatment process allowing the healing efforts to keep him in a safe with a strong support system allowing him to work toward his treatment goals.*

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - MENTALLY ILL OFFENDER PROGRAMMING

### Mentally Ill Offender Programming

**Agency Name:** Solano County Sheriff's Office

**Title of Program:** Mentally Ill Offender Crime Reduction (MIOCR) Re-entry Program

**Description of Program:**

The MIOCR program is a multi-agency, multi-disciplinary effort to provide re-entry and diversion program for adult mentally ill offenders with the goals of: providing necessary mental health treatment and referrals; diverting individuals with untreated mental illness from the criminal justice system into community-based treatment; providing support services to reduce recidivism. This program was initially jointly funded by SCBH MHSA funds and Sheriff Office (SO) funds received from a MIOCR grant. Once the MIOCR grant funds were no longer available the SO continued to fund the program with other SO funds. During the previous FY the vendor the SO had sub-contracted with to provide direct services surrendered the contract and the SO then sub-contracted out the direct services to Caminar, Inc. with direct services not starting until May 2019.

#### Program Performance Measures

**Unduplicated Individuals Served: 89**

**75** (July 1<sup>st</sup>-Nov 7<sup>th</sup> 2018) and **14** (May 16<sup>th</sup> - June 30<sup>th</sup> 2019)

Program Indicators	Annual Outcome
In-custody assessment and discharge planning for inmates pending release.	89 unduplicated individuals
Provide re-entry services for mentally ill offenders released to the community for 6-9 months.	89 unduplicated individuals served
Financial Report	
Cost per person	\$1,402*
MOU Amount FY 2018/19: \$282,915 MHSA funds and \$216,082 Sherriff funds	Total Expenditures FY 2018/19: \$124,763

\*Cost per person reflects MHSA funding only.

Due to transitions of vendors the demographic data was not made available.

#### **Highlights & Achievements (per Caminar as provider)**

- MIOCR has created a positive transition for people who are in custody at time of release. During this reporting period, the program only had one consumer return to jail post release and program staff was able to meet with him while in custody to create a positive plan for his next release date.
- By meeting with consumers while they are still in custody the program can identify their primary needs to be successful in the community.
- There has been an increase in the number of inmates wanting to participate and engage in services that otherwise would not have an opportunity to do so.
- Due to the population being predominately male, the MIOCR team includes male employees to create gender equity in the program. Lived experience was also accounted for when creating the MIOCR team. Lived experience among our staff increases understanding and awareness of the jail population's barriers while in and out of custody, as well as the impacts on transitioning from custody to community.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT - MENTALLY ILL OFFENDER PROGRAMMING

### Challenges & Barriers

- There was a change in vendor providing the direct service therefore there was a gap in services from November 8, 2018 through May 15, 2019.
- The largest barrier in the program was the ability to assess individuals in a timely manner. Unfortunately, due to consumers having an immediate release date and the late re-initiation of the MIOCR program this FY, some consumer referred to the program were not assessed in time to be able to access services.
- Consumers who disengage from services upon release from custody, have not participated in the screening measure; i.e. the *Brief Symptom Inventory 18*. This has since been mitigated by working with the Solano County Sherriff's Office to attend to scheduling needs. Caminar MIOCR staff have also begun to attend court hearings and meet with Public Defenders to engage in transition planning for consumers being released from jail. By doing this, it allows the program to construct a safe and stable discharge plan for consumers that can include placement and being connected to other service providers to ensure consumers are supported.
- The biggest barrier for this population is finding safe and stable housing. There is an increased stigma for individuals with serious mental illness and a criminal history. The program team has leveraged familiar resources and partnered with other programs to address consumers' needs for housing.

### Changes in FY19/20

No changes planned.

**Agency Name:** Solano County Behavioral Health

**Title of Strategy:** Jail Liaison

### Description of Strategy:

A Solano County Behavioral Health Mental Health Clinician is co-located in the local jail facilities in order to support mentally ill inmates who are being released to the community. Additionally, this Clinician conducts 5150 evaluations for inmates that are at risk of suicide in the jails.

### Financial Report

Number of Consumers Served: 66

Cost per Person: \$2,164

### New Program (starting FY 19/20)

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Triage & Diversion Program

### Description of Program:

This program, operated by SCBH, is being implemented during FY19/20 in order to meet increased need to provide support for pretrial diversion cases following the passage of SB 215. The program will provide assessments and triage services for mentally ill adult offenders who have been referred for diversion services through the Courts and/or Probation. Additionally, the program will provide assessments for individuals referred via Laura's Law for Assisted Outpatient Treatment (AOT). Once the appropriate level of care is determined consumers will be routed to the most appropriate level of treatment including Full Service Partnership (FSP) programs.



# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

### Outreach & Engagement Services—County

The following Outreach and Engagement initiatives are primarily focused on increasing access to the Solano County unserved/underserved communities. Outreach can include the provision of presentations and trainings for the community at large, targeted trainings for unserved communities, and tabling at community events with an emphasis on reducing stigma around mental health. Engagement activities can include screenings, referrals and linkages, brief case management, and when necessary providing interpreter services and/or cultural brokering for consumers who are actively engaging with the County mental health system.

**Agency Name:** Solano County Behavioral Health

**Title of Strategy:** Hispanic Outreach and Latino Access (HOLA): Latino Outreach Coordinator

**Description of Strategy:**

The HOLA Strategy is staffed by a half-time Clinician who fulfills the role of Latino Outreach Coordinator tasked with increasing awareness regarding mental health services available for the Latino community and engaging the community in stigma reduction activities with a primary goal to increase access for the Latino community who are underserved in Solano County.

Performance Measures	
Strategy Indicators	Annual Outcome
Provide presentations/workshops for the community in Spanish and English.	Total of 14 outreach activities provided. (4 presentations and 10 workshops) with a total of 119 participants.
Conduct targeted outreach activities to spread awareness about the program in an effort to reduce stigma and increase access to mental health services.	Participated in 3 outreach activities/events with 80 participants.
Provide brief case management services to aid Latino residents in linking to necessary mental health services.	Contacted a total of 6 unduplicated individuals who were in need of mental health services. Of those contacted, 83% (5) of individuals received screening, case management and/or linkages.
As a direct result of program outreach, contacts will be received by the County Access line and/or HOLA Outreach Coordinator.	52 HOLA direct calls to the Access Line/HOLA Line.
Financial Report	
Number of Participants Reached: <b>205</b>	Cost per person: <b>\$483</b>

### **Highlights & Achievements**

During FY 2018/19 the Solano Mental Health Plan had 1000 calls for new services from individuals identifying as Latino.

### **Challenges & Barriers**

During this reporting period the HOLA Coordinator was out on leave for four months and then shortly after her return there was a change in assignment which impacted her ability to maintain the same focus on outreach activities.

### **Changes in FY19/20**

In July 2019 the Clinician who had initiated the HOLA Strategy resigned from the County. In August of 2019 a bilingual Clinician who has worked for SCBH for 7 years accepted the role of HOLA Coordinator and has already begun to build upon the partnership developed by the outgoing Clinician. SCBH will explore whether the HOLA strategy will be transitioned to Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction activities.

# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

**Agency Name:** Solano County Behavioral Health

**Title of Strategy:** KAAGAPAY- Filipino Outreach Coordinator

**Description of Strategy:**

The KAAGAPAY (English translation is “Helping Hand” or “Reliable Companion”) Strategy is staffed by a half-time Clinician who fulfills the role of Filipino Outreach Coordinator tasked with increasing awareness regarding mental health services available for the Filipino community and engaging the community in stigma reduction activities with a primary goal to increase access for the Filipino community who are underserved in Solano County.

Performance Measures	
Strategy Indicators	Annual Outcome
Conduct targeted outreach activities to spread awareness about the program in an effort to reduce stigma and increase access to mental health services.	Total of 9 outreach activities provided. (3 presentations, 1 workshop, and 5 community outreach events) with 125 participants.
Provide brief case management services to aid Filipino residents in linking to necessary mental health services.	Contacted a total of 10 unduplicated individuals who were in need of mental health services. Of those contacted, 50% (5) of individuals received screening, case management and/or linkage services with the following results: <ul style="list-style-type: none"> <li>• 3 referrals to Access</li> <li>• 1 person was re-enrolled/re-connected to mental health services</li> <li>• 3 referrals to private insurance</li> </ul>
As a direct result of program outreach, contacts will be received by the County Access line and/or KAAGAPAY Outreach Coordinator.	3 calls were received by the Access Line and supported by a Tagalog-speaking Access Line Clinician or the KAAGAPAY Outreach Coordinator.
Financial Report	
Number of Participants Reached: <b>135</b>	Cost per person: <b>\$416</b>

### Highlights & Achievements

- One newsletter was issued in March 2019 to 150 recipients.
- The KAAGAPAY Outreach Coordinator has participated in the recently developed Filipinx Mental Health Initiative-Solano (FMHI-Solano) which is a grassroots effort to engage the Filipino community in combatting stigma and increasing awareness about mental health services and supports in Solano County.
- During FY 2018/19 the Solano Mental Health Plan had 153 calls for new services from individuals identifying as Filipino.

### Challenges & Barriers

During this reporting period the KAAGAPAY Coordinator was out on leave for four months which resulted in a gap in outreach services specific to the Filipino community.

### Changes in FY19/20

SCBH will explore whether the KAAGAPAY strategy will be transitioned to Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction activities

# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

**Agency Name:** Solano County Behavioral Health

**Title of Strategy:** Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach

**Description of Strategy:**

The ARCH Strategy is staffed by a full-time Clinician who fulfills the role of Transition Age Youth (TAY) Homeless Outreach Coordinator tasked with increasing awareness regarding mental health services available for the TAY homeless population in Solano County. The primary goal is link homeless youth to mental health services, housing, and other necessary resources. Additionally, the ARCH TAY Outreach Clinician educates the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/Youth (CSEC).

Performance Measures	
Strategy Indicators	Annual Outcome
Conduct targeted outreach activities to spread awareness about the program in an effort to raise awareness and increase appropriate referrals for ARCH TAY/Youth services.	Total of 53 outreach activities occurred (17 presentations, 21 workshops, and 15 community events) with 1901 participants.
Provide brief case management and linkage services to referred homeless youth.	Total of 43 unduplicated individuals were contacted, and of those 42 unduplicated individuals received a screening, 38 received brief case management and/or linkage services with the following results: <ul style="list-style-type: none"> <li>• 11 successfully enrolled as new consumers</li> <li>• 10 were re-enrolled/re-connected to mental health services</li> <li>• 23 successfully linked to resources or services to address basic needs</li> </ul>
Financial Report	
Number of Participants Reached: <b>1,944</b>	Cost per person: <b>\$67</b>

\*A portion of the Clinician's position is funded by Solano County Child Welfare Services to serve children/youth who are AWOL from placements and at risk of CSEC. Cost per person is based on MHSA only.

### Highlights & Achievements

- The TAY Homeless Outreach Clinician developed strong partnerships with staff from local schools, youth agencies, shelters, and Child Welfare Services (CWS).
- Clinician provided 12 trainings on recognizing the signs of depression/anxiety and suicide prevention to a total of 395 students from Dixon, Vallejo, Fairfield and Vacaville high schools.

### Challenges & Barriers

- Homeless youth are at greater risk for CSEC in this community. A streamlined referral system was put into place to expedite linkage for CSEC youth to Full Service Partnership (FSP) programs.
- There is a lack of appropriate housing for homeless youth ages 18-25.

### Changes in FY19/20

No changes planned.

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

### Mental Health Services Act Housing Programs

The following programs outline how MHSA funding was used to provide housing for mentally ill consumers in Solano County. Housing included short-term transitional housing and long-term permanent housing.

#### Supported Permanent Housing—Contractor

**Agency Name:** Caminar

**Title of Program:** Supported Housing Program

#### **Description of Program:**

The program provides housing services for individuals with psychiatric disabilities who are homeless or at risk of becoming homeless. Permanent Supported Housing services and supports are provided for consumers living in designated units at Signature in Fairfield and Heritage Commons in Dixon, as well as numerous scattered sites/apartments in Solano County. Additionally, the program provides 30-day transitional housing through their Gateway Program.

#### Program Performance Measures

**Unduplicated Individuals Served: 67**

Program Indicators	Annual Outcome
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 67 unduplicated individuals were housed in permanent housing:
Provide transitional housing services for up to 30 day through the Caminar Gateway program for 20 to 30 individuals.	17 unduplicated individuals received transitional housing via the Gateway program. <b>The average length of stay was 75 days due to a lack of permanent housing units which resulted in less consumers being served.</b>
<u>Permanent Housing Program:</u> Administer the <i>Quality of Life Scale</i> to maintain a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains (administered at intake and annually thereafter).	Of the 55 individuals who completed the annual measure during the reporting period, 84% (46) of individuals maintained or improved their score in functioning
<u>Gateway Transitional Housing:</u> 90% of the individuals exiting transitional housing will have initiated or obtained benefits.  75% of the individuals exiting transitional housing will move to stable housing.	Of the 17 individuals who discharged from transitional housing, 100% (17) of individuals had initiated and/or obtained benefits.  Of the 17 individuals who discharged from transitional housing, 82% (14) successfully moved to stable housing

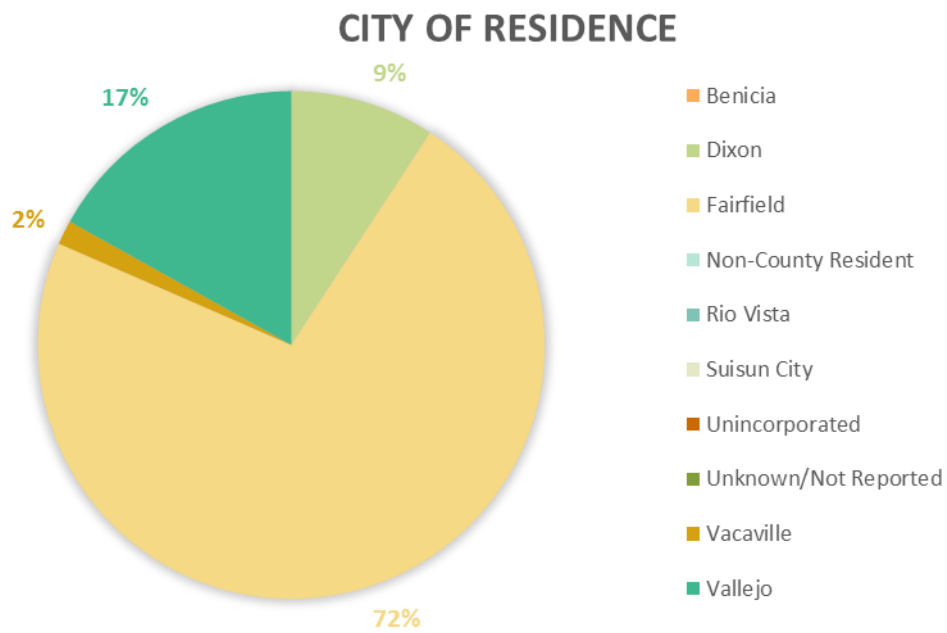
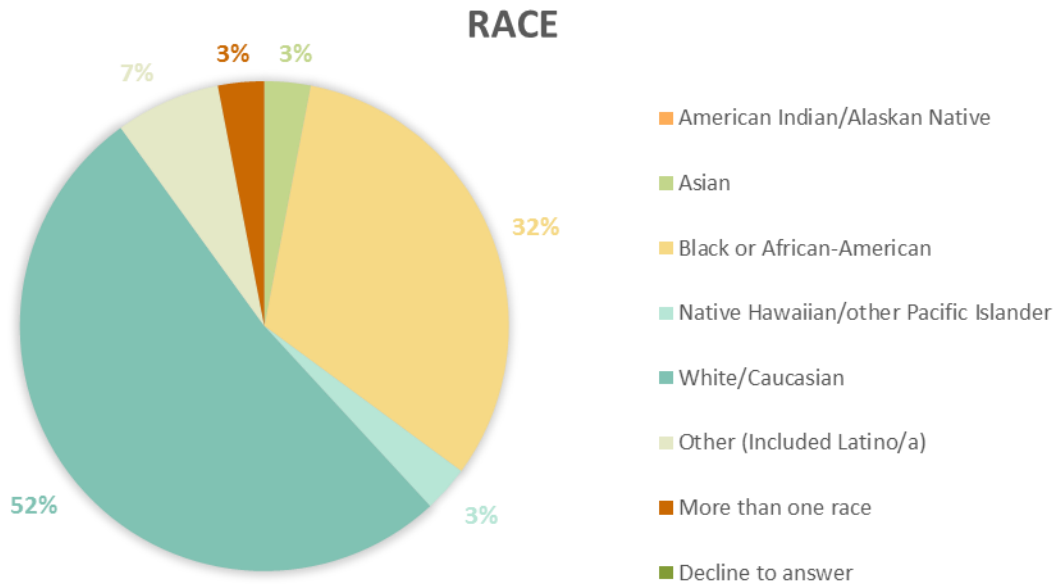
#### Financial Report

Cost per person	<b>\$8,176</b>
Contract Amount FY 2018/19: <b>\$571,017</b>	Total Expenditures FY 2018/19: <b>\$547,765</b>

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

The following charts and table provide additional demographic data for the individuals served by the Caminar Supported Housing program:



# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

Program Name:		Total Individuals Served:	
<b>Caminar Supported Housing</b>		<b>67</b>	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	0%	Mandarin	0%
26-59	71%	Other	0%
60+	29%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	0%	Tagalog	0%
Asian	3%	Unknown/Not Reported	0%
Black or African-American	32%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	3%	<b>City of Residence</b>	
White/Caucasian	52%	Benicia	0%
Other (Included Latino/a)	7%	Dixon	9%
More than one race	3%	Fairfield	72%
Decline to answer	0%	Non-County Resident	0%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	45%	Suisun City	0%
Female	55%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	0%
<b>Current Gender Identity</b>		Vacaville	2%
Male	42%	Vallejo	17%
Female	58%	<b>Ethnicity</b>	
Transgender	0%	Caribbean	Not Report- ed
Genderqueer	0%	Central American	
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	
Decline to answer	0%	South American	
<b>Sexual Orientation</b>		Other Hispanic or Latino	
Gay	0%	Hispanic or Latino/Decline to answer	
Lesbian	2%	African	
Heterosexual/straight	97%	Asian Indian/South Asian	
Bisexual	0%	Cambodian	
Questioning/unsure	0%	Chinese	
Queer	0%	Eastern European	
Other/another sexual orientation	2%	European	
Decline to answer	0%	Filipino	
<b>Identify with any of these groups</b>		Japanese	
LGBTQ	Not Report- ed	Korean	
Involved with the legal system		Middle Eastern	
Foster Care youth		Vietnamese	
Decline to answer		Other Non-Hispanic or Latino	
Not identify with any above		More than one ethnicity	
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	
Yes	2%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	98%	Difficulty seeing	0%
Decline to answer	0%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	0%
Cantonese	0%	Physical/mobility condition	0%
English	100%	Chronic health condition	0%
German	0%	No disability	100%
Hindi	0%	Other disability	0%
Ilocano	0%	Decline to answer	0%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

### Highlights & Achievements

- Caminar Supported Housing was able to provide affordable housing and supportive services to 67 unduplicated consumers this year. The housing vacancy rate in Solano County is approximately 1% with rent rates steadily increasing. The ability to maintain and acquire new units for consumers to occupy in the current rental market is a tremendous accomplishment.
- All units at Signature in Fairfield and Heritage Commons were fully occupied the entire year.

### Challenges & Barriers

- The largest barrier Supported Housing faces is the lack of affordable housing. As rental prices increase the number of units the program is able to lease decreases proportionally which impacts the number of people the program is able to serve.
- Due to increased housing costs and a lack of permanent housing inventory created a barrier in adhering to a 30 day length of services (LOS) for the Gateway program.

### Changes in FY19/20

The Gateway Transitional Housing LOS was transitioned from 30-day LOS to a 30-90-day LOS in order to allow more time for the program to help consumers secure stable permanent housing.

### Respite Urgent Housing—Contractor

**Agency Name:** Bay Area Community Services (BACS)

**Title of Program:** Respite Urgent Housing

#### Description of Program:

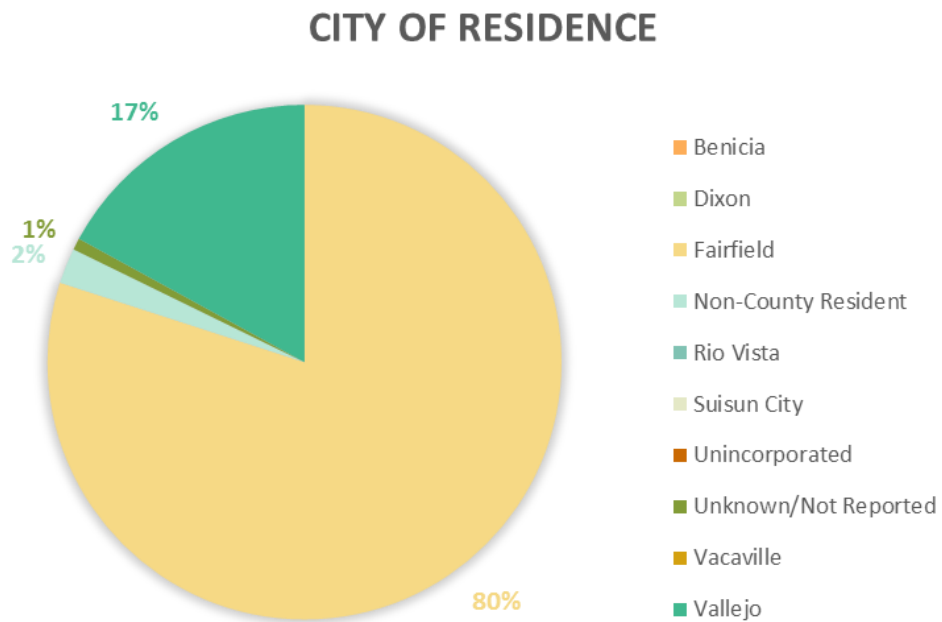
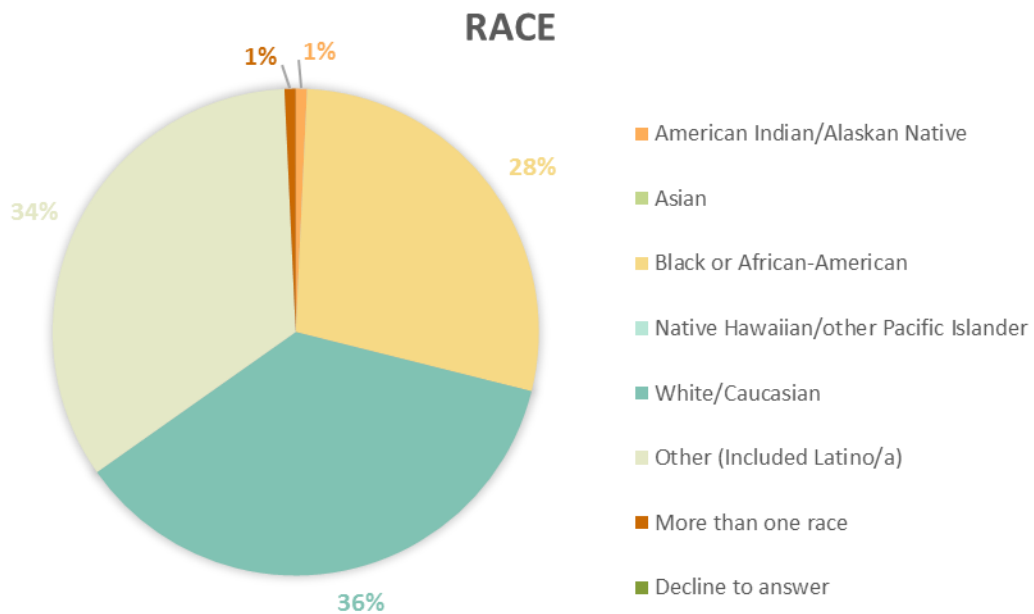
The program provides 1-5 nights of urgent respite housing for adults who have an identified mental illness who do not qualify for a Crisis Residential Treatment program or placement in an inpatient facility following presentation to the Crisis Stabilization Unit or as determined by a mental health treatment provider. Services include on-site peer supervision, as well as linkage and referral to appropriate services.

Program Performance Measures	
Unduplicated Individuals Served: 131	
Program Deliverables	Annual Outcome
Serve a minimum of 125 unduplicated consumers with mental health conditions. Provide linkage/referral services to a minimum of 50% of consumers who exclusively use the respite program.	131 total unduplicated consumers served 100% (131) unduplicated consumers received linkage/referral services.
Financial Report	
Cost per person	\$2,359
Contract Amount FY 2018/19: \$350,000	Total Expenditures FY 2018/19: \$309,088

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

The following charts and table provide additional demographic data for the consumers served by the BACS Respite Housing program:





# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

Program Name: BACS-Respite		Total Individuals Served: 131	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	2%	Mandarin	0%
26-59	93%	Other	0%
60+	4%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	1%	Tagalog	0%
Asian	0%	Unknown/Not Reported	1%
Black or African-American	28%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	0%	<b>City of Residence</b>	
White/Caucasian	36%	Benicia	0%
Other (Included Latino/a)	34%	Dixon	0%
More than one race	1%	Fairfield	80%
Decline to answer	0%	Non-County Resident	2%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	64%	Suisun City	0%
Female	36%	Unincorporated	0%
Decline to answer	0%	Unknown/Not Reported	1%
<b>Current Gender Identity</b>		Vacaville	0%
Male	44%	Vallejo	17%
Female	55%	<b>Ethnicity</b>	
Transgender	1%	Caribbean	0%
Genderqueer	0%	Central American	4%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	15%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	0%	South American	7%
<b>Sexual Orientation</b>		Other Hispanic or Latino	26%
Gay	1%	Hispanic or Latino/Decline to answer	4%
Lesbian	1%	African	7%
Heterosexual/straight	97%	Asian Indian/South Asian	0%
Bisexual	0%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	4%
Other/another sexual orientation	0%	European	0%
Decline to answer	1%	Filipino	4%
<b>Identify with any of these groups</b>		Japanese	0%
LGBTQ	Not Re-ported	Korean	0%
Involved with the legal system		Middle Eastern	0%
Foster Care youth		Vietnamese	0%
Decline to answer		Other Non-Hispanic or Latino	15%
Not identify with any above		More than one ethnicity	11%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	4%
Yes	1%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	99%	Difficulty seeing	0%
Decline to answer	1%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	3%
Cantonese	0%	Physical/mobility condition	0%
English	99%	Chronic health condition	4%
German	0%	No disability	91%
Hindi	0%	Other disability	1%
Ilocano	0%	Decline to answer	1%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

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### *Highlights & Achievements*

- Respite has been able to serve over the annual goal of 125 consumers and connected all of the consumers with services such as mental health, benefits services, employment and housing.
- Program staff participated in cultural responsiveness trainings including Transgender/Gender responsiveness. The agency also has a Culturally Responsive Committee (CRC) that staff participate on to ensure that culturally competent and linguistically appropriate services are delivered by the program.
- Efforts were made to hire staff with mental health, peer counseling and other backgrounds that prepared them to provide services delivered by the program.

### *Challenges & Barriers*

- The length of stay (LOS) posed challenges particularly for consumers who were not currently opened to intensive case management programs. Program staff made attempts to coordinate care, provided transportation and assisted with finding housing to ensure that consumers were not discharged to the streets.
- A lack of affordable housing units contributed to an extended length of stay.
- The census fluctuated throughout the FY including periods of time when the program did not have enough referrals leading to unused beds.

### *Changes in FY19/20*

No changes planned.

### *Success Story*

When a male consumer was admitted to the program he was very vulnerable and symptomatic. Staff provided support for the consumer to secure and take his medication. While in the program he was able to get some rest, eat healthy and attended groups to assist him with coping with his mental health condition. The consumer worked on reuniting with his family and mending relationships. Following discharge, the consumer was able to gain employment and is currently living with his sister and communicating with his family on a regular basis. He has been managing his symptoms and has not been back to the hospital or CSU in the last year. The consumer visits the program monthly to update staff on how he is doing.

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

### Transitional Housing—Contractor

**Agency Name:** Bay Area Community Services (BACS)

**Title of Program:** Transitional Housing

**Description of Program:**

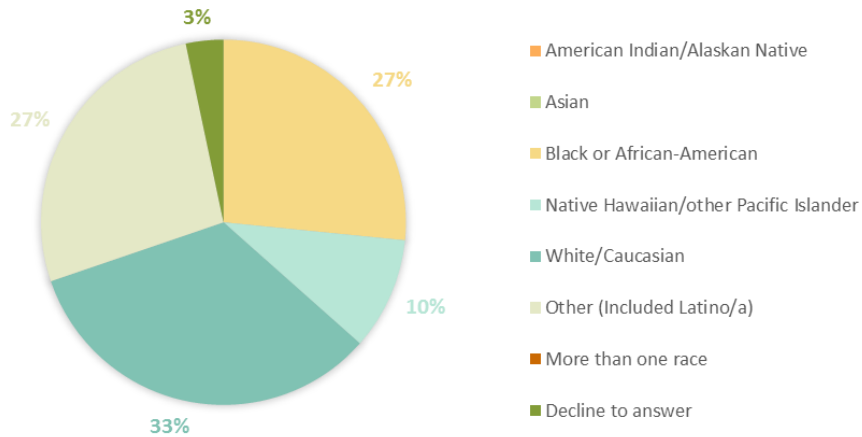
The program provides step down transitional housing for eligible seriously mentally ill adults for an average of 6-12 months. The program has a Housing Coordinator who provides case management support specific to securing permanent housing upon discharge.

#### Program Performance Measures

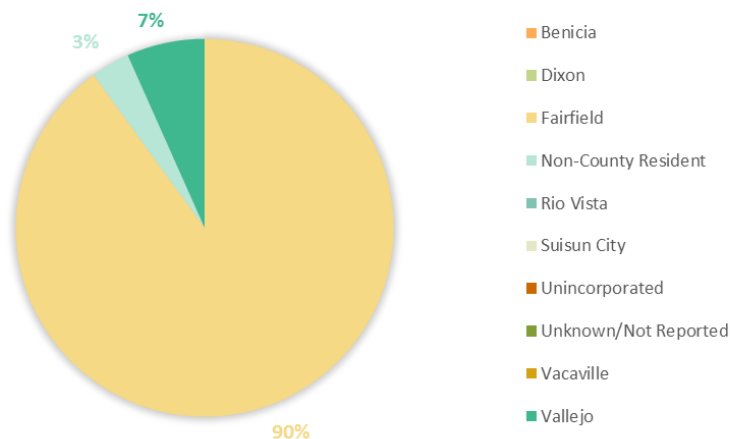
Unduplicated Individuals Served: 30

Program Deliverables	Annual Outcome
Maintain a census of 14 beds/slots monthly for eligible consumers for an average of 6-12 months stay.	A total of 30 unduplicated consumers were served.
Financial Report	
Cost per person	\$5,194
Contact Amount FY 2018/19: \$336,474	Total Expenditures FY 2018/19: \$155,814

### RACE



### CITY OF RESIDENCE



# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

Program Name:		Total Individuals Served:	
<b>BACS-Transitional Housing</b>		<b>30</b>	
<b>Age</b>		<b>Primary Language</b>	
0-15	0%	Korean	0%
16-25	3%	Mandarin	0%
26-59	80%	Other	0%
60+	17%	Other Indic (Indian) Language	0%
Decline to answer	0%	Other Pacific Island Language	0%
<b>Race</b>		Spanish	0%
American Indian/Alaskan Native	0%	Tagalog	0%
Asian	0%	Unknown/Not Reported	0%
Black or African-American	27%	Vietnamese	0%
Native Hawaiian/other Pacific Islander	10%	<b>City of Residence</b>	
White/Caucasian	33%	Benicia	0%
Other (Included Latino/a)	27%	Dixon	0%
More than one race	0%	Fairfield	90%
Decline to answer	3%	Non-County Resident	3%
<b>Gender Assigned At Birth</b>		Rio Vista	0%
Male	50%	Suisun City	0%
Female	43%	Unincorporated	0%
Decline to answer	3%	Unknown/Not Reported	0%
<b>Current Gender Identity</b>		Vacaville	0%
Male	50%	Vallejo	7%
Female	43%	<b>Ethnicity</b>	
Transgender	3%	Caribbean	4%
Genderqueer	0%	Central American	0%
Questioning/unsure	0%	Mexican/Mexican-American/Chicano	12%
Another gender identity (Included Two-Spirit)	0%	Puerto Rican	0%
Decline to answer	3%	South American	0%
<b>Sexual Orientation</b>		Other Hispanic or Latino	8%
Gay	0%	Hispanic or Latino/Decline to answer	8%
Lesbian	0%	African	0%
Heterosexual/straight	93%	Asian Indian/South Asian	0%
Bisexual	0%	Cambodian	0%
Questioning/unsure	0%	Chinese	0%
Queer	0%	Eastern European	0%
Other/another sexual orientation	3%	European	12%
Decline to answer	3%	Filipino	4%
<b>Identify with any of these groups</b>		Japanese	0%
LGBTQ	Not Re-ported	Korean	0%
Involved with the legal system		Middle Eastern	0%
Foster Care youth		Vietnamese	0%
Decline to answer		Other Non-Hispanic or Latino	48%
Not identify with any above		More than one ethnicity	0%
<b>Veteran Status</b>		Non-Hispanic or Latino/Decline to answer	4%
Yes	13%	<b>Disability: lasting at least 6 months that limits a major life activity, which is not the result of a severe mental health illness</b>	
No	87%	Difficulty seeing	0%
Decline to answer	0%	Difficulty hearing/having speech understood	0%
<b>Primary Language</b>		Other communication condition	0%
American Sign Language (ASL)	0%	Cognitive impairment (not including mental illness)	6%
Cantonese	0%	Physical/mobility condition	3%
English	100%	Chronic health condition	3%
German	0%	No disability	78%
Hindi	0%	Other disability	3%
Ilocano	0%	Decline to answer	6%
Japanese	0%		

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

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### **Highlights & Achievements**

- Transitional Housing has been able to successfully place 17 consumers upon discharge either to independent permanent housing and/or family. Of the 17 consumers discharged, 8 of them became gainfully employed and 3 came off conservatorship and have been living independently.
- Program staff participated in cultural responsiveness trainings. The agency also has a Culturally Responsive Committee (CRC) that staff participate on to ensure that culturally competent and linguistically appropriate services are delivered by the program.
- Consumers obtained income and benefits to assist in transitioning them to permanent housing.

### **Challenges & Barriers**

Community partners had a misconception of the scope of the program including: roles of program staff, referral process, program policies, and length of stay (LOS). The program Supervisor discussed challenges with the program Director who in turn worked with SCBH to provide clarity for community partners who refer to and work with the program.

### **Changes in FY19/20**

No changes planned.

## Success Story

*“John” (pseudonym) was a homeless veteran at intake who initially struggled to transition to housing after living outside for so long. John worked with the Housing Coordinator along with a nurse from the Whole Person Care program to obtain adequate medical treatment and medications. He participated in the weekly groups held at the transitional housing along with the housing meetings and benefits services group. After working with all the partners involved with his care, John was able to obtain permanent Veteran senior housing, along with obtaining assistance with rent for 6 months, furniture, clothing and other household items. Currently, John is a spokesperson for success at the Veteran senior housing, has been featured in the community newsletter and has volunteer to speak with other Vets about his journey towards wellness.*

# COMMUNITY SERVICES & SUPPORTS

## MHSA HOUSING SUPPORT

### **New Program: Shelter Housing—Contractor**

**Agency Name:** Shelter, Inc.

**Title of Program:** Shelter Solano

### **Description of Program:**

The program provides emergency shelter housing services for eligible seriously mentally ill adults for a maximum of 9 months, targeting a typical length of stay of under 6 months. The program provides case management support specific to building skills necessary to secure permanent housing upon discharge.

### **Program Performance Measures**

**Unduplicated Individuals Served: 54**

<b>Program Deliverables</b>	<b>Annual Outcome</b>
Serve at least 60 eligible participants for the contract period (prorated by a March start date).	54 consumers were served.
At least 75% of participants who remain at the shelter and engaged in case management for more than 30 days will exit the program to permanent housing in which the resident holds a lease, rental agreement, or shared living arrangement in a residence which is not subject to time limits.	Data not tracked from March 2019-June 2019
A minimum of 75% of all participants who remain at the shelter and engage in case management for more than 30 days will receive housing access assistance and tenant education.	Data not tracked from March 2019-June 2019
Contractor will maintain post-placement contact and support services by mutual agreement with exiting participant for up to a year (after program exit or placement). Contractor will track permanent housing retention rates at six and twelve months after program exit and expects at least 50% of successfully exited participants who respond to contact efforts will have maintained housing after six months, and 40% after twelve months.	Data not tracked from March 2019-June 2019
<b>Financial Report</b>	
Cost per person	<b>\$4,477 total and \$773 MHSA</b>
Contract Amount FY 2018/19: <b>\$200,000 HMOIT Grant and \$500,000 MHSA</b>	Total Expenditures FY 2018/19: <b>\$241,747 of which \$41,747 was MHSA-funded</b>

Due to the implementation of the program starting March 2019 and transition of the shelter services and existing consumers from one community-based organization (CBO) to a new CBO, the program was not asked to track demographic data or outcome measures.

### **Highlights & Achievements**

Shelter Inc. was able to successfully transition the program without disruption to the individuals residing in the shelter at the point of acquisition.

### **Challenges & Barriers**

- The community has had a difficult time adjusting to Shelter Inc.'s program model of requiring that all individuals referred be connected to an ongoing outpatient treatment program which resulted in not having a drop off shelter model.
- The initial bed day rate negotiated did not factor in a Housing Coordinator position or transportation costs resulting in the program not having adequate staffing to support taking consumers off site including taking consumers to visit potential permanent housing sites.

### **Changes in FY19/20**

The HMOIT grant is not available for FY19/20 and therefore the contract to support this program will be 100% MHSA funding. Given there was unspent MHSA funding at the end of FY 18/19, in order to serve more consumers and support funding a Housing Coordinator position the funding will be increased during FY 19/20.







**WORKFORCE  
EDUCATION & TRAINING**



# WORKFORCE EDUCATION & TRAINING

Workforce Education and Training (WET) funds are used to develop and grow a diverse, linguistically and culturally responsive behavioral health workforce which includes the training of existing providers, increasing the diversity of individuals entering the behavioral health field, and promoting the training and employment of consumers and family members to further promote the MHPA value of wellness and recovery.

**Agency Name:** California Institute for Behavioral Health Solutions (CIBHS) and subcontractors

**Description of Program:**

CIBHS works collaboratively with SCBH to proctor trainings to address identified training needs in the behavioral health system of care to include: evidenced-based models, trainings to address co-occurring disorders, trainings specific to mental health disorders, etc. Additionally, CIBHS proctors the 8 hour Crisis Intervention Team (CIT) Training offered to local law enforcement departments. Through the partnership with CIBHS, SCBH is able to continue to provide an intern program, including the provision of intern stipends, in order to build a diverse workforce.

Program Performance Measures	
Program Indicators	Annual Outcome
Provide the 8-hour Crisis Intervention Team (CIT) Intro Training for law enforcement in Solano County.	Twelve (12) 8-hour trainings were provided for 292 local peace officers representing police departments from each city and the Sheriff’s Office including correctional officers.
Provide trainings for the Mental Health Plan as requested by Solano County Behavioral Health.	<ul style="list-style-type: none"> <li>• “Assertive Community Treatment (ACT)” – evidence-based model provided to 100 participants</li> <li>• “Peer-to-Peer” – provided to 28 participants</li> <li>• “Play Therapy” – provided to 37 children’s providers</li> <li>• “Eating Disorder Training Part 2” –provided to 32 participants</li> </ul>
Provide or support behavioral health career pipeline events in Solano County.	“Bright Young Minds” behavioral health career pipeline event was held in March of 2019 for 107 high school students from the Fairfield-Suisun Unified School District.
Administer the Solano County internship stipends for Master’s level and Pre/Post-doctoral interns who represent and serve unserved/underserved consumers in Solano County.	MHPA provided a stipend for one intern who served the County from September 1, 2018 through November 30, 2018.
Financial Report	
Contract Amount FY 2018/19: <b>\$193,039</b>	Total Expenditures FY 2018/19: <b>\$131,286</b>

Crisis Intervention Team (CIT) Training

With SCBH’s collaboration with local law enforcement partners and California Institute for Behavioral Health Solutions (CIBHS), FY 2018/19 saw a 689% increase in law enforcement participation in the CIT Intro 8-hour course from the previous FY (292 participants in FY 2018/19 and 37 participants in FY 2017/18).

SCBH is currently working with Fairfield Police Department and NAMI Solano to develop a 40-hour CIT curriculum that will be made available to local law enforcement departments during FY 2019/20.

Assertive Community Treatment (ACT) Training

The ACT Training was provided for local FSP providers as well as providers and leadership from nine (9) other Bay Area counties. The Solano County adult FSP programs continue to implement the ACT model. During FY 2019/20 FSP teams will participate in consultation calls with the ACT trainer and during the spring a booster training will be provided as well as a 3-day training on model fidelity evaluation.

# WORKFORCE EDUCATION & TRAINING

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## Peer-to-Peer Training

Employees in behavioral health are regularly exposed to traumatic experiences and material, which research has shown to have cumulative effects on health and wellbeing. The Peer-to-Peer training was provided to staff from all classifications, who had volunteered or were nominated by peers, to help support their team members who experience vicarious trauma experienced in the behavioral health field. Through this training, 88.9% strongly agreed and 11.1% agreed that the presentation and experiential activities were effective.

## Play Therapy

Play Therapy was offered to our children's clinical staff to equip our specialists, clinicians and supervisors with additional tools to assist children/youth receiving services. Of the 37 staff and supervisors who participated in the training, 96% agreed that the training was relevant to their mental health practice and 90% agreed that the training was appropriate for the participants' education, experience and licensure; and that the presentation was effective, including experiential activities. This training was well received by the participants and additional trainings have been requested for the upcoming fiscal year.

## Eating Disorder Training, Part 2

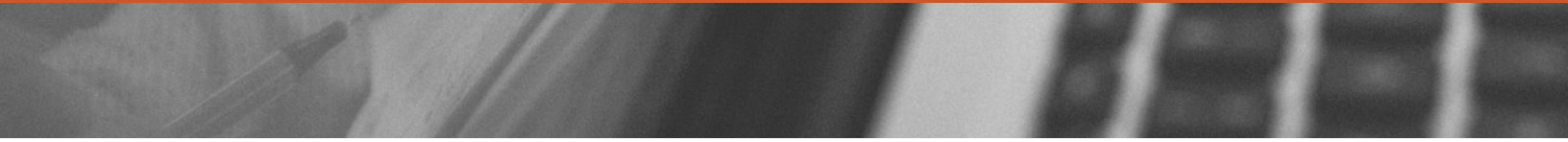
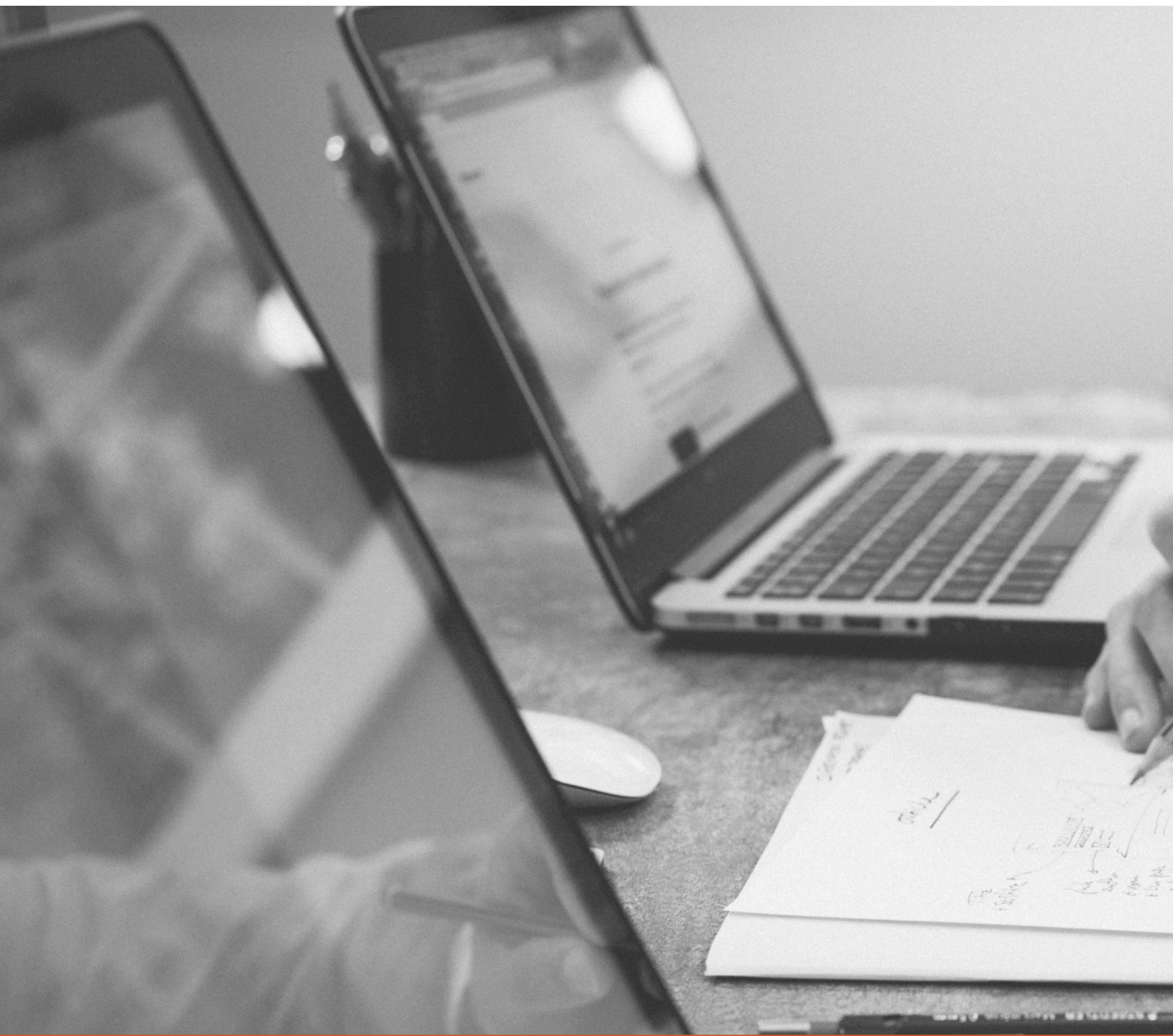
Since the first training was provided in FY 2017/18, our staff and supervisors have identified continued supported needed to address the clinical needs of consumers with diagnosed eating disorders, therefore a second round of Eating Disorder Training was provided. Of the participants surveyed, 96% were able to identify treatment strategies for the resistant consumer and 94% were able to identify barriers to recovery.

## "Bright Young Minds" Pipeline Event

This is the second high school youth conference coordinated by SCBH in collaboration with CIBHS. Of the 107 student participants from the Fairfield-Suisun Unified School District, 81 submitted evaluations. Of those who submitted evaluations, 81% of the students had increased interest in behavioral health careers after attending this conference and 88% have increased awareness of what behavioral health means.

## ***Training Plans for FY19/20***

During FY 19/20 SCBH will continue to provide trainings for both County and CBO providers in various evidence-based models/practices including: Transition to Independence Process (TIP) for youth FSP providers; Integrating Dual Disorders Treatment Model (Motivational Interviewing) for both youth and adult providers; Wellness Recovery Action Plan (WRAP) certification training; trainings in use of Interpreters for both clinical and reception staff; and additional Play Therapy trainings.







# **CAPITAL FACILITIES & TECHNOLOGICAL NEEDS**

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# CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

Capital Facilities & Technological Needs (CF/TN) funds are used to develop or improve buildings used for the delivery of MHSA services and to improve the technological infrastructure for the mental health system such as electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families.

## Capital Facilities

In FY 2018/19 there were no new Capital Facilities projects.

## Technology Needs

**Agency Name:** Netsmart Technologies

**Title of Program:** Avatar – Electronic Health Record (EHR)

**Description of Program:**

Avatar, the SCBH Electronic Health (EHR) Record, houses consumer mental health records and is also utilized for financial management including billing to the state and other funders. Phase I and II are completed and Phase III is still underway.	
Program Performance Measures	
Program Indicators	Annual Outcome
Provide adequate user licenses and DoIT staff in partnership with SCBH Quality Improvement will develop reports to assist in data tracking and reporting.	There are now 496 users and 286 custom reports have been created to support the system in data tracking and reporting to support monitoring the system of care.
Continue to implement components of Phase 3	<p><b>Phase 3 Technology Needs that are Completed:</b></p> <ul style="list-style-type: none"> <li>• Point of Service Scanning</li> <li>• CANS – 50</li> <li>• Reaching Recovery</li> </ul> <p><b>Technology Needs Still in Progress:</b></p> <ul style="list-style-type: none"> <li>• Health Information Exchange</li> <li>• Mobile Connect</li> </ul>
Financial Report	
Contract Amount FY 2018/19: <b>\$465,031</b> <i>MHSA is used to fund the EHR for MHSA-funded programs only</i>	Total MHSA Expenditures FY 2018/19: <b>\$143,533</b>





**INNOVATION**



# INNOVATION

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INN projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to unserved and underserved groups, to improve the quality of services, demonstrate better outcomes and to promote interagency collaboration. Currently SCBH has two INN projects running concurrently: *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*, and the *Early Psychosis Learning Health Care Network (EP LHCN)*.

## **Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)**

In June of 2015 Solano County, in collaboration with U.C. Davis – Center for Reducing Health Disparities (UCD CRHD), was approved for a 5-year Mental Health Services Act (MHSA) Innovations Project to deliver the ICCTM project focused on the underserved communities in Solano County; Latino, Filipino, and LGBTQ communities as identified in 2015 when the Innovation Plan was developed. The project was not started until January of 2016 due to delays in contracting between SCBH and UCD CRHD.

During Phase I of the project UCD CRHD conducted a comprehensive health assessment of our community and behavioral health system of care which included: key informant interviews, focus groups, community forums, and organizational surveys to gather information regarding the needs of the three target communities. UCD CRHD collated all the information gathered during the health assessment into three different narrative reports, one for each target community; Latino, Filipino, and LGBTQ. These reports can be found in English, Spanish and Tagalog on the SCBH website at <http://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=30077>. Additionally, during Phase I, quantitative data from the County's electronic health record was used to develop a baseline regarding access and penetration rates for the three target communities.

Phase II of the ICCTM project included the facilitation of a CLAS Training for three cohorts of up to 30 people each. The cohorts included partners from different sectors including county and community-based behavioral health, law enforcement, education, health services, child welfare, the legal system, businesses, consumers, family members and specific representation from the three target communities. The cohorts received more in-depth training on a specialized curriculum that incorporated the Culturally and Linguistically Appropriate Services (CLAS) national standards and the findings of the local health assessment. Each cohort designed quality improvement (QI) action plans to improve the behavioral health system of care's response and support of our diverse community. Following the training the cohorts received up to 5 months of coaching from the UCD CRHD team and SCBH to further refine the QI action plans to ready them for implementation. Additionally, three local community-based organizations—Rio Vista CARE, Fighting Back Partnership, and Solano Pride Center—representing each of the three target communities were identified and sub-contracted by UCD CRHD to help facilitate ongoing community engagement to obtain feedback regarding the QI action plans and the overall progress of the project.

Phase III of the project involves the ongoing implementation of the QI action plans and evaluation. A total of ten (10) comprehensive QI action plans were developed and transitioned to SCBH in June of 2019. UCD CRHD provided a comprehensive report covering each of the QI action plans. This report is available for review [here](#). The plans are focused on workforce development, training, and community engagement. Several of the QI action plans have already begun to be implemented and the remaining plans will be implemented over the course of FY 2019/20.

# INNOVATION

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## *Early Psychosis Learning Health Care Network (EP LHCN)*

In November of 2018 Solano County, along with three other California counties (Los Angeles, Orange, San Diego), in collaboration with the U.C. Davis – Behavioral Health Center of Excellence (UCD BHCE) and One Mind, were approved for a 5-year Mental Health Services Act (MHSA) Innovations Project to develop the infrastructure for a sustainable Learning Health Care Network (LHCN) for Early Psychosis (EP) programs. The utility of which will be tested through a robust statewide evaluation. This project, led by UCD BHCE in partnership with UC San Francisco, UC San Diego, University of Calgary and a number of California counties, will bring consumer-level data to the clinician’s fingertips, allow programs to learn from each other, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US. The evaluation would assess the impact of the LHCN on consumer- and program-level metrics, as well as utilization and cost rates of EP programs. The EP LHCN will also support practice-based research to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based specialty care to persons in the early stages of psychotic illness. This will allow counties to adjust their programs based on lessons learned through multiple research approaches. One Mind, a foundation focused on improving brain health outcomes, has partnered in this project to enhance available resource to support achievement of project goals in a timely fashion. The EP LHCN will leverage technology and the findings will be used at a statewide level to guide EP programs in utilizing outcome-based models to treat consumers. In June of 2019, UCD BHCE provided a report that detailed the status of implementation for the EP LHCN during FY 2018/19. This report is available for review [here](#).





# BUDGET WORKSHEETS



# BUDGET WORKSHEETS

## Fiscal Year 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 10/10/19

	MHSA Funding Actuals					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. FY 2018/19 Funding</b>						
1. Unspent Funds from Prior Fiscal Years	① 17,336,960	7,246,091	2,997,557	669,228	455,574	2,817,443
2. New FY 2018/19 Funding	15,281,759	3,879,343	1,049,657	9,292	5,246	56,730
3. Transfer in FY 2018/19	484,351				(484,351)	
4. Access Local Prudent Reserve in FY 2018/19						
5. Available Funding for FY 2018/19	33,103,070	11,125,434	4,047,214	678,520	(23,531)	2,874,173
<b>B. FY 2018/19 MHSA Expenditures</b>	15,995,735	3,269,013	1,372,437	217,655	(23,531)	31
<b>C. FY 2018/19 Unspent Fund Balance</b>	17,107,335	7,856,421	2,674,777	460,865	(0)	2,874,142

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2018	2,817,443
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Local Prudent Reserve Balance on June 30, 2019	2,874,142

Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.



# BUDGET WORKSHEETS

## Fiscal Year 2018/19 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 10/10/19

	Fiscal Year 2018/19 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	3,125,371	2,149,960	940,966			34,445
2. Adult Homeless FSP	755,174	630,058	118,809			6,307
3. Adult Forensics FSP	1,897,817	1,400,826	474,006			22,985
4. Children's FSPs	2,407,951	1,179,704	1,223,410			4,837
5. Foster Care Treatment Unit	1,805,496	1,137,089	666,534			1,873
6. TAY FSP	879,394	502,090	369,174			8,130
7.						
8.						
9.						
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18.						
19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	4,879,872	3,718,050	1,100,831			60,991
2. Mentally Ill Offender Programming	322,637	322,637				0
3. MHSA Housing Supports	1,030,680	1,030,679.7				
4. Outreach & Engagement	342,399	342,399				
5. Cooperative Employment COOP	252,423	250,002	537			1,884
6. Wellness & Recovery Programming	1,586,411	1,318,092	268,319			0
7. Adult ICC "On-Duty" staff	517,792	517,792				
8. Children's Bilingual Services	403,945	403,847	98			
9. CARE Clinic	400,000	400,000				
10.						
11.						
12.						
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18.						
19.						
20.						
<b>CSS - Administration</b>	<b>1,182,353</b>	<b>692,509</b>	<b>489,844</b>			
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Actual Expenditures</b>	<b>21,789,715</b>	<b>15,995,735</b>	<b>5,652,528</b>	<b>0</b>	<b>0</b>	<b>141,452</b>
<b>FSP Programs as Percent of Total</b>	<b>68.0%</b>					

# BUDGET WORKSHEETS

## Fiscal Year 2018/19 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 10/10/19

	Fiscal Year 2018/19 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	157,745	152,745				5,000
2. Targeted Prevention Strategies	100,916	100,916				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	3,027,210	2,866,250	128,189			32,771
2.						
3.						
4.						
5.						
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10.						
<b>PEI Administration</b>	149,102	149,102				
<b>PEI Assigned Funds</b>	0	0				
<b>Total PEI Program Actual Expenditures</b>	3,434,973	3,269,013	128,189	0	0	37,771



# BUDGET WORKSHEETS

**Fiscal Year 2018/19 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Solano

Date: 10/10/19

	Fiscal Year 2018/19 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>INN Programs</b>						
1. Innovation	1,355,981	1,355,981				
2.						
3.						
4.						
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20.						
<b>INN Administration</b>	18,860	16,456	2,404			
<b>Total INN Program Actual Expenditures</b>	<b>1,374,841</b>	<b>1,372,437</b>	<b>2,404</b>	<b>0</b>	<b>0</b>	<b>0</b>

# BUDGET WORKSHEETS

Fiscal Year 2018/19 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding

County: Solano

Date: 10/10/19

	Fiscal Year 2018/19 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>WET Programs</b>						
1. Education & Training	45,000	45,000				
2. Workforce Development & Recruitment	172,625	172,625				
3.						
4.						
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<b>WET Administration</b>	30	30				
<b>Total WET Program Actual Expenditures</b>	217,655	217,655	0	0	0	0

# BUDGET WORKSHEETS

## Fiscal Year 2018/19 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 10/10/19

	Fiscal Year 2018/19 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support MHSA						
1. programs.		0				
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	182,773	-23,531	206,304			
<b>Total CFTN Program Actual Expenditures</b>	182,773	-23,531	206,304	0	0	0



# **PUBLIC COMMENTS**

# PUBLIC COMMENT

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1. Rachel E. Ford, Community Member and retired Solano County Behavioral Health (SCBH) employee (public comment received 10/18/2019 via email):

*My name is Rachel E. Ford, I am the SCBH retired Consumer Affairs Liaison. I am also a Deaconate Candidate for Holy Family Old Catholic Church and sit as a member of the [Solano County] Suicide Prevention Committee in that capacity. I am the Chair of the Solano Interfaith Collaborative on Poverty, a community nonprofit dedicated to serving the homeless and those living in poverty in Solano County. I am a mental health peer and family member, it is from these perspectives that I make this reply. Overall, I would say the MHSA Annual Update is thoughtful and well done throughout. There are just three areas I would like to address.*

- a. *In the area of Wellness and Recovery, I was concerned that nothing was mentioned about the end of the stipend to the Peer Volunteers who work to support and serve the Solano community through the Wellness Recovery Support Groups and other community activities, at a time when SCBH/MHSA had an overage of funds. I recall that this stipend was requested and supported by the community in the last MHSA Annual Plan stakeholder meetings and I believe the community should be notified when something they requested has ended.*

**SCBH Response:** Thank you for the opportunity to address this concern regarding peer consumer volunteers. While the SCBH has a policy that will allow us to administer gift cards for peer consumers who attend and participate in various committees such as Suicide Prevention Committee, Cultural Competency Committee, Quality Improvement Committee, etc. this policy falls under the umbrella of the Solano County gift card policy which precludes SCBH from administering gift cards as stipends or payment for individuals in a “volunteer” capacity as this then implies an employer-employee relationship. It is also important to note that the community feedback regarding reimbursing peer consumers for providing support within the system of care was taken seriously by SCBH and as such three (3) full-time Peer Support Specialist positions were approved during FY2018/19 and SCBH has hired and onboarded 3 Peer Support Specialists who are now embedded in several adult programs. These competitive employment positions are salaried benefited positions. SCBH’s intent is to work to get additional Peer Support Specialist and Family Support Specialist positions approved by County Administration as we very much value the importance of having the peer and family voice incorporated into the work we do towards wellness and recovery. The current peer consumer volunteers, while no longer receiving gift cards, continue to be provided with several training opportunities—including an 80 hour peer certification training—free of cost. Participating in trainings and having the opportunity to volunteer in programs will position peer consumer volunteers to apply for paid positions with SCBH and our community-based organizations who also have peer positions.

- b. *In the area of correct grammar and report writing, there are many areas throughout the report where acronyms are used with no explanation. I remember many of the acronyms because I have only been retired 13-months, however, many peers, family members or community partners reading this report in part or in whole may miss important information because of these errors.*

**SCBH Response:** Thank you for the opportunity to address this concern regarding the use of acronyms. The MHSA Team has reviewed the document and ensured that each acronym used is spelled out the first time it is used in the document per writing standards.

# PUBLIC COMMENT

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- c. *As a past Cultural Resiliency Trainer, in the area of demographics, I am concerned that the term "American Indian" is used far more often than the more appropriate term Native American. I am also concerned that the only way to indicate Latino/a as an ethnicity is to tick the "Other" category. There should be separate Latino/a and Other categories allowing people to easily indicate their accurate ethnicity singularly, not as a combined option.*

**SCBH Response:** Thank you for the opportunity to address this concern regarding several of the demographic categories reported on. In October 2015 the State passed new MHSa PEI regulations requiring the collection of expanded demographics and the categories and their values were determined by the State. The Race value of "American Indian/Alaskan Native" is one of the required Race values per MHSa PEI regulations. Please see the mandated MHSa Race values below:

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Other
- More than one race
- Decline to answer

Regarding the inclusion of "Latino/a" in the "Other" value for the Race category was the result of SCBH—in partnership with stakeholders—having added "Latino/a" as an option to the Race category on self-reporting demographic tools used by MHSa funded programs for direct services and for outreach activities. The thought behind this decision had been that Latino/a community members may not feel comfortable identifying with the Race values determined by the State (see above). Please note that per the MHSa regulations in the Annual Update document SCBH is required to roll up "Latino/a" into "Other" value when reporting to the state. It is also important to note that SCBH and our providers also collect demographic data related to Ethnicity and again the Ethnicity values are dictated by the State. That said, there are several values under the "Ethnicity" category whereby Latino/a community members can further self-identify their ethnicity. Starting FY2019/20 SCBH has decided to not include "Latino/a" in the Race category as a value and instead will rely on the Ethnicity category to help us identify our reach and impact for the Latino community in Solano County.

*Thank you to all the individuals who worked to serve our community, to those who worked diligently to put together this report and thank you for accepting my brief comments.*

2. Sara Pryor, Provider and Program Director Prevention and Early Access Program for Seniors (PEAS) program Choice in Aging (public comment received 10/23/2019 via email):  
*It looks like the Direct Demo for residence graph is missing Vacaville.*

**County Response:** Thank you for identifying this omission. SCBH reviewed the "City of Residence" chart for the direct services the PEAS program provided and adjusted the chart key to ensure the city of Vacaville is included.



# PUBLIC COMMENT

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3. Gordon Doughty, Family Member, representative for the American Foundation for Suicide Prevention, and committee member for the Solano County Suicide Prevention Committee and the MHSA Steering Committee (public comment received during the Public Hearing on 11/19/19):  
*Having participated in the MHSA update process, I would like to offer my support to the process used and the results of the update.*  
**County Response:** Mr. Doughty thank you for your continued participation and support as a valued stakeholder and partner regarding the efforts towards combating stigma, preventing suicide deaths, and improving the Solano County Behavioral Health system of care.
4. Kristine Lalic, representative from Solano County Public Health (public comment received during the Public Hearing on 11/19/19):  
*Appreciate collaboration between Solano County Behavioral Health and Maternal Child and Adolescent Health (MCAH) Bureau addressing mental health of mothers and families in Solano County. Mental Health was one their [Public Health's] top priority problems in their recent Needs Assessment. The information presented was informative and I will take this back to my team.*  
**County Response:** SCBH appreciates the partnership with Public Health MCAH in delivering MHSA PEI funded Pregnant & Postpartum Maternal Support services. During the recent community program planning process stakeholders endorsed exploring the expansion of this collaboration.
5. Patty Phillips, representative NAMI Solano chapter (public comment received during the Public Hearing on 11/19/19):  
*NAMI class for parents. Ms. Philips informed attendees of NAMIs "Basics" class which is an in person, six-week program class for parents and is now being offered online.*  
**County Response:** SCBH appreciates the partnership with NAMI Solano and is pleased to learn that the "Basics" class will now be available online and will be accessible to more community members.
6. Denise Coleman, SCBH employee in the role of a Peer Support Specialist and member of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 11/19/19):
  1. *It is important to have more peer run programs in Solano County and the Pool of Consumer Champions (POCC) [program from Alameda County] would be a perfect addition to our County.*  
**County Response:** SCBH can explore if there are components of the POCC program model that we can incorporate into our system of care through our existing adult Wellness Centers and/or through the Caminar Jobs Plus employment program.
  2. *[Can we [SCBH] get a] Uber contract with a special app and code [for clients to use]? We would provide local jobs in the community.*  
**County Response:** During the recent stakeholder community planning process the issue of transportation was highlighted as a need. The need was identified to be expanded beyond getting transportation to mental health appointments but to jobs, grocery store, errands, etc. Several SCBH staff and Supervisor Monica Brown identified that the County Transportation Department has funding and programs that may be able to be leveraged—including Workforce Development Board funds and gas tax funding—to meet this identified need before using MHSA funding to meet the need. Additionally, Partnership Health Plan is required to provide a paratransit program for consumers to get to and from medical and mental health appointments.

# PUBLIC COMMENT

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Sandra Sinz, Behavioral Health Director did indicate that a neighboring County is piloting a contract with Uber for transportation for clients to get to their mental health appointments. SCBH will consult with this County to see how the pilot goes. We also learned after this meeting that another division in H&SS in fact has an Uber contract, so we will look at how this was operationalized. At this time all of the Full Service Partnership (FSP) programs, adult case management program, and both of the MHSA funded PEI senior programs provide some transportation for consumers. In the future SCBH can explore whether we can expand on transportation support provided we maintain the regulatory mandates to use 51% of the Community Services and Supports (CSS) funds on FSP programs.

7. Mike Wright, Family Member and member of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 11/19/19):

a. *Innovation is not being done enough and losing money.*

**County Response:** Two concurrent Innovation Projects are expected to fully expend Innovation funds: the *Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)* focused on health disparities, and the *Early Psychosis Learning Health Care Network (EP LHCN)* which is a statewide project with 3 other counties and several academic institutions that creates a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing. MHSA Innovation reversion funding is being used to support the quality improvement (QI) action plans for the ICCTM project which includes significant funding for school based wellness centers.

b. *SCBH Diversion Program has been slow to start and there is a sense of urgency.*

**County Response:** SCBH has received 34 referrals to date for diversion and/or just since September 2019. We have obtained a BSCC grant to add a program specifically for diversion clients, and these clients may be served in any program deemed most clinically appropriate. Further, two additional clinician positions were approved in the FY19/20 and these positions are pending hire to support this effort.

c. *Mobile Crisis RFP and funding.*

**County Response:** SCBH did release an RFP for Mobile Crisis in July of 2019 with a due date for the last week in August, however we did not receive any bids for this service. SCBH intends to re-release the RFP in January of 2020. The funding for this project is protected and approved via the MHSA Three-Year Plan.

d. *Excellent improvement in reporting, this is the best report yet, however [I] would like to see more items that did not work well.*

**County Response:** While the presentation emphasized positive outcomes the Annual Update document itself lists all the performance outcomes for each program and includes outcomes where programs did not meet the identified goal. There is also a section for each program that includes “challenges and barriers” and this includes content related to things not going well, including staff retention issues for many of the community-based organizations which in turn impacted their ability to meet some of the goals.

# PUBLIC COMMENT

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8. Heather Theaux-Venezio, Chair of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 11/19/19):
- a. *Could we have a Health Information Exchange (HIE) between hospitals and Behavioral Health?*  
**County Response:** Health & Social Services (H&SS) is planning to implement a data sharing platform that is connected to Microsoft Office 365 that can centralize some of the county programs into one. SCBH can explore if there is a way to have this interface with EDs. There is a possibility in the future to implement the HIE through the SCBH electronic health record, however there is a challenge with not having adequate information technology staffing resources.
  - b. *How many successful suicides [have there been and] are we trending the right way, have our suicide prevention efforts been successful?*  
**County Response:** Unfortunately, the suicide deaths in Solano County increased from 45 in 2017 to 62 in 2018 (back to rates equal to 2015). Statewide suicide deaths reportedly have increased from 2017 to 2018. While it is true that suicide deaths have increased in Solano County, it is difficult to measure whether there has been an increase in actual suicide attempts. This is due to the fact that county and statewide rates for suicide attempts requiring medical treatment at an emergency department (ED) are published two years or more after the fact by California Public Health, as are statewide suicide deaths.  
In 2020 SCBH, in partnership with the Solano County Sheriff Coroner's Office, will begin holding an annual Suicide Death Review process similar to that of the Child Death Review. The purpose of the Suicide Death Review will be to identify trends that could help us better intervene and prevent suicides in our community. SCBH will also be initiating a community program planning process in the Spring and Fall of 2020 in order to update the countywide Suicide Prevention Strategic Plan. This document will contain more in depth information regarding suicide deaths in Solano County and strategies to prevent suicide deaths.
  - c. *Increase in 5150s for school aged [children/youth], and when they are placed on 5150 and go to the emergency departments (ED) they sit there as we have no hospital beds to place them afterwards.*  
**County Response:** In the United States suicide is now the 2<sup>nd</sup> leading cause of death among individuals between the ages of 10 to 34. SCBH is aware that the rates of students in K-12 schools being placed on 5150s for suicidality has increased across the County. One strategy to address this is the School Wellness Centers which will help destigmatize mental health and help provide prevention services early on to prevent students from ending up in crisis situations. Additionally, SCBH provides and funds several partners to provide suicide prevention trainings for the community including school personnel. Regarding the issue of not having inpatient hospital beds for children and youth, this is unfortunately a statewide problem as are limited number of inpatient psychiatric facilities that serve children/youth. This is further compounded by an increase in children/youth being 5150ed and at greater risk for suicide.
9. JD Hatchett, co-owner and operator of Portrait House, housing program, and member of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 11/19/19):
- a. *Is there oversight for FSP clients who are placed in sub-contracted housing facilities; i.e. monitoring of mental health status and drug history? [This comment was a follow up from an agenda item from the previous MHAB meeting].*  
**County Response:** FSP consumers should be assessed and screened for appropriateness for any and all housing placements. Additionally, FSP case managers should be meeting regularly with FSP consumers to address any areas of concern that may arise. Mr. Hatchett provided SCBH specific consumer information during the Public Hearing for SCBH to review and follow up on.

# PUBLIC COMMENT

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b. *Are there services for straight youth and adults living with HIV/AIDS?*

**County Response:** SCBH MHSA does not fund any specific support groups for HIV/AIDS, however Solano Public Health provides education and prevention strategies. Additionally, Solano County Family Health Services clinics do provide support for individuals diagnosed with HIV/AIDS under Ryan White funding.

10. Menlo Avestro, member of the Mental Health Advisory Board (MHAB) (public comment received during the Public Hearing on 11/19/19):

*Asked where the follow up was related to a previous MHAB agenda item related to a consumer's suggestion to have SCBH purchase and begin to play informational videos focused on community resources in County clinic lobbies.*

**County Response:** While this particular request or suggestion was not made through the community program planning process and was not an initiative implemented during FY2018/19, this request will be explored by SCBH in the future. One of the QI Action Plans from the ICCTM Innovations project has a focus on signage in lobbies and community education therefore we may be able to use reversion Innovation funding or PEI funding.

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# REFERENCES

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<sup>1</sup> Solano County Website. (2018, September 30). *County of Solano 2018 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27869>

<sup>2</sup> United States Census Bureau. (2018, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>

<sup>3</sup> Solano County Website. (2017, August 8). *County Facts and Figures*. Retrieved from [http://www.solanocounty.com/about/county\\_facts\\_n\\_figures.asp](http://www.solanocounty.com/about/county_facts_n_figures.asp)

<sup>4</sup> Suburban Stats. (2018, September 30). *Current Solano County, California Population, Demographics and stats in 2017, 2018*. Retrieved from <https://suburbanstats.org/population/california/how-many-people-live-in-solano-county>

<sup>5</sup> Solano County Website. (2018, September 30). *County of Solano 2018 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27869>

<sup>6</sup> The Atlantic. (2017, August 21). Narula, Svati Kirsten. *The 5 U.S. Counties Where Racial Diversity is Highest—and Lowest*. Retrieved from <http://www.google.com/amp/s/www.theatlantic.com/amp/article/361388>





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Einige rechte Arbeiten Präsentation	Ausschreibung Präsentation Rückfragen Projektkolle	Vorprüfung Präsentation der Verfasserbeiträge und Erläuterungsbeiträge	Originale Ausschreibung Schriftverkehr Sonderhaft Bürgerbeteiligung	Notizen	Ergebnisprotokoll Berichte d. Vorprüfung Ausschreibungsprozesse	Schriftverkehr Bewerbungen Entwurf Ausschreibung			Schriftverkehr Rückfragen Schriftverkehr Planunterlagen Abgabebekanntmachung	Raumprogramm Banknoten Schriftverkehr Postabgabe Vermerke	Schriftverkehr Vermerke Vorprüfung eingereichte Arbeiten	Ausstellung Bericht der Vorprüfung Ergebnisprotokoll Anlage Planunterlagen

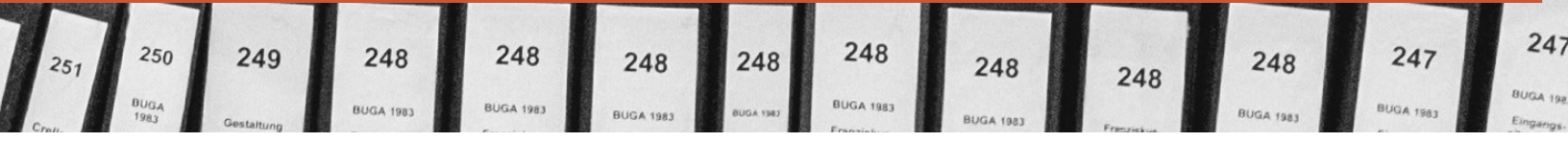
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243 Brunnen	243 Brunnen	243 Brunnen	243 Brunnen	243 Brunnen	244 Grabzeichen	244 Grabzeichen	245 Parkanlage	241 Parkachse 1/ Kosmologischer Park BUGA 1985	241 Parkachse 1/ Kosmologischer Park BUGA 1985	240 Brunnen an d. Mohriner Allee BUGA 1985	239 Karl Foerster-Skulptur BUGA 1985	239 Skulptur Vorplatz Prof. Dr. West

269	261	259	258	255	254	253	253	253	253	253	253
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# APPENDIX



# APPENDIX



## Solano County Behavioral Health **STAKEHOLDER MEETINGS**

FY2019/2020 MHPA Annual Update

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**OPENING SESSION - FAIRFIELD**  
September 5, 2019 | 1PM-4PM | Room A  
Community Events Center (CEC)  
601 Texas Street, Fairfield, CA

To RSVP, please email [SolanoMHPA@solanocounty.com](mailto:SolanoMHPA@solanocounty.com) or call 707-784-8320.

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The Mental Health Services Act (MHPA) provided the first opportunity in many years to increase funding, personnel, and other resources to support County behavioral health programs. MHPA is a community-driven system and the MHPA Community Planning Process creates an opportunity for advocates and for individuals whose lives are affected by mental illness to provide input into the development of the behavioral health service delivery system.

*Breakout Session dates and times are on the back of this flyer.*

# APPENDIX

## STAKEHOLDER MEETINGS

### VACAVILLE

September 9, 2019 | 9AM-11AM | Room 1-101  
1119 E. Monte Vista Ave., Vacaville, CA

### VALLEJO

September 12, 2019 | 3PM-5PM | Joseph Room  
505 Santa Clara Street, Vallejo, CA

### CLOSING SESSION - FAIRFIELD

September 17, 2019 | 2PM-4PM | Room A  
Community Events Center (CEC)  
601 Texas Street, Fairfield, CA

Solano County does not discriminate against people with disabilities or special linguistic needs. If you need a modification or interpreter services, *please call 707-784-8320 at least 24 hours in advance of the meeting*



[WWW.SOLANOCOUNTY.COM/DEPTS/BH/](http://WWW.SOLANOCOUNTY.COM/DEPTS/BH/)



SOLANO COUNTY - MENTAL HEALTH SERVICES ACT PROGRAM



@SOLANOCOUNTYBH

# APPENDIX



## Salud Mental del Condado de Solano REUNIONES DE PARTES INTERESADAS

Año fiscal 2019/2020 MHSA Actualización Anual

**SESIÓN DE APERTURA - FAIRFIELD**  
5 de Septiembre de 2019 | 1PM-4PM |  
Cuarto de Conferencia A  
Centro de Eventos de la Comunidad (CEC)  
601 Texas Street, Fairfield, CA

Por favor confirmar su asistencia al [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)  
o llame al 707-784-8320.

La Ley de Servicios de Salud Mental (MHSA) proporcionó la primera oportunidad en muchos años para aumentar los fondos, personal y otros recursos para apoyar los programas de salud mental del condado. MHSA es un sistema guiado por la comunidad y el proceso de planificación de la comunidad MHSA crea una oportunidad para que los que abogan y para individuos cuyas vidas se ven afectadas por una enfermedad mental de proporcionar su opinión sobre el desarrollo del sistema de servicios de salud mental.

*Las fechas y horas de la sesiones están en la parte posterior de este folleto*



# APPENDIX

## REUNIONES DE PARTES INTERESADAS

### VACAVILLE

9 de Septiembre de 2019 | 9AM-11AM | Sala 1-101  
1119 E. Monte Vista Ave., Vacaville, CA

### VALLEJO

12 de Septiembre de 2019 | 3PM-5PM | Sala Joseph  
505 Santa Clara Street, Vallejo, CA

### SESIÓN DE CLAUSURA - FAIRFIELD

17 de Septiembre de 2019 | 2PM-4PM | Sala A  
Centro de Eventos de la Comunidad (CEC)  
601 Texas Street, Fairfield, CA

El condado de Solano no discrimina a las personas con discapacidades o necesidades lingüísticas especiales.

Si necesita una modificación o servicios de intérprete,  
*por favor llame al 707-784-8320 con 24 horas de anticipación.*



[WWW.SOLANOCOUNTY.COM/DEPTS/BH/](http://WWW.SOLANOCOUNTY.COM/DEPTS/BH/)



SOLANO COUNTY - MENTAL HEALTH SERVICES ACT PROGRAM



@SOLANOCOUNTYBH

# APPENDIX



## Solano County Behavioral Health **STAKEHOLDER MEETINGS**

FY2019/2020 MHSa Annual Update

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**OPENING SESSION - FAIRFIELD**  
September 5, 2019 | 1PM-4PM | Room A  
Community Events Center (CEC)  
601 Texas Street, Fairfield, CA

Maari lamang mag RSVP kay Roanne deGuia-Samuels sa telepono 707-784-8112  
or email: [SolanoMHSa@solanocounty.com](mailto:SolanoMHSa@solanocounty.com)

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Sa maraming taon, ang Mental Health Services Act (MHSa) ay nakapagbigay ng kauna-unahang oportunidad na maitaas and pondo, bilang ng staff at mga resources na sumusuporta sa mga programming pangkaisipan (mental health) sa antas ng county. Ang MHSa ay isang sistema na nakikinig sa pangangailangan ng kanyang sinasakupan at layon na ang proseso ng pagpapalano (community planning) ay lumikha ng oportunidad para sa mga "advocates" at mga indibidwal na apektado ng sakit na pangkaisipan (mental illness) na maibahagi ang kanilang kuro-kuro sa pag-usad ng isang sistema na maghahatid ng epektibong serbisyo.

*Breakout Session dates and times are on the back of this flyer.*

# APPENDIX

## STAKEHOLDER MEETINGS

### VACAVILLE

September 9, 2019 | 9AM-11AM | Room 1-101  
1119 E. Monte Vista Ave., Vacaville, CA

### VALLEJO

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505 Santa Clara Street, Vallejo, CA

### CLOSING SESSION - FAIRFIELD

September 17, 2019 | 2PM-4PM | Room A  
Community Events Center (CEC)  
601 Texas Street, Fairfield, CA

Ang Solano County ay pantay ang tingin sa mga taong may kapansanan.  
Kung kailangang mo ng espesyal na akomodasyon para makilahok dito,  
tumawag sa **707-784-8320** 24 horas bago nakatakda ang miting na ito.



[WWW.SOLANOCOUNTY.COM/DEPTS/BH/](http://WWW.SOLANOCOUNTY.COM/DEPTS/BH/)



SOLANO COUNTY - MENTAL HEALTH SERVICES ACT PROGRAM



@SOLANOCOUNTYBH



# APPENDIX



**Solano County**  
**Mental Health Services Act (MHSA) Program**  
**Demographic Form**  
 (Training/Presentation/Meeting)



<b>Today's Date:</b>	<b>Participant Name (First Last) Optional:</b>	<b>Event/Meeting/Training Name:</b>
<b>Age</b>	<b>Gender Assigned at Birth</b>	<b>Disability</b>
<input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60+ yrs. <input type="checkbox"/> Prefer not to answer <b>Race (check all that apply)</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer <b>Ethnicity (check all that apply)</b> <b>If Hispanic or Latino:</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other _____  <b>If Non-Hispanic or Non-Latino:</b> <input type="checkbox"/> African <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____  <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <b>Current Gender Identity</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning/unsure <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer <b>Sexual Orientation</b> <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/unsure <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other _____ <b>Veteran Status/Military Services</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not a veteran or not active military <b>Do you identify with any of these groups? (check all that apply)</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> LGBTQ <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Currently involved with adult/juvenile justice <input type="checkbox"/> Prefer not to answer <b>City of Residence</b> <input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> Unincorporated <input type="checkbox"/> Non-Solano County resident <b>Primary Language (1<sup>st</sup> Language)</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL Sign Language <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer <b>Preferred Language Used Daily</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL Sign Language <input type="checkbox"/> Other _____	Do you have any of the following disabilities that have lasted <b>at least 6 months</b> , and substantially limit a major life activity, which is <b>NOT</b> the result of a severe mental illness?  <input type="checkbox"/> I don't have any disability <input type="checkbox"/> Prefer not to answer  <b>I have disability(ies), including: (check all that apply)</b>  <input type="checkbox"/> Difficulty seeing  <input type="checkbox"/> Difficulty hearing/having speech understood  <input type="checkbox"/> Other communication disability (specify) _____  <input type="checkbox"/> Cognitive impairment: learning, developmental disability, dementia, etc.  <input type="checkbox"/> Physical capacity and/or mobility: use walker or wheelchair, etc.  <input type="checkbox"/> Chronic physical health condition: chronic pain, Multiple Sclerosis, Parkinson's disease, etc.  <input type="checkbox"/> Other(specify) _____

This program is funded by Solano County MHSA funds, which is required to report on the reach and impact of the program and services. All your information is protected and confidential (CA Welfare/Institutions Code 5328).  
 Updated July 2019 (English)

# APPENDIX



**Condado de Solano**  
**Programa de la Ley de Servicios de Salud Mental del (MHSA)**  
**Formulario Demográfico**  
 (Formación/Presentación/Reunión)



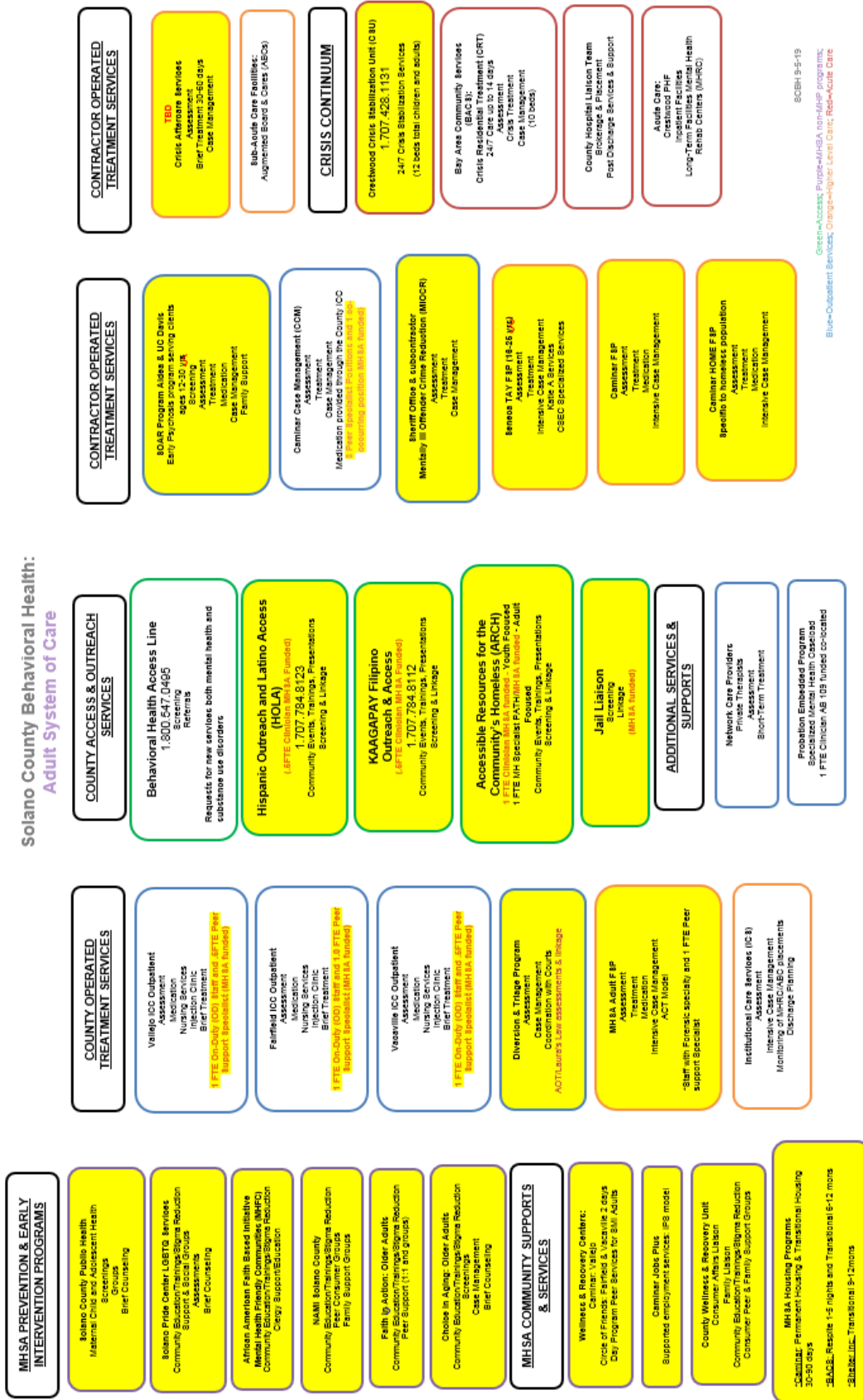
WELLNESS - RECOVERY - RESILIENCE

<b>Fecha:</b>	<b>Nombre del Participante (nombre apellido) Optional:</b>	<b>Evento/Reunión/Nombre del Entrenamiento:</b>
<b>Edad</b>	<b>Genero Asignado al Nacer</b>	<b>Discapacidad</b>
<input type="checkbox"/> 0-15 Años <input type="checkbox"/> 16-25 Años <input type="checkbox"/> 26-59 Años <input type="checkbox"/> 60+ Años <input type="checkbox"/> Prefiero no contestar	<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Prefiero no contestar	¿Tiene alguna de las siguientes discapacidades que han durado por lo menos 6 meses, y limita sustancialmente una actividad importante de la vida, que no es el resultado de una enfermedad grave de salud mental  <input type="checkbox"/> Ninguna Discapacidad <input type="checkbox"/> Prefiero no contestar  <b>Tengo una discapacidad, incluyendo: (marque todos que le correspondan)</b>  <input type="checkbox"/> Dificultad en ver  <input type="checkbox"/> Dificultad en oír o hablar  <input type="checkbox"/> Otra comunicación discapacidad (Especificar) _____  <input type="checkbox"/> Deterioro Cognitivo: discapacidad de aprendizaje, demencia, etc.  <input type="checkbox"/> Física/Movilidad: andador o silla de ruedas, etc.  <input type="checkbox"/> Enfermedad Crónica de Salud: dolor crónico, Esclerosis Multiple, de Parkinson Parkinson's, etc.  <input type="checkbox"/> Otro(Especificar) _____
<b>Raza (marque todo el que aplique)</b>	<b>Identidad de Género Corriente</b>	
<input type="checkbox"/> Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Blanca/ Caucaseo <input type="checkbox"/> Nativo Hawaiano/ Isla Pacifica <input type="checkbox"/> Negro/Afro Americano <input type="checkbox"/> Otro _____ <input type="checkbox"/> Prefiero no contestar	<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Transgénero <input type="checkbox"/> Genderqueer <input type="checkbox"/> Otro _____ <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Prefiero no contestar	
<b>Etnicidad (marque todo el que aplique)</b>	<b>Orientación Sexual</b>	
<b>Si es Hispano o Latino:</b> <input type="checkbox"/> Caribeña <input type="checkbox"/> Centro Americano <input type="checkbox"/> Mexicano/MexicanoAmericano/Chicano <input type="checkbox"/> Puertorriqueño <input type="checkbox"/> Sur Americano <input type="checkbox"/> Otro _____  <b>Si no es Hispano o Latino:</b> <input type="checkbox"/> Africano <input type="checkbox"/> Indio Asiático/Asiático del Sur <input type="checkbox"/> Camboyano <input type="checkbox"/> Chino <input type="checkbox"/> Europeo del Este <input type="checkbox"/> Europeo <input type="checkbox"/> Filipino <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Medio Este <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro _____  <input type="checkbox"/> Prefiero no contestar	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbiana <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Queer <input type="checkbox"/> Otro _____ <input type="checkbox"/> Prefiero no contestar	
	<b>Estatus Veterano/Servicios Militares</b>	
	<input type="checkbox"/> Veterano <input type="checkbox"/> Militar Activo <input type="checkbox"/> No es un veteran o militar activo	
	<b>Se identifica con alguno de estos grupos? (marque todo el que aplique)</b>	
	<input type="checkbox"/> No aplicable <input type="checkbox"/> LGBTQ <input type="checkbox"/> Fomentar la juventud <input type="checkbox"/> Actualmente involucrados con la justicia de adultos/juveniles <input type="checkbox"/> Prefiero no contestar	
	<b>Ciudad de Residencia</b>	
	<input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> No incorporado <input type="checkbox"/> No residente del condado de Solano	
	<b>Idioma Primario (Lengua Materna)</b>	
	<input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Tagalo <input type="checkbox"/> ASL lenguaje de señas <input type="checkbox"/> Otro _____ <input type="checkbox"/> Prefiero no contestar	
	<b>Idioma Preferido Utilizado Diariamente</b>	
	<input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Tagalo <input type="checkbox"/> ASL lenguaje de señas <input type="checkbox"/> Otro _____	

Este programa está financiado por fondos MHSA del Condado de Solano, que se requiere para informar sobre el alcance y el impacto del programa y los servicios. Toda su información está protegida y confidencial (CA Welfare/Institutions Code 5328).  
 Actualizado En julio de 2019 (Español/Spanish)

# APPENDIX

## Solano County Behavioral Health: Adult System of Care

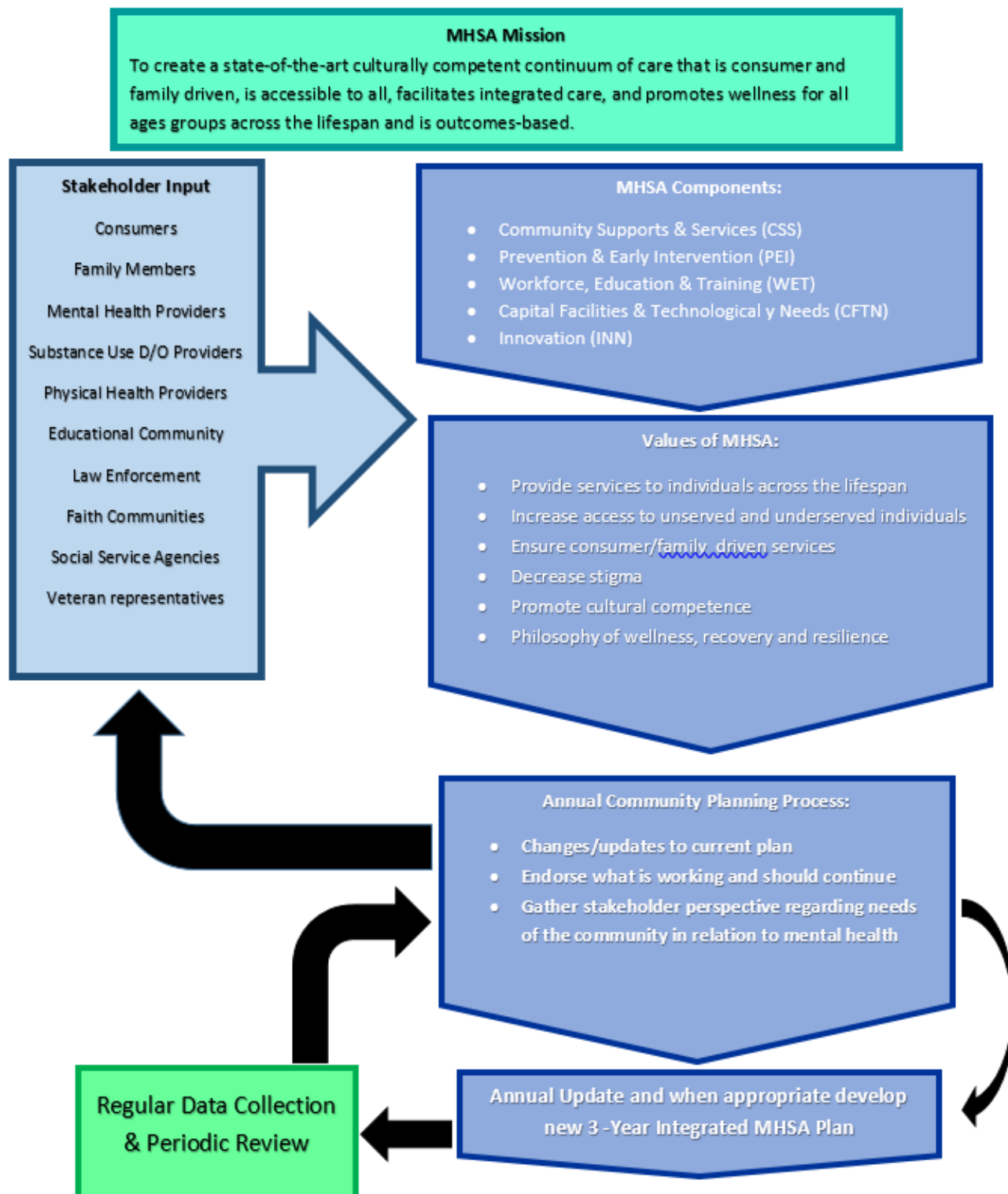


SCBH 9-5-19  
 Green=MHSA; Purple=MHSA non-MHSP programs;  
 Blue=Outpatient Services; Orange=Peer Support; Red=Acute Care

# APPENDIX

## Solano County Behavioral Health

### Mental Health Services Act (MHSA) Community Planning Process (CPP)



MHSA revised 2019

