



**MHSA
ANNUAL
UPDATE
FY 2020/2021**

**SOLANO COUNTY
BEHAVIORAL HEALTH**

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Table of Contents

Attestation Pages	iv
Board of Supervisors Minute Order	vi
Message from the Behavioral Health Director	vii
Introduction	1
Solano County Demographics	3
Impact of Coronavirus	5
Mental Health Plan System Capacity	7
Community Program Planning Process	12
MHSA Three-Year Plan	18
Prevention & Early Intervention	19
Community Services & Supports	76
Workforce Education & Training	162
Capital Facilities & Technological Needs	165
Innovation	166
Budget Worksheets	183
Public Comments	189
References	191
Appendix	192

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 January 12, 2021.

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 12/10/2020

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

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, LCSW	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: Solano County Health & Social Services Behavioral Health Administration 275 Beck Avenue, MS 5-260 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, LCSW
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, 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 12/30/2020 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, 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)

 1-27-2021
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(e)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



Solano County

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

Meeting Minutes - Action Only

Board of Supervisors

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

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

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

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

Mitch Mashburn (Dist. 5)
(707) 784-6130

Tuesday, January 26, 2021

9:00 AM

Board of Supervisors Chambers

- 26 [21-28](#) Receive a presentation and approve the Mental Health Services Act (MHSA) Annual Update FY2020/21 for services rendered in FY2019/20 and the MHSA Three-Year Plan for FYs 2020/23

Attachments:

[A - Presentation](#)

[B - Links to Annual Update and Three-Year Plan](#)

On motion of Supervisor Brown, seconded by Supervisor Hannigan, the Board approved the Mental Health Services Act (MHSA) Annual Update FY2020/21 for services rendered in FY2019/20 and the MHSA Three-Year Plan for FY2020/23. So ordered by 5-0 vote.

MESSAGE FROM THE DIRECTOR

Mental Health Services Act funds have been critical for supporting, improving, and expanding the services being delivered today across the systems of care for children and adults in Solano County. We use MHSA funds, blended with other funding sources where possible, to maximize services and to achieve the intended system transformation based in principles of inclusion, recovery, wellness and resilience. This requires prioritizing efforts to strengthen the consumer and family voice in the systems and services offered. An important principle in mental health recovery is the concept of hope. Our Peer Support Specialists are live symbols of recovery and the potential to thrive; they continue to strengthen a consumer-focused approach to services across the systems of care.

The County has faced immediate budget reductions resulting from the economic disruption of the COVID-19 global pandemic. At a time when people feel more isolated and stressed, County Mental Health Services are even more important. Sadly, with economic downturn, a greater need for services is generally paired with fewer public funds to deliver those services. Over the span of this Three-Year Plan, the County will need to prioritize the delivery of critical services to the youth and adults with mental health needs, with careful attention to the availability of funding, MHSA and otherwise. The outcomes of care for the consumers with the most severe and complex needs are especially relevant to guide prioritizing programs and service populations. Despite financial challenges, we remain committed to the principles of MHSA – hopeful and continuing in the battle of stigma in all its forms as we work towards equity in service access and individualized recovery.

Anticipating fluctuations in funding, we will be seeking input from the community as the Three-Year Plan is implemented, and particularly when funding reductions may put critical services at risk. We invite additional input into this process through various Behavioral Health committees and work groups, the monthly Local Mental Health Board meeting, and the annual MHSA stakeholder process.



Sandra Sinz, LCSW

Solano County Behavioral Health Director

INTRODUCTION

Purpose of This Document

The purpose of this document is to provide the Solano County Behavioral Health (SCBH) Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2020/21 which is a review of services and programs rendered during FY 2019/20 including: Prevention and Early Intervention programs, Community Services and Support programs, Innovation projects, Workforce Education and Training initiatives, and Capital Facility/Technology 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 imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services. MHSA calls for each county to create a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery for all age groups from birth to the end of life. The Act, which was implemented in 2005, was written in partnership between 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 components which include:

1. Prevention & Early Intervention (PEI)

PEI funds, representing 19% of the annual allocation, 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. Countywide stigma reduction and suicide prevention activities are also funded through PEI funding. Fifty-one percent (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 representing 76% of the annual allocation 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 responsive and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and the 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. Up to 5% of the annual CSS funding can be used by counties to support a robust community program planning (CPP) process with community stakeholders. Additionally, up to 20% of the CSS funding can be transferred to support initiatives related to workforce development, infrastructure building, and/or to the Prudent Reserve account. Transfers for these reasons are cumulative up to 20%.

3. Innovation (INN)

INN funds, representing 5% of the annual allocation, 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 underserved groups, to improve the quality of services, demonstrate better outcomes, to promote interagency collaboration and sharing of lessons learned. Each INN project requires a separate CPP process and Plan, and must be approved by the MHSOAC prior to the project commencing. Additionally, an annual INN Report is required for each project and at the end of the project a comprehensive evaluation must be submitted to the state. INN projects are generally three year projects, or with special approval from the MHSOAC projects can be up to five years.

INTRODUCTION

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 MHS value of wellness and recovery. WET funds were only made available for the first 10 years of MHS funding, therefore there has been no new WET funding since 2014. With stakeholder endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHS Three-Year Plan includes content addressing an identified need and how the funds will be used.

5. Capital Facilities & Technology Needs (CF/TN)

CF/TN funds are intended to be used to develop or improve buildings used specifically for the delivery of mental health services for the seriously mentally ill population and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. Similar to the WET funding, CF/TN funds were only made available for the first 10 years of MHS funding, therefore there has been no new CF/TN funding since 2014. 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 MHS Three-Year Plan includes content addressing an identified need and how the funds will be used.

Prudent Reserve (PR)

In addition to the WET and CF/TN components listed above, counties are permitted to allocate up to 33% of the five-year average of incoming CSS funds to the prudent reserve (PR) fund with stakeholder endorsement and provided the current MHS Three-Year Plan includes the identification of PR funds. The purpose of maintaining PR funds is to safeguard the continuity of critical programs and services in the event that there is a budget crisis. In order to access PR funds counties must secure approval from the state, which includes providing a justification of why the PR funds are needed and what component the PR funds will be transferred to (this requirement was waived FY 2020/21).

MHSA 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.

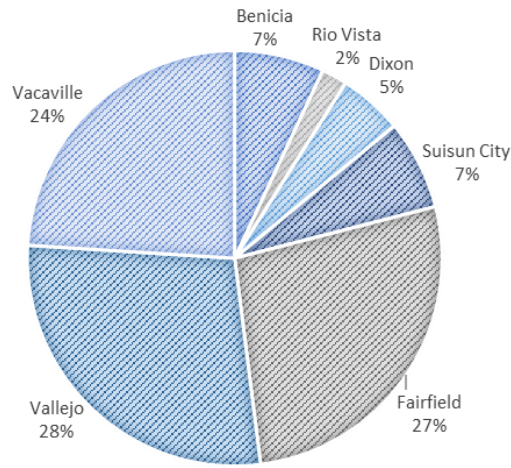
SOLANO COUNTY DEMOGRAPHICS

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 the *Solano County 2019 Annual Report* the County’s population was 441,307 in 2019¹. Forty-nine point eight percent (49.8%) of the population is male and 50.1% of the population is female².

Population City Distribution 2019

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.

POPULATION CITY DISTRIBUTION

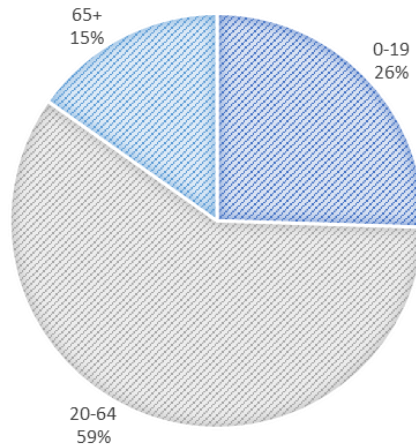


Source: U.S. Census Bureau, www.census.gov³

Population Age Distribution

The median age in Solano County is 36 years old⁴. Twenty-six percent (26%) of the population are children/youth under the age of 19 years old, 59% of the population are adults between the ages of 20-64 and 15% are older adults over the age of 65⁵.

POPULATION AGE DISTRIBUTION



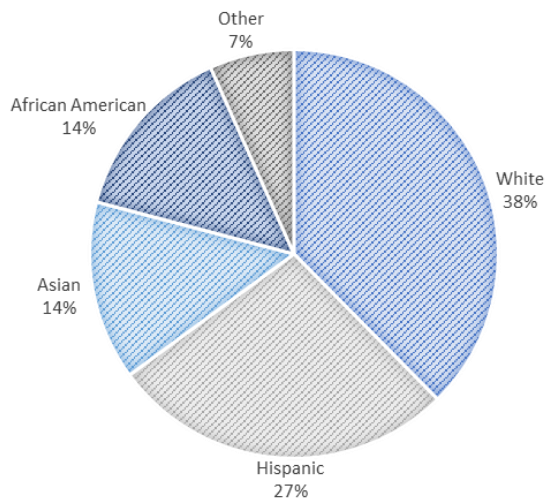
Source: *Solano County 2019 Annual Report*

SOLANO COUNTY DEMOGRAPHICS

Population Race/Ethnicity Distribution

Thirty-eight percent (38%) of the residents identify as White, 27% of the residents identify as Hispanic, 14% as Asian, 14% as African American; and the remaining 7% identified as Other. Approximately 62% of the population identified with a race other than White or Caucasian⁶. Recently Solano County was ranked as the 5th most racially diverse County in the United States⁷.

POPULATION RACE DISTRIBUTION



Source: *Solano County 2019 Annual Report*

IMPACT OF CORONAVIRUS

The SCBH Mental Health Plan (MHP) continues to provide critical behavioral health services and supports for the community of Solano County while navigating the impacts of the Coronavirus global pandemic herein referred to as COVID-19. Of greatest concern is the impact on the vulnerable populations our system serves; and adding to the complexity, COVID-19 economic impacts have quickly affected our system's financial, staffing, infrastructure, and other resources, creating new challenges to address. Very quickly SCBH, in partnership with the County IT department worked to expand telehealth services for consumers, and clinics adapted to the COVID-19 safety measures including mask wearing, increased hygiene practices and social distancing.

COVID-19 immediately impacted local tax revenues which in part fund County services, including core Mental Health Plan services. Additionally, the current economic disruption is expected to result in a significant decrease in MHSA incoming revenues expected in FY 2022/23. Assembly Bill 81 Public Health Funding was passed in response to COVID-19 and included language to allow for the following flexibilities related to MHSA:

- **Extended time to submit new 3-Year Plans & Annual Updates**
SCBH requested an extension for the new Three-Year Plan.
- **Allowed transfer of Prudent Reserve to PEI & CSS without obtaining special permission from the state**
SCBH does plan to transfer PR to the CSS component starting in FY 2020/21 to address projected budget shortages that will impact funding starting in FY 2021/22 through FY 2022/23. By taking this action SCBH will preserve critical CSS services.
- **Flexibility in how CSS funding is allocated during FY 2020/21**
SCBH implemented this option.
- **Extended funds that were reverting in June 2020 through June 2021**
SCBH had funds that were at risk of reverting by June 2020 and due to COVID-19 would not have been able to be spent down, however; we now have until June 2021 to spend the funds.

While the MHSA revenue has not been immediately impacted, a decrease in local tax revenues due to the statewide Stay-at-Home Order issued by Governor Newsom significantly impacted SCBH's core programming (and all County Mental Health entities across the State that are funded by Realignment), resulting an immediate \$4,500,000 budget shortage impacting both FY 2019/20 and FY 2020/21. To ensure the continuity of essential services and to respond to increased mental health needs for the community, SCBH worked diligently to identify strategies to mitigate impacts. The following actions were taken:

- Moved formerly Realignment-funded positions and one adult contract to MHSA, for positions/programs that are consistent with MHSA principles and rules associated with non-supplantation
- Instituted reductions for several Realignment-funded contracts
- Froze most vacant County positions that were funded by Realignment
- Developed a comprehensive plan to step down consumers who are stable and receiving medication only service to their primary care physicians for ongoing medication management
- Planned reductions in inpatient hospitalizations and placement in long-term care facilities

IMPACT OF CORONAVIRUS

Based on the most recent projections of incoming MHSa funding through FY 2022/23 and the current funding allocations for MHSa programs and strategies, the local MHSa budget for the CSS component is projected to have a deficit starting in FY 2021/22, and both CSS and PEI components are projected to have a deficit in FY 2022/23. Given the anticipated shortfall is more significant for FY 2022/23 SCBH must begin to implement strategies to mitigate the budget deficit starting no later than FY 2021/22 in order preserve critical programming:

- Transfer Prudent Reserve to the CSS component starting FY 2020/21.
- Fund the Mobile Crisis program and associated Crisis Transport contract under PEI as suicide prevention programs.
- Suspend all county expenses related to non-essential training and travel for trainings.
- Defund or reduce contracts that are not supporting direct services for consumers or family members; e.g. training and consultation contracts.
- For contracts that have not expended the annual budget for 2 or more years the contract will be reduced by the average of unspent funds over a 2 or 3 year period.
- Begin reducing PEI contracts by 5%-10% pending the contract amount starting FY 2021/22 and 10%-15% pending the contract amount for FY 2022/23.
- Begin reducing CSS contracts by 15% starting FY 2021/22 and 20% for FY 2022/23.

It is important to note that MHSa funding is unpredictable and therefore the projections from the state regarding the anticipated decrease in incoming MHSa funding may ultimately not be as significant as what is currently predicted. Additionally, each year typically there are allocated funds that are unspent as a result of county and contractor budgets not being totally expended for various reasons (primarily staffing vacancies). SCBH will continue to closely monitor the budget and if the fiscal landscape changes, the County will adjust accordingly to ensure our most vulnerable populations receive the service and supports they need. The Annual Updates will be particularly important during the course of this Three-Year Plan as the actual dollars available become known over the course of the Plan.

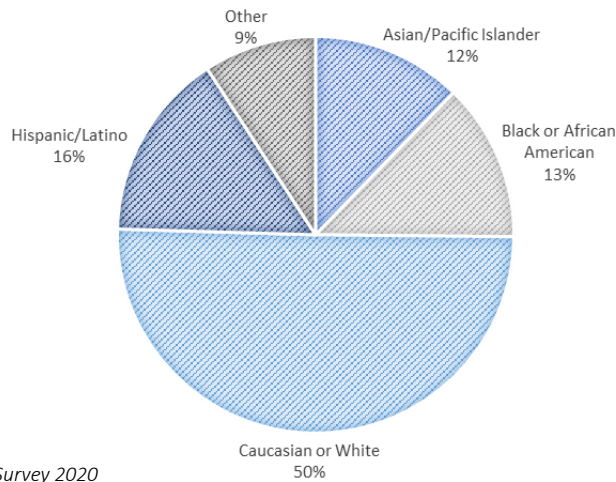
MENTAL HEALTH PLAN SYSTEM CAPACITY

System Capacity Report

Starting in December of 2017, SCBH began to administer an annual survey of the MHP workforce to gather data related to the diversity of our workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the MHP. The “Workforce Equity Survey” was administered in September of 2020 and yielded 174 responses. The results show that:

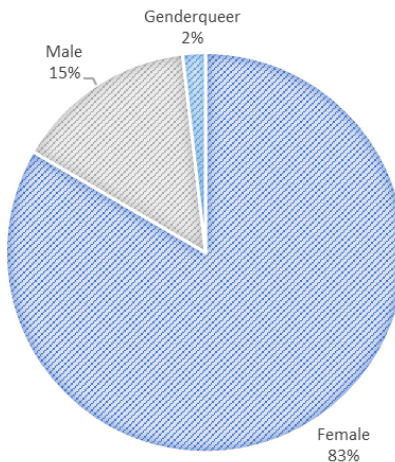
- Seventy-six percent (76%) of the total respondents reported receiving Cultural Responsivity training in the past year
- Sixty-three percent (63%) of the respondents reported having been trained in how to access interpreter services

MHP STAFF BY RACE



Source: Solano County Workforce Equity Survey 2020

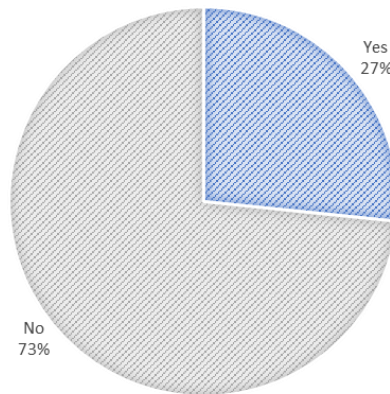
MHP STAFF BY CURRENT GENDER IDENTITY



Source: Solano County Workforce Equity Survey 2020

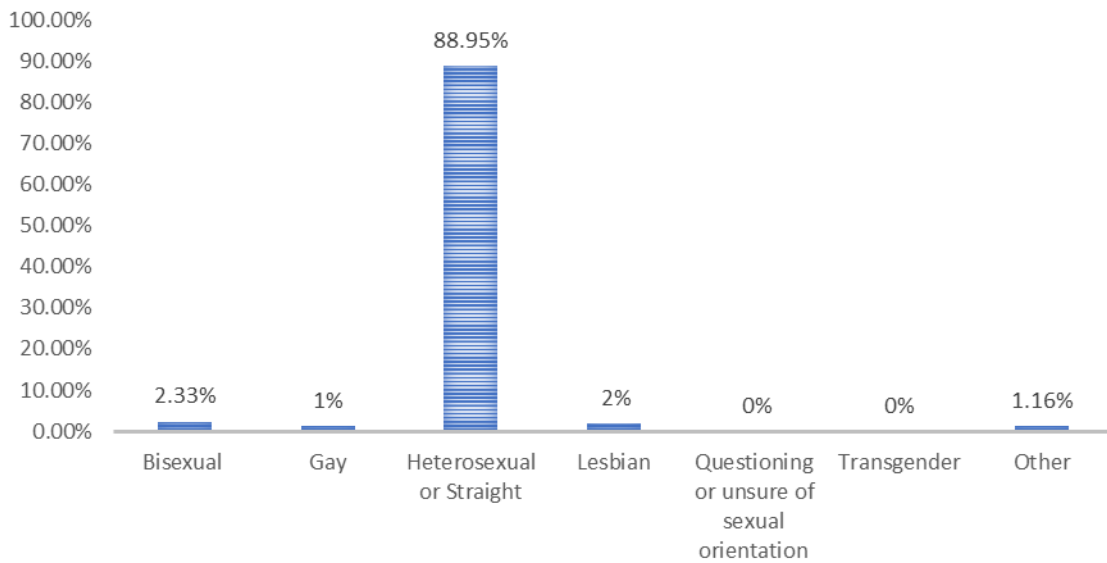
MENTAL HEALTH PLAN SYSTEM CAPACITY

MHP STAFF BY BILINGUAL STATUS



Source: Solano County Workforce Equity Survey 2020

MHP STAFF BY SEXUAL ORIENTATION

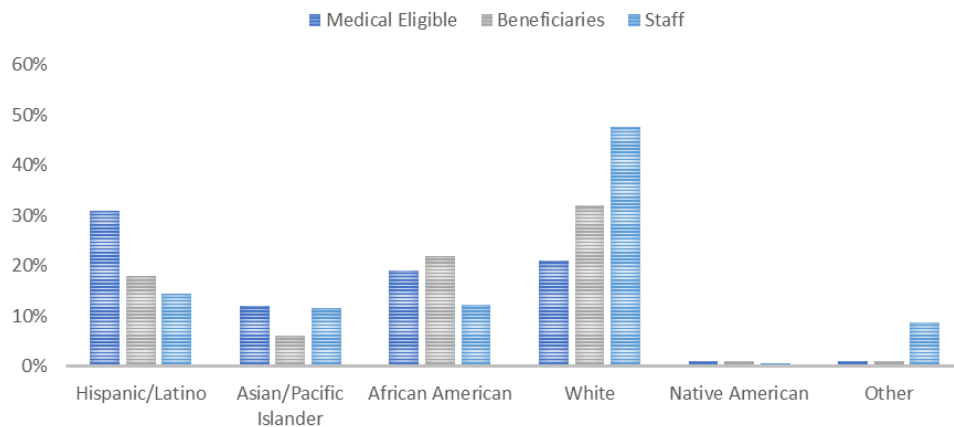


Source: Solano County Workforce Equity Survey 2020

MENTAL HEALTH PLAN SYSTEM CAPACITY

Furthermore, the chart below shows a disparity between eligible Medi-Cal population (those who receive the Medi-Cal insurance benefit), current beneficiaries served by the MHP, and the MHP staff:

DISPARITY BETWEEN CONSUMERS SERVED & STAFF



Source: Solano County Workforce Equity Survey 2020, EQRO Report, SCBH Electronic Health Record

Inferences can be made regarding eligible beneficiaries who might not have engaged with the MHP and are therefore not receiving necessary treatment due either insufficient outreach and/or being off put by a system whereby staff do not represent their culture, particularly with the Hispanic/Latino, African-American, and Asian/Pacific Islander communities. SCBH and our contractors hire quality, bi-lingual and bi-cultural staff whenever possible, however this continues to be 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 have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.

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 (14) quality improvement (QI) action plans that are focused on workforce development, training, and community engagement. Information about this project is provided in the Innovation section on pages 167-181.

MENTAL HEALTH PLAN SYSTEM CAPACITY

MHP Network Adequacy

In February of 2018, County MHPs were informed by the DHCS that they would need to track and report on the adequacy of the MHP network of services it uses to serve Medi-cal eligible individuals. This process of certifying to DHCS will now be an annual submission, that Solano MHP's network meets adequacy standards, and 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. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the electronic health record, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY 2019/20, Solano County received both the annual and quarterly certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards.

MENTAL HEALTH PLAN SYSTEM CAPACITY

Stakeholder Engagement

The MHSA Unit had scheduled eight CPP meetings across Solano County intended to start during the month of March 2020 in order to develop the new Three-Year Plan; however due to COVID-19 and the Stay-at-Home Order by Governor Newsom those in-person meetings had to be cancelled. As it became clear that SCBH was not going to be able to hold in-person meetings due to COVID-19, SCBH secured a virtual platform that is conducive to the CPP process.

The MHSA Unit engaged community stakeholders in a virtual CPP process which included 10 virtual stakeholder meetings (see flyers Appendix, pgs. 192-196). The CPP meetings included 157 unduplicated individuals with representation from: youth, 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 underserved and marginalized communities.

Community Program Planning (CPP) Meetings 2020	# Attendees
August 17, 2020; 3:30PM-6PM—Youth Innovation Idea Lab	47
August 18, 2020; 3:30PM-6PM—Youth Innovation Idea Lab	70
September 29, 2020; 12PM-3PM	31
September 30, 2020; 9AM-12PM (cancelled due to low participation) *	0
September 30, 2020; 3PM-6PM	13
October 1, 2020; 1PM-4PM	18
October 5, 2020; 9AM-12PM	28
October 6, 2020; 4PM-7PM	27
October 7, 2020; 12PM-3PM	25
October 8, 2020; 9A-11AM	47
October 13, 2020; 4:30PM-6PM (Spanish)	16

*Three attendees logged on for the meeting, two of which had attended a CPP meeting the day before. All three attendees were registered for an alternate meeting.

The Youth Innovation Idea Lab was initially scheduled to take place on March 23, 2020 as hosted by Solano County in partnership with the MHSOAC, the Youth Innovation Project Planning Committee, Yolo County and Sacramento County; however, the event had to be cancelled due to COVID-19 and the Governor’s Stay-at-Home Order. All of the partners shifted gears and planned virtual meetings that were held in August of 2020. The Youth Innovation Idea Lab brought together youth from Solano, Yolo and Sacramento Counties and adult allies to participate in a collaborative thinking environment to identify innovative approaches to improve mental health services accessible to California’s youth. There were 70 participants who attended the virtual Innovation Idea Lab sessions. In addition to breakout sessions used to solicit feedback from youth, artwork and other forms of media (photography, poetry, etc.) created by youth from the three participating Counties was used to promote awareness and help start dialogues during the virtual meetings. Feedback from the attendees in included in the overall feedback gathered during the Solano County CPP process.

Additional CPP meetings held by SCBH included a presentation on the history and components of MHSA; the role of the community in the CPP process; state and local MHSA updates; the system of care programs and services; and data related to MHSA funded programs and services rendered during FY 2019/20. The presentation was followed by breakout sessions with targeted questions (see Appendix, pg. 200) to prompt group discussions to elicit feedback regarding 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 475 community stakeholders; emails to all County Health and Social Services staff which includes 1,171 employees; emails sent out through partner email distribution lists; meeting fliers printed in English and Spanish posted in County and Contractor clinic lobbies; posts on the SCBH Website and on social media platforms including Facebook, Instagram and Twitter. Additionally, advertisements for the MHSA CPP meetings were placed in the local newspapers in Solano County’s major cities including Vallejo, Benicia, Fairfield, Vacaville and Dixon.

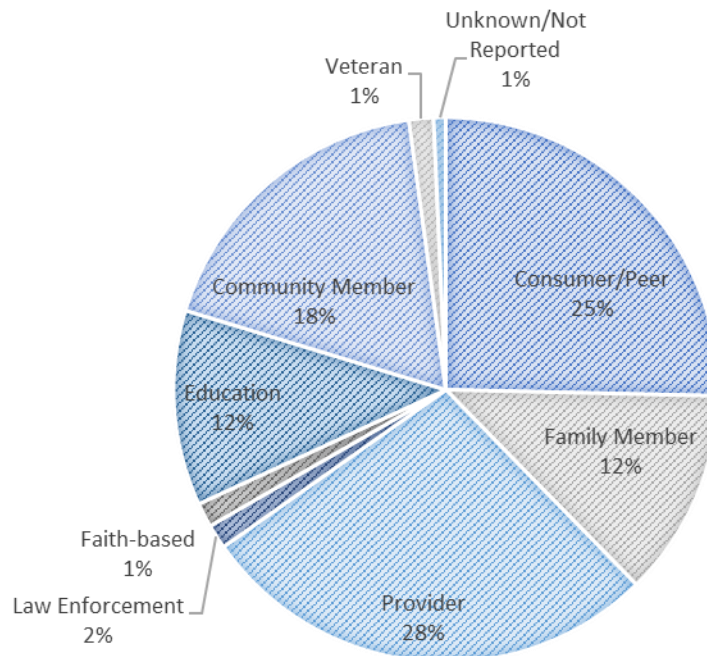
COMMUNITY PROGRAM PLANNING PROCESS

CPP Participant Demographics

Demographic information was collected through an electronic survey at the point of registration and then verified against the actual attendance records for the meetings. The survey included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran’s status, stakeholder type, and whether the individual had lived experience.

Of the 157 unduplicated meeting attendees, 138 completed the survey questions at the point of registration. 64% were between the ages of 26-59, 15% were over the age of 60, 8% were between the ages of 16-25 and 13% responded “prefer not to answer”. With regard to race/ethnicity, 39% of the attendees identified as White, 17% as African American, 9% as Hispanic/Latino, 6% as more than one race, 5% as Asian/Pacific Islander, 4% as “other”, 1% as American Indian/Alaska Native and the remaining attendees responded, “prefer not to answer”. English was the primary language for 78% of the attendees, 4% Spanish and the remaining declined to answer. Of the 120 attendees who answered the question related to current gender identity, 65% identified as female, 32% as male, 2% identified as genderqueer and 1% responded “prefer not to answer”. Regarding sexual orientation of the 113 attendees who answered this question 83% identified as heterosexual, 4% as lesbian, 4% as gay, 3% as queer, 2% as bisexual and 4% responded “prefer not to answer”. 6% of the attendees identified as veterans. In regards to lived experience 32% of the attendees identified as having lived experience as a consumer and 30% as a loved one of a consumer.

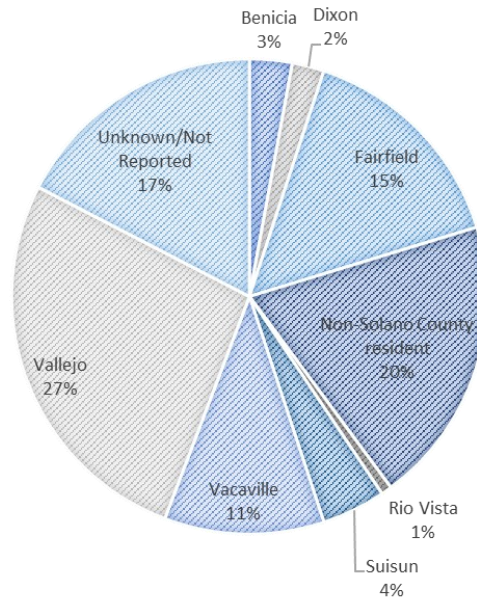
CPP MEETING STAKEHOLDER TYPE



Source: Solano County CPP Registration Survey

COMMUNITY PROGRAM PLANNING PROCESS

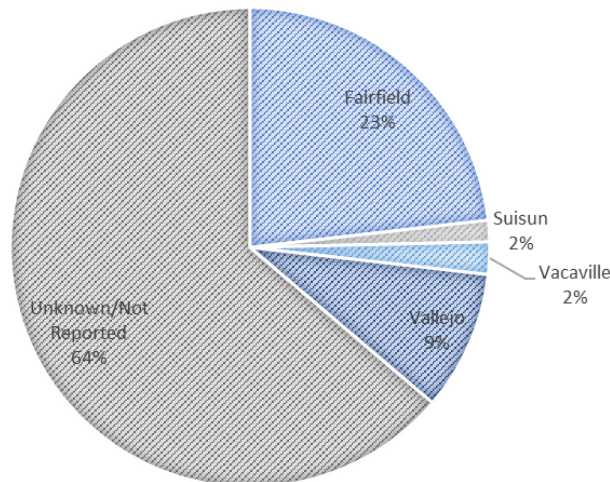
CPP PARTICIPANTS BY CITY OF RESIDENCE



Source: Solano County CPP Registration Survey

When reviewing CPP participant by city of residence it appears that there was good representation from the various regions in the County, however it appears targeted outreach is needed to engage the Benicia, Rio Vista and Dixon communities. Regarding the large representation from non-county residents, SCBH also included a survey question to elicit what community the person primarily works in. The following chart includes this information and indicates that there was additional strong representation for the communities of Vallejo and Fairfield.

NON-COUNTY RESIDENT, WHICH CITY ATTENDEES WORK



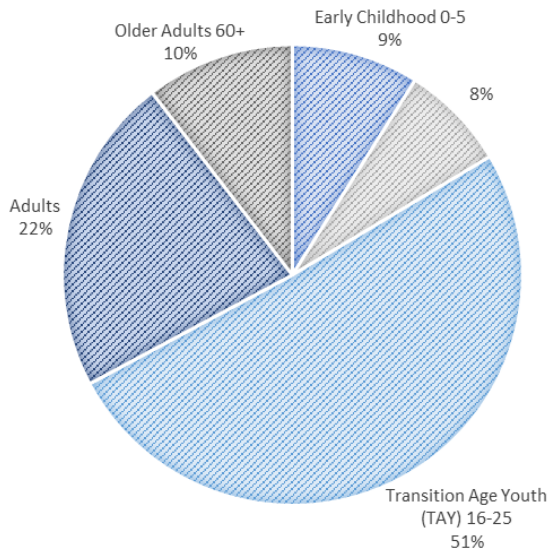
Source: Solano County CPP Registration Survey

COMMUNITY PROGRAM PLANNING PROCESS

During the CPP virtual meetings several polling questions were asked and the charts below summarize the outcomes of these polls.

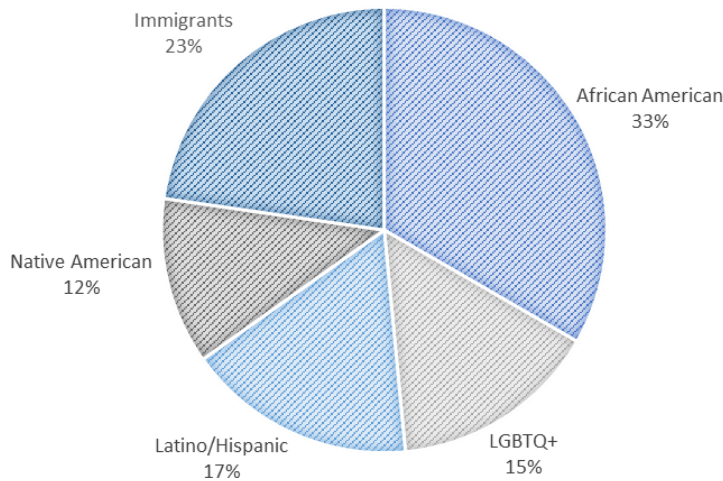
Which age group do you feel is at highest risk for being impacted by gaps in care?

AGE RANGE MOST AT RISK



In thinking about communities that are historically marginalized, which do you feel is impacted the most by gaps in care?

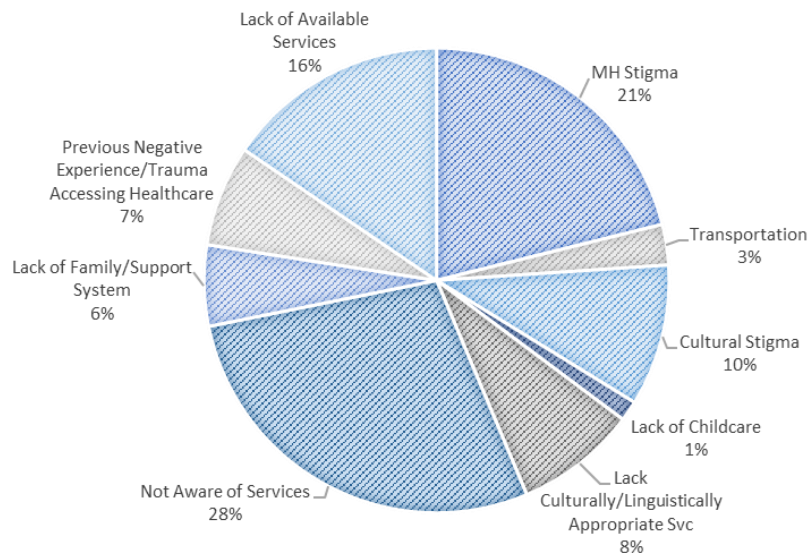
MARGINALIZED COMMUNITY MOST IMPACTED BY GAPS IN CARE



COMMUNITY PROGRAM PLANNING PROCESS

What do you think impacts access to care the most?

BARRIERS TO ACCESSING CARE



The following items were the top priorities identified through the CCP process. SCBH currently funds programs and strategies that address many of the identified needs. Due to anticipated reductions in MHSA revenue (incoming funds), SCBH will not be expanding or implementing any new programs. However, should funds become available SCBH will consider making adjustments to current MHSA funded contracts to expand services and strategies to address the needs identified by the community.

Below are the top five priorities/needs identified by youth during the Youth Innovation Idea Lab virtual meetings:

1. Many students are not aware of the mental health services available to them through schools.
2. Poor follow-up after inquiring about mental health services at school, and if there is follow-up it is not enough or takes too long to receive it.
3. Due to COVID, many students are not able to receive in-person services.
4. Many students feel as though there is nowhere to go for mental health support on campus
5. There is a lack of peer-led or peer-supported services

COMMUNITY PROGRAM PLANNING PROCESS

Below are the top five priorities/needs identified by stakeholders during the CPP virtual meetings:

1. Navigation services and coordination of care.
2. Services for uninsured and privately insured community members.
3. Appropriate services for immigrants with special attention to the Latinx community.
4. Services for the homeless population.
5. Expanded services for children and youth.

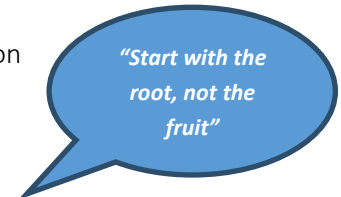
The following populations were identified as being disproportionately impacted by gaps in care during the CPP virtual meetings:

1. Transition Age Youth
2. LGBTQ+ community members with special attention to Trans people of color and seniors
3. Homeless individuals
4. African Americans
5. Uninsured and privately insured community members

During the CPP meetings stakeholders were asked to provide feedback on the services that should be prioritized in the event that there is a budget shortfall.

Below are the top five priorities to be preserved identified by the community:

1. Prevention/early intervention services with a particular emphasis on stigma reduction
2. Youth and school-based services
3. Crisis services and supports
4. Services for the homeless population
5. LGBTQ+ community, seniors, and pregnant /new moms



In addition to identifying what programs or services to preserve in a budget crisis, community stakeholders also recommended considering a reduction of funding based program performance and/or reducing program budgets proportionately across the board. In order to address a significant budget shortfall impacting both the CSS and PEI funding components anticipated for FY 2022/23—the third year of the new MHSA Three-Year Plan—due to economic turmoil resulting from COVID-19, SCBH has had to implement planned reductions in contracts for both FY 2021/22 and FY 2022/23. SCBH will monitor the fiscal situation closely and should there be more unspent funds and/or new MHSA revenue than anticipated at the writing of this Annual Update SCBH will make adjustments accordingly.

COMMUNITY PROGRAM PLANNING PROCESS

MHSA Steering Committee

The MHSA Steering Committee was convened on November 2, 2020. 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 underserved and marginalized communities. SCBH provided information regarding the outcome of the CPP process and current budget considerations. The Committee endorsed SCBH's plans to address the budget shortfall that will impact MHSA during the next three years.

Local Review Process

On November 2, 2020 draft versions of both the *MHSA Annual Update Fiscal Year 2020/21* and the new *MHSA Three-Year Plan FYs 2020/23* were posted on the Solano County MHSA web page at 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 475 community stakeholders; and an email was sent to 1,171 County Health and Social Services staff.

The 30-Day Public Comment period was from November 2, 2020 thru December 1, 2020. A Public Hearing was held virtually in partnership with the Solano County Local Mental Health Advisory Board (MHAB) on December 1, 2020, 4PM-5:30PM in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20. Community members were advised to submit public comments through the SolanoMHSA@SolanoCounty.com email and comments were taken both verbally and via the comment box through the Zoom platform during the Public Hearing.

Following the Public Hearing the both the Annual Update and new MHSA Three Year Plan will be presented to the Solano County Board of Supervisors on January 12, 2021 for approval and then will be submitted to MHSOAC and DHCS.

Mental Health Services Act

Annual Update

In this section of the document, programs funded by MHSAs during FY 2019/20 will be reviewed to include: unduplicated count of individuals served when possible; program performance outcomes; cost per person for programs or total program cost; participant demographics; program highlights; and program barriers.

PREVENTION & EARLY INTERVENTION

PEI strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—particularly to traditionally underserved marginalized communities. The following section contains outcomes for PEI funded programs for FY 2019/20 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 program 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.
- **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.

PREVENTION & EARLY INTERVENTION

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 as follows:

Suicide Prevention

Community-wide Suicide Prevention Efforts
Trainings: safeTALK, ASIST, etc.
Suicide Prevention Crisis Call Center

Stigma & Discrimination Reduction

Community-wide Stigma & Discrimination Reduction
Family & Peer Support Program
Strategic Disparity Reduction Initiative/s

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 Psychosis Treatment Program
Older Adult Case Management & Treatment
Older Adult Peer-to-Peer Program

Senate Bill (SB) 1004

SB 1004 legislation, passed in September of 2018, requires the MHSOAC to establish priorities for the use of PEI funds and to develop a statewide strategy for monitoring the implementation of PEI services. This includes enhancing the public's understanding of PEI and creating metrics for assessing the effectiveness of how PEI funds are used and the outcomes that are achieved. This bill authorizes counties to include other priorities, as determined through the CPP process, either in place of, or in addition to, the established priorities. If a county chooses to include other programs, the bill requires the county to include a description in their annual update or three-year plan of why those programs are included and metrics to measure program effectiveness.

PREVENTION & EARLY INTERVENTION

Listed below are the MHSOAC's established six (6) PEI priorities per SB 1004, as well as the various strategies and programs SCBH is funding that are already aligned with the MHSOAC's PEI priorities. These strategies and programs are also described in detail later in this document.

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs/ conditions.
 - ◇ The **Early Childhood Services** strategy co-funded by MHSA and First 5 Solano address this priority through screenings and the use of Triple P parent education model.
 - ◇ The **Pregnant & Postpartum Maternal Support** strategy provides support for pregnant and new mothers to prevent and/or address postpartum depression which can lead to child abuse or neglect if untreated.
 - ◇ **School-based Mental Health Services** programming includes trainings for parents/caretakers to build skills and prevent abuse, strategies to identify children/youth who are in need of mental health services, student workshops/groups, and the provision of mental health assessments and brief counseling for 3-5 months for students in schools K-12.
2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan.
 - ◇ The **Early Psychosis Treatment Program** includes trainings for key partners including schools and providers on the early identification of psychosis, screenings and assessments for individuals ages 12-30 referred for services, and treatment for individuals determined to be eligible for the program. During the screening and assessment process if an individual is identified to have a mood disorder rather than a psychotic disorder the individual is linked to appropriate services.
 - ◇ **School-based Mental Health Services** programming includes strategies to identify children/youth who are in need of mental health services as well as the provision of mental health assessments and brief counseling for 3-5 months for students. Pending each individual's need referrals are made to the most appropriate level of care and treatment program. Additionally, one of the contractors provides suicide prevention trainings for school personnel, parents/caretakers, etc.
 - ◇ **School-based Wellness Center Initiative (SWCI)** Thirty-five (35) culturally responsive school wellness centers were funded using MHSA INN funds for K-12 and adult education school sites. PEI funded programs will be leveraged to support the SWCI; e.g. school sites with a wellness center can leverage the MHSA funded School-based Mental Health Services contractors for trainings, student workshops, and direct services. Additionally, other PEI funded contractors have deliverables related to outreach and training in schools.
 - ◇ **Suicide Prevention** strategies include outreach efforts to raise awareness about suicide prevention; suicide prevention trainings provided by SCBH and contractor staff including specific suicide prevention trainings focused on the older adult community; funding for a suicide prevention hotline; Mobile Crisis Services and Crisis Transport; a countywide Suicide Prevention Committee; and a Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs.
 - ◇ **School-based Mental Health Services** programming includes student workshops/groups, strategies to identify children/youth who are in need of mental health services, the provision of mental health assessments and brief counseling for 3-5 months for TAY students.
 - ◇ The **Early Psychosis Treatment Program** provides screening, assessments and treatment for individuals ages 12-30 thus addressing needs of the TAY population.
 - ◇ The **SWCI** includes wellness centers on adult education campuses. SCBH will continue to work directly with the Solano Community College leadership to explore implementing wellness centers on college campuses.

PREVENTION & EARLY INTERVENTION

4. Culturally competent and linguistically appropriate prevention and intervention services.
 - ◇ All of the PEI programs are closely tracking the demographics of program participants. Additionally, starting in FY 2019/20 SCBH began to require all contractors to develop their own agency Cultural Responsibility Plans guided by the national Culturally and Linguistically Appropriate Services (CLAS) standards. Additionally, SCBH has provided numerous trainings focused on culturally responsive practices and social justice for both County and contractor providers.
 - ◇ The **LGBTQ+ Outreach and Access Program** provides support/social groups and short-term counseling for LGBTQ+ community. Additionally, the program provides training and education for the community.
 - ◇ The **African American Faith Based Initiative** strategy: the consultants engage local faith centers serving African American congregations to provide training and support to certify faith centers as Mental Health Friendly Communities (MHFC).
 - ◇ Pending available funding, during FY 2021/22 SCBH will release a Request for Proposal (RFP) to explore new additional strategies to address the needs of the African American as well as the Native American Communities.
 - ◇ While the **Hispanic Outreach and Latino Outreach Coordinator** strategy is funded by CSS Outreach and Engagement (O/E), the county Clinician engages the Latino/Hispanic community to combat stigma and discrimination and to increase access to mental health services.
 - ◇ While the **KAAGAPAY Asian /Pacific Islander Outreach Coordinator** strategy is funded by CSS Outreach and Engagement (O/E), the county Clinician engages the local Asian/Pacific Islander community to combat stigma and discrimination and to increase access to mental health services.
 - ◇ SCBH continues to fund the **ICCTM INN Project** focused on addressing health disparities through a system of care that is responsive to the cultural and linguistic needs of the consumers and communities we serve. As a result of this project SCBH has fully adopted the national Culturally and Linguistically Appropriate Service (CLAS) standards into our policy development, contracting and procurement processes, and hiring.
5. Strategies targeting the mental health needs of older adults.
 - ◇ SCBH currently funds **Older Adult** programming which includes two contractors serving older adults 60 and over. One program provides trainings for the community, screenings, case management and short term counseling. The other program is a peer-to-peer model providing home visits, reassurance calls, virtual groups, etc. to prevent isolation.
6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression and psychosis.
 - ◇ All of the funded PEI strategies and programs providing screening and direct early intervention services are addressing this particular PEI priority. Additionally, the SWCI provides additional access points for students experiencing mental health symptoms.

Suicide Prevention

A countywide *Solano County Suicide Prevention Strategic Plan* was presented to Board of Supervisors in September of 2017. This Plan is intended to be a guide for the entire County—both public and private sectors—in how to work collaboratively to combat suicide in our community. Solano County is one of seven California Counties to have a suicide prevention plan and during the Spring of 2021 the SCBH MHSA Unit will be engaging the community in a CPP process to complete an update to the *Suicide Prevention Strategic Plan*. To read the Plan and become more familiar with the strategies being used to prevent suicide deaths locally click [here](#).

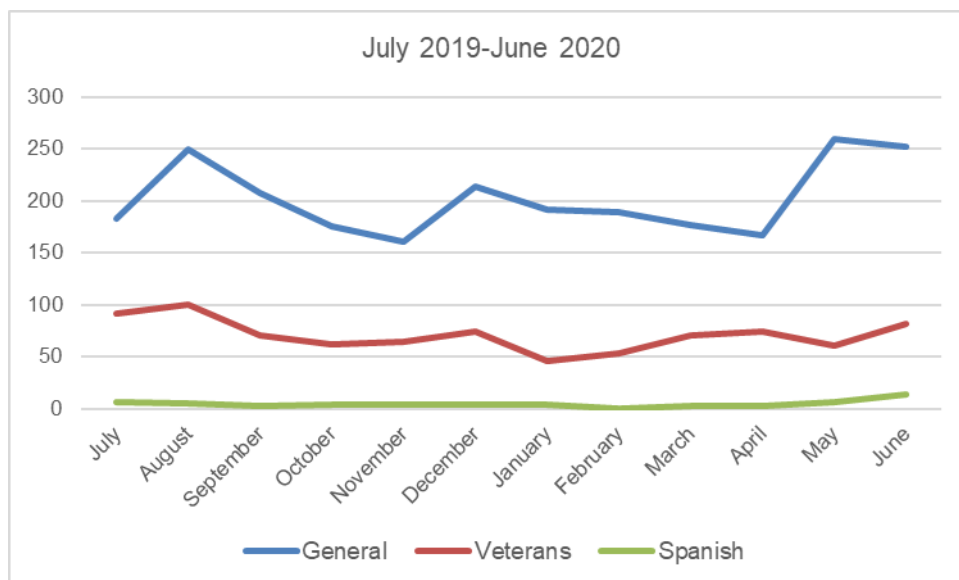
During FY 2019/20 Solano County Behavioral Health (SCBH) continued leverage support provided by the California Mental Health Services Authority (CalMHSA) Each Mind Matters (EMM) team who spearheads the statewide effort in suicide prevention and stigma reduction. SCBH outreach staff and several community-based organizations distributed

PREVENTION & EARLY INTERVENTION

Suicide Prevention (cont.)

The following suicide prevention activities were conducted FY 2019/20:

- **Suicide Prevention Committee** – During FY 2019/20 the countywide Solano County Suicide Prevention Committee remained active meeting 11 times and providing guidance for important suicide prevention strategies.
- **Applied Suicide Intervention Skills Training (ASIST) and/or safeTALK Suicide Prevention Trainings**– 4 rounds of ASIST 2-Day trainings were provided and 1 safeTALK training was provided with a total of 78 participants attending the trainings. COVID-19 significantly impacted our ability to provide more trainings.
- **National Suicide Prevention Week Proclamations & Resolution** – In September of 2019 six local cities: Vallejo, Benicia, Fairfield, Suisun City, Dixon, and Vacaville; and the County of Solano, passed local proclamations/resolutions declaring September 8-14, 2019 as Suicide Prevention Awareness Week.
- **Gun Safety Campaign** – SCBH team members conducted outreach to local businesses that sell firearms in Solano County to redistribute 1,000 gun 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 including: 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 for suicide.
- **EMM “Know the Signs” Toolkits** – SCBH partnered with the Solano County Office of Education (SCOE) to distribute suicide prevention “Know the Signs” (KTS) toolkits during National Suicide Prevention Week. KST toolkits were delivered to 50 local middle and high schools.
- **National Suicide Prevention Lifeline** – In FY 2019/20 there were **3,330** calls from Solano County residents received by the national Suicide Prevention Lifeline 1-800-273-TALK/8255, compared to 3,176 calls the previous year. Of the 3,330 calls, **2,427** were general calls, **848** were calls from veterans, and **55** of the calls were from Spanish-speaking callers. The chart below is an overview of the calls to three different phone lines operated by the National Suicide Prevention Lifeline.



PREVENTION & EARLY INTERVENTION

Name of Program: Suicide Prevention Crisis Call Center—Contractor

Agency Name: North Valley Suicide Prevention Hotline (NVSPH) thru the CalMHSa Joint Powers of Authority (JPA)

Description of Program:

Starting in July 2019, SCBH began to fund a portion of the NVSPH contract as managed and funded by Yolo County. The NVSPH fields calls that come through the National Suicide Prevention Lifeline. A portion of these calls are from Solano County residents. Crisis specialists field the calls and provide support for individuals who are experiencing suicidal ideation.

Program Performance Measures	
Prevention Activities Number of Calls: 1002	
Program Indicators	Annual Outcome
Provide a crisis call center to support callers who are experiencing a mental health crisis	Of the 3,330 calls to the National Suicide Prevention Lifeline from Solano County residents, the NVSPH answered 1002 calls. Of those calls 90 were considered “moderate or higher lethality incoming calls, 16 required “active rescue” response by law enforcement, and 4 callers were considered “imminently lethal” callers that were deescalated.
Financial Report	
Cost per person for prevention activities	\$33
Contract Amount FY 2019/20: \$32,700	Total Expenditures FY 2019/20: \$32,700

SCBH continues to advertise and highlight the following suicide prevention crisis support resources:

- **National Suicide Prevention Lifeline: (800) 273-TALK (8255)**
 - ◇ 24/7 suicide prevention hotline staffed by crisis specialists
 - ◇ (888) 628-9454 Spanish line
 - ◇ Callers who are veterans will be routed to a special veteran’s line by pressing “1” after calling #
- **Lifeline for Deaf & Hard of Hearing: (800)-799-4889**
- **Friendship Line (seniors 60+): (800) 971-0016**
- **Crisis Text Line: Text “Hello” or “Home” to 741741**
 - ◇ 24/7 suicide prevention texting crisis service staffed by crisis specialists
- **Trans Lifeline: (877) 565-8860**
 - ◇ Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project: (866) 488-7386 <http://www.thetrevorproject.org>**
 - ◇ Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) youth ages 25 and under
 - ◇ Trevor Text Line: Text “START” to 678678 Mon-Friday 12p-7pm

PREVENTION & EARLY INTERVENTION

Name of Strategy: Community-wide Suicide Prevention Efforts—Contractor

Agency Name: CalMHSA JPA

Description of Strategy:

SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through *Each Mind Matters (EMM): California’s Mental Health Movement* executed through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. EMM includes suicide prevention campaigns such as “Know the Signs” and the “Directing the Change” video contest. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails and social media campaign content. Additionally, EMM provides technical assistance and training related to community messaging related to suicide prevention.

Financial Report

Cost per person for prevention activities	Unknown due to nature of materials being distributed county-wide
Contract Amount FY 2019/20: \$92,000 with \$46,000 allocated to suicide prevention efforts	Total Expenditures FY 2019/20: \$46,000

Stigma & Discrimination Reduction Activities

Despite the COVID-19 pandemic, SCBH and contractor partners made concerted efforts to raise awareness of mental health stigma through virtual events and social media activities. The following stigma reduction and outreach activities to reach traditionally underserved and marginalized communities were conducted during FY 2019/20:

Recovery Month – During the month of September Recovery Month is observed to raise awareness about recovery from both substance use disorders and mental health conditions. On September 17, 2019 a Recovery Month event “Together We Are Stronger” was held and included county and contract providers, peer consumers, and other community partners. There was a total of 96 participants.

May is Mental Health Awareness Month – There were several virtual 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.
- On Saturday May 4, 2019 the County in partnership with many community organizations hosted a community event with more than 100 attendees.
- The Filipino Mental Health Initiative (FMHI) held an event “Rise Up Filipino”.
- The Circle of Friends Wellness and Recovery Center held their annual BBQ.
- Caminar held their annual “Cammie Awards”.

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.

PREVENTION & EARLY INTERVENTION

Name of Strategy: Community-wide Stigma and Discrimination Reduction Efforts—Contractor

Agency Name: CalMHSA JPA

Description of Strategy:

SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through *Each Mind Matters (EMM): California’s Mental Health Movement* executed through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. EMM includes suicide prevention campaigns such as “Know the Signs” and the “Directing the Change” video contest. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails and social media campaign content. Additionally, EMM provides technical assistance and training related to community messaging related to suicide prevention.

Financial Report

Cost per person for prevention activities	Unknown due to nature of materials being distributed county-wide
Contract Amount FY 2019/20: \$92,000 with \$46,000 allocated to stigma reduction efforts	Total Expenditures FY 2019/20: \$46,000

PREVENTION & EARLY INTERVENTION

Name of Program: Family and Peer Support Program-Contractor

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

Description of Program:

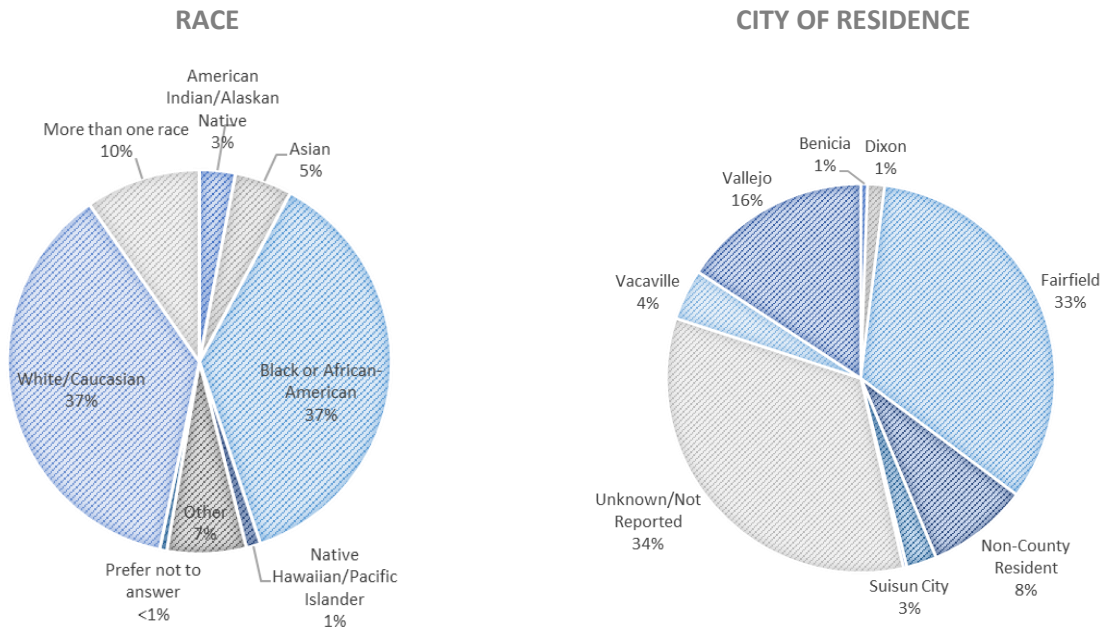
The NAMI program provides support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness 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: 493	
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 343 unduplicated individuals received educational and/or support services
Provide educational classes and presentations to individuals with mental health illness and their families to include: <ul style="list-style-type: none"> • 5 courses including: “Family-to-Family” (F2F) [at least one in Spanish], “Peer-to-Peer” (P2P), and “Basics”. <ul style="list-style-type: none"> ◊ 50% of individuals attending F2F, P2P and Basics classes will complete course in its entirety ◊ At least 50% of those individuals will demonstrate an overall increase in knowledge per the post participant survey. • Provide 10 “In Our Own Voice” (IOOV) presentations • Provide 3 “Ending the Silence” (ETS) in-service presentations for high school aged youth and school personnel 	<ul style="list-style-type: none"> • Provided a total of 7 courses and served a total of 80 unduplicated individuals: <ul style="list-style-type: none"> ◊ Four (4) F2F/English class ◊ One (1) F2F/Spanish class ◊ Two (2) P2P classes • 100% (80) of class participants demonstrated an increase in knowledge on the post survey. • Provided 25 IOOV presentations to 264 unduplicated individuals. • Provided 2 ETS presentations, to 40 unduplicated participants.
Provide 3 “Connection” support groups per month (36 groups annually) for adults living with mental health illness to prevent relapse.	Provided 74 anonymous groups to a total of 150 unduplicated individuals. Participants demonstrated an increase of knowledge and understanding of mental health symptoms by 100%.
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0 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.	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	\$199
Contract Amount FY 2019/20: \$131,515	Total Expenditures FY 2019/20: \$97,866

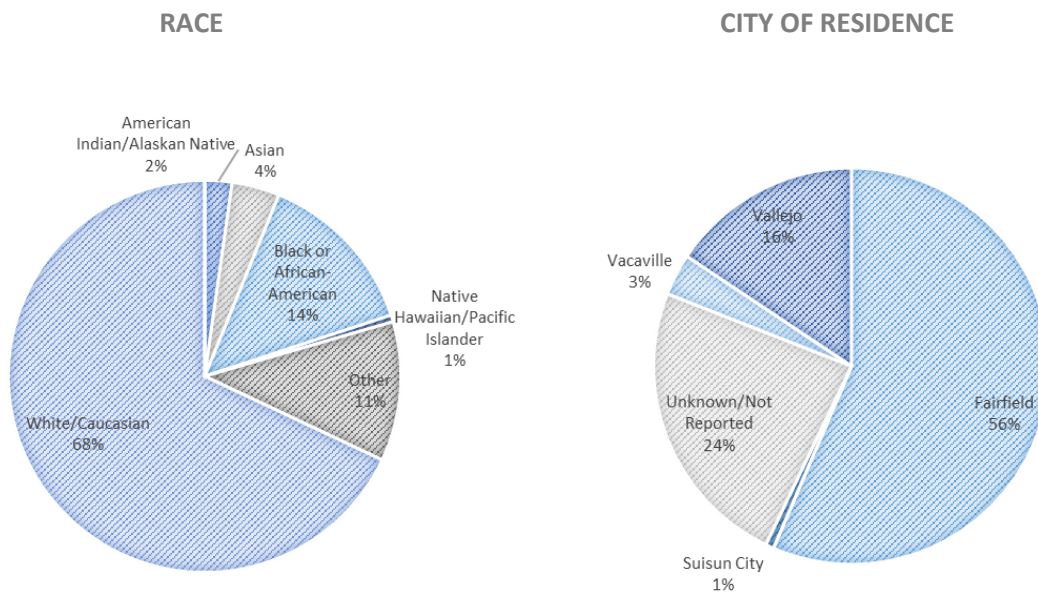
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the **Family and Peer Support Program**:

Demographic Breakdown of Outreach Services (demographic surveys collected for 149 individuals):



Demographic Breakdown of Direct Services (demographic surveys collected for 356 individuals attending classes/support groups):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	Direct	Outreach
Age			149	356
0-15	0%	0%		
16-25	7%	14%		
26-59	84%	71%		
60+	9%	15%		
Prefer not to answer	0%	1%		
Race				
American Indian/Alaskan Native	3%	2%		
Asian	5%	4%		
Black or African-American	37%	14%		
Native Hawaiian/Pacific Islander	1%	1%		
Other	7%	12%		
Prefer not to answer	1%	0%		
White/Caucasian	37%	68%		
More than one race	10%	0%		
Gender At Birth				
Male	55%	52%		
Female	45%	48%		
Prefer not to answer	0%	0%		
Sexual Orientation				
Gay	0%	1%		
Bisexual	3%	2%		
Heterosexual/straight	95%	87%		
Lesbian	0%	1%		
Other	2%	0%		
Prefer not to answer	0%	10%		
Queer	0%	0%		
Questioning/unsure	0%	0%		
Veteran Status/Military Services				
Veteran	5%	3%		
Active military	0%	0%		
Not a veteran or not active military	95%	97%		
Primary Language (1st Language)	Direct	Outreach		
American Sign Language (ASL)	0%	1%		
English	96%	91%		
Ilocano	0%	0%		
Other	1%	1%		
Prefer not to answer	0%	0%		
Spanish	3%	7%		
Tagalog	1%	0%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	1%		
English	96%	93%		
Tagalog	0%	0%		
Other	0%	0%		
Spanish	4%	6%		
Identify with any of these groups?				
LGBTQ	1%	1%		
Currently involved with adult/juvenile justice	3%	3%		
Foster care youth	1%	1%		
All of above	0%	0%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify with all above	87%	83%		
Prefer not to answer	9%	13%		
Direct: screening, assessment, counseling, group, case management Outreach: training, presentation, workshop, meeting Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
Ethnicity				
Caribbean			2%	0%
Central American			2%	3%
Mexican/Mexican-American/Chicano			4%	7%
Other Hispanic/Latino			3%	1%
Puerto Rican			0%	0%
South American			2%	2%
African			1%	0%
Asian Indian/South Asian			0%	1%
Cambodian			0%	0%
Chinese			2%	1%
Eastern European			0%	1%
European			0%	0%
Filipino			1%	1%
Japanese			0%	0%
Korean			0%	0%
Middle Eastern			0%	1%
Other Non-Hispanic/Latino			1%	0%
Vietnamese			0%	0%
Prefer not to answer			76%	0%
More than one ethnicity			7%	82%
Current Gender Identity				
Male			56%	51%
Female			44%	47%
Genderqueer			0%	0%
Other			0%	0%
Prefer not to answer			0%	1%
Questioning/unsure			0%	0%
Transgender			0%	1%
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months			0%	
6-12 months			0%	
1-4 years			0%	
5-9 years			0%	
Over 10 years ago			0%	
Prefer not to answer			0%	
Do not have MH symptoms			0%	
Unknown/not reported			100%	NA
City of Residence				
Benicia			0%	1%
Dixon			0%	1%
Fairfield			56%	33%
Non-County Resident			0%	8%
Rio Vista			0%	0%
Suisun City			1%	3%
Unincorporated			0%	0%
Unknown/Not Reported			24%	34%
Vacaville			3%	4%
Vallejo			16%	16%
Disability				
Difficulty seeing			0%	0%
Difficulty hearing/having speech understood			0%	0%
Other communication disability			0%	0%
Cognitive impairment			8%	0%
Physical/mobility			1%	0%
Chronic physical health condition			6%	7%
No disability			44%	93%
Other disability			0%	0%
Prefer not to answer			41%	0%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- Support groups and trainings demonstrated success overall. For example, participants increased their ability to identify and articulate a variety of symptoms to healthcare providers, family, and friends.
- Many participants were trained to facilitate courses and/or expressed interest in becoming facilitators, and/or receiving further stigma reduction programming for both adults and youth through successful P2P class and ETS presentation format.
- NAMI adapted quickly to COVID-19 by offering virtual groups and classes. Attendance in some groups increased, and some participants reported that this format reduced barriers to accessing programs.

Challenges & Barriers

- The program was not meet the deliverable to provide three ETS presentations or complete the F2F class in Spanish due to COVID-19.
- COVID-19 necessitated that programming be offered virtually, while there were significant benefits because of this change, there were also challenges. For example; care providers with young children had difficulty committing to on-going classes, Latinx communities struggled with lack of access to technology resulting in the cancellation of the Spanish F2F class. Additionally, the program had to mail P2P participants class materials, evaluations, and demographic forms.

Changes in FY20/21

During the next year the program will be working to expand their peer facilitator network, including Spanish-speaking facilitators.

PREVENTION & EARLY INTERVENTION

Name of Strategy: African American Faith-Based Initiative

Consultants: Gigi Crowder (lead), Pastor Horacio Jones, and Minister Monique Tarver

Description of Strategy:

This Strategy is delivered by three independent contractors, several of whom are faith-leaders themselves, with a goal of creating Mental Health Friendly Communities (MHFC) to support individuals with mental illness and their families through African American faith communities. The core component of the project is to certify faith centers as MHFC following trainings and consultation for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions. This includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide in-services and trainings for mental health providers and community partners on best practices when working with African American consumers.

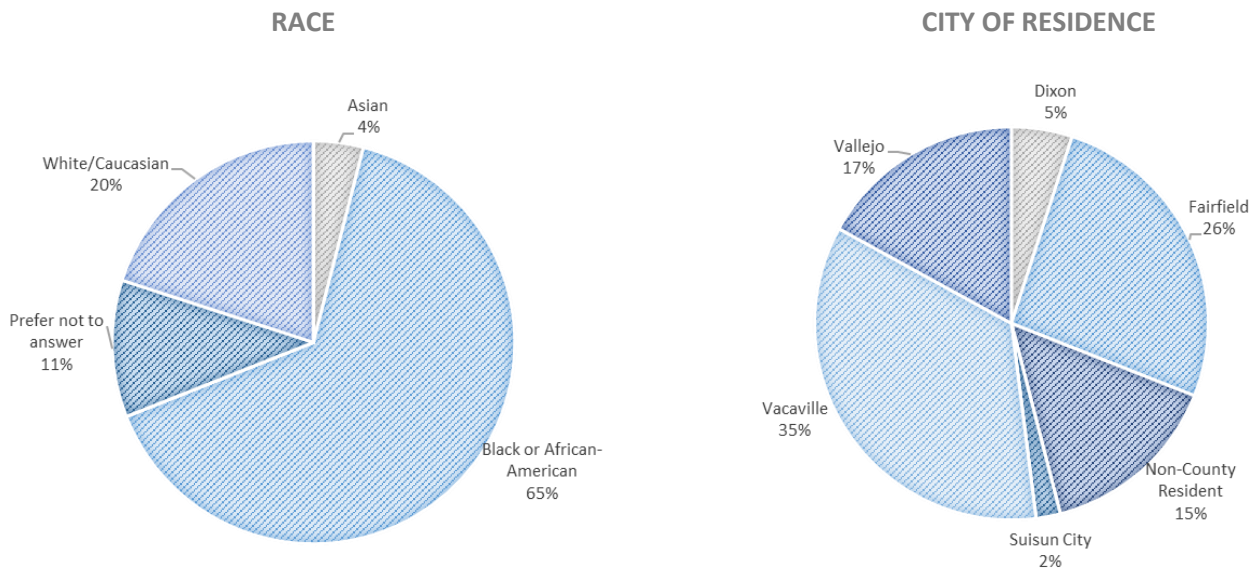
Strategy Performance Measures	
Prevention Activities	
Individuals Served: 2,150 (not unduplicated counts): 535 training participants and 1,615 people reached via large outreach events	
Strategy Indicators	Annual Outcome
A minimum of 3 new faith centers will be identified and complete the process of being certified as a MHFC congregation.	A total of two (2) new faith centers were outreached to during FY 2019/20. Additionally, the consultants continued to work with three (3) faith centers initially outreached to in FY 2018/19. Of the 5 pending faith centers, zero (0) completed the MHFC certification process. The consultants continue to provide technical assistance and support for seven (7) MHFC faith centers certified in previous FYs.
A minimum of 90% of the certified MHFC faith centers will identify a mental health lead trainer that will provide ongoing training using MHFC curriculum.	100% (7) of the certified MHFC faith centers have an identified mental health lead trainer.
Reach a minimum of 300 individuals through the following activities: <ul style="list-style-type: none"> 8 in-service presentations 2 major community-wide outreach events Co-facilitate trainings which may include: <ul style="list-style-type: none"> “Mental Health 101” for faith leaders “Spirituality 101” for MH providers “Keepers of the Flock” for stakeholders “A Bridge Over Troubled Waters” for providers and community partners 	Reached 2,150 individuals through a total of 23 outreach & trainings: <ul style="list-style-type: none"> 5 in-service presentations were offered for 67 participants. Consultants attended 16 community-wide outreach events attended by a total of 1,615 people. Several of these events included speaking engagement during Sunday worship at large faith centers. 1 session of “Mental Health 101” for faith leaders was held with a total of 25 participants. 1 session of “Spirituality 101 for MH Providers” was held for a total of 40 participants. 8 sessions of “Keepers of the Flock” was provided for 371 participants. 1 session of “A Bridge Over Troubled Waters” was provided for 32 participants.
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.	55% (22) of the participants who attended “Spirituality 101” demonstrated an increase in knowledge per the post survey. 100% (32) of the participants who attended “A Bridge Over Troubled Waters” demonstrated an increase in knowledge per the post survey.
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.	13% (47) of the participants that attended the “Keeper of the Flock” training and submitted a post survey demonstrated an increase in knowledge. 100% (25) of the participants that attended the “Mental Health 101” for faith leads demonstrated an increase in knowledge per the post survey.

PREVENTION & EARLY INTERVENTION

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 members.</i>	
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0 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	\$47
Contract Amount FY 2019/20: \$100,060 (cumulative for 3 consultant contracts)	Total Expenditures FY 2019/20: \$ 100,060 (cumulative for 3 consultant contracts)

The following charts and table provide demographic data for the individuals who were served by the **African American Faith-Based Initiative Strategy**:

Demographic Breakdown of Training/In-Service Attendees (demographic surveys collected for 82 individuals attending trainings and in-services):



PREVENTION & EARLY INTERVENTION

Demographics		Total Individuals Demo Collected:	#
Age	Outreach	Ethnicity	Outreach
0-15	0%	Caribbean	0%
16-25	1%	Central American	1%
26-59	69%	Mexican/Mexican-American/Chicano	1%
60+	30%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	0%	African	11%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	65%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	0%	Eastern European	0%
Prefer not to answer	11%	European	4%
White/Caucasian	20%	Filipino	2%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	10%	Middle Eastern	0%
Female	89%	Other Non-Hispanic/Latino	1%
Prefer not to answer	1%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	74%
LGBTQ	14%	More than one ethnicity	2%
Currently involved with adult/juvenile justice	9%	Current Gender Identity	
Foster care youth	5%	Male	5%
All of above	0%	Female	88%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	7%
Not applicable/not identify with all above	54%	Questioning/unsure	0%
Prefer not to answer	18%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset	
Gay	0%	Less than 6 months	NA
Bisexual	9%	6-12 months	
Heterosexual/straight	73%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	18%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	0%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	7%	Benicia	0%
Active military	84%	Dixon	5%
Not a veteran or not active military	9%	Fairfield	26%
Primary Language (1st Language)		Non-County Resident	15%
American Sign Language (ASL)	0%	Rio Vista	0%
English	91%	Suisun City	2%
Ilocano	0%	Unincorporated	0%
Other	1%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	35%
Spanish	7%	Vallejo	17%
Tagalog	1%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	6%
American Sign Language (ASL)	Not reported	Difficulty hearing/having speech understood	5%
English		Other communication disability	0%
Tagalog		Cognitive impairment	0%
Other		Physical/mobility	1%
Spanish		Chronic physical health condition	5%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%. This program provides outreach activities only not intervention activities.		No disability	75%
		Other disability	2%
		Prefer not to answer	6%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- Utilized virtual platforms such as Zoom to host and participate in various meetings/trainings for faith leads and congregants during the COVID-19 pandemic highlighting the disproportionate impact on the African American community including pre-existing health inequities such as access to quality mental health services.
- Offered mental health tips/recommendations for existing MHFC Faith Centers to help guide conversations with congregants and supplied them with local resources such as SCBH Access number.
- Consultants continued to promote equitable services for all Black, Indigenous, and people of color by sharing community defined approaches that enhance better outcomes in an honoring manner. This year the team advanced their work by including conversations around social justice and social determinant factors that lead to increased health risks.

Challenges & Barriers

- The COVID-19 pandemic forced the consultants and faith congregations to shelter in place which interfered with scheduled trainings as well as collecting demographic forms.
- The consultants experienced difficulties with establishing new Mental Health Friendly Communities and identifying new mental health leads for congregations.
- Due to COVID-19 there was a decreased number of requests for in-service presentations.

Changes in FY20/21

SCBH has expanded the contract to support the team of consultants to assist in identifying all Solano County faith centers that predominantly serve the African American community in the hope of increasing partnerships, reducing stigma and improving access to behavioral health services.

PREVENTION & EARLY INTERVENTION

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 and early intervention, therefore those programs will be reported on in the pages to follow. SCBH has ensured that MHSA funds a specific community training curriculum designed to educate community members to become potential responders.

Name of Strategy: Mental Health First Aid (MHFA) Trainings—County & Contractor
Agency Name/s: Choice in Aging and Solano County Office of Education (SCOE) staff
Number of Trainings: 22 trainings provided
Number Served: 287 total participants

MHFA is an 8-hour course that teaches the signs mental illness and substance use disorders. Training participants learn skills needed to provide support to someone who may be developing a mental health or substance use problem, or who is experiencing a crisis. This curriculum also further supports the County’s suicide prevention efforts through the portion of the training focused on recognizing the signs of suicide. These trainings are funded through PEI contracts outlined in the pages below.

Challenges & Barriers

The COVID-19 pandemic impacted the number of MHFA trainings that were held, and the number of community members reached as the developers of the MHFA curriculum did not initially support the provision of virtual trainings. Once virtual trainings were endorsed trainers were required to undergo an additional recertification process and participants per training were reduced from 25 to 10.

PREVENTION & EARLY INTERVENTION

Access & Linkage to Treatment

Name of Strategy: Early Childhood Services

Agency Name: First 5 Solano and subcontractors

Description of Strategy:

SCBH and First 5 Solano continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several CBOs via sub-contracts with First 5 Solano. Strategies deployed include the provision of 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 braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth-5.

Performance Measures

Prevention Activities

Unduplicated Individuals Served: 4,039
2,255 thru activities and 1,784 thru HMG

Strategy Indicators	Annual Outcome
Provide 45 educational trainings to 398 professional providers. 85% of participants will show an increase in knowledge as measured by a Likert scale.	A total of 80 educational trainings were held with 1,081 professional provider participants. 77% (831) of the attendees who submitted a post training survey demonstrated increased knowledge on the training topic.
Provide developmental/social-emotional screenings to 680 (prorated to 510 due to a start date of October 2019) moderate/high-risk children who need further assessment and/or referral to treatment services.	386 developmental/social-emotional screenings were provided.
Provide 171 Triple P Level 2 one-time parenting seminars to serve a total of 1,026 parent/caregiver participants. The <i>Parent Satisfaction Survey</i> was used to measure knowledge improvement. <i>This is the 2nd year of implementation of Triple P</i>	91 Triple P Level 2 parenting seminars were held, serving a total of 788 parent/caregiver participants. 99% (779) 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/service, including referrals for developmental/social-emotional screenings, Triple P, and mental health services as necessary.	1,784 new requests were made through the HMG line. 75% (1,335) resulted in a referral to at least one program/service.
Provide family navigation services to 300 children who have more than one high risk factor. Ten (10) families with multiple needs or involved with multiple agencies will have a family support meeting and plan to coordinate services and set family goals.	1,316 children received family navigation services, and of these, 12 families received a family support meeting.

PREVENTION & EARLY INTERVENTION

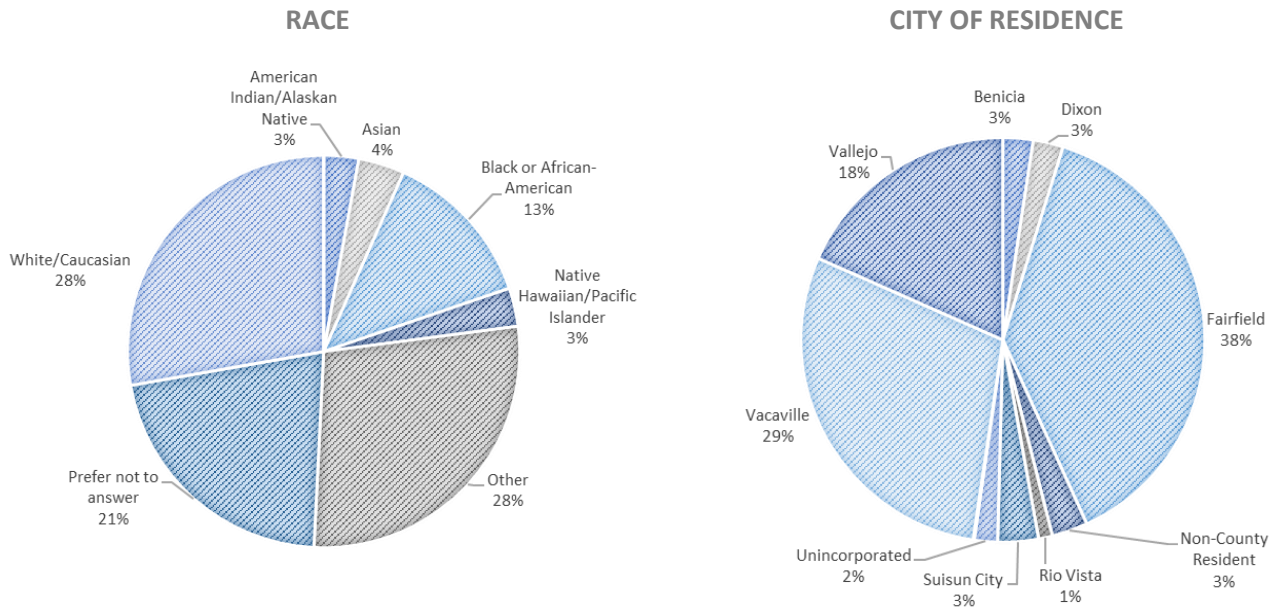
Early Intervention Activities Unduplicated Individual Served: 309	
Strategy Indicators	Annual Outcome
<p>Provide Triple P Level 3 Primary Care (Brief Intervention) to serve a minimum of 300 families. The <i>Parenting Experiences Survey</i> was used to measure knowledge improvement. <i>This is the 2nd year of implementation of Triple P</i></p>	<p>107 families/parents were served thru the Triple P Level 3 intervention. 100% (107) families/parents demonstrated improved knowledge as measured by <i>Parenting Experiences Survey</i>.</p>
<p>Provide Triple P Level 4 Group service; provide 33 groups consisting of 5 in-person group sessions and 3 one-to-one intervention for 132 families. The <i>Parenting Scale Survey</i> was used to measure knowledge improvement. <i>This is the 2nd year of implementation of Triple P</i></p>	<p>22 group sessions were held, 138 families/parents were served thru the Triple P Level 4 intervention. 98% (135) families/parents demonstrated improved knowledge as measured by as measured by <i>Parenting Scale Survey</i>.</p>
<p>Provide Triple P Level 4 Standard Individual service; a minimum of ten (10) one-hour sessions per family for 30 families. The <i>Parenting Scale Survey</i> was used to measure knowledge improvement. <i>This is the 2nd year of implementation of Triple P</i></p>	<p>64 families/parents were served thru Triple P Level 4 individual services. 100% (64) families/parents demonstrated improved knowledge as measured by as measured by <i>Parenting Scale Survey</i>.</p>
Linkage Services	
Total referrals made from HMG referrals log	2,517 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)	50 referrals made
Referral made to Solano County Mental Health Plan	89 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.	23 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred	Of the 23 individuals linked it took an average of 30 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$50
Cost per person for early intervention activities*	\$537
MOU Amount FY 2019/20: \$600,000 MHSAs funds and \$620,000 First 5 funds	Total Expenditures FY 2019/20: \$368,673 MHSAs funds and \$405,303 First 5 funds

*Cost per person reflects MHSAs funding only.

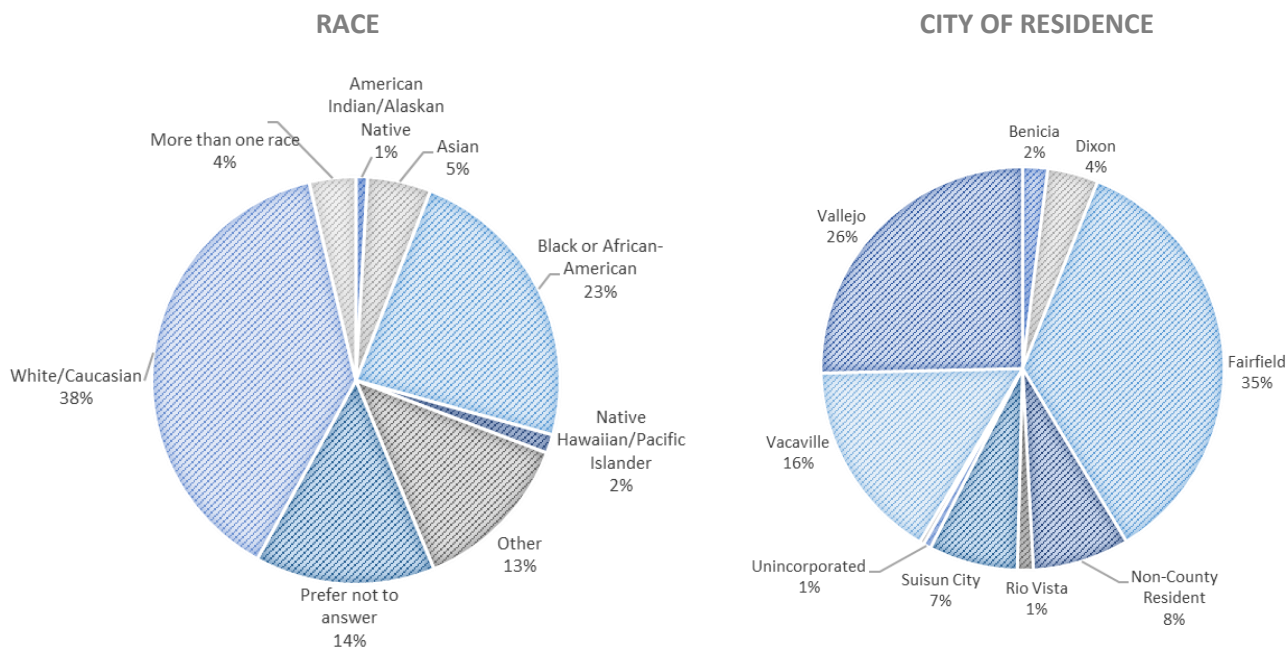
PREVENTION & EARLY INTERVENTION

The following charts and table on pages to follow provide demographic data for the individuals who were served by the Early Childhood Services Strategy:

Demographic Breakdown of Direct Services (demographic surveys collected for 1,077 individuals):



Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 2,283 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	1077	2283
Age			Ethnicity	
0-15	3%	40%	Caribbean	1% 0%
16-25	17%	8%	Central American	2% 2%
26-59	71%	47%	Mexican/Mexican-American/Chicano	25% 32%
60+	6%	2%	Other Hispanic/Latino	5% 1%
Prefer not to answer	2%	3%	Puerto Rican	1% 0%
Race			South American	0% 0%
American Indian/Alaskan Native	3%	1%	African	5% 17%
Asian	4%	5%	Asian Indian/South Asian	2% 0%
Black or African-American	13%	23%	Cambodian	0% 0%
Native Hawaiian/Pacific Islander	3%	1%	Chinese	0% 0%
Other	28%	13%	Eastern European	1% 0%
Prefer not to answer	21%	14%	European	12% 15%
White/Caucasian	28%	38%	Filipino	3% 2%
More than one race	0%	4%	Japanese	1% 0%
Gender At Birth			Korean	0% 0%
Male	25%	28%	Middle Eastern	0% 1%
Female	71%	71%	Other Non-Hispanic/Latino	10% 9%
Prefer not to answer	4%	1%	Vietnamese	0% 0%
Sexual Orientation			Prefer not to answer	1% 3%
Gay	0%	0%	More than one ethnicity	28% 14%
Bisexual	3%	0%	Current Gender Identity	
Heterosexual/straight	74%	96%	Male	25% 28%
Lesbian	0%	0%	Female	69% 71%
Other	1%	0%	Genderqueer	0% 0%
Prefer not to answer	21%	2%	Other	0% 0%
Queer	0%	0%	Prefer not to answer	5% 1%
Questioning/unsure	1%	0%	Questioning/unsure	0% 0%
Veteran Status/Military Services			Transgender	0% 0%
Veteran	9%	1%	Mental Health Symptoms Onset (Direct Services Only)	
Active military	5%	20%	Less than 6 months	3%
Not a veteran or not active military	85%	78%	6-12 months	4%
Primary Language (1st Language)	Direct	Outreach	1-4 years	4%
American Sign Language (ASL)	0%	0%	5-9 years	1%
English	71%	81%	Over 10 years ago	1%
Ilocano	0%	0%	Prefer not to answer	7%
Other	6%	1%	Do not have MH symptoms	8%
Prefer not to answer	5%	0%	Unknown/not reported	73% NA
Spanish	17%	17%	City of Residence	
Tagalog	0%	1%	Benicia	2% 2%
Preferred Language (Used Daily)			Dixon	2% 4%
American Sign Language (ASL)	0%	0%	Fairfield	38% 35%
English	72%	85%	Non-County Resident	3% 8%
Tagalog	0%	0%	Rio Vista	1% 1%
Other	13%	1%	Suisun City	3% 7%
Spanish	16%	14%	Unincorporated	2% 1%
Identify with any of these groups?			Unknown/Not Reported	0% 0%
LGBTQ	3%	1%	Vacaville	29% 16%
Currently involved with adult/juvenile justice	7%	1%	Vallejo	18% 25%
Foster care youth	4%	3%	Disability	
All of above	0%	0%	Difficulty seeing	1% 1%
LGBTQ & justice involved	0%	0%	Difficulty hearing/having speech understood	1% 0%
LGBTQ & foster care youth	0%	0%	Other communication disability	1% 0%
Justice involved & foster care youth	0%	0%	Cognitive impairment	0% 0%
Not applicable/not identify with all above	43%	79%	Physical/mobility	0% 0%
Prefer not to answer	43%	16%	Chronic physical health condition	2% 1%
Direct: screening, assessment, counseling, group, case management			No disability	72% 90%
Outreach: training, presentation, workshop, meeting			Other disability	3% 6%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	19% 2%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- Workshops and trainings were quickly adapted to a virtual format when the COVID-19 pandemic impacted Solano County in early Spring.
- The Triple P-Positive Parenting Program completed its second year; 30 new practitioners representing 8 community partners were trained and received accreditation across multiple levels of Triple P interventions.
- Parent participants have expressed appreciation for the skills and support received through Triple P, and 92% of them reported that Triple P helped them address challenges with their children and improve family relationships.
- The HMG provide began offering online access to a developmental screening tool in quarter 2.

Challenges & Barriers

- The COVID-19 pandemic impacted outreach strategies and the ability of practitioners to offer Triple P services in-person. In some cases, services had to be reduced or temporarily ceased, and practitioners found that many parents were more focused on meeting their families' basic needs than improving parenting skills. Similarly, most calls to the HMG line were for basic needs and childcare due to the COVID-19 pandemic, rather than developmental screenings. This resulted in fewer referrals to MHSA for mental health concerns.
- One subcontractor, who originally planned to screen 330 children, experienced significant challenges with staffing and leadership changes. As a result, they had to decrease focus on developmental screenings and reported a total of 43 developmental screenings. This subcontract expired in June 2020.
- Retention of staff who were trained and accredited in the Triple P model was another challenge.

Changes in FY20/21

Starting in FY 2020/21 MHSA funding will be used to expand the Triple P model to parents/caretakers of children ages 6-12 years old.

PREVENTION & EARLY INTERVENTION

Prevention & Early Intervention Programs

Name of Strategy: Pregnant & Postpartum Maternal Support (PPMS)

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

Description of Strategy:

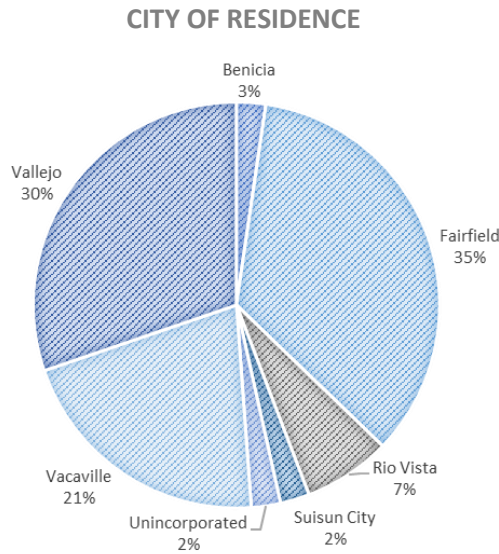
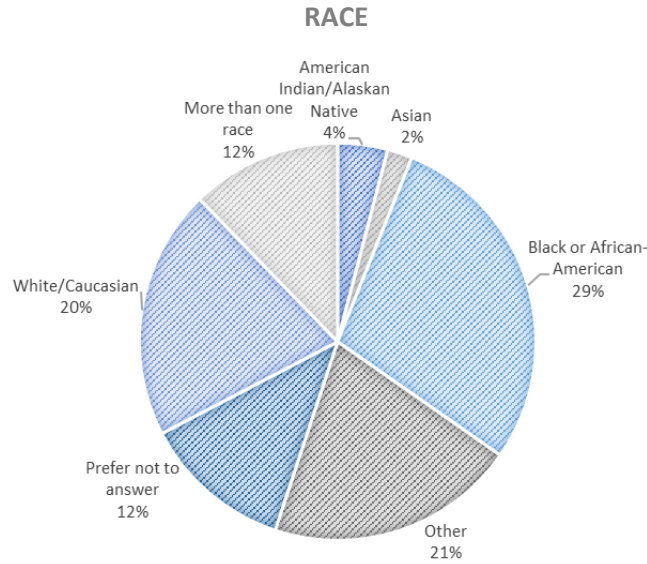
The PPMS Strategy provides perinatal mental health prevention and intervention services including screening and brief mental health treatment through 1:1 counseling and group modalities for pregnant and new mothers. This strategy, co-funded by SCBH and Public Health, enhances existing Public Health home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral Therapy, Attachment Therapy and psychoeducation.

Performance Measures	
Prevention Activities Unduplicated Individuals Served: 43	
Strategy Indicators	Annual Outcomes
Provide mental health screening for 50 individuals.	A total of 43 consumers received screening services.
MCAH home visiting staff will be trained on the evidence-based “Mothers and Babies Perinatal Depression Prevention Intervention” model.	A total of 2 MCAH home visiting and management staff received the training.
Early Intervention Activities Unduplicated Individual Served: 43	
Strategy 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 2 groups/cohorts were provided, with 11 unduplicated participants, however the second cohort had to be ended early due to COVID-19.
Provide brief counseling services for women who are high risk due to mental health and/or co-occurring substance abuse conditions.	A total of 33 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> .	100% (2) of the participants who completed the first MB Group cohort 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> .	50% (1) of the participants who completed the first MB Group cohort reported a decrease in perceived stress levels as measured by the <i>Perceived Stress Scale</i> .
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	9 referrals made
Referrals made to the Solano County Mental Health Plan.	7 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 individuals were successfully linked
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*	\$680
Cost per person for early intervention activities*	\$3,855
MOU Amount FY 2019/20: \$225,000 MHSAs funds and \$106,039 Public Health Funds	Total Expenditures FY 2019/20: \$195,011 MHSAs funds and \$56,106 PH funds

*Cost per person reflects MHSAs funding only.

PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the PPMS Strategy:
Demographic Breakdown of Direct Services (demographic surveys collected for 43 individuals):



PREVENTION & EARLY INTERVENTION

Demographics		Total Individuals Demo Collected:	Direct
			43
Age	Direct	Ethnicity	Direct
0-15	0%	Caribbean	3%
16-25	30%	Central American	8%
26-59	70%	Mexican/Mexican-American/Chicano	37%
60+	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	3%
Race		South American	3%
American Indian/Alaskan Native	4%	African	13%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	20%	Eastern European	0%
Prefer not to answer	12%	European	8%
White/Caucasian	20%	Filipino	0%
More than one race	12%	Japanese	0%
Gender At Birth		Korean	0%
Male	2%	Middle Eastern	0%
Female	98%	Other Non-Hispanic/Latino	8%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	13%
LGBTQ	5%	More than one ethnicity	5%
Currently involved with adult/juvenile justice	2%	Current Gender Identity	
Foster care youth	5%	Male	2%
All of above	0%	Female	98%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	69%	Questioning/unsure	0%
Prefer not to answer	19%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (Direct Services Only)	
Gay	0%	Less than 6 months	28%
Bisexual	2%	6-12 months	16%
Heterosexual/straight	81%	1-4 years	21%
Lesbian	5%	5-9 years	5%
Other	0%	Over 10 years ago	12%
Prefer not to answer	12%	Prefer not to answer	5%
Queer	0%	Do not have MH symptoms	9%
Questioning/unsure	0%	Unknown/not reported	5%
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	2%
Active military	0%	Dixon	0%
Not a veteran or not active military	100%	Fairfield	35%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	7%
English	74%	Suisun City	2%
Ilocano	0%	Unincorporated	2%
Other	2%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	21%
Spanish	23%	Vallejo	30%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	0%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	2%
English	77%	Other communication disability	0%
Tagalog	0%	Cognitive impairment	4%
Other	2%	Physical/mobility	2%
Spanish	21%	Chronic physical health condition	2%
Direct: screening, assessment, counseling, group, case management Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%. This program provides only direct services not outreach services.		No disability	73%
		Other disability	4%
		Prefer not to answer	11%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- The staff shifted to a telehealth platform in response to the COVID 19 pandemic. The number of individual counseling sessions provided to parents increased and staff maintained consistent communication with participants.
- Overall, participants who completed feedback forms reported that the information they learned was useful (100%) and that they enjoyed the sessions (90%).

Challenges & Barriers

- Due to the COVID-19 pandemic, the second MG Group cohort ended early and the remaining planned cohorts were postponed until further notice. Parents were referred to alternate resources for perinatal mental health services which included a MB online course and a Postpartum Support International online support group.
- Consumers reported experiencing increased anxiety and stress due to the uncertainty created by the pandemic and social unrest. The inician adjusted the frequency of sessions and increased support based on individual consumer needs.
- Due to a telehealth platform it was difficult for consumers to complete self-reporting clinical progress measures and some consumers struggled with exercises designed for in-person contacts. Clinical staff redesigned worksheets to be used via telehealth services and increased focus on mindfulness activities.

Changes in FY20/21

Starting in FY 2020/21 Public Health will no longer provide the MB groups, however they will begin to train other partners in the MB group modality in order to expand this service to other health care providers.

PREVENTION & EARLY INTERVENTION

Name of Program: LGBTQ+ Outreach and Access Program-Contractor

Agency Name: Solano Pride Center

Description of Program:

Solano Pride Center, a CBO that provides a 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: 1,462

129 program participants and 1,333 people reached via outreach events

Program Indicators	Annual Outcome
Reach an annual minimum of 150 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 48 outreach and education activities were offered with a total of 1,333 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 16 local schools.
Reach an annual minimum of 50 unduplicated consumers through social activities and support groups.	A total of 129 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> .	A total of 13 unduplicated consumers completed the <i>QoL</i> tool and 69% (9) demonstrated satisfaction.

Early Intervention Activities

Unduplicated Individuals Served: 27

Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 20 unduplicated consumers.	A total of 27 unduplicated consumers received two or more counseling sessions.
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 79% (11) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	10 referrals made
Referrals made to the Solano County Mental Health Plan.	3 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.	Zero individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Data not available

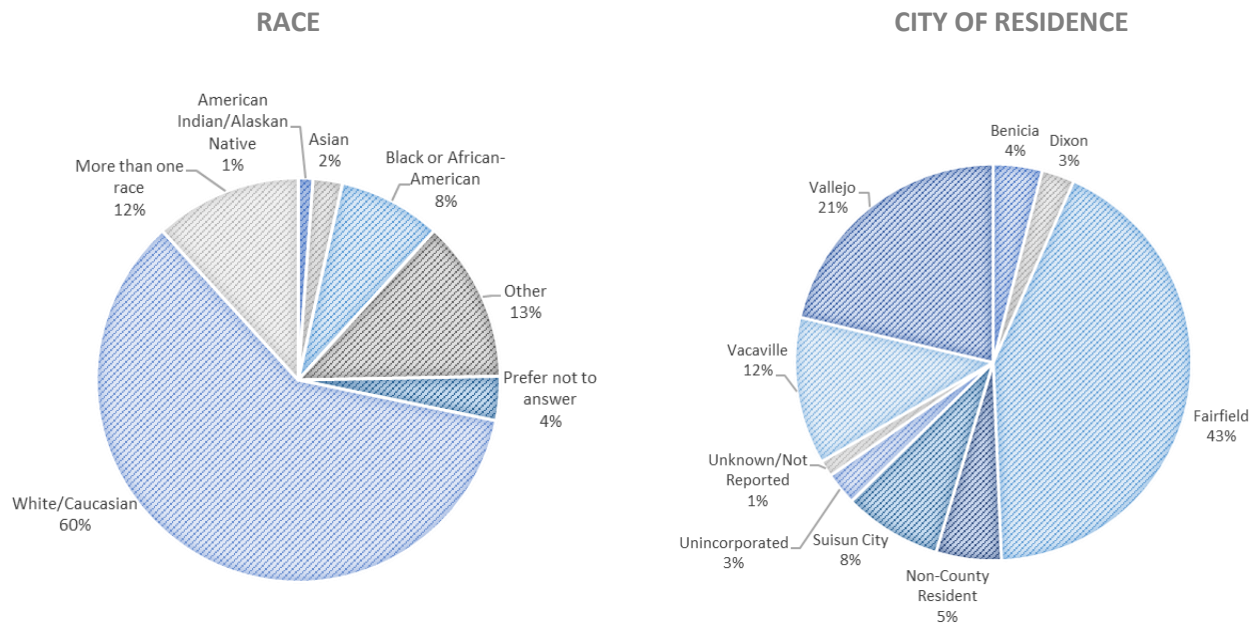
Financial Report

Cost per person for prevention activities	\$88
Cost per person for early intervention activities	\$530
Contract Amount FY 2019/20: \$150,174	Total Expenditures FY 2019/20: \$143,142

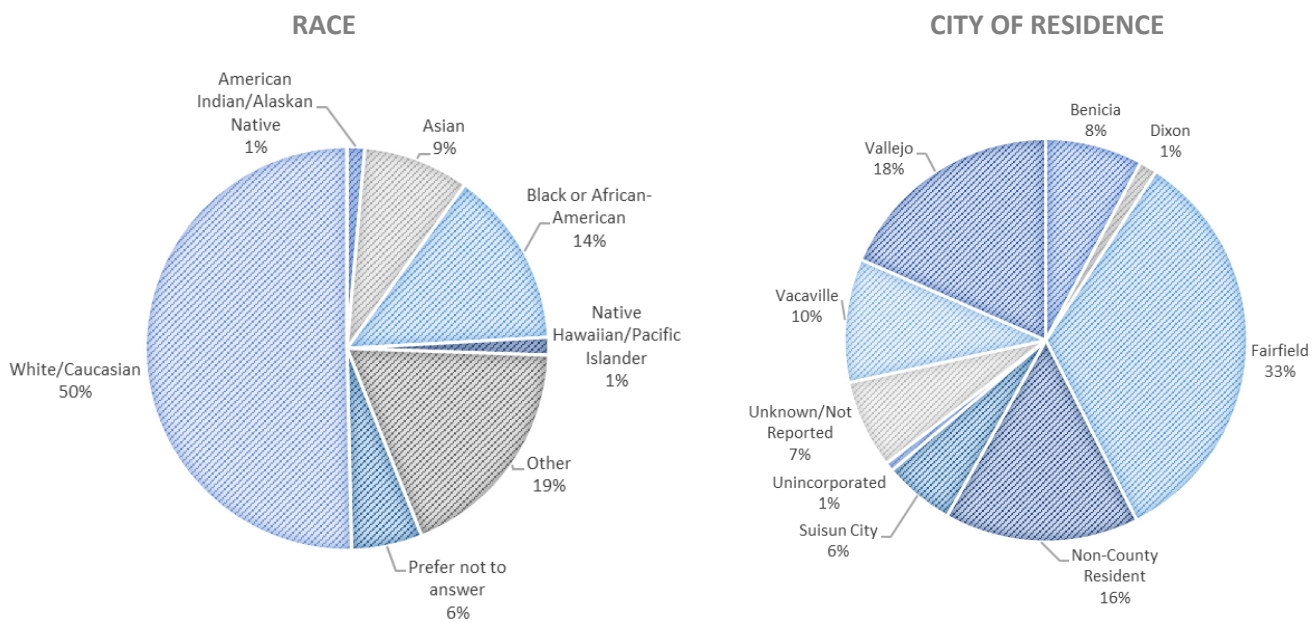
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the LGBTQ+ Outreach & Access Program:

Demographic Breakdown of Direct Services (demographic surveys collected for 75 individuals):



Demographic Breakdown of Outreach/Training Services (demographic surveys collected for 141 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:		
			75	141	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	20%	9%	Caribbean	2%	1%
16-25	39%	10%	Central American	0%	2%
26-59	28%	66%	Mexican/Mexican-American/Chicano	18%	20%
60+	13%	15%	Other Hispanic/Latino	8%	4%
Prefer not to answer	0%	1%	Puerto Rican	0%	1%
Race			South American	0%	2%
American Indian/Alaskan Native	1%	1%	African	8%	14%
Asian	2%	9%	Asian Indian/South Asian	0%	3%
Black or African-American	8%	14%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	0%	1%	Chinese	2%	0%
Other	13%	18%	Eastern European	2%	3%
Prefer not to answer	4%	6%	European	24%	18%
White/Caucasian	60%	50%	Filipino	6%	10%
More than one race	12%	0%	Japanese	0%	0%
Gender At Birth			Korean	0%	0%
Male	59%	29%	Middle Eastern	2%	1%
Female	39%	66%	Other Non-Hispanic/Latino	2%	2%
Prefer not to answer	3%	5%	Vietnamese	0%	0%
Identify with any of these groups?			Prefer not to answer	16%	7%
LGBTQ	92%	40%	More than one ethnicity	12%	10%
Currently involved with adult/juvenile justice	0%	0%	Current Gender Identity		
Foster care youth	1%	1%	Male	52%	27%
All of above	0%	0%	Female	20%	65%
LGBTQ & justice involved	0%	0%	Genderqueer	5%	1%
LGBTQ & foster care youth	0%	1%	Other	7%	1%
Justice involved & foster care youth	0%	0%	Prefer not to answer	0%	2%
Not applicable/not identify with all above	3%	35%	Questioning/unsure	5%	1%
Prefer not to answer	4%	23%	Transgender	11%	4%
Sexual Orientation			Mental Health Symptoms Onset (Direct Services Only)		
Gay	35%	13%	Less than 6 months	0%	
Bisexual	16%	13%	6-12 months	0%	
Heterosexual/straight	3%	48%	1-4 years	0%	
Lesbian	11%	10%	5-9 years	0%	
Other	5%	2%	Over 10 years ago	0%	
Prefer not to answer	4%	6%	Prefer not to answer	0%	
Queer	19%	5%	Do not have MH symptoms	0%	
Questioning/unsure	8%	2%	Unknown/not reported	100%	NA
Veteran Status/Military Services			City of Residence		
Veteran	8%	2%	Benicia	4%	8%
Active military	0%	0%	Dixon	3%	1%
Not a veteran or not active military	92%	98%	Fairfield	43%	33%
Primary Language (1st Language)			Non-County Resident	5%	16%
American Sign Language (ASL)	0%	0%	Rio Vista	0%	0%
English	99%	95%	Suisun City	8%	6%
Ilocano	0%	0%	Unincorporated	3%	1%
Other	0%	0%	Unknown/Not Reported	1%	7%
Prefer not to answer	0%	0%	Vacaville	12%	10%
Spanish	1%	4%	Vallejo	21%	18%
Tagalog	0%	1%	Disability		
Preferred Language (Used Daily)			Difficulty seeing	5%	13%
American Sign Language (ASL)	0%	0%	Difficulty hearing/having speech understood	0%	6%
English	99%	100%	Other communication disability	3%	19%
Tagalog	0%	0%	Cognitive impairment	1%	0%
Other	0%	0%	Physical/mobility	4%	6%
Spanish	1%	0%	Chronic physical health condition	8%	6%
Direct: screening, assessment, counseling, group, case management			No disability	58%	31%
Outreach: training, presentation, workshop, meeting			Other disability	11%	0%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	11%	19%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- Exceeded service targets for community outreach, including implementing the Welcoming Schools initiative in 16 school sites across Solano County.
- Expanded to a new site in Vallejo, where additional services were offered including support groups, HIV support, and counseling services. Geographic service areas were also expanded when programming transitioned to virtual formats due to the COVID-19 pandemic.
- A new transgender group was started, which has increased visibility and access to services for the transgender community.

Challenges & Barriers

- Due to COVID-19, social activities were adapted to virtual programming, which caused some participants to drop out because they preferred in person services. At the same time, requests for counseling and case management due to anxiety and depression increased. The Stay-at-Home Order resulting in school closures and distance learning has been particularly difficult for LGBTQ youth, as school is often their only safe environment to be out as their truly authentic self and home environments are not always particularly welcoming for LGBTQ youth. Similarly, LGBTQ seniors have mentioned increased feelings of isolation as a result of being in a particularly vulnerable population at risk for COVID-19.
- Other common barriers included: insufficient transportation from Dixon and Vallejo, seniors' worries about mental health stigma, access to interpreter services to provide linguistically appropriate services, and youth concerns about safety when accessing services via telehealth.
- Challenges with staffing and infrastructure during quarters one and two resulted in a low numbers of outcome surveys completed. The agency has since designated a staff position for this function, as well as systemized the collection and reporting of all required MHSA data.

Changes in FY20/21

The program is exploring expansion of an intern program and a potential plan to place an intern in rural communities.

PREVENTION & EARLY INTERVENTION

Name of Program: School-Based Mental Health Services—Contractors

This particular MHSA funded program is delivered by three different community partners. Each agency’s outcomes will be reported separately and then on page 60 a summary of cumulative services has been provided.

Agency Name: A Better Way (ABW)

Description of Program:

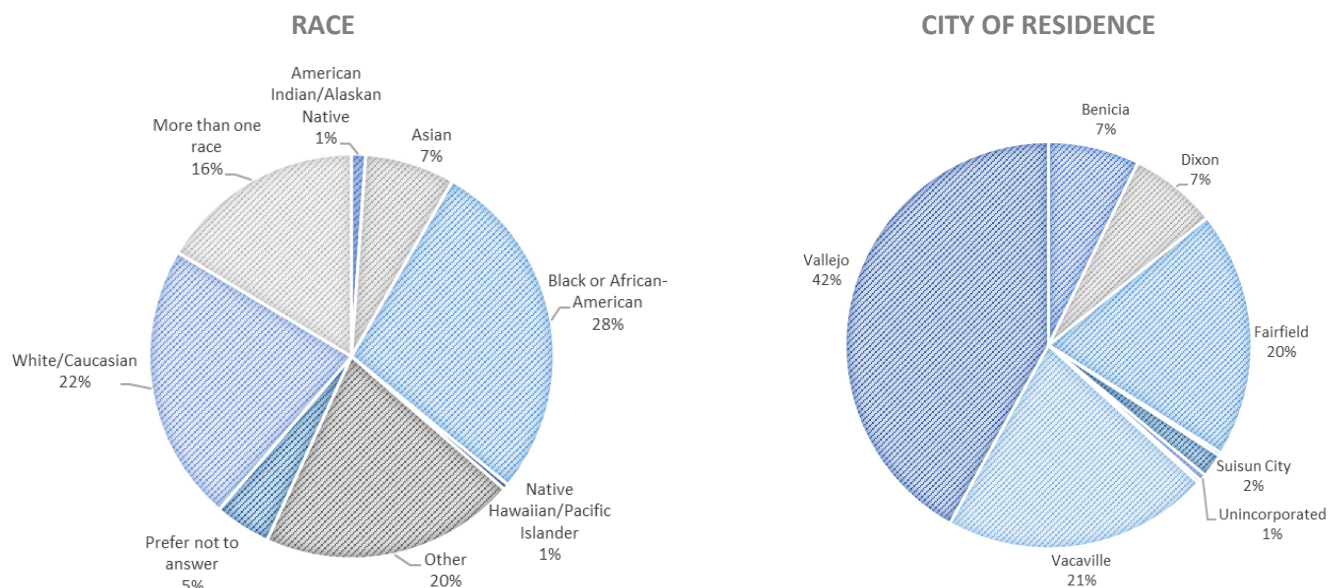
School-based Mental Health Services Programming serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as decided by participating school districts based on each site’s need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 548	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 600 school personnel, parents/caretakers, and students.	A total of 548 individuals received a prevention service.
Provide 18 trainings/consultation services for school personnel in participating school districts.	A total of 14 trainings were provided with a total of 273 participants.
Provide 16 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 12 trainings were provided with a total of 102 participants.
Provide a minimum of 4 student workshops for students for each participating school district.	A total of 37 workshops were provided with a total of 173 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 298 participants were administered both a pre/post survey and of those 92% (274) showed increased knowledge in the training/workshop topic.
Early Intervention Activities Unduplicated Individual Served: 236	
Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 280 students.	A total of 172 youth received an assessment.
Provide brief counseling for 3-5 months for students at assigned school sites.	A total of 233 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</i> or the <i>Quality of Life (QoL) Scale</i> .	Of the 233 students receiving counseling services, 77 students were administered both a pre/post measure during the reporting period and of those 49% (38) showed improvement in symptoms.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	13 referrals made
Referrals made to the Solano County Mental Health Plan.	4 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.	2 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 2 individuals linked it took an average of 65 days from referral to service.
Financial Report	
Cost per person for prevention activities	\$638
Cost per person for early intervention activities	\$5,575
Contract Amount FY 2019/20: \$1,856,768	Total Expenditures FY 2019/20: \$1,665,337

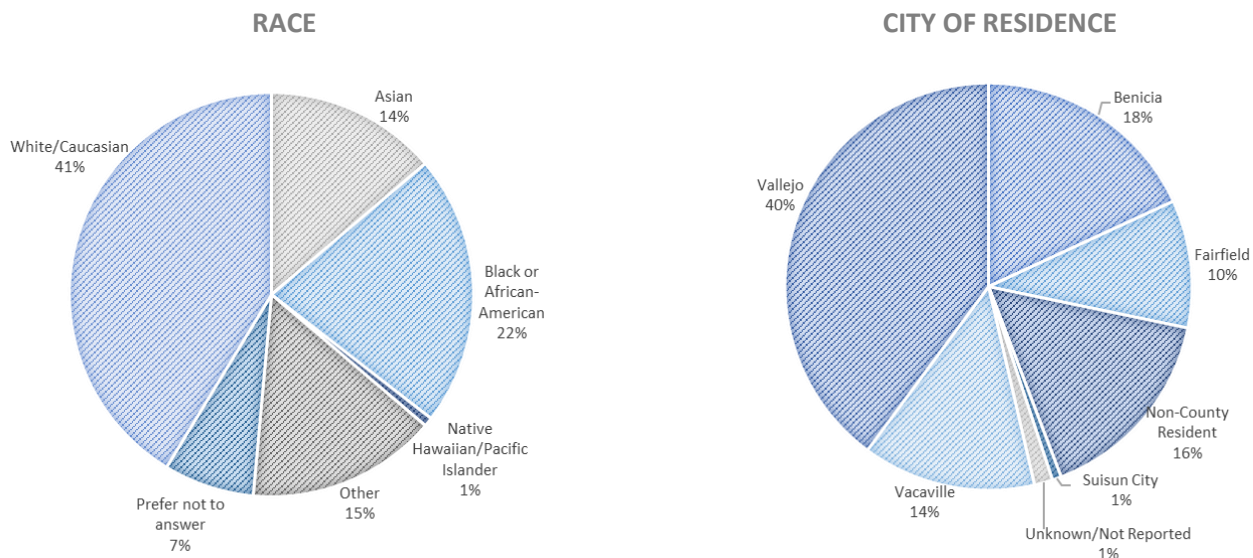
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services Program** delivered by A Better Way:

Demographic Breakdown of Direct Services (demographic surveys collected for 372 individuals who participated in student workshops and/or individual therapy):



Demographic Breakdown of Training Services (demographic surveys collected for 138 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	372	138
Age			Ethnicity	
0-15	73%	1%	Caribbean	0% 1%
16-25	27%	3%	Central American	0% 3%
26-59	0%	83%	Mexican/Mexican-American/Chicano	24% 8%
60+	0%	10%	Other Hispanic/Latino	0% 1%
Prefer not to answer	0%	3%	Puerto Rican	2% 1%
Race			South American	0% 1%
American Indian/Alaskan Native	1%	0%	African	25% 19%
Asian	7%	14%	Asian Indian/South Asian	1% 1%
Black or African-American	28%	22%	Cambodian	0% 0%
Native Hawaiian/Pacific Islander	0%	1%	Chinese	0% 0%
Other	20%	15%	Eastern European	0% 0%
Prefer not to answer	4%	7%	European	18% 37%
White/Caucasian	22%	41%	Filipino	5% 9%
More than one race	16%	0%	Japanese	0% 1%
Gender At Birth			Korean	0% 1%
Male	52%	22%	Middle Eastern	0% 0%
Female	47%	77%	Other Non-Hispanic/Latino	2% 3%
Prefer not to answer	1%	1%	Vietnamese	0% 0%
Sexual Orientation			Prefer not to answer	6% 7%
Gay	1%	0%	More than one ethnicity	16% 7%
Bisexual	3%	1%	Current Gender Identity	
Heterosexual/straight	88%	85%	Male	53% 22%
Lesbian	0%	1%	Female	46% 77%
Other	1%	0%	Genderqueer	0% 0%
Prefer not to answer	7%	13%	Other	1% 0%
Queer	0%	0%	Prefer not to answer	0% 1%
Questioning/unsure	0%	1%	Questioning/unsure	0% 0%
Veteran Status/Military Services			Transgender	1% 0%
Veteran	0%	3%	Mental Health Symptoms Onset (Direct Services Only)	
Active military	0%	1%	Less than 6 months	6%
Not a veteran or not active military	100%	96%	6-12 months	9%
Primary Language (1st Language)			1-4 years	14%
American Sign Language (ASL)	0%	0%	5-9 years	3%
English	97%	86%	Over 10 years ago	1%
Ilocano	0%	0%	Prefer not to answer	12%
Other	0%	0%	Do not have MH symptoms	11%
Prefer not to answer	0%	1%	Unknown/not reported	44%
Spanish	3%	8%	City of Residence	
Tagalog	0%	5%	Benicia	7% 18%
Preferred Language (Used Daily)			Dixon	7% 0%
American Sign Language (ASL)	0%	0%	Fairfield	20% 10%
English	99%	95%	Non-County Resident	0% 16%
Tagalog	0%	0%	Rio Vista	0% 0%
Other	0%	3%	Suisun City	2% 1%
Spanish	1%	2%	Unincorporated	1% 0%
Identify with any of these groups?			Unknown/Not Reported	0% 1%
LGBTQ	5%	1%	Vacaville	21% 14%
Currently involved with adult/juvenile justice	1%	0%	Vallejo	42% 40%
Foster care youth	0%	0%	Disability	
All of above	0%	0%	Difficulty seeing	3% 25%
LGBTQ & justice involved	0%	0%	Difficulty hearing/having speech understood	1% 25%
LGBTQ & foster care youth	0%	0%	Other communication disability	1% 0%
Justice involved & foster care youth	0%	0%	Cognitive impairment	0% 0%
Not applicable/not identify with all above	94%	92%	Physical/mobility	1% 0%
Prefer not to answer	1%	7%	Chronic physical health condition	1% 25%
Direct: screening, assessment, counseling, group, case management			No disability	86% 0%
Outreach: training, presentation, workshop, meeting			Other disability	1% 25%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	7% 0%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- The agency responded quickly and effectively to the COVID-19 pandemic. Clinicians quickly learned and implemented telehealth options, which resulted in every participant attending their scheduled sessions.
- The agency led 49 workshops which directly addressed the impacts of the pandemic on staff, families, and students. These workshops were offered weekly in both English and Spanish.
- The second year of training on Collaborative Problem Solving (CPS) was successfully completed. This training builds capacity for caregivers and professionals to address challenging youth behaviors.
- Program staff collaborated with Vallejo High School to create three workshops to address current community movements aimed at racial disparities, social justice, the need for equity in communities of color.
- Clinicians and supervisors have been in frequent contact, with schools regarding how to best support their students, parents, and staff throughout the COVID-19 pandemic including offering trainings and working closely to help design a system to identify students who are at risk due COVID-19 and school closures.

Challenges & Barriers

Referral flow was a significant challenge despite the implementation of new referral tools and consistent communication with school leadership. This was compounded by COVID-19 and school closures.

Changes in FY20/21

ABW plans to have six clinicians certified in the Collaborative Problem Solving (CPS) model and two train-the trainers to support ongoing implementation and sustainability of the model.

PREVENTION & EARLY INTERVENTION

Agency Name: Rio Vista CARE, Inc.

Description of Program:

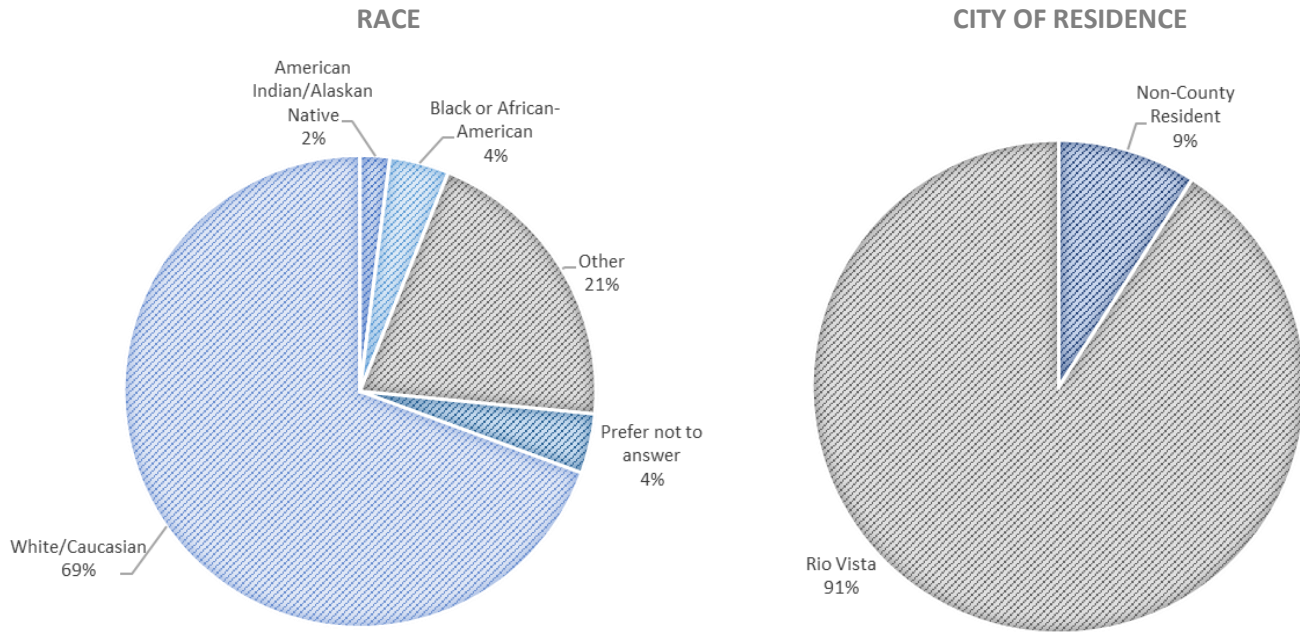
School-based Mental Health Services Programming serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as decided by participating school districts based on each site's need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 283	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 100 school personnel, parents/caretakers, and students.	A total of 283 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 261 participants.
Provide a minimum of one training for parent/caretakers at each assigned school site.	A total of 1 training was provided with a total of 20 participants.
Provide a minimum of three student workshops at each assigned school site.	A total of 1 workshop was provided with a total of 2 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys. 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 22 participants were administered both a pre/post survey and of those 95% (21) demonstrated increased knowledge. A total of 2 post surveys were collected from students and of those 100% (2) demonstrated increased knowledge on the workshop topic.
Early Intervention Activities Unduplicated Individual Served: 54	
Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 40 students.	A total of 54 youth received an assessment.
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.	A total of 54 students received brief treatment services. Of those, 36 completed the pre/post outcome measure during the reporting period, with 97% (35) having shown improvement in functioning and symptoms.
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.	5 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.	2 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 2 individuals linked it took an average of 8 days from referral to service There were three successful linkages
Financial Report	
Cost per person for prevention activities	\$32
Cost per person for early intervention activities	\$500
Contract Amount FY2019/20: \$60,000	Total Expenditures FY 2019: \$36,004

PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services Program** delivered by Rio Vista CARE:

Demographic Breakdown of Direct Services (demographic surveys collected for 48 individuals who participated in student workshops and/or individual therapy):



Demographic Breakdown of Training Services: Information not available as the program did not collect demographic surveys for trainings

PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			48	3
Age	Direct	Outreach		
0-15	73%	0%		
16-25	27%	0%		
26-59	0%	100%		
60+	0%	0%		
Prefer not to answer	0%	0%		
Race				
American Indian/Alaskan Native	2%	0%		
Asian	0%	0%		
Black or African-American	4%	0%		
Native Hawaiian/Pacific Islander	0%	0%		
Other	20%	0%		
Prefer not to answer	4%	0%		
White/Caucasian	69%	100%		
More than one race	0%	0%		
Gender At Birth				
Male	59%			
Female	41%	Not reported		
Prefer not to answer	0%			
Sexual Orientation				
Gay	0%			
Bisexual	0%			
Heterosexual/straight	71%			
Lesbian	5%			
Other	0%			
Prefer not to answer	24%			
Queer	0%	Not reported		
Questioning/unsure	0%			
Veteran Status/Military Services				
Veteran	0%			
Active military	0%			
Not a veteran or not active military	100%			
Primary Language (1st Language)	Direct			
American Sign Language (ASL)	0%			
English	95%			
Ilocano	0%			
Other	0%			
Prefer not to answer	0%			
Spanish	5%	Not reported		
Tagalog	0%			
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%			
English	100%			
Ilocano	0%			
Other	0%	Not reported		
Spanish	0%			
Identify with any of these groups?				
LGBTQ	5%			
Currently involved with adult/juvenile justice	0%			
Foster care youth	0%			
All of above	0%			
LGBTQ & justice involved	0%			
LGBTQ & foster care youth	0%			
Justice involved & foster care youth	0%			
Not applicable/not identify with all above	0%			
Prefer not to answer	95%	Not reported		
Direct: screening, assessment, counseling, group, case management Outreach: training, presentation, workshop, meeting Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
Ethnicity	Direct	Outreach		
Caribbean	0%			
Central American	0%			
Mexican/Mexican-American/Chicano	24%			
Other Hispanic/Latino	0%			
Puerto Rican	0%			
South American	0%			
African	0%			
Asian Indian/South Asian	0%			
Cambodian	0%			
Chinese	0%			
Eastern European	0%			
European	33%			
Filipino	0%			
Japanese	0%			
Korean	0%			
Middle Eastern	0%			
Other Non-Hispanic/Latino	5%			
Vietnamese	0%			
Prefer not to answer	38%			
More than one ethnicity	0%	Not reported		
Current Gender Identity				
Male	55%			
Female	32%			
Genderqueer	5%			
Other	0%			
Prefer not to answer	5%			
Questioning/unsure	0%	Not reported		
Transgender	5%			
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months	9%			
6-12 months	14%			
1-4 years	50%			
5-9 years	5%			
Over 10 years ago	0%			
Prefer not to answer	18%			
Do not have MH symptoms	0%			
Unknown/not reported	5%	NA		
City of Residence				
Benicia	0%			
Dixon	0%			
Fairfield	0%			
Non-County Resident	9%			
Rio Vista	91%			
Suisun City	0%			
Unincorporated	0%			
Unknown/Not Reported	0%			
Vacaville	0%	Not reported		
Vallejo	0%			
Disability				
Difficulty seeing	5%			
Difficulty hearing/having speech understood	0%			
Other communication disability	0%			
Cognitive impairment	9%			
Physical/mobility	0%			
Chronic physical health condition	0%			
No disability	68%			
Other disability	0%	Not reported		
Prefer not to answer	18%			

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- The agency collaborated with SCBH, local law enforcement and first responders provide suicide awareness education to the Rio Vista community.
- The agency responded quickly to the COVID-19 pandemic, participating in a panel discussion to strategize with schools around supporting the mental health needs of students, staff, and families in school throughout the pandemic. Additionally, the agency began providing telehealth services to new and existing consumers.

Challenges & Barriers

- Program staff did not consistently administer pre/post surveys for trainings provided for school personnel and parents/caretakers.
- Some LGBTQ+ youth have felt uncomfortable participating telehealth services because of a lack of privacy in their home setting.
- The agency experienced challenges with staff retention in quarters one and two of the FY, which impacted the agency's ability to provide services and meet deliverables. At the writing of this report the agency is now fully staffed, and therapists have been able to increase services and provide needed supports to school staff and leadership.

Changes in FY20/21

No changes.

PREVENTION & EARLY INTERVENTION

Agency Name: Solano County Office of Education (SCOE)

Description of Programs:

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 provided prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups.

Program Performance Measures

**Prevention Activities
Unduplicated Individuals Served: 686**

Program Indicators	Annual Outcome
Provide a minimum of 4 trainings for school personnel for participating school districts.	A total of 20 trainings were provided with a total of 225 participants.
Provide a minimum of 4 trainings/engagement activities for parents/caregivers for participating school districts.	A total of 4 parent/caregiver trainings were provided with a total of 45 participants.
Provide a minimum of 15 workshops for participating school districts.	A total of 23 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>Overall, 67% (284) participants demonstrated an increase in knowledge from total of 421 who completed post surveys.</p> <ul style="list-style-type: none"> • 56% (125) of the school personnel demonstrated an increase in knowledge in the training topic from 225 surveyed. • 69% (31) of parents/caregivers demonstrated an increase in knowledge in the training topic from 45 surveyed. • Provided 2 ASIST trainings with 40 participants served. A total of 28 participants were administered the pre/posted survey and of those 96% (27) of participants demonstrated knowledge improved. • 1 safeTALK training was provided, with 10 participants served and of those 70% (7) demonstrated knowledge improved. • A total of 113 student workshop participants were administered the pre/post survey and of those 83% (94) increased knowledge in the workshop topic.

**Early Intervention Activities
Unduplicated Individual Served: N/A**

Program Indicators	Annual Outcomes
COE does not provide early intervention services.	N/A

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	0 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

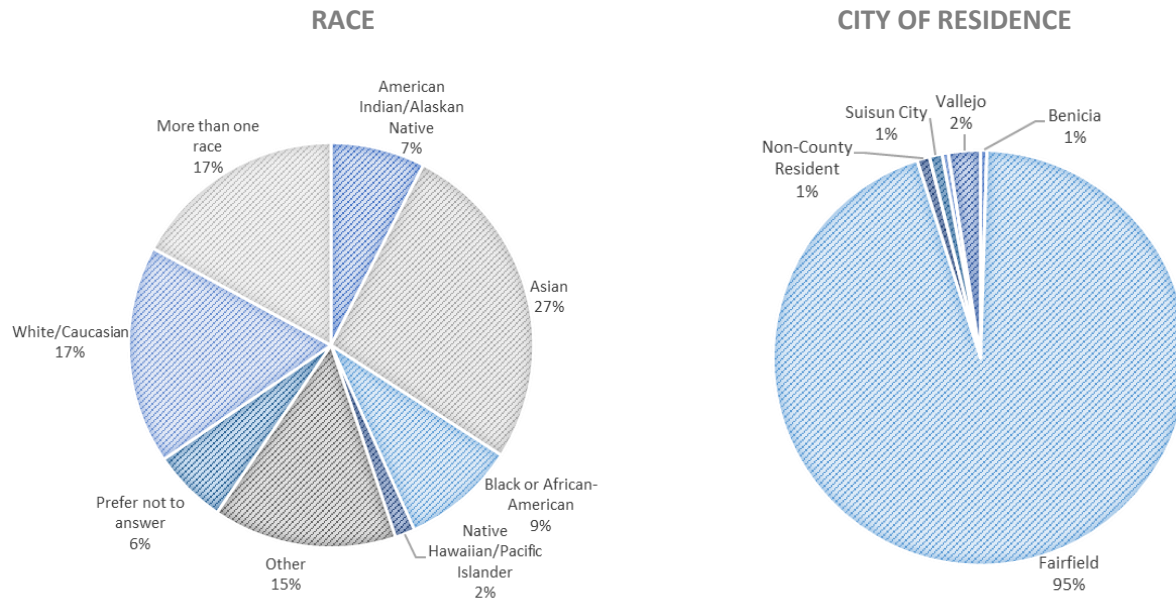
Financial Report

Cost per person for prevention activities	\$407
Contract Amount FY 2019/20: \$420,413 in PEI funds	Total Expenditures FY 2019/20: \$279,289

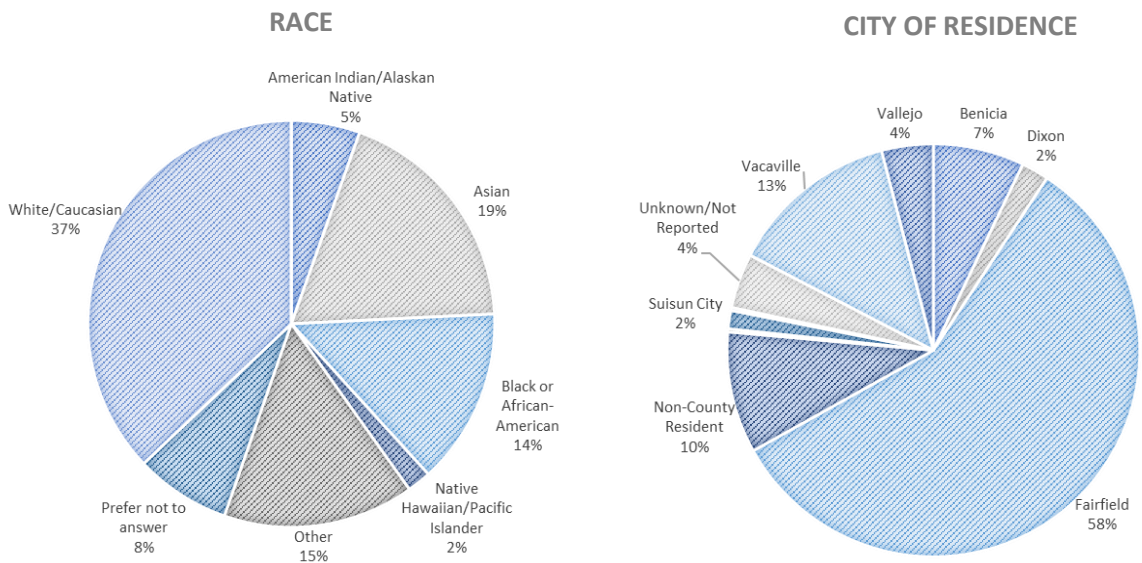
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by School-Based Mental Health Services program delivered by SCOE:

Demographic Breakdown of Direct Services (demographic surveys collected for 216 student workshop participants):



Demographic Breakdown of Training Services (demographic surveys collected for 420 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	216	420
Age			Ethnicity	
0-15	100%	51%	Caribbean	0% 1%
16-25	0%	1%	Central American	4% 3%
26-59	0%	43%	Mexican/Mexican-American/Chicano	15% 15%
60+	0%	3%	Other Hispanic/Latino	7% 4%
Prefer not to answer	0%	1%	Puerto Rican	0% 1%
Race			South American	1% 1%
American Indian/Alaskan Native	8%	5%	African	6% 7%
Asian	27%	19%	Asian Indian/South Asian	6% 3%
Black or African-American	9%	14%	Cambodian	0% 0%
Native Hawaiian/Pacific Islander	2%	2%	Chinese	3% 2%
Other	15%	15%	Eastern European	0% 0%
Prefer not to answer	6%	8%	European	3% 9%
White/Caucasian	17%	37%	Filipino	12% 9%
More than one race	17%	0%	Japanese	0% 0%
Gender At Birth			Korean	1% 1%
Male	44%	33%	Middle Eastern	0% 0%
Female	54%	64%	Other Non-Hispanic/Latino	7% 5%
Prefer not to answer	2%	3%	Vietnamese	1% 0%
Sexual Orientation			Prefer not to answer	8% 15%
Gay	0%	0%	More than one ethnicity	23% 22%
Bisexual	4%	3%	Current Gender Identity	
Heterosexual/straight	71%	78%	Male	45% 33%
Lesbian	1%	1%	Female	49% 60%
Other	2%	1%	Genderqueer	0% 0%
Prefer not to answer	13%	13%	Other	0% 0%
Queer	1%	0%	Prefer not to answer	3% 6%
Questioning/unsure	6%	3%	Questioning/unsure	1% 1%
Veteran Status/Military Services			Transgender	1% 0%
Veteran	0%	3%	Mental Health Symptoms Onset (Direct Services Only)	
Active military	0%	4%	Less than 6 months	1%
Not a veteran or not active military	100%	94%	6-12 months	2%
Primary Language (1st Language)			1-4 years	4%
American Sign Language (ASL)	0%	0%	5-9 years	1%
English	91%	89%	Over 10 years ago	1%
Ilocano	0%	0%	Prefer not to answer	5%
Other	4%	3%	Do not have MH symptoms	81%
Prefer not to answer	1%	5%	Unknown/not reported	4%
Spanish	2%	3%	City of Residence	
Tagalog	1%	0%	Benicia	0% 7%
Preferred Language (Used Daily)			Dixon	0% 2%
American Sign Language (ASL)	0%	0%	Fairfield	95% 58%
English	96%	97%	Non-County Resident	1% 10%
Tagalog	0%	0%	Rio Vista	0% 0%
Other	4%	2%	Suisun City	1% 1%
Spanish	0%	0%	Unincorporated	0% 0%
Identify with any of these groups?			Unknown/Not Reported	0% 4%
LGBTQ	4%	4%	Vacaville	0% 13%
Currently involved with adult/juvenile justice	0%	2%	Vallejo	2% 4%
Foster care youth	1%	2%	Disability	
All of above	0%	0%	Difficulty seeing	12% 7%
LGBTQ & justice involved	0%	0%	Difficulty hearing/having speech understood	3% 2%
LGBTQ & foster care youth	0%	0%	Other communication disability	1% 1%
Justice involved & foster care youth	0%	0%	Cognitive impairment	0% 0%
Not applicable/not identify with all above	57%	71%	Physical/mobility	0% 1%
Prefer not to answer	38%	22%	Chronic physical health condition	0% 2%
Direct: screening, assessment, counseling, group, case management			No disability	74% 73%
Outreach: training, presentation, workshop, meeting			Other disability	2% 2%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	7% 12%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- SCOE collaborated with SCBH and school districts to successfully prepare for 35 School-based Wellness Center sites throughout Solano County.
- In response to COVID-19 the agency moved training and on-going supports to a virtual platform. Trainings included adapting to the COVID-19 pandemic; a new evidence-based Social Emotional Learning Curriculum, and a pilot course on Conflict Resolution for all 6th graders at one school site.
- Partnered with Solano County Health and Social Services to conduct a Race Equity training for the whole administrative team in one district.

Challenges & Barriers

- A Social Emotional Learning workshop curriculum was ended early at one school site due to the inclusion of LGBTQ+ bullying-prevention/acceptance curriculum as the school refused to continue with the curriculum because of discomfort with this subject matter.
- Attendance to virtual trainings was low as students and families adjusted to using these platforms.

Changes in FY20/21

SCOE will continue to partner with SCBH to implement the School-based Wellness Center Initiative once the schools reopen.

Cumulative School-based Services Prevention Activities:

Total number of school personnel who participated in trainings: 759

Total number of parents who participated in trainings: 167

Total number of students who participated in workshops: 501

Cumulative School-based Services Early Intervention Activities:

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

PREVENTION & EARLY INTERVENTION

Program Name: Early Psychosis (EP) Treatment Program—Contractors

Agency Name: Aldea Children & Family Services

Description of Program:

The EP Treatment Program, delivered by a CBO in partnership with an academic entity, provides education and outreach activities within the community to heighten awareness about stigma reduction and how to recognize the early signs of psychosis. In addition to outreach, the program provides comprehensive assessments and early intervention treatment services using the using the Coordinated Specialty Care evidenced-based model for individuals between the ages of 12-30 who experienced their first episodic of psychosis within the last two years or currently have subthreshold symptoms of psychosis. In addition to the CBO providing the direct services, SCBH funds an academic entity who is considered a statewide leader in EP treatment to provide training, consultation and evaluation support for the direct service provider. SCBH leverages Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds to fund this EP Treatment Program.

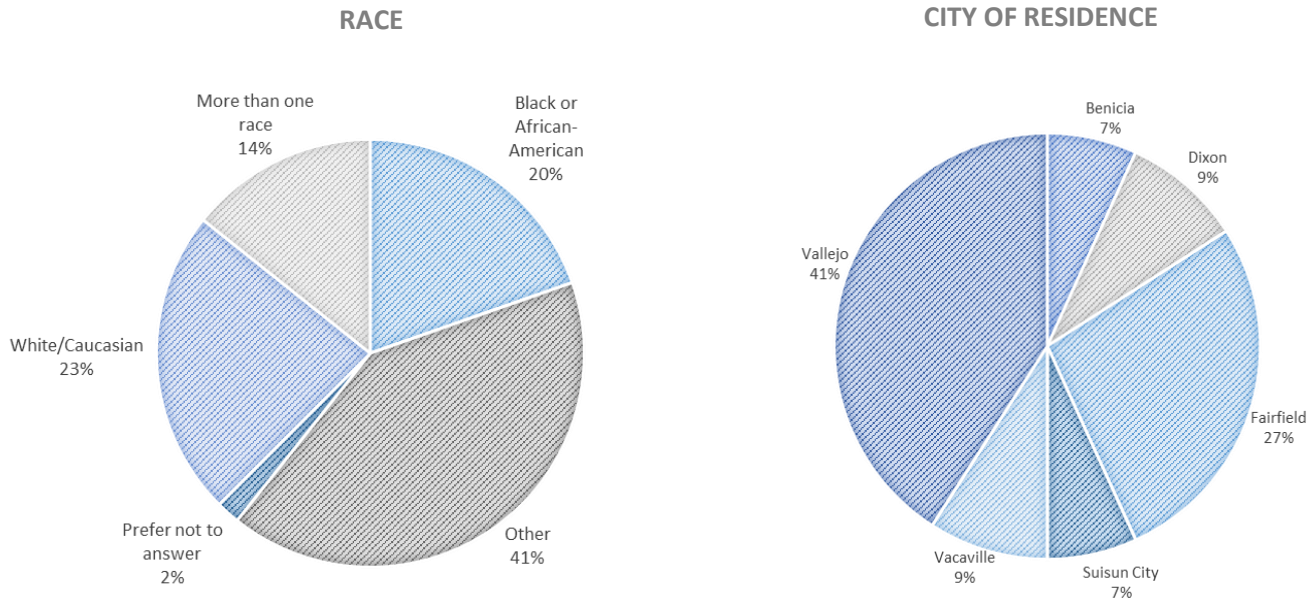
Performance Measures	
Prevention Activities Unduplicated Individuals Served: 230	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 250 individuals.	A total of 205 individuals reached.
Conduct a minimum of 60 screenings to individuals referred to SOAR.	25 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities Unduplicated Individual Served: 37	
Program Indicators	Annual Outcomes
Provide mental health treatment services for 40 unduplicated consumers.	37 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	89% (33) 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.	None of the consumers served had a psychiatric hospitalization episode 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 14 consumers opened for 6 months, 79% (11) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 11 consumers opened for 12 months, 73% (8) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .
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.	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 18 days from referral to service. One of the individuals referred declined service was referred to.
Financial Report	
Cost per person for prevention activities	\$188
Cost per person for early intervention activities*	\$6,617
Contract Amount FY 2019/20: \$606,375 of which \$303,188 is MHSA and \$363,188 is MHBG	Total Expenditures FY 2019/20: \$288,013 in MHSA funds and \$318,362 in MHBG funds

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

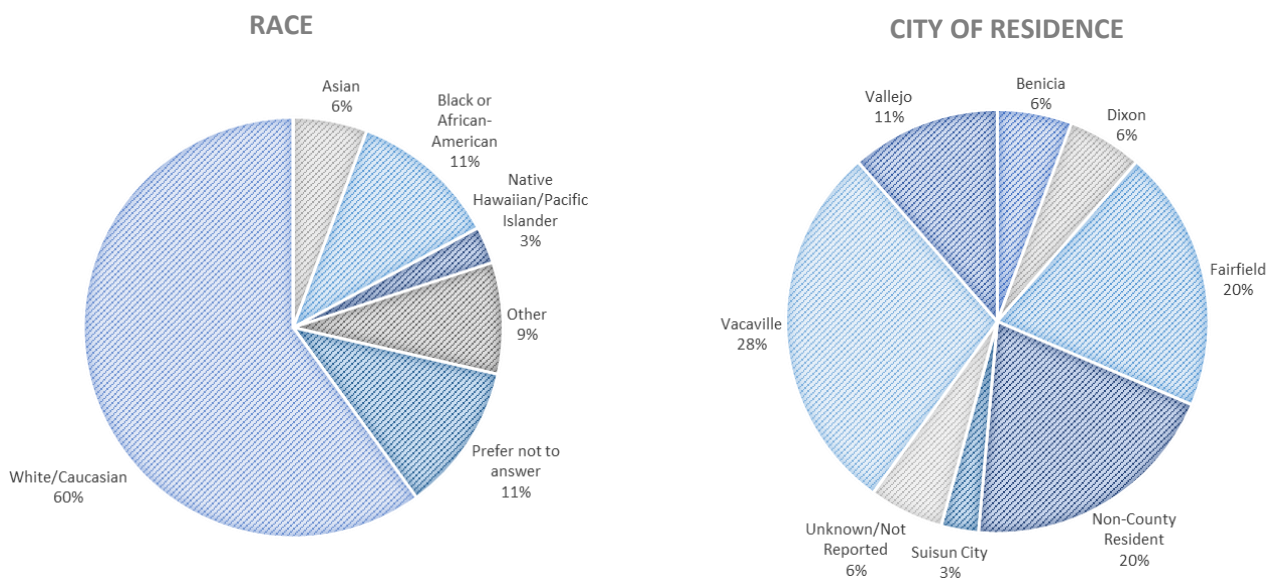
PREVENTION & EARLY INTERVENTION

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

Demographic Breakdown of Direct Services (demographic surveys collected for 48 individuals):



Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 35 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	48	35
Age			Direct	Outreach
0-15	35%	0%	0%	0%
16-25	63%	0%	2%	0%
26-59	2%	83%	38%	14%
60+	0%	17%	8%	0%
Prefer not to answer	0%	0%	0%	0%
Race				
American Indian/Alaskan Native	0%	0%	0%	3%
Asian	0%	6%	4%	0%
Black or African-American	20%	11%	2%	0%
Native Hawaiian/Pacific Islander	0%	3%	0%	0%
Other	41%	9%	0%	0%
Prefer not to answer	2%	11%	10%	19%
White/Caucasian	23%	60%	0%	0%
More than one race	14%	0%	0%	0%
Gender At Birth				
Male	46%	31%	0%	6%
Female	54%	66%	0%	3%
Prefer not to answer	0%	3%	18%	3%
Sexual Orientation				
Gay	0%	0%	0%	0%
Bisexual	23%	3%	0%	0%
Heterosexual/straight	58%	77%	0%	0%
Lesbian	0%	0%	0%	0%
Other	4%	3%	0%	0%
Prefer not to answer	6%	17%	12%	3%
Queer	0%	0%	6%	50%
Questioning/unsure	8%	0%		
Veteran Status/Military Services				
Veteran	0%	3%		
Active military	0%	0%		
Not a veteran or not active military	100%	97%		
Primary Language (1st Language)				
American Sign Language (ASL)	0%	0%		
English	91%	91%		
Ilocano	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	6%		
Spanish	9%	3%		
Tagalog	0%	0%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	0%		
English	94%	100%		
Tagalog	0%	0%		
Other	0%	0%		
Spanish	6%	0%		
Identify with any of these groups?				
LGBTQ	18%	6%		
Currently involved with adult/juvenile justice	0%	0%		
Foster care youth	3%	0%		
All of above	0%	3%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify with all above	79%	74%		
Prefer not to answer	0%	17%		
Direct: screening, assessment, counseling, group, case management Outreach: training, presentation, workshop, meeting Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
Ethnicity				
Caribbean	0%	0%		
Central American	2%	0%		
Mexican/Mexican-American/Chicano	38%	14%		
Other Hispanic/Latino	8%	0%		
Puerto Rican	0%	0%		
South American	0%	3%		
African	4%	0%		
Asian Indian/South Asian	2%	0%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	0%		
European	10%	19%		
Filipino	0%	0%		
Japanese	0%	0%		
Korean	0%	6%		
Middle Eastern	0%	3%		
Other Non-Hispanic/Latino	18%	3%		
Vietnamese	0%	0%		
Prefer not to answer	12%	3%		
More than one ethnicity	6%	50%		
Current Gender Identity				
Male	34%	29%		
Female	59%	60%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	11%		
Questioning/unsure	2%	0%		
Transgender	5%	0%		
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months	13%			
6-12 months	29%			
1-4 years	52%			
5-9 years	6%			
Over 10 years ago	0%			
Prefer not to answer	0%			
Do not have MH symptoms	0%			
Unknown/not reported	0%	NA		
City of Residence				
Benicia	7%	6%		
Dixon	9%	6%		
Fairfield	27%	20%		
Non-County Resident	0%	20%		
Rio Vista	0%	0%		
Suisun City	7%	3%		
Unincorporated	0%	0%		
Unknown/Not Reported	0%	6%		
Vacaville	9%	29%		
Vallejo	41%	11%		
Disability				
Difficulty seeing	2%	0%		
Difficulty hearing/having speech understood	2%	3%		
Other communication disability	0%	0%		
Cognitive impairment	0%	0%		
Physical/mobility	0%	0%		
Chronic physical health condition	0%	0%		
No disability	96%	83%		
Other disability	0%	0%		
Prefer not to answer	0%	14%		

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- Program therapists took part in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) consultation calls to work toward becoming TF-CBT certified. This built capacity for serving consumers who have experienced trauma.
- The program has maintained stable staffing in the Bilingual Program Coordinator, Family Partner, Compliance Specialist, Compliance Supervisor, and Program Director.
- Staff participated in training provided by UC Davis consultants on working with consumers and families whose primary language is Spanish or a language other than English, focusing on cultural considerations and the use of interpreters.
- Program staff continue to monitor the impact of the COVID-19 pandemic on consumers and staff and offer practical and emotional support as well as adaptations to services and program operations as needed and as feasible.

Challenges & Barriers

- Program staff reported that some of the consumers being served struggled to transition to a telehealth platform due to paranoia related to cameras and the use of a computer/phone.
- The COVID-19 pandemic impacted the program's ability to provide outreach and presentations which ultimately impacted the number of individuals referred for screening.
- The majority of assessments completed were not completed within the 14-day timeline from referral to assessment. Factors impacting timely assessments included staff turnover and misunderstandings that those already linked and being case managed by other providers through the SCBH Mental Health Plan had a longer timeline.

Changes in FY20/21

The program has developed on-line presentations and are prepared to engage in outreach efforts via video platforms and are working to be able to offer continuing education units in the new fiscal year.

PREVENTION & EARLY INTERVENTION

Program Name: Early Psychosis (EP) Treatment Program—Contractors

Agency Name: UC Davis Behavioral Health Center of Excellence

Description of Program:

The UC Davis consultants provide training, consultation and evaluation for the CBO agency providing direct EP treatment services. Comprehensive training includes: use of specialized EP comprehensive assessments and the Coordinated Specialty Care evidenced-based model. Additionally, the UC Davis team provides consultation and assists the provider in evaluating the effectiveness of the program.

Performance Measures	
Unduplicated Individuals Served: 8	
Assessment Training: Trainees will reach a minimum of 80% diagnostic agreement on the <i>Structural Clinical Interview for DSM Disorders (SCID)</i> and <i>SIPS</i> and <i>ICCs</i> indicating average concordance of .80 on rating scales.	75% (3) 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 3) Trainer Three	A total of 3 new (unduplicated) staff members in elements of the treatment model, including: 2 therapists/clinicians, and 1 clinical supervisor. Trainer One: 100% (7) Trainer Two: 100% (6) Trainer Three: 100% (4)
Financial Report	
Contract Amount FY 2019/20: \$133,293	Total Expenditures FY 2019/20: \$118,999

Highlights & Achievements

- In partnership with the UC Davis CAARE Center, 5 EP Treatment direct service clinicians were supported in completing TF-CBT training with a specialty focus on providing TF-CBT in psychosis populations.
- UC Davis staff provided training for the EP Treatment direct service staff on working with consumers and families whose primary language is Spanish or a language other than English, focusing on cultural considerations and the use of interpreters.
- UC Davis staff continued to contribute to workforce development in the provision of evidence based EP care in CA by training 8 new clinicians 3 of which were bilingual, and the consultants provided training related to LGBTQ+ inclusive and gender affirming care.
- Staff quickly adapted to the COVID-19 pandemic by adjusting the training program to be conducted virtually where possible. Additionally, a variety of online self-paced learning modules to support rapid onboarding of new staff were developed. These online trainings have received positive reviews.

Challenges & Barriers

Staff retention at the EP Treatment direct service agency continued to be a challenge. UC Davis consultants provided technical assistance and have since noted positive results regarding recruitment and retention in quarter 4 of FY 2019/20 following this technical assistance.

Changes in FY20/21

No changes.

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PREVENTION & EARLY INTERVENTION

Name of Program: Older Adult Case Management & Treatment—Contractor

Agency Name: Choice in Aging

Description of Program:

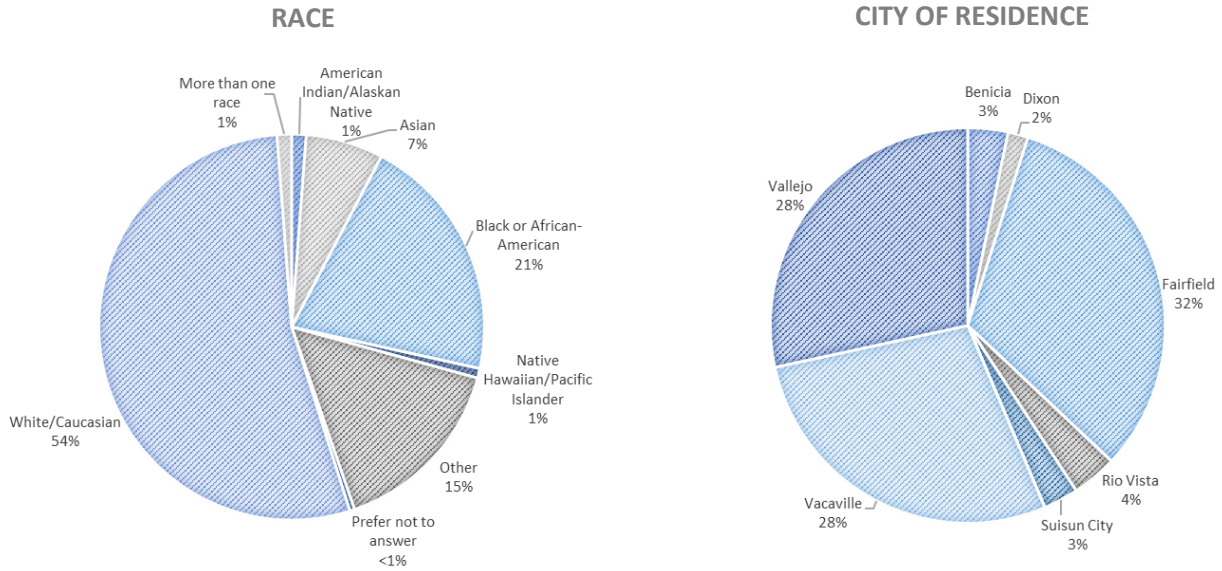
The Older Adult Case Management Program, delivered by a CBO, conducts community outreach and education for the community in how to recognize the signs of mental health conditions or suicide risk for older adults, 60 years and over. The program also provides screenings, brief and longer term case management, and brief counseling for older adults.

Performance Measures	
Prevention Activities 349 unduplicated direct service recipients and 473 people reached via outreach efforts Unduplicated Individuals Served: 349	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities.	A total of 473 individuals were reached.
Provide 5 suicide prevention trainings.	2 suicide prevention trainings were provided with a total of 28 participants.
Provide an initial screening for a minimum of 180 older adults.	A total of 165 unduplicated older adults received a screening.
Provide brief preventative case management for 45-60 business days for a minimum of 120 older adults.	A total of 156 unduplicated older adults received brief case management services.
Early Intervention Activities Unduplicated Individuals Served: 122	
Program Indicators	Annual Outcomes
Provide counseling services for 35 unduplicated older adult consumers; consumers shall receive two or more counseling sessions.	A total of 35 unduplicated older adults were served.
Provide comprehensive case management services to 80 unduplicated clients.	A total of 87 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, Patient Health Questionnaire (PHQ)-9, or Quality of Life (QoL) Scale.</i>	49 consumer completed pre/post assessments during the reporting period with the following results: -GAD-7: 53% (26) -PHQ-9: 65% (32) -QoL Scale: 59% (29)
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.	Zero (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	\$538
Cost per person for early intervention activities	\$6,620
Contract Amount FY 2019/20: \$600,000	Total Expenditures FY 2019/20: \$507,444

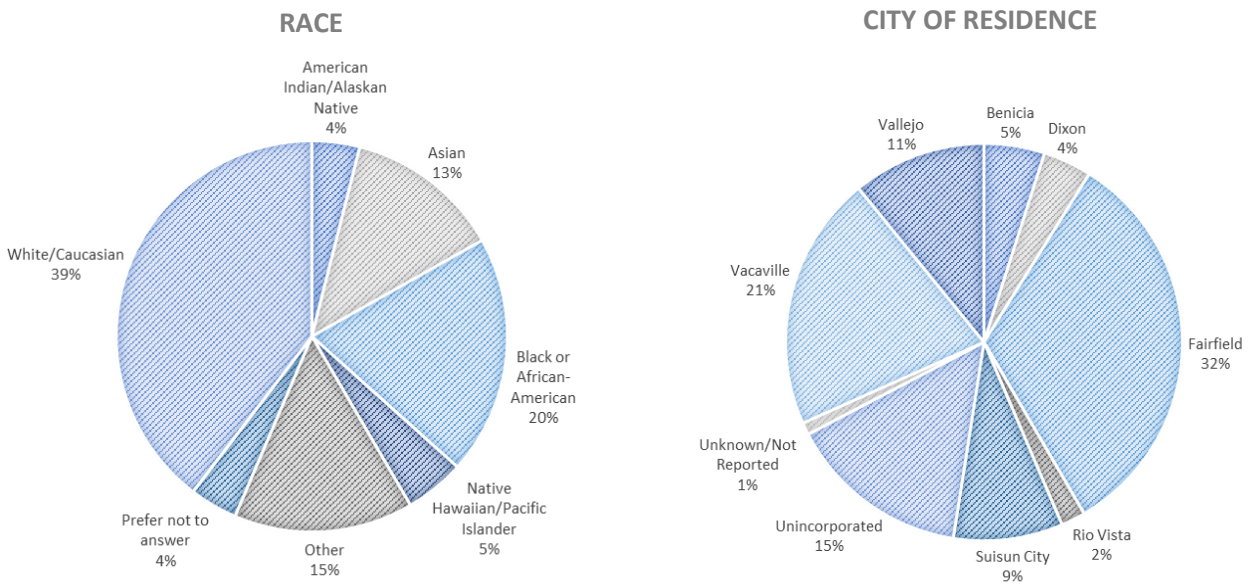
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the **Older Adult Case Management & Treatment Program**:

Demographic Breakdown of Direct Services (demographic surveys collected for 243 individuals):



Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 101 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
Age	Direct	Outreach	243	101
0-15	0%	0%	Ethnicity	Direct
16-25	0%	6%	Caribbean	0%
26-59	0%	54%	Central American	2%
60+	100%	39%	Mexican/Mexican-American/Chicano	7%
Prefer not to answer	0%	1%	Other Hispanic/Latino	0%
Race			Puerto Rican	2%
American Indian/Alaskan Native	1%	3%	South American	1%
Asian	7%	13%	African	20%
Black or African-American	21%	20%	Asian Indian/South Asian	1%
Native Hawaiian/Pacific Islander	1%	5%	Cambodian	0%
Other	15%	15%	Chinese	1%
Prefer not to answer	0%	4%	Eastern European	2%
White/Caucasian	54%	40%	European	18%
More than one race	1%	0%	Filipino	3%
Gender At Birth			Japanese	1%
Male	36%	21%	Korean	0%
Female	64%	78%	Middle Eastern	0%
Prefer not to answer	0%	1%	Other Non-Hispanic/Latino	30%
Sexual Orientation			Vietnamese	0%
Gay	0%	2%	Prefer not to answer	10%
Bisexual	0%	1%	More than one ethnicity	2%
Heterosexual/straight	76%	88%	Current Gender Identity	
Lesbian	0%	2%	Male	34%
Other	0%	0%	Female	63%
Prefer not to answer	24%	7%	Genderqueer	0%
Queer	0%	0%	Other	0%
Questioning/unsure	0%	0%	Prefer not to answer	3%
Veteran Status/Military Services			Questioning/unsure	0%
Veteran	13%	14%	Transgender	0%
Active military	0%	1%	Mental Health Symptoms Onset (Direct Services Only)	
Not a veteran or not active military	87%	85%	Less than 6 months	2%
Primary Language (1st Language)			6-12 months	4%
American Sign Language (ASL)	0%	1%	1-4 years	6%
English	88%	87%	5-9 years	2%
Ilocano	0%	0%	Over 10 years ago	8%
Other	3%	0%	Prefer not to answer	9%
Prefer not to answer	0%	0%	Do not have MH symptoms	9%
Spanish	8%	6%	Unknown/not reported	60%
Tagalog	1%	6%	City of Residence	
Preferred Language (Used Daily)			Benicia	3%
American Sign Language (ASL)	0%	0%	Dixon	2%
English	93%	87%	Fairfield	32%
Tagalog	0%	0%	Non-County Resident	0%
Other	1%	6%	Rio Vista	4%
Spanish	6%	7%	Suisun City	3%
Identify with any of these groups?			Unincorporated	0%
LGBTQ	0%	4%	Unknown/Not Reported	0%
Currently involved with adult/juvenile justice	5%	2%	Vacaville	28%
Foster care youth	0%	1%	Vallejo	28%
All of above	0%	0%	Disability	
LGBTQ & justice involved	0%	0%	Difficulty seeing	3%
LGBTQ & foster care youth	0%	0%	Difficulty hearing/having speech understood	3%
Justice involved & foster care youth	0%	0%	Other communication disability	0%
Not applicable/not identify with all above	85%	74%	Cognitive impairment	10%
Prefer not to answer	10%	19%	Physical/mobility	28%
Direct: screening, assessment, counseling, group, case management			Chronic physical health condition	33%
Outreach: training, presentation, workshop, meeting			No disability	0%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Other disability	17%
			Prefer not to answer	6%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- In spite of the COVID-19 pandemic clinical services and comprehensive case management continued successfully via telehealth to best serve participants' mental health needs.
- The program quickly adapted to the COVID-19 pandemic by implementing a pilot project offering virtual trainings and workshops. This project increased access to services for older adults in order to improve their quality of life and decrease isolation.
- Program staff are diverse with an African American Case Manager/Social Worker, a Latina Spanish-speaking Case Manager/Social Worker, a Guamanian Intake Coordinator, and a male Clinician. The program continues to meet cultural responsiveness training requirements on an annual basis as well as training on the use of Language Link to better serve our monolingual consumers.

Challenges & Barriers

- This program received several referrals for seriously mentally ill (SMI) older adults which is outside the program's scope. Additionally, the program identified that referral options were very limited for consumers who are SMI and privately insured.
- The annual deliverable related to the provision of suicide prevention trainings was not met due to the COVID-19 pandemic restrictions as both curriculums used—ASIST and safeTALK—required in-person trainings and could not be modified to a virtual platform during the Spring of FY 2019/20.
- The PHQ-9 and GAD7 did not provide an adequate measure of consumers' overall quality of life so the agency has identified tools which will better measure quality of life.

Changes in FY20/21

No changes.

PREVENTION & EARLY INTERVENTION

Name of Program: Older Adult Peer-to-Peer Program—Contractor

Agency Name: Faith in Action

Description of Program:

The Older Adult Peer-to-Peer Program, delivered by a CBO, utilizes seniors to support other seniors through a peer-to-peer model consisting of home visits and reassurance calls for older adults 60 and over who are often homebound. Additionally, the program provides in-person 1:1 and virtual group peer counseling. The primary goals of this program are to reduce the isolation of older adults and to provide early intervention services to prevent seniors from developing disability mental health conditions.

Performance Measures

Prevention Activities

143 unduplicated direct service recipients and **361** people reached via outreach efforts

Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 250 unduplicated individuals to include older adult consumers and community partners.	A total 143 unduplicated individuals were reached.
Conduct 2 outreach and engagement activities per month for a total of 24 activities annually.	A total of 13 outreach/engagement events provided, reached to 361 duplicated individuals including tabling events.
Serve 80 unduplicated older adults with a minimum of 4,000 reassurance calls.	Served 83 unduplicated older adults with 4,239 reassurance calls.
Serve 75 unduplicated homebound older adults with a minimum of 2,500 home visiting hours.	Provided 1,960 hours of home visiting to a total of 60 unduplicated older adults.

Early Intervention Activities

Unduplicated Individual Served: 33

Program Indicators	Annual Outcomes
Provide peer counseling for a minimum of 75 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 33 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 17 older adults who completed a pre/post <i>GDS</i> measure during the reporting period, 88% (15) 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 36 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 86% (31) of demonstrated improvement in functioning.

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g. private insurance or Beacon providers).	7 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

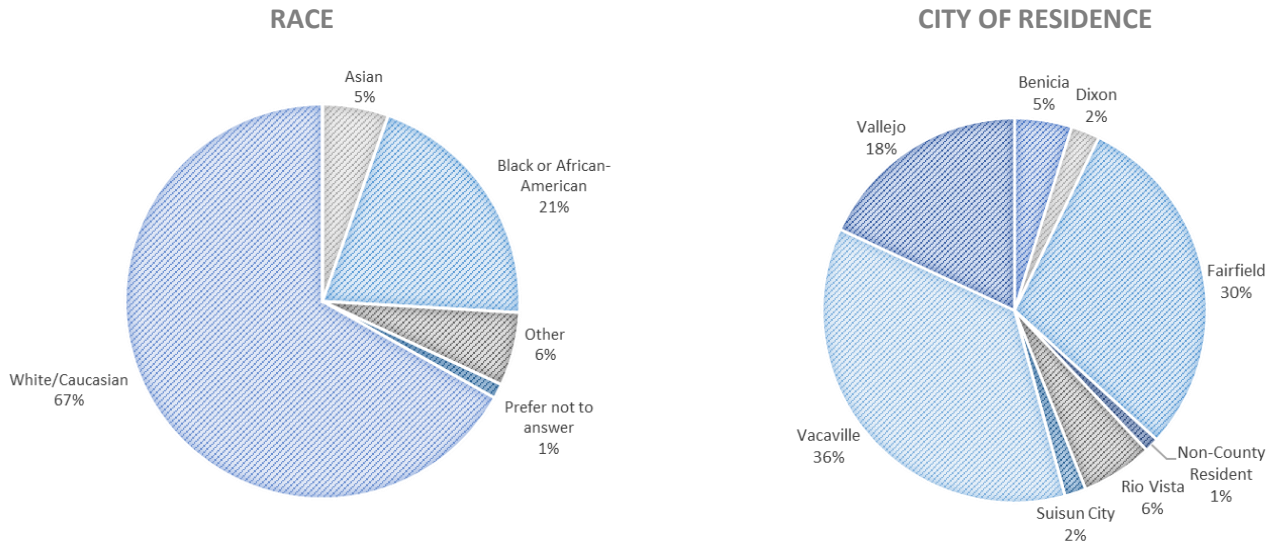
Financial Report

Cost per person for prevention activities	\$378
Cost per person for early intervention activities	\$1,639
Contract Amount FY 2019/20: \$116,687	Total Expenditures FY 2019/20: \$108,179

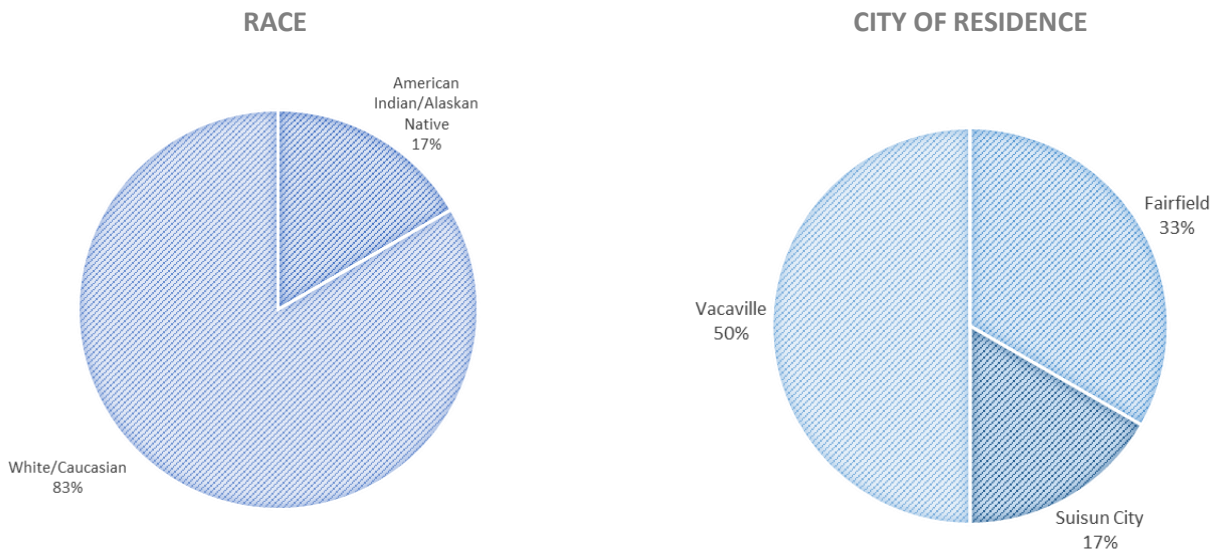
PREVENTION & EARLY INTERVENTION

The following charts and table provide demographic data for the individuals who were served by the **Older Adult Peer-to-Peer Program**:

Demographic Breakdown of Direct Services (demographic surveys collected for 166 individuals):



Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 6 individuals):



PREVENTION & EARLY INTERVENTION

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	166	6
Age			Ethnicity	
0-15	0%	0%	Caribbean	0%
16-25	0%	0%	Central American	0%
26-59	0%	0%	Mexican/Mexican-American/Chicano	4%
60+	100%	100%	Other Hispanic/Latino	0%
Prefer not to answer	0%	0%	Puerto Rican	0%
Race			South American	1%
American Indian/Alaskan Native	0%	17%	African	0%
Asian	5%	0%	Asian Indian/South Asian	1%
Black or African-American	20%	0%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	0%	Chinese	0%
Other	6%	0%	Eastern European	0%
Prefer not to answer	1%	0%	European	7%
White/Caucasian	67%	83%	Filipino	5%
More than one race	1%	0%	Japanese	1%
Gender At Birth			Korean	0%
Male	14%	0%	Middle Eastern	0%
Female	86%	100%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	0%	Vietnamese	0%
Sexual Orientation			Prefer not to answer	81%
Gay	2%	0%	More than one ethnicity	0%
Bisexual	0%	0%	Current Gender Identity	
Heterosexual/straight	92%	100%	Male	14%
Lesbian	5%	0%	Female	86%
Other	0%	0%	Genderqueer	0%
Prefer not to answer	1%	0%	Other	0%
Queer	0%	0%	Prefer not to answer	0%
Questioning/unsure	0%	0%	Questioning/unsure	0%
Veteran Status/Military Services			Transgender	0%
Veteran	10%	0%	Mental Health Symptoms Onset (Direct Services Only)	
Active military	0%	0%	Less than 6 months	1%
Not a veteran or not active military	90%	100%	6-12 months	5%
Primary Language (1st Language)			1-4 years	37%
American Sign Language (ASL)	0%	0%	5-9 years	22%
English	100%	83%	Over 10 years ago	5%
Ilocano	0%	0%	Prefer not to answer	16%
Other	0%	17%	Do not have MH symptoms	14%
Prefer not to answer	0%	0%	Unknown/not reported	0%
Spanish	0%	0%	City of Residence	
Tagalog	0%	0%	Benicia	5%
Preferred Language (Used Daily)			Dixon	2%
American Sign Language (ASL)	0%	0%	Fairfield	30%
English	99%	100%	Non-County Resident	1%
Tagalog	0%	0%	Rio Vista	6%
Other	1%	0%	Suisun City	2%
Spanish	0%	0%	Unincorporated	0%
Identify with any of these groups?			Unknown/Not Reported	0%
LGBTQ	7%	0%	Vacaville	36%
Currently involved with adult/juvenile justice	0%	0%	Vallejo	18%
Foster care youth	0%	0%	Disability	
All of above	0%	0%	Difficulty seeing	4%
LGBTQ & justice involved	0%	0%	Difficulty hearing/having speech understood	2%
LGBTQ & foster care youth	0%	0%	Other communication disability	1%
Justice involved & foster care youth	0%	0%	Cognitive impairment	2%
Not applicable/not identify with all above	93%	100%	Physical/mobility	29%
Prefer not to answer	0%	0%	Chronic physical health condition	36%
Direct: screening, assessment, counseling, group, case management			No disability	19%
Outreach: training, presentation, workshop, meeting			Other disability	0%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	7%

PREVENTION & EARLY INTERVENTION

Highlights & Achievements

- The agency collaborated with Solano Pride Center to provide an in-person support group for LGBTQ+ seniors called “Rainbow Seniors” which provided fellowship and support and was well received. In response to the COVID-19 pandemic, this group moved to a virtual format and increased the frequency of meetings so that participants could receive extra needed support.
- In response to the COVID-19 pandemic services moved to a virtual platform to keep seniors connected. Those seniors without computers were connected to volunteers through phone calls. Some seniors had the opportunity to visit volunteers through their screen doors at a safe distance.
- The agency partnered with the City of Vacaville in response to COVID-19, to recruit, vet, and share volunteers to assist seniors in the community with basic needs.
- Faith in Action was solicited by the American Red Cross to join their Virtual Family Assistance Center in recognition of the agency’s work with seniors.

Challenges & Barriers

- The Grandparents raising Grandchildren group was developed, but not continued. It is likely that different outreach strategies and a forthcoming virtual option will be effective in re-attempting implementation of this group.
- Due to the COVID-19 pandemic, volunteers were unable to provide in-home services after mid-March. This affected home visits and in-person support groups.
- The agency had limited capacity for providing services in Spanish due to a lack of bi-lingual volunteers.

Changes in FY20/21

During FY 2020/21 the agency plans to work with a consultant to put together a support group for Spanish-speaking seniors in addition to increasing recruitment efforts of bi-lingual volunteers.

PREVENTION & EARLY INTERVENTION

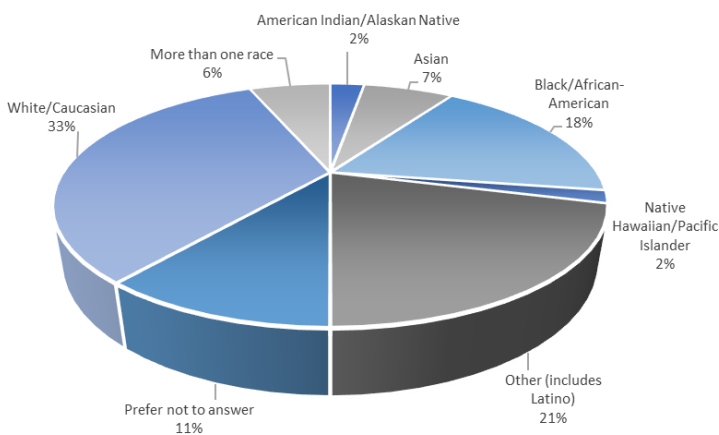
PEI Annual Report Summary

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 FY 2019/20 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 FY 2020/21 SCBH will provide a uniform referral form for all PEI programs to utilize when referring to ongoing or higher-level mental health treatment services.

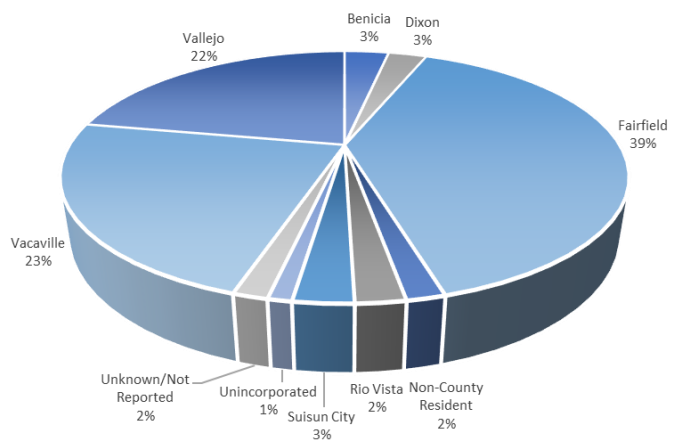
The SCBH MHSA Unit collects data from each contractor on a monthly basis and on an annual basis a Narrative Report is collected in July to elicit additional program performance data, highlights, and barriers experienced. Each program is provided a unique reporting tool that includes the program’s specific 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.

At the request of the community, SCBH continues to provide information related to who benefited from direct services provided through PEI funded programs and strategies. The following charts summarize the direct service recipients (excludes outreach and trainings) by race/ethnicity and city of residence.

PEI Direct Services by Race/Ethnicity



PEI Direct Services by City of Residence



COMMUNITY SERVICES & SUPPORTS

Full Service Partnerships

In FY 2019/20, SCBH funded seven Full Service Partnership (FSP) programs both through county-operated programs and contract providers, including: SCBH Child/Youth FSP; SCBH Foster Care Treatment Unit (FCTU) FSP; Seneca Transitional Age Youth (TAY) FSP; SCBH Adult FSP; Adult FSP; Adult HOME 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, homelessness, involvement with the juvenile/adult criminal justice system, incarceration or are part of an unserved/underserved population. FSP services involve a multidisciplinary team approach including but not limited to: mental health clinicians, mental health specialists, peer/parent support counselors, co-occurring specialists, nursing staff, and psychiatry providers (when indicated), working collaboratively with consumers and their families. The FSP provider in collaboration with the consumer, and when appropriate the consumer's family, develops Individual Services & Supports Plans in order to provide a full spectrum of community services to assist consumers in achieving identified goals. Services are provided in homes, the community and the office setting pending 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.

COMMUNITY SERVICES & SUPPORTS

Children/Youth Full-Service Partnership (FSP) Programming (Ages 0-21)—County

Name of Program: SCBH Child/Youth FSP—County

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH Child/Youth 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 offers FSP services regionally throughout Solano County.

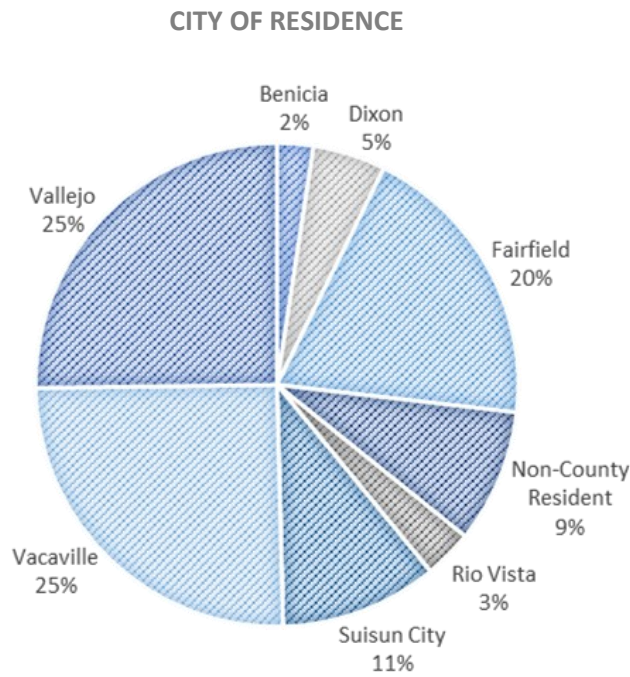
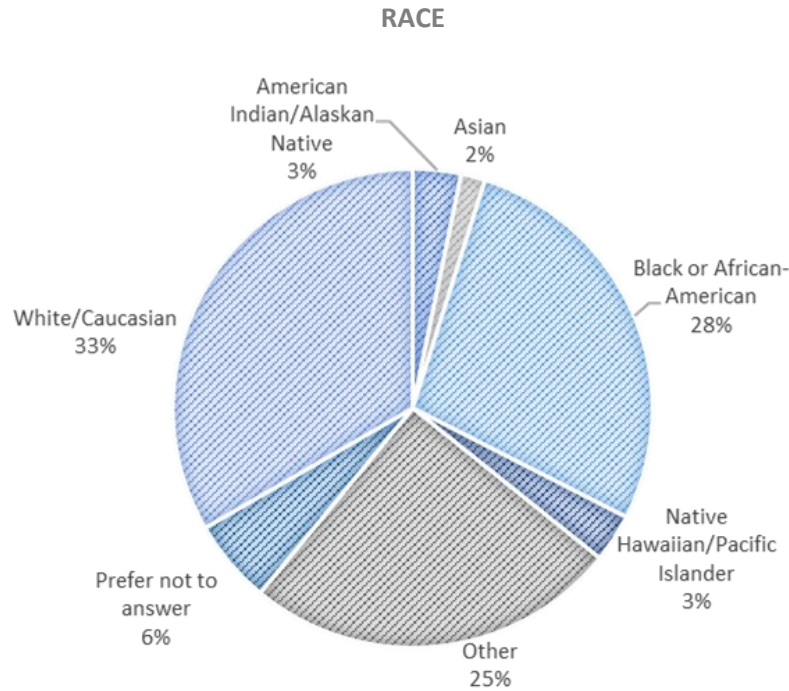
Program Performance Measures

Unduplicated Individuals Served: 123

Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	20% (25) of the consumers served were hospitalized 1 time during the course of treatment. 7% (8) 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.	2% (2) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	2% (2) of the child/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers.	An average of 7% (9) consumers served experienced an incidence of placement loss.
Financial Report	
Cost per Person	\$20,340
Budgeted Amount FY 2019/20: \$2,214,078	Total Expenditures FY 2019/20: \$2,501,799

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			123
Age	%	Ethnicity	%
0-15	85%	Caribbean	0%
16-25	15%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	25%
60+	0%	Other Hispanic/Latino	10%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	3%	African	0%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	28%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	0%
Other	25%	Eastern European	0%
Prefer not to answer	6%	European	0%
White/Caucasian	33%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	52%	Middle Eastern	0%
Female	48%	Other Non-Hispanic/Latino	55%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	9%
LGBTQ	12%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	0%	Male	50%
All of above	0%	Female	46%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	1%
Justice involved & foster care youth	0%	Prefer not to answer	2%
Not applicable/not identify with all above	88%	Questioning/unsure	1%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	1%	Less than 6 months	
Bisexual	8%	6-12 months	
Heterosexual/straight	73%	1-4 years	
Lesbian	1%	5-9 years	
Other	2%	Over 10 years ago	
Prefer not to answer	13%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	2%	Unknown/not reported	NA
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	2%
Active military	0%	Dixon	5%
Not a veteran or not active military	0%	Fairfield	20%
Primary Language (1st Language)		Non-County Resident	9%
American Sign Language (ASL)	0%	Rio Vista	3%
English	91%	Suisun City	11%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	25%
Spanish	7%	Vallejo	25%
Tagalog	2%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	
English	93%	Other communication disability	
Tagalog	0%	Cognitive impairment	
Other	1%	Physical/mobility	
Spanish	6%	Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The team implemented an integrated approach to address the needs of consumers with co-occurring mental health and substance use disorders. These integrated services addressed a significant gap resulting in an increase in referrals. The integrated services include the following:
 - ◇ An embedded Substance Use Disorder (SUD) Liaison
 - ◇ Co-occurring treatment program that provides two levels of treatment: six (6) weeks of psychoeducation and/or six (6) months of SUD treatment services.
 - ◇ Use of the American Society of Addiction Medicine (ASAM) Teen assessment tool that is strength-based and multidimensional
 - ◇ Increased collaboration with other partners supporting the youth
 - ◇ Linkage for consumers and families to outside resources such as community 12-step meetings, Al-Anon/Alateen and other community support-based groups

Challenges & Barriers

A lack of bilingual Spanish-speaking staff to address the needs of an increase in referrals for Latino/Hispanic children and youth. This was then compounded by a County hiring freeze in response to the COVID-19 pandemic. The program is using interpreter services to ensure the provision of linguistically appropriate services. Additionally, the program's bilingual Mental Health Specialist has increased her caseload to provide culturally and linguistically responsive services.

Number of children (0-5) served: 5

Number of children (6-15) served: 100

Number of TAY (16-25) served: 18

COMMUNITY SERVICES & SUPPORTS

Name of Program: SCBH Foster Care Treatment Unit (FCTU) FSP

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH 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.	0% (0) of the consumers served were hospitalized 1 time; and 0% (0) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	1% (1) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	0% (0) 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 in order to prevent placement loss.	8% (8) of the youth had loss of placement.

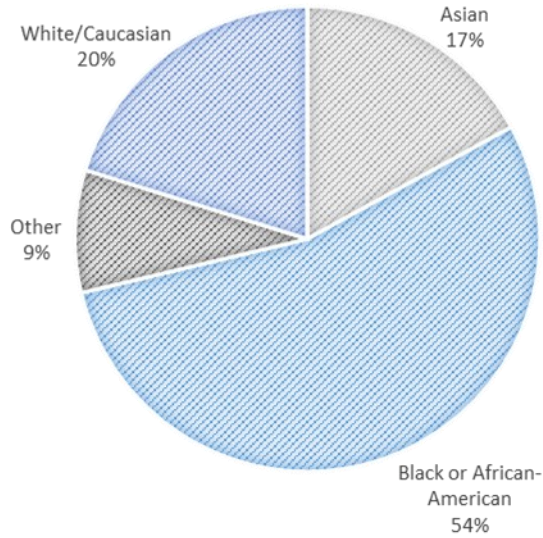
Financial Report

Cost per person	\$13,211
Budgeted Amount FY 2019/20: \$1,536,611	Total Expenditures FY 2019/20: \$1,214,872

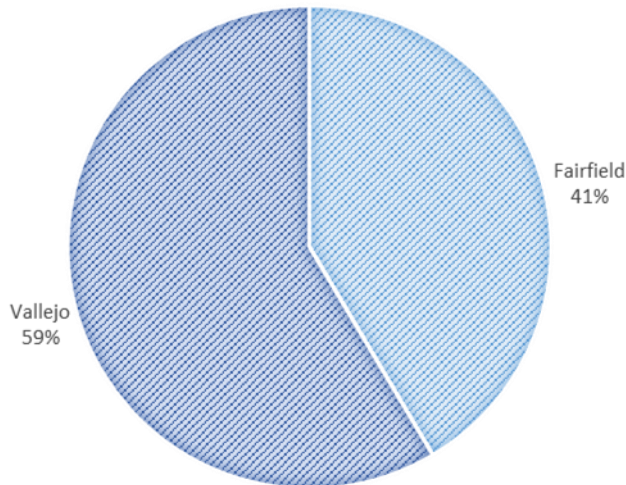
COMMUNITY SERVICES & SUPPORTS

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

RACE



CITY OF RESIDENCE



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
Age	%	Ethnicity	#
0-15	86%	Caribbean	0%
16-25	14%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	62%
60+	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	17%	Asian Indian/South Asian	0%
Black or African-American	54%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	9%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	20%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	56%	Middle Eastern	0%
Female	44%	Other Non-Hispanic/Latino	38%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	0%
LGBTQ	0%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	81%	Male	56%
All of above	0%	Female	38%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	19%	Other	5%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	0%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	
Bisexual	0%	6-12 months	
Heterosexual/straight	71%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	10%	Prefer not to answer	
Queer	5%	Do not have MH symptoms	NA
Questioning/unsure	14%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	0%
Active military	0%	Dixon	0%
Not a veteran or not active military	100%	Fairfield	41%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	0%
English	97%	Suisun City	0%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	0%
Spanish	3%	Vallejo	59%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	
English	97%	Other communication disability	
Tagalog	0%	Cognitive impairment	
Other	0%	Physical/mobility	
Spanish	3%	Chronic physical health condition	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		No disability	
		Other disability	
		Prefer not to answer	

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- Program staff responded quickly to the need to implement telehealth services in response to the COVID-19 pandemic.
- To ensure equity in the provision of telehealth services FCTU staff participated in “Effective Telehealth When Working with Communities of Color” provided by California Institute for Behavioral Health Solutions (CIBHS).
- Staff were trained in Transitions to Independence Process (TIP), an evidenced based practice model. TIP interventions are regularly discussed during supervisions and monthly case presentations.
- The program has continued an MOU with Child Welfare Services (CWS) to ensure that all children detained by Solano CWS receive a comprehensive assessment of their mental health needs.
- The FCTU FSP team is a very culturally diverse team. During last FY the program onboarded a new female African American Clinician and a new Mental Health Specialist who was born and raised in Haiti and is fluent in French and Haitian Creole.
- Program staff continue to be invited by CWS to provide trainings for CWS new hires and regularly attend CWS unit meetings to support a strong collaboration between CWS and SCBH.
- The program Supervisor attended “Promoting Cultural Sensitivity in Clinical Supervision” training with Dr. Kenneth Hardy to increase supervisory skills related to addressing cultural factors impacting marginalized communities. Program leadership utilized videos, studies, and articles to increase understanding of cultural issues and to encourage open discussions during weekly staff meetings.

Challenges & Barriers

The need to implement telehealth due to COVID-19 was unexpected. Program staff recognized that for the majority of the consumers and families served telehealth was a barrier in treatment, therefore the program shifted back to face-to-face services for the consumers/families that needed this support. Staff implemented appropriate safety measures for in-person services to protect themselves, consumers and the families being served.

Number of children (0-5) served: 9

Number of children (6-15) served: 13

Number of TAY (16-25) served: 72

COMMUNITY SERVICES & SUPPORTS

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

Name of Program: Transition Age Youth (TAY) FSP

Agency Name: Seneca Family of Agencies

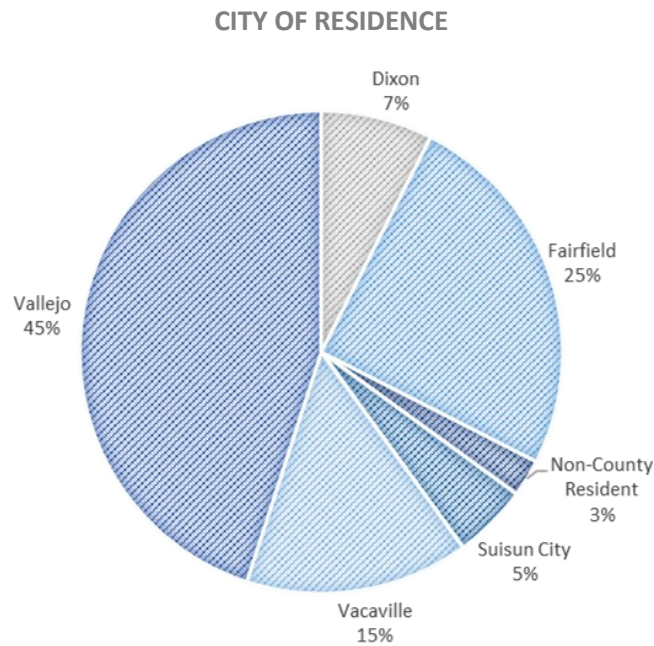
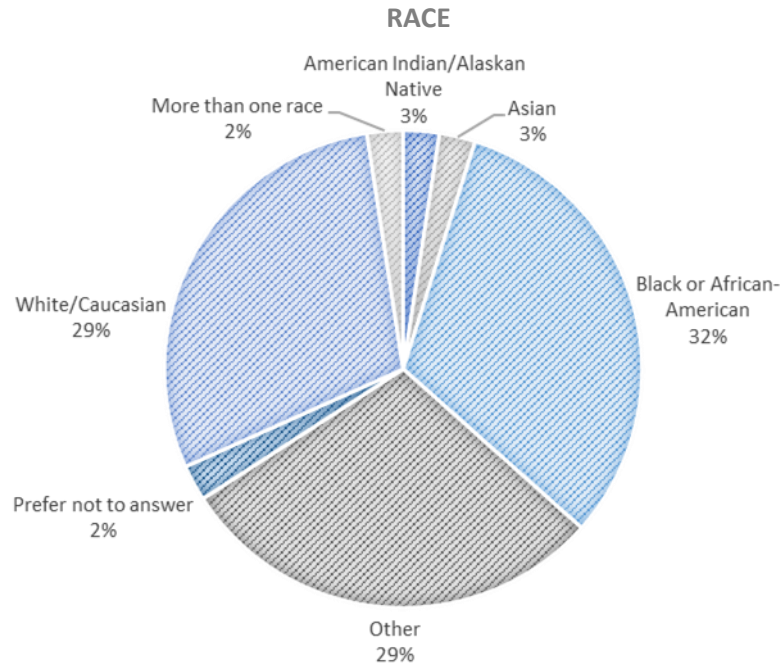
Description of Program:

The 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: 40	
Program Indicators	Annual Outcome
Provide FSP level services to minimum of 40 TAY consumers.	40 unduplicated consumers received TAY FSP services and of these 25 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).	96% of the consumers served experienced a reduction in hospitalizations. Only 4% (8) of the consumers served have been re-admitted to psychiatric hospital following engagement 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).	86% of consumers experienced a reduction/avoidance 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 53 consumers who have had a follow-up <i>CANS/ANSA</i> administered at the 6-month mark, 62% (33) have achieved or partially achieved at least one treatment goal.
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 25 CSEC cases, 56% (14) of consumers showed a reduction in risk factors.
At least 70% of the consumers will achieve and/or maintain stable housing.	100% (40) 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 a skills-based assessment tool.	Of the 30 consumers measured, 53% (16) showed improved knowledge, understanding and skills associated with independent living tasks and responsibilities.
Financial Report	
Cost per person	\$29,165
Contract Amount FY 2019/20: \$1,386,424	Total Expenditures FY 2019/20: \$1,166,610

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	#
			40
Age	%	Ethnicity	%
0-15	13%	Caribbean	0%
16-25	88%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	23%
60+	0%	Other Hispanic/Latino	10%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	2%	African	33%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	32%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	29%	Eastern European	0%
Prefer not to answer	2%	European	28%
White/Caucasian	29%	Filipino	3%
More than one race	2%	Japanese	0%
Gender At Birth		Korean	0%
Male	30%	Middle Eastern	0%
Female	70%	Other Non-Hispanic/Latino	3%
Prefer not to answer	0%	Vietnamese	0%
Sexual Orientation		Prefer not to answer	0%
Gay	0%	More than one ethnicity	0%
Bisexual	8%	Current Gender Identity	
Heterosexual/straight	85%	Male	30%
Lesbian	3%	Female	70%
Other	5%	Genderqueer	0%
Prefer not to answer	0%	Other	0%
Queer	0%	Prefer not to answer	0%
Questioning/unsure	0%	Questioning/unsure	0%
Veteran Status/Military Services		Transgender	0%
Veteran	0%	Mental Health Symptoms Onset	
Active military	0%	Less than 6 months	0%
Not a veteran or not active military	100%	6-12 months	3%
Primary Language (1st Language)		1-4 years	63%
American Sign Language (ASL)	0%	5-9 years	25%
English	95%	Over 10 years ago	10%
Ilocano	0%	Prefer not to answer	0%
Other	0%	Do not have MH symptoms	0%
Prefer not to answer	0%	Unknown/not reported	0%
Spanish	5%	City of Residence	
Tagalog	0%	Benicia	0%
Preferred Language (Used Daily)		Dixon	8%
American Sign Language (ASL)	0%	Fairfield	25%
English	95%	Non-County Resident	3%
Tagalog	0%	Rio Vista	0%
Other	0%	Suisun City	5%
Spanish	5%	Unincorporated	0%
Identify with any of these groups?		Unknown/Not Reported	0%
LGBTQ	11%	Vacaville	15%
Currently involved with adult/juvenile justice	17%	Vallejo	45%
Foster care youth	72%	Disability	
All of above	0%	Difficulty seeing	0%
LGBTQ & justice involved	0%	Difficulty hearing/having speech understood	0%
LGBTQ & foster care youth	0%	Other communication disability	0%
Justice involved & foster care youth	0%	Cognitive impairment	0%
Not applicable/not identify with all above	0%	Physical/mobility	0%
Prefer not to answer	0%	Chronic physical health condition	5%
		No disability	95%
		Other disability	0%
		Prefer not to answer	0%

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The TAY FSP program continues to strive to provide culturally sensitive, strengths-based, youth voice/youth choice centered treatment for transitional aged youth and survivors of commercial sexual exploitation.
- All staff participated in trainings in the Transition to Independence Process (TIP) model. The program also had staff attend trainings in additional CSEC education, suicide prevention, Dialectical Behavioral Therapy, and community based safety.
- One hundred percent (100%) of the youth served achieved or maintained stabilized housing while coping with identified symptoms of mental health diagnoses. These youth received significant support from staff in apartment searching, moving coordination and the development of good tenancy practices. In addition, the program provided housing to seven (7) youth in partnership with First Pace for Youth. The housed consumers received education, housing and employment support.
- The program implemented telehealth in response to the COVID-19 pandemic. The program was able to provide connectivity support to youth by delivering 11 laptops, provided through a partnership with Ticket to Dream and support internet access if necessary.

Challenges & Barriers

- The unprecedented circumstances due to the COVID-19 pandemic created unique barriers towards the goal of providing youth with frequent in-person services due to agency policies put in place due to COVID-19 limiting face-to-face contacts. The program pivoted to a telehealth format in mid-March to continue providing a high level of service to at-risk youth. Some youth provided feedback that they are disinclined to engage in the telehealth process for varied reasons, most commonly discomfort with phone or video mechanisms. The program has recognized the potential difficulties inherent in a sudden change, and the implementation of technology, and have endeavored to meet the consumers where they are at by adjusting engagement expectations and offering varied formats for service engagement including text messaging with youth using agency cellular phones.
- The program has seen continued improvement towards the goal of youth connectivity with natural sustainable supports, however continue to be limited by youth, at times, declining to sign releases of information or hesitating to allow for the inclusion of family members in their mental health process. The program developed action steps around providing youth with proximity for difficult phone calls and inviting potential supports to team meetings during which the youth voice, youth choice format is employed to facilitate their comfort managing the content discussed in presence of nonprofessional team members.
- Youth with CSEC risk presented unique barriers if they were out of the home or did not want to address specific CSEC issues around household members. Staff demonstrated flexibility and met consumers in varied locations, including community-based neutral meeting locations to increase youth comfort, such as coffee shops, Amtrak station, shopping center, etc.

Number of children (6-15) consumers served: 5

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

Of the 40 child/youth consumers served, 25 youth identified as CSEC cases

COMMUNITY SERVICES & SUPPORTS

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

Name of Program: SCBH Adult FSP

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH Adult FSP Program 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 were 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. The program adheres to the Assertive Community Treatment (ACT) evidenced-based model.

Program Performance Measures

Unduplicated Individuals Served: 73

Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	23% (17) of the consumers served were hospitalized 1 time; and 3% (2) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	3% (2) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	3% (2) of the consumers served experienced an incident of incarceration.

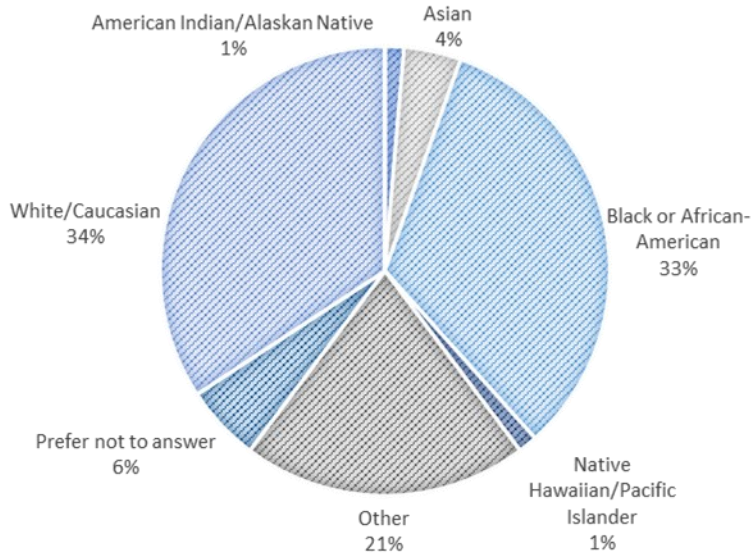
Financial Report

Cost per person	\$42,494
Budgeted Amount FY 2019/20: \$1,891,105	Total Expenditures FY 2019/20: \$3,102,092

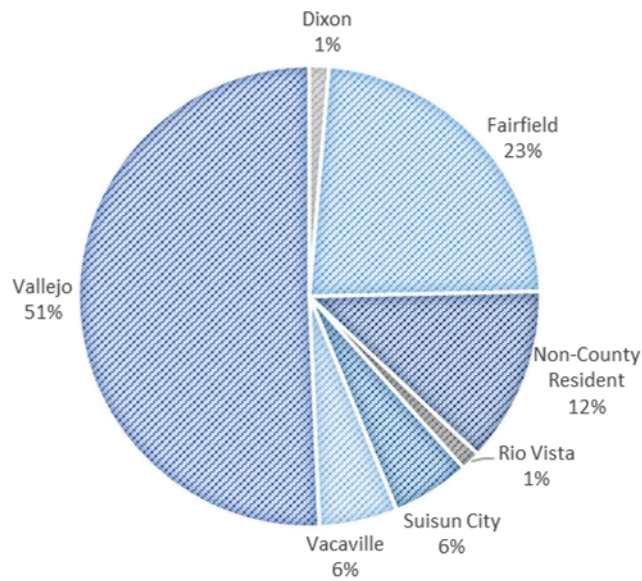
COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the **SCBH Adult FSP Program**:

RACE



CITY OF RESIDENCE



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			#
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	14%	Central American	0%
26-59	68%	Mexican/Mexican-American/Chicano	12%
60+	18%	Other Hispanic/Latino	8%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	33%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	21%	Eastern European	0%
Prefer not to answer	6%	European	0%
White/Caucasian	34%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	55%	Middle Eastern	0%
Female	45%	Other Non-Hispanic/Latino	75%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	4%
LGBTQ	5%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	0%	Male	55%
All of above	0%	Female	44%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	1%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	95%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	1%	Less than 6 months	
Bisexual	1%	6-12 months	
Heterosexual/straight	95%	1-4 years	
Lesbian	1%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	1%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	NA
Questioning/unsure	1%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	3%	Benicia	0%
Active military	0%	Dixon	1%
Not a veteran or not active military	97%	Fairfield	24%
Primary Language (1st Language)		Non-County Resident	12%
American Sign Language (ASL)	1%	Rio Vista	1%
English	96%	Suisun City	5%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	5%
Spanish	3%	Vallejo	52%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	NA
American Sign Language (ASL)	1%	Difficulty hearing/having speech understood	
English	95%	Other communication disability	
Tagalog	0%	Cognitive impairment	
Other	4%	Physical/mobility	
Spanish	0%	Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Shortly after FY 2019/20 began two separate county-operated adult FSP programs merged into one larger team operationally in a shared space, however continued to have separate budgets and were billing as separate programs. For the purposes of this Annual Update Report, the programs will be reported out as separate programs.

Highlights & Achievements

- The program continued to implement the ACT model which created a notable shift in service delivery style to a more community-based model, enhanced resource lists with sharing of community knowledge and increased coordination with the Employment Services program.
- The team is one of the most diverse clinical teams in behavioral health, with staff from a wide variety of cultural, educational, socioeconomic, ethnic, and lived experience backgrounds. This includes hiring of people from historically underrepresented communities to better service consumers referred to this program, particularly the Black/African-American and Latinx consumers. The team includes Latinx Spanish-speaking, Black/African-American, Filipino, Indian Punjabi-speaking, and Middle-Eastern staff members.
- The development of a new county program, Forensic Triage Team, redirected the referral and intake assessment process from the SCBH Adult FSP program which freed up clinician time on to focus on the provision of treatment services.

Challenges & Barriers

- The implementation of the ACT evidence-based model, in combination with the merging of two separate FSP teams, and continual improvement toward program fidelity has had challenges in shifting culture of service delivery. ACT booster trainings, technical assistance calls with the ACT trainer and persistence from leadership in making continual improvements has supported the process.
- There was some confusion around the target population of consumers that should be served by the program which resulted in the program declining some referrals for a period of time. Education was provided, and staffing changes have helped facilitate improved program access and an increase in the census.
- Adequate supportive housing, particularly Board & Care and independent housing, continues to be a significant challenge in helping people reach and maintain community integration and stability.
- It has been a challenge to hire and maintain a qualified community-based mental health nurse in this program. The program is in the process of changing the job qualifications and descriptions to include LVNs and clear verbiage related to the community nature of the position.

Changes in FY20/21

Starting in FY 2020/21 this program and the county-operated adult forensic FSP program will officially be merged into one FSP program to further support the merging of staff into a larger more robust ACT FSP team.

Number of TAY Adults (18-25) served:10

Number of Adults (26-59) served: 50

Number of Older Adults (60+) served: 13

COMMUNITY SERVICES & SUPPORTS

Name of Program: Contractor Adult FSP

Agency Name: Caminar, Inc.

Description of Program:

The Contractor Adult FSP, operated by a CBO, 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 were 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. The program adheres to the Assertive Community Treatment (ACT) evidenced-based model.

Program Performance Measures

Unduplicated Individuals Served: 95

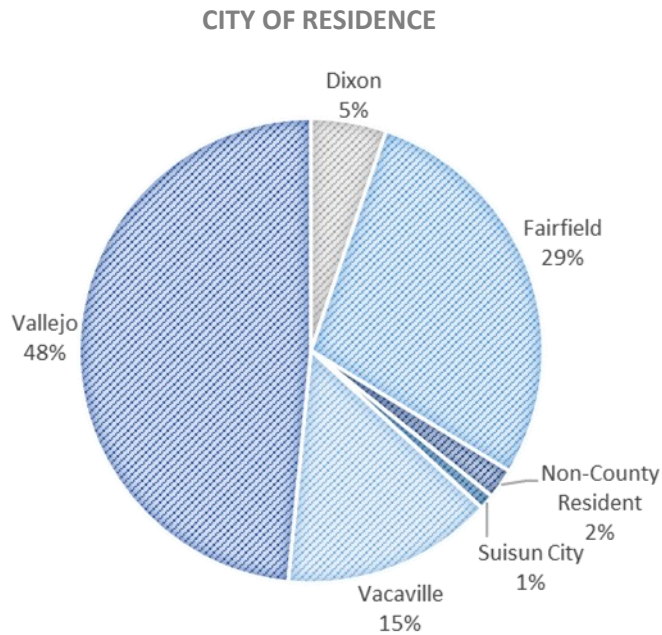
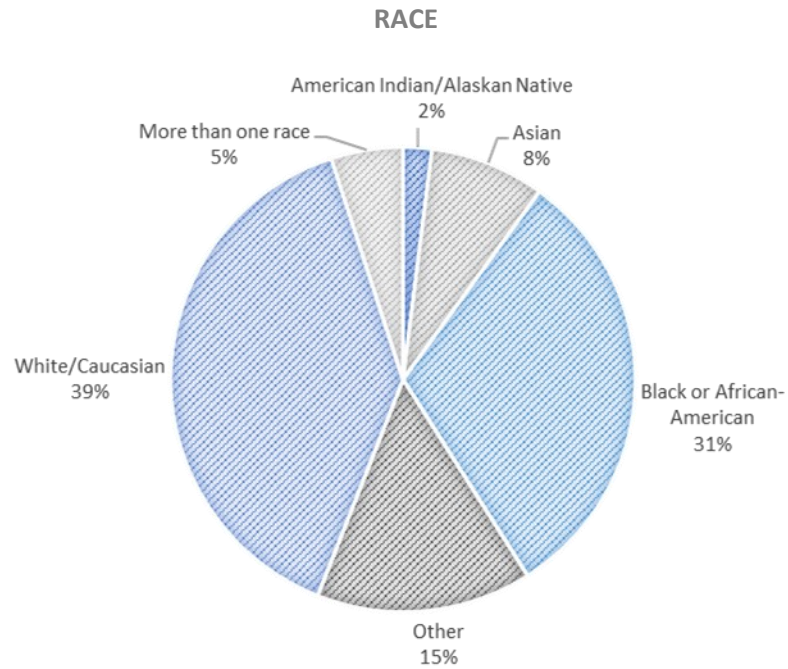
Program Indicators	Annual Outcome
Provide FSP services to a minimum of 66 consumers (36 between the ages of 18-59 and 20 age 60 or older).	A total of 95 unduplicated consumers were served of which 77 were age 18-59 and 18 were 60 or older.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	22% (21) of consumers served were hospitalized at least once in this fiscal year.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	4% (4) of consumers served experienced an incarceration.
No more than 15% of program participants will experience an episode of homelessness.	9% (8) 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.	11% (10) of consumers served stepped down/graduated from the program and transitioned independently to the community.

Financial Report

Cost per person	\$12,396
Contract Amount FY 2019/20: \$1,442,675	Total Expenditures FY 2019/20: \$1,177,614

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the **Contractor Adult FSP Program**:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			95
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	11%	Central American	1%
26-59	71%	Mexican/Mexican-American/Chicano	12%
60+	19%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	1%
American Indian/Alaskan Native	2%	African	10%
Asian	8%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	15%	Eastern European	1%
Prefer not to answer	0%	European	5%
White/Caucasian	39%	Filipino	5%
More than one race	5%	Japanese	1%
Gender At Birth		Korean	0%
Male	55%	Middle Eastern	0%
Female	45%	Other Non-Hispanic/Latino	54%
Prefer not to answer	0%	Vietnamese	0%
Sexual Orientation		Prefer not to answer	6%
Gay	1%	More than one ethnicity	0%
Bisexual	3%	Current Gender Identity	
Heterosexual/straight	83%	Male	54%
Lesbian	0%	Female	45%
Other	1%	Genderqueer	0%
Prefer not to answer	8%	Other	0%
Queer	0%	Prefer not to answer	0%
Questioning/unsure	3%	Questioning/unsure	0%
Veteran Status/Military Services		Transgender	1%
Veteran	1%	Mental Health Symptoms Onset	
Active military	0%	Less than 6 months	1%
Not a veteran or not active military	99%	6-12 months	3%
Primary Language (1st Language)		1-4 years	15%
American Sign Language (ASL)	0%	5-9 years	21%
English	99%	Over 10 years ago	53%
Ilocano	0%	Prefer not to answer	1%
Other	0%	Do not have MH symptoms	0%
Prefer not to answer	0%	Unknown/not reported	6%
Spanish	1%	City of Residence	
Tagalog	0%	Benicia	0%
Preferred Language (Used Daily)		Dixon	5%
American Sign Language (ASL)	0%	Fairfield	28%
English	98%	Non-County Resident	2%
Tagalog	0%	Rio Vista	0%
Other	0%	Suisun City	1%
Spanish	2%	Unincorporated	0%
Identify with any of these groups?		Unknown/Not Reported	0%
LGBTQ	3%	Vacaville	15%
Currently involved with adult/juvenile justice	1%	Vallejo	48%
Foster care youth	0%	Disability	
All of above	0%	Difficulty seeing	4%
LGBTQ & justice involved	0%	Difficulty hearing/having speech understood	4%
LGBTQ & foster care youth	0%	Other communication disability	0%
Justice involved & foster care youth	0%	Cognitive impairment	0%
Not applicable/not identify with all above	85%	Physical/mobility	10%
Prefer not to answer	11%	Chronic physical health condition	0%
		No disability	67%
		Other disability	8%
		Prefer not to answer	6%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The Program has participated in a Leadership Collaboration facilitated by SCBH and includes program leads from adult case management programs, adult FSP programs, the Crisis Residential Treatment program, SCBH Hospital Liaison, SCBH Quality Improvement, and SCBH adult psychiatry clinics with a goal to improve communication and coordination of care for consumers.
- Implemented and continued to grow as a team with the use of the ACT model. Case managers, medication management teams, and program leadership have worked together through daily meetings and collaboration to form a cohesive team that supports one another in delivery of consumer services.
- The Assistant Program Director participates in the SCBH Diversity & Equity Committee. Internally, Caminar Solano Region formed a Diversity, Equity and Inclusion (DEI) Workgroup. Volunteer members of this workgroup are diverse and representative of all roles and programs within our region. This workgroup is tasked with developing recommendations for areas of improvement to better meet the needs of culturally diverse consumers and staff, and to develop our regional DEI Plan that will replace the existing plan.

Challenges & Barriers

- A general lack of resources for housing; substance use disorder outpatient programs and residential facilities; and transportation are significant barriers for consumers to receive the support and services needed.
- In response to the COVID-19 pandemic and an agency infection control protocol, more services were provided over the phone and whenever possible through telehealth. This did pose a barrier for consumers who lacked internet access or had limited minutes on cell phone plans. Additionally, consumers reported some discomfort with the telehealth platform due to not having a confidential setting. Staff presence in the office itself was rotated to better accommodate social distancing needs. As the acuity of COVID related cases began to subside, staff reached out to more consumers with face-to-face contacts. Most routine medication support services were conducted through telehealth, though for consumers needing medication changes, injections and or new assessments in-person services were offered.

Changes in FY20/21

The program monitors the demographics of the consumers they serve and will be making targeted efforts to increase services for the Latino/Hispanic and Asian-American communities

Number of TAY Adults (18-25) served: 10

Number of Adults (26-59) served: 67

Number of Older Adults (60+) served: 18

COMMUNITY SERVICES & SUPPORTS

Name of Program: Contractor Adult HOME FSP

Agency Name: Caminar, Inc.

Description of Program:

The HOME FSP program, delivered by a CBO, 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 and ACT models 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: 76

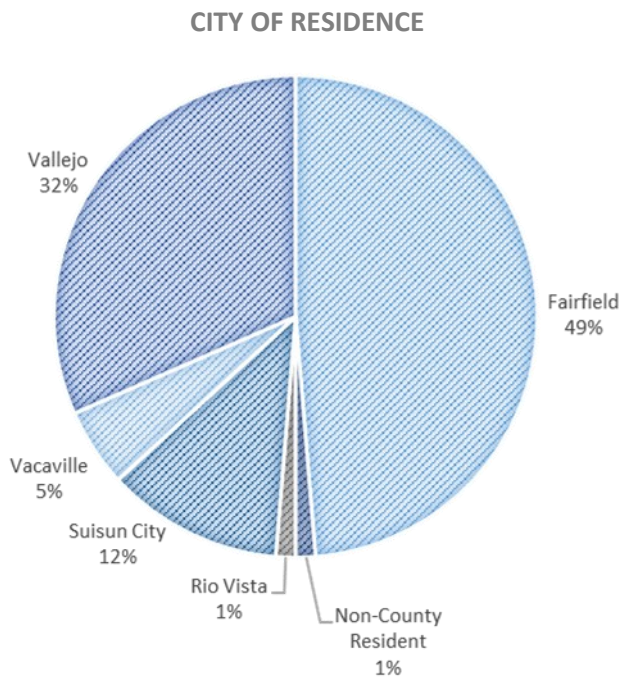
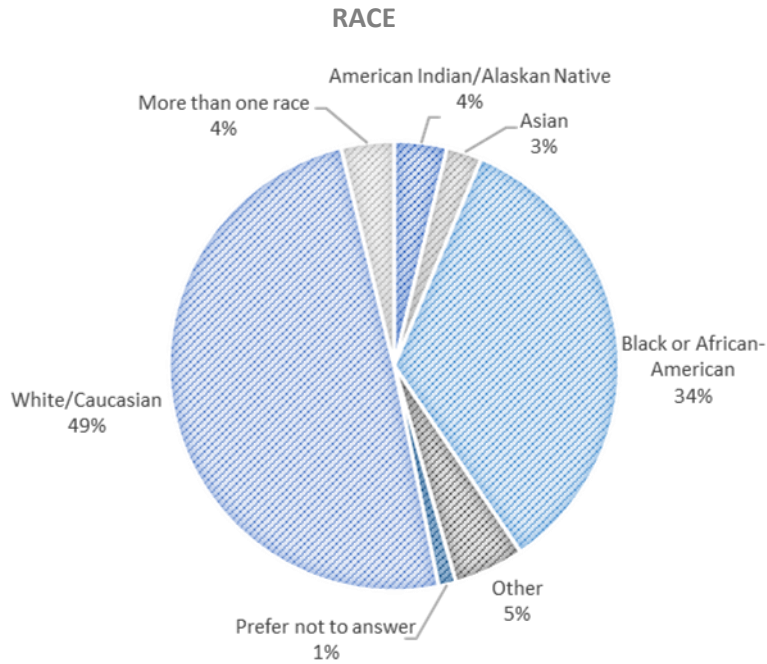
Program Indicators	Annual Outcome
Maintain capacity to provide FSP services to 32-42 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	A total of 76 unduplicated consumers were served.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	18% (14) of consumers served were hospitalized at least once during this fiscal year.
No more than 20% of program participants will have interactions with the legal system that result in an incarceration.	16% (12) of consumers served experienced an incarceration.
Once enrolled for six months, no more than 40% of the consumers will experience an episode of homelessness.	14% (11) 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% (7) of consumers served were stepped down to appropriate services.

Financial Report

Cost per person	\$11,636
Contract Amount FY 2019/20: \$939,932	Total Expenditures FY 2019/20: \$884,318

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the **Contractor Adult HOME FSP Program**:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			#
			76
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	9%	Central American	0%
26-59	80%	Mexican/Mexican-American/Chicano	0%
60+	11%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	4%	African	22%
Asian	3%	Asian Indian/South Asian	1%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	5%	Eastern European	0%
Prefer not to answer	1%	European	21%
White/Caucasian	49%	Filipino	1%
More than one race	4%	Japanese	0%
Gender At Birth		Korean	0%
Male	61%	Middle Eastern	0%
Female	39%	Other Non-Hispanic/Latino	38%
Prefer not to answer	0%	Vietnamese	0%
Sexual Orientation		Prefer not to answer	11%
Gay	3%	More than one ethnicity	0%
Bisexual	4%	Current Gender Identity	
Heterosexual/straight	83%	Male	58%
Lesbian	1%	Female	39%
Other	1%	Genderqueer	0%
Prefer not to answer	8%	Other	0%
Queer	0%	Prefer not to answer	3%
Questioning/unsure	0%	Questioning/unsure	0%
Veteran Status/Military Services		Transgender	0%
Veteran	0%	Mental Health Symptoms Onset	
Active military	0%	Less than 6 months	4%
Not a veteran or not active military	100%	6-12 months	4%
Primary Language (1st Language)		1-4 years	21%
American Sign Language (ASL)	0%	5-9 years	34%
English	97%	Over 10 years ago	33%
Ilocano	0%	Prefer not to answer	0%
Other	1%	Do not have MH symptoms	0%
Prefer not to answer	0%	Unknown/not reported	4%
Spanish	1%	City of Residence	
Tagalog	0%	Benicia	0%
Preferred Language (Used Daily)		Dixon	0%
American Sign Language (ASL)	0%	Fairfield	49%
English	97%	Non-County Resident	1%
Tagalog	0%	Rio Vista	1%
Other	1%	Suisun City	12%
Spanish	1%	Unincorporated	0%
Identify with any of these groups?		Unknown/Not Reported	0%
LGBTQ	4%	Vacaville	5%
Currently involved with adult/juvenile justice	4%	Vallejo	32%
Foster care youth	1%	Disability	
All of above	0%	Difficulty seeing	1%
LGBTQ & justice involved	0%	Difficulty hearing/having speech understood	4%
LGBTQ & foster care youth	0%	Other communication disability	0%
Justice involved & foster care youth	0%	Cognitive impairment	1%
Not applicable/not identify with all above	78%	Physical/mobility	5%
Prefer not to answer	13%	Chronic physical health condition	7%
		No disability	70%
		Other disability	7%
		Prefer not to answer	5%

Note: Some data are rounded to the nearest whole number and as a result may not be add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The Program began to collaborate more closely with a local shelter, Shelter Solano, and staff partnered with SCBH to provide outreach at each of the “Project Room Key” locations in Fairfield and Vallejo.
- Through the hiring process, the program hired more diverse staff to better meet the needs of the culturally and linguistically diverse consumer population served by the program.
- All staff participated in a training to access interpreter services through Language Link as funded by SCBH.

Challenges & Barriers

- A general lack of resources for housing; substance use disorder outpatient programs and residential facilities; and transportation are significant barriers for consumers to receive the support and services needed.
- The program was without a licensed vocational nurse (LVN) for a significant period of time during the year. Nursing staff from other programs provided support to continue to provide services including on-site support for psychiatry appointments in the office.

Changes in FY20/21

The program monitors the demographics of the consumers they serve and will be making targeted efforts to increase services for Latino/Hispanic, Asian-American, LGBTQ+ and female consumers.

Number of TAY Adults (18-25) served: 7

Number of Adults (26-59) served: 61

Number of Older Adults (60+) served: 8

COMMUNITY SERVICES & SUPPORTS

Name of Program: SCBH Adult Forensic FSP

Agency Name: Solano County Behavioral Health

Description of Program:

The 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. 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. The program adheres to the Assertive Community Treatment (ACT) evidenced-based model.

Program Performance Measures

Unduplicated Individuals Served: 73

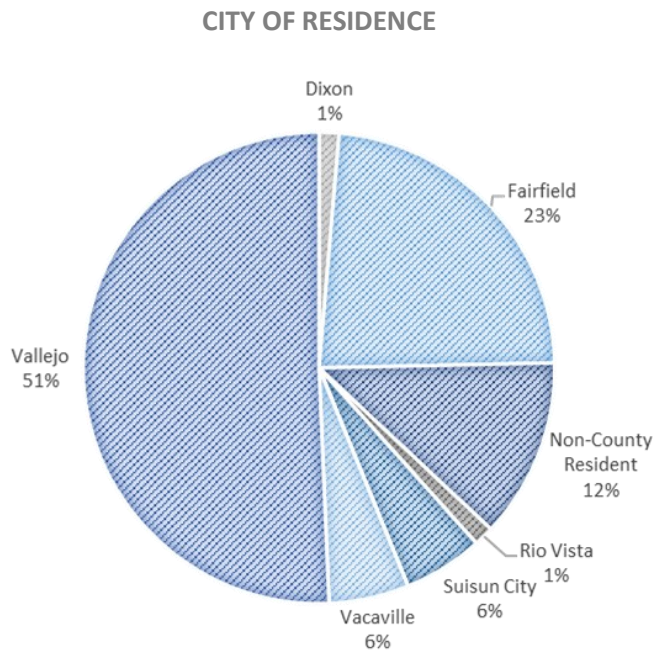
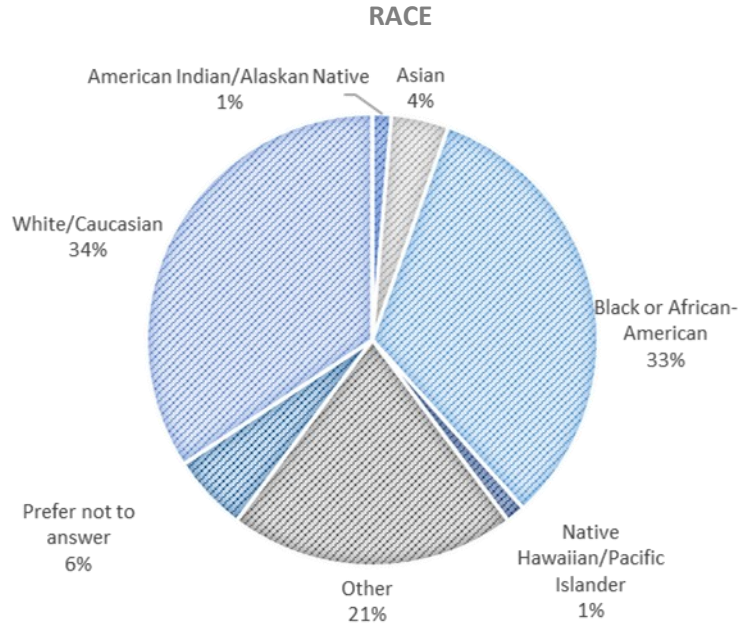
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	16% (12) of the consumers served were hospitalized 1 time; and 14% (10) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	0% (0) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	25% (18) of the consumers served experienced incidents of incarceration.

Financial Report

Cost per Person	\$ 27,008
Budgeted Amount FY 2019/20: \$2,094,628	Total Expenditures FY 2019/20: \$1,971,553

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the SCBH Adult Forensic FSP Program:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	#
			73
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	14%	Central American	0%
26-59	68%	Mexican/Mexican-American/Chicano	12%
60+	18%	Other Hispanic/Latino	8%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	33%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	21%	Eastern European	0%
Prefer not to answer	5%	European	0%
White/Caucasian	34%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	55%	Middle Eastern	0%
Female	45%	Other Non-Hispanic/Latino	75%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	4%
LGBTQ	0%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	95%	Current Gender Identity	
Foster care youth	0%	Male	55%
All of above	0%	Female	44%
LGBTQ & justice involved	5%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	1%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	0%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	1%	Less than 6 months	NA
Bisexual	1%	6-12 months	
Heterosexual/straight	93%	1-4 years	
Lesbian	1%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	1%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	1%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	3%	Benicia	0%
Active military	0%	Dixon	1%
Not a veteran or not active military	97%	Fairfield	23%
Primary Language (1st Language)		Non-County Resident	12%
American Sign Language (ASL)	1%	Rio Vista	1%
English	96%	Suisun City	5%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	5%
Spanish	3%	Vallejo	51%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	NA
American Sign Language (ASL)	1%	Difficulty hearing/having speech understood	
English	96%	Other communication disability	
Tagalog	0%	Cognitive impairment	
Other	0%	Physical/mobility	
Spanish	3%	Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Shortly after FY 2019/20 began two separate county-operated adult FSP programs merged into one larger team operationally in a shared space, however continued to have separate budgets and were billing as separate programs. For the purposes of this Annual Update Report, the programs will be reported out as separate programs.

Highlights & Achievements

- The team has successfully integrated the Peer Support Specialist (PSS) into the service delivery and has responded well to training about the role and intention of the PSS on the team. The PSS has been integral in engaging consumers who are ambivalent about their treatment and has created a system for offering wellness recovery action plan (WRAP) for consumers.
- Team members adapted quickly to COVID-19 pandemic restrictions and supported many consumers in navigating telehealth platforms and interventions.
- Notably, it has been a challenge to have adequate interpreter services that are easily accessible when using telehealth. Having bilingual staff on the team has been helpful to support bilingual and monolingual consumers engage in their care.

Challenges & Barriers

- The implementation of the ACT model, in combination with the merging of two separate FSP teams, and continual improvement toward program fidelity has had challenges in shifting culture of service delivery. ACT booster trainings, technical assistance calls with the ACT trainer and persistence from leadership in making continual improvements has supported the process.
- The ACT model is reliant on community-based interventions and working with consumers where they are most comfortable. During COVID-19, it became very challenging to continue this model in its truest form due to staff safety and aggregate living rules/regulations regarding visitors.
- There have been leadership changes in this program, with a change in Supervisor during this reporting period. Though this has created some instability and additional changes in the program, the current Supervisor has been a stabilizing presence and has continued with the ACT implementation initiative.

Changes in FY20/21

Starting in FY 2020/21 this program and the county-operated adult forensic FSP program will officially be merged into one FSP program to further support the merging of staff into a larger more robust ACT FSP team.

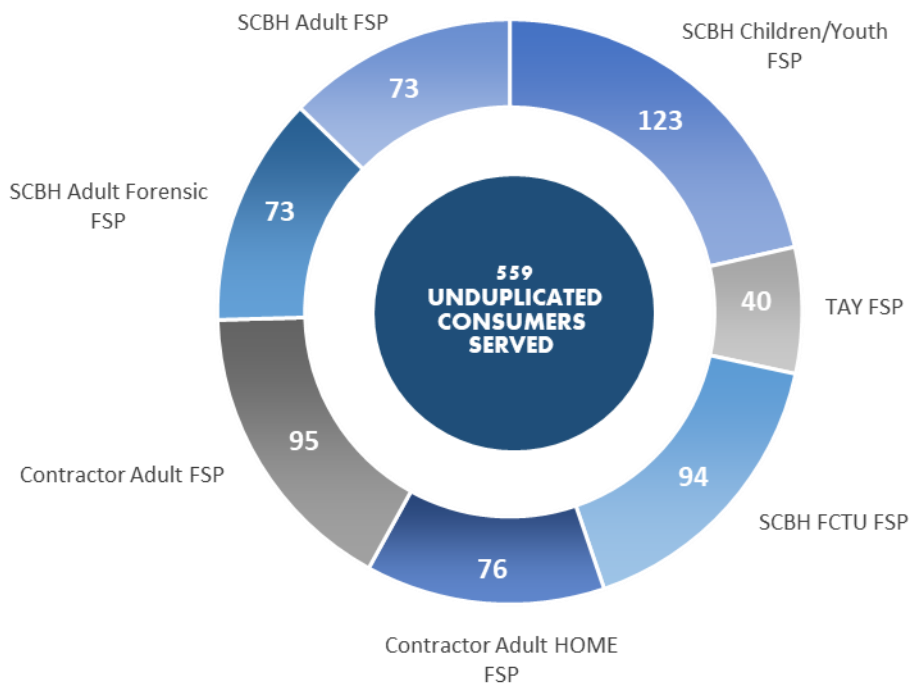
Number of TAY Adults (18-25) served: 10

Number of Adults (26-59) served: 50

Number of Older Adults (60+) served: 13

COMMUNITY SERVICES & SUPPORTS

FSP System of Care	Annual Period (7/1/19—9/30/20)					
	# Unduplicated Consumers Served	#of Consumers Hospitalized 1 Time	# of Consumers Hospitalized 2 or More Times	# of Consumer Incarcerated	#of Consumers Experienced 1 Episode of Homelessness	# of Consumers Experienced Placement Loss (children/youth only)
Adults	306	3% (8)	4% (12)	2% (7)	1% (4)	N/A
Child/Youth	253	3% (7)	0.4% (1)	4% (10)	1% (3)	5% (13)

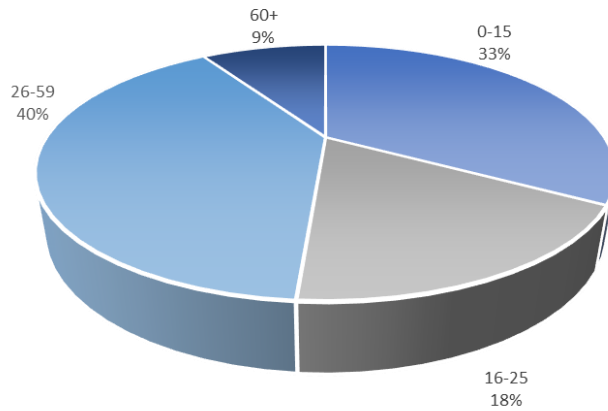


During FY 2019/20 there were a total of 574 episodes of care which represented 559 unduplicated consumers, with 15 consumers enrolled and served by more than one FSP program during the year. There was a total of 306 adults served and a total of 253 children/youth served.

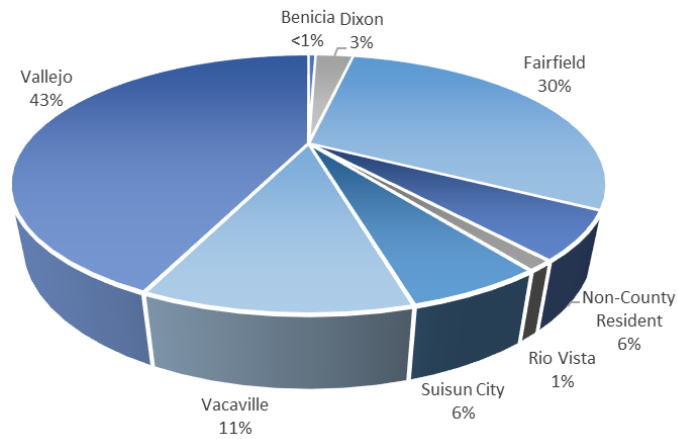
The charts on the following page represent additional demographics for FSP consumers served during the year.

COMMUNITY SERVICES & SUPPORTS

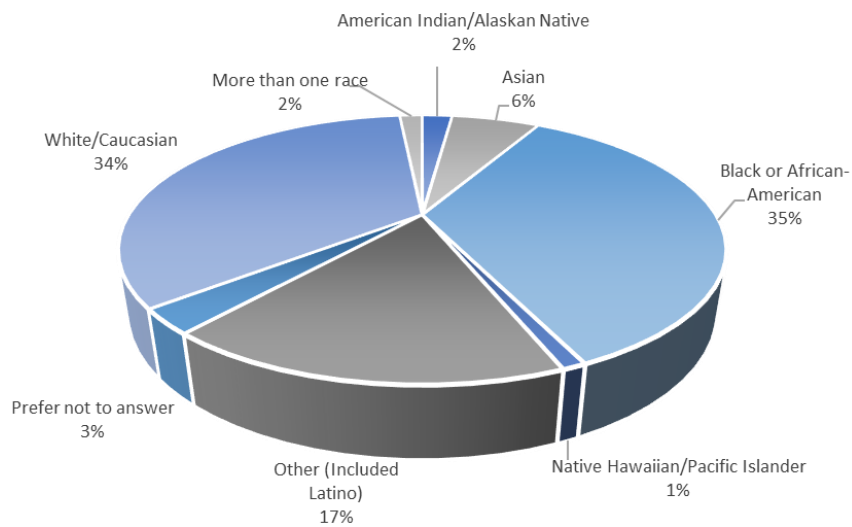
FSP Consumers Served by Age



FSP Consumers Served by City of Residence



FSP Consumers Served by Race



COMMUNITY SERVICES & SUPPORTS

General Systems Development

In FY 2019/20 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

Name of Program: Crisis Stabilization Unit (CSU)

Agency Name: Crestwood Behavioral Health, Inc.

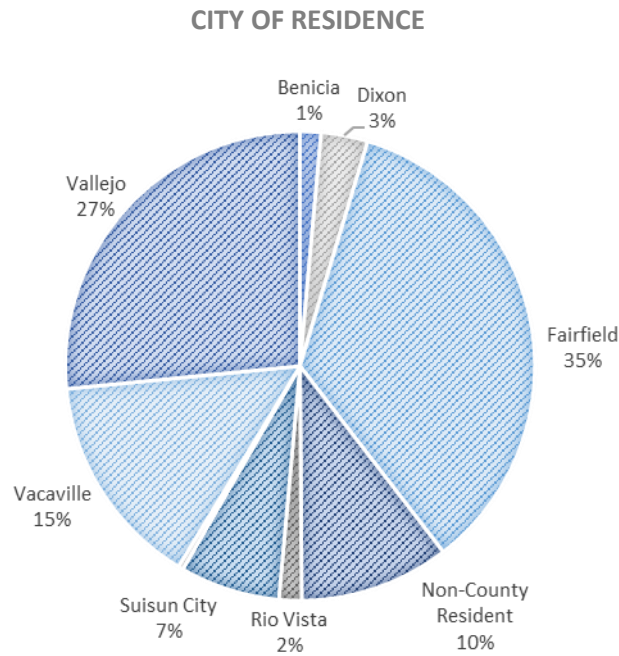
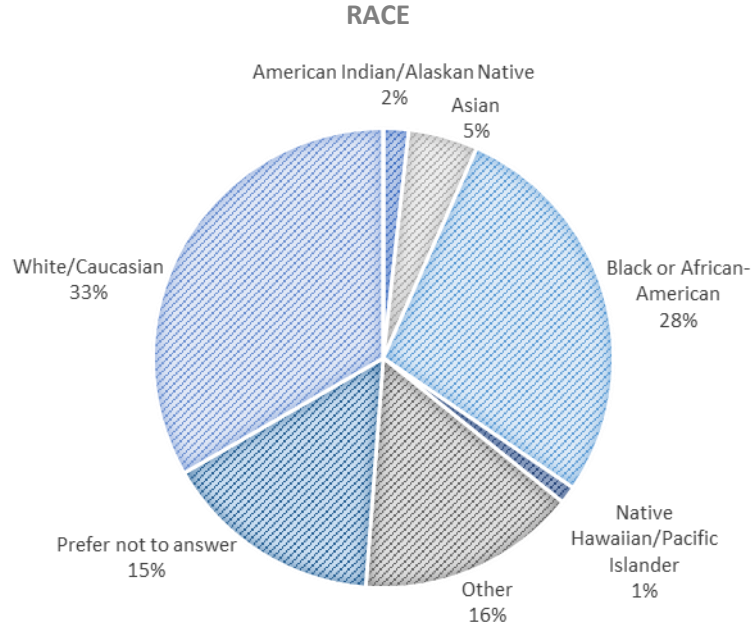
Description of Program:

The CSU, operated by a community-based organization, is the County’s provider for crisis stabilization services and linkages to a spectrum of crisis mental health services. Operating 24 hours a day, 7 days a week, consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU service is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals in a psychiatric emergency, providing assessment and emergency treatment and when their crisis has abated, linking those individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placements in order to ensure consumer and community safety.

Program Performance Measures	
1,373 total admissions representing 934 unduplicated individuals	
Program Indicators	Annual Outcome
Provide linkage/referral services for at least 90% of the consumers being discharged to the community.	501 consumers who were released to the community and 90 % (451) of those consumers were successfully linked to aftercare.
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 585 surveys were submitted and 88% (517) of consumers served endorsed overall satisfaction with services.
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 33 after-hour test calls were made, with 33% (10) calls meeting the state criteria.
Financial Report	
Cost per person	\$4,271
Contract Amount FY 2019/20: \$4,329,310	Total Expenditures FY 2019/20: \$3,988,908

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the CSU (demographics were only collected for 900 consumers):



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			#
			900
Age	%	Ethnicity	%
0-15	6%	Caribbean	0%
16-25	23%	Central American	0%
26-59	66%	Mexican/Mexican-American/Chicano	0%
60+	5%	Other Hispanic/Latino	13%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	2%	African	28%
Asian	5%	Asian Indian/South Asian	1%
Black or African-American	28%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	15%	Eastern European	0%
Prefer not to answer	15%	European	33%
White/Caucasian	33%	Filipino	3%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	58%	Middle Eastern	0%
Female	42%	Other Non-Hispanic/Latino	7%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	15%
LGBTQ	no data reported	More than one ethnicity	0%
Currently involved with adult/juvenile justice		Current Gender Identity	
Foster care youth		Male	55%
All of above		Female	40%
LGBTQ & justice involved		Genderqueer	0%
LGBTQ & foster care youth		Other	0%
Justice involved & foster care youth		Prefer not to answer	5%
Not applicable/not identify with all above		Questioning/unsure	0%
Prefer not to answer	Transgender	0%	
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	2%	Less than 6 months	NA
Bisexual	4%	6-12 months	
Heterosexual/straight	78%	1-4 years	
Lesbian	1%	5-9 years	
Other	1%	Over 10 years ago	
Prefer not to answer	13%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	1%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	3%	Benicia	1%
Active military	0%	Dixon	3%
Not a veteran or not active military	97%	Fairfield	35%
Primary Language (1st Language)		Non-County Resident	10%
American Sign Language (ASL)	0%	Rio Vista	2%
English	94%	Suisun City	7%
Ilocano	0%	Unincorporated	0%
Other	2%	Unknown/Not Reported	0%
Prefer not to answer	<1%	Vacaville	15%
Spanish	4%	Vallejo	27%
Tagalog	<1%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	no data reported
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	
English	93%	Other communication disability	
Tagalog	0%	Cognitive impairment	
Other	4%	Physical/mobility	
Spanish	3%	Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The program put in quality improvement systems to review and improve clinical documentation and billing processes. Additionally, efforts were made to improve processes related to placing consumers in appropriate inpatient facilities to ensure cost efficiency.
- The leadership team at Crestwood CSU worked diligently and collaboratively with SCBH to grow, develop or improve relationships and practices with other behavioral health providers, emergency departments (EDs), law enforcement agencies, North Bay Regional Center, housing programs, etc. to ensure continuity of care, steady flow of intakes and discharges to meet the needs of the community.
- The program worked to improve treatment services resulting in a decrease in grievances and a substantial increase in compliments received by SCBH which included positive feedback about the compassionate care provided by staff, the significant change in milieu, and assistance connecting consumers with aftercare services.

Challenges & Barriers

- During the year the program experienced two significant power outages which led to the program working closely with the County to develop a disaster preparedness plan which may includes installing a generator. Additionally, the program is working on a backup plan to have the option to transfer consumers to a Mental Health Rehab Center located in Vallejo operated by the same agency in the event that there is a need for temporary emergency relocation which would eliminate the need to relocate consumers to local EDs leaving them capacity to address community needs.
- The COVID- 19 pandemic forced local jails to release mentally ill consumers charged with misdemeanors who have been identified as “incompetent to stand trial” to the CSU immediately for assessment and treatment as needed. Program staff worked with county partners in establishing communication practices prior to all releases to coordinate care, monitor timeliness of transfers as needed, while also ensuring safety on the unit.
- The program was met with staffing challenges including hiring a licensed clinician for the PM shift. Applicants for this position have been extremely overqualified and struggled with the wage range or were unwilling to work weekends and evening hours.

Changes in FY20/21

No changes.

Number of Children (0-15) served: 55

Number of TAY Adults (16-25) served: 206

Number of Adults (26-59) served: 595

Number of Older Adults (60+) served: 44

COMMUNITY SERVICES & SUPPORTS

Name of Program: Mobile Crisis Services

Agency Name: N/A

Description of Program:

The Mobile Crisis Services program, will be administered by a CBO, is intended to provide services for the County which will include the provision of emergency crisis intervention services to Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services will include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up service including, but not limited to, referring individuals to the crisis stabilization unit (CSU) or a local emergency department (ED). Services will be delivered in partnership with law enforcement as needed.

Financial Report

Cost per Person

N/A

Budget for FY 2019/20: **\$750,000**

Total Expenditures FY 2019/20: **\$0**

SCBH was not able to implement Mobile Crisis Services during FY 2019/20 initially due to budgetary concerns and once budget concerns were overcome there was a failed Request for Proposal (RFP) to identify an appropriate vendor to provide this vital services. SCBH released a second RFP and a vendor has been selected. Contract negotiations are underway and SCBH anticipates launching the program in January of 2021.

COMMUNITY SERVICES & SUPPORTS

Wellness & Recovery Programming

Name of Program: Wellness & Recovery Unit (WRU)

Agency Name: Solano County Behavioral Health

Description of Program:

WRU 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. This program also recruits and trains peer consumer volunteers and during FY 18/19 expanded to include three Peer Support Specialists (PSS) positions. The PSS staff are co-located in the county-operated FSP and the three county-operated Integrated Care Clinics that provide psychiatry and medication services.

Program Performance Measures

Unduplicated Individuals Served: 893

Program Indicators	Annual Outcome
Facilitate consumer support groups throughout the County and provide 1:1 support (phone or in-person) for consumers.	148 consumer support groups were offered in the community with 430 unduplicated consumers.
Facilitate family support groups throughout the County and provide 1:1 support for families as needed.	148 family support groups were offered in the community with 449 unduplicated family member participants.
Facilitate community education events with a focus on stigma reduction and the concepts of wellness and recovery.	Staff attended/facilitated 2 community events with 145 participants.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 7 individuals—4 volunteers and 3 employees—trained from diverse backgrounds who provide support for consumers accessing services through the County system of care.

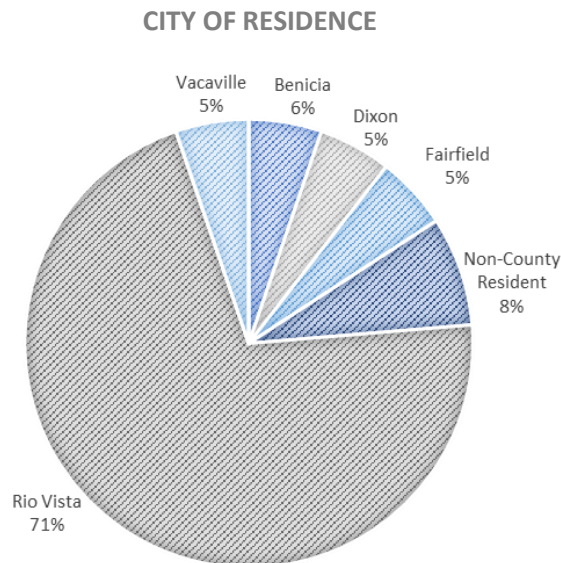
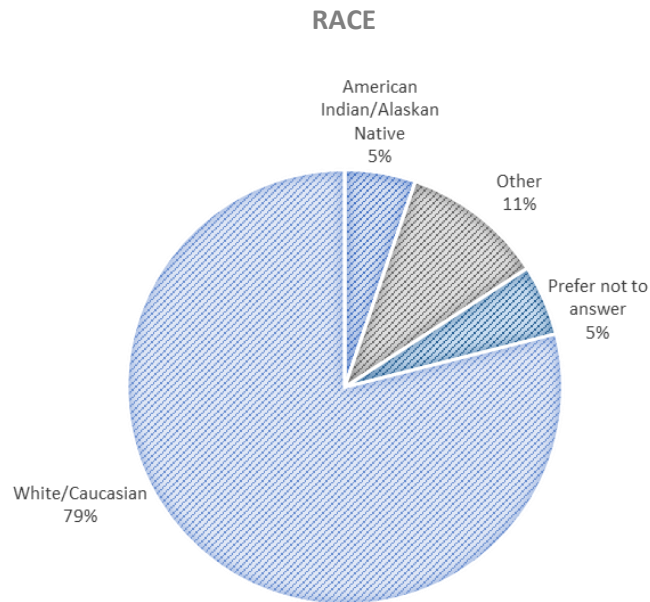
Financial Report

Cost per person	\$1,494
Budgeted Amount FY 2019/20: \$1,374,884	Total Expenditures FY 2109/20: \$1,333,885

COMMUNITY SERVICES & SUPPORTS

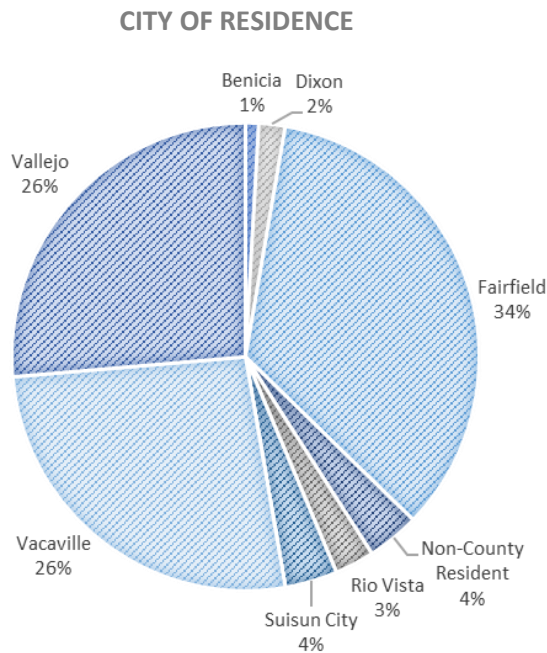
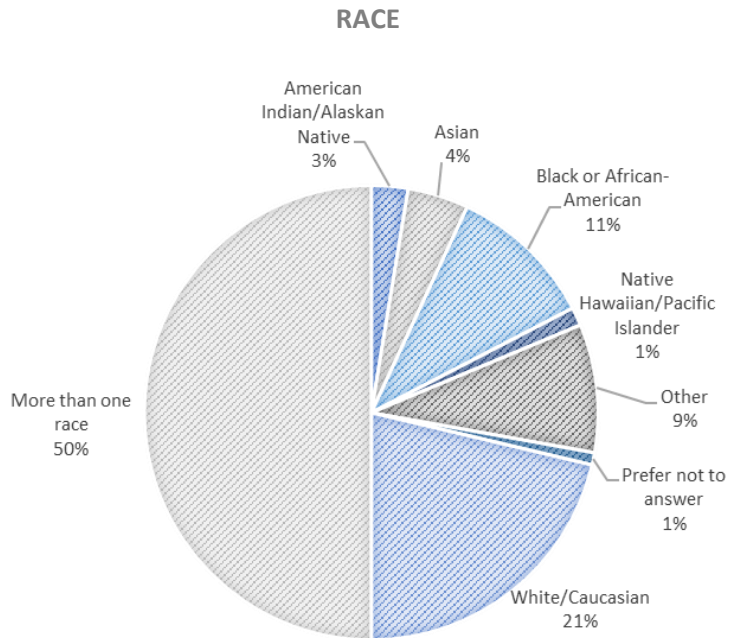
The following charts and table provide additional demographic data for the consumers and community members served by the WRU:

Demographic Breakdown of Outreach Services (demographic surveys collected for 38 individuals attending education events):



COMMUNITY SERVICES & SUPPORTS

Demographic Breakdown of Direct Services (demographic surveys collected for 115 individuals attending support groups):



COMMUNITY SERVICES & SUPPORTS

Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	Direct	Out reach
Age			115	38
0-15	1%	0%		
16-25	10%	3%		
26-59	64%	39%		
60+	24%	58%		
Prefer not to answer	1%	0%		
Race				
American Indian/Alaskan Native	3%	5%		
Asian	4%	0%		
Black or African-American	10%	0%		
Native Hawaiian/Pacific Islander	1%	0%		
Other	9%	11%		
Prefer not to answer	1%	5%		
White/Caucasian	21%	79%		
More than one race	50%	0%		
Gender At Birth				
Male	31%	21%		
Female	67%	76%		
Prefer not to answer	2%	3%		
Identify with any of these groups?				
LGBTQ	9%	3%		
Currently involved with adult/juvenile justice	2%	3%		
Foster care youth	0%	3%		
All of above	0%	0%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify with all above	62%	63%		
Prefer not to answer	28%	29%		
Sexual Orientation				
Gay	2%	0%		
Bisexual	5%	0%		
Heterosexual/straight	70%	84%		
Lesbian	2%	3%		
Other	3%	0%		
Prefer not to answer	17%	11%		
Queer	1%	0%		
Questioning/unsure	1%	3%		
Veteran Status/Military Services				
Veteran	10%	0%		
Active military	0%	0%		
Not a veteran or not active military	90%	100%		
Primary Language (1st Language)				
American Sign Language (ASL)	1%	0%		
English	90%	95%		
Ilocano	0%	0%		
Other	1%	0%		
Prefer not to answer	2%	0%		
Spanish	6%	5%		
Tagalog	0%	0%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	0%		
English	92%	100%		
Tagalog	0%	0%		
Other	1%	0%		
Spanish	7%	0%		
Service type index: Direct: screening, assessment, brief counseling, case management, Outreach: training, presentation, workshop, meeting. Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
Ethnicity				
Caribbean	0%	0%		
Central American	0%	0%		
Mexican/Mexican-American/Chicano	9%	1%		
Other Hispanic/Latino	0%	0%		
Puerto Rican	1%	0%		
South American	0%	1%		
African	4%	0%		
Asian Indian/South Asian	0%	0%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	0%		
European	5%	4%		
Filipino	3%	0%		
Japanese	0%	0%		
Korean	0%	1%		
Middle Eastern	0%	0%		
Other Non-Hispanic/Latino	3%	0%		
Vietnamese	0%	0%		
Prefer not to answer	25%	50%		
More than one ethnicity	48%	42%		
Current Gender Identity				
Male	30%	21%		
Female	66%	71%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	3%	8%		
Questioning/unsure	0%	0%		
Transgender	0%	0%		
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months	8%			
6-12 months	6%			
1-4 years	6%			
5-9 years	7%			
Over 10 years ago	29%			
Prefer not to answer	30%			
Do not have MH symptoms	8%			
Unknown/not reported	6%	NA		
City of Residence				
Benicia	1%	5%		
Dixon	2%	5%		
Fairfield	35%	5%		
Non-County Resident	4%	8%		
Rio Vista	3%	71%		
Suisun City	4%	0%		
Unincorporated	0%	0%		
Unknown/Not Reported	0%	0%		
Vacaville	26%	5%		
Vallejo	26%	0%		
Disability				
Difficulty seeing	3%	0%		
Difficulty hearing/having speech understood	2%	1%		
Other communication disability	1%	0%		
Cognitive impairment	2%	1%		
Physical/mobility	3%	0%		
Chronic physical health condition	5%	0%		
No disability	20%	0%		
Other disability	5%	0%		
Prefer not to answer	59%	97%		

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The WRU partnered with NAMI Solano and “First Step” a Rio Vista community organization focused on suicide prevention to host two community events: a suicide prevention walk in September of 2019 and a community forum held in January 2020 which consisted of a presentation on the local impact of suicide and a panel comprised of a presentative from law enforcement, fire, a community-based behavioral health organization, and SCBH with a focus on improving community relations.
- The WRU coordinated a training event for the Peer Support Network and behavioral health providers, titled “Redefining Psychosis,” facilitated by Tim Dreby who is a clinician with lived experience who was able to offer both a clinical and a peer lens. Mr. Dreby also participated in family support groups to share information on “Healing Voices,” a network of individuals who manage their symptoms of psychosis, often times without the use of psychotropic medication, through mutual peer supports.
- A weekly check-in was initiated with both the volunteer and SCBH staff Peer Support Specialists (PSS) to offer technical assistance and support which provided an opportunity for debriefing, and to relay important training material related to COVID-19 safety considerations and best practice.

Challenges & Barriers

- Beginning in March of 2020, in response to the COVID-19 pandemic, the Family Support and Peer Recovery groups had to transition to a telehealth platform. None of the groups had to be cancelled. Group participation increased, however there were challenges with data collection with a video platform. The WRU plans to address these barriers by sending out surveys to participants via email and postal service.
- An identified gap in the system is the lack of family and peer support groups offered in Spanish. There have been a growing number of monolingual Spanish-speaking participants and, while interpreter services have been provided, a better option would be a designated Spanish group which the program will explore.
- For support groups that had been taking place in Vallejo (prior to COVID-19), a barrier to attendance included the challenge of entering the building through security screening. Many participants found the experience to be stigmatizing and invasive. There have been considerations made around a possible change of location (i.e., the library, city rec center, etc.)

Changes in FY20/21

No changes.

COMMUNITY SERVICES & SUPPORTS

Name of Program: Wellness & Recovery Center (WRC)

Agency Name: Circle of Friends

Description of Program:

The WRC operated by Circle of Friends, during FY 2019/20 was 100% peer-operated and provided a safe and welcoming place for consumers who have a known serious mental illness. Staff members apply the principles of recovery to exemplify and promote hope, commitment, and action. Centers were operated in Fairfield 6 days per week (Monday thru Saturday) and a second satellite site operated in Vacaville 2 days per week (Wednesdays and Thursdays).

Program Performance Measures

Unduplicated Individuals Served: 221

(Services provided from July 2019 thru Jan 2020)

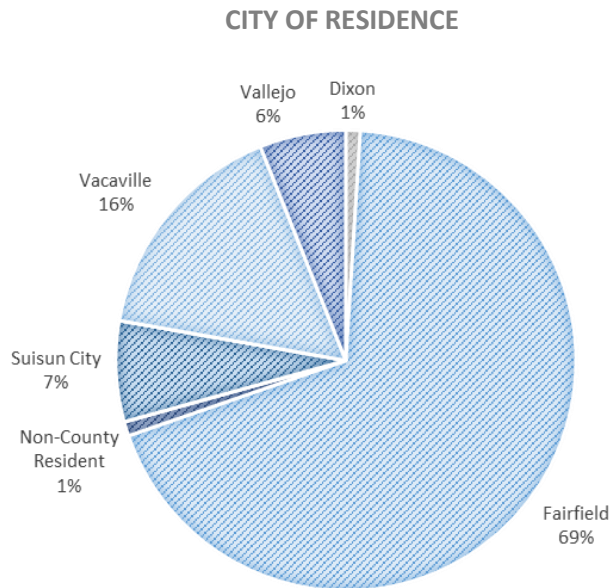
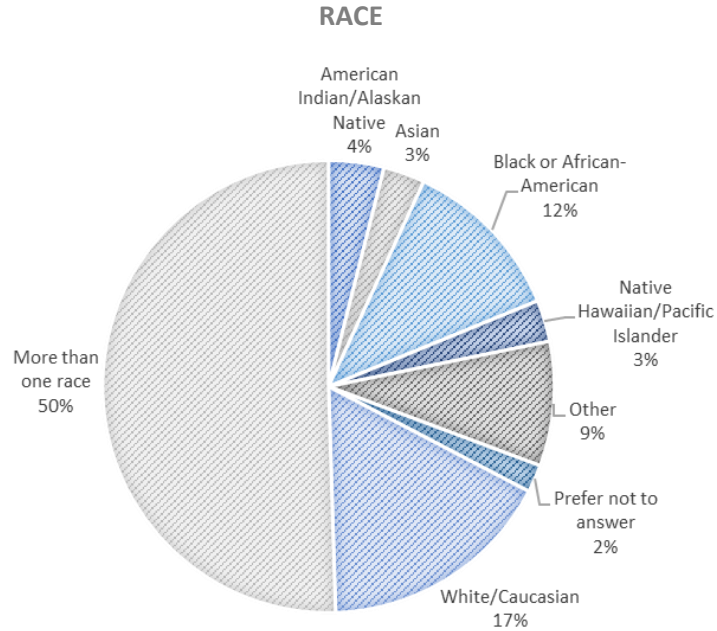
Program Indicators	Annual Outcome
Provide wellness and recovery services to 350 unduplicated consumers through the Centers located in Fairfield and the Vacaville satellite site.	A total of 221 unduplicated consumers were served, of which 159 unduplicated individuals attended a center site more than one 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 159 consumers who attended the Center more than one time, 88% (140) consumers had an active <i>WRAP</i> plan.
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 250 post-survey received, 97% (243) of the consumers demonstrated either maintenance or improvement in 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"> Of the consumers who participate in the vocational/employment services offered thru the Center, 75% will serve in a volunteer position at the Center. Of the consumers who participate in the vocational/employment services offered thru the Center, 25% will secure a job outside of the Center. 	<p>A total of 92% (146) unduplicated consumers participated in vocational/employment services.</p> <p>66% (96) of the consumers became volunteers at the Center</p> <p>40% (58) of the consumers secured a job outside of the Center.</p>

Financial Report

Cost per person	\$937
Budgeted Amount FY 2019/20: \$450,000	Total Expenditures FY 2019/20: \$206,993

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			81
Age	%	Ethnicity	%
0-15	0%	Caribbean	1%
16-25	10%	Central American	1%
26-59	84%	Mexican/Mexican-American/Chicano	5%
60+	6%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	4%	African	7%
Asian	3%	Asian Indian/South Asian	1%
Black or African-American	12%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	0%
Other	9%	Eastern European	0%
Prefer not to answer	2%	European	5%
White/Caucasian	17%	Filipino	2%
More than one race	51%	Japanese	1%
Gender At Birth		Korean	0%
Male	52%	Middle Eastern	0%
Female	44%	Other Non-Hispanic/Latino	1%
Prefer not to answer	4%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	24%
LGBTQ	5%	More than one ethnicity	49%
Currently involved with adult/juvenile justice	1%	Current Gender Identity	
Foster care youth	0%	Male	52%
All of above	0%	Female	47%
LGBTQ & justice involved	0%	Gender queer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	1%
Not applicable/not identify with all above	63%	Questioning/unsure	0%
Prefer not to answer	31%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	2%	Less than 6 months	6%
Bisexual	10%	6-12 months	1%
Heterosexual/straight	74%	1-4 years	15%
Lesbian	1%	5-9 years	10%
Other	0%	Over 10 years ago	31%
Prefer not to answer	12%	Prefer not to answer	7%
Queer	0%	Do not have MH symptoms	2%
Questioning/unsure	0%	Unknown/not reported	27%
Veteran Status/Military Services		City of Residence	
Veteran	7%	Benicia	0%
Active military	0%	Dixon	1%
Not a veteran or not active military	93%	Fairfield	68%
Primary Language (1st Language)		Non-County Resident	1%
American Sign Language (ASL)	1%	Rio Vista	0%
English	85%	Suisun City	7%
Ilocano	0%	Unincorporated	0%
Other	1%	Unknown/Not Reported	0%
Prefer not to answer	1%	Vacaville	16%
Spanish	9%	Vallejo	6%
Tagalog	2%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	6%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	6%
English	89%	Other communication disability	1%
Tagalog	0%	Cognitive impairment	2%
Other	4%	Physical/mobility	0%
Spanish	7%	Chronic physical health condition	6%
		No disability	63%
		Other disability	9%
		Prefer not to answer	8%

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- Two program participants successfully secure independent housing in apartments and several consumers purchased vehicles.
- The program continued to run the Center with peer leaders and made every effort to empower peers to become leaders themselves.
- The Program was a placement for a local community college Human Services track intern program and had three (3) interns completed their internship during the FY.

Challenges & Barriers

- The agency van got vandalized multiple times during the year causing barriers for transportation for program participants.
- Circle of Friends agency leadership made the difficult decision to close and dissolve the non-profit organization. SCBH worked closely with agency leadership and leadership from another community-based organization (CBO) who was contracted by SCBH to operate a WRC in Vallejo to transition the program to the other agency in order to preserve services for vulnerable consumers. The transition was successful and the Centers did not have to close for even a day therefore there was little to no impact on the consumers being served.

Changes in FY20/21

The Fairfield and Vacaville satellite Centers will be operated by Caminar.

COMMUNITY SERVICES & SUPPORTS

Name of Program: Wellness & Recovery Center (WRC)

Agency Name: Caminar, Inc.

Description of Program:

The WRC operated by Caminar provides a safe and welcoming place for consumers who have a known serious mental illness. Staff members at the 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: 164

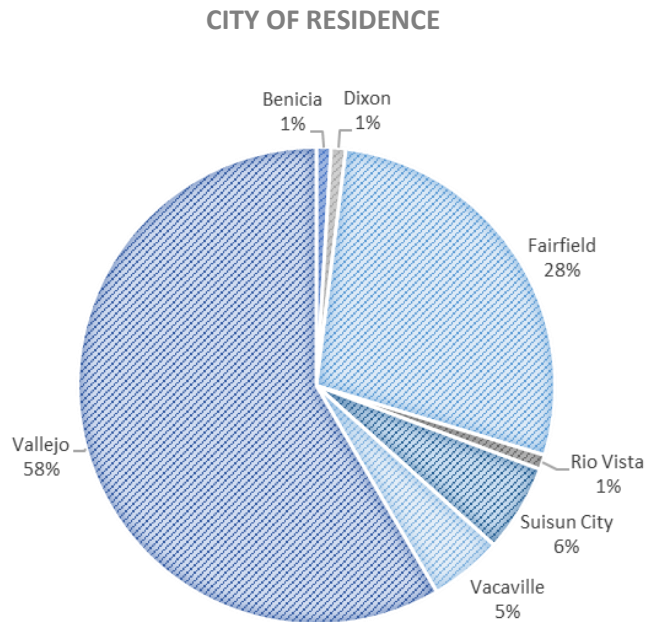
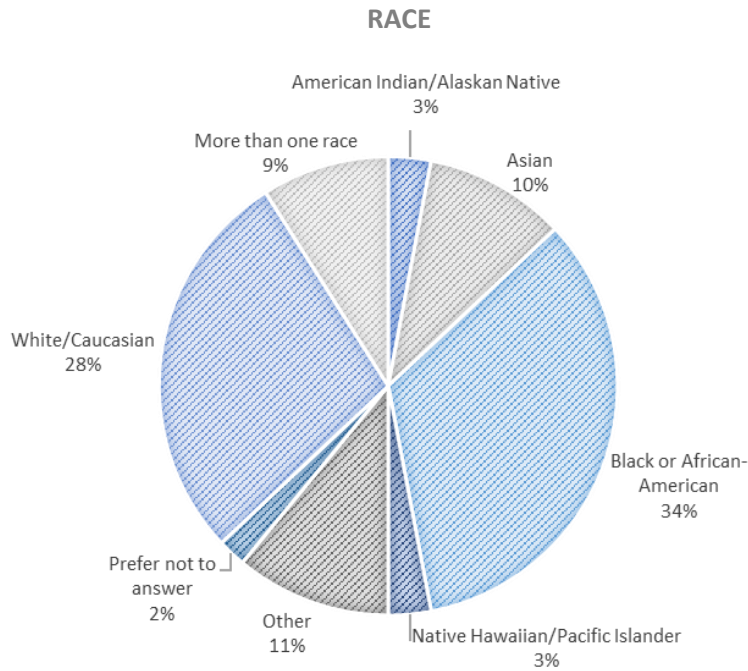
Program Indicators	Annual Outcome
Provide wellness and recovery services to a minimum of 90 unduplicated consumers through the Center located in Vallejo. Post-acquisition the program will operated 3 Centers and serve an estimated 465 consumer (prorated by date of contract amendment Feb 1, 2020)	A total of 95 unduplicated consumers were served thru the Vallejo Center prior to the acquisition of Circle of Friends in Feb 2020. A total of 69 consumers were served by all 3 sites between Feb 2020-June 2020. This number is low due to the Centers closing due to COVID-19.
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 162 individuals who attended more than one time, 100% (162) had an active <i>WRAP</i> .
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%.	Post-acquisition outcome: Of the 712 quarterly post <i>QoL</i> surveys administered during the year, 63% (451) of the survey responses demonstrated that consumers had maintained or improved their functioning.
At least 50% the consumers served will participate in the vocational rehab services offered through the center, and of those consumers 75% of the consumers will serve in a volunteer position at the center and 25% will secure a job outside of the center. The Vallejo site did not implement this service.	Post-acquisition outcome: Of the 62 unduplicated served in the Fairfield and Vacaville sites only, 26% (16) participated in vocational rehab services, and of these 63% (10) became volunteers at center, and 20% (2) secured a job. The Vallejo site did not have vocational services FY 2019/20.

Financial Report

Cost per person	\$2,548
Contract Amount FY 2019/20: \$607,270	Total Expenditures FY 2019/20: \$417,872

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			164
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	2%	Central American	1%
26-59	79%	Mexican/Mexican-American/Chicano	11%
60+	19%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	3%	African	16%
Asian	10%	Asian Indian/South Asian	2%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	1%
Other	11%	Eastern European	0%
Prefer not to answer	2%	European	6%
White/Caucasian	28%	Filipino	6%
More than one race	9%	Japanese	1%
Gender At Birth		Korean	1%
Male	68%	Middle Eastern	0%
Female	32%	Other Non-Hispanic/Latino	45%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	3%
LGBTQ	2%	More than one ethnicity	5%
Currently involved with adult/juvenile justice	4%	Current Gender Identity	
Foster care youth	1%	Male	66%
All of above	0%	Female	34%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	86%	Questioning/unsure	0%
Prefer not to answer	7%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset	
Gay	2%	Less than 6 months	1%
Bisexual	3%	6-12 months	2%
Heterosexual/straight	93%	1-4 years	12%
Lesbian	1%	5-9 years	13%
Other	0%	Over 10 years ago	71%
Prefer not to answer	1%	Prefer not to answer	0%
Queer	0%	Do not have MH symptoms	1%
Questioning/unsure	0%	Unknown/not reported	1%
Veteran Status/Military Services		City of Residence	
Veteran	7%	Benicia	1%
Active military	0%	Dixon	1%
Not a veteran or not active military	93%	Fairfield	28%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	1%
English	96%	Suisun City	6%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	5%
Spanish	1%	Vallejo	59%
Tagalog	4%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	13%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	8%
English	93%	Other communication disability	2%
Tagalog	4%	Cognitive impairment	9%
Other	0%	Physical/mobility	18%
Spanish	4%	Chronic physical health condition	7%
		No disability	31%
		Other disability	9%
		Prefer not to answer	2%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The Caminar WRC held a number of social events including ice cream social, annual picnic at Blue Rock Spring, Halloween party, Christmas party, and consumers also get to attend events/outings such as the Giants game, A's games, rodeo at Cow Palace, Alcatraz tour, Nut Cracker, Science of Academy, Ocean Beach, San Francisco Golden Gate Park, and many more in 2019.
- The program received a brand new Toyota Sienna van in August 2019 used to transport consumers.
- Nine consecutive weekly classes were held on mental health and recovery and everyone who attended received a certificate.
- Caminar was successful in providing WRC programming in three cities following the acquisition of the Circle of Friends program/contract. Services continue to be strength-based, peer-centered, safe, effective, timely and equitable.

Challenges & Barriers

- The COVID -19 pandemic significantly impacted WRC programming as Centers had to be closed due to the Governor's "stay home orders" and local Solano County Public Health orders. WRC staff set up phone support systems to check in with peer consumers. In May 2020 the Centers were able to reopen with limited attendees and with safety measures put in place.
- Post COVID-19 the WRC was unable to do any outings.
- While the transition from Circle of Friends to Caminar was successful it was a significant shift for the Circle of Friends staff who had been part of a very small 100% peer-operated agency and had to transition to much larger agency.

Changes in FY20/21

Caminar in partnership with SCBH will continue to monitor how to best provide WRC services as the COVID-19 pandemic continues to pose health risks requiring adhering to strict social distancing guidelines and safety measures to ensure the health and wellbeing of consumers and staff.

COMMUNITY SERVICES & SUPPORTS

Name of Program: Employment Services and Support

Agency Name: Caminar, Inc.

Description of Program:

The Employment Services and Support program utilizes 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 and all adult FSP programs to provide employment services in a collaborative manner.

Program Performance Measures

Unduplicated Individuals Served: 142

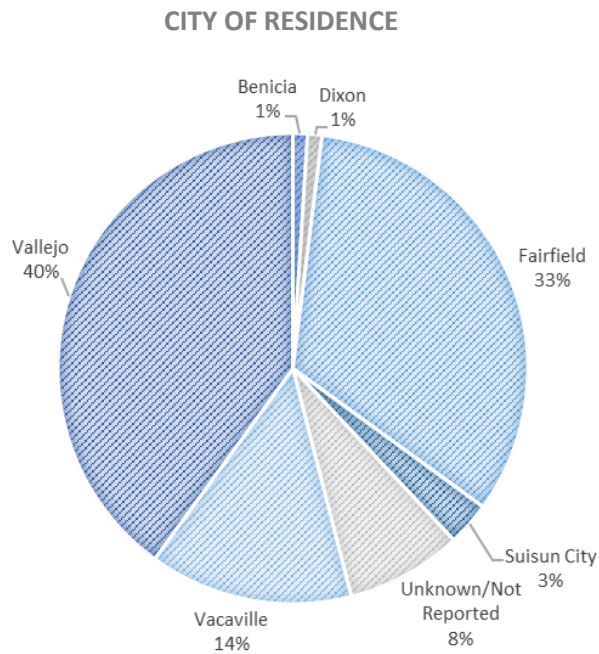
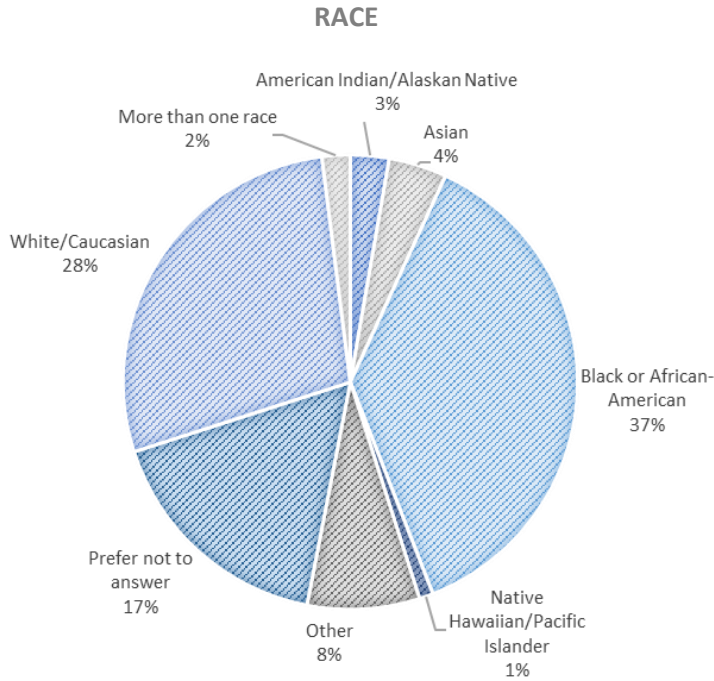
Program Deliverables	Annual Outcome
Provide employment services for 100 consumers annually who will achieve a 50% or higher competitive employment rate.	142 consumers received employment services and of these 105 consumers secured competitive employment.
A minimum of 25% of the consumers who secure employment will maintain employment for at least 90 days.	Of the 105 consumers 78% (82) secured jobs that are considered "competitive employment" positions and of those 55 consumers maintained their employment for 90 days or more for a job retention rate of 67%.

Financial Report

Cost per person	\$3,526
Contract Amount FY 2019/20: \$521,074	Total Expenditures FY 2019/20: \$500,628

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the peer consumers served by the Employment Services and Support Program:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			142
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	12%	Central American	1%
26-59	77%	Mexican/Mexican-American/Chicano	5%
60+	3%	Other Hispanic/Latino	1%
Prefer not to answer	8%	Puerto Rican	0%
Race		South American	1%
American Indian/Alaskan Native	3%	African	30%
Asian	4%	Asian Indian/South Asian	2%
Black or African-American	37%	Cambodian	1%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	8%	Eastern European	0%
Prefer not to answer	17%	European	6%
White/Caucasian	28%	Filipino	3%
More than one race	2%	Japanese	0%
Gender At Birth		Korean	0%
Male	54%	Middle Eastern	0%
Female	38%	Other Non-Hispanic/Latino	1%
Prefer not to answer	8%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	50%
LGBTQ	2%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	4%	Current Gender Identity	
Foster care youth	2%	Male	54%
All of above	0%	Female	37%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	10%
Not applicable/not identify with all above	77%	Questioning/unsure	0%
Prefer not to answer	15%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	NA
Bisexual	1%	6-12 months	
Heterosexual/straight	68%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	31%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	1%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	2%	Benicia	1%
Active military	0%	Dixon	1%
Not a veteran or not active military	98%	Fairfield	33%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	0%
English	90%	Suisun City	3%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	8%
Prefer not to answer	8%	Vacaville	14%
Spanish	2%	Vallejo	40%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	3%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	2%
English	90%	Other communication disability	3%
Tagalog	0%	Cognitive impairment	3%
Other	8%	Physical/mobility	1%
Spanish	2%	Chronic physical health condition	1%
		No disability	9%
		Other disability	46%
		Prefer not to answer	34%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- One staff member began training to become certified for benefit (SSI) support in order to assist consumers with SSI and impact of employment on benefits.
- The program employs a bilingual staff who is able to support Spanish-speaking consumers to draft job descriptions and seek employment.
- Rapid program enrollment and rapid job search has removed barriers and has contributed immensely to the program's success in supporting consumers to become gainfully employed.

Challenges & Barriers

- The COVID-19 pandemic impacted the program significantly, however the program swiftly transitioned from in-person job development services to telehealth services. Most consumers adjusted to the new format and the program was still successful in assisting consumers to obtain employment. That said, some consumers were afraid to continue/start looking for employment due to COVID.
- Staff provided support and education around the use of laptops/cell phones to access Zoom, etc.
- As a result of Covid-19, some consumers unfortunately lost their jobs and while some consumers were able to go back to work, there were consumers that were supported in securing alternate employment.

Changes in FY20/21

In response to feedback obtained during the MHSA community program planning process in FY 2019/20 the program was expanded to serve transitional aged youth (TAY) and are now working alongside the Early Psychosis Treatment Program, the TAY FSP Program, the Child/Youth FSP and the FCTU FSP Programs.

COMMUNITY SERVICES & SUPPORTS

Targeted System Supports

The following programs and strategies are focused on filling gaps that have been identified by stakeholders during past cycles of community program planning (CCP). Services are focused on addressing the needs for particular populations including: adult consumers in need of case management; non-English speaking consumers; young children at risk of expulsion from daycare/preschool; and foster children/youth including strategies to support legislative changes including Katie A. and Continuum of Care Reform (CCR); etc.

Name of Strategy: Integrated Care Clinic ICC On-Duty (OD) Staff

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

Each of the three, SCBH-operated, regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville provide primarily medication services for seriously mentally ill (SMI) adults. 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.

Unduplicated Individuals Served: 729

Financial Report

Cost Per Consumer	\$472
Budgeted Amount FY 2019/20: \$392,337	Total Expenditures FY 2019/20: \$343,729

Changes in FY20/21

Starting July 2020, a fourth OD staff member assigned to the largest ICC clinic in Fairfield will be funded by MHSA.

Name of Strategy: Expansion of Adult Community Case Management (CCM)

Agency Name: Caminar, Inc.

Description of Strategy:

During FY 2019/20 MHSA was used to fund three (3) Peer Support Specialist positions and one (1) Co-occurring Case Manager position for the contract with a local community-based organization. This was implemented in response to stakeholder feedback that additional case management support was needed for adult consumers with persistent serious mental health conditions that do not meet the criteria for an FSP program but need more support than what is provided through the county-operated ICC psychiatry clinics.

Unduplicated Individuals Served: 37

Financial Report

Cost Per Consumer	\$2,427
Budgeted Amount FY 2019/20: \$143,600	Total Expenditures FY 2019/20: \$89,797 in MHSA

Changes in FY20/21

Starting July 2020 the entire CCM program will be entirely funded by MHSA which is being done in response to budget shortfalls due to the COVID-19 pandemic. Additionally, during the last several cycles of the MHSA community program planning stakeholders have consistently identified a gap in the system of care as related to providing case management services and support for SMI adults.

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: Expanded Bilingual Services

Agency Name: Solano County Behavioral Health

Description of Strategy:

SCBH funds bilingual positions in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. The bilingual providers' caseloads will include at least 75% monolingual, bilingual, and bicultural consumers to whom they will provide clinical services tailored to meet the needs of Latino/Filipino consumers and families.

Unduplicated Individuals Served: 54

Financial Report

Cost Per Consumer

\$5,387

Budgeted Amount FY 2019/20: **\$ 444,335**

Total Expenditures FY 2019/20: **\$290,911**

Changes in FY20/21

Three SCBH bilingual staff were funded during FY2019/20 and an additional 3-4 bilingual staff will now be MHSA funded including bilingual Spanish and Tagalog speaking staff that will work in the Access Unit including staff that conduct intake assessments for children/youth for the system of care.

COMMUNITY SERVICES & SUPPORTS

Name of Program: CARE Clinic

Agency Name: Child Haven

Description of Program:

The CARE Clinic, delivered by a CBO, offers an intensive ten-week, daily menu of services for consumers ages 2-6 years of age (up to 7th 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: 14 MHSA funded

Program Indicators	Annual Outcome
Annually provide 4 intensive ten-week cohorts, four-hours per day, with a menu of services for 30 unduplicated children utilizing the Comprehensive Assessment Research and Evaluation multidisciplinary model.	A total of 3 cohorts were conducted, with 14 unduplicated children of which 12 completed the program.
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 12 children, of which 83% (10) 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> .	The <i>ECBI</i> was completed by 12 children, of which 83% (10) 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% (12) children successfully transitioned back to school and remained in the setting for 30 days or more.

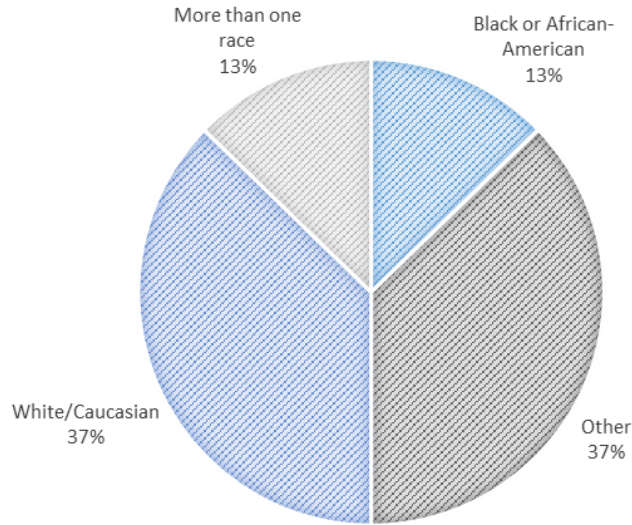
Financial Report

Cost per person	\$28,571 in MHSA
Contract Amount FY 2019/20: \$596,270 of which \$400,000 is MHSA	Total Expenditures FY 2019/20: \$431,717 of which \$400,000 is MHSA

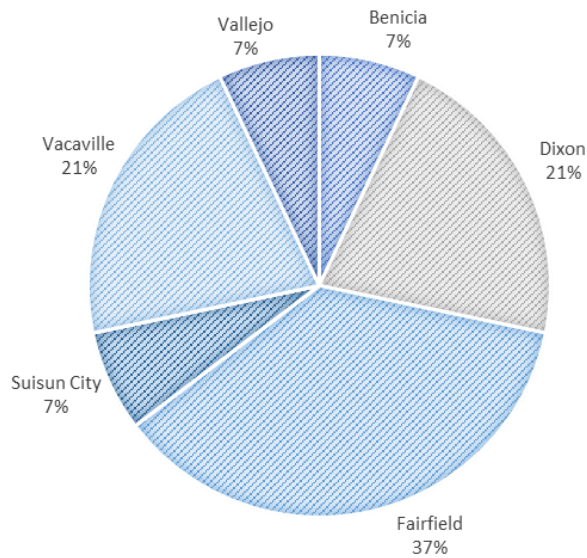
COMMUNITY SERVICES & SUPPORTS

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

RACE



CITY OF RESIDENCE



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			14
Age	%	Ethnicity	%
0-15	100%	Caribbean	0%
16-25	0%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	29%
60+	0%	Other Hispanic/Latino	29%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	13%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	38%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	38%	Filipino	0%
More than one race	13%	Japanese	0%
Gender At Birth		Korean	0%
Male	71%	Middle Eastern	7%
Female	29%	Other Non-Hispanic/Latino	36%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	0%
LGBTQ	0%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	0%	Male	71%
All of above	0%	Female	29%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	100%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	NA
Bisexual	0%	6-12 months	
Heterosexual/straight	0%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	100%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	0%	Unknown/not reported	NA
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	7%
Active military	0%	Dixon	21%
Not a veteran or not active military	100%	Fairfield	36%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	0%
English	93%	Suisun City	7%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	21%
Spanish	7%	Vallejo	7%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	7%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	0%
English	100%	Other communication disability	7%
Tagalog	0%	Cognitive impairment	0%
Other	0%	Physical/mobility	0%
Spanish	0%	Chronic physical health condition	0%
		No disability	86%
		Other disability	0%
		Prefer not to answer	0%

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- During this period, the agency was able to strengthen their relationships with the school districts. This resulted in more children being referred from the districts to the program. There were a total of 11 children that were SELPA referred. This is the largest number of children that the program has served from the SELPA since the program’s inception.
- Child Haven significantly alleviated self-regulation difficulties for seven children in the program. These children experienced tantrums 2-3x per day for 20 or more minutes and ended the cohort with less than 1 tantrum per week, lasting less than 10 minutes; demonstrating that the behavioral interventions have been very effective.

Challenges & Barriers

Due to the COVID-19 pandemic the program was not able start a new cohort at the end of the FY resulting in less children being served. This also negatively impacted the agency’s revenues.

Changes in FY20/21

Despite COVID- 19 and safety concerns, the agency engaged in comprehensive planning and have been able to reopen the CARE Clinic. Instead of serving all children at the same time, the program divided the children into two separate groups, serving half in the morning and the other half in the afternoon. The program also implemented additional safety measures and sanitation processes. To date, no children, family members or staff members have been diagnosed with COVID. Families have committed to, and maintained their participation in the program.

Name of Strategy: Child and Adolescent Needs and Strengths (CANS) Assessor Initiative

Agency Name: Solano County Behavioral Health

Description of Strategy:

The CANS Assessor Initiative is co-funded by MHSA and Solano County Child Welfare Services (CWS) and is delivered by two SCBH Clinicians. Each child and youth that enters the Child Welfare system are screened using the Child and Adolescent Needs and Strengths (CANS) screening and treatment planning tool. For youth that need a more comprehensive mental health assessments referrals and linkages are made. This initiative represents a collaboration between SCBH and CWS and meets a state mandate for CWS.

Unduplicated Individuals Served: 202

Financial Report

Cost Per Consumer	\$0
Budgeted Amount FY 2019/20: \$ 2225,000	Total Expenditures FY 2019/20: \$0 in MHSA

Changes in FY20/21

Due to the fact that CWS fully funded the CANSs Assessor Initiative this strategy will not be carried into the new MHSA Three-Year Plan.

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: EPSDT Contract Expansion to Serve Foster Children/Youth

Agency Name: Child Haven and Aldea Children & Family Services

Description of Strategy:

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

Budgeted Amount FY 2019/20: **\$300,000**

Total Expenditures FY 2019/20: **\$278,952** in MHSA

Changes in FY20/21

During FY 2020/21 the MHSA funds that had been allocated to these contracts will be 100% allocated to the KAS program. Both EPSDT contracts will continue to be fully funded by realignment.

Name of Program: Katie A. Services (KAS) Program

Agency Name: Seneca Family of Agencies

Description of Program:

The KAS Program provides outpatient mental health services for children and adolescents ages 6-21 (up to 22nd birthday), with targeted population of individuals have identified as the Katie A. sub-class and/or referred by Solano County Child Welfare or SCBH. The program strives to stabilize the placements for the youth served and to build natural support systems.

Program Performance Measures

Unduplicated Individuals Served: 48

Program Indicators	Annual Outcome
Provide outpatient mental health services for an average of 40 unduplicated clients per month and 65 to 75 unduplicated child/youth consumers identified as Katie A. eligible.	A total of 48 unduplicated consumers were served of which 47 continued in 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 38 consumers who have had a follow-up CANS/ANSA administered during this reporting period at the 6-month mark or discharge, 89% (34) 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 47 consumers who received KAS treatment services, 87% (41) 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 47 consumers who received KAS treatment services, 79% (37) 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.	An average of 85% (40) of the consumers received timely CFT meetings.

Financial Report

Cost per person

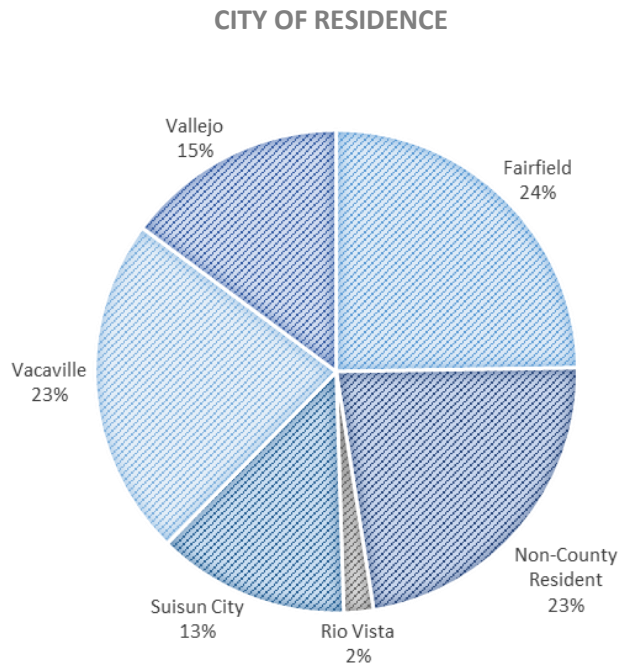
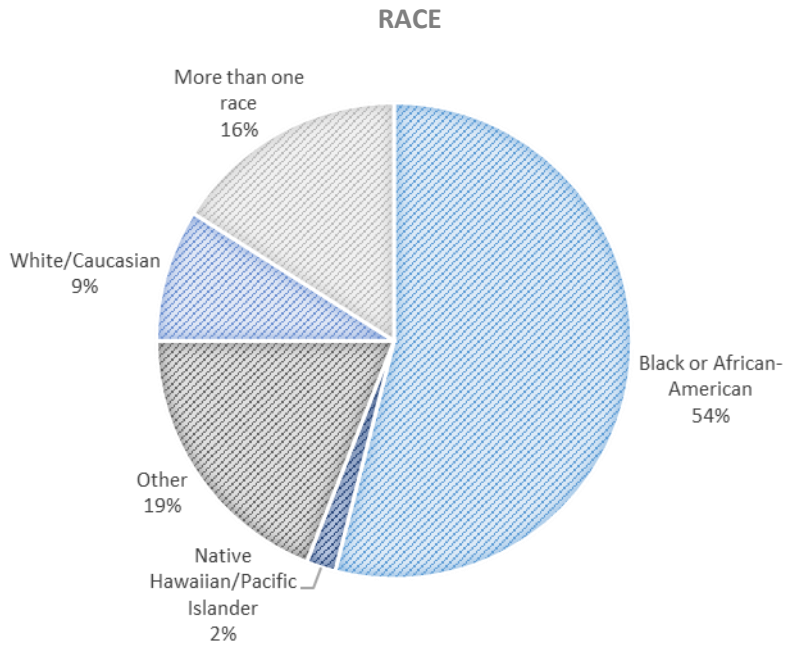
\$11,188 total of which **\$6,458** was MHSA

Contract Amount FY 2019/20: **\$650,000**, of which **\$310,000** was MHSA

Total Expenditures FY 2019/20: **\$525,829** of which **\$331,048** was MHSA

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			48
Age	%	Ethnicity	%
0-15	75%	Caribbean	0%
16-25	25%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	16%
60+	0%	Other Hispanic/Latino	10%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	54%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	19%	Eastern European	2%
Prefer not to answer	0%	European	0%
White/Caucasian	9%	Filipino	0%
More than one race	16%	Japanese	0%
Gender At Birth		Korean	0%
Male	48%	Middle Eastern	0%
Female	52%	Other Non-Hispanic/Latino	67%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	0%
LGBTQ	0%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	83%	Male	48%
All of above	0%	Female	52%
LGBTQ & justice involved	0%	Gender queer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	17%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	NA
Bisexual	2%	6-12 months	
Heterosexual/straight	60%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	33%	Prefer not to answer	
Queer	2%	Do not have MH symptoms	
Questioning/unsure	2%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	0%
Active military	0%	Dixon	0%
Not a veteran or not active military	100%	Fairfield	25%
Primary Language (1st Language)		Non-County Resident	23%
American Sign Language (ASL)	0%	Rio Vista	2%
English	94%	Suisun City	13%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	23%
Spanish	6%	Vallejo	15%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	2%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	2%
English	94%	Other communication disability	0%
Tagalog	0%	Cognitive impairment	0%
Other	0%	Physical/mobility	0%
Spanish	0%	Chronic physical health condition	2%
		No disability	92%
		Other disability	2%
		Prefer not to answer	0%

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

Of the 47 clients enrolled in Katie A. Services, the majority of KAS consumers, 41 (87%) remained in stable housing, while six (13%) consumers had unplanned and negative placement disruptions. Two (2) of these negative placement changes were 7-day Notices by their foster homes. Another three (3) consumers' negative placement changes were being removed from an unsafe foster home or from an unsafe caregiver following CWS reports.

Challenges & Barriers

Due to the COVID-19 pandemic the program had to transition to telehealth platforms to deliver services. This impacted engagement with some consumers in KAS as well as impacted the progress of treatment for some consumers. This program has seen an increase in isolation, depressive symptoms, and for some consumers, a regression and loss of progress gained previously in treatment. In response to this, the program has implemented more check-ins with consumers, offered a variety of options for remote services, and increased family work.

Changes in FY20/21

This program had previously been co-funded by MHSA and Realignment and starting FY 2020/21 the program will be 100% MHSA funded.

COMMUNITY SERVICES & SUPPORTS

Mentally Ill Offender Programming

The following programs/strategies outline how MHSA funding was used to provide support for vulnerable mentally ill consumers who are involved with the criminal justice system as endorsed by community stakeholders during several cycles of the CPP process.

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

Agency Name: Solano County Sheriff's Office and sub-contractor Caminar

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: 112

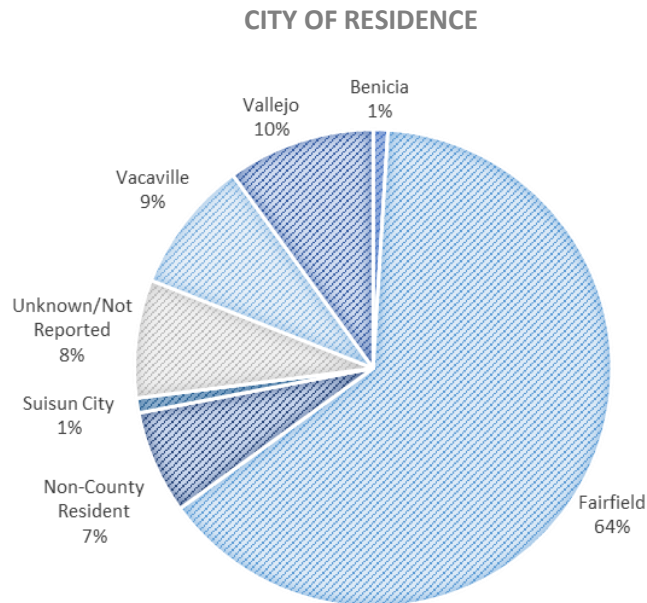
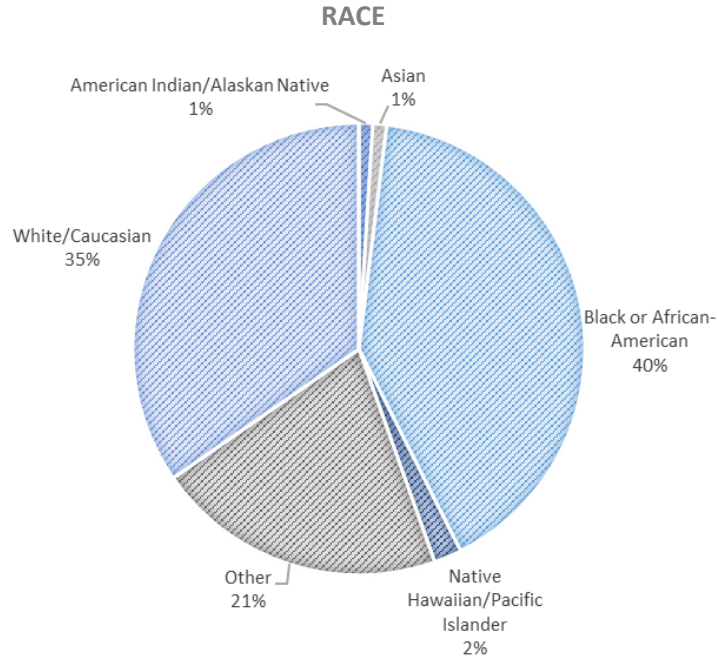
Program Indicators	Annual Outcome
Provide re-entry services for mentally ill offenders released to the community for 6-9 months.	303 referrals received with a total of 112 unduplicated individuals served.
At least 75% of consumers will demonstrate progress as evidenced by reeducation in Brief Symptom Inventory (BSI) score from jail release to re-entry program discharge.	64 consumers completed post measure and of those 30% (19) demonstrated progress.
Provide mental health screening, brief assessment, and case management to 32 consumers as part of the Mental Health Collaborative Court pilot.	3 referrals received, with a total of 100% (3) unduplicated individuals served.
At least of 75% consumers will demonstrate progress as evidenced by reduction in the Brief Symptom Inventory (BSI) score.	1 individual completed post measure, 100% (1) demonstrated progress.

Financial Report

Cost per consumer	\$2,290 Cost per person reflects MHSA funding only
MOU Amount FY2019/20: \$282,915 MHSA funds	Total Expenditures FY 2019/20: \$256,489 MHSA funds

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the MIOCR Re-entry Program:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	#
			112
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	13%	Central American	1%
26-59	81%	Mexican/Mexican-American/Chicano	4%
60+	6%	Other Hispanic/Latino	17%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	<1%	African	40%
Asian	<1%	Asian Indian/South Asian	0%
Black or African-American	41%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	21%	Eastern European	33%
Prefer not to answer	0%	European	0%
White/Caucasian	35%	Filipino	3%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	65%	Middle Eastern	0%
Female	35%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	2%
LGBTQ	0%	More than one ethnicity	0%
Currently involved with adult/juvenile justice	98%	Current Gender Identity	
Foster care youth	0%	Male	62%
All of above	0%	Female	36%
LGBTQ & justice involved	1%	Genderqueer	<1%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	<1%
Not applicable/not identify with all above	1%	Questioning/unsure	0%
Prefer not to answer	0%	Transgender	1%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	NA
Bisexual	0%	6-12 months	
Heterosexual/straight	96%	1-4 years	
Lesbian	0%	5-9 years	
Other	0%	Over 10 years ago	
Prefer not to answer	<1%	Prefer not to answer	
Queer	<4%	Do not have MH symptoms	
Questioning/unsure	0%	Unknown/not reported	
Veteran Status/Military Services		City of Residence	
Veteran	4%	Benicia	1%
Active military	0%	Dixon	0%
Not a veteran or not active military	96%	Fairfield	64%
Primary Language (1st Language)		Non-County Resident	7%
American Sign Language (ASL)	0%	Rio Vista	0%
English	99%	Suisun City	1%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	8%
Prefer not to answer	0%	Vacaville	9%
Spanish	1%	Vallejo	10%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	0%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	0%
English	100%	Other communication disability	0%
Tagalog	0%	Cognitive impairment	0%
Other	0%	Physical/mobility	0%
Spanish	0%	Chronic physical health condition	0%
		No disability	100%
		Other disability	0%
		Prefer not to answer	0%

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- MIOCR had 5 successful graduations from the program which included compliance of both legal and program needs; obtained stable employment and housing, and engaged in substance use and or mental health treatment.
- MIOCR successfully housed 90% of the consumers post release from custody rather than having individuals discharge to the street at time of release.

Challenges & Barriers

The program was not able to meet the deliverable of serving 32 individuals referred by the Mental Health Collaborative Courts, however this was not related to the program but rather due to the Court not making referrals.

Changes in FY20/21

At the request of the Sheriff’s Office (SO) the name of this program is being changed from the MIOCR Re-entry Program to the Jail Release Re-entry Program. This decision was made due to the fact that the SO is no longer receiving or using MIOCR grant funds to support this program. Until such time that the Mental Health Collaborative Court system referral process is solidified the deliverables related to the Collaborative Court are being removed from the contract between the SO and the community-based organization providing the direct services.



Name of Strategy: Jail Liaison

Agency Name: Solano County Behavioral Health

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.	
Unduplicated Individuals Served: 67	
Financial Report	
Cost Per Consumer	\$5,140
Budgeted Amount FY 2019/20: \$ 156,778	Total Expenditures FY 2019/20: \$344,353

Highlights & Achievements

- The Jail Liaison’s role has continued to expand in light of more awareness and identification of people with mental health challenges in the jails. As such, there has been an increase in referrals for 5150 assessments and discharge planning from the jail.
- There were 67 referrals for 5150 assessment resulting in 47 assessments being completed. The other 20 referrals were closely monitored, and symptoms improved without the need for 5150 hold.

Challenges & Barriers

The COVID-19 pandemic significantly impacted the Jail Liaison strategy. In March 2020, the jail reduced its population by nearly 20%. This included many people with significant mental health challenges and unfortunately, the sudden release of these individuals, often with less than 24 hours’ notice, made discharge planning and appropriate linkage to community-based services very challenging. The Jail Liaison in partnership with the new Forensic Triage Team worked to locate these individuals in the community, get them placed in the Crisis Residential Treatment (CRT) program or other appropriate placements, and linked them to appropriate care.

Changes in FY20/21

Starting in FY 2020/21 the Jail Liaison position will be embedded into the new Forensic Triage Team (FTT).

COMMUNITY SERVICES & SUPPORTS

Name of Program: Forensic Triage Team (FTT) (this program had been titled the Triage & Diversion Program in the MHPA Annual Update FY19/20)

Agency Name: Solano County Behavioral Health

Description of Program:

The FTT program, operated by SCBH, was 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, Probation, and local jails. 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. The FTT includes substance use disorder (SUD) staff funded by a Prop 47 grant and other SUD funding sources as well as staff funded by AB 109. The braiding of funding to develop a team specializing in forensics has contributed to integrated and coordinated care for vulnerable mentally ill consumers involved with the criminal justice system.

Unduplicated Individuals Served: 71

Financial Report

Cost Per Consumer

\$9,040

Budgeted Amount FY 2019/20: **\$644,220**

Total Expenditures FY 2019/20: **\$641,851**

Highlights & Achievements

- The program developed a system to streamline the referral process for justice-involved individuals and provided education and outreach to key partners to promote referrals from local jails, public defenders, Probation, the Court, and law enforcement. A total of 79 referrals were received by the court for screening, assessment and triage, and of these 68 were served.
- The FTT developed a system for screening, triaging, engaging and linking Assisted Outpatient Treatment (AOT) also known as Laura’s Law referrals. There were 37 referrals for AOT screening & engagement. This has been an area of particular strength for FTT, with significant efforts to assertively engage individuals in voluntary treatment the team has successfully linked all but 1 eligible referrals to appropriate care without pursuing court action.
- A key qualitative milestone of this program has been the integration of substance use disorder (SUD) staff and mental health (MH) staff into a team that can provide a “one stop shop” for the courts to assess and appropriately link all SUD and MH consumers. This has improved the timeliness of treatment plans, clarity to the Courts and improved service delivery for our system.

Challenges & Barriers

- As with any new program, it has taken time to form, define, and create a program that is responsive to the community’s current needs and also advances the community’s ability to access, utilize, and benefit from the array of services that are provided within our larger system. This is an ongoing focus of FTT, continually assessing our current processes, adjusting procedures, and providing education to partners.
- Solano County Courts have struggled to implement a comprehensive Mental Health Collaborative Court. This has created some inconsistencies in the type of referrals received by FTT and the expectations from the various departments at the Court. FTT has worked with various Court entities to provide education, specific language, and offered suggestions on areas for improvement. FTT will continue to be an active partner with the Courts to offer support in the implementation of a viable Mental Health Court.
- AOT is still in its pilot phase and is relatively new to the Solano Community. As such, there has been some confusion about the role of the County providers and the nature of who is eligible for AOT. FTT has provided education and support to internal and external partners in this regard.

Changes in FY20/21

The Jail Liaison Strategy is being discontinued and this SCBH Clinician position will be embedded into the FTT.

COMMUNITY SERVICES & SUPPORTS

MHSA Housing & Supports

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

Name of Program: Respite Urgent Housing

Agency Name: Bay Area Community Services (BACS)

Description of Program:

The Program provided four beds for urgent respite housing (1-5 nights) for adults with a serious mental illness experiencing an episode of homelessness requiring an urgent placement to allow treatment providers to identify a more permanent housing option. Services include on-site peer supervision, as well as linkage and referral to appropriate services.

Program Performance Measures

Unduplicated Individuals Served: 103

(Services provided from July 1, 2019 - February 28, 2020)

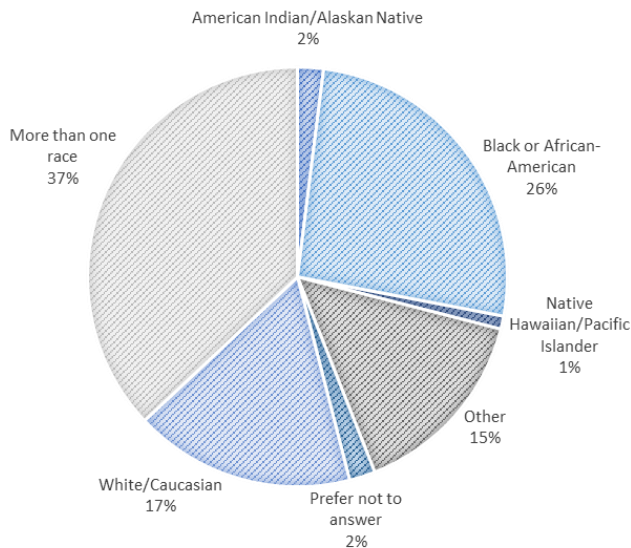
Program Deliverables	Annual Outcome
Serve a minimum of 125 unduplicated consumers with mental health conditions.	103 total unduplicated consumers served
Provide linkage/referral services to a minimum of 50% of consumers who exclusively use the respite program.	100% (103) unduplicated consumers received linkage/referral services.

Financial Report

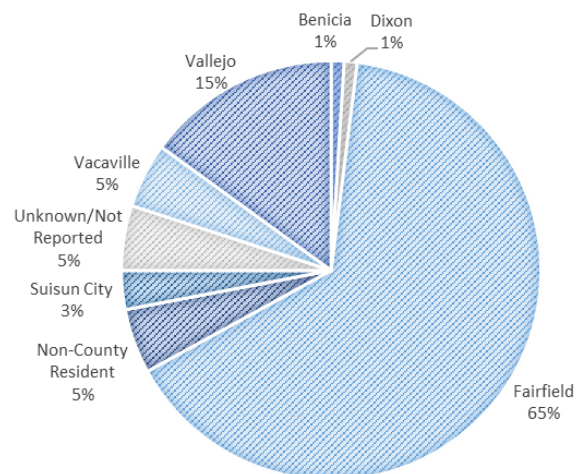
Cost per person	\$2,125
Contract Amount FY 2019/20: \$350,000	Total Expenditures FY 2019/20: \$218,834

The following charts and table provide additional demographic data for the consumers served by the **Respite Urgent Housing Program**:

RACE



CITY OF RESIDENCE



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			#
Age	%	Ethnicity	%
0-15	0%	Caribbean	3%
16-25	6%	Central American	0%
26-59	82%	Mexican/Mexican-American/Chicano	3%
60+	12%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	3%
Race		South American	0%
American Indian/Alaskan Native	2%	African	28%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	26%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	15%	Eastern European	1%
Prefer not to answer	2%	European	12%
White/Caucasian	17%	Filipino	1%
More than one race	37%	Japanese	0%
Gender At Birth		Korean	0%
Male	75%	Middle Eastern	1%
Female	25%	Other Non-Hispanic/Latino	7%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	25%
LGBTQ	5%	More than one ethnicity	10%
Currently involved with adult/juvenile justice	3%	Current Gender Identity	
Foster care youth	0%	Male	73%
All of above	0%	Female	26%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	1%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	86%	Questioning/unsure	0%
Prefer not to answer	6%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	1%	Less than 6 months	32%
Bisexual	2%	6-12 months	15%
Heterosexual/straight	91%	1-4 years	16%
Lesbian	2%	5-9 years	6%
Other	0%	Over 10 years ago	10%
Prefer not to answer	5%	Prefer not to answer	5%
Queer	0%	Do not have MH symptoms	7%
Questioning/unsure	0%	Unknown/not reported	8%
Veteran Status/Military Services		City of Residence	
Veteran	3%	Benicia	1%
Active military	0%	Dixon	1%
Not a veteran or not active military	97%	Fairfield	65%
Primary Language (1st Language)		Non-County Resident	5%
American Sign Language (ASL)	0%	Rio Vista	0%
English	100%	Suisun City	3%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	5%
Prefer not to answer	0%	Vacaville	5%
Spanish	0%	Vallejo	15%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	5%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	2%
English	100%	Other communication disability	1%
Tagalog	0%	Cognitive impairment	2%
Other	0%	Physical/mobility	5%
Spanish	0%	Chronic physical health condition	3%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		No disability	17%
		Other disability	32%
		Prefer not to answer	33%

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The program was able to provide benefits services and employment support services to 60 consumers before their discharge date.
- The program assisted 55 consumers with transportation assistance in partnership with Solano Transportation Authority.
- Provided the affordable housing listing to 35 consumers who were seeking housing.

Challenges & Barriers

- The program was often not able to adhere to the 3 to 5 day respite housing timeframe due to limited case management resources internally and from partnering providers.
- There continues to be limited housing in Solano County making it difficult for the program to find an available bed for consumers discharging from the program. The program at times would receive 10-12 referrals per day for consumers who needed an emergency bed.
- In January of 2020 BACS notified the County that they would no longer be able to provide the Respite Urgent Housing program due to the lack of adequate housing in the community to refer consumers to. The County worked closely with BACS to transition the front house on the property to expand transitional housing beds from 14 beds to 16 beds.

Changes in FY20/21

This program is being discontinued in the new MHSA Three-Year Plan due to identified significant barriers in regards to having adequate beds and housing options in Solano County for a respite urgent housing program that has a length of stay of 1-5 nights. SCBH has determined that this was not a viable program model for our community and instead will repurpose the funds that had been allocated to the respite program to the transitional housing program provided on the same property.

COMMUNITY SERVICES & SUPPORTS

Name of Program: Transitional Housing

Agency Name: Bay Area Community Services (BACS)

Description of Program:

Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2- bedroom house and seven 2-bedroom town houses. Part of the CalHFA agreement is a 20 year MOU between SCBH and the CBO partner to provide transitional housing services for SCBH consumers. The Transitional Housing program provided 14 supportive transitional housing beds for 6-12 months for seriously mentally ill adult consumers who are homeless or at risk of homelessness during FY 2019/20. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.

Program Performance Measures

Unduplicated Individuals Served: 39

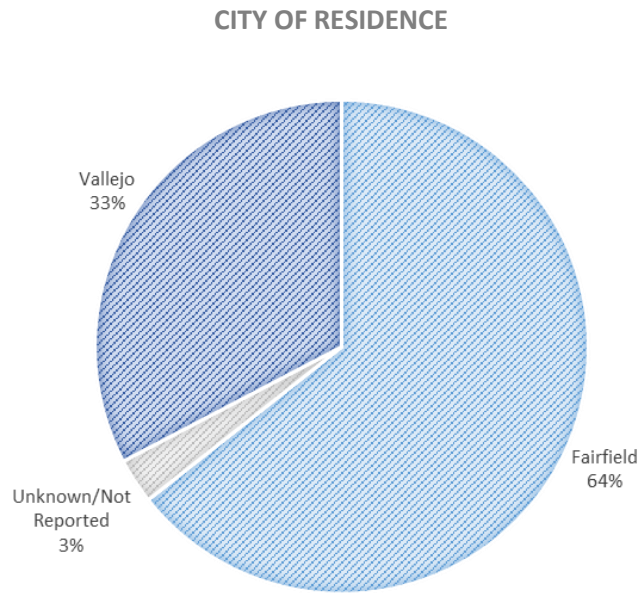
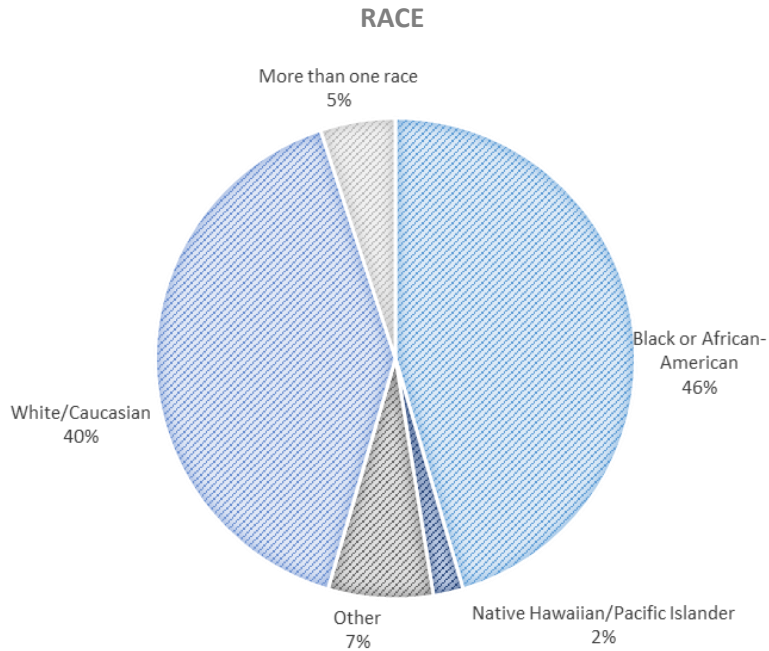
Program Deliverables	Annual Outcome
Maintain a census of 14 beds/slots monthly for eligible consumers for an average of 6-12 months stay (not to exceed 1 year).	A total of 39 unduplicated consumers were served with an average bed occupancy monthly of 11.25 individuals.
75% of consumers discharging from the program will secure permanent housing.	Of the 23 consumers discharged during the reporting period 57% (13) of the consumers served secured permanent housing upon discharge.

Financial Report

Cost per person	\$6,151
Contract Amount FY 2019/20: \$336,475	Total Expenditures FY 2019/20: \$239,896

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the consumers served by the **Transitional Housing Program** provided by BACS:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			39
Age	%	Ethnicity	%
0-15	0%	Caribbean	2%
16-25	0%	Central American	0%
26-59	88%	Mexican/Mexican-American/Chicano	7%
60+	13%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	41%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	45%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	7%	Eastern European	0%
Prefer not to answer	0%	European	34%
White/Caucasian	40%	Filipino	2%
More than one race	5%	Japanese	2%
Gender At Birth		Korean	0%
Male	58%	Middle Eastern	0%
Female	43%	Other Non-Hispanic/Latino	2%
Prefer not to answer	0%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	5%
LGBTQ	3%	More than one ethnicity	2%
Currently involved with adult/juvenile justice	0%	Current Gender Identity	
Foster care youth	0%	Male	58%
All of above	0%	Female	43%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	0%
Justice involved & foster care youth	0%	Prefer not to answer	0%
Not applicable/not identify with all above	93%	Questioning/unsure	0%
Prefer not to answer	5%	Transgender	0%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	3%	Less than 6 months	18%
Bisexual	0%	6-12 months	13%
Heterosexual/straight	95%	1-4 years	40%
Lesbian	0%	5-9 years	0%
Other	0%	Over 10 years ago	10%
Prefer not to answer	3%	Prefer not to answer	3%
Queer	0%	Do not have MH symptoms	15%
Questioning/unsure	0%	Unknown/not reported	3%
Veteran Status/Military Services		City of Residence	
Veteran	5%	Benicia	0%
Active military	0%	Dixon	0%
Not a veteran or not active military	95%	Fairfield	65%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	0%
English	100%	Suisun City	0%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	3%
Prefer not to answer	0%	Vacaville	0%
Spanish	0%	Vallejo	33%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	2%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	9%
English	100%	Other communication disability	0%
Tagalog	0%	Cognitive impairment	0%
Other	0%	Physical/mobility	7%
Spanish	0%	Chronic physical health condition	4%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		No disability	18%
		Other disability	58%
		Prefer not to answer	2%

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The program was able to successfully place 12 consumers in permanent housing and of those 2 obtained a housing voucher (after being placed) and now have transitioned into their own apartments.
- Four of the consumers served have gained employment and remain employed.
- Three consumers obtained their SSI benefits with the assistance of the transitional housing program and their partnering program, Whole Person Care (WPC).

Challenges & Barriers

- There were misunderstanding around the program's referral process, program policies, and the Housing Coordinator's role among community partners. SCBH and agency leadership worked collaborative to clarify the referral process and the program's expectations for consumers and their treatment providers.
- In response to the COVID-19 pandemic the agency's safety team had to put measures in place regarding people visiting residents. SCBH worked with the program to ensure that essential behavioral health and in-home support workers were able to provide face-to-face services when necessary.

Changes in FY20/21

Due to the closure of the Respite Urgent Housing program that had been operating out of the small 2-bedroom home on the property the program has expanded from 14 transitional housing beds to 16 beds.

COMMUNITY SERVICES & SUPPORTS

New Program—Name of Program: Bridge Transitional Housing

Agency Name: Caminar, Inc.

Description of Program

The program, operated by a CBO, expands transitional housing by an additional 12 beds for Solano County. The CBO partner owns the property which was previously used as a crisis residential treatment (CRT) facility. SCBH began to fund the program in May of 2020 in order to cover start-up costs. The program will provide supportive transitional housing for 30-90 days for seriously mentally ill adult consumers who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing. Services will start in FY 2020/21.

Unduplicated Individuals Served: N/A

Financial Report

Cost Per Consumer:

N/A

Budgeted Amount FY 2019/20: **\$111,300**

Total Expenditures FY 2019/20: **\$44,218**

Name of Program: Shelter Solano

Agency Name: SHELTER, Inc.

Description of Program:

Shelter Inc., a CBO contracted by the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for Solano County seriously mentally ill adult consumers who are homeless or at risk of homelessness. MHSA funds 15 beds. Services includes case management, tenant education and/or financial assistance, and support to transition to permanent housing.

Program Performance Measures

Unduplicated Individuals Served: 64

Program Deliverables

Annual Outcome

Serve at least 60 eligible participants for the contract period.

64 unduplicated consumers were served representing 70 admissions, therefore 6 consumers had a second admission to the program during this reporting period.

Serve an average daily census of up to 15-16 consumers per day (between 20 and up to 35 eligible consumers in this fiscal year). Length of stay: 6- 9 months (max).

An average of 16 consumers were served daily.

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.

Of the 60 discharges 23% (14) consumers were discharged to permanent housing. Ten (10) of the successful discharges had a length of stay (LOS) more than 30 days and 4 of the successful discharges had an LOS of less than 30 days.

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.

92% (59) participants engaged in case management.

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.

Of the 9 consumers who had reached the 6 month post discharge mark during this reporting period 56% (5) responded to contact efforts and had maintained housing. Zero (0) consumers discharged had reached the 12 month post discharge mark.

Financial Report

Cost per person

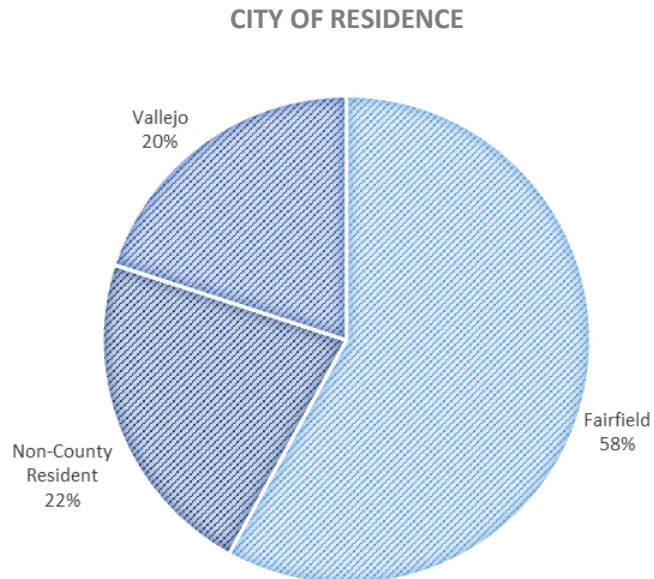
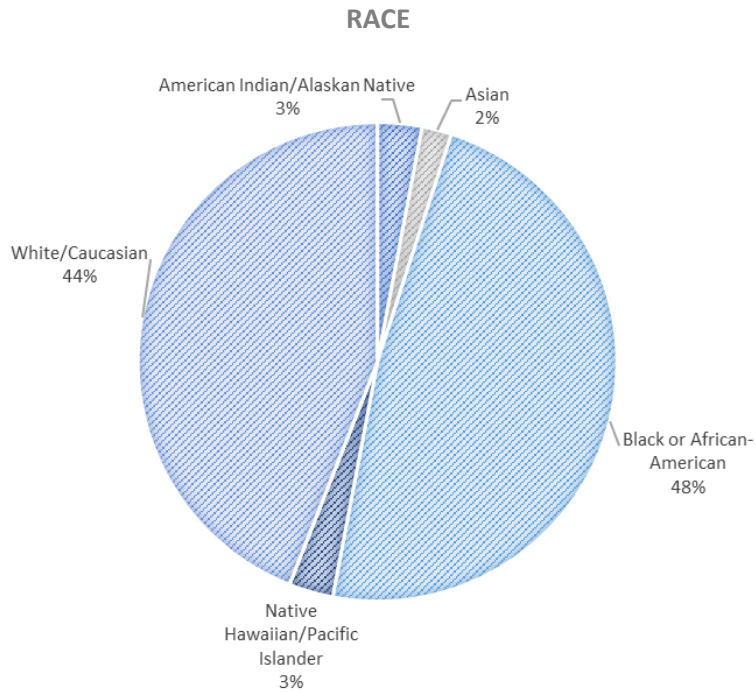
\$6,483

Contract Amount FY 2019/20: **\$500,000**

Total Expenditures FY 2019/20: **\$414,907**

COMMUNITY SERVICES & SUPPORTS

The following charts and table provide additional demographic data for the individuals served by the Shelter Solano Program:



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:		
			64	
Age	%	Ethnicity	%	
0-15	0%	Caribbean	0%	
16-25	16%	Central American	0%	
26-59	72%	Mexican/Mexican-American/Chicano	0%	
60+	13%	Other Hispanic/Latino	16%	
Prefer not to answer	0%	Puerto Rican	0%	
Race		South American	0%	
American Indian/Alaskan Native	3%	African	0%	
Asian	2%	Asian Indian/South Asian	0%	
Black or African-American	48%	Cambodian	0%	
Native Hawaiian/Pacific Islander	3%	Chinese	0%	
Other	0%	Eastern European	0%	
Prefer not to answer	0%	European	0%	
White/Caucasian	44%	Filipino	0%	
More than one race	0%	Japanese	0%	
Gender At Birth		Korean	0%	
Male	55%	Middle Eastern	0%	
Female	45%	Other Non-Hispanic/Latino	84%	
Prefer not to answer	0%	Vietnamese	0%	
Identify with any of these groups?		Prefer not to answer	0%	
LGBTQ	No data reported	More than one ethnicity	0%	
Currently involved with adult/juvenile justice			Current Gender Identity	
Foster care youth			Male	0%
All of above			Female	100%
LGBTQ & justice involved			Genderqueer	0%
LGBTQ & foster care youth			Other	0%
Justice involved & foster care youth			Prefer not to answer	0%
Not applicable/not identify with all above		Questioning/unsure	0%	
Prefer not to answer		Transgender	0%	
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)		
Gay	2%	Less than 6 months	No data reported	
Bisexual	0%	6-12 months		
Heterosexual/straight	89%	1-4 years		
Lesbian	0%	5-9 years		
Other	0%	Over 10 years ago		
Prefer not to answer	9%	Prefer not to answer		
Queer	0%	Do not have MH symptoms		
Questioning/unsure	0%	Unknown/not reported		
Veteran Status/Military Services		City of Residence		
Veteran	3%	Benicia	0%	
Active military	0%	Dixon	0%	
Not a veteran or not active military	97%	Fairfield	58%	
Primary Language (1st Language)		Non-County Resident	22%	
American Sign Language (ASL)	0%	Rio Vista	0%	
English	95%	Suisun City	0%	
Ilocano	0%	Unincorporated	0%	
Other	0%	Unknown/Not Reported	0%	
Prefer not to answer	3%	Vacaville	0%	
Spanish	2%	Vallejo	20%	
Tagalog	0%	Disability		
Preferred Language (Used Daily)		Difficulty seeing	0%	
American Sign Language (ASL)	No data reported	Difficulty hearing/having speech understood	0%	
English			Other communication disability	0%
Tagalog			Cognitive impairment	0%
Other			Physical/mobility	0%
Spanish			Chronic physical health condition	0%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		No disability	11%	
		Other disability	89%	
		Prefer not to answer	0%	

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The program operates within a person centered, strengths based, trauma-informed social model of care and is anchored in the Housing First model which focuses on meeting basic needs (shelter, food and safety) then after gaining an initial sense of stability, the programs supports consumers to focus on sobriety, health and wellness, employment and housing.
- In February 2020, after initial reports of the COVID-19 pandemic, SHELTER, Inc. transitioned case management support to a telehealth platform.
- In order to assist program participants and help to educate them concerning their medications, dosages, storage and other concerns around medication, the agency has implemented a Care Coordinator and are currently in the process of creating an onsite Wellness Center, which allow agencies (TOURO University, Sonoma State Nurses, SCBH and other healthcare related partners) to meet with participants on campus.
- Most recently, SHELTER Inc. and Touro University partnered to further close the gap in healthcare by working together to establish an onsite, student led clinic to campus, to be located in the Wellness Center. The program will be overseen by the Touro School of Nursing program and will provide the hands on care needed to help reduce the need for reoccurring visits to local emergency departments.

Challenges & Barriers

The most significant barrier the program faced was the COVID-19 pandemic. Safety measures were put in place per state and CDC guidelines regarding congregant living. In March, the agency made the decision to close the campus, only permitting residents and site based shelter staff. This prevented external behavioral health providers from accessing consumers on campus as well as the agency's case management team. Telehealth options were leveraged to address this barrier.

Changes in FY20/21

No changes.

COMMUNITY SERVICES & SUPPORTS

Name of Program: Supported Housing

Agency Name: Caminar, Inc.

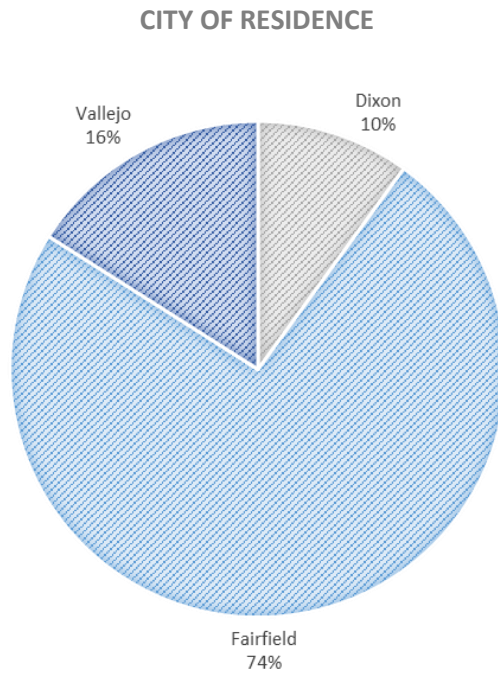
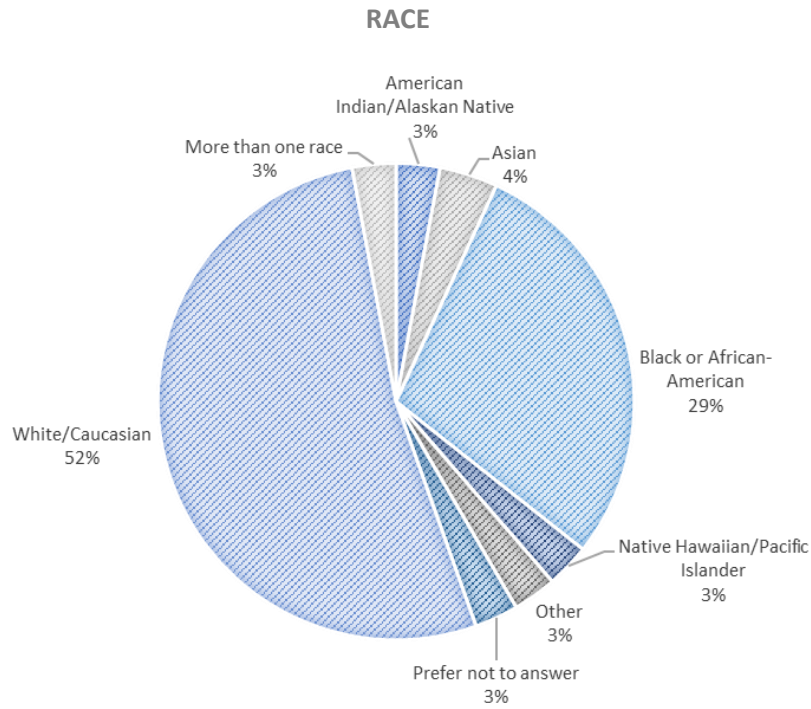
Description of Program:

In FY 2011/12 SCBH leveraged California Housing Finance Agency (CalHFA) funds to help fund several permanent housing projects to serve adults who are seriously mentally ill, and children with severe emotional disorders and their families. The program provides housing services for adults who are seriously mentally ill, and children with severe emotional disorders and their families who are homeless or at risk of becoming homeless. The program provides services and support 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. Program staff provide case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 60 days and provide housing case management to secure permanent housing upon discharge.

Program Performance Measures	
Unduplicated Individuals Served: 68	
Program Indicators	Annual Outcome
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 68 unduplicated individuals were housed in permanent housing: <ul style="list-style-type: none"> Scattered Sites: 46 individuals Signature: 15 individuals Heritage: 7 individuals
Provide transitional housing services for up to 90 days for 15 to 20 individuals.	18 unduplicated individuals received transitional housing.
<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 56 individuals who completed the annual measure during the reporting period, 79% (44) of individuals maintained or improved their score in functioning
<u>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 16 individuals who discharged from transitional housing, 100% (16) of individuals had initiated and/or obtained benefits. Of the 16 individuals who discharged from transitional housing, 63% (10) successfully moved to stable housing.
Financial Report	
Cost per person	\$8,165
Contract Amount FY 2019/20: \$571,017	Total Expenditures FY 2019/20: \$555,211

COMMUNITY SERVICES & SUPPORTS

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



COMMUNITY SERVICES & SUPPORTS

Demographics		Total Individuals Demo Collected:	
			#
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	0%	Central American	1%
26-59	69%	Mexican/Mexican-American/Chicano	6%
60+	28%	Other Hispanic/Latino	4%
Prefer not to answer	3%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	3%	African	18%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	0%
Other	3%	Eastern European	6%
Prefer not to answer	3%	European	21%
White/Caucasian	53%	Filipino	6%
More than one race	3%	Japanese	0%
Gender At Birth		Korean	0%
Male	38%	Middle Eastern	0%
Female	60%	Other Non-Hispanic/Latino	28%
Prefer not to answer	1%	Vietnamese	0%
Identify with any of these groups?		Prefer not to answer	6%
LGBTQ	3%	More than one ethnicity	1%
Currently involved with adult/juvenile justice	2%	Current Gender Identity	
Foster care youth	2%	Male	37%
All of above	0%	Female	59%
LGBTQ & justice involved	0%	Genderqueer	0%
LGBTQ & foster care youth	0%	Other	1%
Justice involved & foster care youth	0%	Prefer not to answer	1%
Not applicable/not identify with all above	86%	Questioning/unsure	0%
Prefer not to answer	7%	Transgender	1%
Sexual Orientation		Mental Health Symptoms Onset (PEI Services Only)	
Gay	0%	Less than 6 months	
Bisexual	0%	6-12 months	
Heterosexual/straight	85%	1-4 years	
Lesbian	3%	5-9 years	
Other	4%	Over 10 years ago	
Prefer not to answer	7%	Prefer not to answer	
Queer	0%	Do not have MH symptoms	
Questioning/unsure	0%	Unknown/not reported	NA
Veteran Status/Military Services		City of Residence	
Veteran	4%	Benicia	0%
Active military	0%	Dixon	10%
Not a veteran or not active military	96%	Fairfield	74%
Primary Language (1st Language)		Non-County Resident	0%
American Sign Language (ASL)	0%	Rio Vista	0%
English	99%	Suisun City	0%
Ilocano	0%	Unincorporated	0%
Other	1%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	0%
Spanish	0%	Vallejo	16%
Tagalog	0%	Disability	
Preferred Language (Used Daily)		Difficulty seeing	9%
American Sign Language (ASL)	0%	Difficulty hearing/having speech understood	2%
English	99%	Other communication disability	4%
Tagalog	0%	Cognitive impairment	5%
Other	1%	Physical/mobility	9%
Spanish	0%	Chronic physical health condition	14%
		No disability	32%
		Other disability	23%
		Prefer not to answer	2%

Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.

COMMUNITY SERVICES & SUPPORTS

Highlights & Achievements

- The program was able to meet or exceed all but one of their contract deliverables. Caminar successfully supported 68 individuals in obtaining or maintaining permanent housing. 18 individuals were housed in transitional housing with 63% of those exiting to permanent housing.
- The program continued to work to maintain positive working relationships with the property managers at the various properties which allows them to intervene more easily when there is an issue for one of the consumer tenants.

Challenges & Barriers

- The programs primary challenge continues to be the lack of affordable housing available in the Solano community as a next step for those exiting transitional housing. As a result of this
- The average length of stay for transitional housing was 67.6 days due to a lack of housing available in the community.

Changes in FY20/21

Starting in the new FY the transitional housing beds will be extended to a maximum length of stay up to 90 days due to the challenges with securing stable housing as a result of housing unit shortages in Solano County and the greater Bay Area.



Name of Strategy: Augmented Board & Care (ABC) Step-downs

Agency Name: Solano County Behavioral Health

Description of Strategy:

SCBH leverages MHSAs housing support funding to support seriously mentally ill consumers who had been living in locked facilities called Mental Health Rehab Centers (formally called Institutions of Mental Disease) to step down to lower level ABC facilities to assist them in integrating back into the community.

Unduplicated Individuals Served: 19

Financial Report

Cost Per Consumer

\$13,684

Budgeted Amount FY 2019/20: **\$250,000**

Total Expenditures FY 2019/20: **\$260,000**

COMMUNITY SERVICES & SUPPORTS

Outreach & Engagement

The following Outreach and Engagement initiatives are primarily focused on increasing access to the Solano County underserved marginalized 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.

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

Agency Name: Solano County Behavioral Health

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 7 workshops with a total of 42 participants.
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the Latino community.	Participated in 7 outreach activities/events with 544 participants.
Provide brief case management services to aid Latino residents in linking to necessary mental health services.	Contacted a total of 18 unduplicated individuals who were in need of mental health services. Of those contacted, 61% (11) 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.	26 direct calls to the Access Line were received as a result of HOLA.
Number of Participants Reached: 604	
Financial Report	
Cost per person	\$57
Budgeted Amount FY 2019/20: \$78,389	Total Expenditures FY 2019/20: \$34,172

Highlights & Achievements

- During this reporting period the HOLA Coordinator partnered closely with Public Health and the SCBH social media group to raise awareness about COVID-19 and safety precautions which included videos in Spanish.
- The HOLA Coordinator recruited other SCBH Spanish-speaking staff to assist in creating short videos that were posted on social media accounts to combat stigma and raise awareness about behavioral health services available for the Latino community.

Challenges & Barriers

- Due to the COVID-19 pandemic outreaches through the schools were significantly impacted.
- The provision of presentations and trainings via video platforms was a barrier for the Latino community. As such the social media platform was leveraged to reach the community.

Changes in FY20/21

No changes.

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: KAAGAPAY: Filipino Outreach Coordinator

Agency Name: Solano County Behavioral Health

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 in an effort to reduce stigma and increase access to mental health services for the Filipino community.	Total of 9 outreach activities provided. (1 presentation, 11 individual outreach contacts, and 3 community outreach events) with 74 participants.
Provide brief case management services to aid Filipino residents in linking to necessary mental health services.	Contacted a total of 8 unduplicated individuals who were in need of mental health services. Of those contacted, 63% (5) of individuals received screening, case management and/or linkage services with the following results: <ul style="list-style-type: none"> • 3 referrals were made to private insurance • 5 people were successfully linked to other resources
As a direct result of program outreach, contacts will be received by the County Access line and/or KAAGAPAY Outreach Coordinator.	3 direct calls to the Access Line were received as a result of KAAGAPAY and callers were supported by a Tagalog-speaking Access Line Clinician.
Number of Participants Reached: 82	
Financial Report	
Cost per person	\$570
Budgeted Amount FY 2019/20: \$78,389	Total Expenditures FY 2019/20: \$46,708

Highlights & Achievements

The KAAGAPAY Outreach Coordinator was able to record a training specific to working with the Filipino community that will be made available to SCBH and contract providers.

Challenges & Barriers

The KAAGAPAY Outreach Coordinator left the County in October of 2019 and the position has been vacant since then. This half-time Tagalog-speaking Clinician position was challenging to recruit for and fill. As such, SCBH is working to identify an internal candidate to take on this role.

Changes in FY20/21

Starting in FY 2020/21 this strategy will be renamed “KAAGAPAY: Asian/Pacific Islander Outreach Coordinator” to expand outreach to other Asian American communities in Solano County.

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: Accessible Resources for the Community’s Homeless (ARCH): Homeless Outreach

Agency Name: Solano County Behavioral Health

Description of Strategy:

The ARCH Strategy is staffed by a full-time Clinician who fulfills the role of Homeless Outreach Coordinator tasked with increasing awareness regarding mental health services available specifically for the transition aged youth (TAY) homeless population in Solano County. The primary goal is link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH Outreach Coordinator educates the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/Youth (CSEC). This position is co-funded by Child Welfare Services (CWS) in order for the Clinician to serve foster youth who are identified as homeless and at risk for CSEC. The Clinician works closely with local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness.

Performance Measures	
Strategy Indicators	Annual Outcome
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the homeless population.	Total of 18 outreach activities occurred: 2 presentations and 16 community events with 1,212 participants.
Provide brief case management and linkage services to referred homeless youth.	Total of 42 unduplicated individuals were contacted, and of those 33 unduplicated individuals received a screening, 28 received brief case management and/or linkage services with the following results: <ul style="list-style-type: none"> • 3 successfully enrolled as new consumers • 3 were re-enrolled/re-connected to mental health services • 10 successfully linked to resources or services to address basic needs
Number of Participants Reached: 1,254	
Financial Report	
Cost per person	\$62
Budgeted Amount FY 2019/20: \$156,778	Total Expenditures FY 2019/20: \$78,286 in MHSA funds

*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.

Highlights & Achievements

The ARCH Coordinator collaborates closely with partners such CWS, Probation, local schools, behavioral health providers, etc. Additionally, the ARCH Coordinator participates in several internal and external meetings focused on supporting the homeless and TAY populations.

Challenges & Barriers

- There was a service gap from October to December 2019 due to a staff vacancy and recruitment period. The new ARCH Coordinator was onboarded in January 2020. She was a former CWS Supervisor therefore she already had relationships with many of the partners who this position works closely with.
- Due to the COVID-19 pandemic outreaches through the schools were significantly impacted. Schools are the primary referral source for the ARCH Coordinator. In spite of school closures, the ARCH Coordinator reached out to school districts and school sites to ensure they were aware of the services and supports available.

Changes in FY20/21

No changes.

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 MHSA value of wellness and recovery. In addition to providing trainings for behavioral health providers, SCBH funds training for key stakeholder partners, provides stipends for interns, and retention stipends for psychiatry providers.

Name of Strategy: Workforce and Community Training & Technical Assistance

Name of Agency: California Institute for Behavioral Health Solutions (CIBHS)

Description of Strategy:

Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public mental health workforce and key community partners by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. CIBHS works collaboratively with SCBH to identify trainers, organize trainings and proctor trainings.	
Strategy Performance Measures	
Strategy Indicators	Annual Outcome
Provide trainings for the Solano County Behavioral Health system of care.	<p>“Assertive Community Treatment (ACT)” Booster Training an evidence-based model – provided for 198 participants.</p> <p>Play Therapy “Taming the Beast: Using Play Therapy to Treat Childhood Anxiety and Depression” – provided for 45 Children’s System of Care providers.</p> <p>“Transitions to Independence (TIP) Model Training” an evidence-based model provided – provided for 40 participants.</p> <p>Harm Reduction “Integrating Harm Reduction into Client Services” – provided for 52 participants.</p> <p>Motivational Interviewing – cancelled due to COVID-19.</p> <p>Tim Derby “Redefining Psychosis” 2 day training provided – provided for 49 participants.</p> <p>Suicide Prevention: “I Don’t know What to Say: Learning the Language of Mental Health” – provided for 83 participants.</p>
Provide the 8-hour Crisis Intervention Team (CIT) Intro Training for law enforcement officers in Solano County.	CIBHS provided one (1) CIT 8-hour training – provided for 10 local peace officers.
Financial Report	
Budgeted Amount FY 2019/20: \$168,039	Total Expenditures FY 2019/20: \$83,630

WORKFORCE EDUCATION & TRAINING

Below are brief descriptions of the trainings that SCBH funded in FY 2019/20 as well as plans for trainings to be provided during FY 2020/21.

Assertive Community Treatment (ACT) Training

In FY 2018/19 the initial 3-day ACT Training was provided for local adult FSP program providers as well as providers and leadership from ten (10) other Bay Area counties. The SCBH and Caminar adult FSP programs continue to implement the ACT model. During FY 2019/20 the ACT trainer provided three half day booster trainings. Due to COVID-19, the booster trainings were done using the virtual platform. In FY 2020/21, consultation calls and coaching webinars will be made available to the local FSP programs. Additionally 3-day training on ACT Fidelity Evaluation will be funded.

Play Therapy Training

Taming the Beast: Using Play Therapy to Treat Childhood Anxiety and Depression training was offered to our children's clinical staff to equip our specialists, clinicians and supervisors with additional tools to assist children/youth receiving services. The workshop participants were provided with an understanding of anxiety and depression through the lens of neurobiological development and multiple play therapy interventions to use with consumers that suffer with anxiety and/or depression. A Family Play therapy training scheduled for the spring was canceled due to the COVID-19 pandemic. SCBH requested that the trainer develop a telehealth play therapy training curriculum which will be delivered in FY 2020/21.

Transition to Independence Process (TIP) Training

TIP is a best-practice model that is focused on preparing and supporting youth and young adults in their movement into employment, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning. During FY 2019/20 TIP Part 1, a 3-day training was provided for all the youth FSP programs serving youth ages 14-25. Part II of the TIP training was scheduled for spring of 2020, however this training was cancelled due to the COVID-19 pandemic. Part II and Part III of the TIP training will be provided virtually during FY 2020/21. Additionally, during FY 2020/21 four providers—two from SCBH and two from a CBO partner—will participate in the TIP train-the-trainer training to better facilitate training future FSP providers in an effort to sustain the TIP model long-term.

Harm Reduction

The Harm Reduction workshop provided didactic and experiential information and skills building for mental health clinicians including content: the history and principles of Harm Reduction; clinical practices; neurobiology of drugs and mental disorders; substance use management for actively using consumers. A Harm Reduction Groups workshop was originally scheduled to take place in May, however due to COVID-19, the workshop was cancelled and moved to fall of FY 2020/21 via a virtual platform.

Motivational Interviewing

Motivational Interviewing is an evidence-based practice basic counseling technique that is compassionate, consumer-centered and culturally responsive to treat consumers who have a co-occurring substance use disorder. The workshop is intended to introduce the use of Motivational Interviewing techniques to help providers counselors to explore consumers' ambivalence and build awareness regarding their relationship to alcohol and other drugs. The Motivational Interviewing training scheduled for April was cancelled due to COVID-19 and was moved to fall of FY 2020/21 via a virtual platform.

Redefining Psychosis

The Redefining Psychosis training was two-part virtual training provided by a trainer who has both lived experience and also is a clinician himself. The training provided interventions and solution strategies for providers which can be used at any stage of a person's recovery to explore what is happening or what has been experienced. The training redefined what is happening during a person's journey through mental illness in a structured way that justifies intervention and highlights solutions.

WORKFORCE EDUCATION & TRAINING

Suicide Prevention

The suicide prevention “I Don’t Know What to Say: Learning the Language of Mental Health” workshop was held virtually in May. The trainer is a survivor of a suicide attempt and was uniquely qualified to facilitate this workshop. The workshop was sponsored by the Solano County Suicide Prevention Committee to raise awareness for May is Mental Health Month.

Crisis Intervention Team (CIT) Training

SCBH has funded the CIT training for law enforcement for the last seven years. The training has ranged from 24-hours to the current 8-hour CIT Intro training developed at the request of local law enforcement departments in order to ensure that each peace officer can receive an overview of CIT to better serve the community as well as to meet a mandate for crisis intervention training required every two years. Several sessions of CIT training were scheduled for the spring, however had to be canceled due to the COVID-19 pandemic.

More recently, law enforcement partners have expressed a desire to have their identified crisis teams receive deeper training on responding to community members who are experiencing an acute mental health crisis. Currently SCBH is working with the Fairfield Police Department, the Sheriff’s Office, and NAMI Solano to develop a 40-hour CIT curriculum using the Memphis CIT model as a framework but expanding the training to include the 3-hour safeTALK suicide prevention training and a session specific to culturally responsive practices. This 40-hour CIT training will be made available to local law enforcement departments during FY 2020/21 provided in-person trainings can be held with COVID-19 safety measures in place. SCBH hopes to expand the CIT training to local fire departments and medic partners.

Updates from Trainings Provided the Previous Year

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. During FY 2018/19 the Peer-to-Peer (P2P) training was provided to staff from all classifications, who had volunteered or were nominated by peers, to help support system team members who experience vicarious trauma working in the behavioral health field. During FY 2019/20 policies and processes were developed. A P2P Booster training will be held in FY 2020/21.

Name of Strategy: Residency & Internships—County in partnership with Contractor

Description of Strategy:

Annually SCBH provides stipends for Master’s level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a CBO	
# of Providers Provided Stipend: 2	
Financial Report	
Budgeted Amount FY 2019/20: \$50,000	Total Expenditures FY 2019/20: \$4,246

Name of Strategy: Financial Incentives—County

Description of Strategy:

Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service.	
# of Providers Provided Stipend: 4	
Financial Report	
Budget for FY 2019/20: \$50,000	Total Expenditures FY 2019/20: \$45,000

CAPITAL FACILITIES & TECHNOLOGY NEEDS

Capital Facilities & Technological Needs (CF/TN) funds are earmarked for the development or improvements for the delivery of MHSA services and to improve the technological infrastructure for the mental health system such as electronic health record implementation.

In FY 2019/20 there were no Capital Facilities and Technological Needs projects funded by MHSA.

INNOVATION

Innovation (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 underserved marginalized groups: to improve the quality of services: demonstrate better outcomes: and to promote interagency collaboration. Currently SCBH has two INN projects running concurrently which are described in the pages to follow.

Name of Project: Early Psychosis Learning Health Care Network (EP LHCN)—Contractor and Multi-Counties

Description of Project:

The Early Psychosis Learning Health Care Network (EP LHCN) is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties including Solano, San Diego, LA, Orange, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, 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 U.S. **This project is due to end December 31, 2023.**

Project Indicators

Long term goals for the project include the following:

- Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment
- Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes
- Improve consumer outcomes
- Decrease per capita costs
- Share best practices and models of care for EP programs

Funding

Budget for FY 2019/20: UCD BHCE contract **\$26,380** and Aldea contract **\$17,190**

Total Expenditures FY 2019/20: UCD BHCE contract **\$30,483** and Aldea contract **\$589**

Cost per person: N/A this is a system improvement project and not a direct service project

During FY 2019/20 the following project objectives were met:

- Completion and approval of the Institutional Review Board (IRB)
- Selection of a company to develop the EL LHCN platform application
- Recruitment and initiation of an Advisory Committee
- Held focus groups with consumers, family members and providers to start designing the screening tool.
- Identification and prioritization of outcomes to track

For a more thorough report of the progress made regarding the EP LHCN Innovation Project during FY 2019/20 please use click [here](#), or visit www.solanocounty.com/depts/bh/mhsa/innovation.

INNOVATION

Name of Project: Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)— Contractor

Description of Project:

The ICCTM Project, delivered in partnership with UC Davis Center for Reducing Health Disparities, three CBOs Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community. The Project aims to increase culturally competent and appropriate services for County-specific underserved populations with low mental health service utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The project is anchored in the national Culturally and Linguistically Appropriate Service (CLAS) Standards, community engagement practices, and the Quadruple Aim framework. The project included the creation of a region-specific curriculum based on the CLAS standards and the local community’s perspective on culturally responsive practices that should be integrated into the current local mental health system to increase access for the three priority populations. Three (3) training cohorts have been completed and the training participants developed ten (10) quality improvement (QI) action plans that SCBH began to implement during FY 2018/19. In addition to the 10 plans developed by training participants, each of the three CBOs created their own action plan and the three CBOs then partnered on a collaborative plan. All of the QI action plans are focused on community engagement, workforce development and training. **This project will end in June of 2021.**

Project Indicators

Long term goals for the project include the following:

- Reduce shame and stigma related to accessing mental health services.
- Increase mental health service timely access, utilization and retention rates for the Latino, Filipino, and LGBTQ+ communities in Solano County.
- Develop a culturally responsive and diverse workforce.

Quadruple Aim Goals:

- Improve consumer outcomes
- Improve consumer satisfaction
- Decrease per capita costs
- Improve provider satisfaction

Funding

Budget for FY 2019/20: UCD CRHD contract **\$1,354,280**

Total Expenditures for FY 2019/20: UCD CRHD contract **\$1,051,520**

Cost per Person: **N/A** this is a system improvement project and not a direct service project

The table on the pages to follow summarize the QI action plans developed through the ICCTM. The plans highlighted in gray are the four plans developed by the three CBO partners Rio Vista CARE, Solano Pride Center and Fighting Back Partnership.

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Mental Health Education	Standard 1 Standard 3 Standard 4 Standard 13	<p>This QI action plan aims to train faith leaders on mental health promotion to help support mental health of their congregants from diverse backgrounds (3); highlights ways to bridge culture and mental health (4); and aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13).</p> <p>Funding Needs: Training for Trainers (T4T) trainings for the following curriculums: Applied Suicide Intervention Skills Training (ASIST) safeTALK, and Mental Health First Aid (MHFA)</p> <p>Status of Plan: SCBH began the process of contracting with the developers of the curriculums listed above with a plan to provide training for trainers (T4T) trainings in Spring of 2020, however these plans were put on hold due to the COVID-19 pandemic. SCBH hopes to implement these trainings in spring of 2020 provided the developers allow for virtual trainings.</p>
TRUECare Promoter: Roadmap	Standard 1 Standard 6 Standard 8 Standard 13	<p>This QI action plan component will provide information for consumers about the availability of services in their preferred language (6); by creating a resource Roadmap which will utilize easy-to-understand print and signage in Spanish, Tagalog and English as well as developing a web-based version of the Roadmap (8).</p> <p>Funding Needs: Graphic designer to design print and signage materials and support development of web-based version. Printing of materials.</p> <p>Status of Plan: The paper versions of the TRUEcare Maps have been created in English, Spanish and Tagalog and the web-based versions are being tested. See page 174 to view the English version of the TRUEcare Map.</p>
TRUECare Promoter: Navigator	Standard 1 Standard 3 Standard 4 Standard 5	<p>This QI action plan's Navigator component aimed to recruit people from diverse communities to become navigators (3) with the hope to train these navigators on CLAS services available for diverse consumers (4), and the plan aimed to identify navigators who are bilingual (5).</p> <p>Funding Needs: N/A Solano County Health and Social Services (H&SS) has hired 4 positions to support all Divisions within H&SS including Behavioral Health.</p> <p>Status of Plan: This component of the TRUEcare QI Action Plan will not be implemented through SCBH with MHSA funding at this time as this is a duplication of County efforts.</p>
LGBTQ+ Ethnic Visibility	Standard 1 Standard 8 Standard 13	<p>This QI action plan aims to develop easy-to-understand outreach and linguistically appropriate signage for LGBTQ+/Filipinx and LGBTQ+/Latinx (8) to combat stigma and discrimination related to mental health and identifying as LGBTQ+.</p> <p>Funding Needs: Graphic designer to design signage which will contain QR codes. Printing of signage and distribution including bus stop ads and billboards.</p> <p>Status of Plan: Seven (7) posters have been developed in partnership with community stakeholders, SCBH and the graphic designer. These posters will be distributed throughout the County during FY 2020/21. The posters will include QR codes and web shorteners that will navigate community members to a SCBH webpage focused on supporting the LGBTQ+ community. SCBH is also working with community partners to develop posters that will represent the LGBTQ+/African American and LGBTQ+/Native American communities and will use PEI funding for these materials. See page 174 to view samples of the LGBTQ+ Ethnic Visibility posters.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Bridging the Gap	Standard 1 Standard 8	<p>This QI action plan aims to provide easy-to-understand outreach and linguistically appropriate materials with a focus on holistic wellness to use for tabling at non-health community events (8).</p> <p>Funding Needs: Graphic designer to design outreach print materials, and giveaways to include logos for table clothes, backdrops, prize spinning wheel. Printing of materials and ordering of outreach giveaways.</p> <p>Status of Plan: The spinning wheel imagery and a Solano County specific backdrop were developed in partnership with community stakeholders, SCBH and the graphic designer. Due to COVID-19 these materials have not been able to be used at community outreach events. See page 175 to view the backdrop and spinner wheel.</p>
Takin' CLAS to the Schools	Potentially: 1-15	<p>This QI action plan aims to open culturally responsive school-based wellness centers/rooms on K-12 and adult education sites across Solano County with a focus on stigma reduction, socio-emotional supports, and will be used as access points for students to be linked to behavioral health treatment. This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers/rooms</p> <p>Funding Needs: Support the start-up of wellness centers/rooms on school campuses to include furnishings, culturally and linguistically appropriate signage, wellness supplies, and trainings as needed for up to 45 school sites, K-12 and adult education campuses across Solano County.</p> <p>Status of Plan: SCBH has funded 35 culturally responsive school-based wellness centers in K-12 and adult education sites across Solano County. SCBH has contracted with the Solano County Office of Education (SCOE) to support the implementation of the wellness center initiative in Solano County. Five (5) pilot centers opened between August-December 2019. The remaining 30 wellness centers have been set up however due to the COVID-19 pandemic schools are closed and therefore the wellness centers are not currently in use. SCOE is currently supporting school districts and wellness center school sites to implement virtual wellness centers for students. SCBH will explore funding 5-10 more wellness centers pending the impact of COVID-19 on our community. See page 176 to view images of some of the wellness centers.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Cultural Game Changers: HR	Standard 2 Standard 3 Standard 4 Standard 7	<p>This QI action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2); also aims to change the county’s job position descriptions to provide better outreach to diverse communities with regard to job postings (3); and address the County’s bilingual certification process.</p> <p>Funding Needs: This QI action plan will not require any specific funding.</p> <p>Status of Plan: The QI action plan group developed an “Inclusion Statement” that is used for every job posting for SCBH. Additionally they developed three (3) hiring questions focused on equity and are being used for new hires. SCBH Administration will continue to partner with County Human Resources to make changes to job descriptions and to address the bilingual certification process.</p>
Cultural Game Changers: Pipeline	Standard 3 Standard 8	<p>This component of the same QI action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs and the development of easy-to-understand outreach materials to use for mental health career fair events (8).</p> <p>Funding Needs: Graphic designer to design pipeline outreach materials for middle school, high school, and college pipeline events. Printing of materials. Support pipeline events with middle and high school students in Solano County.</p> <p>Status of Plan: The graphic designer has developed outreach materials for career pipelines for the middle school, high school and college levels. Due to COVID-19 there have not been career pipeline events.</p>
CLAS Gap Finders	Standard 10 Standard 11	<p>This QI action plan aims to establish a position or SCBH internal process that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement. A strategy involves supporting contracted vendors to develop their own agency Cultural Responsivity Plans by both requiring this contractually but also providing technical assistance for agencies in the development of plans.</p> <p>Funding Needs: This QI action plan will not require any specific funding.</p> <p>Status of Plan: SCBH inserted language in vendor contracts requiring funded vendors to develop their own Cultural Responsivity Plans. During FY 2019/20 eleven (11) agencies submitted Plans. SCBH continues to provide support and technical assistance for partners. During FY 2020/21 SCBH anticipates an additional four (4) Plans to be submitted. SCBH has inserted a new section “Cultural and Linguistic Considerations” in all new and renewed policies.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<p>This QI action plan aims to advance and sustain leadership that promotes CLAS through policy changes by train mid-level leadership and workforce personnel on improving CLAS practices through supervision (4); includes components of how supervisors can support a diverse clinical staff (3); and making changes to the current supervisory log guidelines (2).</p> <p>Funding Needs: Contract with Dr. Kenneth Hardy to provide 2 Day “Promoting Cultural Sensitivity in Clinical Supervision” trainings four months apart for at least two cohorts of MHP supervisors and managers providing supervision for direct service staff, and coaching consultation sessions once per month between Day 1 and Day 2 training sessions. Three (3) sessions of “Trauma in the Trenches” will be held to provide training for reception and direct service staff in order to train staff on concepts related to providing trauma-informed care for marginalized communities.</p> <p>Status of Plan: During FY 2018/19 the first cohort of “Promoting Cultural Sensitivity in Clinical Supervision” was completed. During FY 2019/20 the second cohort was completed though the 2nd day of the training had to be provided virtually. Monthly consultation calls will be arranged for participants who completed the supervision training. One session of “Trauma in the Trenches” was completed during FY 2019/20, however the final two sessions had to be cancelled due to COVID-19.</p>
ISeeU	Standard 1 Standard 4 Standard 6 Standard 8	<p>This QI action plan aims to train frontline reception staff on CLAS policies and practices that are most relevant (4); develop easy-to-understand print media or imagery to welcome diverse consumers (8); and to train staff how to inform individuals of availability of language assistance (6).</p> <p>Funding Needs: Purchasing posters and signage that represents the diverse communities of Solano County to make available for both County-operated and CBO-operated mental health programs. Graphic designer to design materials for lobbies as needed. Printing of materials. Translation of newer forms into Spanish, threshold language and translation of all MHP forms into Tagalog, Solano County’s sub-threshold language.</p> <p>Status of Plan: SCBH has leveraged the contract with UCD CRHD to develop a training curriculum geared towards supporting reception staff. This training will be provided virtually during FY 2020/21. SCBH will leverage culturally responsive stigma reduction and suicide prevention materials developed through Each Mind Matters for lobbies. SCBH funded a BHIT training session solely dedicated to reception staff which included a section on how to access Language Link. SCBH has had all newer forms translated into Spanish (threshold language) and have submitted all Mental Health Plan forms for translation into Tagalog (sub-threshold language).</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Cultural Humility Champions	Standard 4 Standard 6	<p>This QI action plan aims to train staff about consumers from diverse backgrounds which will include the development of unique trainings (4); also aims to inform individuals of the availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings.</p> <p>Funding Needs: Contract with training consultants who specialize in the use of interpreters in the behavioral health system of care. Purchase software to develop improved trainings in cultural responsiveness. Consider purchase of software to assist in gathering pre/post surveys for trainings.</p> <p>Status of Plan: SCBH and contract providers developed an on-line training <i>Diversity & Social Justice</i> which was completed by all SCBH staff during FY 2019/20. Additionally, an on-line recorded training focused on working with the Filipino community was developed. SCBH funded a “Tulong, Alalay, at Gabay (TAG)” training which is anchored in the Psychology First Aid curriculum and unique to the Filipino community. This 4-day training included 2 days focused on train-the-trainer to promote the expansion and sustainability of the TAG training. During FY 2019/20 SCBH funded 2 sessions of Behavioral Health Interpreter Training (BHIT) as provided by the National Latino Behavioral Health Association. One of the sessions was focused on bilingual staff to enhance skills related to mental health terminology. There was a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of our community. An additional 2 sessions of BHIT had been scheduled for the spring but had to be cancelled due to the COVID-19 pandemic. SCBH worked with the trainers and these trainings were rescheduled and provided virtually in FY 2020/21.</p>
Rio Vista CARE’s (RVC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 8	<p>This CBO QI action plan aims to raise mental health awareness and education in the Latino community by providing trainings in the community, partnering with medical providers, and thru community engagement events. Enhance community outreach and engagement efforts in the Latino community to ensure early access to mental health services and reduce stigma through signage, collaboration with community partners, etc.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 RVC partnered with NAMI to facilitate the first Spanish Family-to-Family (F2F) teacher training course with a goal to have Spanish-speaking community members become future certified F2F teachers in Solano County. Unfortunately, the course had to be cancelled due to COVID-19 and was not completed. Due to disparities related to access to technology the course was not able to be held virtually. RVC partnered with 1st Step, a local organization focused on combating stigma related to mental health. RVC participated in the 2nd annual Mental Health Awareness and Suicide Prevention Walk held in the city of Rio Vista. RVC also participated in the 2nd Annual Dia de los Muertos celebration. RVC conducted Mental Health 101 presentation at the new Parent Center at Armijo High School and the Mobile Mexican Consulate.</p>

INNOVATION

Action Plan	CLAS Standards Addressed	QI Action Plan Description
<p>Solano Pride Center's (SPC) QI Action Plan</p>	<p>Standard 1 Standard 3 Standard 4 Standard 13</p>	<p>This CBO QI action plan aims to establish an alliance between Solano Pride Center and Solano Community College students and faculty through collaborative events and the exploration of an intern program. The plan also aims to establish a relationship between Solano Pride Center and LGBTQ affirming faith-based organizations through training and collaboration.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 SPC created Q Chat Series which is a discussion on intersectionality, religion, being LGBTQ+, mental health and more topics important to the LGBTQ+ communities. SPC hosted Pride and Faith Summit at St. Paul's Episcopal Church in Benicia. SPC has also collaborated with Faith in Action to host the first Rainbow Seniors Luncheon and Book Club. The two organizations continue to co-facilitate a Rainbow Seniors support group that has been very successful and has been vital for this vulnerable population post COVID-19. Support groups continue to be held virtually.</p>
<p>Fighting Back Partnership's (FBP) QI Action Plan</p>	<p>Standard 1 Standard 2 Standard 3 Standard 4 Standard 8 Standard 13</p>	<p>This CBO QI action plan aims to raise community outreach and engagement efforts in the Filipino-American community by talking about stigma and barriers to care; establishing a coalition called Filipinx Mental Health Initiative (FMHI-Solano) which launched in FY 2018/19; and developing a social media page, education materials and workshops. Additionally, FBP aims to raise awareness in communities by working with cities and the county to create counsel proclamations and board resolutions.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 FBP created #UsapTayo (Let's Talk) Digital Story Telling in Solano County and held filming sessions at FBP. After the filming sessions, the #UsapTayo video series launched on Facebook and YouTube. FBP identified an important training, Tulong, Alalay, At Gabay (TAG) which was developed specifically for the Filipino community. SCBH funded the training series and FBP organized and hosted the training at St. Catherine's church. A component of the TAG training included training trainers and FBP has continued to organize monthly TAG trainings which are now being held virtually. FBP hosted the Filipinx Mental Health Initiative (FMHI)– Solano Core Team Vision Retreat. Out of the retreat, came the first FMHI – Solano newsletter.</p>
<p>CBO Partners' Joint QI Action Plan: Pride People of Color (PPOC)</p>	<p>Standard 1 Standard 9 Standard 13</p>	<p>This conjoint CBO QI action plan aims to develop, share, and implement strategies for Filipinx and Latinx LGBTQ communities by: creating a Queer Trans People of Color (QTPOC) group, develop marketing materials for the group, and providing co-located groups and activities in each other's spaces. The partners will coordinate a stigma reduction project once a year.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: The QTPOC group is being held in partnership between SPC and FBP. Additionally, the CBOs meet quarterly to collaborate on stigma reduction and awareness efforts. Some examples of events included hosting a movie screening for the Latinx community during Pride Month, participating in community events such 'Feria De Regreso a la Escuela' at St. Mark's Lutheran Church, the largest annual community event targeting Pre-school – 12th grade students and families residing in the Fairfield/Suisun community. Finally, this group launched a Photo Voice project.</p>

INNOVATION

On the pages to follow we have shared samples of materials developed to support the QI action plans.

TRUEcare Promoter Roadmap QI Action Plan English Version



LGBTQ + Ethnic Visibility QI Action Plan Samples of Posters



INNOVATION

Bridging the Gap QI Action Plan Backdrop and Prize Wheel Images



INNOVATION

Takin CLAS to Schools QI Action Plan Images of Wellness Centers



Vallejo Adult Education Site

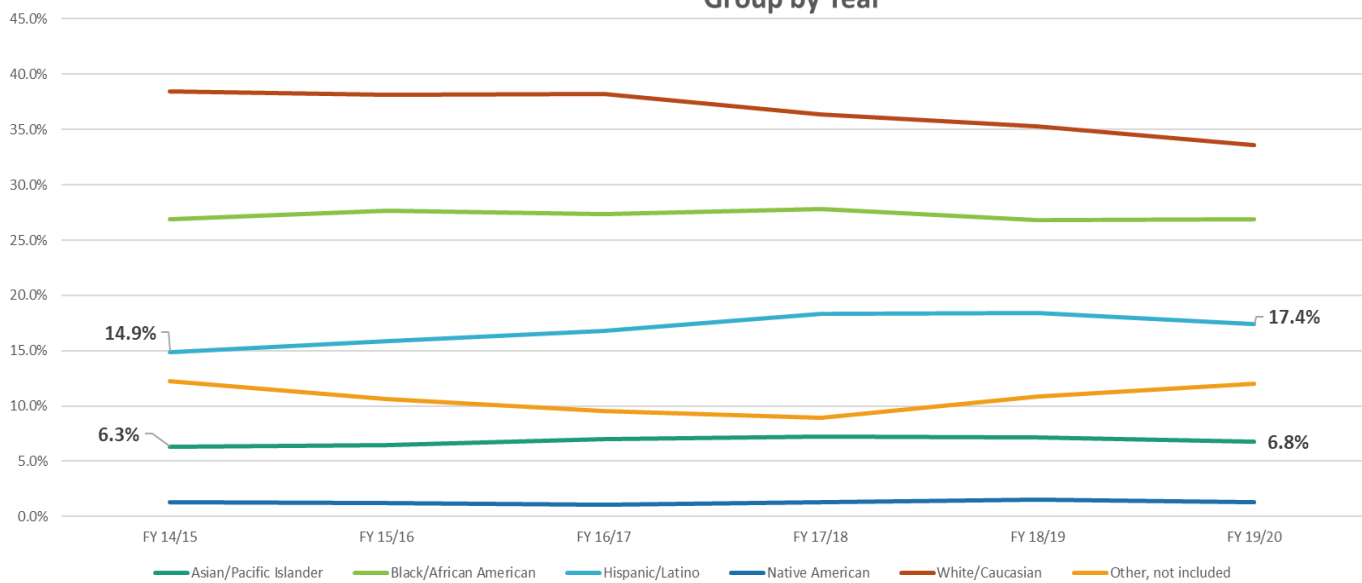


Golden Hills Alternative Education Site

INNOVATION

SCBH has been evaluating the impact of the ICCTM project and other efforts to address health disparities by monitoring the demographics of the consumers served through the SCBH Mental Health Plan (MHP) which includes all county and contractor delivered services. An analysis of consumers served from FY 2014/15 to FY 2019/20 by race/ethnicity demonstrates that there has been an **7.9% increase** in Asian/Pacific Islander consumers served and an **16.8% increase** in Hispanic/Latino consumers served. It is important to note that from FY 2014/15 to FY 2019/20 there was a 8.3% decrease in the number of consumers served by SCBH which in part is attributed to the COVID-19 pandemic. If we look at service utilization for consumers in FY 2018/19 prior to the overall decrease in the number of consumers served we had seen an **8.7% increase** in Asian/Pacific Islander consumers served and an **18.8% increase** in Hispanic/Latino consumers served in FY 2018/19 compared to FY 2014/15.

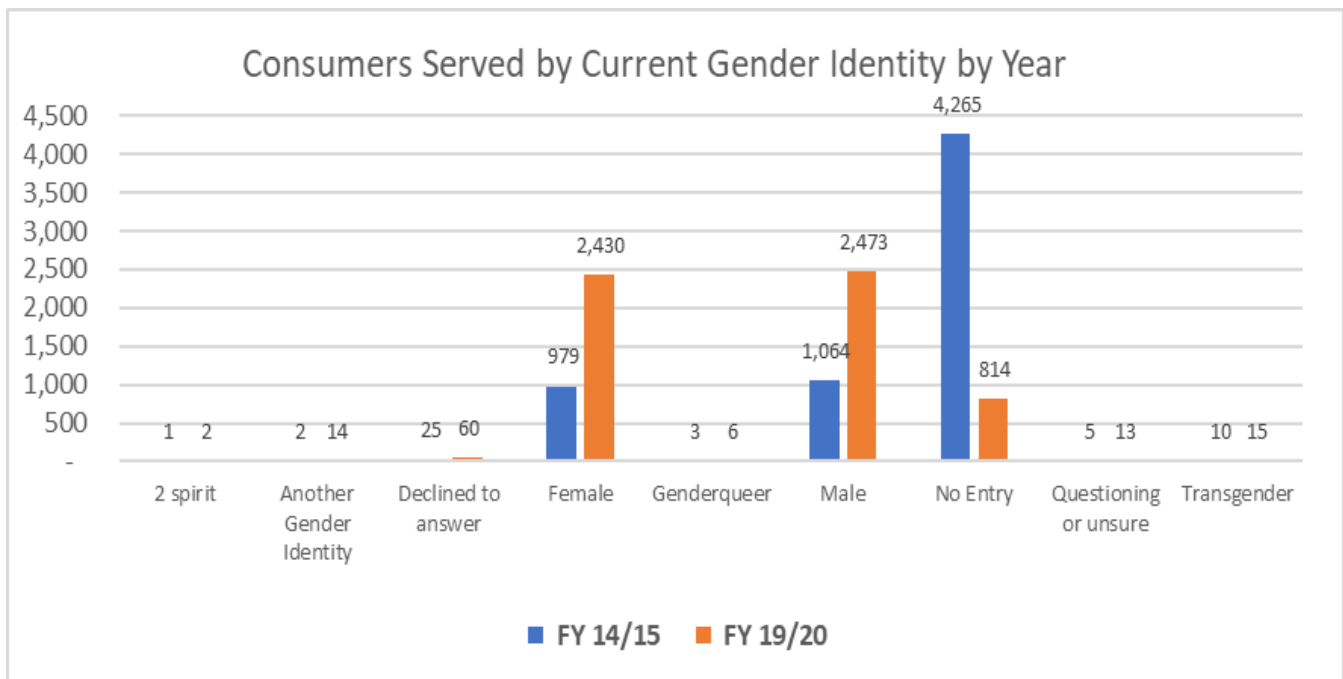
Utilization of Solano County MHP Services by Race/Ethnicity Group by Year



Race/Ethnicity	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Asian/Pacific Islander	403	411	424	436	438	402
Black/African American	1,709	1,752	1,656	1,676	1,639	1,567
Hispanic/Latino	945	1,007	1,018	1,106	1,123	1,016
Native American	80	75	66	78	92	80
White/Caucasian	2,441	2,418	2,313	2,195	2,159	1,960
Other, not included	776	675	580	540	662	698
Total Consumers Served	6,354	6,338	6,057	6,031	6,113	5,827

INNOVATION

SCBH has invested significant efforts into training for reception staff and providers—both county and contractor—in the provision of culturally responsive services for LGBTQ+ consumers. An analysis of consumers served in FY 2014/15 compared to FY 2019/20 by current gender identity demonstrates that there has been an increase in consumers who are identifying their current gender identity as something other than “male” and “female. It is important to note that the “current gender identity” field was not added to the SCBH electronic health record (EHR) until FY 2015/16, therefore records for gender identity for FY 2014/15 that are reflected in the charts below are the result of a subsequent targeted LGBTQ+ data collection process completed for active consumers at the time of the data collection. Additionally, prior to adding this field to the EHR the primary place gender was captured was a “sex” field which aligned with the consumer’s gender according to their Medi-cal insurance. As a result, there is a large number of “no entry” results.

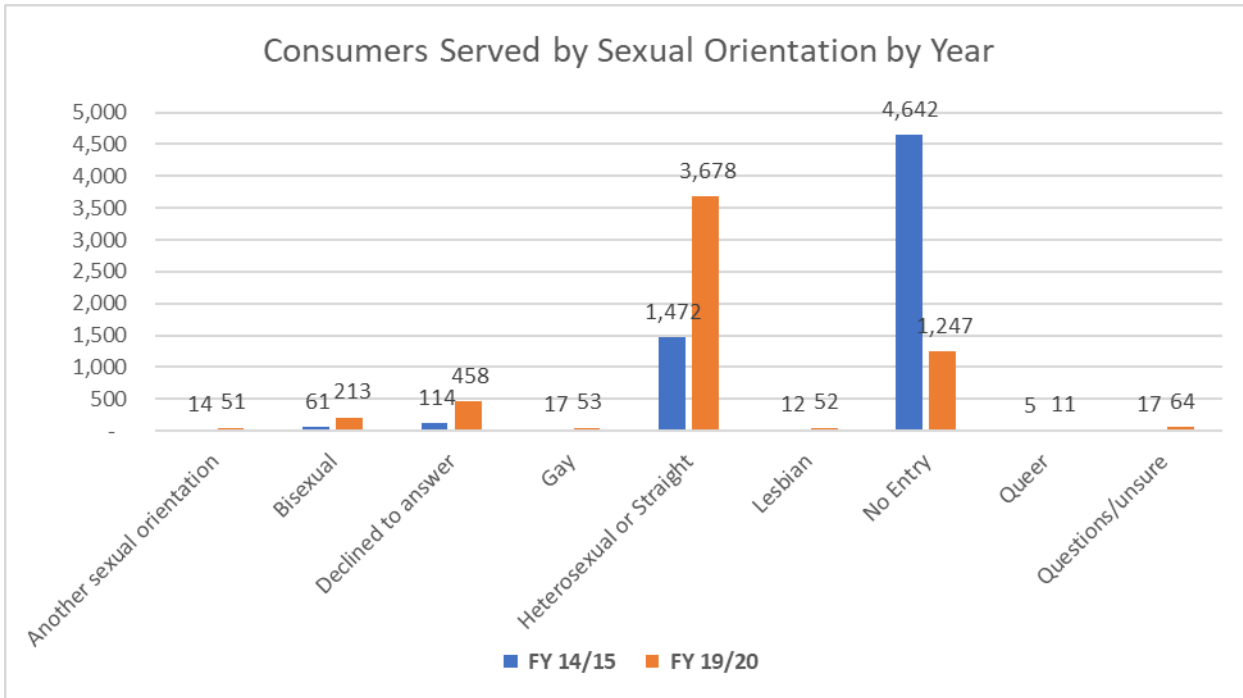


The following table represents the progress made in collecting current gender identity data from FY 2014/15 through FY 2019/20, which demonstrates improvements in the system of care providing more culturally responsive services for the LGBTQ+ community.

Gender Identity	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
2 spirit	1	2	2	2	2	2
Another Gender Identity	2	4	4	8	8	14
Declined to answer	25	24	29	30	50	60
Female	979	1,209	1,781	2,242	2,430	2,430
Genderqueer	3	3	8	11	9	6
Male	1,064	1,272	1,910	2,291	2,438	2,473
No Entry	4,265	3,812	2,301	1,424	1,151	814
Questioning or unsure	5	4	9	11	13	13
Transgender	10	8	13	12	12	15
Totals Consumers Served	6,354	6,338	6,057	6,031	6,113	5,827

INNOVATION

An analysis of consumers served in FY 2014/15 compared to FY 2019/20 by sexual orientation demonstrates that there has been an increase in consumers who are identifying their sexual orientation as something other than “heterosexual.” It is important to note that the “sexual orientation” field was not added to the SCBH electronic health record (EHR) until FY 2015/16, therefore records for sexual orientation for FY 2014/15 that are reflected in the charts below are the result of a subsequent targeted LGBTQ+ data collection process completed for active consumers at the time of the data collection.



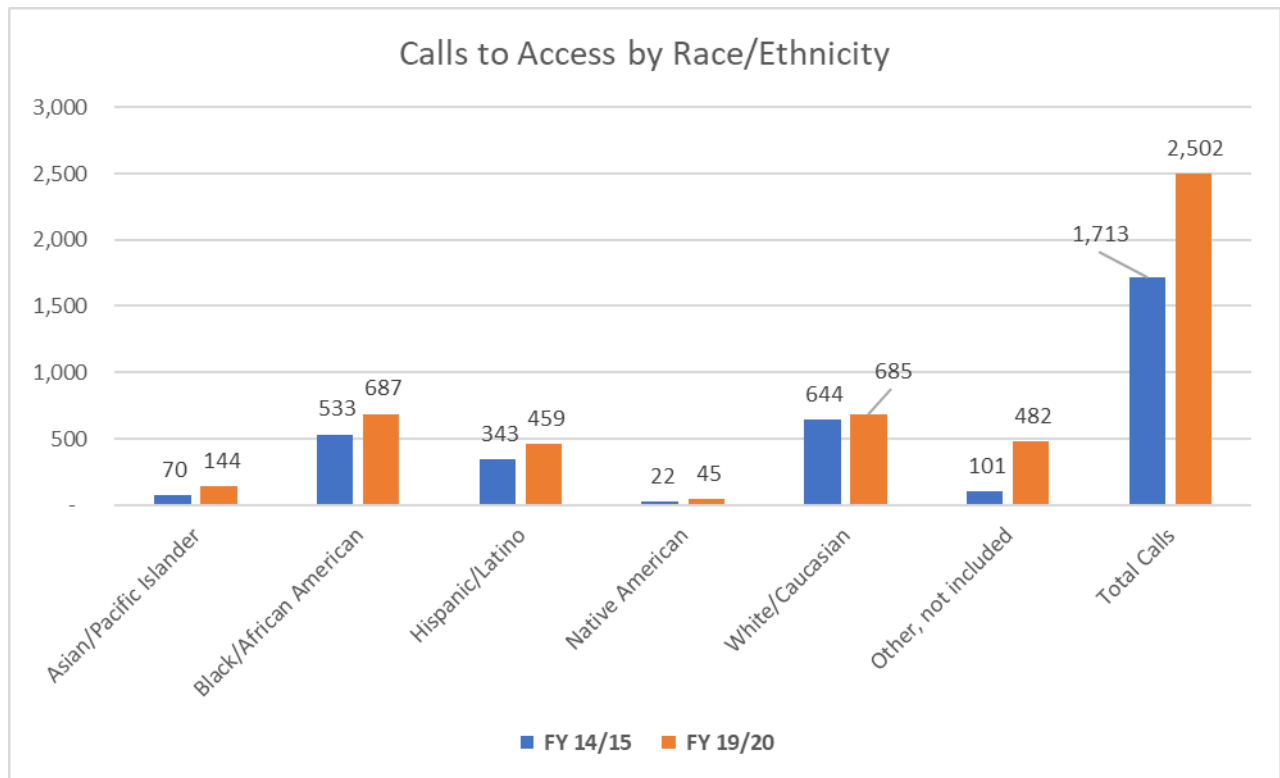
The following table represents the progress made in collecting sexual orientation data from FY 2014/15 through FY 2019/20, which demonstrates improvements in the system of care providing more culturally responsive services for the LGBTQ+ community.

Sexual Orientation	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Unique Clients					
Another sexual orientation	14	20	24	29	42
Bisexual	61	76	106	155	216
Declined to answer	114	127	182	269	398
Gay	17	19	33	44	43
Heterosexual or Straight	1,472	1,776	2,757	3,381	3,594
Lesbian	12	23	31	38	43
No Entry	4,642	4,273	2,888	2,053	1,713
Queer	5	5	8	8	9
Questions/unsure	17	19	28	54	55
Total Consumers Served	6,354	6,338	6,057	6,031	6,113

INNOVATION

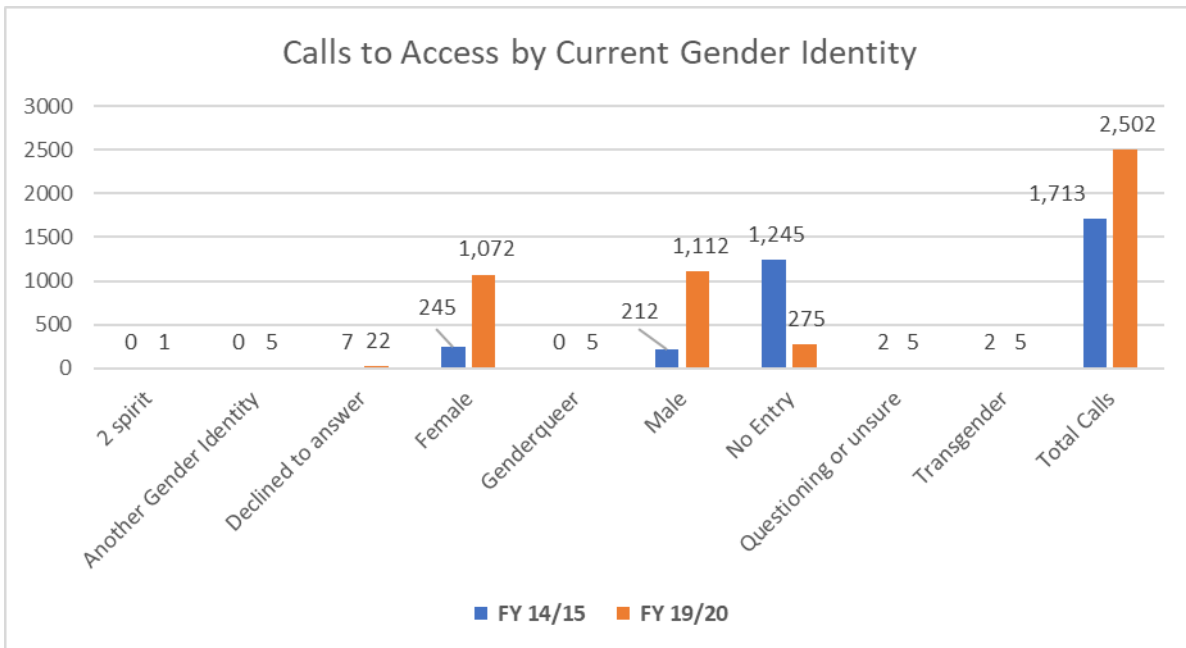
In addition to monitoring the demographics of the consumers being served, SCBH is also monitoring incoming calls to our Access Line requesting new services. The charts below demonstrate an increase in calls from the Asian/Pacific Islander and Hispanic/Latino community as well as calls from community members who identify as LGBTQ+.

An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrate that there has been a **106%** increase in calls from Asian/Pacific Islander callers requesting new services and a **33.8%** increase in calls from Hispanic/Latino callers requesting new services. Specific to the Filipino community there was an 86.5% increase in calls requesting new services from FY 2014/15 compared to FY 2019/20. It is important to note that there was a 46.1% increase in total calls to the Access line from FY 2014/15 to FY 2019/20 which is likely in part due to the Affordable Care Act and an overall increase in Medi-cal beneficiaries.

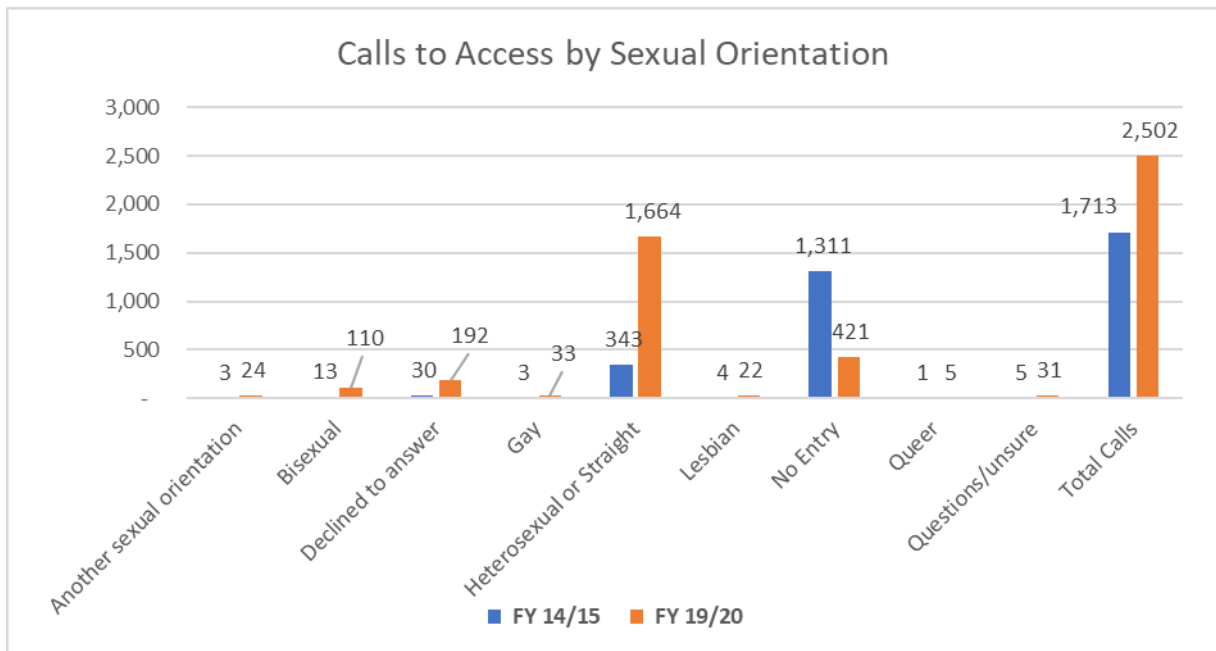


INNOVATION

An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrate that there has been a **425%** (from 4 to 21) increase in callers who identified their current gender identity as something other than “male”. or “female.



An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrate that there has been a **666%** (from 29 to 222) increase in callers who identified their sexual orientation as something other than “heterosexual”.



SCBH and our partners working directly on the ICCTM project are pleased with the progress being made systemwide and we anticipate that we will continue to see gains in the years to come as the all of the QI Action Plans continue to be fully implemented.

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BUDGET

Fiscal Year 2019/20 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 11/2/20

	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
A. FY 2019/20 Funding						
1. Unspent Funds from Prior Fiscal Years	17,107,335	7,856,421	2,674,779	460,865	0	2,874,142
2. New FY 2019/20 Funding	13,460,340	3,470,356	927,991	12,778	1,998	64,064
3. Transfer in FY 2019/20						
4. Access Local Prudent Reserve in FY 2019/20						
5. Available Funding for FY 2020/21	30,567,675	11,326,777	3,602,770	473,643	1,998	2,938,226
B. FY 2019/20 MHSA Expenditures	15,570,749	4,139,580	2,054,570	134,939	54	0
C. FY 2019/20 Unspent Fund Balance	14,996,926	7,187,197	1,548,200	338,705	1,944	2,938,226

Note:1

Note: 2

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2019	2,938,226
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Local Prudent Reserve Balance on June 30, 2020	2,938,226

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.

Notes: 1. New funding for Prudent Reserve represents interest earned and will be transferred to CSS in FY 2020/21

BUDGET

Fiscal Year 2019/20 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2019/20 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Adult FSP	6,574,390	4,642,827	1,862,230			69,333
2. Children's FSPs	3,716,672	1,983,564	1,716,443			16,665
3. TAY FSP	1,189,912	844,504	334,582			10,825
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Non-FSP Programs						
1. Crisis Services & Supports	4,223,357	530,157	3,159,643			533,557
2. Wellness & Recovery Programming	2,202,529	2,202,474	55			
3. Targeted Systems & Supports	1,675,444	1,453,555	221,889			
4. Mentally Ill Offender Programming	1,081,967	1,081,967				
5. MHSA Housing Supports	1,741,279	1,741,279				
6. Outreach & Engagement	370,420	369,515	905			
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CSS - Administration	1,106,190	720,906	380,299		1,500	3,485
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Actual Expenditures	23,882,160	15,570,749	7,676,046	0	1,500	633,865
FSP Programs as Percent of Total	48.1%					

BUDGET

Fiscal Year 2019/20 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2019/20 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
1. Suicide Prevention	89,744	89,744				
2. Stigma & Discrimination Reduction	248,466	240,579			2,887	5,000
3. Outreach for Increasing Recognition of Early	0					
4. Access & Linkage to Treatment	379,190	379,190				
5. Prevention and Early Intervention	3,436,820	3,279,096	133,877		16,731	7,115
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PEI Administration	150,970	150,970				
PEI Assigned Funds	0	0				
Total PEI Program Actual Expenditures	4,305,190	4,139,580	133,877	0	19,618	12,115

BUDGET

Fiscal Year 2019/20 Mental Health Services Act Annual Update Innovations (INN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2019/20 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
1. Innovation	2,045,633	2,045,616			17	
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INN Administration	15,049	8,954	6,095			
Total INN Program Actual Expenditures	2,060,682	2,054,570	6,095	0	17	0

BUDGET

**Fiscal Year 2019/20 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Solano

Date: 11/2/20

	Fiscal Year 2019/20 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
WET Programs						
1. Training/Technical Assistance	78,985	78,291			694	
2. Residency/Internship	2,186	2,186				
3. Financial Incentive	45,000	45,000				
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WET Administration	9,461	9,461				
Total WET Program Actual Expenditures	135,632	134,939	0	0	694	0

BUDGET

Fiscal Year 2019/20 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2019/20 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Reassignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
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CFTN Programs - Technological Needs Projects						
Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support MHSAs						
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2.						
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7.						
CFTN Administration	54	54	0			
Total CFTN Program Actual Expenditures	54	54	0	0	0	0

PUBLIC COMMENT

1. Michael Schocket Executive Director, Caminar Jobs Plus, (public comment received 11/13/2020 via email):
As a provider of MHSA employment services under Caminar Jobs Plus we have provided over 100 solano county residents with disabilities securing competitive employment. These folks have not worked in years. The MHSA funding for this program is crucial for recovery and wellness for Solano County residents with disabilities. Without the funding clients have no advocate for them to secure employment and to begin their journey towards a career.

County Response: SCBH values the Caminar Jobs Plus program and recognize the positive outcomes and impacts that the program has for our mental health consumers. SCBH will continue to fund the Jobs Plus program, though the funding for next fiscal year will be reduced due to the significant budget shortfall as a result of the COVID-19 global pandemic. The 15% reduction in funding for Jobs Plus program is consistent with the reductions being applied to all MHSA community services and supports (CSS) programs. SCBH will continue to closely monitor the annual MHSA revenue (incoming funding) and our overall budget with the hope that in the future—post-COVID—available funding will be more stable allowing us to increase funding.

2. 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 12/01/2020):

- a. *I am thrilled that the suicide rate went down from 63% to 39% compared to last year. I am curious was the reason COVID or lower number of kids due to distance learning.*

County Response: SCBH in partnership with the Suicide Committee are tracking suicide deaths closely. We are not entirely sure why the suicide deaths have decreased 33% from the year prior for the same time period of January 1, 2020 thru November 16, 2020. Until recently, there were no minors who died by suicide. Generally, individuals who die by suicide in Solano County are middle-aged group, though there has been a recent increase in 19-29 year olds dying by suicide this calendar year. Some factors that may be contributing to the decrease may include:

- The local data only includes individuals who died by suicide here in Solano County. If a county resident dies by suicide in another county the suicide will be captured in that county's suicide death data.
- SCBH and our partner Solano County Office of Education are working closely with school districts to provide support regarding how to identify students who may be at risk which is unique given the virtual learning platform. SCOE has developed webinars for districts to provide for their staff regarding recognizing risk factors such as keeping camera off, not appearing to be attending to hygiene, not engaging, etc. as well as looking for signs of potential child abuse or increased stress in the home.
- SCBH has significantly increased efforts related to community education and raising awareness through our social media platforms.

- b. *For the [Crisis Stabilization Unit (CSU) outcome related to] 90% of the clients that were linked to services, how many were new to services or were they linked back to back to a service they were already in? For example, if the client is terminated from housing, becomes homeless, goes to the CSU, are they relinked to another housing service?*

County Response: This data is specific to consumers who are not hospitalized but rather are discharged to the community from the CSU and includes both new consumers to the Mental Health Plan and consumers who were already open to a treatment program. The data tracking report in the County electronic health record allows us to track consumers linked to Access from the CSU and then the date for the follow up treatment service.

PUBLIC COMMENT

- b. *Can [Solano County] utilize peer support volunteers once they have completed the peer support program as volunteers or interns so that they can practice their skills and gain employment, while helping individuals [consumers] that need peer support.*

County Response: SCBH recognizes the value of peers in our system of care. Peer volunteers certainly can continue to volunteer with the County in order to gain additional experience. 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, Diversity & Equity Committee, Quality Improvement Committee, MHSA community program planning meetings, 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. SCBH does have an intern program for master’s level, Ph. D and Psy.D post-doctoral students however due to the budget crisis as a result of COVID-19 SCBH had to reduce the funding for the intern program. SCBH will explore if there is a mechanism to expand the intern program to peers in the future.

3. Heather Theaux-Venezio, Director of Emergency Services at NorthBay and Chair of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 12/01/2020):

- a. *I am happy to see the performance measures being included as this was not the case several years back. I also appreciated seeing the slides that showed which programs are funded by MHSA. This was helpful to see this and have a better understanding.*

County Response: SCBH offered to do a more in depth presentation at a future MHAB on the various programs, what services the programs provide and target populations.

- b. *Ms. Theaux-Venezio commented that she liked Ms. Coleman’s idea about the Peer Support [Volunteers] gaining experience. She indicated she is open to the idea and helping volunteers gain experience by coming into the hospitals to interact with consumers a few hours a day and to interact with medical staff one on one.*

County Response: SCBH is of course in support of peer volunteers trained by SCBH having the opportunity to gain experience in emergency departments and will coordinate with Ms. Theaux-Venezio.

REFERENCES

- ¹ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ² United States Census Bureau. (2020, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>
- ³ United States Census Bureau. (2020, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>
- ⁴ Suburban Stats. (2020, October 2). *Current Solano County, California Population, Demographics and stats in 2020, 2019*. Retrieved from <https://suburbanstats.org/population/california/how-many-people-live-in-solano-county>
- ⁵ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ⁶ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ⁷ 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>

**SALUD MENTAL DEL CONDADO
DE SOLANO (MHSA)**

REUNION DE PARTES INTERESADAS

La Ley 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 desarrollo del sistema de servicios de salud mental.

Martes Octubre 13, 2020

4:30-6:00 pm

**OPRIMA AQUI:
[HTTPS://ZOOM.US/J/96981643712](https://zoom.us/j/96981643712)**

SOLANO COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER MEETINGS

FOR THE FY 2020-2023 THREE-YEAR PLAN & ANNUAL UPDATE

The Mental Health Services Act (MHSA) provided the first opportunity in many years to increase funding, personnel and other resources to support County behavioral health programs. MHSA is a community-driven system and the MHSA 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.

<p>TUESDAY Kick-Off Meeting September 29, 2020 12:00 pm - 3:00 pm</p>	<p>WEDNESDAY September 30, 2020 9:00 am - 12:00 pm</p>	<p>WEDNESDAY September 30, 2020 3:00 pm - 6:00 pm</p>	<p>THURSDAY October 1, 2020 1:00 pm - 4:00 pm</p>
<p>MONDAY October 5, 2020 9:00 am - 12:00 pm</p>	<p>TUESDAY October 6, 2020 4:00 pm - 7:00 pm</p>	<p>WEDNESDAY October 7, 2020 12:00 pm - 3:00 pm</p>	<p>THURSDAY Closing Session October 8, 2020 9:00 am - 11:00 am</p>

To RSVP, please use the following link: <https://www.surveymonkey.com/r/KN8JZKP>

Meetings will be held virtually via Zoom and will be recorded.

Meeting links will be sent 2 days before the meeting.

This meeting will be held in English, however efforts will be made to facilitate small breakout groups in Spanish and Tagalog, provided that need is identified per the participant registration.



WELLNESS • RECOVERY • RESILIENCE



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.

SALUD MENTAL DEL CONDADO DE SOLANO (MHSA)

REUNIONES DE PARTES INTERESADAS

PARA EL AÑO FISCAL 2020-2023 PLAN DE TRES AÑOS Y ACTUALIZACIÓN ANUAL

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.

<p>MARTES Reunión de Inicio September 29, 2020 12:00 pm - 3:00 pm</p>	<p>MIÉRCOLES September 30, 2020 9:00 am - 12:00pm</p>	<p>MIÉRCOLES September 30, 2020 3:00 pm - 6:00 pm</p>	<p>JUEVES October 1, 2020 1:00 pm - 4:00 pm</p>
<p>LUNES October 5, 2020 9:00 am - 12:00 pm</p>	<p>MARTES October 6, 2020 4:00 pm - 7:00 pm</p>	<p>MIÉRCOLES October 7, 2020 12:00 pm - 3:00 pm</p>	<p>JUEVES Sesión de Clausura October 8, 2020 9:00 am - 12:00 pm</p>

Para RSVP, utilice el siguiente enlace: <https://www.surveymonkey.com/r/KN8JZKP>

Las reuniones se llevarán a cabo virtualmente a través de Zoom y se grabarán.

Los enlaces a la reunión se enviarán dos días antes de la reunión.

Esta reunión se llevará a cabo en inglés, sin embargo, se harán esfuerzos para facilitar pequeños grupos de ruptura en español y tagalo, siempre que esa necesidad se identifique por el registro del participante.



WELLNESS • RECOVERY • RESILIENCE



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.



YOUR IDEAS MATTER!

JOIN US AT CALIFORNIA'S NEXT YOUTH INNOVATION IDEA LAB.

AUGUST 17TH & 18TH // 3:30 – 6:00 PM // VIRTUAL EVENT

WHY:

California needs *innovative* new approaches to **Youth Mental Health**. You have been identified as a youth leader and champion for mental health in your community! We want to invite YOU to be part of the conversation in planning for the future of Youth Mental Health Services across California!

WHO:

Youth and adult allies from **Solano, Yolo, Sacramento** and surrounding counties will join the Mental Health Services Oversight and Accountability Commission's Youth Innovation Committee.

WHERE:

Virtual event hosted through Zoom

WHAT:

The idea lab is an intensive, interactive, and free-thinking environment where you will join with adult allies to immerse yourselves in a collaborative thinking process and together, imagine a positive community change that improves the mental health services accessible to California's youth.

You will be joining a state-wide movement that needs your expertise, vision and dreams of what youth mental wellness can look like. The workshop will result in the development of innovative concepts to increase preventative mental health services in schools using youth-led approaches.



HOW:

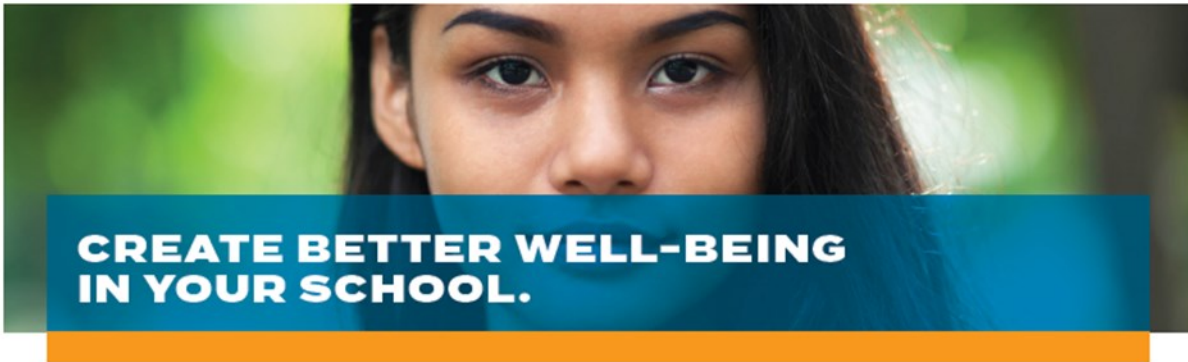
There are two main ways to participate in the 2020 Innovation Idea Lab, first and most importantly, RSVP, show up and participate in the workshop itself. Optionally, you can also choose to submit your own artwork, why not go for it and do both?

For further details on submitting artwork to the 2020 Innovation Idea Lab, please see the reverse side of this flyer, or contact Jennifer Lopez jenniferslopes@mednet.ucla.edu 310-494-1058

For all RSVPs please complete the interest form [here](#).



APPENDIX



CREATE BETTER WELL-BEING IN YOUR SCHOOL.

In preparation for the next Innovation Idea Lab, Youth Innovation Committee members ages 15-25, in partnership with Solano, Yolo and Sacramento Counties, are asking students to use different forms of media (e.g. photography, poetry, drawings, etc.), to illustrate something about your school or community that you would like to change in the name of student wellness and mental health.

It could be something totally new! Or an improvement to something that already exists! More of this?! Less of that?! It's all up to YOU! Have fun and get creative! Just remember, the form of media you use needs to answer the following questions in 2-3 sentences each:

- (1) What are we looking at?
- (2) What's the context? What's really going on here?
- (3) How has this impacted you or others?
- (4) What should be done about this?

How to Submit:

Submit your media and the responses to these four questions to: **Jennifer Lopez** at **ACT-CA** jenniferslopez@mednet.ucla.edu for the chance to be featured in the second MHSOAC Youth Regional Innovation Lab. **You can also text or call Jennifer at 310-494-1058** if you would like help in creating the pieces and to talk through supports you may need with school dismissal approvals, transportation, and meals etc.

Don't miss this opportunity to collaborate with youth throughout **Solano, Yolo and Sacramento Counties**. We will be using these submissions as the centerpieces for designing youth-led approaches to improving school and community environments to improve well-being. Your solutions can make a difference and we want to make sure you're included in this unique opportunity to make them a reality!



Submission Deadline:

AUGUST 7TH, 2020





September 1, 2020

As we prepare to observe national Suicide Prevention Week September 6-12, 2020 this letter is being sent to you on behalf of the **Solano County Suicide Prevention Committee** to share information regarding how suicide impacts our local Solano community, to share local efforts to prevent suicides deaths, and to request your partnership in increasing screenings for suicide risk. This request is aligned with a [new resource letter](#) recently received the California Department of Health Care Services and California Department of Public Health, as endorsed by both the California Surgeon General and the Governor which also highlights the importance of normalizing and systemizing screening for suicide risk.

Suicide continues to be the 10th leading cause of death in the U.S. and the 2nd leading cause of death for children/youth ages 10-19 years old. Suicide is a local preventable public health issue that requires collaboration and partnership by multi-sector organizations. The following 2019 suicide death data was provided by the Solano County Sheriff-Coroner's Office:

- There were 56 suicide deaths in Solano County which represents a 10% decrease from the year before
- Forty-one percent (41%) of the suicide deaths were adults ages 30-59, 34% were seniors 60 and over, 16% ages 19-29, and 9% of the suicide deaths were minors ages 14-17
- Eighty percent (80%) of the suicide deaths were males and 20% were females
- 8 veterans died by suicide
- Seventy-one percent (71%) of the suicide deaths were White residents, 12% Latino, 10% Asian/Pacific Islander, and 7% Black
- Forty-three percent (43%) of the individuals died by hanging, 36% by firearm, 12% due to an overdose, 4% involved a train/vehicle, 3% by asphyxia, and 2% involved sharps

The three largest and most populated cities of, Vallejo, Fairfield and Vacaville consistently experience higher rates of suicide within Solano County. It is also important to note that only 16% (9) of the 56 residents that died by suicide were Medi-cal eligible at the time of their death, and therefore the County Mental Health target population. As such, it is imperative that our private sector partners join the effort to increase screening and identification of individuals who are at risk for suicide and refer to them to treatment options through their insurance resources.

Local Efforts to Prevent Suicide Deaths

The longstanding Solano County Suicide Prevention Committee meets monthly and is comprised of multi-sector partners including: behavioral health, law enforcement, healthcare, public health, faith-based partners, local education agencies, representatives from communities at greater risk for suicide (older adults, LGBTQ+, youth, underserved communities), consumers of behavioral health services, and family members with lived experience of losing a loved one to suicide.

APPENDIX

In September of 2017 a countywide *Suicide Prevention Strategic Plan* was presented to Board of Supervisors. This Plan was developed following a very comprehensive community program planning process and brought together the entire County, including private, non-profit, and public sectors to work collaboratively to combat suicide in our community. The Plan which can be reviewed [here](#) will be updated in the Spring of 2021.

Ongoing Targeted Efforts:

- Community education and training
- Firearm Safety Campaign
- Public Service Announcements (PSAs)
- Targeted outreach
- Crisis Intervention Team (CIT) training for law enforcement
- Suicide Prevention Toolkits for all middle and high schools
- Provision of suicide screening tools and suicide prevention resources to local first responders
- Implementation of up to 35 culturally responsive school-based Wellness Centers/Rooms on school campuses K-12 and adult education sites across Solano County

Current Initiatives

- Increase screenings for suicide risk
- Suicide Death Review Team (delayed due to COVID)
- Engage Human Resource departments for private and public sectors to implement training on the signs of mental health and suicide risk

If your organization would like to learn more about any of the efforts listed above, or if you would like to designate a representative to participate on the Suicide Prevention Committee please reach out to SolanoMHSA@SolanoCounty.com.

How Can You Help?

Screen for Suicide Risk

As referenced above, the Committee has researched the best screening tool or process to identify individuals who are at risk for suicide such as the one created by the [National Institute of Mental Health](#) (NIMH). A layperson can screen for suicide risk. Rather than recommending a particular screening tool, to the Committee recommends adding two screening questions to existing self-reporting tools program participants already complete per each organization's workflow:

1. *In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?*
Yes/No response
2. *Have you felt hopeless in the last 30 days?*
Yes/No response

It is important to note that the languaging used in these targeted questions is intentional and aligned with many standard screening tools such as the *Columbia Suicide Severity Rating Scale* and the NIMH *Ask Suicide-Screening Questions (ASQ)* referenced above as well as evidenced-

APPENDIX

based suicide prevention training curriculums such as *safeTALK*, *Question, Persuade, Refer (QPR)*, *Applied Suicide Intervention Skills Training (ASIST)*, and *Assessing and Managing Suicide Risk (AMSR)*.

Ideally, the screening questions would be embedded into self-reporting tools completed by those receiving services and reviewed by the service provider during scheduled appointments. If it is not possible to institute a self-reporting tool, the Committee recommends that the provider verbally ask these questions during face-to-face, phone, or telehealth appointments.

Regarding frequency, the Committee recommends making every effort to provide multiple opportunities to screen for suicide risk, as the act of suicide is often a result of a constellation of stressors and it is an impulsive act that can be prevented if risk is identified. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored (National Institute of Mental Health). Whenever symptoms of depression are expressed, a person should be screened for suicide risk.

Intervention and Referrals

The Committee recommends that your organization develop clear policies and practices for follow-up interventions should a program participant respond “yes” to either of the questions. Interventions may include a more comprehensive suicide risk evaluation, safety planning, increase frequency of contact, referral for more intensive services, encourage a voluntary stay in a crisis stabilization unit or local emergency department, or initiation of a 5150 by law enforcement or 5150 designated staff.

Awareness and Stigma Reduction

We can all raise awareness about mental health and suicide risk, and make efforts to combat stigma. Stigma reduction and suicide prevention materials are available through [Each Mind Matters](#).

The Committee appreciates your time and attention to this important information and your partnership in efforts to prevent suicide deaths in Solano County. Should you have any questions, I welcome the opportunity to discuss the content of this letter in further detail and can be reached at tlacey@solanocounty.com or 707-784-8213.

In Partnership,



Tracy Lacey, LMFT
Chair Solano County Suicide Prevention Committee
Senior Mental Health Services Manager – MHSA Coordinator
Solano County Health & Social Services Behavioral Health Division
TLacey@SolanoCounty.com

APPENDIX

Facilitator Guide/Notes Small Breakout Sessions

MHSA Stakeholder Meetings

Incorporated feedback from team members

Check Meeting:

- Tuesday 9/29/20; 12PM-3PM
- Wednesday 9/30/20; 9AM-12PM
- Wednesday 9/30/20; 3PM-6PM
- Thursday 10/1/20; 1PM-4PM
- Monday 10/5/20; 9AM-12PM
- Tuesday 10/6/20; 4PM-7PM
- Wednesday 10/7/20; 12PM-3PM

Facilitator to start by asking small group participants to introduce self with:

1. Name
2. Title and Agency if applicable
3. Briefly describe your role in community, and
4. After hearing the presentation what is one thing that stood out for you?

Then move into the small group questions. Facilitator to take notes of what community members are saying to the best of your ability.

Please encourage each participant to share but also offer that they can use the chat function as well.

1. This is a two part question, in thinking about your experience with the Solano County mental health system and its contractors:
 - What is working?

 - Where are there gaps?

2. This is a two part question, from your perspective, which groups are impacted the most by gaps in care? Examples: age groups, race/ethnicity, LGBTQ, homeless, immigrants, etc.
 - How do we design effective strategies to best support these communities?

3. If we had to prioritize services due to budget constraints, what types services should we protect or prioritize?

4th question to use as needed

4. What would you like to see change in your community related to mental health?


APPENDIX

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

Outdoor Gear	707-647-2511
Am. Canyon & Fairfield	29outdoorgear.com
Baptist Security Training	
Vacaville	www.BaptistSecurityTraining.com
Blue Ridge Consulting & Firearms	707-689-0172
Vacaville	BRCArms.com
Dobbs Firearm Training	888-486-0250
Fairfield & Vacaville	dobbsfirearmtraining.com
Eagle Defense	
Sloughhouse, CA	www.eagledef.com
Kennedy Consulting	530-617-1GUN
Fair Oaks, CA	jonkennedyconsulting.com
Liberty Firearms Training	916-476-4987
Sloughhouse & Walnut Grove	libertyfirearmtraining.com
Northern Firearms Instruction	530-776-4855
Vacaville	usgunpro.com
R&D Training	707-592-3113
Napa	
Security & Firearms Training Academy	916-500-1442
North Highlands	safta-inc.com



get in touch

For **24 Hour SUICIDE PREVENTION**, call
National Suicide Prevention Lifeline
(800) 273-TALK (8255)
<http://www.suicideprevention.org>

For **24 / 7 CRISIS SERVICES**, call the
Solano County Crisis Stabilization Unit
2101 Courage Drive, Fairfield
(707) 428-1131

Mental Health Access
(800) 547-0495

**THE 10
COMMANDMENTS OF
GUN SAFETY**

Brought to you by the
Solano County Sheriff's Office
and the
Department of Health & Social Services





1. **Treat every firearm as if it is loaded** - It might be, even if you think it isn't.
2. **Always point the muzzle in a safe direction** - Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others.
3. **Keep your finger off the trigger until you've made the conscious decision to shoot.**
4. **Be sure of your target and what's beyond.** Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. Never fire in a direction where there are people or any other potential for mishap.
5. **Seek proper instruction**
Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm. Before handling a new gun, learn how it operates.

6. **Store your guns safely and securely to prevent unauthorized access.**



7. **Don't mix alcohol or drugs with shooting.**



8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.
9. **Never handle a firearm if you are angry or depressed.**




THE 10TH COMMANDMENT

Consider temporary off-site storage if a family member may be suicidal.

When a friend or family member has experienced an emotional crisis such as a break-up, job loss, or legal trouble – or if you notice a major change in someone's behavior such as depression, violence, or heavy drinking, or drug use, simply consider off-site storage of firearms.

Most gun shops and law enforcement agencies will be glad to store guns outside the home until the situation improves.



APPENDIX

