



**2022/
2023**

**Solano County
Behavioral Health**

**ANNUAL
REPORT**

Mental Health Services Act

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Solano

Three-Year Program and Expenditure Plan

Annual Update

Local Mental Health Director	Program Lead
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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 10, 2023.

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.

Emery Cowan, LPCC, LMHC
Local Mental Health Director (PRINT)


Signature

12/19/22
Date

Attestation Pages

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Solano County

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

Local Mental Health Director Name: Emery Cowan, LPCC, LMHC Telephone Number: (707) 784-8320 E-mail: ecowan@solanocounty.com	County Auditor-Controller / City Financial Officer Name: Phyllis S. Taynton, CPA Telephone Number: (707) 784-6280 E-mail: ptaynton@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Avenue, MS 5-250 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.

Emery Cowan, LPCC, LMHC
 Local Mental Health Director (PRINT)

Cowan, Emery Digitally signed by Emery Cowan, DN: cn=Emery Cowan, o=Solanocounty.com, email=ecowan@solanocounty.com 1/4/23
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, 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 1/31/2022 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2022, 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 S. Taynton, CPA
 County Auditor Controller / City Financial Officer (PRINT)

Phyllis S. Taynton 01/05/2023
 Signature Date

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

BOS Minute Order



Solano County

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

Meeting Minutes - Action Only

Board of Supervisors

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

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

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

Wanda Williams (Dist. 3)
(707) 784-6136

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

Tuesday, January 10, 2023

9:00 AM

Board of Supervisors Chambers

21 [23-7](#)

Approve the Mental Health Services Act Annual Update for FY2022/23 including a review of services rendered in FY2021/22 and updates to the Mental Health Services Act Three-Year Plan for Fiscal Years 2020-2023

Attachments: [A - MHSA 3-Year Plan FYs 2020-23](#)
[B - MHSA Annual Update FY 22-23](#)

Approved

MESSAGE FROM THE DIRECTOR

As we emerge from the pandemic, Solano County Behavioral Health (SCBH) is working alongside the State and county partners on a multitude of new initiatives while striving to improve our local services and continuing to offer hope and raise awareness about behavioral health issues. At the state level through CalAIM, we are faced with Med-Cal reform to improve access to care and streamline how Behavioral Health systems operate. Locally, we are faced with the need to accelerate these improvements in a flexible and creative way in spite of workforce gaps. There has not been another recent time where so much significant change has occurred in county systems; yet our expectation is that these initial steps will start to create opportunities to better serve our community and ensure financial viability across our programs and contractors.

During these changes, SCBH has focused on revitalizing our mission, vision, and values. Our staff have also prioritized these new values for the coming year: Hope; Resilience & Recovery, Voice & Choice; Community Inclusion; Diversity, Equity, Justice.

To honor the values of resilience and recovery, SCBH has been able to expand peer support services from 3 to 5 new positions for both the adult and children's systems of care. We are excited about the state Peer Support Specialist certification program and the expansion of peer support as a Medi-Cal benefit. Our Wellness and Recovery team continues to engage and support new peers in this career path that benefits both them and those we serve in profound ways.

As we look at our values of voice and choice, we have embarked on a renewed vision of who serve, how we serve, and what we offer. Through trainings and evidence-based recovery level of care tools, we are hoping to shift clinics and programs to offer a variety of treatment options. Through shared decision making, staff and individuals served will begin to identify recovery goals that are meaningful and self-directed. Our adult clinics will see an increase in case management, therapy, and recovery transition planning as we shift, define, and centralize roles across clinic and assessment teams in the next year.

Through community inclusion values, our housing and homeless team have received new grants to offer expanded services and coordinate with our continuum of care to address specialty areas of homelessness. The Homeless Outreach Partnership and Engagement (HOPE) team's street medicine and targeted outreach for those with mental health and substance use are now using the evidence-based Critical Time Intervention (CTI) model to support people with transitioning to housing. The team is helping people to qualify and move into 67 new No Place Like Home affordable housing units and 32 board and care beds with the goal to reduce homelessness, hospitalization, and jail recidivism among those with behavioral health challenges.

Finally, through our values of Diversity, Equity and Justice we look at disparities across persons served and our workforce. SCBH has faced many challenges that affect service provision and implementation efforts, however, the primary and most impactful of these is the mental health workforce crisis. In the last year, SCBH has had anywhere between 17-20% vacancy rate, totaling to up to 45 vacant positions at any given point- the majority of which are clinicians; prescribers like psychiatrists, physician assistants, nurse practitioners; nurses, and mental health specialists (case managers). These are essential direct service roles and the hardest to fill positions. SCBH's contractors are faced with the same workforce crisis. Recruitment and retention continue to be an issue and direct service staff are taking on extra work from the vacant positions to ensure we serve consumers per state timeline requirements. We are seeing a higher acuity in the need of our consumers and community and crises happening more frequently.

One exciting initiative this year will be our expansion of the SCBH Internship Program, that will help offer more students opportunities to gain exposure and experience serving people with serious mental health challenges so that hopefully they want to stay working in our system of care. Through our diversity and equity efforts, we have also been intentional in hiring and retaining staff that mirror the population we serve across Solano county. Our annual workforce survey shows we have made great improvements in hiring and retaining certain demographic groups including; Asian American/Pacific Islander, Hispanic/Latino, African American and LGBTQQ+ staff members. The SCBH workforce—both county and contractor—more closely aligns with the consumers served and the County population by race and ethnicity, further supporting the efforts made over the last several years to address health disparities.

Highlighting the value of hope, we are encouraged by the increased focus on mental health, self-care, and wellness nationally and locally. Through MHSA funding, we are fortunate to be able to innovate and tailor services to our local needs. As a county mental health plan, we continue to discuss advocate for parity across the health care system in order to meet our growing demand for mental health services and staffing. Finally, as individuals, we are hopeful that although we have faced collective trauma, we continue to make significant progress and we will rise resilient, focused on compassion for each other and our community.



Emery Cowan, LPCC
Solano County Behavioral Health
Interim BH Director

Land Acknowledgement

As a County that uses the representation of a Native American, Chief Solano, in the County seal, and as we work towards recognizing the history of genocide and inequity for indigenous people, it is important that we are congruent and authentic. The sacrifices of indigenous people on this land can be an invisible hurt and pain that is a reality for Native Americans. We would like to begin this Annual Update by acknowledging the land and the people of the land. We acknowledge the indigenous people of the Suisunes and the Patwin of the Wintun tribes, the Ohlone of the Miwok tribe and the countless other California tribes that traveled this land we live and work on utilizing the Carquinez Strait for trade. We would like to acknowledge the displacement and the lost lives due to colonization and ongoing disparities, in addition to honoring the ancestral grounds. We honor those that have passed and those that continue to live on.

As we better understand and recognize the impact of trauma on indigenous people, Solano County Behavioral Health (SCBH) is making the transition from utilizing the term “stakeholder” to reference residents and partners that engage in the community program planning (CPP) process, as the term holds a violent connotation for Native Indigenous communities. SCBH will now utilize the terms “community meetings” and/or “community partners” instead and we invite our partners to consider making this transition with us.

INTRODUCTION

Inclusion Statement

SCBH is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery. It is also of equal importance for us to improve access to quality care for underserved and underrepresented ethnic and minority populations who have been historically marginalized by health care systems. We value the importance of employing staff who possess valuable life experiences and expertise to ensure our workforce is culturally and linguistically responsive and leverages diversity to foster innovation and positive outcomes for the people we serve.

About SCBH

Mission Statement

To serve our diverse community impacted by mental health and substance use challenges in holistic ways that reinforces hope, wellness, and empowerment to live a fulfilling life.

Vision Statement

To provide quality, innovative, culturally responsive care that supports and honors each persons' authentic self and unique journey to recovery.

Core Values

- Hope
- Resilience & Recovery
- Voice & Choice
- Community Inclusion
- Diversity, Equity & Justice

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive SOC in support of the behavioral health and recovery needs of our increasingly diverse population. While our county is rich in its diversity, significant inequities continue to persist. We continue to work directly with underserved, underrepresented, and marginalized communities using the nationally recognized [Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#) used by health care providers as the benchmark for evaluation and are aligned with the U.S. DHHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010).

Purpose of This Document

The purpose of this document is to provide the SCBH Mental Health Services Act (MHSA) Annual Update for Fiscal Year FY 2022/23, which is a review of services and programs rendered during FY2021/22 including: Community Services and Support programs/strategies, Prevention and Early Intervention programs/strategies, 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 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 five components:

1. 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 health conditions, 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. 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 CPP process with community members. Additionally, up to 20% of the CSS funding can be transferred to support initiatives related to workforce development, building infrastructure, and/or to the Prudent Reserve account. Transfers for these reasons are cumulative up to 20%.

2. Prevention & Early Intervention (PEI)

PEI funds, representing 19% of the annual allocation, are intended to reduce stigma and discrimination associated with mental illness and provide 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. An Annual PEI Report and a PEI Three-Year Analysis Report are mandated per amended PEI regulations in 2016 and again in 2018.

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 the sharing of lessons learned. Each INN project requires a separate CPP process, a separate Plan and must be approved by the state Mental Health Services Oversight and Accountability Commission (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 made available to the public and submitted to the state. INN projects are generally three year projects, but with special approval from the MHSOAC projects can be up to five years.

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 in evidence-based practices and best-practice models, increasing the diversity of individuals entering the mental health field, training community partners that serve a shared consumer population, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding, therefore there has been no new WET funding since 2014. With the community's endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHSA Three-Year Plan or Annual Update 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 MHSA funding, therefore there has been no new CF/TN funding since 2014. With the community's endorsement, CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure, provided the current MHSA Three-Year Plan or Annual Update includes content addressing an identified need and how the funds will be used.

Prudent Reserve

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 the community's endorsement, and provided the current MHSA Three-Year Plan or Annual Update includes the identification of the transfer of CSS funds to the PR. 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.

MHSA Core Values

- Community collaboration and involvement, including consumers and family members, to develop a shared vision for behavioral 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.

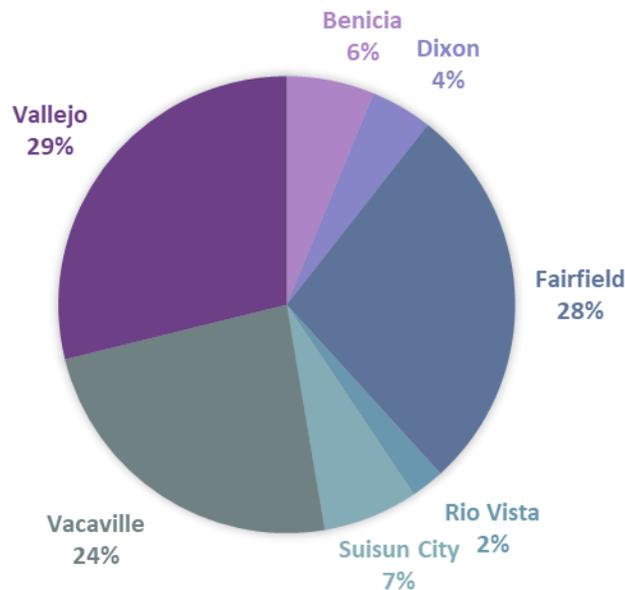
Solano County Demographics

Solano County is rich in its variety of cultures and landscape. The 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.

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (29%), Fairfield (28%) and Vacaville (24%) as the most populous cities in the County. Figure 1 shows the County population by city distribution. 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.

Figure 1
Solano County Population City Distribution



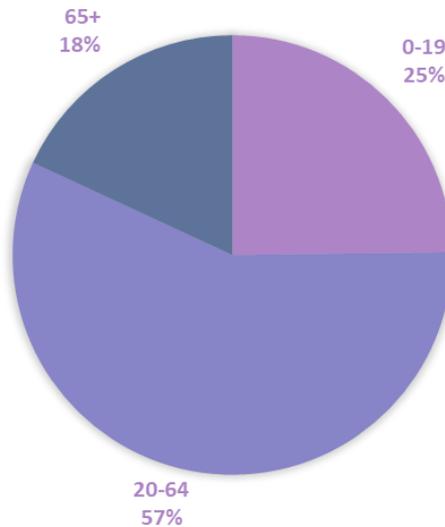
Source: U.S. Census Bureau¹

According to the *County of Solano 2021 Annual Report* the County's population was 438,527 in 2020². The population is comprised of 50.2% males and 49.8% females³. In 2020, the median household income grew to \$84,638 from the previous year's value of \$81,472 and the median property value in Solano County was \$437,900 in 2020, which is 1.91 times larger than the national average of \$229,800⁴. Ninety-five percent of the population of Solano County has health coverage, with 51% on employee plans, 17.3% on Medicaid, 10.2% on Medicare, 13.7% on non-group plans and 2.76% on military or VA plans⁵. Between 2019 and 2020, the percent of uninsured citizens in Solano County grew by 6.66% from 4.72% to 5.03%⁶.

Population Age Distribution

Figure 2 shows the Solano County population separated into three (3) different age groupings. Residents under the age of 19 (24.8%), residents ages 20-64 (57.1%) and seniors ages 65 and older (18.1%)⁷. In 2020, the median age of all people in Solano County was 38.3⁸.

Figure 2
Solano County Population Age Distribution



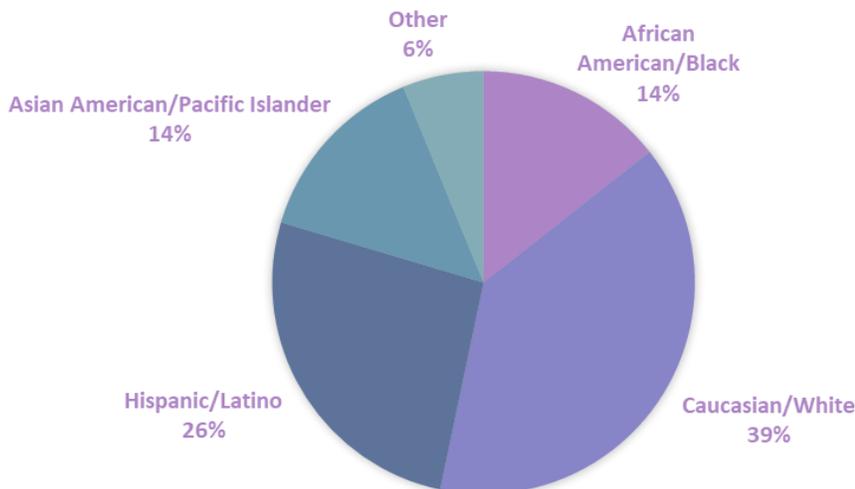
Source: County of Solano 2021 Annual Report

Population Race/Ethnicity Distribution

Solano County was ranked as the 6th most diverse county in America⁹. Twenty-nine percent of Solano County residents ages five and older speak a language other than English at home¹⁰. Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4% and as of 2020, 19.8% of Solano County residents were born outside of the United States, which is higher than the national average of 13.5%¹¹.

Figure 3 shows Solano County's population by proportion of racial/ethnic groups. Approximately 61% of the Solano County population is identified with a race other than White/Caucasian. Persons who are Caucasian/White represent 38.9% of the population; 26.3% Hispanic/Latino; 14.4% African American/Black, 14.2% Asian American/Pacific Islander (AAPI); and 6.2% other race/ethnicity groups¹².

Figure 3
Solano County Population Race Distribution



Source: County of Solano 2021 Annual Report

Impact of Coronavirus (COVID-19)

During FY 2021/22 the SCBH Behavioral Health Plan (BHP) continued to provide critical behavioral health services and supports for the community of Solano County while continuing to navigate the impacts of the Coronavirus global pandemic herein referred to as COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves. Adding to the complexity, COVID-19 impacted staffing, infrastructure and other resources, creating new challenges to address.

Service Delivery

Initially following the Stay-at-Home Order issued by Governor Newsom in March of 2020, SCBH in partnership with the County IT department, worked quickly to expand telehealth services for consumers, and clinics adapted to the COVID-19 safety measures including mask wearing, increased hygiene practices, social distancing, and vaccinations. During this most recent reporting period the SCBH BHP, which includes county-operated and contractor-operated programs, continued to successfully provide telehealth services and in-person services with safety measures. Many of the MHSA funded providers continued to provide telehealth services and or in-person services based on population being served. As a result of telehealth there has been reductions in no-shows for medication appointments and better engagement for some populations, however the telehealth model did pose some barriers for underserved communities without access to equipment or the Internet.

For many of the MHSA PEI programs that have core program components focused on community outreach and education, COVID-19 continued to pose particular challenges. Efforts were made to reimagine community engagement and education strategies. Many programs provided virtual trainings and presentations for the community, however struggled to collect required PEI demographic data and training evaluations.

A significant unexpected impact of COVID-19 is a statewide workforce crisis particularly in behavioral health, which has impacted service delivery and has created capacity challenges across the system of care. Staff vacancies are impacting both the County and contract providers at higher rates than the pre-pandemic period. SCBH and our contract partners are exploring strategies to improve recruitment efforts and to retain staff.

Funding Update

Despite initial fiscal concerns related to COVID-19, counties across California received an unexpected increase in MHSA incoming revenue in FY 2021/22. As such, Solano County has identified strategies to expend these funds based on system needs that have been identified and/or endorsed by the community through the MHSA Community Planning Process (CPP). It is important to note that the increased MHSA incoming funds are not guaranteed for future years, therefore the focus of spending will be on one time expenses or time limited projects.

Strategies include:

- Fund data collection and reporting tools to enhance the system's ability to engage in meaningful quality improvement activities; e.g., better understand and report out consumer outcomes including but not limited to, purchasing equipment or tools to allow for consumer surveys, analysis of program and systemwide outcomes.
- Increased budget for the creation of multi-media campaigns to combat stigma and discrimination, reduce suicides, and raise awareness of behavioral health services available.
- Provide funding to support the continued implementation of school-based wellness centers.
- Fund housing units to address the needs of adult consumers who have a serious mental health condition and are at risk of, or are homeless.
- Utilize funds to support securing crisis residential beds for children and youth.
- Transfer funds to the prudent reserve during FY 2022/23.
- Purchase of vehicles and equipment needed to enhance service delivery.

In addition to the strategies listed above, SCBH will continue to project and budget based on historical trends of underspending and the needs of the community. Budget allocations will be made at mid-year. It is important to note that MHSA funding is unpredictable and therefore the projections from the state can change and as such, SCBH makes adjustments accordingly. 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.

Behavioral Health Plan System Capacity

System Capacity Report

SCBH evaluates system capacity based on findings from the following sources: the most recent BHP Diversity & Equity Plan Update, the annual Solano County BHP “Workforce Equity Survey”, BHP Network Adequacy, the most recent annual External Quality Review Organization (EQRO) report, and MHSA CPP. Additionally, maps of the system of care (SOC) by programming and level of care have been developed to assist SCBH and the community with program planning.

BHP Diversity & Equity Plan

Over the last six years SCBH has continued to implement the national CLAS Standards which are a set of 15 guidelines utilized by health care providers as the benchmark for evaluation, and aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and linguistic responsiveness.

Each county BHP is required to have a Cultural Competency Plan and to update this plan each calendar year. The [Solano County Diversity & Equity Plan Update 2022](#) provides detailed information about Solano County and strategies intended to increase access to care for underserved and marginalized communities in Solano County, and to ensure the provision of culturally and linguistically appropriate services for all consumers served through the SCBH SOC.

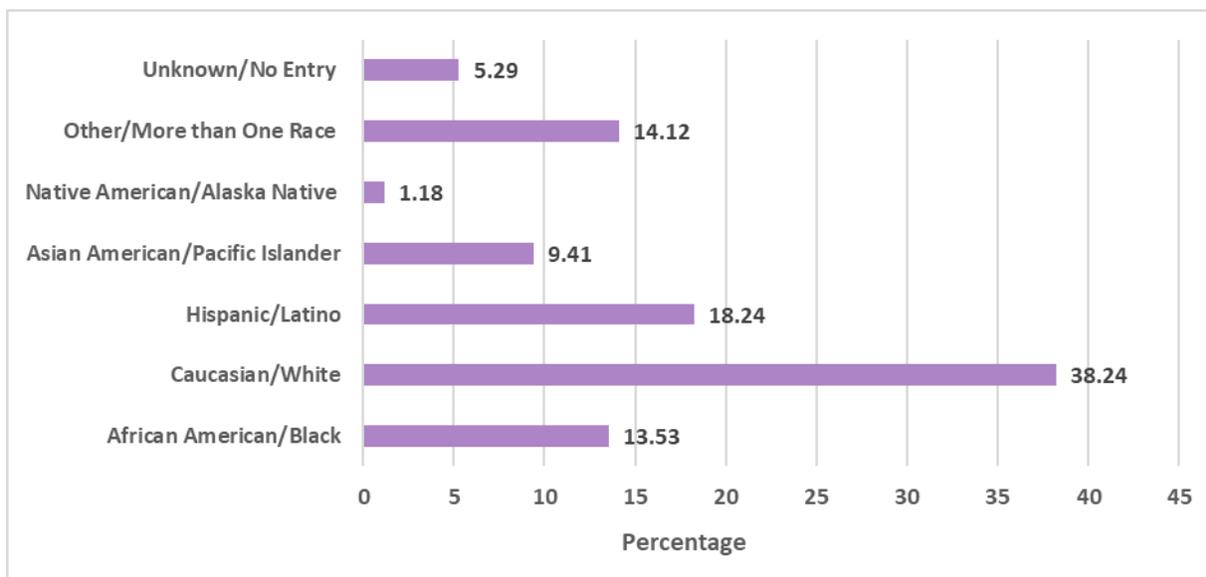
Workforce Equity Survey

Starting in December of 2017, SCBH began to administer a voluntary annual survey of the BHP workforce to gather data related to the diversity of the workforce—both County and contractor—to include employees at all levels of the BHP workforce. The annual “Workforce Equity Survey” was administered September 26, 2022 thru October 5, 2022 and yielded 171 responses. It is worth noting that the BHP has seen a 33% increase in responses to the annual survey over the past few FYs which highlights the BHP’s continued commitment to the workforce and the Solano’s diverse communities.

Workforce Demographics

Figure 4 shows the BHP workforce by race/ethnicity. Seventy-two percent (96) of the respondents identified with a race/ethnicity other than White/Caucasian.

Figure 4
Workforce Equity Survey Respondents by Race/Ethnicity

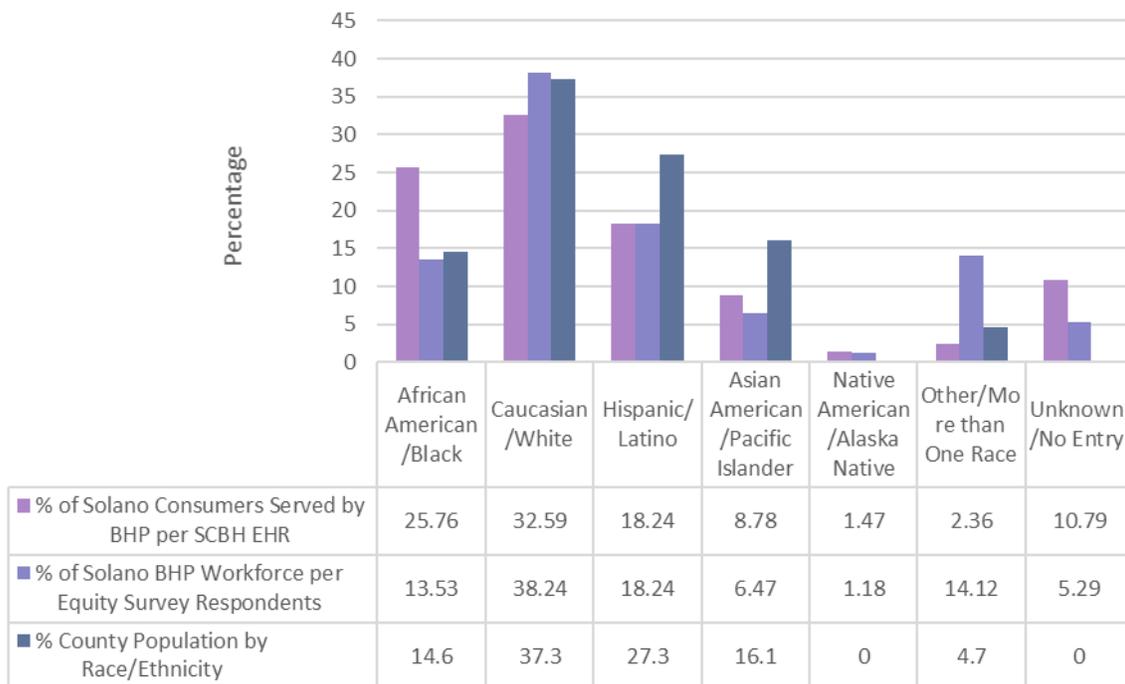


Source: SCBH BHP Workforce Equity Survey FY2022/23

The SCBH BHP has experienced a 24% increase in staff representing the African American/Black community, 10% increase in staff representing the Asian American Pacific Islander, 6% increase in staff representing the Hispanic/Latino community, and a 51% increase in staff representing the Native American/Indigenous community based on survey results comparing FY 2019/20 responses to FY 2022/23 findings. Of the 24 respondents that identified as more than one race, 38% (9) also identified as a Native American/Indigenous person representing the Comanche, Cherokee, Lokota Sioux, Blackfoot, Choctaw, and Karuk tribes. It is important to note that the BHP revised many of its demographic questionnaires after receiving feedback from local Native American/Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes¹³ and distrust for government entities.

Figure 5 shows Solano County consumers served during quarter one of FY 2022/23 compared to BHP Workforce Survey respondents by race/ethnicity. Findings indicate that the BHP workforce is aligned with the Caucasian and Hispanic/Latino consumers being served. There continues to be a disparity related to the percentage of African American/Black and Asian American/Pacific Islander consumers as compared to the BHP workforce. Community members and community partners continue to identify the need to expand the African American/Black workforce in Solano County. As such, SCBH and contractors will continue to make efforts to recruit and retain African American/Black BHP staff members.

Figure 5
Quarter 1 FY2022/23
Comparison of Consumers by Race to BHP Workforce by Race

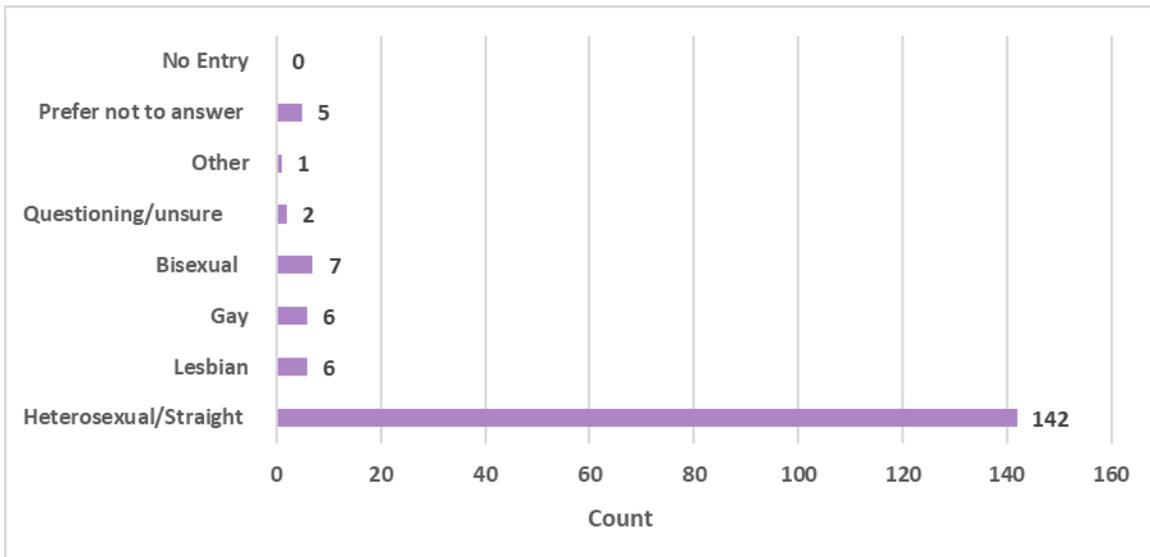


Source: Solano County BHP Electronic Health Record, SCBH BHP Workforce Equity Survey FY2022/23 and County of Solano 2021 Annual Report

Since the implementation of the *Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)* MHSA Innovation Project launched in 2016, SCBH has made significant efforts to address the needs of the lesbian, gay, bisexual, transgender, queer, questioning (LGBTQQ+) community in Solano County. As such, since the inception of the annual workforce survey, questions related to sexual orientation and gender identity/expression (SOGIE) have been included. In addition to a goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers, SCBH continues to strive to ensure a more inclusive work environment for LGBTQ+ staff as well.

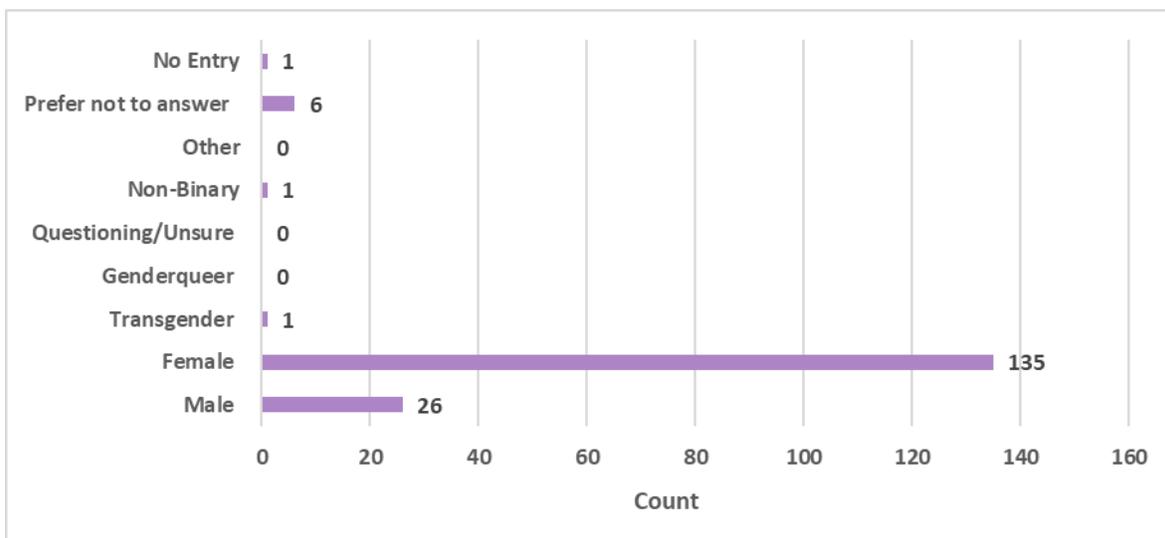
Figures 6 and 7 shows the BHP staff survey respondents by sexual orientation and gender identity/expression. The most recent survey showed that 13% (22) of the respondents identified as non-heterosexual which represents a 49% increase of respondents who identified as non-heterosexual on the 2020 survey. In FY 2021/22, 10.4% (608) of the BHP consumers served identified as non-heterosexual. In regards to gender identity/expression, 1.2% (2) of the survey respondents identified as transgender or non-binary. In FY 2021/22, 2.08% (122) of the BHP consumers served identified as transgender, genderqueer, non-binary, another gender or questioning.

Figure 6
Workforce Equity Survey Respondents by Sexual Orientation



Source: SCBH BHP Workforce Equity Survey FY2022/23

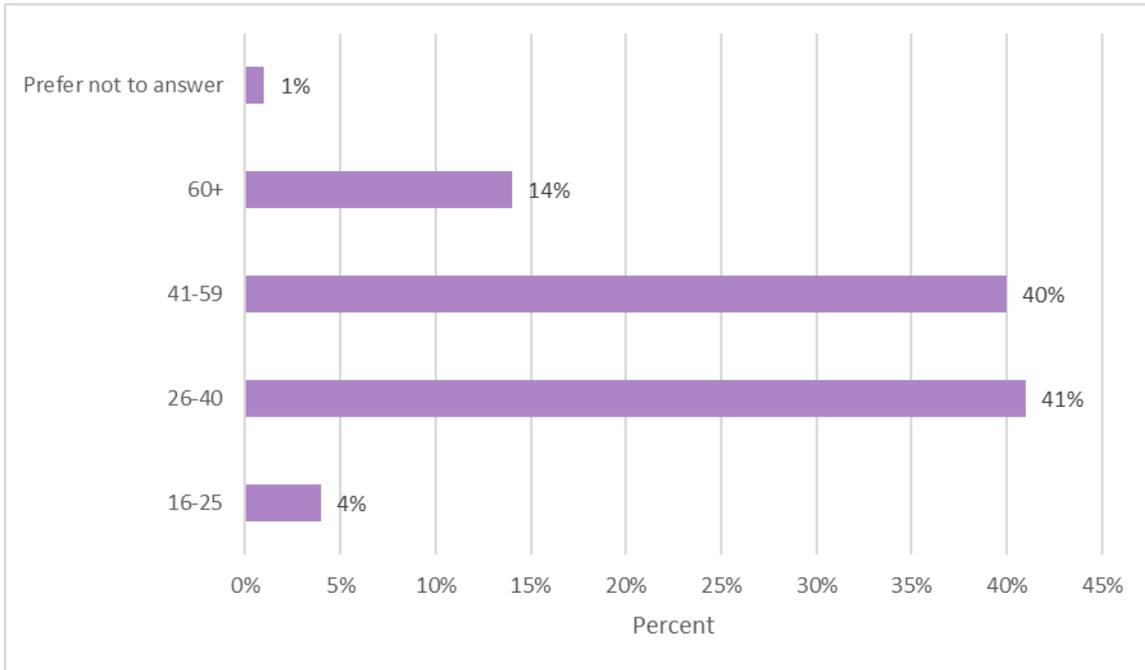
Figure 7
Workforce Equity Survey Respondents by Current Gender Identity



Source: SCBH BHP Workforce Equity Survey FY2022/23

Figure 8 demonstrates the age groupings for workforce survey respondents. Forty-one percent (70) of the respondents identified as being between the ages of 26 and 40 years old, 40% (68) between 41-59, 14% (24) 60 and over, and 4% (7) of the respondents identified as transitional age youth (ages 16-25).

Figure 8
Workforce Equity Survey Respondents by Age Grouping



Source: SCBH BHP Workforce Equity Survey FY2022/23

Linguistic Capacity

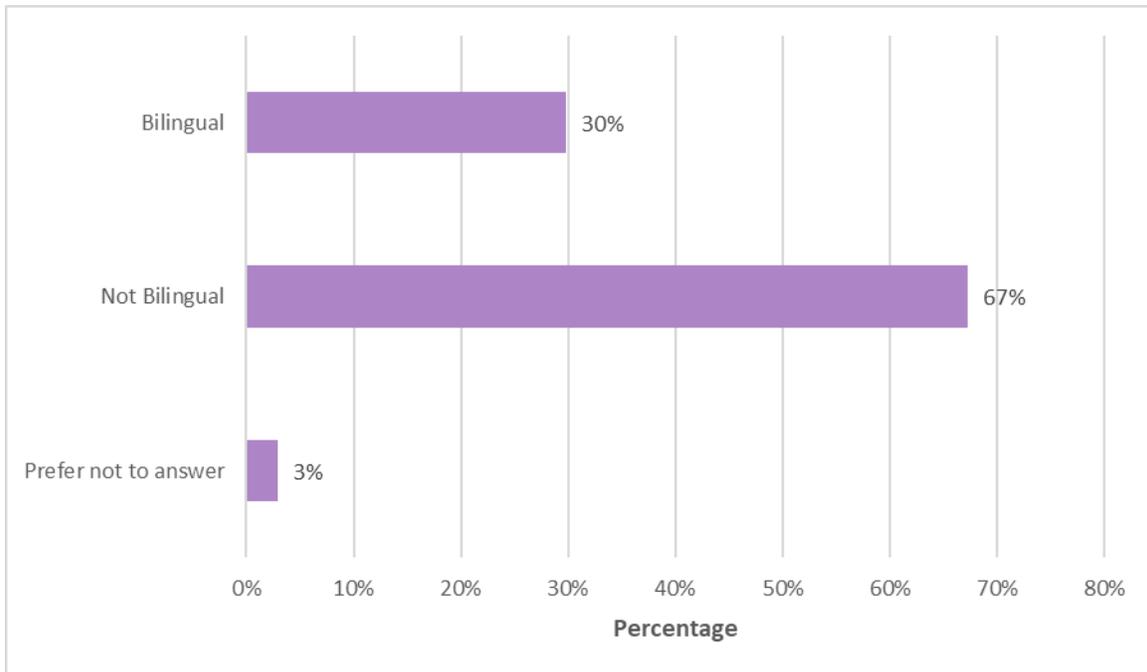
Solano County’s current threshold language is Spanish, and Tagalog continues to be a sub-threshold language. Data related to primary and preferred language for BHP consumers served during quarter 1 (July-Sept) of FY 2022/23 is listed in the table below. Of the 3,585 consumers served, 88% (3,150) identified their “primary language” as English, 7.3% (260) as Spanish, 1.2% (42) as Tagalog and 14% (50) Other. In regards to “preferred language” 85.8% (3,075) of the consumers identified English, 5.2% (186) Spanish, 0.7% (26) as Tagalog and 12% (42) as Other.

Total # of Consumers: 3,585		
Language	# of Consumers by Primary Language	# of Consumers by Preferred Language
American Sign Language (ASL)	2	4
Arabic	4	1
Cambodian	0	1
Cantonese	4	5
English	3,150	3,075
Farsi	1	0
Hindi	1	0
Italian	0	1
Korean	1	2
Laotian	2	1
Mandarin	0	0
Mien	1	1
No Entry	82	248
Other Chinese	1	0
Other Non-English	14	16
Other Sign Language	0	1
Portuguese	1	1
Punjabi	6	0
Spanish	260	186
Tagalog	42	26
Thai	2	0
Unknown	1	8
Vietnamese	10	8

Source: Solano County BHP Electronic Health Record Report 337

Figure 9 shows bilingual status for workforce survey respondents with 30% (51) of the 171 survey respondents identifying as bilingual, and of those 21% (12) identified as being in bilingual certified positions and compensated for their linguistic skills.

Figure 9
Workforce Equity Survey Respondents by Bilingual Status



Source: SCBH BHP Workforce Equity Survey FY2022/23

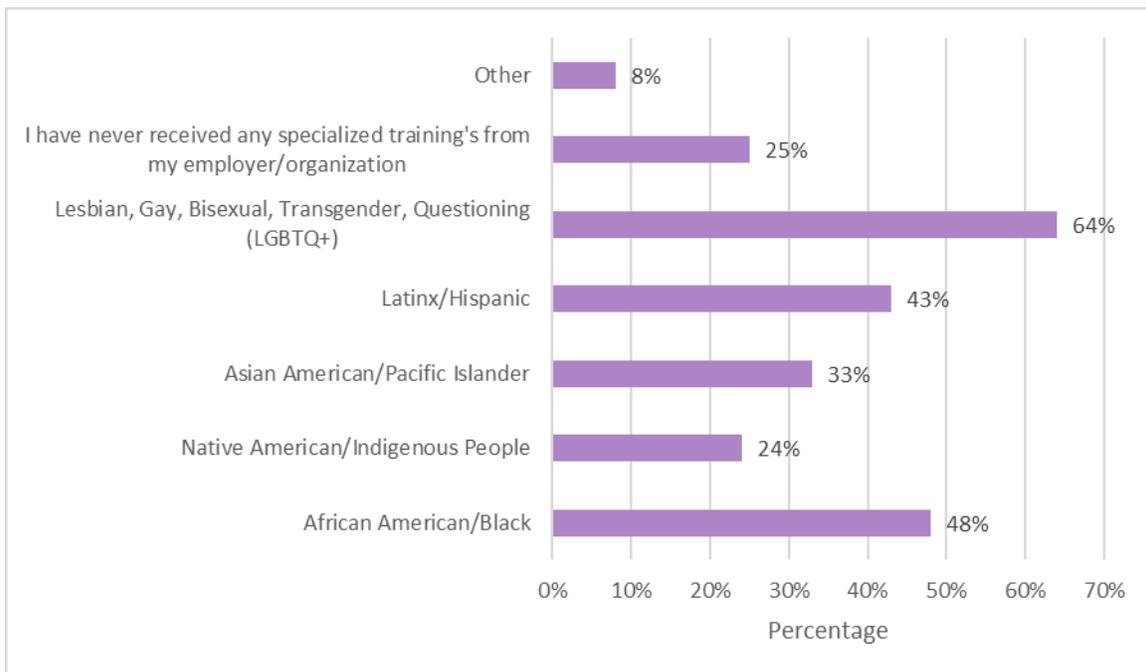
Twenty-five percent (14) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: American Sign Language, Arabic, Farsi, Mandarin, Spanish, Tagalog, and Other. There has been a historical shortage of applicants who speak Spanish and Tagalog, however 78% (38) of the staff who identified as bilingual speak Spanish (threshold language) and 6% (3) speak Tagalog (sub-threshold language).

Over the course of the last three FYs, SCBH has funded multiple rounds of *Behavioral Health Interpreter Training (BHIT)* provided by the National Latino Behavioral Health Association. One (1) session was held for bilingual staff to enhance skills related to how to act in the role of an interpreter if called upon to do so, and to increase fluency in terminology related to the mental health field. The training was provided by both a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of the Solano community. Five (5) rounds of *BHIT* was geared for direct service providers who may need to utilize interpreters when providing services and three (3) rounds of *BHIT* was adapted for reception staff. In all *BHIT* cohorts, one section covered how to access Language Link, the County’s interpreter service provider. Additionally, the training on how to access Language Link was recorded and is used for onboarding new County staff and has been shared with contract providers who have opted to utilize the County’s Language Link contract.

Training

SCBH continues to place a significant emphasis on the provision of training for the workforce to include trainings in cultural humility, evidenced-based practices, strategies for working with specific populations, etc. Two cohorts of 46 supervisors and managers from County and contractor programs have completed *Promoting Cultural Sensitivity in Clinical Supervision* provided by Dr. Kenneth V. Hardy, Ph.D. In order to support this effort, monthly consultation sessions with Dr. Hardy continue to be held for participants who completed the supervision training. Additionally, trainings provided by Dr. Hardy have been provided for direct service staff and other partners. Eighty percent (130) of the total respondents reported receiving cultural humility training in the past year. Sixty percent (97) of the respondents reported having been trained in how to access interpreter services. Of the 163 respondents who answered a question related to their comfort utilizing interpreter services, 32% (52) endorsed being comfortable using interpreters when necessary. SCBH will explore additional trainings to support the workforce to feel more confident utilizing interpreters in their work. Figure 10 demonstrates survey respondents' reporting of specialized training received by their employer to better meet the needs of various underserved populations.

Figure 10
Workforce Equity Survey Respondents by Specialized Training



Source: SCBH BHP Workforce Equity Survey FY2022/23

Lived Experience

For the FY 2021/22 Workforce Equity Survey, questions were added to identify staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner violence, neglect, etc.), and involvement with the foster care system in an effort to continue to combat stigma and promote the values of recovery and resilience. These questions continued to be included in the most recent FY 2022/23 survey. The results are as follows:

- Fifty-eight percent (96) of the survey respondents identified lived experience of mental health, and 74% (123) have a friend/family member with lived experience of mental health.
- Sixteen percent (26) of the survey respondents identified lived experience of substance use, and 66% (111) have a friend/family member with lived experience of substance use.
- Forty-one percent (69) of the survey respondents identified having experienced significant trauma, and 58% (97) have a friend/family member who have experienced significant trauma.
- Four percent (7) of the respondents identify as a person with lived experience in the foster care system and 23% (39) have a friend/family member with lived experience in the foster care system.

Implementation of the CLAS Standards

A number of survey questions were focused on personal belief systems regarding equity efforts and questions regarding adoption of the CLAS Standards for organizations/employers.

- Ninety-four percent (213) of the respondents endorsed the importance of understanding health and social inequities of in the community.
- Of the 164 respondents who answered a question regarding their employer's commitment to racial equity and reducing disparities for underserved communities, 81% (133) responded positively.
- Seventy-seven percent (125) of respondents reported their organization provides welcoming and inclusive spaces for the consumers served, e.g., providing cultural humility trainings for staff, language assistance services, artwork and materials in lobbies and office spaces that represent diverse cultures including the LGBTQQ+ community, as well as materials in different languages, etc.
- Sixty-three percent (102) responded positively to a question related to their employer providing a welcoming environment for staff, e.g., posters or other materials representing diverse cultures within the office space, etc.
- Seventy-three percent (118) of respondents reported that their supervisor or manager has provided space in supervision and/or staff/case consultation meetings to talk about race and culture (including LGBTQQ+) and the impacts of this on consumers served.
- Of the 163 respondents who answered a question related to the organization they work for promoting their expression of their cultural identity and being their authentic self, 66% (107) responded positively.

BHP Network Adequacy

In February of 2018, County BHPs were informed by the DHCS that they would need to track and report on the adequacy of the BHP network of services it uses to serve Medi-Cal eligible individuals. Network Adequacy standards, consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. 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. Starting in FY 2021/22 DHCS initiated a monthly reporting process through a web-based portal that will be used to support the annual certification. During FY 2021/22, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards.

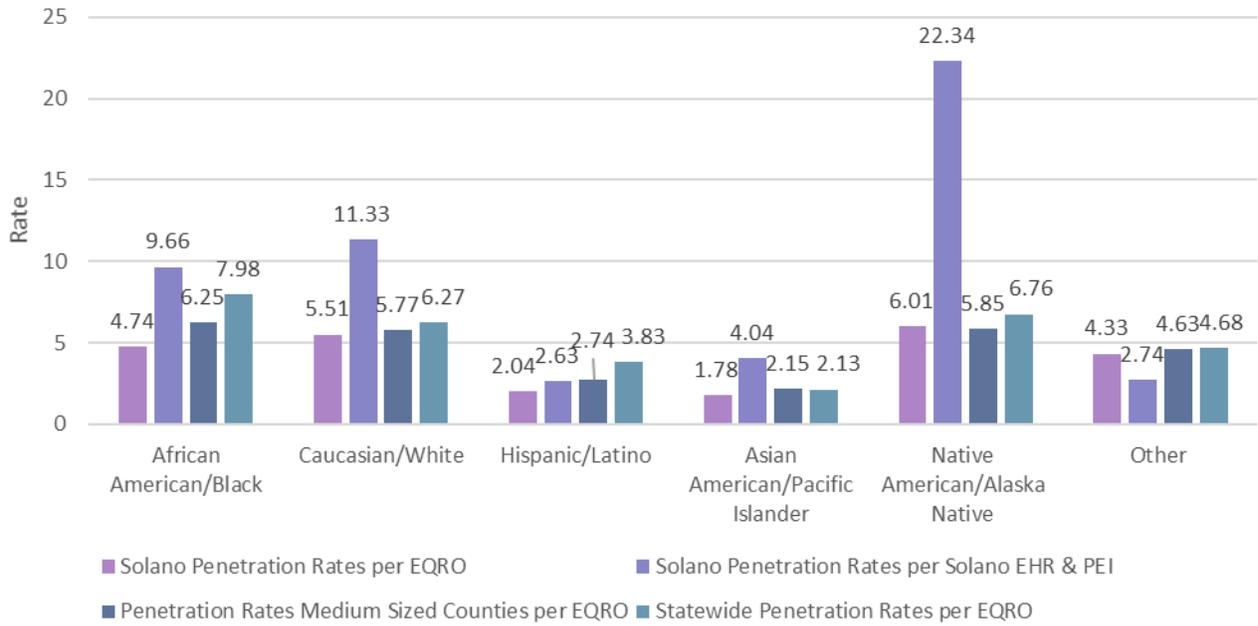
EQRO Annual Report

An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. For the most recent ***FY2021/22 Medi-Cal Specialty Mental Health External Quality Review: Solano BHP Final Report*** please click [here](#).

Figure 6 shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state. Penetration rates are calculated using the total number of county Medi-Cal eligibles by race compared to billed Medi-Cal services as identified through the annual External Quality Review Organization (EQRO) Report (CY 2020 is most current data available). It is important to note that EQRO only reviews Medi-Cal billing through the Department of Health Care Services (DHCS) which will not include services that the BHP provides for uninsured indigent consumers, or consumers served through PEI funded programs that do not bill Medi-Cal. Therefore, SCBH has included data directly from the electronic health record (EHR) and PEI reporting tools for actual services rendered by race, regardless of whether SCBH was reimbursed by the state. This adjustment provides a more accurate depiction of service delivery and disparities. Significant strides have been made related to serving the Hispanic/Latino and Asian American/Pacific Islander communities. Upon review of the differences between the EQRO penetration rates for Solano versus penetration rates calculated directly from the County's EHR and PEI reporting tools, inferences can be made that there are higher rates of Caucasian/White and African American/Black uninsured indigent community members which is aligned with the most recent Solano County Point in Time (PIT) Count 2022, assessment of the local homeless population¹⁴.

Figure 6

CY 2020 Solano County Penetration Rates Compared to Other Medium Sized Counties & State



Source: Solano County EQRO Final Report 2021/22 and Solano County BHP Electronic Health Record

Community Education on the System of Care

SCBH utilizes system mapping to assist with providing the community an overview of funded programs for the Children’s SOC and Adult SOC, as well as Children’s levels of care (LOC) and Adult’s LOC (see Appendix, pg. 208-209). Throughout the year SCBH staff members provide presentations on the SOC for community partners which includes; the BHP target population, funding sources, MHSA components, the community’s role, how to access services, children and adult programming, acute care services and resources (see Appendix for a sample SOC presentation, pg. 210-216). During FY 2021/22, the MHSA Unit provided five SOC trainings to community partners in addition to the SOC trainings that were embedded in MHSA CPP meetings.

Community Engagement

SCBH makes concerted efforts to recruit and include peer consumers, family members, providers, and community partners on; various BHP Committees including the Suicide Prevention Committee, Diversity and Equity Committee, Quality Improvement Committee, the local Mental Health Advisory Board (MHAB); targeted workgroups for special quality improvement projects; and the MHSA CPP process. The aforementioned Committees and workgroups can include policy development and review, monitoring of data and system utilization, quality improvement efforts and program evaluation. From 2016-2021 SCBH implemented the ICCTM Innovation Project which was anchored in the national CLAS Standards and community engagement. As a result of the ICCTM INN Project fourteen (14) community-defined quality improvement (QI) Action Plans were developed and SCBH continues to implement the Plans. Several of the QI Action Plans involved community feedback loops and shared decision-making. For more information on the ICCTM Project and the QI Action Plans see pages 192.

The SCBH MHSA Unit collects data for each MHSA-funded contract on a monthly or quarterly basis pending the service type. Each program is provided a unique data reporting tool that includes the program’s specific deliverables and mechanisms to collect demographic data as well as linkage data for PEI funded programs. On a quarterly basis the SCBH MHSA Unit meets with contractors to provide quarterly snapshots of performance outcomes, fiscal expenditures, and demographics of participants served. During the quarterly meetings program highlights and barriers are identified and SCBH partners with the programs to address barriers as needed. On an annual basis a Narrative Report is collected to elicit additional program performance data, overall program highlights and barriers, and equity efforts.

During CPP meetings SCBH provides training on MHSA, an overview of the SOC, program evaluation and budget allocations by components. During each meeting various strategies are used to elicit feedback from community partners including small breakout groups with targeted questions, polling questions, surveys, graffiti wall when in-person meetings are held.

Community Program Planning (CPP) Process

Community Engagement

Due to local increases in COVID-19 cases at the time of the CPP meetings, the MHSA Unit engaged community partners in a virtual CPP process. Overall, six (6) virtual community forums were held (see flyers, Appendix, pgs. 217-219); information was gathered from community partners at three (3) standing meetings, and targeted focus groups were held with adult consumers served through the Wellness Recovery Centers. The CPP meetings include representation from: consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; representatives from the County’s underserved and underrepresented communities, etc.

Community Forums & Meetings

Members of the SCBH MHSA Unit staff facilitated the virtual community forum meetings and in-person focus groups.

Date	Type of Planning Meeting	# Attendees
September 13, 2022	SCBH Diversity & Equity Committee Bi-monthly Meeting via Zoom	26
September 19, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	23
September 20, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	9
September 21, 2022	Solano County Suicide Prevention Committee Monthly Meeting via Zoom	22
September 21, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	15
September 21, 2022	BHP Diversity and Inclusion Approaches to Service Delivery Monthly Meeting via Teams	35
September 22, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	20
September 26, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	21
September 28, 2022	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	10
September 30, 2022	Fairfield Adult Wellness Recovery Center Site Visit – Focus Group	10
October 4, 2022	Vallejo Adult Wellness Recovery Center Site Visit – Focus Group	14
Total number of MHSA Unit staff participating in various meetings (not included in attendee count)		11

CPP Process

Each community forum included a PowerPoint presentation (see Appendix, pg. 200) on: The history and components of MHSA; The role of the community in the CPP process, state and local MHSA updates including any relevant policy changes; Regulations and state updates related to MHSA; A brief overview of the SOC and programs/services funded by MHSA; Outcomes for MHSA-funded programs and services rendered during FY 2021/22; Budget expenditures for FY 2021/22 and budget allocations for FY 2022/23; And County identified needs and gaps in the system of care. The presentation was followed by breakout sessions with targeted questions (see Appendix, pgs. 226-227) to prompt group discussions to elicit feedback regarding new ideas and/or gaps within the mental health system of care.

Community forums were advertised through the following avenues: email announcements to over 500 community partners; emails to all County Health and Social Services staff which includes 1,200 employees; emails sent out through partner email distribution lists; meeting flyers available in English, Spanish and Tagalog posted in County and Contractor clinic lobbies; posts on social media platforms including Facebook, Instagram, and Twitter.

MHSA Unit staff also gathered information through standing Committee meetings and/or meetings focused on system improvements. Additionally, targeted focus groups were held with adult peer consumers served through the two Wellness and Recovery Centers. The questions utilized during the community forums were used to gather feedback from peer consumers via focus groups.

Local Updates

During the CPP meetings information was shared with attendees regarding local updates that impact Solano County residents and the SCBH system of care (SOC).

- Suicide and overdose deaths are increasing in Solano County.
- Solano County is one of two counties in California that has a Kaiser carve-out whereby individuals who apply for Medi-Cal can opt to select Kaiser Medi-Cal, which allows them to be served through Kaiser rather than County Behavioral Health.
 - ◊ DHCS, which is the state oversight entity, wants to eliminate the Kaiser carve out which will result in Kaiser transferring all the Medi-Cal consumers they serve who have a serious mental health diagnosis to the County. It is estimated that this could be 2,000 consumers or more.
 - ◊ SCBH will not receive additional funding to serve the consumers that will be transferred.
- Staffing Challenges
 - ◊ COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and consumer outcomes. Staff recruitment and retention are impacting both County and contractors. SCBH has had a 15-20% vacancy rate during the reporting period and for contractors their vacancy rates are similar or higher.

Legislative & State Updates

During the CPP meetings information was shared with attendees about legislative updates that may impact the SCBH SOC and MHPA funding.

- California Advancing and Innovating Medi-Cal (CalAIM) is focused on moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. CalAIM priorities include but are not limited to:
 - ◊ No wrong door access
 - ◊ Loosening of medical necessity
 - ◊ Redesign of documentation requirements
 - ◊ Pending payment reform which will include outcome based reimbursement
- Senate Bill 1338 CARE Court was signed by Governor Newsom September 14, 2022 and creates a new expansive court infrastructure to enforce court-ordered treatment and services on unhoused Californians.
 - ◊ CARE Court is an unfunded mandate that Solano County will be expected to implement by December of 2024
- The overall recession will impact funding that County Behavioral Health receives which includes a projected reduction in MHPA funding for FY 2023/24.
- There is significant funding from the State that will be available through grants directed to local education agencies (LEAs) to support student mental health.

CPP Participant Demographics

Demographic information was collected through an electronic survey for the participants who attended virtual community forums, and paper forms were collected from peer consumers at the Wellness and Recovery Centers. The survey included the following elements; age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, community partner type, and whether the individual had lived experience.

Of the 94 unduplicated attendees who attended CPP meetings, 74 completed the survey. Seventy-four percent (55) of the survey respondents were between the ages of 26-59, 18% (13) were 60 or older, 3% (2) were between the ages of 16-25, and the remaining declined to answer. With regard to race/ethnicity, 30% (22) of the respondents identified as Caucasian/White, 22% (16) as Asian American/Pacific Islander, 19% (14) African American/Black, 11% (8) as more than one race, 8% (6) as Hispanic/Latino, 3% (2) as American Indian/Alaska Native and the remaining declined to answer. The survey respondents who identified as a Native American/Indigenous person identified the following Tribe affiliations: Anishinaabe and Cherokee-AK. Seventy-eight percent (58) of the respondents identified English as their primary language, 9% (7) Tagalog, 4% (3) Spanish, 3% (2) as Other and the remaining declined to answer. Ninety-five percent (70) of the attendees identified English as their preferred language, 1% (1) Tagalog, and the remaining declined to answer. Thirty-four percent of the survey respondents identified as a family member of an

individual who is active in the military, served or is a veteran, 7% (5) identified as a veteran, and 1% (1) identified as active in the military.

Of the 71 survey respondents who answered the question related to current gender identity, 59% (42) identified as female, 39% (28) as male, and 1% (1) identified as nonbinary. Regarding sexual orientation of the 71 respondents who answered this question 87% (62) identified as heterosexual, 4% (3) as gay, 3% (2) as lesbian, 3% (2) as “other”, 1% (1) as bisexual and 1% (1) responded “prefer not to answer”.

The table below demonstrates how meeting participants who responded to the survey self-identified in terms of community partner type. Please note that respondents were encouraged to select all that applied therefore these are not unduplicated numbers.

Meeting Attendee Partner Type	
Consumer/Peer	35
Provider	29
Community Member	14
Family Member	12
Education	10
Law Enforcement	1

Figure 11 demonstrates City of Residence for CPP meeting attendees. SCBH gathers this information in order to evaluate the representation of community members from different cities and regions of Solano County.

Figure 11
CPP Meeting Participants by City of Residence

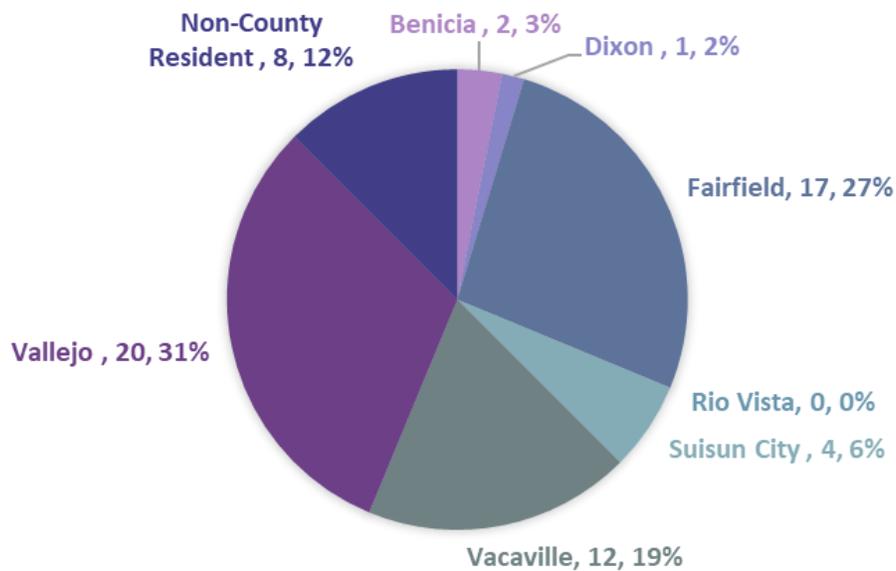
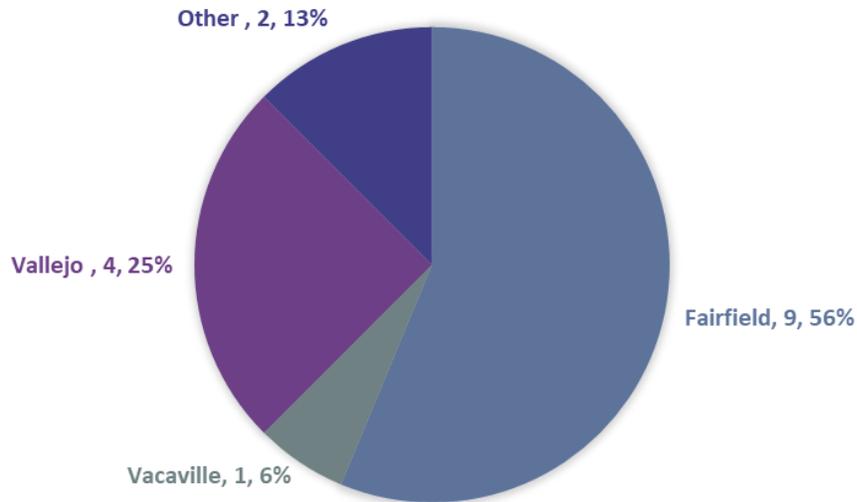


Figure 12 demonstrates the primary work location in Solano for meeting participants who are not Solano County residents. SCBH gathers this information in order to evaluate the representation of community members from different cities and regions of Solano County.

Figure 12
Non-Solano Resident CPP Participants by Primary Work Location



Based on the data collected SCBH will increase efforts to engage residents from the cities of Benicia, Dixon and Rio Vista.

CPP Strengths of SOC Identified

Below are the top five strengths identified by community partners during the MHSA Annual Update CPP meetings:

1. Collaboration between partners including County and CBO partners
2. Equity efforts to address disparities
3. The support of SCBH and efforts to build trust and engage the community
4. Strength of the contracted partners
5. Peer-to-Peer Model and Peer staff
6. Resources available in the community
7. The care provided by staff and providers across the system of care

CPP Needs Identified

Below are the responses to a polling question asking which age group is at highest risk for being impacted by gaps in care listed in order of highest to lowest risk..

1. School Aged Children (ages 6-15) 30%
2. Older Adults (ages 60+) 30%
3. Transition Aged Youth (ages 16-25) 20%
4. Adults (ages 26-59) 20%
5. Early Childhood (ages 0-5) 0%

CPP Needs/Gaps Identified

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 and will increased funding to meet the identified needs and/or implement new strategies as aligned with identified gaps in the system of care.

Below are the top five priorities/needs identified by community partners during the MHSA Annual Update CPP meetings listed in order of ranking:

1. Stigma reduction activities and utilization of multi-media, including social media, to educate the community and raise awareness of services.
2. Staff shortages impacting access to care
3. Services and support for children/youth with an emphasis on school-based services, parent education and postvention support for suicides and community violence
4. Services and support for homeless population and access to affordable housing
5. Services for seniors

Rankings from the CPP meetings can be found in the Appendix, page 228.

Mental Health Advisory Board (MHAB)

The MHAB convenes each month on the third Tuesday of the month from 4:30-6 PM. The MHAB is comprised of community representatives, consumers of mental health services, family members of loved ones with mental illness, and a representative from the Solano County Board of Supervisors, all of whom are committed to mental health issues and community mental health services. The MHAB is committed promoting awareness about mental health, reducing stigma and discrimination, promoting diversity, and supporting recovery from mental illness. At each Board meeting the MHSA Coordinator reports out updates related to MHSA programming, program outcomes, local mobile crisis and suicide data and legislation that impacts the local MHSA Plan. Community members and behavioral health providers attend the MHAB meetings and are invited to make public comments on the information shared.

Local Review Process

On November 14, 2022 a draft version of the *Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022/23* was 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 email to over 500 community partners and 1,200 County Health and Social Services staff.

The 30-Day Public Comment period was held from November 14, 2022 thru December 13, 2022. Public Comment forms and instructions for how to submit public comment were posted on the website. During the virtual Public Hearing there was a process for public comment.

A Public Hearing was held virtually in partnership with the Solano County local MHAB on December 13, 2022, 4PM-5PM in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20.

Following the Public Hearing the *Mental Health Services Act Annual Update for Fiscal Year 2022/23* was presented to the Solano County Board of Supervisors on January 10, 2023 for approval, and then submitted to the Mental Health Services Oversight Accountability Commissions (MHSOAC) and DHCS.

Mental Health Services Act Annual Update

In this section of the document, programs funded by MHSA during FY2021/22 will be reviewed to include: Unduplicated count of individuals served when possible; Program performance outcomes; Cost per person or total program cost; Participant demographics; Program highlights and barriers; Equity efforts; And, changes anticipated for FY 2022/23.

Community Services and Supports (CSS)

CSS programs and services are intended to expand and transform services for children, youth, adults, and older adults living with serious mental health conditions, with an emphasis on culturally responsive and recovery-oriented services. While the MHSA regulations mandate counties to report out the demographics of participants receiving services and supports under the PEI component, this is not a requirement for the CSS component. However, given SCBH has implemented the CLAS Standards, which includes the monitoring of all our programs and services through an equity lens when there was a mechanism in place report out demographic data, the data has been included for CSS programming. The demographic data for participants served will include age category, race, ethnicity, language, gender assigned at birth, current gender identity, sexual orientation, city of residence, and veteran's status.

Full Service Partnerships

In FY 2021/22, SCBH funded six (6) Full Service Partnership (FSP) programs both through county-operated programs and contract providers. The FSP programs included the SCBH Child/Youth FSP; SCBH Foster Care Treatment Unit (FCTU) FSP; Transitional Age Youth (TAY) FSP; SCBH Assertive Community Treatment (ACT) FSP; Contractor Adult FSP; and Contractor Adult HOME FSP.

FSP programs exist for individuals of all ages who would benefit from an intensive service program for persons living with serious and persistent mental health conditions, including co-occurring substance use issues, and who would like to work in partnership with a service provider team to develop and achieve individualized goals. Individuals receiving FSP level services have not been able to stabilize at lower levels of care, and their mental health challenges have impacted their ability to maintain community stability. Examples include individuals who have experienced or are at risk of experiencing:

- Psychiatric hospitalization
- Frequent use of crisis services
- Homelessness/housing instability
- Involvement with the Child Welfare system, at risk of out of home placement and/or loss of placement
- Commercially sexually exploited children/youth (CSEC)
- Incarceration or frequent justice involvement
- Transitioning from residential or institutional treatment settings back to the community
- Being unserved/underserved

FSP programs are anchored in a “whatever it takes” philosophy and work to leverage all resources available to help people meet their individual recovery goals. The recovery process is not just improvement in mental health, but improvement in quality of life activities, including employment, education, meaningful relationships and independence.

FSP services involve a multidisciplinary approach with teams comprised of mental health clinicians, mental health specialists, case managers, peer support specialists, co-occurring specialists, nursing staff, and psychiatry providers, all 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 (treatment plans) in order to provide a full spectrum of behavioral health services and community supports to assist consumers in achieving their individual identified goals.

Services are “person-centered”, allowing each individual to choose services based on their preferences and needs and may include the following:

- Individual therapy or group services
- Rehabilitation and skill building supports
- Family therapy
- Peer support and wellness recovery planning
- Substance use counseling
- Collateral support; psychoeducation and support for family members, caretakers, and other identified support persons
- Intensive case management: referrals and linkage to community resources
- Psychiatric evaluation and medication management
- Nursing services
- Crisis intervention services
- 24/7 warmline phone support

Services are provided in homes, the community and the office setting pending the need of the consumer. FSP services are delivered in a manner that is culturally and linguistically responsive, with a focus on the promotion of wellness, recovery, and resiliency. 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.

SCBH uses a Transitions in Care (TIC) committee process to review cases referred for FSP level services in order to determine the most appropriate level of care and edibility for FSP. If an FSP level of treatment is warranted, the TIC committee refers the consumer to the most appropriate FSP program to meet their individual needs. The Contractor Adult HOME FSP is able to engage individuals who are homeless in treatment without adhering to the TIC review process. The SCBH FCTU FSP program receives referrals directly from Child Welfare Services (CWS). Additionally, for children and youth who have been identified as CSEC, these consumers are fast tracked to the Transitional Age Youth (TAY) FSP who has a team who specializes in working with the CSEC population.

All of the FSP adult programs funded by SCBH have been trained in the Assertive Community Treatment (ACT) evidenced-based practice (EBP) model and all of the FSPs programs serving youth have been trained in the Transitions to Independence Process (TIP) EBP model.

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

Name of Program: SCBH Child/Youth FSP

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, had multiple placement changes, loss of school placements, etc. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

Program Performance Measures

Unduplicated Individuals Served: 129

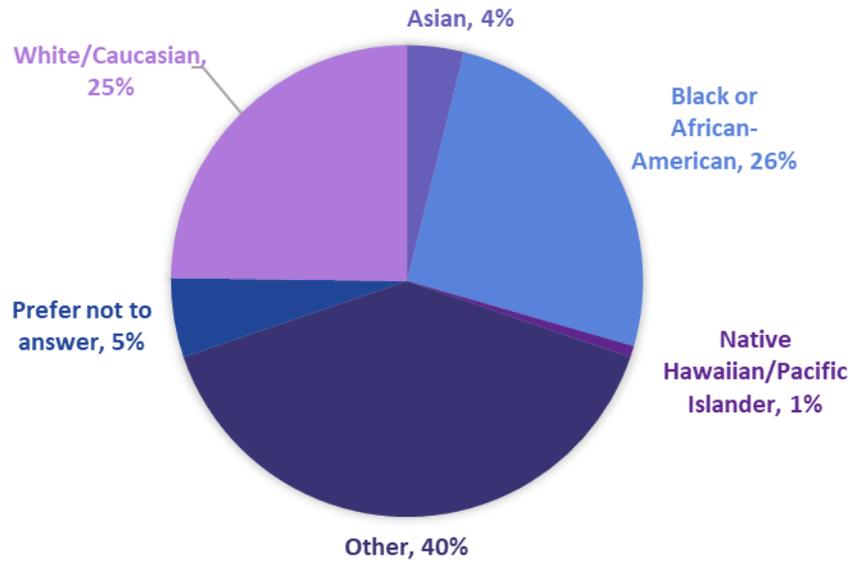
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	16% (21) of the consumers served were hospitalized 1 time during the course of treatment. 7% (9) of the consumers served were hospitalized 2 times or more times during the course of treatment.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	1% (1) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	2% (3) of the child/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers.	An average of 2% (2) consumers served experienced an incidence of placement loss.

Financial Report

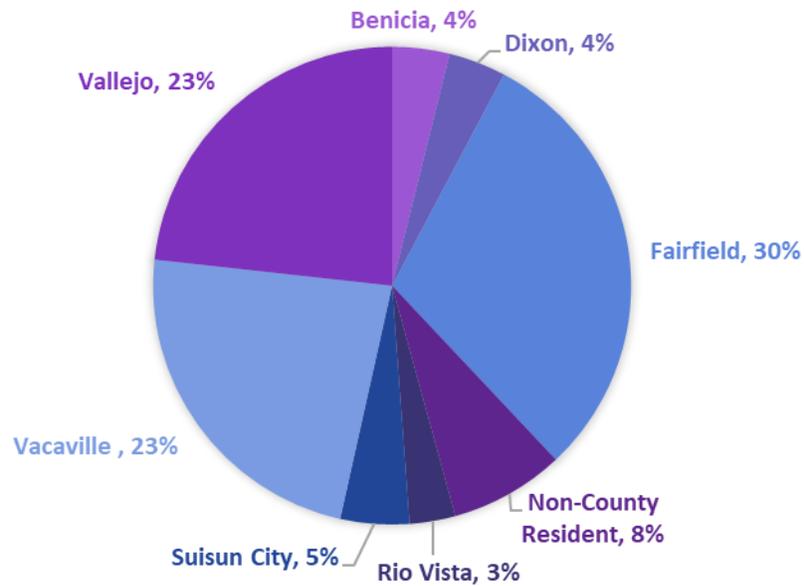
Cost per person	\$19,051
Budgeted Amount FY 2021/22: \$2,730,693	Total Expenditures FY 2021/22: \$2,457,548
Budgeted Amount FY 2022/23: \$3,085,085	

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

RACE



CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			126
Age	%	Ethnicity	%
0-5	2%	Caribbean	1%
0-15	66%	Central American	0%
16-25	34%	Mexican/Mexican-American/Chicano	30%
26-59	0%	Other Hispanic/Latino	16%
60+	0%	Puerto Rican	1%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	0%	Asian Indian/South Asian	0%
Asian	4%	Cambodian	0%
Black or African-American	26%	Chinese	0%
Native Hawaiian/Pacific Islander	1%	Eastern European	0%
Other	40%	European	0%
Prefer not to answer	5%	Filipino	0%
White/Caucasian	25%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	40%	Other Non-Hispanic/Latino	39%
Female	60%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	13%
Current Gender Identity		More than one ethnicity	0%
Male	36%	City of Residence	
Female	45%	Benicia	4%
Genderqueer	2%	Dixon	4%
Other	4%	Fairfield	30%
Prefer not to answer	5%	Non-County Resident	8%
Questioning/unsure	5%	Rio Vista	3%
Transgender	2%	Suisun City	5%
Sexual Orientation		Unincorporated	0%
Gay	2%	Unknown/Not Reported	0%
Bisexual	17%	Vacaville	23%
Heterosexual/straight	47%	Vallejo	23%
Lesbian	2%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	8%		
Prefer not to answer	16%		
Queer	2%		
Questioning/unsure	5%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	81%		
Ilocano	0%		
Other	0%		
Prefer not to answer	1%		
Spanish	18%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	83%		
Tagalog	0%		
Other	2%		
Spanish	16%		

Highlights & Achievements

- This FSP program currently has three bilingual clinicians and three bilingual mental health specialists which has resulted in expanded services for the Latino/Hispanic community.
- In June, the FSP team participated in a staff development day during which each team member presented, taught, and modeled a therapeutic intervention that could be shared with the youth and families served by the program. Additionally, this event fostered peer-to-peer support as well as increased staff morale.
- The FSP program offers substance use disorder (SUD) support through a designated SUD liaison, who served over 20 youth in their recovery including connecting two youth to a SUD residential program.
- The FSP team made efforts to diversify skills by attending extra trainings and earning certifications including having two staff certified as Site-Based TIP trainers; one clinician attended an Eye Movement Desensitization and Reprocessing (EMDR) therapy training and is working on becoming certified; and two staff were trained as trainers in the Professional Assault Crisis Training (Pro-ACT) model and will be helping to train staff across the Behavioral Health Division.

Challenges & Barriers

- FSP staff have continued to work with the consumers in spite of ongoing concerns related to COVID.
- In addition to telehealth appointments, program staff have been creative in having sessions in the park, in backyards, community locations, through windows, and using folding chairs and tables. By maintaining consistent contact, consumers experienced a reduction in hospitalizations, suicidality, and involvement with the juvenile justice system.
- During FY 2021/22 there were significant staff vacancies including: one supervisor position and four clinician positions due to staff changes, moving, retirement, and promotions. Despite system-wide capacity and hiring issues, FSP staff maintained elevated caseloads to help reduce waitlists across the children's system of care.

Equity Efforts in FY 2021/22

Efforts have been made to hire bicultural and bilingual staff resulting in a diverse team from an array of cultural backgrounds, religions, countries of origin, and ethnicities. Program staff attend SCBH's Diversity & Equity Committee. The FSP team now has six (6) bilingual Spanish-speaking direct service staff as well as a Spanish-speaking supervisor. When unable to access a bilingual staff member the team provides services for consumers in their preferred language by requesting interpreter services through Language Link. The ability to provide linguistically appropriate services has resulted in an increase in Spanish-speaking children and families being served. Despite serving less consumers during FY 2021/22 (128) as compared to FY 2020/21 (143), 18% (23) of the consumers served in FY 2021/22 identified Spanish as their primary language compared to 13% (19) in FY 2020/21.

The program continues to make intentional efforts to display wall hangings and other materials in the clinic that represent diverse communities including creating an inclusive space for LGBTQ+ children and youth resulting in an increase in consumers self-identifying as being part of the LGBTQ+ community. In FY 2020/21 of the 143 consumers served 24% (35) children/youth identified as non-heterosexual compared to FY 2021/22 of the total 128 consumers served 37% (47) identified as non-heterosexual. In FY 2020/21 of the 143 consumers served 6% (9) children/youth identified as transgender, queer, questioning or non-binary, compared to FY 2021/22 of the total 128 consumers served 13% (17) identified as transgender, queer, questioning or non-binary.

Changes or Updates Planned for FY 2022/23

The program has had a Family Specialist position approved which will allow for the program to hire a person with lived experience of having a loved one who has a mental health condition.

Number of Children (0-5) served FY 2021/22: 3

Number of Children (6-15) served FY 2021/22: 83

Number of TAY (16-25) served FY 2021/22: 43

Estimated Number of Children (0-5) to be served FY2022/23: 6

Estimated Number of Children (6-15) to be served FY2022/23: 97

Estimated Number of TAY (16-25) to be served FY2022/23: 55

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 Child Welfare Services (CWS). 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, have continued involvement with child welfare, are involved with the juvenile justice system, may have had multiple placement changes, etc. Consumers are referred directly by Solano County CWS. Program goals include the enhancement of each person's quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

Program Performance Measures

Unduplicated Individuals Served: 82

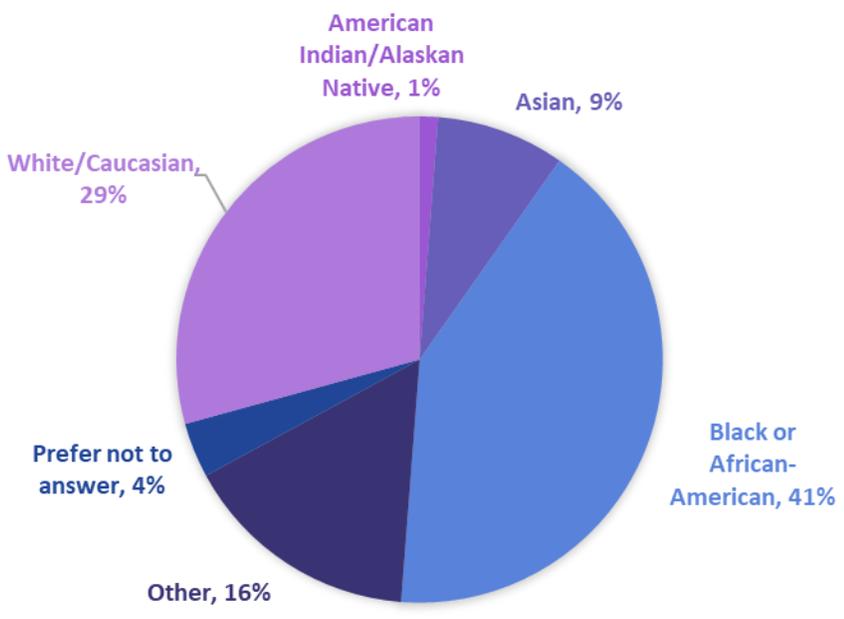
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	5% (4) of the consumers served were hospitalized 1 time; and 1% (1) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for 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.	Of the 82 consumers served only 1% (1) of the youth had loss of placement.

Financial Report

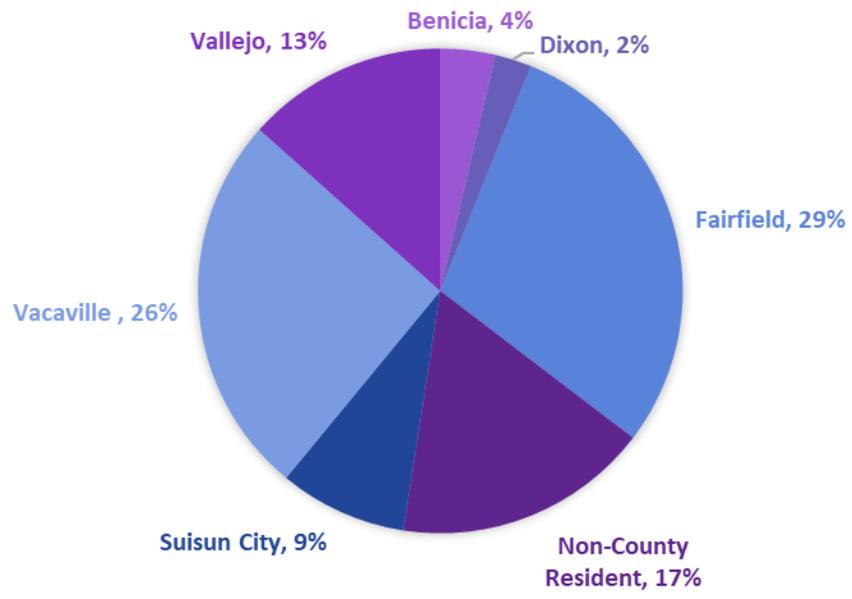
Cost per Person	\$5,684
Budgeted Amount FY 2021/22: \$2,270,692	Total Expenditures FY 2021/22: \$1,203,577
Budgeted Amount FY 2022/23: \$1,713,807	

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

RACE



CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			82
Age	%	Ethnicity	%
0-5	4%	Caribbean	0%
6-15	72%	Central American	0%
16-25	24%	Mexican/Mexican-American/Chicano	20%
26-59	0%	Other Hispanic/Latino	5%
60+	0%	Puerto Rican	1%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	1%	Asian Indian/South Asian	0%
Asian	9%	Cambodian	0%
Black or African-American	41%	Chinese	0%
Native Hawaiian/Pacific Islander	0%	Eastern European	0%
Other	16%	European	0%
Prefer not to answer	4%	Filipino	0%
White/Caucasian	29%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	35%	Other Non-Hispanic/Latino	50%
Female	65%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	24%
Current Gender Identity		More than one ethnicity	0%
Male	33%	City of Residence	
Female	54%	Benicia	4%
Genderqueer	0%	Dixon	2%
Other	1%	Fairfield	29%
Prefer not to answer	11%	Non-County Resident	17%
Questioning/unsure	1%	Rio Vista	0%
Transgender	0%	Suisun City	9%
Sexual Orientation		Unincorporated	0%
Gay	1%	Unknown/Not Reported	0%
Bisexual	11%	Vacaville	26%
Heterosexual/straight	46%	Vallejo	13%
Lesbian	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	6%		
Prefer not to answer	32%		
Queer	0%		
Questioning/unsure	2%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	95%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	4%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	93%		
Tagalog	1%		
Other	5%		
Spanish	1%		

Highlights & Achievements

- The FCTU program continues to implement the TIP EBP model. Utilization of TIP interventions are regularly discussed during case presentations at monthly staff meetings.
- The FCTU FSP team maintains a strong, collaborative relationship with CWS partners including staff participating in monthly con-joint meetings to support teaming and the progress of California Care Reform.
- FCTU is in its 4th year of supporting an MOU with Solano Child Welfare Services (CWS) to support a State mandate that all youth involved in CWS receive a comprehensive assessment of their needs and strengths upon entering into care and every 6 months thereafter.

Challenges & Barriers

- During FY 2021/22 there were significant staff vacancies, including one mental health specialist position and two clinician positions. This created challenges related to meeting state mandates related to Katie A./Pathways.
- COVID-19 has continued to create challenges for provision of services. Many appointments were canceled due to consumers, their caregivers and staff testing positive. Telehealth sessions were offered but often consumers/caregivers would prefer to cancel. Despite concerns of COVID exposure, FCTU continued to provide in-person services and minimized exposure risk by maintaining safety protocols such as receiving vaccination boosters, wearing masks, providing services outside, and social distancing.

Equity Efforts in FY 2021/22

The FCTU FSP team is a very culturally diverse team with staff representing various ethnicities including Asian American/Pacific Islander, African American/Black, Dominican, Mexican, Trinidadian, and Haitian. Two clinicians are bilingual Spanish-speaking, and one is bilingual French, Haitian and Creole. Staff members regularly participate in the SCBH Diversity & Equity Committee. Additionally, several staff members have volunteered to table at community events including the “Pride at the Park” event in June.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time.

Number of Children (0-5) served FY 2021/22: 3

Number of Children (6-15) served FY 2021/22: 59

Number of TAY (16-25) served FY 2021/22: 20

Estimated Number of Children (0-5) to be served FY2022/23: 4

Estimated Number of Children (6-15) to be served FY2022/23: 74

Estimated Number of TAY (16-25) to be served FY2022/23: 26

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/adult 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 have been exploited. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

Program Performance Measures

Unduplicated Individuals Served: 41

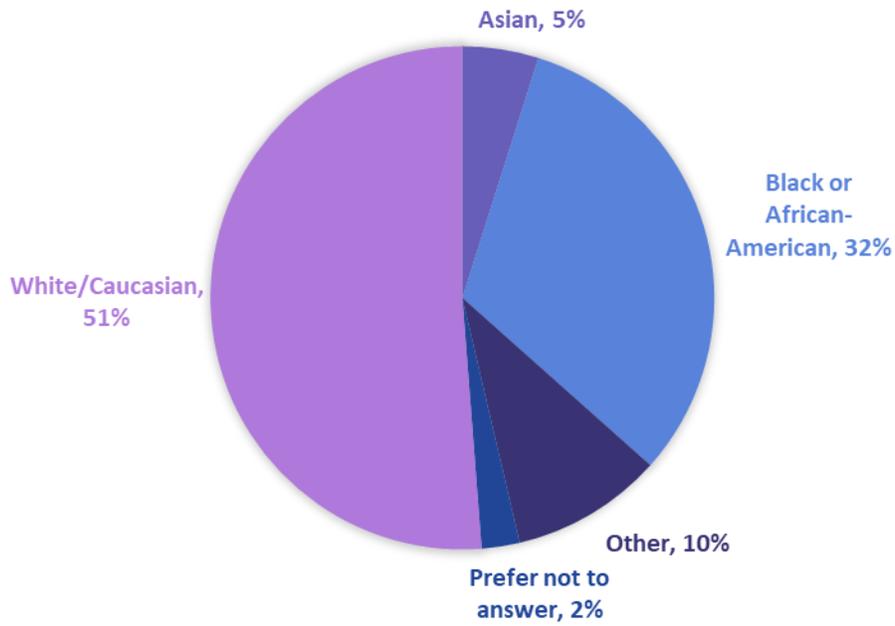
Program Indicators	Annual Outcomes
Provide FSP level services to minimum of 50 TAY consumers.	41 unduplicated consumers received TAY FSP services and of these 12 were CSEC cases and 11 screened to be at risk of CSEC.
At least 75% of consumers will experience a reduction in psychiatric hospitalization and criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 13 consumers had experienced at least one hospitalization. Of those consumers 69% (9) have been re-admitted to psychiatric hospital following engagement with the FSP team therefore 31% (4) experienced a reduction in hospitalizations.
At least 75% of consumers will experience a reduction in criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 9 consumers had experienced an arrest. Of those consumers 56% (5) 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.	Of the 37 consumers whose treatment goals were measured during the reporting period 78% (29) achieved or partially achieved at least one treatment goal.
60% or more of the CSEC consumers served will demonstrate a reduction in their overall CSE-IT tool score.	Of the 41 consumers served 23 consumers were identified to be at risk of, or victims of CSEC during the reporting period. 26% (6) of consumers identified to be at risk had a reduction in their overall CSE-IT score demonstrating reduced risk.
At least 70% of the consumers will achieve and/or maintain stable housing.	95% (39) 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 34 consumers measured, 41% (14) showed improved knowledge, understanding and skills associated with independent living tasks and responsibilities.
Hold 4 TAY Collaborative meetings per year.	Only 1 TAY Collaborative meeting was held.

Financial Report

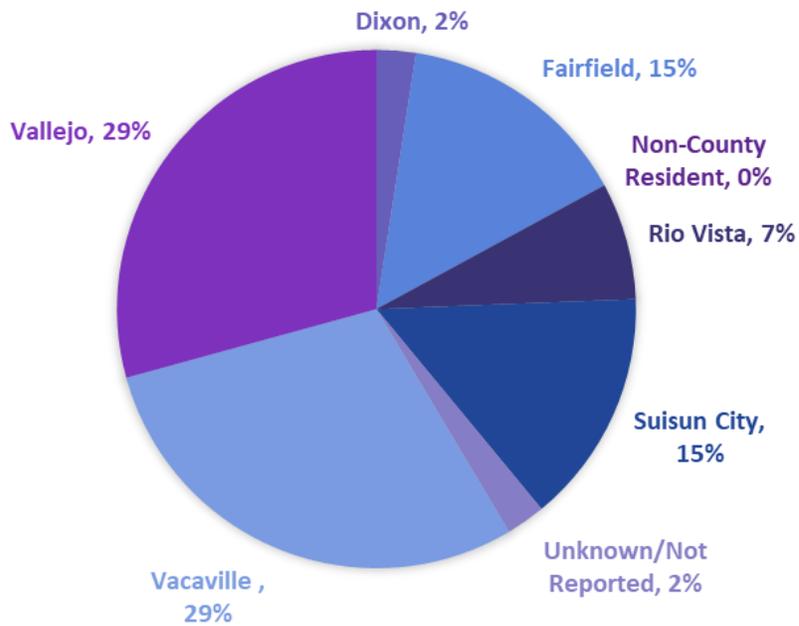
Cost per person	\$31,169
Contract Amount FY 2021/22: \$1,381,451	Total Expenditures FY 2021/22: \$1,277,169
Budgeted Amount FY 2022/23: \$1,422,895	

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

RACE



CITY OF RESIDENCE



Program Name:		Total Individuals Demo Collected:	
			41
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	20%	Central American	0%
16-25	80%	Mexican/Mexican-American/Chicano	17%
26-59	0%	Other Hispanic/Latino	2%
60+	0%	Puerto Rican	0%
Prefer not to answer	0%	South American	0%
Race		African	29%
American Indian/Alaskan Native	0%	Asian Indian/South Asian	0%
Asian	5%	Cambodian	0%
Black or African-American	32%	Chinese	2%
Native Hawaiian/Pacific Islander	0%	Eastern European	0%
Other	10%	European	14%
Prefer not to answer	2%	Filipino	2%
White/Caucasian	51%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	37%	Other Non-Hispanic/Latino	29%
Female	63%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	2%
Current Gender Identity		More than one ethnicity	2%
Male	34%	City of Residence	
Female	66%	Benicia	0%
Genderqueer	0%	Dixon	2%
Other	0%	Fairfield	15%
Prefer not to answer	0%	Non-County Resident	0%
Questioning/unsure	0%	Rio Vista	7%
Transgender	0%	Suisun City	15%
Sexual Orientation		Unincorporated	0%
Gay	0%	Unknown/Not Reported	2%
Bisexual	15%	Vacaville	29%
Heterosexual/straight	73%	Vallejo	29%
Lesbian	2%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%	
Other	5%		
Prefer not to answer	0%		
Queer	0%		
Questioning/unsure	5%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)	%		
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

Highlights & Achievements

- The program utilized a harm reduction model designed to increase engagement with CSEC identified youth.
- Staff were provided opportunities to grow their skill set through trainings including those specifically designed to target safety in the community, suicide prevention, CSEC awareness and support, Dialectical Behavioral Therapy Skills, Family Therapy skills, and meeting facilitation tools. Additionally, two staff completed the process of becoming TIP model certified site-based trainers and continued to provide support to incoming staff regarding the acquisition of TIP model skills.
- In response to a high volume of afterhours and weekend support needs, the program pivoted the on-call system to provide both remote phone support and in-person support as necessary to ensure youth needs were met in an effort to reduce police and emergency service contacts.
- The program continued to provide youth with a hybrid model, to allow for both the provision of in-person services and telehealth services when youth are unavailable to engage in person, related to both their status as transitional age youth and/or CSEC status youth. This has allowed for connection with youth who historically would have been disconnected from services due to physical availability.

Challenges & Barriers

- While the program shifted to in-person services during the FY, they continued to encounter youth/families who preferred telehealth services and were reluctant to engage in in-person services.
- The program noted socioeconomic changes having significant impacts on the youth and families served; e.g., inflation specifically related to food and gas. For the TAY aged consumers, they feel compelled to work more extensive hours, or obtain additional employment to fund their needs. The program worked to assist consumers in accessing both program services and other resources that can be of assistance including uber or gas cards when necessary to allow youth increased access to services.
- The program has experienced staff vacancies impacting the ability to serve more consumers. The acuity of cases has contributed to some team members making the difficult decision to resign and, in some cases, leave the mental health field all together.

Equity Efforts in FY 2021/22

The TAY FSP team has continued to provide services to a diverse population of youth across Solano County. The program continues to make efforts to hire and train a diverse and culturally competent team of staff which now includes one bilingual Spanish-speaking clinician and one bilingual Spanish-speaking counselor who were able to provide services in Spanish to youth and families. Seneca has a contract with a vendor who is available to provide on-demand interpretation and translation services as needed.

The Solano Seneca Program Director co-facilitates the SCBH Diversity & Equity Committee. Additionally, an agency Diversity, Equity, and Inclusion (DEI) monthly group is available for staff as well as multiple Employee Resource Groups (ERG) with other individuals across the agency. These groups address many impactful topics and are designed to assist and support staff in developing knowledge, awareness and competency regarding difficult conversations, as well as to provide them with affinity group support. Mandatory All Staff meetings also contain activities and discussions related to DEI. These conversations also occur in individual supervisions- a task that has been further supported via training provided to management level staff. Throughout the year, on-going trainings related to diversity, equity, and inclusion (DEI) are conducted agencywide on a myriad of topics designed to increase awareness of communities we serve, such as indigenous perspectives on healing, and creating affirming spaces for queer and trans youth. The program supervisor participated a training cohort focused on developing culturally sensitive supervision practices provided by Dr. Kenneth Hardy.

Changes or Updates Planned for FY 2022/23

Funding was increased in order to support the contractor in addressing staff recruitment/retention challenges; e.g., increased salaries for direct service staff.

Number of Children (6-15) served FY 2021/22: 8

Number of TAY (16-25) served FY 2021/22: 33

Of the 41 child/youth consumers served, 23 youth identified as CSEC cases

Estimated Number of Children (6-15) to be served FY2022/23: 8

Estimated Number of TAY (16-25) to be served FY2022/23: 38

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

Name of Program: SCBH Adult Assertive Community Treatment (ACT) FSP

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH Adult ACT FSP program serves adults with persistent serious mental health conditions 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, homeless or underserved. 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 offers FSP services regionally throughout Solano County. The program adheres to the ACT model.

Program Performance Measures

Unduplicated Individuals Served: 104

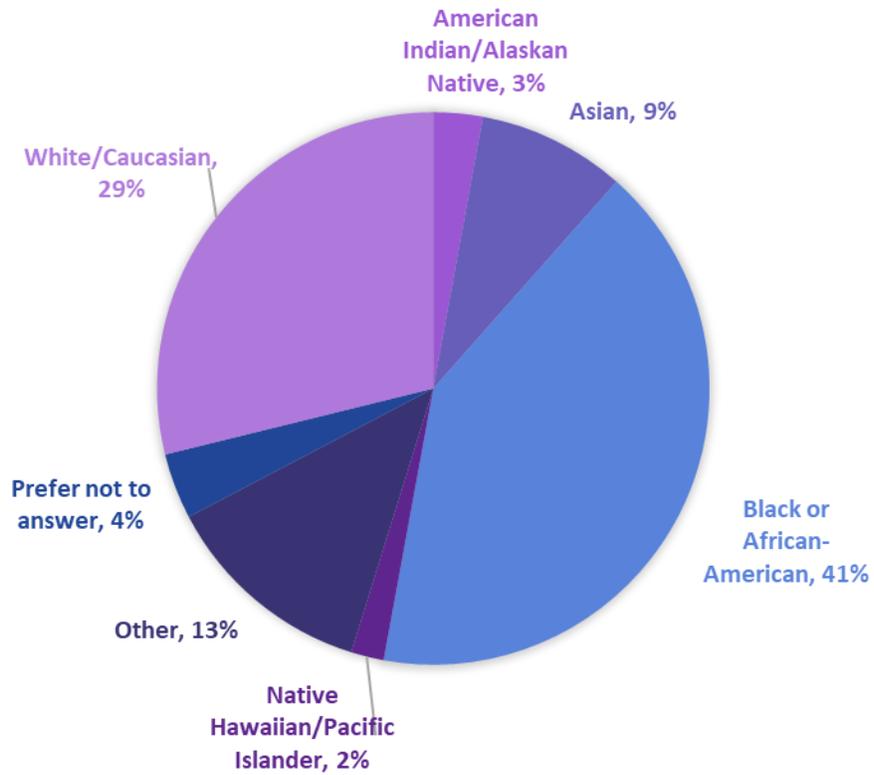
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	11% (11) of the consumers served were hospitalized 1 time; and 0% (0) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	10% (8) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	7% (7) of the consumers served experienced incidents of incarceration.
Support education and employment goals for FSP consumers.	23% (24) of the consumers served by the program received education and employment support and 33% (8) of the consumers served were enrolled in school or employed.

Financial Report

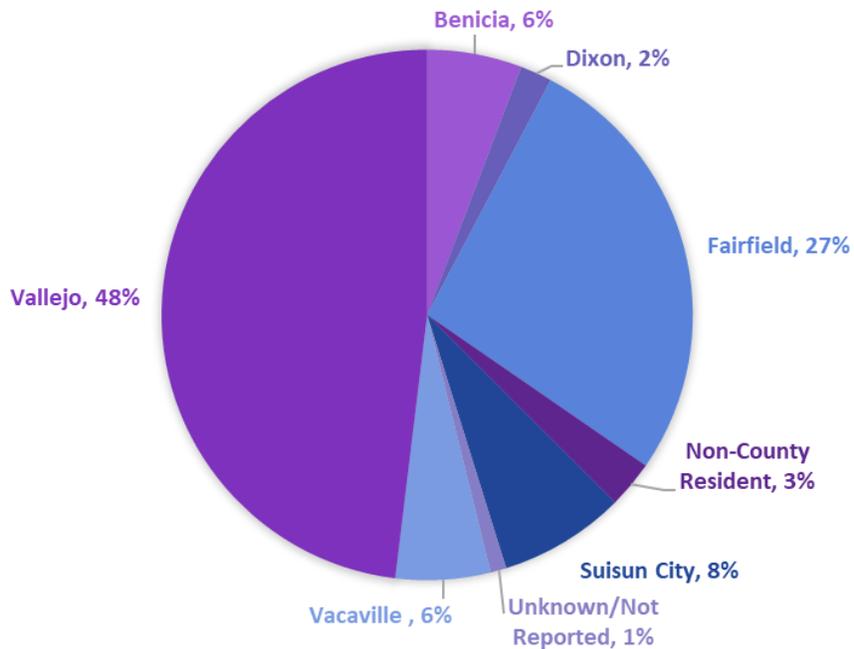
Cost per Person	\$20,947
Budgeted Amount FY 2021/22: \$3,391,440	Total Expenditures FY 2021/22: \$2,178,436
Budgeted Amount for FY 2022/23: \$3,295,777	

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

RACE



CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			104
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	0%	Central American	0%
16-25	18%	Mexican/Mexican-American/Chicano	8%
26-59	71%	Other Hispanic/Latino	4%
60+	11%	Puerto Rican	2%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	3%	Asian Indian/South Asian	0%
Asian	9%	Cambodian	0%
Black or African-American	41%	Chinese	0%
Native Hawaiian/Pacific Islander	2%	Eastern European	0%
Other	13%	European	0%
Prefer not to answer	4%	Filipino	0%
White/Caucasian	29%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	65%	Other Non-Hispanic/Latino	80%
Female	35%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	7%
Current Gender Identity		More than one ethnicity	0%
Male	63%	City of Residence	
Female	33%	Benicia	6%
Genderqueer	0%	Dixon	2%
Other	0%	Fairfield	27%
Prefer not to answer	4%	Non-County Resident	3%
Questioning/unsure	0%	Rio Vista	0%
Transgender	0%	Suisun City	8%
Sexual Orientation		Unincorporated	0%
Gay	0%	Unknown/Not Reported	1%
Bisexual	5%	Vacaville	6%
Heterosexual/straight	81%	Vallejo	48%
Lesbian	3%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	2%		
Prefer not to answer	10%		
Queer	0%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	1%		
Active military	0%		
Not a veteran or not active military	99%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	2%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	95%		
Tagalog	1%		
Other	2%		
Spanish	2%		

Highlights & Achievements

- During the past FY the ACT program piloted a warm handoff process within internal and external direct service providers to build smooth transition of services for clients. For example, the ACT team is partnering with the county-operated team that serves consumers in sub-acute residential programs to ensure that consumers with complex mental health needs are successfully transitioning into the community from being in highly structured facilities such as Augmented Board and Cares (ABCs), Institutions of Mental Disease (IMDs) or Mental Health Rehab Centers (MHRCs).
- The ACT team prioritized efficient clinical documentation resulting in performing well on audits and minimal billing disallowances.

Challenges & Barriers

- During the past FY there were staffing issues resulting in team members having to hold higher caseloads.
- Due to staffing challenges in programs across the system of care, including programs the ACT program would step consumers down to, the in-flow and out-flow of consumers stepping up or down was impacted significantly. The ACT team continued to serve consumers who would have otherwise stepped down by reducing the frequency and intensity of services which allowed for consumers to continue receiving the care and support they need as they move towards their wellness.

Equity Efforts in FY 2021/22

The ACT team is comprised of a diverse staff from different cultural backgrounds and have bilingual staff able to provide services in Spanish, Punjabi, and Hindi. Bilingual staff are encouraged to assist other County clinics by providing interpretation services for consumers if need arise. Efforts are made to assign cases based on consumer/staff cultural backgrounds, particularly when requested by consumers.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time.

Number of TAY Adults (18-25) served: 19

Number of Adults (26-59) served: 74

Number of Older Adults (60+) served: 11

Estimated Number of TAY (18-25) to be served FY2022/23: 18

Estimated Number of Adults (26-59) to be served FY2022/23: 71

Estimated Number of Older Adults (60+) to be served FY2022/23: 14

Name of Program: Contractor Adult FSP

Agency Name: Caminar, Inc.

Description of Program:

The Contractor Adult FSP, operated by a community-based organization, 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. 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 offers FSP services regionally throughout Solano County. The program adheres to the ACT model.

Program Performance Measures

Unduplicated Individuals Served: 75

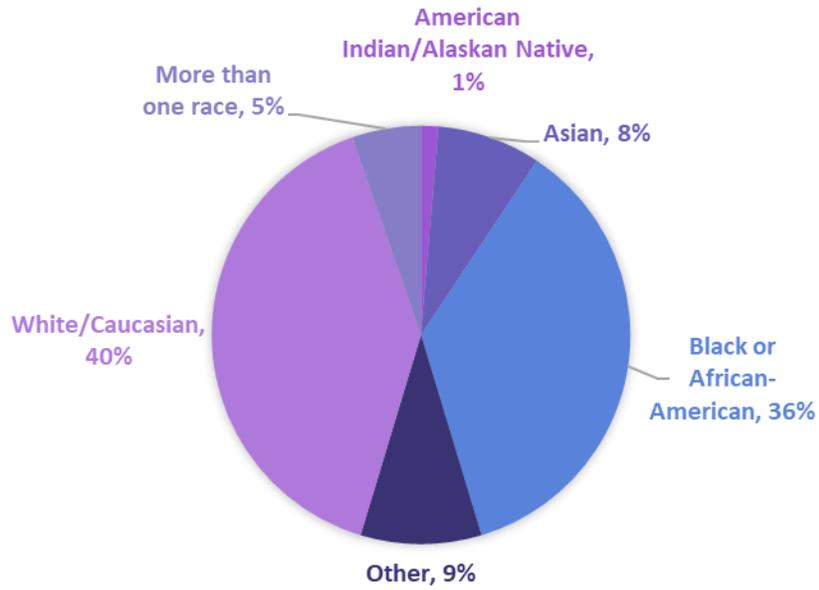
Program Indicators	Annual Outcomes
Contractor will serve a minimum of 62 consumers open/active at any one time during FY 2021/22 fiscal year.	On average the program had an active caseload of 36 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	27% (20) of consumers served were hospitalized at least once during the reporting period.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	5% (4) of consumers served experienced incarceration.
No more than 15% of program participants will experience an episode of homelessness.	5% (4) of consumers served experienced an episode of homelessness.
15% of participants receiving services during this fiscal year will be stepped down/graduate from the program and transitioning independently to the community.	45 consumers discharged during the reporting period and of those 60% (27) of consumers served were stepped down to appropriate lower level services.
Support education and employment goals for FSP consumers.	28% (21) of the consumers served by the program received education and employment support and of those 57% (12) were enrolled in school or employed.

Financial Report

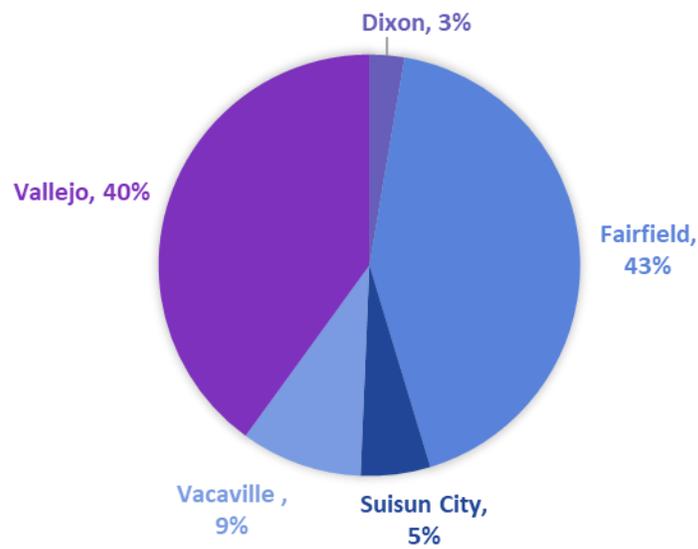
Cost per Person	\$13,685
Contract Amount FY 2021/22: \$1,372,780	Total Expenditures FY 2021/22: \$1,026,408
Budgeted Amount for FY 2022/23: \$1,381,450	

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

RACE



CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			75
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	0%	Central American	1%
16-25	12%	Mexican/Mexican-American/Chicano	7%
26-59	67%	Other Hispanic/Latino	4%
60+	21%	Puerto Rican	0%
Prefer not to answer	0%	South American	1%
Race		African	35%
American Indian/Alaskan Native	1%	Asian Indian/South Asian	0%
Asian	8%	Cambodian	1%
Black or African-American	36%	Chinese	0%
Native Hawaiian/Pacific Islander	0%	Eastern European	3%
Other	9%	European	35%
Prefer not to answer	0%	Filipino	4%
White/Caucasian	40%	Japanese	3%
More than one race	5%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	53%	Other Non-Hispanic/Latino	5%
Female	47%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	1%
Current Gender Identity		More than one ethnicity	0%
Male	53%	City of Residence	
Female	45%	Benicia	0%
Genderqueer	0%	Dixon	3%
Other	1%	Fairfield	43%
Prefer not to answer	0%	Non-County Resident	0%
Questioning/unsure	0%	Rio Vista	0%
Transgender	0%	Suisun City	5%
Sexual Orientation		Unincorporated	0%
Gay	1%	Unknown/Not Reported	0%
Bisexual	7%	Vacaville	9%
Heterosexual/straight	87%	Vallejo	40%
Lesbian	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%		
Prefer not to answer	3%		
Queer	0%		
Questioning/unsure	1%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	97%		
Tagalog	0%		
Other	0%		
Spanish	3%		

Highlights & Achievements

- Caminar FSP staff worked in partnership with the Caminar Employment program to link consumers to employment and made referrals to the Wellness and Recovery Centers in Vallejo and Fairfield to encourage consumers to socialize and become involved in their community.
- In spite of staffing shortages and COVID challenges, Caminar FSP maintained clinical deliverables, quality care, and positive outcomes.
- The program implemented Adult Outcome Questionnaire surveys as aligned with an agencywide initiative to engage in a process of measurement-based care. The AOQ is administered quarterly and reviewed with individual consumers to highlight successes and identify key areas for ongoing work. The staff have reported success in utilizing this tool and appreciate having the ability to track consumer progress through data to increase their consumers' confidence in their achievements.

Challenges & Barriers

- The Caminar FSP program has been impacted by significant staffing shortages and struggled to compete with salaries of other providers. The program reported limited number of qualified clinical applicants. In partnership with SCBH, salaries were increased, and efforts were made to discuss open positions in staff meetings to encourage staff to communicate open positions to friends and family.
- The staffing shortages impacted the number of consumers served and the fidelity of the ACT model.
- The program experienced several incidents of vandalism of program vehicles which were costly to repair and limited access to agency vehicles.

Equity Efforts in FY 2021/22

Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

Funding was increased in order to support the contractor in addressing staff recruitment/retention challenges; e.g., increased salaries for direct service staff.

Number of TAY Adults (18-25) served: 9

Number of Adults (26-59) served: 51

Number of Older Adults (60+) served: 15

Estimated Number of TAY (18-25) to be served FY2022/23: 11

Estimated Number of Adults (26-59) to be served FY2022/23: 61

Estimated Number of Older Adults (60+) to be served FY2022/23: 17

Name of Program: Contractor Adult HOME FSP

Agency Name: Caminar, Inc.

Description of Program:

The HOME FSP program, delivered by a community-based organization, 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 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 at 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: 62

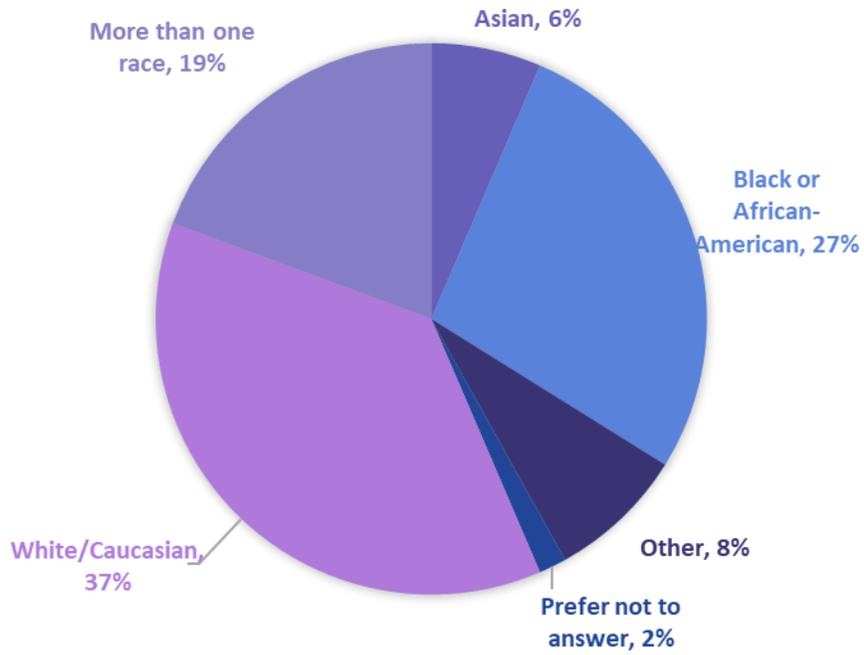
Program Indicators	Annual Outcomes
Maintain capacity to provide FSP services to 32-42 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	On average the program had an active caseload of 35 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	26% (16) of consumers served were hospitalized at least once during the reporting period
No more than 20% of program participants will have interactions with the legal system that result in an incarceration.	3% (2) of consumers served experienced incarceration.
After enrolled for six months, no more than 40% of the consumers will experience an episode of homelessness.	8% (5) of consumers served experienced an episode of homelessness.
A minimum of 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.	Of the 23 consumers discharged from the program 30% (7) of consumers served were stepped down to appropriate lower level services.
Support education and employment goals for FSP consumers.	26% (16) of the consumers served by the program received education and employment support and of those 88% (14) were enrolled in school or employed.

Financial Report

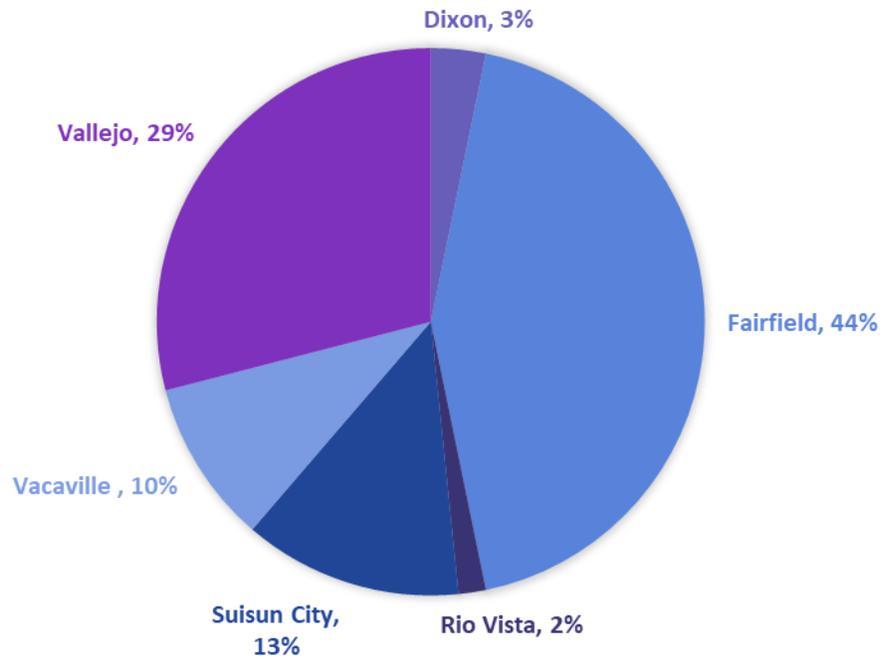
Cost per person	\$13,183
Contract Amount FY 2021/22: \$866,919	Total Expenditures FY 2021/22: \$817,362
Budgeted Amount for FY 2022/23: \$909,780	

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

RACE



CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			#
			62
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	0%	Central American	0%
16-25	5%	Mexican/Mexican-American/Chicano	5%
26-59	81%	Other Hispanic/Latino	8%
60+	15%	Puerto Rican	2%
Prefer not to answer	0%	South American	0%
Race		African	29%
American Indian/Alaskan Native	0%	Asian Indian/South Asian	2%
Asian	6%	Cambodian	0%
Black or African-American	27%	Chinese	2%
Native Hawaiian/Pacific Islander	0%	Eastern European	2%
Other	8%	European	34%
Prefer not to answer	2%	Filipino	6%
White/Caucasian	37%	Japanese	0%
More than one race	19%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	69%	Other Non-Hispanic/Latino	6%
Female	31%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	2%
Current Gender Identity		More than one ethnicity	3%
Male	71%	City of Residence	
Female	29%	Benicia	0%
Genderqueer	0%	Dixon	3%
Other	0%	Fairfield	44%
Prefer not to answer	0%	Non-County Resident	0%
Questioning/unsure	0%	Rio Vista	2%
Transgender	0%	Suisun City	13%
Sexual Orientation		Unincorporated	0%
Gay	3%	Unknown/Not Reported	0%
Bisexual	6%	Vacaville	10%
Heterosexual/straight	89%	Vallejo	29%
Lesbian	0%		
Other	0%		
Prefer not to answer	0%		
Queer	0%		
Questioning/unsure	2%		
Veteran Status/Military Services			
Veteran	5%		
Active military	0%		
Not a veteran or not active military	95%		
Primary Language (1st Language)			
American Sign Language (ASL)	2%		
English	95%		
Ilocano	0%		
Other	2%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	2%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	2%		
English	94%		
Tagalog	2%		
Other	2%		
Spanish	2%		

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

Highlights & Achievements

- Caminar HOME FSP staff worked in partnership with Employment program to link consumers to employment and made referrals to the Wellness and Recovery Centers in Vallejo and Fairfield to encourage consumers to socialize and become involved in their community.
- The program implemented Adult Outcome Questionnaire surveys as aligned with an agencywide initiative to engage in a process of measurement-based care. The AOQ is administered quarterly and reviewed with individual consumers to highlight successes and identify key areas for ongoing work. The staff have reported success in utilizing this tool and appreciate having the ability to track consumer progress through data to increase their consumers' confidence in their achievements.
- The HOME FSP program ramped up outreach efforts by partnering with Resource Connect Solano to accept direct referrals of homeless individuals. The program also created an outreach schedule for HOME case managers to go out into the community with "blessing bags" filled with socks, snacks, hygiene items, water and pamphlets with information.

Challenges & Barriers

- The Caminar FSP program has been impacted by significant staffing shortages and struggled to compete with salaries of other providers. The program reported limited number of qualified clinical applicants. In partnership with SCBH, salaries were increased, and efforts were made to discuss open positions in staff meetings to encourage staff to communicate open positions to friends and family.
- The staffing shortages impacted the fidelity of the ACT model.
- The program experienced several incidents of vandalism of program vehicles which were costly to repair and limited access to agency vehicles.

Equity Efforts in FY 2021/22

Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

Funding was increased in order to support the contractor in addressing staff recruitment/retention challenges; e.g., increased salaries for direct service staff.

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

Number of Adults (26-59) served: 50

Number of Older Adults (60+) served: 8

Estimated Number of TAY (18-25) to be served FY2022/23: 5

Estimated Number of Adults (26-59) to be served FY2022/23: 55

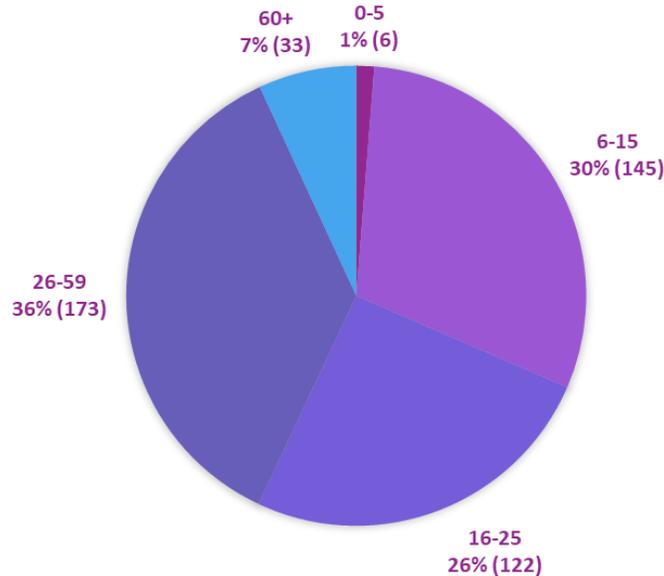
Estimated Number of Older Adults (60+) to be served FY2022/23: 8

Overall FSP Outcomes

During FY 2021/22 there were a total of 479 unduplicated FSP consumers served during the year. There was a total of 261 adults served and 218 children/youth served. Three (3) of the FSP consumers served identified as a veteran. The following charts represent additional demographics for FSP consumers served during the year.

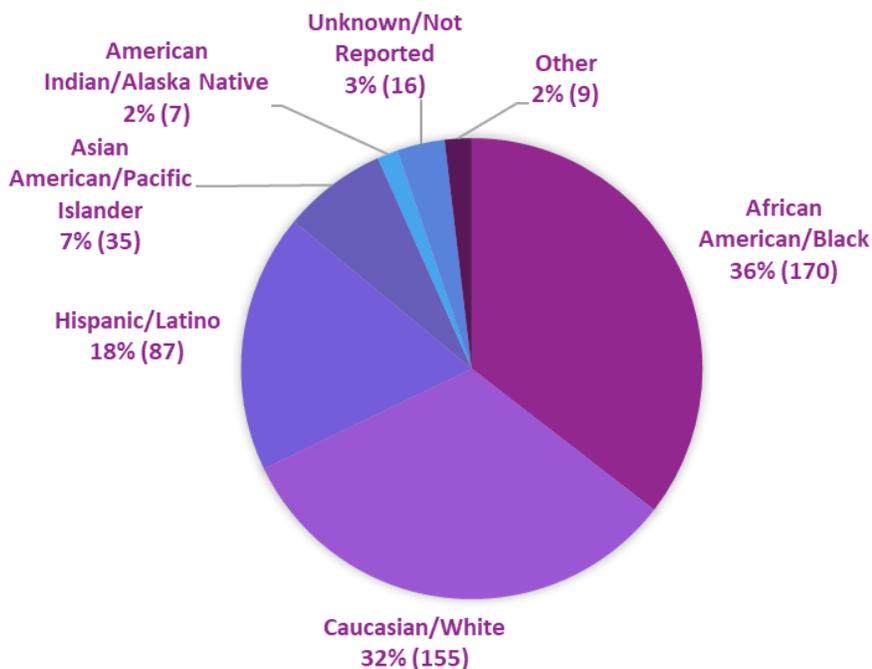
The chart below shows FSP consumers served by age grouping. The highest percentage of consumers served were adults ages 26-59 followed by children/youth ages 6-15 and then transition age youth ages 16-25. The age range of FSP consumers served during this reporting period was 5-78 years old.

FSP CONSUMERS SERVED BY AGE GROUPING

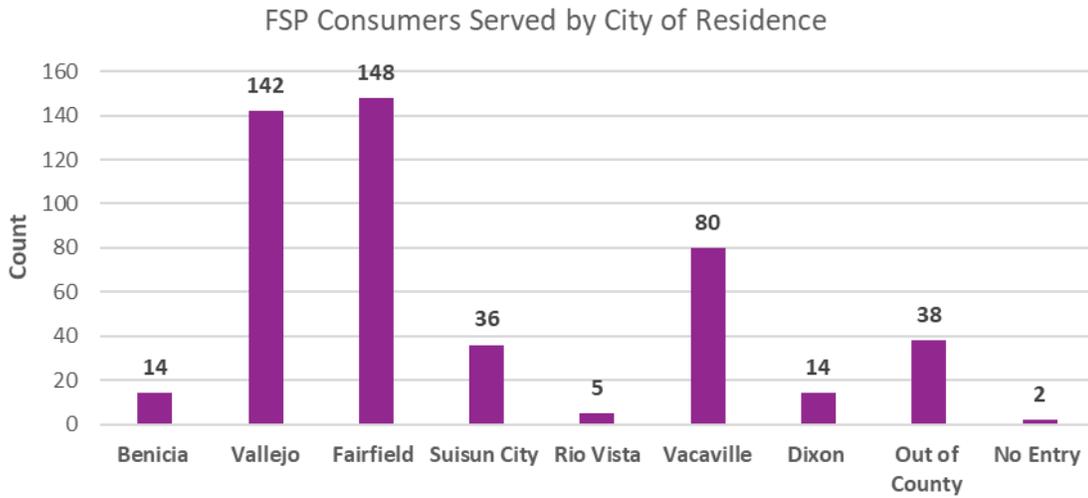


The chart below shows the FSP consumers served by race/ethnicity. This data shows that the largest percentage of FSP consumers served identified as African American/Black at 36% (170) followed by Caucasian/White 32% (155), Hispanic/Latino 18% (87), Asian American/Pacific Islanders 7% (35); American Indian/Alaska Native 2% (7); Other 2% (9); and 3% (16) for persons with no entry for race/ethnicity.

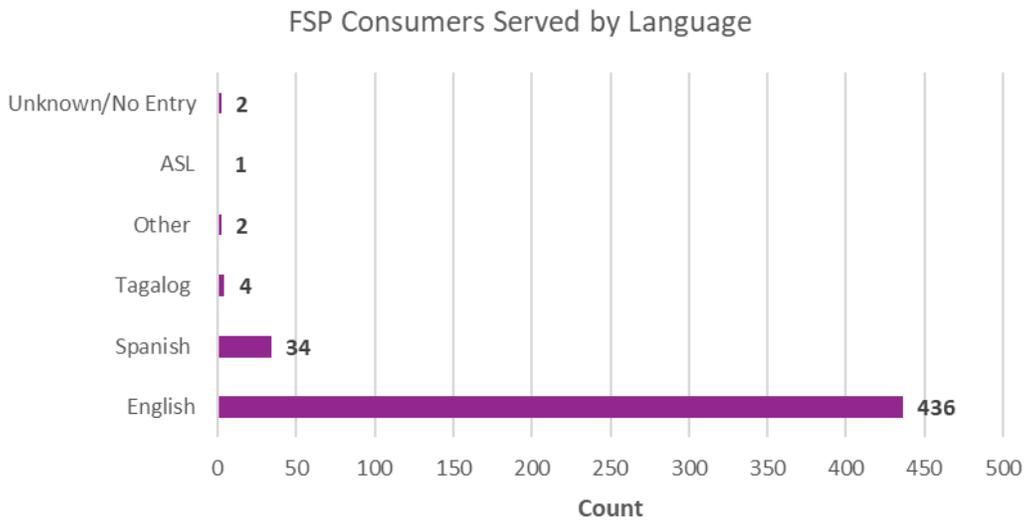
FSP CONSUMERS SERVED BY RACE/ETHNICITY



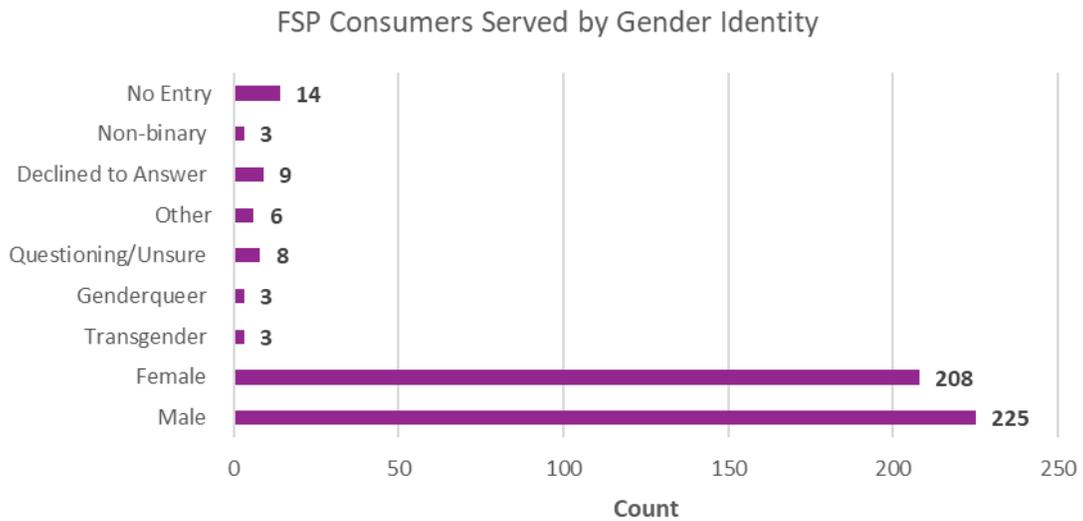
The chart below shows city of residence for the FSP consumers served. This data shows that the largest percentage of FSP consumers served were Fairfield residents, followed by Vallejo and then Vacaville.



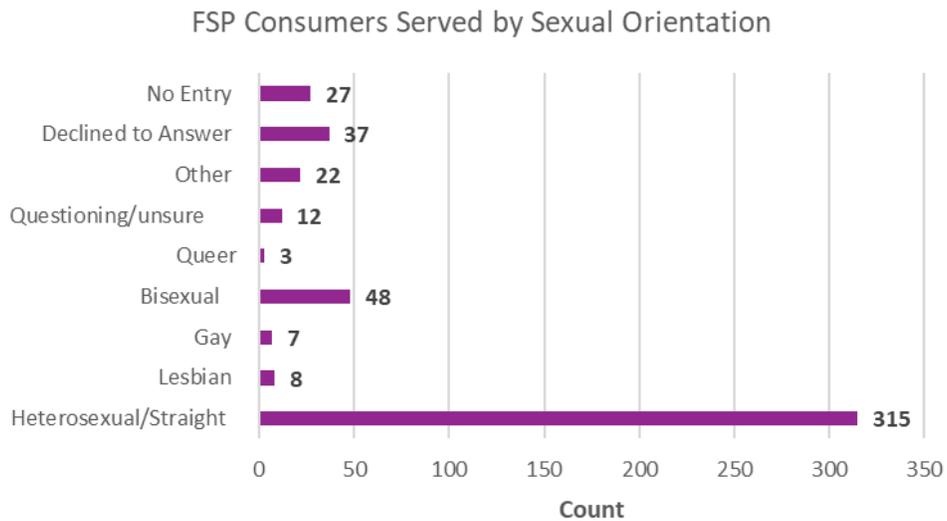
The chart below shows language for the FSP consumers served. This data shows that the largest percentage of FSP consumers served identify English as their primary language followed by Spanish.



The chart below shows gender identity for the FSP consumers served. Forty-six percent (225) identified as male, 43% (208) female and 5% (23) identified as questioning, other gender, non-binary, genderqueer or transgender.



The chart below shows sexual orientation for the FSP consumers served, 66% (135) identified as heterosexual and 21% (100) identified as non-heterosexual, e.g., members of the LGBQQ+ community.



Below is an overview of outcomes for all FSP consumers by the systems of care as related to hospitalizations, incarcerations, episodes of homelessness and for the children/youth system of care loss of placement.

FSP System of Care	Annual Period (7/1/21-/6/30/22)					
	# Unduplicated Consumers Served	%/# of Consumers Hospitalized 1 Time	%/# of Consumers Hospitalized 2 or More Times	%/# of Consumers Incarcerated	%/# of Consumers Experienced 1 Episode of Homelessness	%/# of Consumers Experienced Placement Loss (children/youth only)
Adults	261	14% (36)	10% (25)	5% (12)	6% (15)	N/A
Children/Youth	218	16% (34)	5% (10)	3% (7)	1% (2)	3% (6)

General Systems Development

In FY 2021/22 CSS General Systems Development (GSD) programming included the following strategies: Crisis Services and Supports; Wellness and Recovery Programming; Targeted System Supports; Forensic Mental Health 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 (CSS) and linkages to a spectrum of crisis mental health services for individuals experiencing an acute psychiatric emergency, e.g., suicidal, homicidal (due to a mental health condition) or gravely disabled. The CSU operates 24 hours a day, 7 days a week and consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU 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 crisis 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

859 Total Admissions representing 638 Unduplicated Individuals

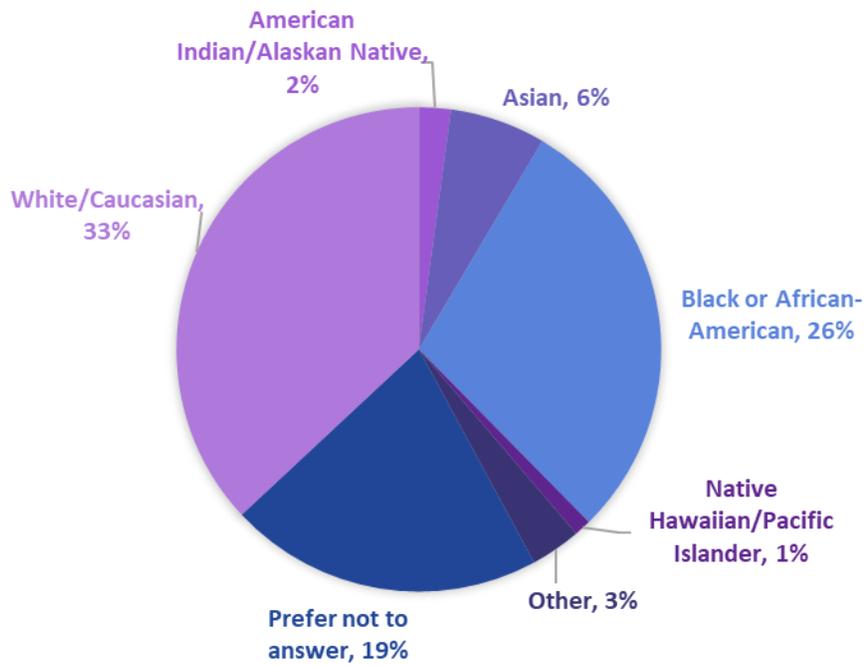
Program Indicators	Annual Outcomes
Provide linkage/referral services for at least 90% of the consumers being discharged to the community.	Of the 859 admissions, 268 CSU episodes of care resulted in discharges to the community and of those 100% (268) were provide a referral or linked to ongoing care.
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. Please note that consumers who continue to be experiencing an acute crisis may not complete a survey during their stay or before being transferred to a psychiatric inpatient facility.	A total of 237 consumer satisfaction surveys were collected and of those 92% (217) of the consumers surveyed endorsed overall satisfaction with services.

Financial Report

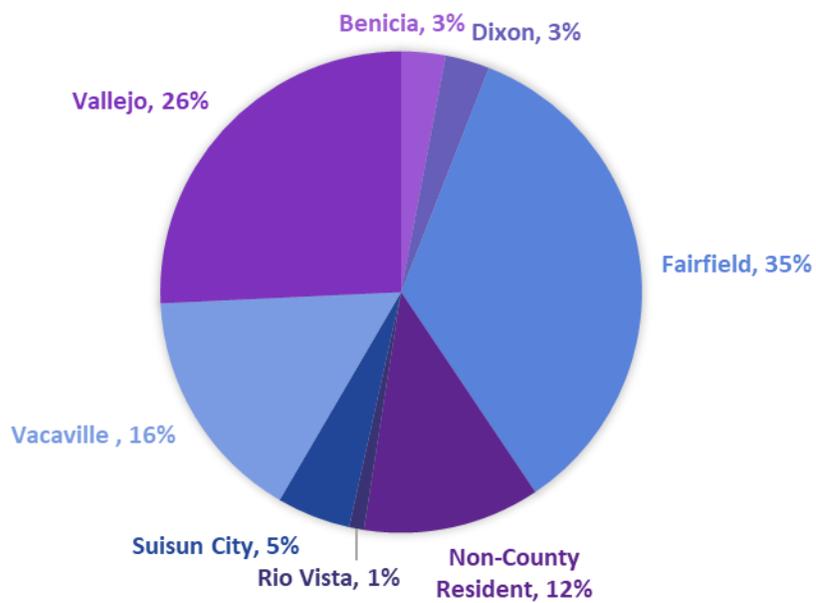
Cost per Admission: \$4,659	Cost per Person: \$6,273
Contract Amount FY 2021/22: \$4,380,153	Total Expenditures FY 2021/22: \$4,002,107
Budgeted Amount for FY 2022/23: \$4,480,836	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Program Name:		Total Individuals Demo Collected:	
			#
			638
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	5%	Central American	0%
16-25	22%	Mexican/Mexican-American/Chicano	13%
26-59	68%	Other Hispanic/Latino	6%
60+	5%	Puerto Rican	0%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	2%	Asian Indian/South Asian	1%
Asian	6%	Cambodian	0%
Black or African-American	26%	Chinese	0%
Native Hawaiian/Pacific Islander	1%	Eastern European	0%
Other	3%	European	0%
Prefer not to answer	19%	Filipino	3%
White/Caucasian	33%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	55%	Other Non-Hispanic/Latino	67%
Female	45%	Vietnamese	1%
Prefer not to answer	0%	Prefer not to answer	16%
Current Gender Identity		More than one ethnicity	0%
Male	51%	City of Residence	
Female	41%	Benicia	3%
Genderqueer	0%	Dixon	3%
Other	1%	Fairfield	35%
Prefer not to answer	6%	Non-County Resident	12%
Questioning/unsure	0%	Rio Vista	1%
Transgender	0%	Suisun City	5%
Sexual Orientation		Unincorporated	0%
Gay	1%	Unknown/Not Reported	0%
Bisexual	4%	Vacaville	16%
Heterosexual/straight	74%	Vallejo	26%
Lesbian	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%	
Other	1%		
Prefer not to answer	11%		
Queer	0%		
Questioning/unsure	1%		
Veteran Status/Military Services			
Veteran	3%		
Active military	0%		
Not a veteran or not active military	94%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	92%		
Ilocano	0%		
Other	0%		
Prefer not to answer	1%		
Spanish	5%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	92%		
Tagalog	0%		
Other	1%		
Spanish	5%		

Highlights & Achievements

- The CSU successfully navigated the FY with minimal COVID-19 exposures, never once needing to discontinue services due to an outbreak. This was largely attributed to safety measures and staff diligence to avoid or minimize exposures.
- The program leadership re-evaluated the admission process and forms with a focus on creating client centered, strength-based and culturally sensitive and efficient processes. The team included resources on available community support programs, self-care, and Wellness Recovery Action Planning, etc.
- Leadership collaborated with their sister facility Crestwood Solano Psychiatric Health Facility (PHF) and SCBH leadership to create a more effective process for consumer admissions/transfers focused on timeliness and coordination of consumer care, while prioritizing utilization of county contracted PHF beds before seeking outside placement. This project resulted in enhanced workflows and relationships between campuses.

Challenges & Barriers

- The program was impacted by staffing challenges particularly for positions that required licensure (Registered Nurse, Licensed Vocational Nurses, Licensed Psychiatric Technician or Licensed Clinicians). Additionally, there was observed burnout across all positions due to the continued hypervigilance required when working in such an environment for such a long period of time. Crestwood Human resources worked diligently researching and developing alternate recruitment strategies.
- There was a noticeable increase in consumer acuity/symptoms which increased the need for inpatient placements.
- In addition to staffing challenges due to COVID-19, there were challenges regarding securing appropriate placements for consumers including securing inpatient beds and/or shelter, or Crisis Residential Treatment beds which were often impacted due to a Covid outbreak.

Equity Efforts in FY 2021/22

The program continues to hire employees with diverse backgrounds including individuals with lived experience, representing multiple age ranges, racial/ethnic groups, and some of whom are bilingual. The program strives to create a welcoming inclusive environment for people to enter and receive compassionate trauma-informed services which includes hanging posters representing diversity and safe zones to express visual acceptance and understanding.

Crestwood Behavioral Health, Inc. established an Equity Diversity and Inclusion Team. The purpose of this team is to foster a sense of belonging and empowerment by valuing the diverse voices of the employees, persons served and communities. The Equity Diversity and Inclusion Team held trainings providing insight and a forum of discussion and education around African American history, Women's History, Mental Health Awareness, Asian Americans, Pacific Islanders history, and celebrating Islam, to name a few.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Number of Children (0-5) served: 1

Number of Children (6-15) served: 30

Number of TAY Adults (16-25) served: 140 (14 of which were minors 16-17)

Number of Adults (26-59) served: 433

Number of Older Adults (60+) served: 34

These numbers represent unduplicated consumers

Name of Strategy: Crisis Aftercare and Recovery Engagement (CARE)

Agency Name: Solano County Behavioral Health

Description of Strategy:

The CARE strategy, delivered by SCBH, serves adults (18+) who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the CSU or other emergency services. This team provides up to 60 days of engagement and crisis aftercare services to ensure linkage to ongoing community-based treatment services including a follow-up service within seven (7) days of discharge from an inpatient facility and a medication service within thirty (30) days of discharge from an inpatient facility. In addition to linkage services team members arrange for short-term housing and when indicated engage in safety planning and crisis intervention.

Program Performance Measures

Unduplicated Individuals Served: 264

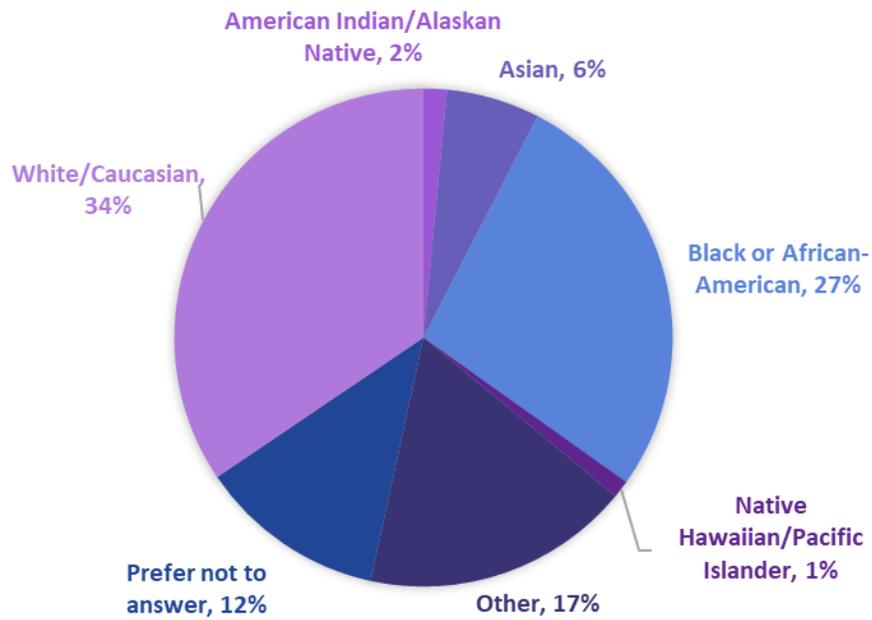
Program Indicators	Annual Outcomes
Identify and accept referrals for consumers preparing to discharge from inpatient facilities or high users of the CSU.	285 consumers were referred to the CARE Team and of those 264 referrals met criteria for SCBH services and of those 100% (264) were served by the program.
Provide crisis aftercare services for up to 60 days following discharge from the CSU or an inpatient facility.	The average number of days consumers were served was 19.4 days.

Financial Report

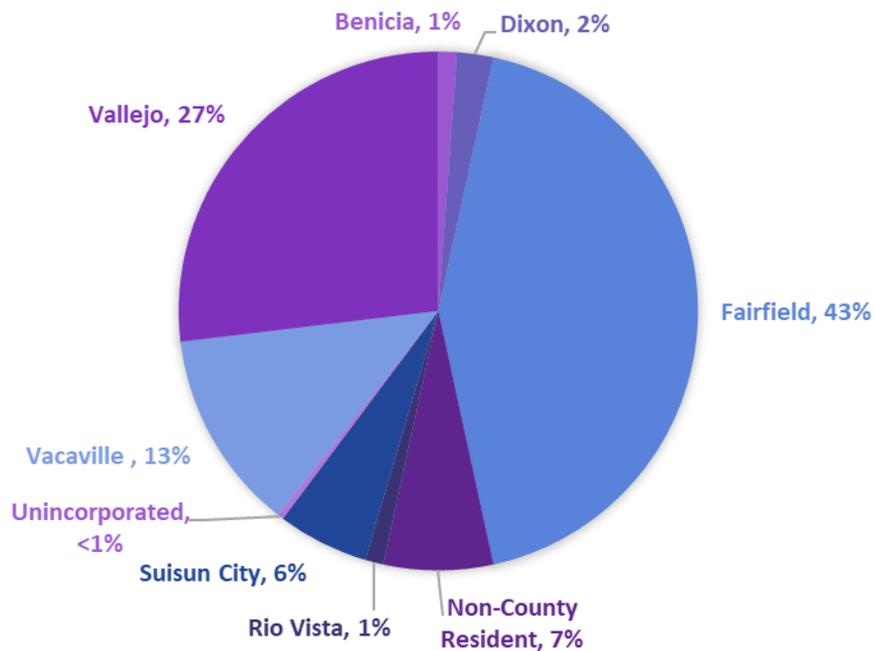
Cost per Person	\$1,791
Budgeted Amount FY 2021/22: \$669,448	Total Expenditures FY 2021/22: \$472,814
Budgeted Amount for FY 2022/23: \$583,174	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			264
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	19%	Central American	0%
26-59	74%	Mexican/Mexican-American/Chicano	16%
60+	7%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	2%
Race		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	6%	Asian Indian/South Asian	0%
Black or African-American	27%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	17%	Eastern European	0%
Prefer not to answer	12%	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	68%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	11%
Male	51%	More than one ethnicity	0%
Female	42%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	2%
Prefer not to answer	5%	Fairfield	43%
Questioning/unsure	0%	Non-County Resident	7%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	6%
Gay	2%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	80%	Vacaville	13%
Lesbian	0%	Vallejo	27%
Other	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	13%		
Queer	0%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	92%		
Ilocano	0%		
Other	2%		
Prefer not to answer	0%		
Spanish	5%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	92%		
Tagalog	0%		
Other	4%		
Spanish	3%		

Highlights & Achievements

- Through a partnership with Sutter Healthcare Community Benefits program, Shelter Inc., and SCBH four (4) respite behavioral health recuperative care beds were secured at Shelter Solano in May 2022. These 4 beds are specifically dedicated for consumers served by the CARE Team and are intended to reduce recidivism and length of stays at higher levels of care.
- Forty-seven percent of the referrals the CARE Team receives are from the CSU, 33% from the County Hospital Liaison Team, 6% from the Crisis Residential Treatment program, 6% from NorthBay emergency department and 4% from the Community-Based Mobile Crisis Program. The CARE Team has become a primary referral source for the Community-Based Mobile Crisis Program for consumers evaluated but not placed on a hold. The CARE Team provides follow-up support by contacting consumers by phone or in-person within 1-2 business days to provide support and targeted case management services to ensure continued stabilization.
- The Care Team has continued to provide support to ensure stability for consumers as they wait for more long-term case management support.

Challenges & Barriers

- COVID-19 continues to be a significant barrier specifically related to the hiring process causing staff shortages and lack of resources for the CARE Team to refer to. This has created gaps in the system of care as there are capacity issues due to staffing impacting the team's ability to link consumers to ongoing treatment.
- A lack of available and affordable housing continues to be a major issue impacting the consumers served by this program. While housing prices/rent have increased, the subsidies that consumers receive have stayed stagnant. Much of the housing the consumers can afford does not meet their needs. Examples include consumers actively working on their sobriety who are required to share a room with someone who is still using substances, or consumers with an abuse history being required to share a room with multiple individuals who may not respect their personal space, thereby triggering trauma symptoms.
- Solano has been impacted by a drug crisis with an increasing number of consumers using opioids/fentanyl. The supervisor has become certified in the administration of Narcan and all CARE Team staff are to be trained by the end October 2022.

Equity Efforts in FY 2021/22

The CARE Team is comprised of diverse group of staff who identify as multi-cultural and multi-ethnic, including African American/Black, Native American/Indigenous, Hispanic/Latino and Caucasian/White. The range of cultural and ethnic identities represents much of the diversity of the population the program serves. The staff engage with consumers utilizing a trauma-informed and cultural lens. In the Care Coordination Meetings, the team is mindful of their own diversity and the diversity of the consumers served and efforts are made to honor each person's diversity, prioritize inclusion, and create equity whenever possible. When supporting consumers who speak another language, the program will leverage bilingual team members and/or Language Link the County's interpreter service provider.

Program staff are required to participate in cultural humility trainings and during the past FY the CARE Team participated Untangling Intangible Loss in the treatment of Traumatic Grief provided by Dr. Kenneth Hardy and viewed the Solano County Behavioral Health Diversity & Social Justice Training and Filipino Core Values & Considerations in Culturally Responsive Care training videos both available on the SCBH Vimeo page.

Changes or Updates Planned for FY 2022/23

Another clinician is being added to the team for a new total of 4 team members which will support expediting assessments for both mental health and substance use to ensure consumers are linked to the most appropriate treatment program

Wellness & Recovery Programming

Name of Program: Wellness & Recovery Unit (WRU)

Agency Name: Solano County Behavioral Health

Description of Program:

The WRU team provides support, advocacy, peer counseling, mentoring, and training 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 peer/family members, supports trainees and volunteers in preparation for future employment as Peer Support Specialists. During FY 2018/19 expanded to include the first 3.0 FTE Peer Support Specialists (PSS) paid County positions. The PSS staff are co-located in the county-operated adult FSP and the three county-operated adult outpatient Integrated Care Clinics.

Program Performance Measures	
Individuals Served: 544	
Program Indicators	Annual Outcomes
Facilitate peer consumer virtual support groups 2 times per week	45 peer consumer support groups were offered with 93 unduplicated consumers.
Facilitate a peer consumer journaling group.	62 journaling groups were offered with 59 unduplicated consumers.
Facilitate family virtual support groups 1 time per week	74 family support groups were offered with 103 unduplicated family member participants.
Peer Support Specialists (PSS) will be co-located in the 3 adult psychiatry clinics and the county-operated ACT FSP program in order to provide 1:1 and group peer-to-peer support for consumers.	289 consumers were served by the PSS staff.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 4 volunteers and 3 County PSS paid employees—trained from diverse backgrounds who provide support for consumers accessing services through the County system of care.
Financial Report	
Cost per Person	\$901
Budget Amount FY 2021/22: \$886,444	Total Expenditures FY 2021/22: \$593,252
Budgeted Amount for FY 2022/23: \$910,212	

Demographic data is not available for this program.

Highlights & Achievements

- In spite of the barriers presented by the COVID-19 pandemic, support groups were offered each week of the FY, including transitioning from in person groups to virtual online support groups to meet the needs of social distancing. The family support groups were facilitated by one of the PSS staff during the 7 months that the family liaison Clinician position was vacant.
- The consumer support groups as well as the journaling support group were facilitated regularly by County PSS and Peer Volunteers who have received training from SCBH. These groups continued while the Recovery/ Resilience (Peer) Liaison was on leave for 4 months of the FY.
- Senate Bill (SB) 803/Assembly Bill (AB) 2265 launching California's new Peer Specialist Certification process was signed by Governor Newsom September 25, 2020. SCBH contracted with CalMHSA to support the training and certification process. The state has approved a process to "grandparent in" peers with experience working in the behavioral health field.

Challenges & Barriers

- There was a decrease in peer volunteers and peer network collaboration meetings in part due to COVID-19.
- COVID-19 continued to prevent the WRU staff from holding in-person support groups, which impacted the number of support group participants. Many peers expressed distrust and concerns with attending virtual online support groups.
- Over the course of the FY the family liaison position was vacant and for a period of time the peer liaison was on leave.
- Due to COVID-19 and staffing challenges the team was not able to provide community education events during the FY.

Equity Efforts in FY 2021/22

The WRU Team, which includes both the peer and family liaison positions, PSS and peer volunteers is comprised of diverse group of staff who represent underserved communities. The PSS team and volunteers participated in equity and diversity trainings throughout the year. Additionally, during structured weekly check-ins with the PSS and peer volunteers the WRU staff provided in-services on topics related to diversity, equity, and inclusion.

Changes or Updates Planned for FY 2022/23

The WRU Team is now part of the larger MHSA Unit which will allow for better collaboration related to community outreach/engagement, stigma reduction, and education efforts. In addition, the team plans to increase participation of individuals with lived experience to volunteer and/or participate in SCBH committees and workgroups. Two new positions for persons with lived experience were approved for FY 2022/23, one Family Specialist and another PSS which will bring the total to 5 county positions for persons with lived experience. The team also plans to have peers complete the CalMHSA Peer Certification process.

Name of Program: Wellness & Recovery Center (WRC)

Agency Name: Caminar, Inc.

Description of Program:

The WRCs, operated by a contractor, provide safe and welcoming spaces for adult consumers with serious persistent mental health conditions. Staff at the WRCs, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. They support peer consumers in building on their strengths to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans (WRAP); support groups; 12-step support; peer counseling and mentoring; employment preparation; workshops on self-management, health and life skills, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided. Currently there are two WRC sites one in Vallejo and one in Fairfield. The Centers operate Monday thru Friday 7:30AM-2:30PM.

Program Performance Measures

Unduplicated Individuals Served: 150

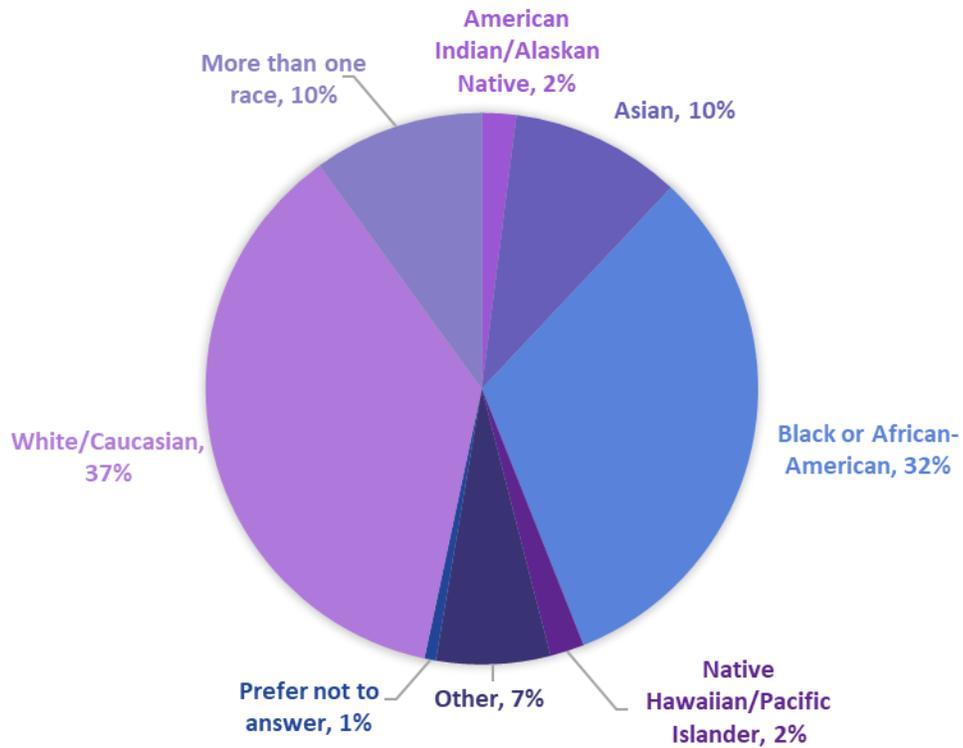
Program Indicators	Annual Outcomes
Provide wellness and recovery services to 200 unduplicated consumers combined from the Vallejo and Fairfield sites.	A total of 150 unduplicated consumers were served. The lower number of consumers served is in part related to COVID-19 protocols to limit the capacity at each site on a given day for most of the FY.
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 150 individuals served, 97% (146) 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%.	Of the 280 quarterly post <i>QoL</i> surveys administered at the Vallejo and Fairfield sites combined during the year 66% (186) 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.	Of the 150 unduplicated served 0% (0) participated in vocational rehab services due to the vocational rehab position being vacant.

Financial Report

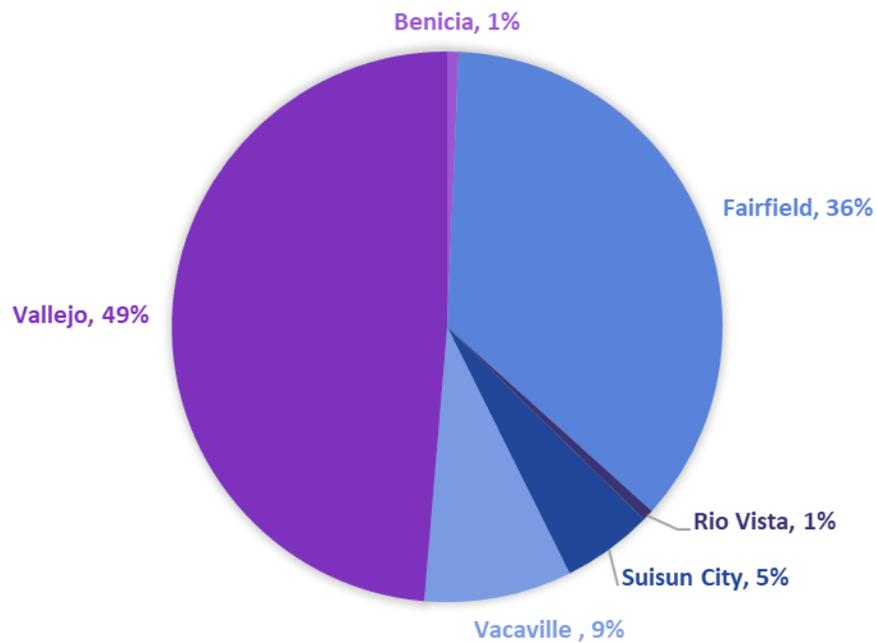
Cost per Person	\$4,107
Contract Amount FY 2021/22: \$797,233	Total Expenditures FY 2021/22: \$616,047
Budgeted Amount for FY 2022/23: \$891,096	

The following charts and table provide additional demographic data for the consumers served by the **WRC Program** (both sites combined):

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			150
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	1%	Central American	0%
26-59	65%	Mexican/Mexican-American/Chicano	7%
60+	33%	Other Hispanic/Latino	5%
Prefer not to answer	1%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	2%	African	10%
Asian	10%	Asian Indian/South Asian	1%
Black or African-American	32%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	2%
Other	7%	Eastern European	0%
Prefer not to answer	1%	European	10%
White/Caucasian	37%	Filipino	6%
More than one race	10%	Japanese	1%
Gender At Birth		Korean	1%
Male	61%	Middle Eastern	0%
Female	39%	Other Non-Hispanic/Latino	55%
Prefer not to answer	0%	Vietnamese	1%
Current Gender Identity		Prefer not to answer	1%
Male	61%	More than one ethnicity	1%
Female	39%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	36%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	5%
Gay	1%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	89%	Vacaville	9%
Lesbian	0%	Vallejo	49%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	5%		
Queer	0%		
Questioning/unsure	1%		
Veteran Status/Military Services			
Veteran	7%		
Active military	0%		
Not a veteran or not active military	93%		
Primary Language (1st Language)			
American Sign Language (ASL)	2%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	1%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	2%		
English	94%		
Tagalog	2%		
Other	0%		
Spanish	2%		

Highlights & Achievements

- The Centers were successful in maintaining CDC guidelines during the pandemic, adhering to all recommended protocol and preventative measures, such as limiting the daily census, sanitation, social distancing, mask wearing, hand washing as well as support and education about COVID-19 variants and vaccines.
- The Centers maintained contact with peers via telehealth outreach phone calls, texts, and emails, with over 1,000 contacts made throughout the year.
- Both Centers provided food care packages and support care packages to peer consumers.
- The Centers provided Dual Recovery, WRAP, Life skills, Coping Skills, Bridges to Wellness, Nutrition, Financial Planning, exercise and art classes over the course of the FY and linked peers with NAMI Connection groups. Additionally, the Centers provided opportunities for special events and/or outings when safe to do so.

Challenges & Barriers

- The threat of COVID-19, its variants, and new emerging outbreaks such as Monkey Pox, Marburg etc., generated fear and uncertainty for the peers and significantly impacted attendance and enrollments for both Centers. To address the issue, the agency offered an efficient safety protocol to mitigate fear, risk and/or uncertainty, and provided preventative education, temperature taking, and testing.
- The Job Developer position was vacant for the entire FY resulting in the Centers not being able to provide vocational/employment support which impacted peers' ability to secure jobs and resulted in not meeting this contract deliverable.
- Funding for transportation continues to be an issue for peers served by the program.
- The Centers incurred unexpected maintenance/repair expenses. For example the van had the catalytic converter stolen and at the Fairfield site there was an issue with the roof requiring repairs.
- Affordable housing continues to be a concern for the consumers served by the program as the majority of their social security checks supplement their rent costs.

Equity Efforts in FY 2021/22

The WRC Program operates their sites as education and learning centers and have demonstrated a commitment to creating nurturing, diverse and equitable spaces that are inclusive and safe for all program participants. The Centers are ADA friendly, closed captions are available for video presentations and sensory sensitive accommodations are available for those who may need it. WRC staff make efforts to create an environment that not only levels the playing field, but also cultivates a safe environment that allows for open discussion and understanding. Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time. The budget was increased to support increased staff salaries and other expenses.

Name of Program: Employment Services and Support

Agency Name: Caminar, Inc.

Description of Program:

The Employment Services and Supports program is delivered by a contractor in partnership with referring programs. The program provides employment and educational services for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment utilizing the Individual Placement and Support (IPS) evidenced-based model. The goal of this program is for consumers to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized. Services include a collaborative assessment and employment plan, employment preparation, job development and placement, job coaching and follow-up/retention support.

Program Performance Measures

Unduplicated Individuals Served: 136

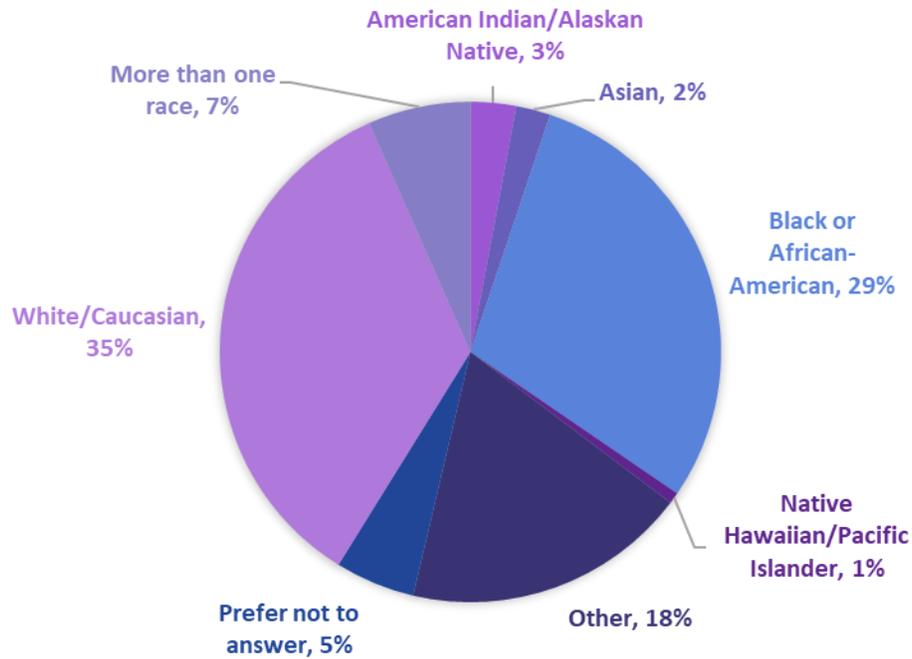
Program Deliverables	Annual Outcomes
Provide employment services for 120-140 consumers annually who will achieve a 50% or higher competitive employment rate.	136 consumers received employment services and of these 65% (87) consumers secured competitive employment.
A minimum of 75% of the consumers who secure employment will maintain employment for at least 90 days and minimum of 25% will maintain employment for 120 days or more.	Of the 87 consumers who secured employment, 64% (56) maintained their employment for at least 90 days and 37% (32) of the consumers were employed for 120 days or more during the reporting period. Note that this 2 nd measure included consumers who gained employment during the previous FY and were rolled over for outcome reporting.

Financial Report

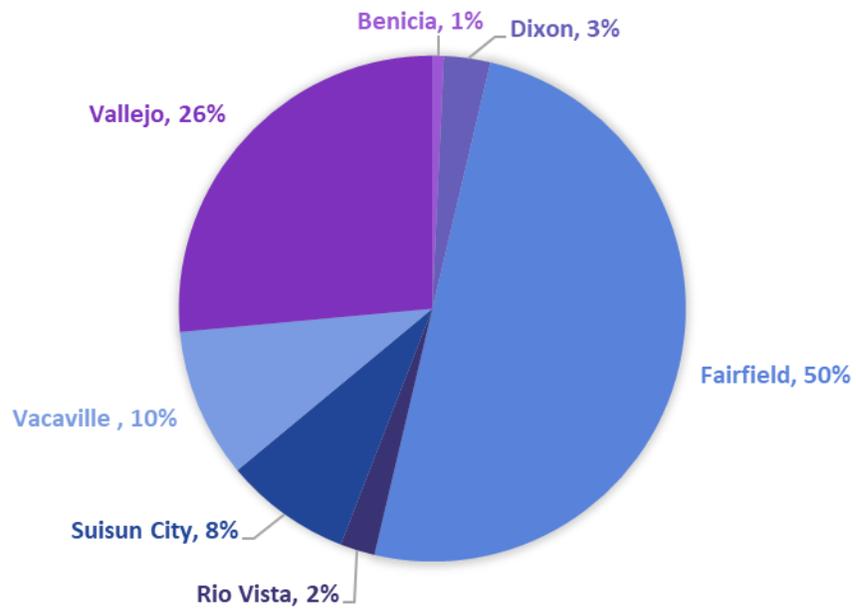
Cost per Person	\$3,780
Contract Amount FY 2021/22: \$563,537	Total Expenditures FY 2021/22: \$514,085
Budgeted Amount for FY 2022/23: \$732,628	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			136
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	28%	Central American	1%
26-59	68%	Mexican/Mexican-American/Chicano	13%
60+	4%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	3%	African	23%
Asian	2%	Asian Indian/South Asian	1%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	18%	Eastern European	2%
Prefer not to answer	5%	European	18%
White/Caucasian	35%	Filipino	1%
More than one race	7%	Japanese	0%
Gender At Birth		Korean	0%
Male	67%	Middle Eastern	1%
Female	32%	Other Non-Hispanic/Latino	25%
Prefer not to answer	1%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	9%
Male	68%	More than one ethnicity	1%
Female	30%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	3%
Prefer not to answer	1%	Fairfield	50%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	2%
Sexual Orientation		Suisun City	8%
Gay	1%	Unincorporated	0%
Bisexual	6%	Unknown/Not Reported	0%
Heterosexual/straight	80%	Vacaville	10%
Lesbian	1%	Vallejo	26%
Other	0%	<p>Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.</p>	
Prefer not to answer	11%		
Queer	1%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	17%		
Active military	1%		
Not a veteran or not active military	82%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		

Highlights & Achievements

- The program has not experienced staff turnover as other programs have. Due to consistency and a strong staff retention rate services provided to consumers were consistent and effective.
- The program has caught the attention of local newspapers which led to two consumers sharing their successful employment stories.
- In September of 2022, Solano Jobs Plus Director was invited to be a panelist at the California Meeting of The Minds conference and was able to talk about the importance of employment for recovery and the success of the IPS Model.

Challenges & Barriers

- During last FY the program encountered a new trend of housing managers and room and board operators limiting consumers with an early curfew and at times stating consumers were not able to leave the housing unit for work which made it challenging for the consumers and team. This in part may have been due to concerns regarding COVID risk.
- The Jobs Plus Director did not have a direct relationship with housing managers or room and board operators, however, was able to get connected to a quarterly meeting that includes room and board operators in the County.

Equity Efforts in FY 2020/21

Half of the team members are bilingual Spanish-speaking which helps support Hispanic/Latino consumers referred for services. The program strives for inclusion review the program's monthly demographics to monitor which populations are not being referred for the program to help with targeted outreach. Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

In order to meet the needs of the community and volume of referrals the program budget was expanded for this FY to add an Employment Specialist. Additionally, an Administrative Support position was added as the program has never had this support and operationally would benefit from administrative support. The program expanded to serve two additional programs and are now able to receive referrals from twelve outpatient and FSP programs. The budget was increased to support increased programming and support program expenses.

Targeted System Supports

The following programs and strategies are focused on filling gaps that have been identified by community partners during past and more recent cycles of community program planning. Services are focused on addressing the needs for particular populations, including adult consumers in need of case management, co-occurring programming, 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, primarily provide medication services for adults with serious mental health conditions. Each clinic employs Mental Health Specialists who are 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 Specialists, as well as linking consumers to other vital resources such as Employment & Eligibility Services (CalFresh), local shelters, etc.

Unduplicated Individuals Served: 437

Program Deliverables	Annual Outcomes
ICC OD staff will provide urgent case management and support for consumers served by the adult psychiatry clinics.	A total of 437 consumers were served by all four of the OD staff and by program the following number of consumers received OD support: <ul style="list-style-type: none"> Fairfield ICC: 221 Vallejo ICC: 110 Vacaville ICC: 106
Financial Report	
Cost per Person	\$1,003
Budgeted Amount FY 2021/22: \$482,799	Total Expenditures FY 2021/22: \$438,300
Budgeted Amount for FY 2022/23: Budget folded into a new Adult Coordination Team (page 74)	

No demographic data available for this strategy.

Highlights & Achievements

The current OD MHS staff have been in their roles for a long time and have been able to provide support for consumers in spite of staff vacancies across the three ICC sites.

Challenges & Barriers

During the FY one of the OD staff transitioned to another program leaving a vacancy.

Changes or Updates Planned for FY 2022/23

In order to meet the needs of the three outpatient ICC sites and volume of persons served by the ICC outpatient sites, three additional Mental Health Specialist positions have been approved to be in the role of care coordination . This will allow each site to have more staff to provide case management and linkage for clinics. Additionally, given an identified need for increased coordination of care for consumers served through the three county-operated ICC sites a decision has been made to merge efforts made through this strategy, the ICC Transition Team strategy and a newly funded nutritionist position to support consumers with complex comorbid medical conditions. The merged strategies will now be referred to as the Adult Care Coordination Team (see page 74) starting in FY 2022/23.

Name of Strategy: Integrated Care Clinic (ICC) Transition Team

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

The ICC Transition Team strategy, staffed by two SCBH clinicians, is intended to assist the system in identifying people that are ready to transition (or “step down”) to lower levels of care, working with staff to prepare a discharge plan and a warm handoff for consumers, their family and/or natural supports, involved staff, and the receiving provider. Staff will be supporting the three adult psychiatry clinics and will assist transitions to outpatient services by partners that include Beacon (mild/moderate mental health support), Partnership (for substance use), North Bay Regional Center (for those dually diagnosed with intellectual/developmental disabilities), Family Health clinics (for primary care), and others. This strategy will allow for capacity to serve consumers with serious and severe mental health conditions at the higher levels of care and improve likelihood of successful transitions to treatment or family/natural supports. Staff will provide short-term strengths-based case management, wellness recovery planning, and navigation supports. The Reaching Recovery level of care tool, Recovery Needs Level (RNL), will be used to make determinations regarding appropriateness for stepping consumers down to lower levels of care and multidisciplinary teams will facilitate transitions in care.

Program Performance Measures

Unduplicated Individuals Served: 0

A minimum of 80% of the consumers identified as eligible to be stepped down per the RNL will be discharged successfully to ongoing treatment or natural supports.

No consumers served during the reporting period.

Financial Report

Cost per Person

\$0

Budget Amount FY 2021/22: **\$250,000**

Total Expenditures FY 2021/22: **\$0**

Budgeted Amount for FY 2022/23: Budget folded into a new Adult Coordination Team (next page)

This strategy was not implemented until FY 2022/23 due to challenges in hiring staff.

Changes or Updates Planned for FY 2022/23

Given an identified need for increased coordination of care for consumers served through the three county-operated ICC sites a decision has been made to merge efforts through the ICC Transition Team strategy, the ICC OD strategy and a newly funded nutritionist position to support consumers with complex comorbid medical conditions. The merged strategies will now be referred to as the Adult Care Coordination Team (see page 74) starting in FY 2022/23.

New Strategy Starting FY 2022/23

Name of Strategy: Adult Care Coordination Team

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

Each of the three SCBH-operated regional adult outpatient clinics, located in Vallejo, Fairfield and Vacaville, primarily provide primarily medication services for adults with serious mental health conditions. Each clinic employs Mental Health Specialists (MHS) who have historically been 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. With this new strategy MH Clinicians, Peer Specialists, and MHS will now be more focused on providing integrated mental health and substance use co-occurring services, treatment interventions like therapy and groups, and case management supports. Additionally, two clinicians will assist the system in identifying people that are ready to be transitioned (or “stepped down”) to lower levels of care, working with the staff to prepare discharge plans, and providing a warm handoff for consumer, staff, and receiving provider, family and/or natural supports. The Reaching Recovery level of care tool, Recovery Needs Level (RNL), will be used to make determinations regarding appropriateness for stepping consumers down to lower levels of care and multidisciplinary teams will facilitate transitions in care. In order to address the complex comorbid medical conditions of consumers served through the three ICC sites, a half time nutritionist will be added to the team. In addition to providing basic nutrition and health guidance, this staff person may be assigned to cases in which a consumer has been diagnosed with an eating disorder in order to support the consumer and the treatment team. The Adult Care Coordination Team will provide short-term, strengths-based case management, wellness recovery planning, and navigation supports.

Financial Report	
Cost per Person	N/A
Budget Amount FY 2021/22: N/A	Total Expenditures FY 2021/22: N/A
Budgeted Amount for FY 2022/23: \$1,074,810	

As the new MHS and Nutritionist positions are filled and assessments are completed by the Access team, a new merged Adult Care Coordination Team strategy will be implemented to address an identified need for increased coordination of care for consumers served through the three county-operated ICC sites who often have complex comorbid mental health and medical conditions. SCBH anticipates the merger of efforts as of January 2023.

Name of Program: Adult Community Case Management (CCM)

Agency Name: Caminar, Inc.

Description of Program:

The CCM program provides case management services with up to 3-5 face-to-face contacts per month for adult consumers with serious mental health conditions who may also have co-occurring substance use conditions. Services include peer-delivered services, nursing support and case management with a goal to stabilize consumers who need additional support beyond the adult psychiatry clinics but do not yet meet the criteria for FSP programs.

Program Performance Measures

Unduplicated Individuals Served: 153

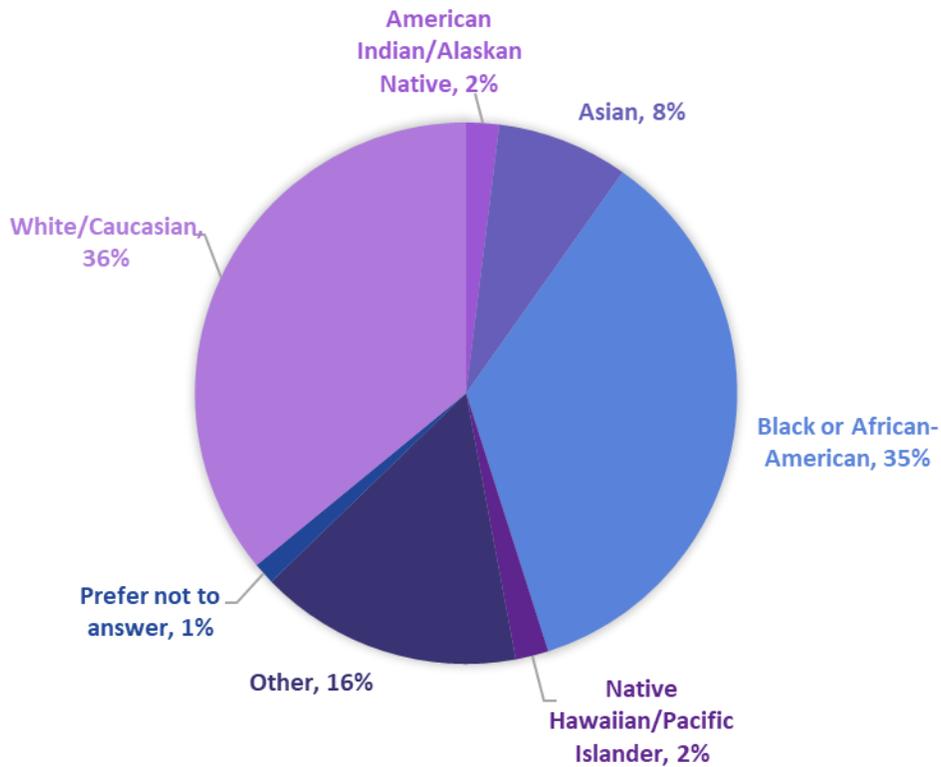
Program Deliverables	Annual Outcomes
Provide comprehensive case management services to a minimum of 150 consumers.	153 of consumers served.
No more than 20% of program participants will be admitted to the hospital for psychiatric treatment.	8% (13) of consumers served were hospitalized at least once in this fiscal year.
Reduce or prevent homelessness as evidenced by no more than 30% of program participants experiencing an incidence of homelessness during the reporting period.	1% (2) of consumers experienced homelessness.
70% of program participants will have a WRAP Plan within 30 days of admission	99% (152) of consumers served had a WRAP

Financial Report

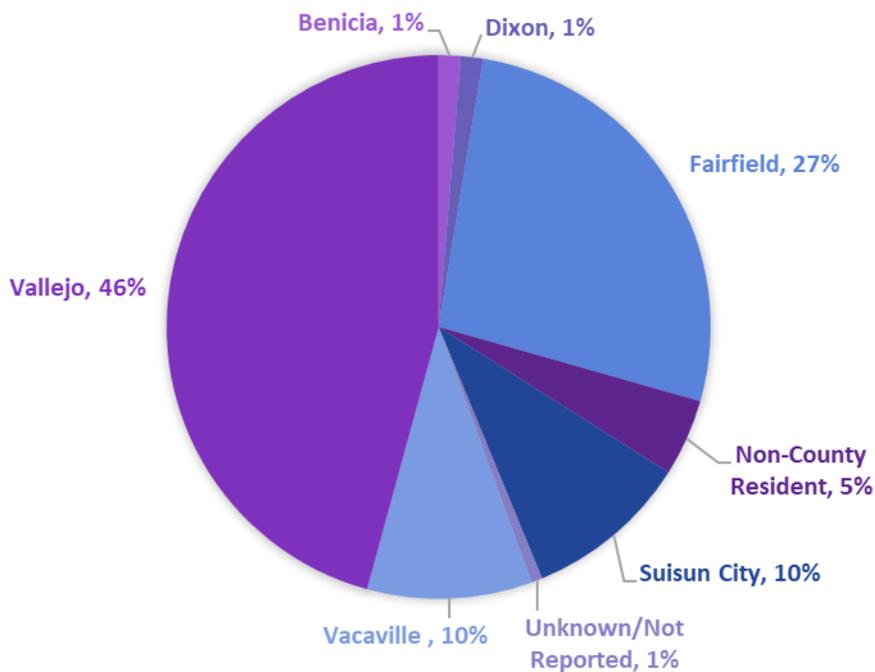
Cost per Person	\$5,864
Budgeted Amount FY 2021/22: \$1,231,477	Total Expenditures FY 2021/22: \$897,175
Budgeted Amount for FY 2022/23: \$1,236,624	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			153
Age	%	Ethnicity	%
0-15	0%	Caribbean	1%
16-25	10%	Central American	1%
26-59	63%	Mexican/Mexican-American/Chicano	8%
60+	27%	Other Hispanic/Latino	8%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	13%
Asian	7%	Asian Indian/South Asian	1%
Black or African-American	33%	Cambodian	1%
Native Hawaiian/Pacific Islander	1%	Chinese	1%
Other	15%	Eastern European	1%
Prefer not to answer	0%	European	13%
White/Caucasian	36%	Filipino	5%
More than one race	7%	Japanese	0%
Gender At Birth		Korean	1%
Male	67%	Middle Eastern	1%
Female	33%	Other Non-Hispanic/Latino	43%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	1%
Male	67%	More than one ethnicity	1%
Female	32%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	1%
Prefer not to answer	0%	Fairfield	31%
Questioning/unsure	0%	Non-County Resident	2%
Transgender	1%	Rio Vista	0%
Sexual Orientation		Suisun City	8%
Gay	4%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	0%
Heterosexual/straight	89%	Vacaville	9%
Lesbian	1%	Vallejo	46%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	1%		
Queer	0%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	5%		
Active military	0%		
Not a veteran or not active military	95%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	1%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	97%		
Tagalog	0%		
Other	1%		
Spanish	2%		

Highlights & Achievements

- Program Case Managers worked with consumers and their families to connect them to the Wellness Recovery Center program, where they are able to attend 2-3 days per week. This promotes socialization with peers and community involvement.
- CCM has helped to support consumers as they increase their independence and learn coping skills and ways to manage their mental health in support of their recovery.
- The CCM program was the recipient of the Food Bank of Contra Costa and Solano Agency Enhancement grant. This grant is intended to help support organizations feed consumers and their families in the community. The grant award letter highlighted the program's role in the community: "We were inspired to read about how you have uplifted your community and helped your neighbors in need."

Challenges & Barriers

- The CCM program had vacant case management positions throughout the year and significant challenges with recruiting and hiring staff. Caminar and SCBH worked together closing on a plan to mitigate this, including increasing staff salaries to be more competitive with other agencies.
- The staffing shortage impacted team morale. Leaders have made efforts to recognize and acknowledge top performers and have implemented team building activities.

Equity Efforts in FY 2021/22

Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

The budget was increased to support increased programming and support program expenses.

Name of Program: Co-Occurring Treatment

Agency Name: Caminar, Inc.

Description of Program:

The Co-Occurring program to operated by a contractor, will provide case management and treatment services for consumers who have both serious mental health and substance use conditions. The program will be staffed with providers who have specialized training in the provision of integrated care for consumers with co-occurring conditions. This program operates with braided funding whereby the contractor is funded by Partnership Health Plan for Drug Medi-Cal services, and SCBH for specialty mental health services.

Program Performance Measures

Unduplicated Individuals Served: 0

Program Deliverables	Annual Outcomes
75% of the individuals served will maintain stable housing.	No consumers served during the reporting period.
75% of the individuals served will not require hospitalization or admission to the CSU.	No consumers served during the reporting period.
85% of the individuals served will not have involvement in justice system.	No consumers served during the reporting period.
50% of the individuals served will completing the program.	No consumers served during the reporting period.

Financial Report

Cost per Person	N/A
Budgeted Amount FY 2021/22: \$277,209	Total Expenditures FY 2021/22: \$154,142
Budgeted Amount for FY 2022/23: \$332,651	

There were no consumers served by this program due to the program moving offices, delays in having the new site certified to provide Drug Medi-Cal services, and significant challenges with staff recruitment. Program leadership reported that they have not had applicants with substance use treatment experience or certifications.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Name of Strategy: Expanded Bilingual Services

Agency Name: Solano County Behavioral Health

Description of Strategy:

SCBH funds bilingual positions across the system in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. Efforts are made to ensure that the bilingual providers' caseloads are balanced between non-English and English-speaking consumers, allowing providers the capacity to meet the needs of Hispanic/Latino and Filipino consumers and families. For bilingual staff working in the Access Unit the staff field in-coming calls from non-English speaking callers which results in reduction of the use of a 3rd party interpreter service. Currently seven (7) bilingual staff are funded through this strategy.

Unduplicated Individuals Served: 542

Program Deliverables	Annual Outcomes
The Access Line will be staffed by bilingual staff who can field calls from non-English speaking community members.	The bilingual clinicians who staff the Access Line fielded 1,904 calls for of which 12% (203) were non-English speaking callers. SCBH continued to offer a COVID-19 Support line which was available in English and Spanish. The Access Unit staffed the COVID line.
Bilingual staff will be co-located across the SOC to provide assessment and/or treatment services for consumers including those that speak Spanish and/or	The bilingual staff provided assessment or treatment services for 542 consumers.
Financial Report	
Cost per Person	\$1,611
Budgeted Amount FY 2021/22: \$789,815	Total Expenditures FY 2021/22: \$873,055
Budgeted Amount for FY 2022/23: \$288,680	

No demographic data available for this strategy.

Equity Efforts in FY 2021/22

In addition to making efforts to increase bilingual staff, SCBH has made concerted efforts to ensure all County and contractor staff have had training in the appropriate use of interpreters through the provision of several rounds of Behavioral Health Interpreter Training (BHIT). Additionally, SCBH has extended the County's contract with Language Link to our contractors, and have provided training for providers and reception staff on how to request interpreter and/or translation services. In addition to this specific strategy, other SCBH funded programs have made concerted efforts to hire and retain bilingual, bicultural, and diverse staff to better serve the community.

Changes or Updates Planned for FY 2022/23

SCBH will maintain expanded bilingual staff across the system, however the current bilingual staff assigned to the Access Unit will now be included and reported under the new Centralized Assessment Team going forward. For more information on the CAT Team please see page 81.

New Strategy Starting FY 2022/23

Name of Strategy: Centralized Assessment Team (CAT)

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

The CAT strategy, delivered by SCBH, will be staffed by clinicians anchored with the Access Unit who will provide intake assessments for children, youth and adults referred through the SCBH Access Line. Assessments will be conducted at county-operated child or adult outpatient clinics in Vallejo, Fairfield or Vacaville. A coordinated team providing intake assessments will support SCBH in continuing to improve timely access to treatment and is aligned with the implementation of CalAIM. Five of the current CAT clinicians are bilingual which will assist the County in meeting the needs of Spanish and Tagalog speaking consumers.

Financial Report

Cost per Person

N/A

Budget Amount FY 2021/22: N/A

Total Expenditures FY 2021/22: N/A

Budgeted Amount for FY 2022/23: **\$806,069**

Name of Program: CARE Clinic

Agency Name: Child Haven starting July 1, 2022, the agency merged with Victor Community Support Services

Description of Program:

The CARE Clinic, operated by a contractor, offers four (4) ten-week cohorts per year, consisting of an intensive daily menu of services for consumers ages 3-6 years of age (up to 7th birthday) with complex presentations. This can include a mental health diagnosis and/or developmental, social, behavioral, and communication challenges. The program utilizes 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: 23

Program Indicators

Annual Outcomes

Contractor will serve a maximum of 16 unduplicated Medi-cal eligible consumers as funded by County per year.

A total of 4 cohorts were conducted during the FY 2021/22, with 23 unduplicated children served of which 14 completed the program.

80% of the children who complete the CARE Clinic will demonstrate improvement on the *Child Behavior Checklist (CBCL)* as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.

The *CBCL* was completed for 15 children, of which 93% (14) 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 *Eyberg Child Behavior Inventory (ECBI)*.

The *ECBI* was completed for 15 children, of which 93% (14) of the children demonstrated improved child/parent interactions per the intensity and problem scales on the *ECBI*.

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.

Data for first 3 of 4 cohorts: 100% (14) children successfully transitioned back to school and remained in the setting for 30 days or more.

Financial Report

Cost per Person

\$19,781

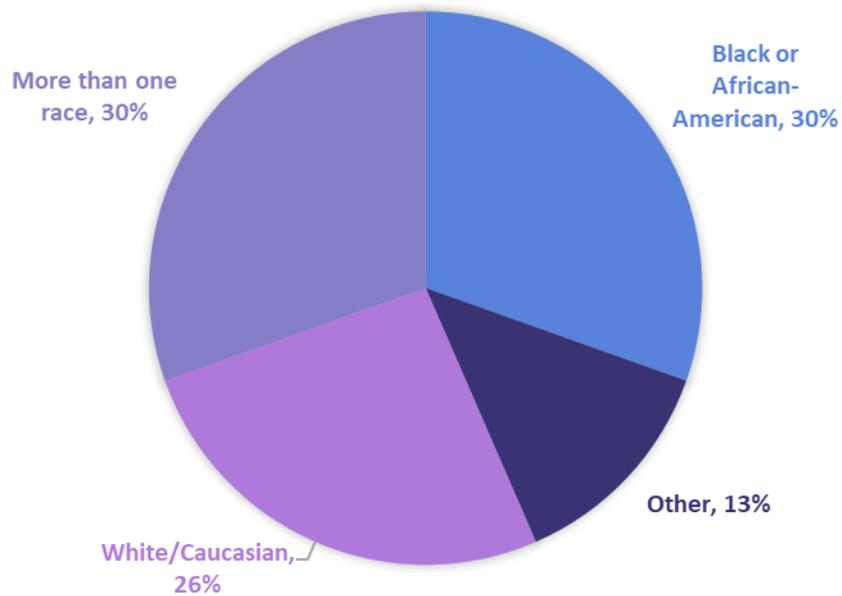
Contract Amount FY 2021/22: **\$506,830**

Total Expenditures FY 2021/22: **\$243,140**

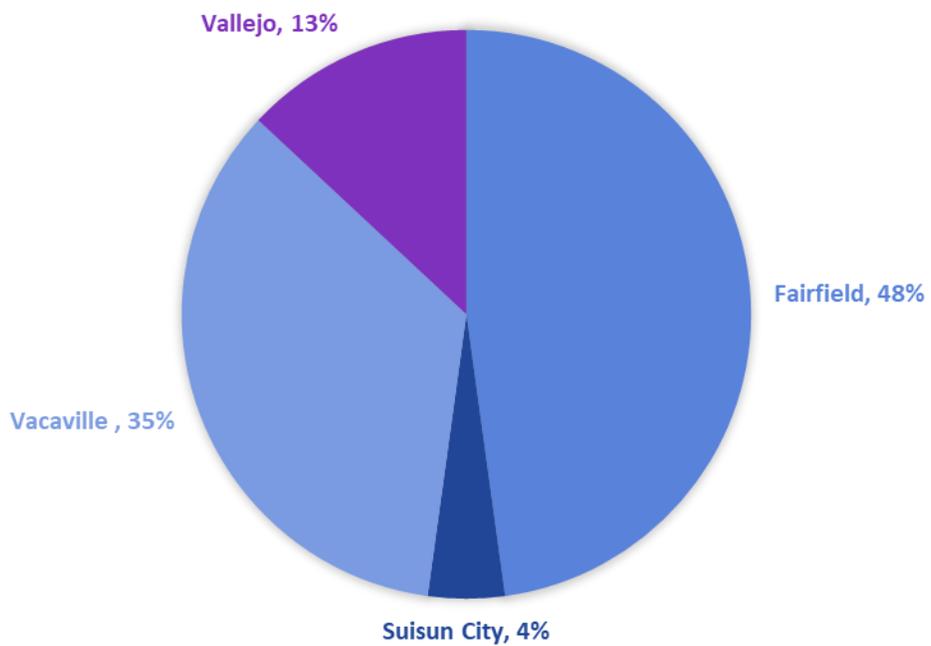
Contract Amount FY 2022/23: **\$506,830**

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

SERVICE RECIPIENT BY RACE



SERVICE RECIPIENT BY CITY OF RESIDENCE



			23
Age	%	Ethnicity	%
0-15	100%	Caribbean	0%
16-25	0%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	22%
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	0%	Asian Indian/South Asian	4%
Black or African-American	30%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	13%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	26%	Filipino	0%
More than one race	30%	Japanese	0%
Gender At Birth		Korean	0%
Male	74%	Middle Eastern	0%
Female	26%	Other Non-Hispanic/Latino	65%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	74%	More than one ethnicity	9%
Female	26%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	0%
Other	0%	Currently involved with adult/juvenile justice	0%
Prefer not to answer	0%	Foster care youth	13%
Questioning/unsure	0%	All of above	0%
Transgender	0%	LGBTQ & justice involved	0%
Sexual Orientation		LGBTQ & foster care youth	0%
Gay	0%	Justice involved & foster care youth	0%
Bisexual	0%	Not applicable/not identify with all above	87%
Heterosexual/straight	83%	Prefer not to answer	0%
Lesbian	0%	Mental Health Symptoms Onset	
Other	0%	Less than 6 months	0%
Prefer not to answer	17%	6-12 months	22%
Queer	0%	1-4 years	70%
Questioning/unsure	0%	5-9 years	0%
Veteran Status/Military Services		Over 10 years ago	0%
Veteran	0%	Prefer not to answer	0%
Active military	0%	Do not have MH symptoms	0%
Not a veteran or not active military	100%	Unknown/not reported	9%
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	100%	Dixon	0%
Ilocano	0%	Fairfield	48%
Other	0%	Non-County Resident	0%
Prefer not to answer	0%	Rio Vista	0%
Spanish	0%	Suisun City	4%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	35%
English	100%	Vallejo	13%
Tagalog	0%	Disability	
Other	0%	Difficulty seeing	0%
Spanish	0%	Difficulty hearing/having speech understood	0%
Significant Cultural Considerations:		Other communication disability	22%
		Cognitive impairment	0%
		Physical/mobility	0%
		Chronic physical health condition	4%
		No disability	65%
		Other disability	4%
		Prefer not to answer	4%

Highlights & Achievements

- Child Haven merged with Victor Community Support Services, which will enhance the infrastructure of the local programs.
- In spite of COVID-19, the program was able to not only maintain, but increase the quantity of referrals for their services.
- Over the course of the FY, the program reported positive outcomes and positive remarks from partnered schools, and were able to maintain staff.
- Consumers have improved their speech and communication skills over the course of the cohorts through access to speech and language services.

Challenges & Barriers

- Although there are fewer restrictions regarding COVID protocols, a barrier remains to the program and participation for both consumers and staff as symptomatic or exposed individuals are not permitted on site.
- Due to significant renovation for part of the FY, parent meetings had to be held on Zoom because of the lack of physical space on site.
- Documentation requirements for the program continue to be a challenge for staff. The program is working with county partners to find creative solutions, such as co-staff written notes, to reduce administrative workload.

Equity Efforts in FY 2021/22

Staff participate in cultural diversity training annually to support their growth and understanding of working with cultures different from their own, including LGBTQIA+. During one of the cohorts, the program served a consumer whose parents identified as transgender. Staff were trained and supported in the use of preferred pronouns when addressing caregivers, and attention was given to this topic in parent meetings where peers were educated about the use of age-appropriate pronoun discussion and education. CARE Clinic staff are diverse and representative of the population served, and several parents mentioned that this was affirming of their experience. This year, the caregivers were given gas cards based on attendance to increase equity and access to services, and to mitigate economic hardship. Caregivers with multiple children in need of childcare were provided onsite support in order to increase access to parent services.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Name of Strategy: Child Family Team (CFT) Initiative

Agency Name: Solano County Behavioral Health

Description of Strategy:

The Child Family Team (CFT) Initiative is delivered by SCBH via one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether they are served by County outpatient programs, community-based outpatient programs and/or FSP programs. CFT meetings include the child/youth, all providers, all social workers involved in the case, birth parents, foster parents, etc. and are intended to bring the treatment team together to ensure all the needs of the child/youth are being addressed.

Program Performance Measures

Unduplicated Individuals Served: 179

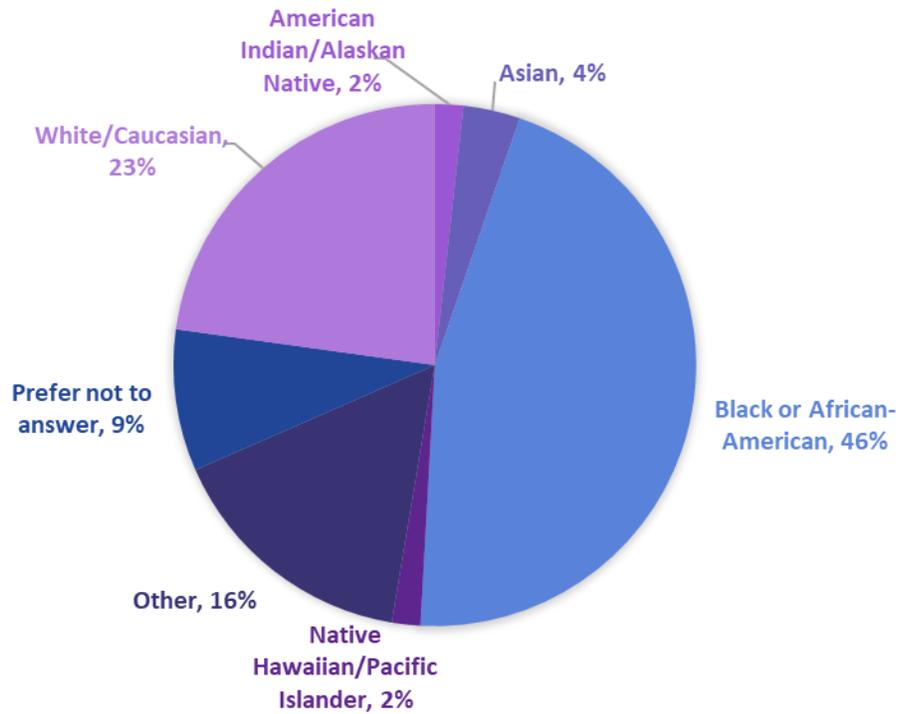
Program Indicators	Annual Outcomes
Schedule and facilitate CFT meetings for children and youth involved in the Child Welfare System.	179 children, their families and treatment teams received CFT meetings.

Financial Report

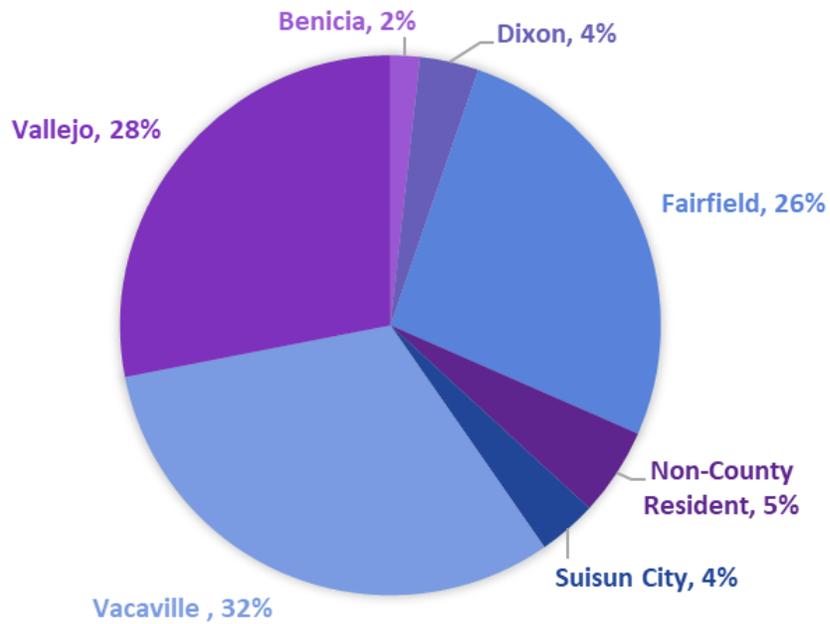
Cost per Person	\$1,603
Budgeted Amount FY 2021/22: \$376,741	Total Expenditures FY 2021/22: \$286,933
Budgeted Amount for FY 2022/23: \$103,220	

The following charts and table provide additional demographic data for 57 of the consumers served through the **CFT Strategy**:

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			57
Age	%	Ethnicity	%
0-15	93%	Caribbean	0%
16-25	7%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	25%
60+	0%	Other Hispanic/Latino	2%
Prefer not to answer	0%	Puerto Rican	2%
Race		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	46%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	16%	Eastern European	0%
Prefer not to answer	9%	European	0%
White/Caucasian	23%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	49%	Middle Eastern	0%
Female	51%	Other Non-Hispanic/Latino	49%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	23%
Male	44%	More than one ethnicity	0%
Female	42%	City of Residence	
Genderqueer	0%	Benicia	2%
Other	0%	Dixon	4%
Prefer not to answer	12%	Fairfield	26%
Questioning/unsure	2%	Non-County Resident	5%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	4%
Gay	0%	Unincorporated	0%
Bisexual	7%	Unknown/Not Reported	0%
Heterosexual/straight	54%	Vacaville	32%
Lesbian	5%	Vallejo	28%
Other	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	26%		
Queer	2%		
Questioning/unsure	5%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	4%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	96%		
Tagalog	0%		
Other	0%		
Spanish	4%		

Highlights & Achievements

- A second staff person was hired in May 2022 after a previous staff person retired in May 2021. The new staff person had experience providing intensive services and was able to be oriented to the role with minimal training.
- The CFT staff highlighted successes related to supporting permanency for children involved with the Child Welfare system, including a current pending adoption of siblings by a grandparent.

Challenges & Barriers

It can be very difficult to schedule CFT meetings, particularly when the CFT has multiple people involved; e.g., Child Welfare social worker, Foster Family Agency social worker, CASA, individual holding educational rights, caregiver, bio parents, clinician, specialists, etc. Scheduling conflicts can result in not meeting the CFT timeliness.

Equity Efforts in FY 2021/22

The CFT staff are embedded with the FCTU FSP program which is a culturally diverse team with staff from various ethnic and cultural backgrounds, including; Asian American/Pacific Islander, African American/Black, Dominican, Mexican, Trinidadian, and Haitian. One of the CFT staff members regularly participates in the SCBH Diversity & Equity Committee.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

New Strategy Starting FY 2022/23

Name of Strategy: Treatment Foster Care (TFC) Services

Agency Name: Pacific Clinics

Description of Strategy:

The TFC program, will be provided by a community-based organization, will provide is a short-term, intensive, trauma-informed, and individualized intervention provided by a resource (foster) parent with appropriate qualifications and training for children/ youth who have complex emotional and behavioral needs and have been placed in a treatment foster care home. Children/ youth will qualify for TFC if they are transitioning from a residential, inpatient, or institutional setting to a community setting and other mental health services would not be sufficient to prevent deterioration, stabilize the child/youth, or support effective rehabilitation. There must be a Child and Family Team (CFT) in place to guide and plan TFC and other services. TFC resource parents are supported and supervised by a licensed Foster Family Agency (FFA), Pacific Clinics. The TFC program is aligned with other services and supports SCBH is funding in order to meet Katie A. Subclass and Continuum of Care Reform (CCR) mandates.

Financial Report	
Cost per Person	\$0
Budget Amount FY 2021/22: N/A	Total Expenditures FY 2021/22: \$0
Budgeted Amount for FY 2022/23: \$288,003	

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

Agency Name: Seneca Family of Agencies

Description of Program:

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

Performance Measures

Unduplicated Individuals Served: 27

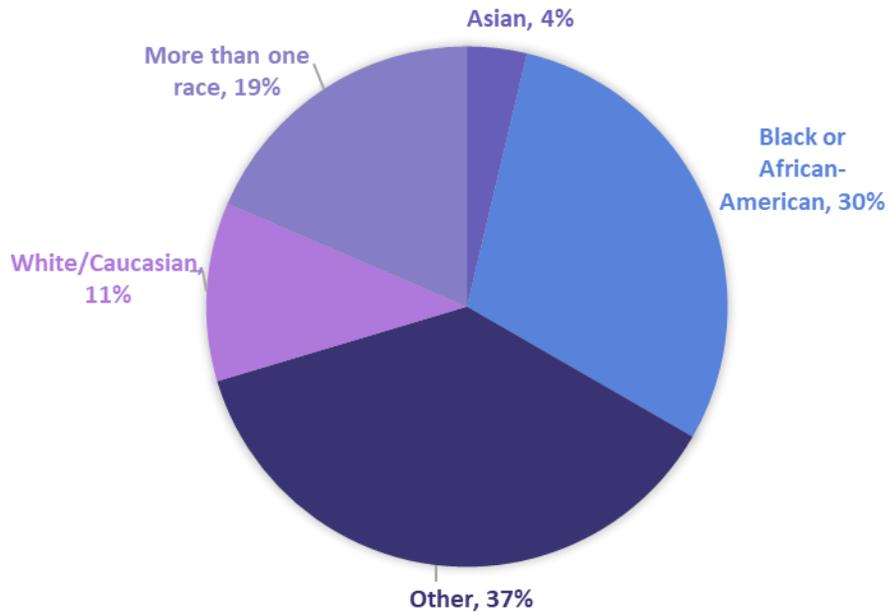
Program Indicators	Annual Outcomes
Serve an average of 26 consumers per month and a total of 40-55 unduplicated consumers in the fiscal year.	An average of 15 consumers were served per month.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment 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.	Over the course of the year the <i>CANS/ANSA</i> was administered 44 times to measure progress. 80% of the consumers measured 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 27 consumers served, 100% (27) 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 27 consumers served, 22% (6) had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then ever 60-90 days 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.	On average the program met CFT timelines 98% of the time.

Financial Report

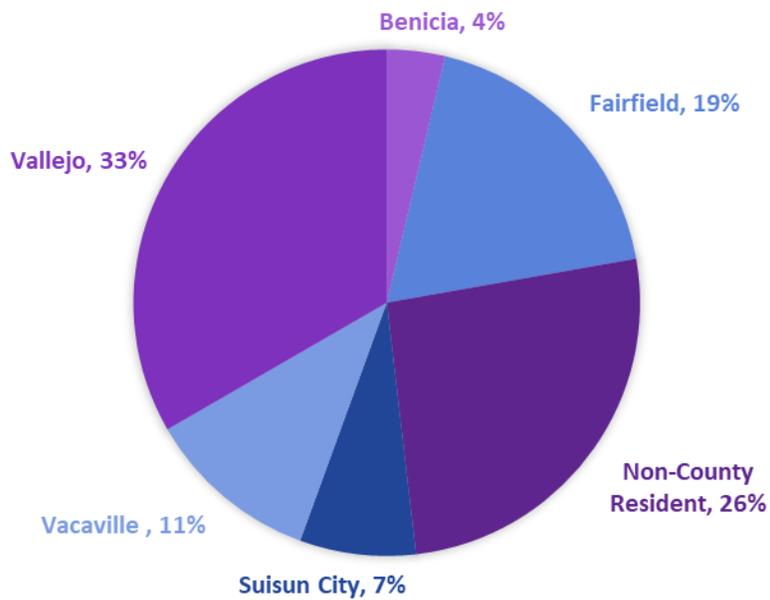
Cost per Person	\$10,717
Contract Amount FY 2021/22: \$552,500	Total Expenditures FY 2021/22: \$289,365
Budgeted Amount for FY 2022/23: \$552,500	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Program Name:		Total Individuals Demo Collected:	
			#
			27
Age	%	Ethnicity	%
0-15	74%	Caribbean	0%
16-25	26%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	22%
60+	0%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	30%
Asian	4%	Asian Indian/South Asian	4%
Black or African-American	30%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	37%	Eastern European	0%
Prefer not to answer	0%	European	11%
White/Caucasian	11%	Filipino	0%
More than one race	19%	Japanese	0%
Gender At Birth		Korean	0%
Male	37%	Middle Eastern	0%
Female	63%	Other Non-Hispanic/Latino	11%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	37%	More than one ethnicity	19%
Female	56%	City of Residence	
Genderqueer	4%	Benicia	4%
Other	4%	Dixon	0%
Prefer not to answer	0%	Fairfield	19%
Questioning/unsure	0%	Non-County Resident	26%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	7%
Gay	0%	Unincorporated	0%
Bisexual	19%	Unknown/Not Reported	0%
Heterosexual/straight	44%	Vacaville	11%
Lesbian	0%	Vallejo	33%
Other	22%	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%		
Queer	4%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	4%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	96%		
Tagalog	0%		
Other	0%		
Spanish	4%		

Highlights & Achievements

- In order to support families with addressing their greatest areas of need, Seneca provided the KAS Team with ongoing trainings such as “Working with Youth Who Are Separated from Their Biological Families: The Impact of Traumatic Separation on Attachment.” The training focused on enhancing family work with attachment and trauma-focused interventions, as well as how to incorporate lifelong supports.
- The program reported positive outcomes related to stepping consumers down to lower levels of care. Eight of the fourteen (57%) consumers who discharged during the FY were able to step down to a lower level of services or no services after discharge. Furthermore, four of those eight consumers achieved reunification with their families and their dependency case with Child Welfare Services (CWS) was closed. The KAS Program also supported three of eight consumers with stabilizing their placement with their families. At the time of closing, the consumers had met their goals though they were still open to CWS.

Challenges & Barriers

- During the last FY Seneca faced challenges related to the continuing fatigue from living through the global COVID-19 pandemic. Although, services had shifted back to in-person services before the beginning of the FY, due to increased surges of COVID-19, at times services had to pivot back to telehealth service delivery mode to ensure safety of the families being served and staff.
- The KAS program experienced staff retention challenges and there were several unfilled positions. This impacted the program’s ability to take more referrals for this program. Seneca has continued communication with county partners regarding capacity to take referrals by sending weekly email updates.
- The program also experienced challenges throughout the FY related to a core tenant of the program which is increasing natural supports. Extended family members, non-family members and caregivers shared that increased socio-economic demands, changing work schedules and/or having their own childcare concerns impacted the availability to attend CFT meetings.

Equity Efforts in FY 2021/22

The KAS program made concerted efforts to provide linguistically appropriate services for consumers and families being served. Four (4) of the 27 consumers/families served during the reporting period received some level of services in Spanish (i.e., collateral services or a consumer’s CFT meetings being held in Spanish). The program has both certified Spanish-speaking bilingual staff, and access to interpreter services in multiple languages if needed.

This year, the KAS team attended a conference by internationally recognized clinician and consultant on the topics of cultural and racial diversity, trauma, and oppression, Dr. Kenneth V. Hardy, Ph.D., around Understanding and Addressing Racial Trauma. Seneca Family of Agencies also provides a monthly Diversity, Equity, and Inclusion (DEI) group open to all staff to grow their cultural competency and expertise in this area. There are multiple Employee Resource Groups (ERG) offered by Seneca Family of Agencies for staff’s support and growth including a Bilingual Staff group. DEI topics are routinely brought up in individual and group supervision as part of the case consultation process, as well as in mandatory all-staff meetings. Additionally, DEI topics and training are held routinely at the manager level to enhance the programs leaderships’ ability to provide culturally competent supervision.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Forensic Mental Health Programming

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

Name of Program: Jail Release Re-entry Program

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

Description of Program:

The Jail Release Re-entry program is a multi-agency, multi-disciplinary effort to provide a re-entry program for adult mentally ill offenders by providing necessary mental health treatment and referrals upon release from jail. The goal is to provide community-based treatment and supports to reduce recidivism. This program was initially supported by braid funding via MHSA and MIOCR grant funds the Sheriff Office (SO) received. Once the MIOCR grant funds were no longer available, the SO continued to fund the program with other SO funds.

Program Performance Measures

Unduplicated Individuals Served: 39

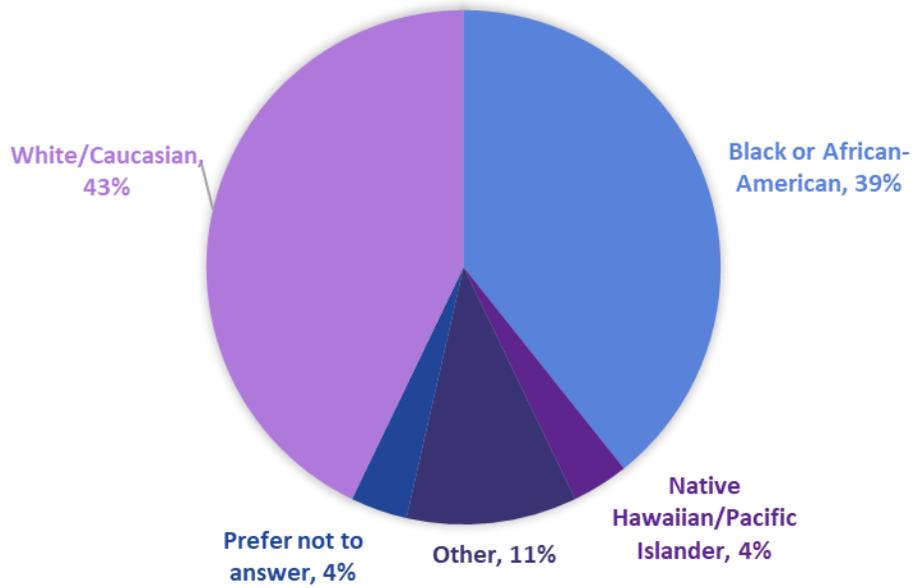
Program Indicators	Annual Outcomes
A minimum of 145 individuals will be assessed as referred through the Jail Mental Health Re-entry Team.	39 referrals received with a total of 28 unduplicated consumers assessed.
A minimum of 102 individuals will receive pre-release planning in collaboration with Jail Mental Health and/or Program staff.	A total of 13 unduplicated consumers received pre-release planning.
Provide pre-release case management services for individuals still in custody.	4 unduplicated consumers were served with pre-release case management services.
Provide post-release treatment to a minimum of 102 individuals for 6-12 months and for five (5) served and placed in Housing and Disability Advocacy Program (HDAPT) funded housing units continue to receive case management services.	A total of 4 unduplicated consumers were served via post-release treatment. None of the consumers placed in HDAPT received case management services.
At least 50% of individuals receiving post-release treatment will demonstrate progress on two or more domains in the <i>Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)</i> tool.	7 consumers completed the <i>VI-SPDAT</i> post measure and of those 43% (3) demonstrated progress.

Financial Report

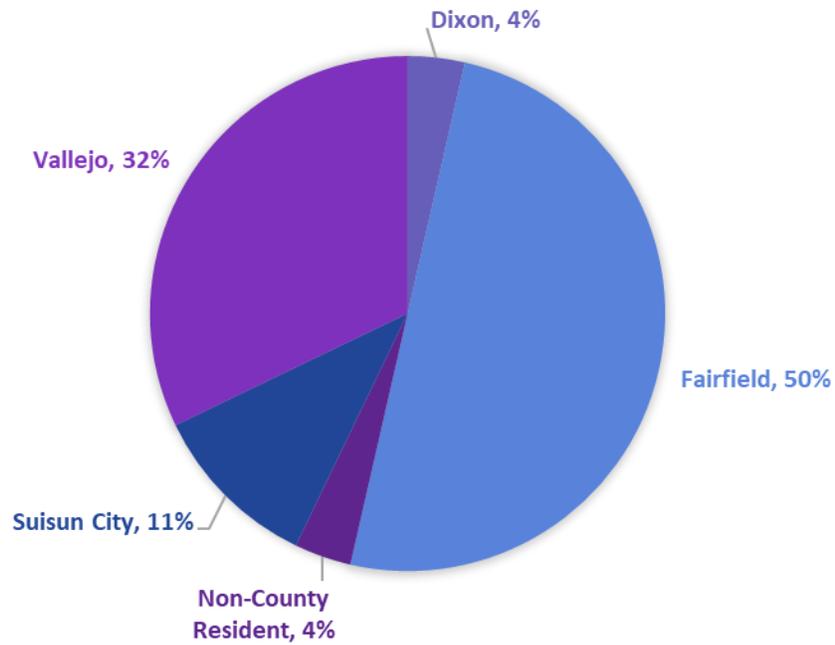
Contract per Person	\$3,671 Cost per person reflects MHSA funding only
MOU Amount FY 2021/22: \$265,270 MHSA funds and \$219,372 Sherriff Office funds	Total Expenditures FY 2021/22: \$143,178 MHSA funds and \$123,221 Sherriff Office funds
Budgeted Amount FY 2022/23: \$283,813 MHSA funds and \$219,372 Sherriff Office funds	

The following charts and table provide additional demographic data for the consumers served by the **Jail Release Re-entry Program** (demographic data only collected for 28 consumers):

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			28
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	4%	Central American	0%
26-59	89%	Mexican/Mexican-American/Chicano	4%
60+	7%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	4%
Race		South American	0%
American Indian/Alaskan Native	0%	African	18%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	39%	Cambodian	0%
Native Hawaiian/Pacific Islander	4%	Chinese	0%
Other	11%	Eastern European	0%
Prefer not to answer	4%	European	21%
White/Caucasian	43%	Filipino	4%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	86%	Middle Eastern	0%
Female	14%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	86%	More than one ethnicity	50%
Female	14%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	4%
Prefer not to answer	0%	Fairfield	50%
Questioning/unsure	0%	Non-County Resident	4%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	11%
Gay	0%	Unincorporated	0%
Bisexual	11%	Unknown/Not Reported	0%
Heterosexual/straight	86%	Vacaville	0%
Lesbian	0%	Vallejo	32%
Other	0%	<p>Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.</p>	
Prefer not to answer	4%		
Queer	0%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	7%		
Active military	0%		
Not a veteran or not active military	93%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

Highlights & Achievements

Early in the FY a clinical continuum of care was sustained while Caminar staff identified and addressed barriers to service delivery.

Challenges & Barriers

- While the program did conduct a number of assessments over the summer months, very few consumers were admitted to the program for post release services.
- The program experienced significant issues related to staff recruitment and retention, resulting in the inability to accept referrals or serve consumers.

Equity Efforts in FY 2021/22

The Sheriff's Office (SO) Criminal Justice Program Services Manager organized a cultural humility training, "Diversity and Social Justice", for Jail Mental Health staff in the local jails. Additionally, the SO Manager participates in SCBH's Diversity & Equity Committee. Caminar, the sub-contractor, utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued.

Changes or Updates Planned for FY 2022/23

The contract with Caminar was not renewed for FY 2022/23. The SO will be releasing a Request for Proposal (RFP) to secure a new vendor to provide the Jail Release Re-entry Program.

Name of Program: Forensic Triage Team (FTT)

Agency Name: Solano County Behavioral Health

Description of Program:

The FTT program, operated by SCBH, was implemented during FY 2019/20 in order to meet an increased need for support to pretrial diversion cases following the passage of SB 215. The program provides assessments and triage services for adults who have a serious mental health condition and/or co-occurring substance use disorder and are involved with the criminal justice system, and have been referred for diversion services through the Courts, Probation, and local jails. The team includes a staff member who is embedded in the jails and acts as a Jail Liaison assisting in coordination of care for consumers who are arrested and/or inmates who will be released to the community and have been identified as having a serious mental health condition warranting ongoing treatment post release. Additionally, the program provides assessments for individuals referred via Laura's Law for Assisted Outpatient Treatment (AOT). Once the appropriate level of care is determined, consumers are routed to the most appropriate level of treatment including Full Service Partnership (FSP) programs. During FY 2021/22 the program began to provide limited term case management services as well. 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.

Program Performance Measures

Unduplicated Individuals Served: 470

Program Indicators	Annual Outcomes
Provide assessments and linkage for individuals referred by the Court, Probation, and jails in an effort to support Solano County's Diversion and Collaborative Court.	A total of 319 unduplicated individuals were referred to the FTT program and 100% (319) were screened or assessed and linked to ongoing treatment. The FTT staff members also provided light case management for additional consumers.
Provide assessments and linkage for individuals referred that meet the Solano County AOT criteria.	32 AOT referrals were received with a total of 32 unduplicated individuals assessed and linked to ongoing treatment. Only one consumer assessed necessitated referral to the Court for formal AOT court proceedings.

Financial Report

Cost per Person	\$2,114
Budgeted Amount FY 2021/22: \$1,490,031	Total Expenditures FY 2021/22: \$993,523
Budgeted Amount for FY 2022/23: \$1,397,563	

Demographic data is not available for this program.

Highlights & Achievements

- FTT leadership collaborated with the Collaborative Court Manager, County Counsel, and Probation to develop a Mental Health Court Policy and Procedure Manual. Additionally, an MOU was developed between partners.
- The program Supervisor participated in Statewide AOT roundtable panel training.
- The FTT Team continued to collaborate with multi-sector partners including Mobile Crisis, Homeless Outreach, and Kaiser staff to streamline referrals and engage shared consumers. Additionally, the team collaborated with jail staff on shifting practices with jail-based 5150 and 4011.6 court ordered 5150 evaluations.

Challenges & Barriers

- There were barriers related to interfacing with the Courts, including receiving court orders to provide services beyond the program's scope, challenges with consistency between courtrooms, and at the writing of this report, the Mental Health Court Policy and Procedure Manual had not been adopted.
- Staffing issues with ancillary programs impacted the ability for the FTT Team to link consumers to care. Additionally, the program had three vacancies during the year, two of which were due to staff promotions.

Equity Efforts in FY 2021/22

Program leadership continues to make efforts to recruit and retain culturally diverse staff. FTT staff continue to receive cultural responsiveness, equity and social justice trainings offered through the SCBH BHP as well as other organizations. During clinical team meetings and staff meetings the team has discussions focused on cultural responsiveness and serving underserved populations. Staff utilize interpreters through Language Link when assessing and/or working with non-English speaking consumers.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

MHSA Housing & Supports

The following programs outline how MHSA funding was used to provide housing for individuals who have a serious mental health condition and/or co-occurring mental health and substance use conditions, and who may otherwise remain or become homeless. Housing included short-term transitional housing, shelter housing, and long-term permanent housing. All of the programs funded by MHSA use the Housing First approach whereby upon admission the focus is on ensuring basic necessities like food, a place to live and a sense of safety are met before focusing on sobriety, health and wellness, and employment.

Name of Program: Transitional Housing

Agency Name: Bay Area Community Services (BACS)

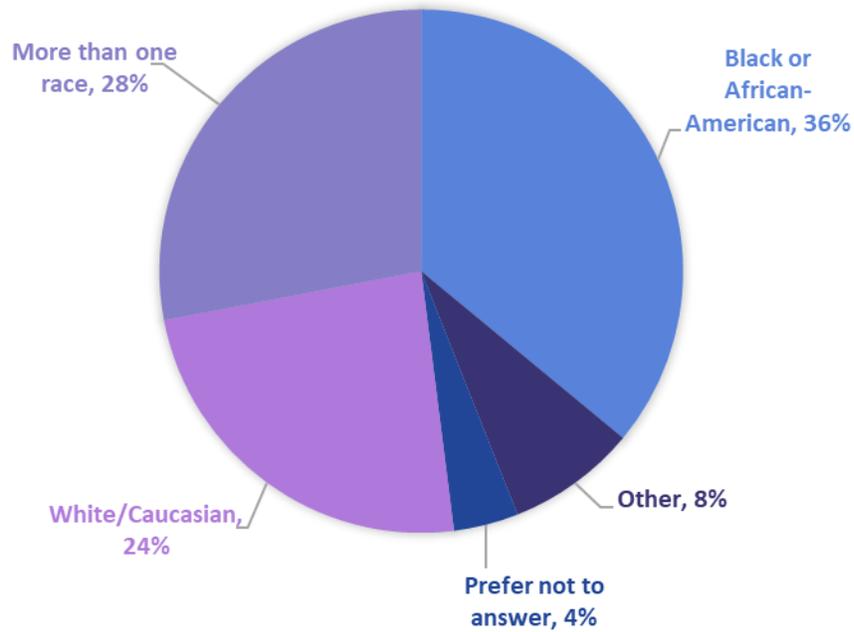
Description of Program:

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 townhouses. Part of the CalHFA agreement is a 20-year MOU between SCBH and the CBO partner to provide transitional housing services for adult consumers who have a serious mental health condition and/or co-occurring substance use disorder who are at risk of, or are homeless. The Transitional Housing program provides supportive transitional housing for 16 consumers for 6-12 months. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.

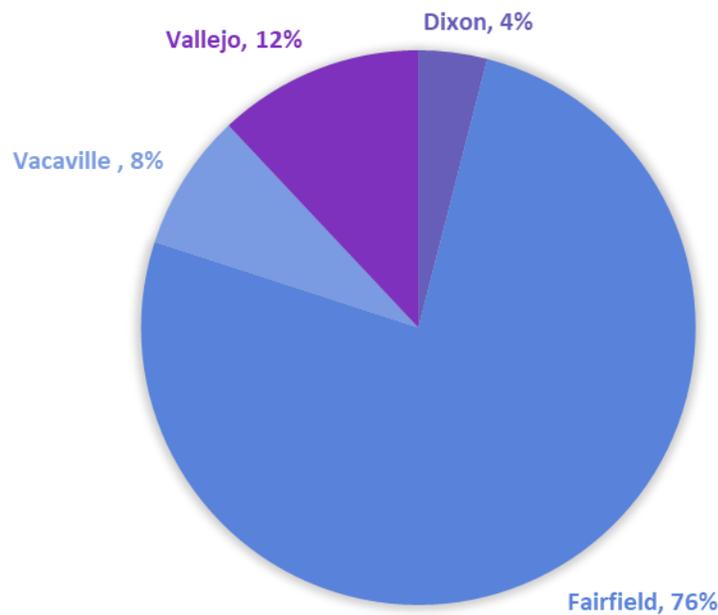
Program Performance Measures	
Unduplicated Individuals Served: 25	
Program Deliverables	Annual Outcomes
Maintain a census of 16 beds/slots monthly for eligible consumers for an average of 6-12 months stay (not to exceed 1 year).	A total of 25 unduplicated consumers were served with an average bed occupancy monthly of 13 individuals.
Provide linkage/referral services to a minimum of 90% of consumers residing in the transitional housing units.	100% of consumers received linkage/referrals services.
At least 60% of consumers will endorse having made progress on goals based on the program consumer satisfaction survey.	100% of consumers showed improvement.
50% of consumers discharging from the program will secure permanent housing.	Of the 15 consumers discharged during the reporting period 47% (7) of the consumers served secured permanent housing upon discharge.
Financial Report	
Cost per Person	\$8,422
Contract Amount FY 2021/22: \$305,806	Total Expenditures FY 2021/22: \$210,547
Budgeted Amount for FY 2022/23: \$310,000	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			25
Age	%	Ethnicity	%
0-15	0%	Caribbean	8%
16-25	20%	Central American	0%
26-59	76%	Mexican/Mexican-American/Chicano	12%
60+	4%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	36%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	36%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	8%	Eastern European	8%
Prefer not to answer	4%	European	16%
White/Caucasian	24%	Filipino	4%
More than one race	28%	Japanese	0%
Gender At Birth		Korean	0%
Male	40%	Middle Eastern	0%
Female	60%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	44%	More than one ethnicity	12%
Female	56%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	4%
Prefer not to answer	0%	Fairfield	76%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	0%	Unincorporated	0%
Bisexual	12%	Unknown/Not Reported	0%
Heterosexual/straight	64%	Vacaville	8%
Lesbian	8%	Vallejo	12%
Other	8%		
Prefer not to answer	8%		
Queer	0%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		
		Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	

Highlights & Achievements

- Three of the consumers served secured employment and housing on their own in spite of many barriers.
- There were several property upgrades made during the FY, which supported the transition of what had previously been four respite beds used for 1-3 nights, to two longer-term transitional housing beds.

Challenges & Barriers

- The program experienced staffing difficulties.
- Community partners continued to misunderstand the role of program case managers, and the referral process and program policies. A meeting was held with community partners to address this barrier.
- There is a significant lack of affordable housing available, affecting the success rate of finding stable housing with consumers' income.

Equity Efforts in FY 2021/22

Program staff continue to obtain ongoing cultural competence training online due to agency COVID-19 protocols. As an agency, BACS utilizes an equity and justice-oriented lens that is focused on combatting disparities and inequalities. BACS was able utilize allocated funding to provide consumers access to artwork and materials which they identify as representation of themselves. The program strives to create communal and inclusive spaces for consumers to express their own unique identities.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time. The budget was increased to support increased staff salaries and other expenses.

Name of Program: Bridge Transitional Housing

Agency Name: Caminar, Inc.

Description of Program:

The program, operated by a contractor, expands transitional housing by an additional 12 beds for Solano County. The contract partner owns the property which was previously used as a crisis residential treatment (CRT) facility. The program provides supportive transitional housing for 30-90 days for adults who have a serious mental health condition and/or co-occurring substance use disorder who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing.

Program Performance Measures

Unduplicated Individuals Served: 42

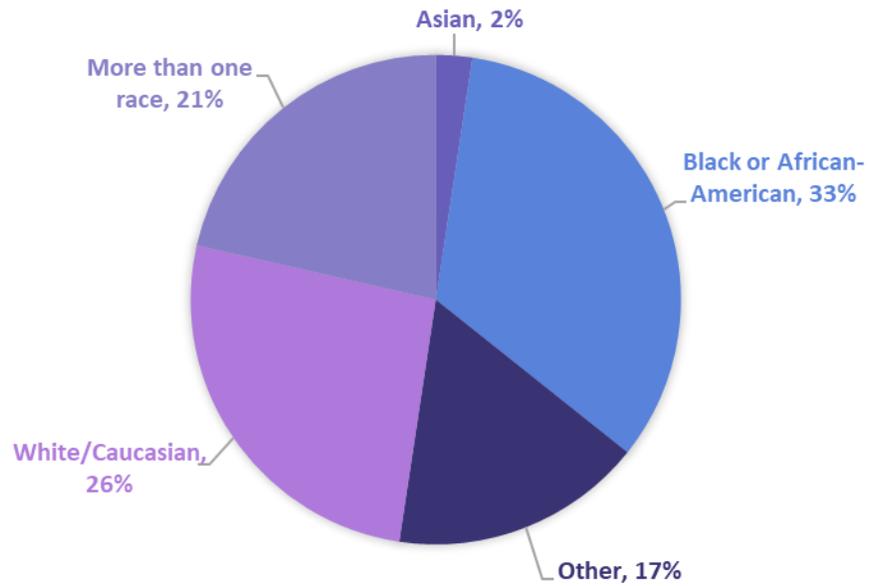
Program Indicators	Annual Outcomes
Provide 30-90-days housing to serve a minimum of 36 unduplicated consumers to prepare them to live independently and secure permanent housing.	42 unduplicated individuals received transitional housing.
At least 60% of consumers will maintain or increase functioning per the <i>Quality of Life (QoL) Scale</i> by maintaining or improving to a score of 4 or 5 at discharge.	Of the 18 individuals who discharged from the program and completed the <i>QoL</i> , 83% (15) maintained or improved their score in functioning.
75% of consumers discharging from the program will transition to permanent housing.	Of the 34 individuals who discharged from the program during the reporting period, 76% (26) of individuals transitioned to permanent housing.

Financial Report

Cost per Person	\$13,703
Contract Amount FY 2021/22: \$649,997	Total Expenditures FY 2021/22: \$575,540
Budgeted Amount FY 2022/23: \$689,895	

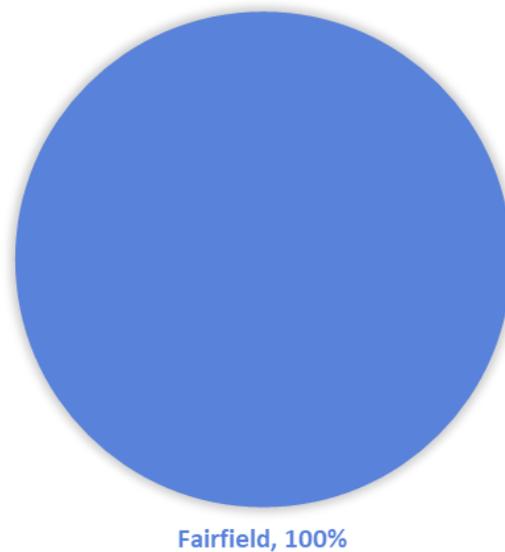
The following charts and table provide additional demographic data for the individuals served by the **Bridge Housing Program**:

SERVICE RECIPIENTS BY RACE



The program did not collect the city of residence before being placed in the program, therefore 100% of the participants had Fairfield as the city of residence.

SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			42
Age	%	Ethnicity	%
0-15	2%	Caribbean	0%
16-25	14%	Central American	0%
26-59	76%	Mexican/Mexican-American/Chicano	17%
60+	7%	Other Hispanic/Latino	5%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	2%
American Indian/Alaskan Native	0%	African	43%
Asian	2%	Asian Indian/South Asian	2%
Black or African-American	33%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	17%	Eastern European	2%
Prefer not to answer	0%	European	24%
White/Caucasian	26%	Filipino	2%
More than one race	21%	Japanese	0%
Gender At Birth		Korean	0%
Male	57%	Middle Eastern	0%
Female	43%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	57%	More than one ethnicity	2%
Female	43%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	100%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	0%	Unincorporated	0%
Bisexual	14%	Unknown/Not Reported	0%
Heterosexual/straight	76%	Vacaville	0%
Lesbian	2%	Vallejo	0%
Other	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	2%		
Queer	0%		
Questioning/unsure	2%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	98%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		

Highlights & Achievements

- The program was able to increase the number of consumers served this past year due COVID restrictions being lifted in March.
- A consumer often expressed concerns with re-establishing employment prior to receiving transitional housing aid. Within the first 2 hours of the consumer being in the program, the consumer filled out 16 applications for employment. As each day passed the consumer would continuously apply for employment, at least 25 applications daily. The consumer secured a position at GOOGLE in May of 2022.

Challenges & Barriers

- Given this is a transitional housing program the consumers anticipate that they will have their own apartment when they leave the program. Program staff ensure that consumers are provided accurate information that while they are not guaranteed an apartment at discharge, the staff will support them in identifying other suitable options.
- The program has been impacted by general inflation; e.g., increased prices for gas and food. The program utilizes the local Food Bank Distribution Center.

Equity Efforts in FY 2021/22

Caminar utilizes the Relias Training platform and assigns cultural competency training as part of the staffs' performance evaluations. Interpreter services and trainings have been provided to staff. The agency's regional Diversity Equity and Inclusion (DEI) Committee was revamped and now meets once a month. All staff are invited, and feedback is encouraged and valued. Monthly confidential surveys are sent out to welcome questions, concerns, suggestions, and ideas. These surveys are vital to help improve communication and other areas of concern.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time. The budget was increased to support increased staff salaries and other expenses.

Name of Program: Shelter Solano

Agency Name: SHELTER, Inc.

Description of Program:

Shelter Inc., a community-based organization who has contracted with 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 adults who have a serious mental health condition and/or co-occurring substance use disorder, and who are homeless or at risk of homelessness. MHSA funds 15 beds. The program utilizes a Housing First Model. Services includes case management, tenant education and support to transition to permanent housing.

Program Performance Measures

87 Total Admissions representing **71 Unduplicated Individuals**

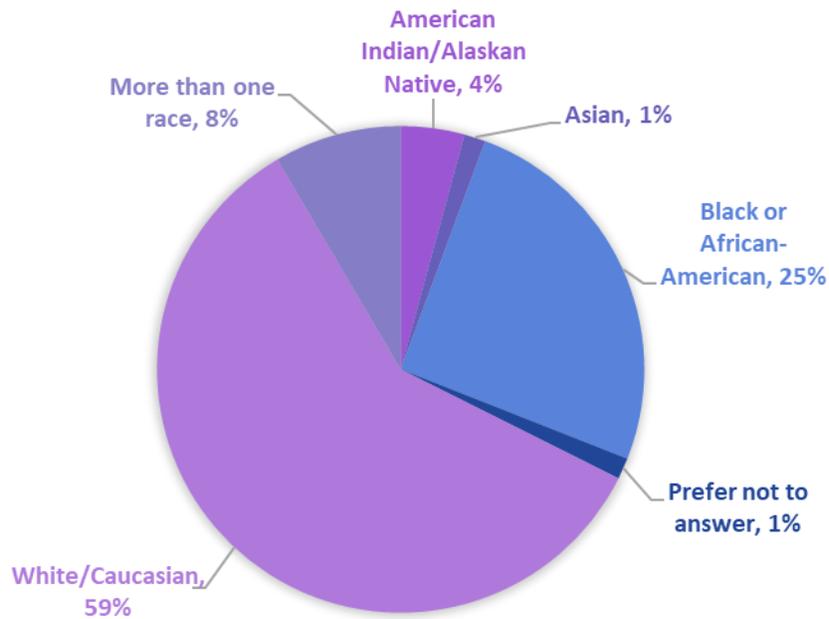
Program Deliverables	Annual Outcomes
Serve a minimum of 15 eligible participants per year.	71 unduplicated consumers were served representing 87 admissions, therefore 12 consumers had two or more admissions to the program during this reporting period.
A minimum of 75% of consumers served will receive case management to include housing access assistance and tenant education.	91% (77) received case management services.
At least 75% of consumers 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 73 consumers discharged 10% (7) were discharged to permanent housing.
Contractor will maintain post-placement contact and support services by mutual agreement with exiting participant for up to six months after program exit. Contractor will track permanent housing retention rates at three (3) and six (6) months after program exit and expects at least 40% of successfully exited participants who respond to contact efforts will have maintained housing after 3 months, and 40% after 6 months.	During the reporting period for the 9 consumers discharged to permanent housing at the 3-month post discharge mark, only 1 consumer was reached and was no longer housed. For the 11 consumers discharged to permanent housing at the 6 month mark only one person responded to contact efforts and the person was still housed.

Financial Report

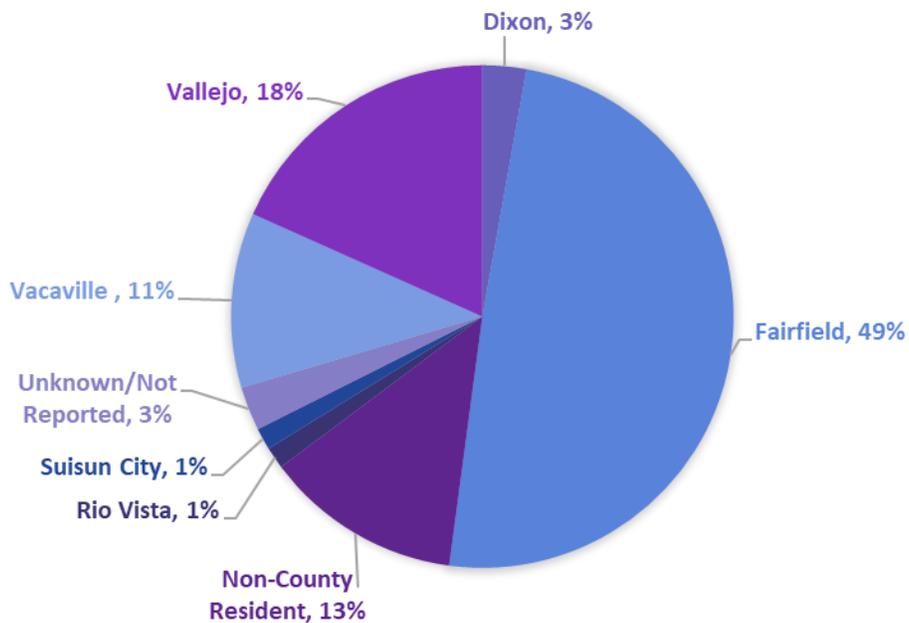
Cost per Person	\$5,259
Contract Amount FY 2021/22: \$500,000	Total Expenditures FY 2021/22: \$373,373
Budgeted Amount for FY 2022/23: \$500,000	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			71
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	7%	Central American	0%
26-59	83%	Mexican/Mexican-American/Chicano	0%
60+	10%	Other Hispanic/Latino	24%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	4%	African	0%
Asian	1%	Asian Indian/South Asian	0%
Black or African-American	25%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	0%	Eastern European	0%
Prefer not to answer	1%	European	0%
White/Caucasian	59%	Filipino	0%
More than one race	8%	Japanese	0%
Gender At Birth		Korean	0%
Male	NA	Middle Eastern	0%
Female		Other Non-Hispanic/Latino	75%
Prefer not to answer		Vietnamese	0%
Current Gender Identity		Prefer not to answer	1%
Male	63%	More than one ethnicity	0%
Female	37%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	3%
Prefer not to answer	0%	Fairfield	49%
Questioning/unsure	0%	Non-County Resident	13%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	1%
Gay	3%	Unincorporated	0%
Bisexual	8%	Unknown/Not Reported	3%
Heterosexual/straight	87%	Vacaville	11%
Lesbian	0%	Vallejo	18%
Other	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	0%		
Queer	0%		
Questioning/unsure	1%		
Veteran Status/Military Services			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	NA		
English			
Tagalog			
Other			
Spanish			

Highlights & Achievements

- Program case managers have increased communications with SCBH partners and provide a weekly roster and weekly case rounds and referrals for non-connected participants in need of mental health support.
- The program focused efforts on a robust recruiting protocol that proved successful in the hiring of a new Supervisor, 3 Case Managers, 4 Shelter Attendants, and 2 Care Coordinators.

Challenges & Barriers

- A lack of affordable housing stock options for consumers being discharged.
- SHELTER Solano had staffing challenges like many other organizations.
- The COVID-19 pandemic continued to impact the ability to bring external partners and activities on campus to keep the sheltered consumers engaged.
- Program staff reported challenges with consumers being medication compliant.

Equity Efforts in FY 2021/22

SHELTER Inc. has made it an agencywide goal to become more culturally diverse and aware and make efforts to hire a diverse workforce. Currently the Solano program has three bilingual Spanish-speaking staff onsite. The program has translated all of the agency documents into Spanish and are currently working on translating documents into Tagalog. SHELTER, Inc. held multiple staff trainings in diversity, cultural sensitivity, equity and social determinants of health, and the agency has implemented an agencywide Diversity Equity and Inclusion (DEI) Committee.

Changes or Updates Planned for FY 2022/23

The program plans to open the campus back up to interns from Sonoma State to support the program with health and wellness education focusing on diabetes, high blood pressure, and general health concerns often faced by peoples experiencing homelessness.

Name of Program: Supported Housing

Agency Name: Caminar, Inc.

Description of Program:

During FY 2011/12 SCBH leveraged CalHFA funds to help fund several permanent housing projects to serve adults who have persistent serious mental health conditions, and children/youth with serious mental health conditions and their families. In order to qualify, the identified consumer must be homeless or at risk of becoming homeless, as defined by the MHSA regulations. Signature at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes 7 two-bedroom units reserved for families in which one member qualifies for MHSA housing support, and 3 two-bedroom apartments shared by two unrelated adults who qualify for MHSA housing support. The Heritage Commons project in Dixon is a 65- apartment project serving older adults. Seven units are reserved for consumers 55 years or older who qualify for MHSA housing support. The project began accepting applications in July 2013. SCBH has an agreement with the state to fund case management services for these sites for a minimum of 20 years. SCBH has contracted these services out to a CBO partner. In addition to the sites listed above, the CBO partner has secured additional scattered sites/apartments in Solano County through other grants. 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 provides housing case management to secure permanent housing upon discharge.

Program Performance Measures

Unduplicated Individuals Served: 74

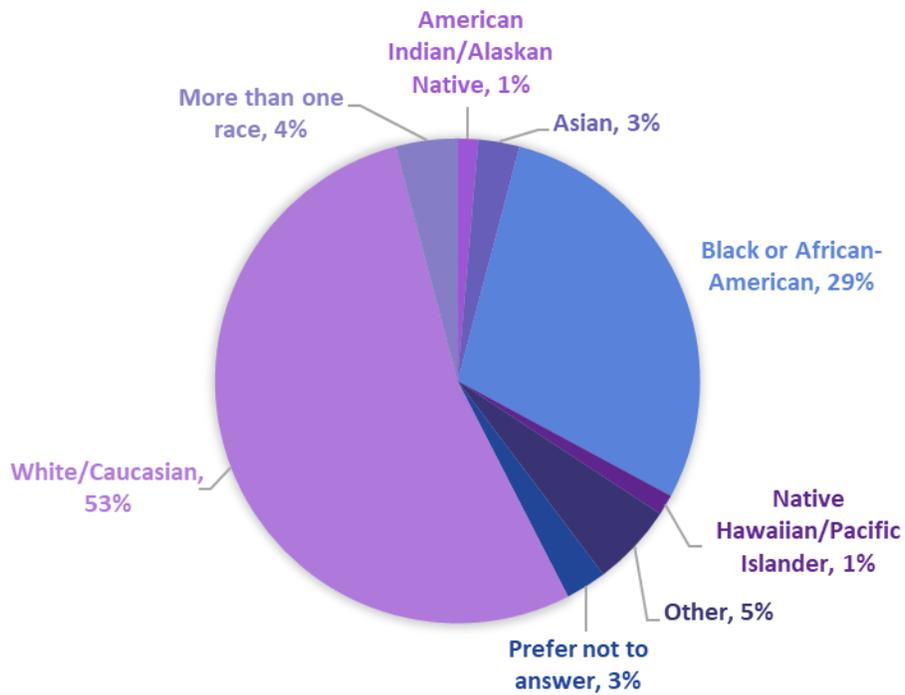
Program Indicators	Annual Outcomes
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 66 unduplicated individuals were housed in permanent housing: <ul style="list-style-type: none"> • Scattered Sites: 26 individuals • Signature: 13 individuals • Heritage 7 individuals • HUD: 20
Provide transitional housing services for up to 90 days for 15-20 individuals.	8 unduplicated individuals received transitional housing.
<u>Permanent Housing Program:</u> At least 60% of permanent housing consumers will maintain or increase functioning per 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 28 individuals who completed the annual measure during the reporting period, 64% (18) 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 5 individuals who discharged from transitional housing, 100% (5) had initiated and/or obtained benefits. Of the 5 individuals who discharged from transitional housing, 100% (5) successfully moved to stable housing.

Financial Report

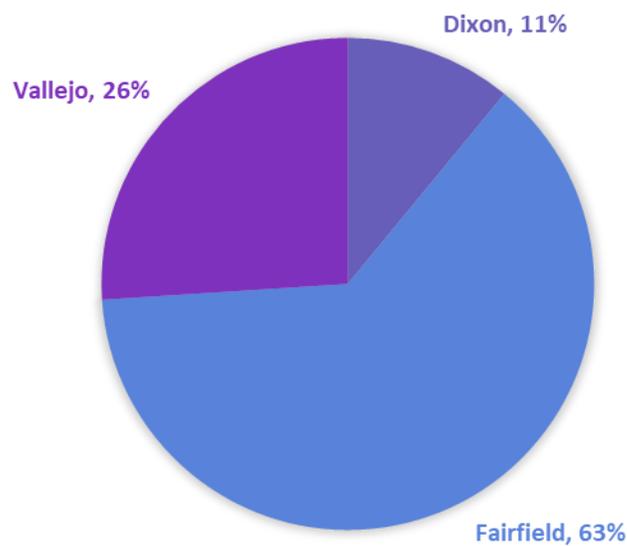
Cost per Person	\$7,251
Contract Amount FY 2021/22: \$551,655	Total Expenditures FY 2021/22: \$536,546
Budgeted Amount FY 2022/23: \$628,636	

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

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			73
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	3%	Central American	3%
26-59	68%	Mexican/Mexican-American/Chicano	10%
60+	26%	Other Hispanic/Latino	0%
Prefer not to answer	3%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	19%
Asian	3%	Asian Indian/South Asian	0%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	5%	Eastern European	5%
Prefer not to answer	3%	European	29%
White/Caucasian	53%	Filipino	4%
More than one race	4%	Japanese	0%
Gender At Birth		Korean	0%
Male	38%	Middle Eastern	0%
Female	60%	Other Non-Hispanic/Latino	22%
Prefer not to answer	1%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	7%
Male	37%	More than one ethnicity	0%
Female	59%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	1%	Dixon	11%
Prefer not to answer	1%	Fairfield	63%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	1%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	3%	Unincorporated	0%
Bisexual	0%	Unknown/Not Reported	0%
Heterosexual/straight	81%	Vacaville	0%
Lesbian	4%	Vallejo	26%
Other	4%	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%		
Queer	1%		
Questioning/unsure	0%		
Veteran Status/Military Services			
Veteran	4%		
Active military	0%		
Not a veteran or not active military	96%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	99%		
Ilocano	0%		
Other	1%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	97%		
Tagalog	0%		
Other	1%		
Spanish	0%		

Highlights & Achievements

- Caminar's Supported Housing and Resource Connect Solano (RCS) worked together to make sure that all consumer referrals have the benefit of intake into RCS. This ensures that any housing options that open can be identified, and applied for, as soon as possible for the consumers served through the Gateway Transitional Housing component of this program.
- In addition to the housing units/beds historically funded by CalHFA, Caminar has secured an additional 20 housing units/beds through other grants they receive.
- Caminar has made a firm connection with the Solano County Housing and Disabilities Application Program (HDAP) and has referred all Gateway transitional housing consumers who are not currently receiving SSI/SSDI. Once approved, they can access deposit assistance and subsidy up to 12 months to allow them to move out from transitional housing into more stable housing that will be sustainable after receiving SSI/SSDI.

Challenges & Barriers

- There is a lack of affordable housing stock in Solano County which makes it difficult for consumers to exit the program to access mainstream housing. Caminar leverages RSC to make sure that all options for which a consumer may be eligible are explored and appropriate referrals are made.
- Shared housing can be difficult. There are times when consumers are triggered by each other's mental health symptoms or substance use behaviors. The Caminar housing case managers and the mental health case managers work together to support consumers which can result in changes in roommates as needed.

Equity Efforts in FY 2021/22

Caminar's staff are diverse, culturally aware, and representative of the population served throughout Solano County. While Language Link use is available, staff who can act as interpreters are preferred by consumers. Program leadership worked diligently with the County to evaluate the data for consumers referred and served in order to identify populations that were underserved. The program is using that information to implement targeted outreach to those communities, as well as developing program materials that demonstrate the program's commitment to providing culturally and linguistically inclusive services. Caminar's Supported Housing Director and RCS's Program Director actively take part in the Solano Racial Equity Action Lab (REAL) Team Meetings, a Solano countywide effort to address disparities related to racial/ethnic populations in Solano County disproportionately experiencing homelessness. The Caminar's Permanent Supportive Housing and RCS teams have active roles in Caminar's Diversity Equity and Inclusion (DEI) committee. The DEI committee meets monthly, with a workgroup that also meets monthly, translating into bi-weekly meetings. Caminar's DEI committee encompasses the symbiotic relationship, philosophy and culture of acknowledging, embracing, supporting, and accepting those of all racial, sexual, gender, religious and socioeconomic backgrounds, among other differentiators.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

SCBH leverages MHSA housing support funding to support adults who have a serious mental health condition and/or co-occurring substance use disorder and who had been living in locked facilities, such as Mental Health Rehab Centers (MHRC) or Institutions of Mental Disease (IMD), to step down to lower level ABC facilities to assist them in integrating back into the community.

Unduplicated Individuals Served: 21

Financial Report

Cost Per Person	\$12,379
Budgeted Amount FY 2021/22: \$250,000	Total Expenditures FY 2021/22: \$259,950
Budgeted Amount for FY 2022/23: \$250,000	

Demographic data is not available for this strategy.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Outreach & Engagement

The following Outreach and Engagement initiatives are primarily focused on increasing access to the Solano County's underserved marginalized communities. Outreach can include the provision of presentations and trainings for the community at large, specific 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, the provision of interpreter services and/or cultural brokering for consumers who are actively engaging with the County mental health system.

Name of Program: Patients' Benefits Specialists (PBS)

Agency Name: Solano County Behavioral Health

Description of Strategy:

The PBS Strategy is staffed by two full-time staff who provide support for individuals who are experiencing homelessness and/or who are admitted to the CSU or inpatient facility. These staff assist consumers with signing up for Medi-Cal benefits and other government assistance (GA) programs. The goal of this strategy is to streamline setting up necessary benefits for individuals who are uninsured and unhoused. Additionally, the PBS staff provide light case management and linkage to housing and mental health services.

Program Performance Measures

Unduplicated Individuals Served: 155

Program Indicators	Annual Outcomes
Support community members, including the homeless population and individuals admitted to the CSU or inpatient facility, to apply for insurance and benefits available through Health and Social Services Employment and Eligibility (E&E) Division.	PBS staff served a total of 155 community members thru 183 encounters. <ul style="list-style-type: none"> GA applications completed: 48 CalFresh applications completed: 113 Medi-Cal applications completed: 51 DMV vouchers provided: 69
Financial Report	
Cost per Person	\$1,784
Budget for FY 2021/22: \$191,164	Total Expenditures FY 2021/22: \$276,551
Budgeted Amount for FY 2022/23: \$155,836	

Demographic data is not available for this strategy.

Highlights & Achievements

- The PBS staff supported Project Roomkey for part of the FY providing vital services related to assisting the homeless population in getting benefits and insurance coverage.
- PBS staff have built strong partnerships with local law enforcement and other partners including E&E

Challenges & Barriers

During the course of the FY there were staffing challenges due to a vacant position for part of a year and a staff being on leave for part of the FY.

Equity Efforts in FY 2021/22

The PBS staff are diverse and representative of the communities being served. The two staff are part of a larger homeless outreach team that is also diverse. Staff members were provided opportunities to participate in several trainings focused on diversity, equity and cultural humility.

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

The HOLA Strategy was staffed by a half-time County clinician who fulfilled the role of Latino Outreach Coordinator, and who was tasked with increasing awareness of mental health services available to the Latin community. They also engaged the community in stigma reduction activities with a primary goal to increase access for the Hispanic/Latino community, who are underserved in Solano County.

Program Updates

This position remained vacant for FY 2021/22. Due to challenges recruiting and retaining this position SCBH will contract this strategy out starting FY 2022/23.

Financial Report

Cost per Person

\$0

Budgeted Amount FY 2021/22: **\$120,974**

Total Expenditures FY 2021/22: **\$0**

Budgeted Amount for FY 2022/23: **N/A**

Changes or Updates Planned for FY 2022/23

SCBH plans to release a Request for Proposal (RFP) in the Fall of 2022 to contract these services. SCBH intends to secure vendor/s who can provide outreach and stigma reduction efforts for the following underserved marginalized communities: Hispanic/Latino, Asian American/Pacific Islander, African American/Black, and Native American/Indigenous. Additionally, this strategy and the associated budget will be transferred from CSS Outreach and Engagement to PEI Stigma and Discrimination Reduction efforts.

Name of Strategy: KAAGAPAY: Asian American/Pacific Islander (AA/PI) Outreach Coordinator

Agency Name: Solano County Behavioral Health

Description of Strategy:

The KAAGAPAY (English translation is "Helping Hand" or "Reliable Companion") Strategy was staffed by a half-time County clinician who fulfilled the role of AA/PI Outreach Coordinator, and who was tasked with increasing awareness regarding mental health services available for the AA/PI community. They also engaged the community in stigma reduction activities with a primary goal to increase access for the AA/PI community who are underserved in Solano County.

Program Updates

This position remained vacant for FY 2021/22. Due to challenges recruiting and retaining this position SCBH will contract this strategy out starting FY 2022/23.

Financial Report

Cost per Person

\$0

Budgeted Amount FY 2021/22: **\$131,109**

Total Expenditures FY 2021/22: **\$0**

Budgeted Amount for FY 2022/23: **N/A**

Changes or Updates Planned for FY 2022/23

SCBH plans to release a Request for Proposal (RFP) in the Fall of 2022 to contract these services. SCBH intends to secure vendor/s who can provide outreach and stigma reduction efforts for the following underserved marginalized communities: Hispanic/Latino, Asian American/Pacific Islander, African American/Black, and Native American/Indigenous. Additionally, this strategy and the associated budget will be transferred from CSS Outreach and Engagement to PEI Stigma and Discrimination Reduction efforts.

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 two County Clinicians whose goal is to increase awareness of mental health services available to the transition aged youth (TAY) homeless population in Solano County. The primary goal is to link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH staff educate the community on the unique issues that impact this special population, including Commercial Sexual Exploitation of Children/Youth (CSEC). This strategy is co-funded by Child Welfare Services (CWS), which allows the staff to serve foster youth identified as runaways and who are homeless and at risk for exploitation. The ARCH staff work closely with the SCBH adult homeless outreach team, local schools, organizations that serve youth, including behavioral health providers, Probation, and CWS, and law enforcement to identify youth that are homeless or at risk of homelessness.

Performance Measures

Number of Community Members Reached: 744

Strategy Indicators	Annual Outcomes
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 33 outreach activities occurred: 2 presentations, 12 community events, and 19 individual contacts with community partners.
Provide brief case management and linkage services to referred homeless youth.	Total of 14 unduplicated individuals were contacted, and of those 11 unduplicated individuals received a screening, 10 received brief case management and/or linkage services with the following results: <ul style="list-style-type: none"> • 4 youth successfully enrolled as new consumers • 1 youth was re-enrolled/re-connected to mental health services • 11 successfully linked to resources or services to address basic needs

Financial Report

Cost per Person	\$62
Budgeted Amount FY 2021/22: \$133,637	Total Expenditures FY 2021/22: \$46,260
Budgeted Amount for FY 2022/23: \$255,873	

*A portion of the Clinician positions are funded by Solano County Child Welfare Services to serve children/youth who are AWOL from placements and at risk of CSEC.

Demographic data is not available for this strategy.

Highlights & Achievements

- The ARCH strategy is now delivered by two Clinicians, including one bilingual Spanish-speaking Clinician. Having two staff allows for cross-training and coverage if one person is out of the office. The Clinicians also operate in a role as bridge clinicians for the County-operated Child/Youth FSP programs, carrying FSP level cases when there was capacity issues due staff vacancies. The Clinicians time study to FSP programs when serving FSP consumers.
- In spite of the ARCH role not being staffed for six months, the 2 staff members identified for the shared role were able to reach over 700 community partners.
- The program received 12 community referrals and 4 CWS referrals. Out of the 12 community referrals, 5 youth were offered an assessment, 4 were connected FSP services, and 1 was reconnected with an existing provider.

Challenges & Barriers

- As referenced above, this role was not staffed for 6 months and the program's supervisor changed.
- The ARCH Clinicians had to establish relationships with school personnel. This was challenging due to the significant obstacles schools faced last FY, having just reopened after being closed since March 2020.

Equity Efforts in FY 2021/22

One of the ARCH Clinicians is bilingual Spanish-speaking. The two Clinicians are part of a larger FSP program that is very diverse. Staff members were provided opportunities to participate in several trainings focused on diversity, equity and cultural humility.

Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time.

Prevention & Early Intervention (PEI) Programs & Services

PEI programs and 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 2021/22, as well as the required Annual PEI Report elements to include both demographic information for participants served, age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran’s status, disabilities for participants receiving services, timeframe for onset of mental health symptoms, 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.

Local PEI 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	<p>CalMHSA Communitywide Suicide Prevention Efforts Trainings: <i>safeTALK</i>, <i>ASIST</i>, <i>MHFA</i>, etc. Suicide Prevention Crisis Call Center Community-Based Mobile Crisis Crisis Transport</p>
Stigma & Discrimination Reduction	<p>CalMHSA Communitywide Stigma Reduction Efforts Family & Peer Support Program African American Faith-Based Initiative</p>
Outreach for Increasing Recognition of Early Signs of Mental Illness	<p>Mental Health First Aid Trainings* All funded PEI programs and strategies include activities that address this required approach</p>
Access & Linkage to Treatment	<p>Early Childhood Services**</p>
Prevention	<p>LGBTQ+ Outreach & Access Program** School-Based Mental Health Services** Older Adult Peer-to-Peer Program**</p>
Early Intervention	<p>Pregnant & Postpartum Maternal Support Early Psychosis Treatment Program Older Adult Case Management & Treatment</p>

*Mental Health First Aid trainings are provided by several programs listed under a different approach and the funding and expenditures are reported via those contracts.

** Program/Strategy also provides prevention and early intervention activities and services but are categorized as “prevention” per mandated PEI approaches for state reporting purposes.

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 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, 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.

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 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.
 - ◇ The **Early Childhood Services** strategy co-funded by MHSA and First 5 Solano addresses this priority through screenings and the use of the Triple P parent education model to teach parenting skills and reduce the potential for child abuse.
 - ◇ The **Pregnant & Postpartum Maternal Support** strategy co-funded by MHSA and Solano County Public Health provides support for pregnant and new mothers to prevent and/or address postpartum depression, which can lead to child abuse or neglect if untreated.
 - ◇ **MHSA School-Based 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.

2. Early psychosis and mood disorder detection and 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, 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.
 - ◇ **MHSA School-Based 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)** Forty-seven (47) culturally responsive school wellness centers have been funded using MHSA INN funds for K-12 and adult education school sites. PEI funded programs will be leveraged to support the SWCI. For example, school sites with a wellness center can leverage the MHSA School-Based Services contractors for trainings, student workshops, and direct services. Additionally, there are other PEI funded contracts that have deliverables related to outreach and training for 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; a countywide Suicide Prevention Committee and Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts; and a newly implemented Community-Based Mobile Crisis program launched in May 2021 funded with MHSA PEI funds. While not funded through MHSA PEI, SCBH launched a School-Based Mobile Crisis program in August 2021 serving all six (6) Solano County school districts and a local charter school. In August of 2022 this service was expanded to another school district under the jurisdiction of Sacramento County Office of Education in order to serve the three schools in the city of Rio Vista that are within Solano County. The School-Based Mobile Crisis program is funded by the Mental Health Student Services Act (MHSSA) Grant. Through this grant, the provider, the Solano County Office of Education (SCOE) mental health team, provides expanded suicide prevention training and technical assistance for districts.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, prioritizing partnerships with college mental health programs.
 - ◇ **MHSA School-based Services Programming** includes student workshops/groups, strategies to identify children/youth who are in need of mental health services, and 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 TAY population.
 - ◇ **School-based Wellness Center Initiative (SWCI)** includes wellness centers on adult education campuses including Solano Community College which opened their wellness center in August 2022 once they had transitioned to in-person classes again for school year 2022/23. School wellness centers are intended to be access points for students who are in need of treatment to address mental health conditions.

4. Culturally competent and linguistically appropriate prevention and intervention.

All of the PEI programs are closely tracking demographics of participants. SCBH completed a comprehensive 5-Year Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation project in 2021 that was focused on reducing health disparities. This project resulted in systemwide changes related to the provision of culturally and linguistically appropriate services. To learn more about this program you can access the final evaluation report [here](#). Additionally, starting in FY 2019/20, SCBH began to require all contractors to develop their own Cultural Responsivity Plans guided by the national CLAS Standards. SCBH continues to fund 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 to combat discrimination and to create inclusive safe spaces for the LGBTQ+ community.
 - ◇ The **African American Faith Based Initiative** was funded through December 2021. The consultants engaged local faith centers serving primarily African American/Black congregations to provide training and support for faith leads to recognize the early signs of mental health conditions, with a goal to certify faith centers as Mental Health Friendly Communities (MHFC).
 - ◇ During FY 2022/23, SCBH will release a Request for Proposal (RFP) to explore new strategies to address the needs of the underserved marginalized communities in Solano County to include the African American, Hispanic/Latino, AA/PI and Native Indigenous populations.

5. Strategies targeting the mental health needs of older adults.
 - ◇ The **Older Adult Programming** currently 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 and reduce suicide deaths for older adults.
 - ◇ The **Community-Based Mobile Crisis Program** serves residents of all ages including seniors 60 and over.
 - ◇ The **LGBTQ+ Outreach and Access Program** and one of the **Older Adult** PEI programs co-facilitate a Rainbow Seniors support group for LGBTQ+ seniors.

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 that are 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 was then updated in 2021, following an extensive CPP process. The 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 Solano County. To read the ***Solano County Suicide Prevention Strategic Plan Update 2021*** and become more familiar with the strategies being used to prevent suicide deaths locally, [click here](#).

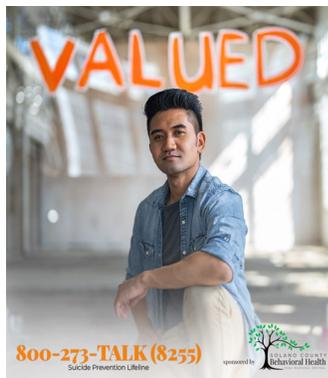
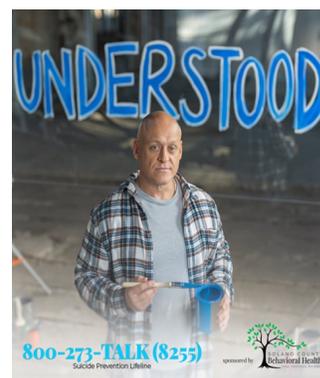
During FY 2021/22 Solano County Behavioral Health (SCBH) continued leverage the support provided by the California Mental Health Services Authority (CalMHSA) Joint Powers of Authority (JPA) between CalMHSA and California Counties that funds statewide effort in suicide prevention and stigma reduction. Statewide campaigns include the “Know the Signs (KTS)” suicide prevention campaign, “Each Mind Matters (EMM)” and “Take Action” stigma reduction campaigns, as well as the “Directing the Change” campaign focused on youth creating videos to combat stigma and reduce suicide deaths. For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction approach, however SCBH outreach staff and several community-based organizations distribute educational suicide prevention and stigma reduction materials received from CalMHSA throughout the year.

The following suicide prevention activities were conducted FY 2021/22:

- **Suicide Prevention Committee** –The countywide Solano County Suicide Prevention Committee remained active meeting monthly and provided guidance for important suicide prevention strategies.
- **safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings** – SCBH continued to fund several PEI programs to provide these suicide prevention curriculums. Additionally, during FY 2020/21, SCOE developed virtual trainings/presentations called *Be the Support* on the topic of suicide prevention. SCOE continued to provide this virtual option during FY 2021/22 for school personnel, parents/caretakers, and community members. The data related to these trainings is reported under the MHSA School-Based Mental Health Services programming and the Older Adult Case Management & Treatment program.
- **National Suicide Prevention Week Proclamations & Resolution** – In August of 2021 four (4) local cities, Vallejo, Benicia, Dixon, and Vacaville, and the County of Solano, passed local proclamations/resolutions declaring September 5-11, 2021, as Suicide Prevention Awareness Week. At the Solano County Board of Supervisors meeting a family survivor of suicide shared her personal story of losing her adult son to suicide.
- **Gun Safety Campaign** – SCBH continued to promote and distribute the firearm safety brochure (see Appendix, pg. 229) developed in partnership between SCBH, the Solano County Sheriff’s Office—Coroner Bureau, 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 and Crisis Lifeline number, the local Crisis Stabilization Unit address and phone number and the SCBH Access Line number. The brochure is in the process of being revised and the new version will be redistributed during FY 2022/23.
- **Multi-Media Campaigns** – During the FY, SCBH funded two multi-media campaigns, one focused on stigma reduction called *“It’s Okay to Not Be Okay”*, and a campaign specifically focused on suicide prevention called *“Write What You Feel”*. This second campaign included: five TV and five streaming commercials including one with Spanish sub-titles and one with Tagalog subtitles; five radio ads in the three languages; billboards; bus and bus stand ads; social media; and posters. During the month of May the media assets were updated to highlight May is Mental Health Awareness Month. To view the videos developed for this campaign and the stigma reduction campaign click [here](#).

Cost of Media Campaigns

<p><i>"It's Okay to Not Be Okay"</i> - The creative design was completed during FY 2020/21 and the running of the commercials and radio ads took place in FY 2021/22.</p>	<p>Total cost for this campaign was \$172,881 of which \$73,000 was funded with Innovation funds during FY 2020/21 in support one of the community-defined quality improvement (QI) action plans via an Innovation project, and the remaining \$99,881 was funded with PEI funds</p>
<p><i>"Write What You Feel"</i> - The creative design and the running of the commercials and radio ads took place in FY 2021/22.</p>	<p>Total cost for this campaign was \$310,051 in PEI funds</p>
<p>Coming in FY 2022/23: Solano County Community-Based Mobile Crisis Media Campaign</p>	<p>Budgeted Amount for FY 2022/23: \$279,731 which will be funded by both PEI and the Crisis Care Mobile Units (CCMU) grant</p>



YOU ARE NOT ALONE

Talk to someone today
800-273-TALK
 Suicide Prevention Lifeline



- **Distribution/Advertisement of Suicide Prevention Resources** - SCBH continued to advertise the following suicide prevention crisis support resources during FY 2021/22:

988 Suicide & Crisis Lifeline (previously was the National Suicide Prevention Lifeline 800#)

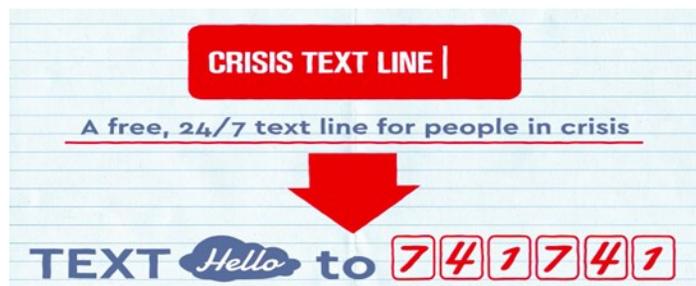
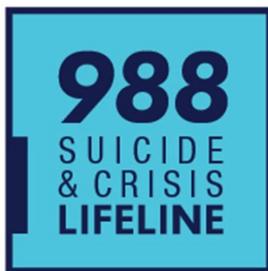
- ◊ 24/7 suicide prevention phone line staffed by crisis specialists
- ◊ Call and texting capabilities
- ◊ Spanish line 1-888-628-9454
- ◊ Callers who are veterans will be routed to a special veteran’s line by pressing “1” after calling or texting

The national suicide prevention hotline was transitioned to the 3-digit number **988** in phases across the United States, and California made the transition in July of 2022. SCBH is currently in the process of updating materials with the new 3-digit number and have updated our website.

In past FYs SCBH has received annual data related to the utilization of the National Suicide Prevention Lifeline by Solano County residents, however, due to COVID-19 and the transition to the use of a three-digit number, SCBH has not received the annual data for FY 2021/22 to include in this document.

Crisis Text Line: Text “Hello” or “Home” to 741741

- ◊ 24/7 suicide prevention texting crisis service staffed by crisis specialists
- Lifeline for Deaf & Hard of Hearing; (800)799-4889
- Friendship Line (seniors 60+): (800) 971-0016
- 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 12pm-7pm



Name of Program: Suicide Prevention Crisis Call Center—Contractor

Agency Name: North Valley Suicide Prevention Hotline (NVSPH) thru the CalMHSA JPA

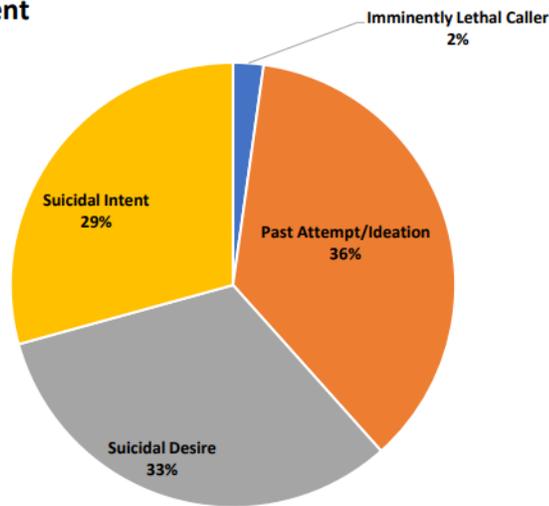
Description of Program:

Starting in July 2019, Solano County 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 988 Suicide and Crisis Lifeline (formerly called the National Suicide Prevention Lifeline). A portion of these calls are from Solano County residents. This funding is administered through Joint Powers of Authority (JPA) between CalMHSA and California Counties.

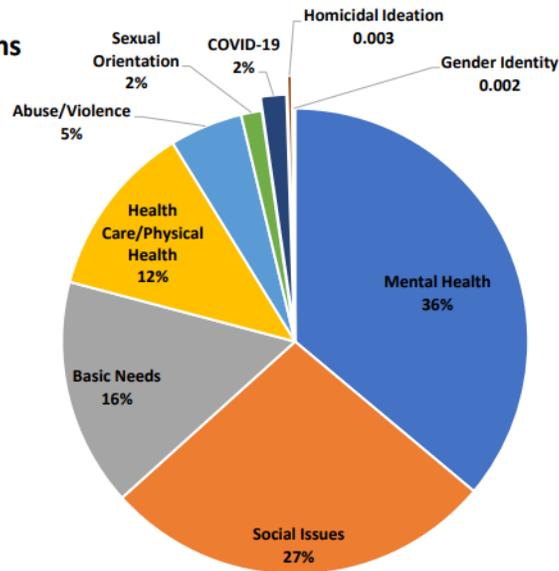
Program Performance Measures	
Prevention Activities	
Total Number of Calls: 589	
Program Indicators	Annual Outcome
Provide a crisis call center to support callers who are experiencing a mental health crisis and who call the national Lifeline number.	<p>NVSPH answered 589 calls from Solano residents that came through the national Lifeline number. Program staff then conducted 490 follow-up calls for a total of 1,079 calls.</p> <p>Of those calls 94 were considered “moderate or higher lethality incoming calls”, 12 required “active rescue” response by law enforcement, and 4 callers were considered “imminently lethal” callers that were deescalated. The NVSPH team made 17 referrals to SCBH for follow-up treatment.</p>
Financial Report	
Cost per Call	\$91
Contract Amount FY 2021/22: \$53,687	Total Expenditures FY 2021/22: \$53,687
Budgeted Amount for FY 2022/23: \$43,487	

The following data related to suicidal content, call concerns, race, age, gender and city of residence was provided by the NVSPH Call Center.

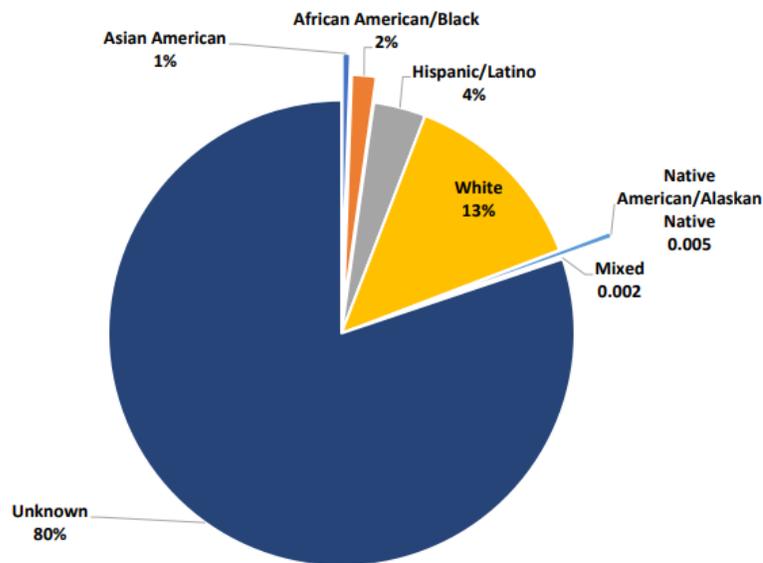
Suicidal Call Content

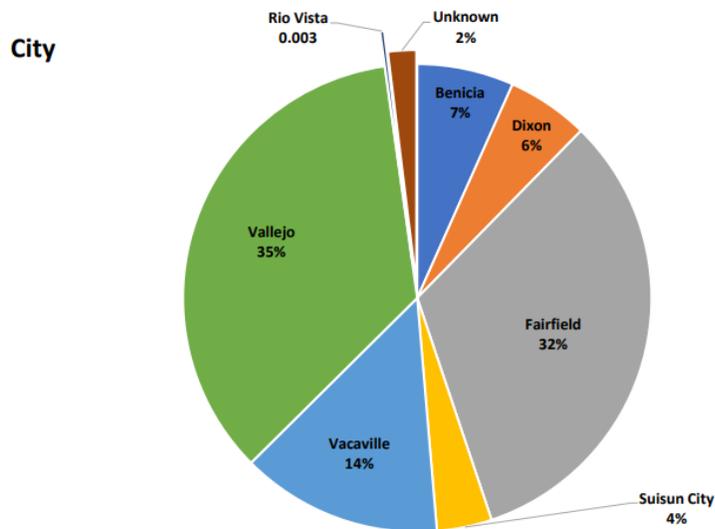
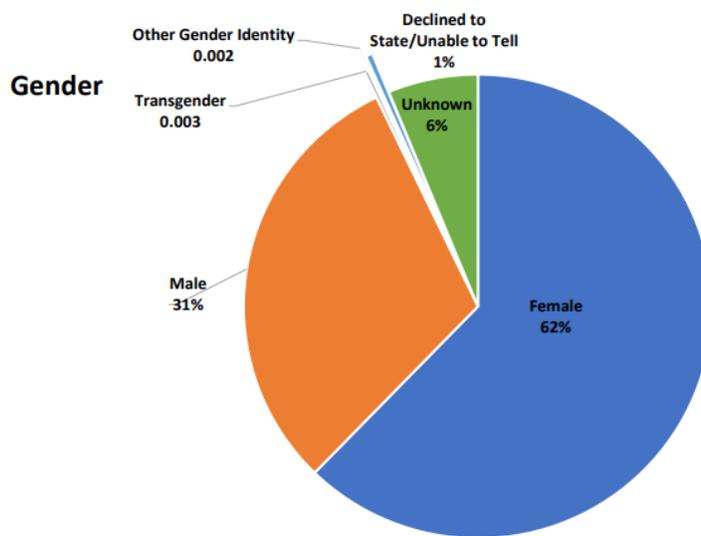
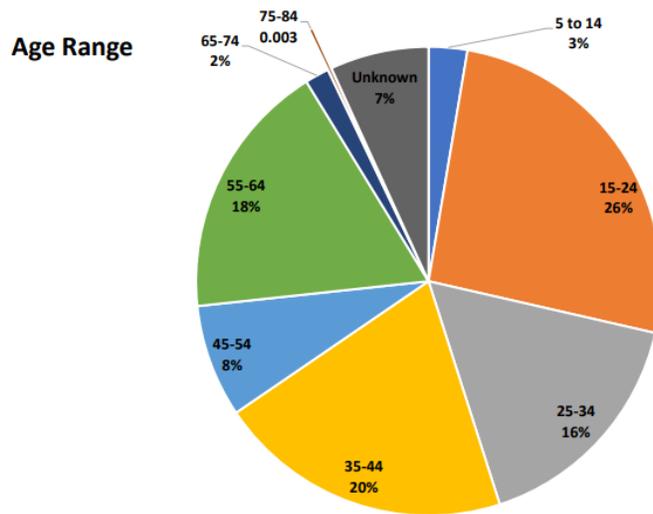


Caller Concerns



Race





Changes or Updates Planned for FY 2022/23

No programmatic changes planned at this time. The budget is being reduced as aligned with the percentage of calls the NVSPH Call Center received from Solano County residents in FY 2021/22.

Name of Program: Community-Based Mobile Crisis (name of program had been Mobile Crisis Services in the MHSA Three-Year Plan)

Agency Name: Uplift Family Services agency merged and will now be Pacific Clinics starting July 1, 2022

Description of Program:

The Community-Based Mobile Crisis program, administered by a contractor, is intended to provide services for the County which includes the provision of emergency crisis intervention services for Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage, in-person crisis evaluation and crisis intervention services, and linkage to an appropriate level of follow-up services. These follow-up services can include placing individuals on a 5150 hold and arranging ambulance transport to the CSU or a local emergency department (ED), or, for individuals who safety plan, linkage to SCBH Access Line, private insurance providers and relinking to existing treatment providers. The program was launched in May 2021 in central county in partnership with Fairfield and Suisun Police Departments followed by expansion to other regions of the County during FY 2021/22. In April of 2022 the program was made available to all municipalities within Solano County including unincorporated areas of the County.

Program Performance Measures

Prevention Activities

358 Total Admissions Representing 307 Unduplicated Individuals

Program Indicators	Annual Outcome
70% of the consumers at close of enrollment for current crisis, will be fully supported with safety planning vs. hospitalization or admission to Crisis Stabilization Unit or local Emergency Department for crisis stabilization.	57% (203) of the admissions resulted in consumers being stabilized in the community and not placed on a hold, thus diverting from emergency services and hospitalization.
Provide linkage/referral services for at least 90% of consumers de-escalated in the community.	Of the 203 calls that resulted in consumers not being placed on a hold, 100% were provided a referral for a community resource and of those, 69% (141) were provided a referral to a mental health provider or reconnected with an existing provider. See additional linkage outcomes below.
Provider will randomly select 70% of consumers to complete follow-up calls for consumer satisfaction surveys within 72 hours of the service. 90% of the consumers surveyed will report overall satisfaction with service delivery.	219 consumers were randomly selected to receive the consumer satisfaction survey and of those, the program was able to reach 83 consumers. Of the consumers who participated in the survey 87% (72) reported overall satisfaction with the service.

Early Intervention Activities

Unduplicated Individual Served: N/A

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

Linkages

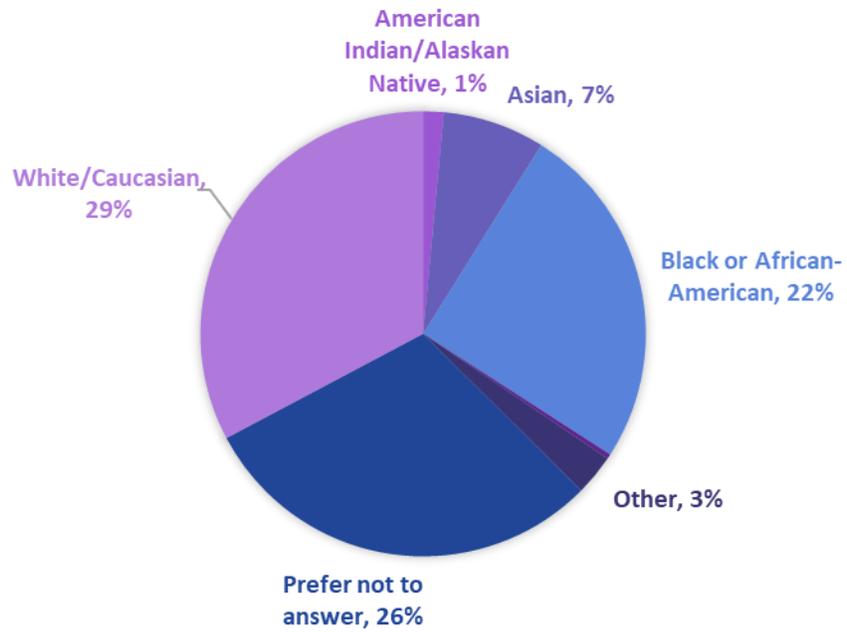
Referrals to crisis stabilization unit or local emergency departments.	153 referrals made
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	58 referrals made
Referrals made to the Solano County BHP.	55 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in a mental health treatment program to which they were referred.	11 were successfully linked to treatment
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 11 individuals linked it took an average of 18 days from referral to service

Financial Report

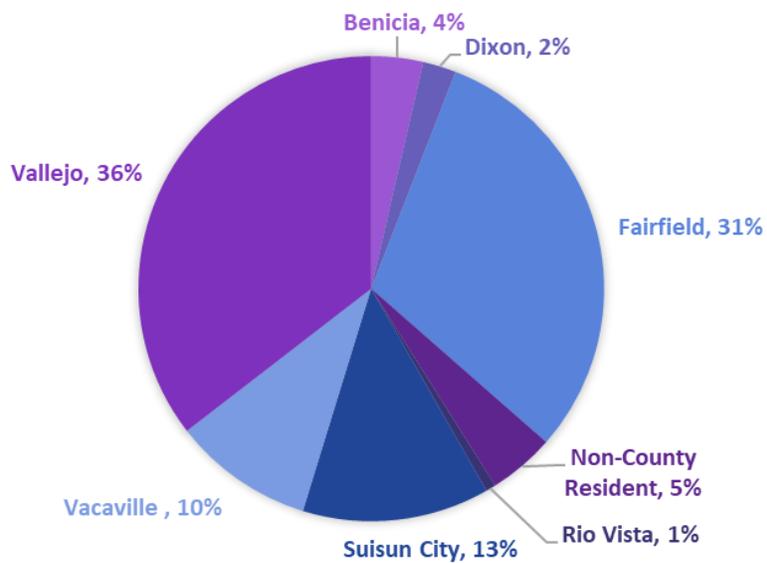
Cost per Admission: \$3,354	Cost per Person: \$3,911
Contract Amount FY 2021/22: \$1,991,835	Total Expenditures FY 2021/22: \$1,200,819 in MHSA and \$299,654 in CCMU grant
Budgeted Amount for FY 2022/23: \$2,252,327	

The following charts and table provide demographic data for the individuals who were served by the **Community-Based Mobile Crisis Program**:

SERVICE RECIPIENTS BY RACE



SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			Direct
			307
Age	Direct	Ethnicity	Direct
0-15	15%	Caribbean	0%
16-25	20%	Central American	0%
26-59	55%	Mexican/Mexican-American/Chicano	9%
60+	10%	Other Hispanic/Latino	5%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	7%	Asian Indian/South Asian	0%
Black or African-American	22%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	3%	Eastern European	0%
Prefer not to answer	26%	European	0%
White/Caucasian	29%	Filipino	4%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	47%	Middle Eastern	0%
Female	53%	Other Non-Hispanic/Latino	42%
Prefer not to answer	0%	Vietnamese	0%
Sexual Orientation		Prefer not to answer	26%
Gay	2%	More than one ethnicity	0%
Bisexual	3%	Current Gender Identity	
Heterosexual/straight	40%	Male	39%
Lesbian	1%	Female	44%
Other	2%	Genderqueer	0%
Prefer not to answer	51%	Other	2%
Queer	0%	Prefer not to answer	13%
Questioning/unsure	1%	Questioning/unsure	0%
Veteran Status/Military Services		Transgender	1%
Veteran	4%	Mental Health Symptoms Onset	
Active military	0%	Less than 6 months	
Not a veteran/active military/NA	88%	6-12 months	
Primary Language (1st Language)		1-4 years	
American Sign Language (ASL)	0%	5-9 years	
English	95%	Over 10 years ago	
Ilocano	0%	Prefer not to answer	
Other	0%	Do not have MH symptoms	
Prefer not to answer	0%	Unknown/not reported	N/A
Spanish	4%	City of Residence	
Tagalog	0%	Benicia	4%
Preferred Language (Used Daily)		Dixon	2%
American Sign Language (ASL)	0%	Fairfield	31%
English	95%	Non-County Resident	5%
Other	1%	Rio Vista	1%
Spanish	3%	Suisun City	13%
Tagalog	0%	Unincorporated	0%
Identify with any of these groups?		Unknown/Not Reported	0%
LGBTQ		Vacaville	10%
Adult/juvenile justice involved		Vallejo	36%
Foster care youth		Disability	
All of the above		Difficulty seeing	
LGBTQ & justice involved		Hearing/speech	
LGBTQ & foster care youth		Other communication disability	
Justice involved & foster care youth		Cognitive impairment	
Not applicable/not identify	Physical/mobility		
Prefer not to answer	Chronic physical health condition		
	No disability		
Demo info by service type:		Other disability	N/A
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.		Prefer not to answer	
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			

Highlights & Achievements

- The program developed very strong working relationships with law enforcement partners and received positive feedback from law enforcement and from consumers regarding the program.
- In November of 2021 the program expanded services to south County to serve the cities of Vallejo and Benicia. In April of 2022 the program expanded services to Vacaville, Dixon, Rio Vista and unincorporated areas, and is now serving 9 cities across Solano County.
- The program provided 25 trainings for law enforcement officers and deputies across Solano County on the program model and how to access the services. Additionally, program staff shadowed dispatch officers for all the law enforcement partners, and were able to do ride-alongs with all departments as part of the training curriculum.

Challenges & Barriers

- The performance deliverable related to anticipated percentage of individuals supported with safety planning vs. hospitalization or admission to crisis stabilization service provider was based on the agency's sister mobile crisis program that operates in another county. However, the sister program only serves children and youth. SCBH and Pacific Clinics recognize that the Solano program is serving Solano residents of all ages and therefore an expectation of 70% safety planning is not reasonable. Children and youth have built in safety systems; e.g., parents and families; that adults and seniors experiencing an acute crisis do not have. When the contract is amended this measure will be adjusted accordingly.
- The team was impacted by serious illness and twice had to shut down due to inability to provide services due to COVID.
- The program has struggled to get fully staffed and maintain the level of staffing that is needed to effectively support the community for crisis intervention services. Agency leaders are working diligently to ensure job listings have clear information about the program, work hours and the expectations of the role. The agency Human Resources team has implemented a comprehensive recruitment plan. SCBH is working with the agency to increase the budget to support increased salaries for crisis workers.
- During FY 2020/21 and FY 2021/22 the program was only able to operate Monday through Friday from 11AM-10PM, however the goal is to secure staffing for weekend shifts so that the program is operational 7 days per week.

Equity Efforts in FY 2021/22

The agency has a widely diverse staff with ages ranging from 23-80, with cultural representation from LGBTQ+, Hispanic/Latino, African American and AAPI communities. Additionally, the team had a bilingual Spanish-speaking staff and staff who had lived experience of being the foster care system. With the diversity of the team, the staff utilize their lived experiences to effectively connect and build rapport with consumers to ensure that they receive culturally appropriate services and access to respectful service providers that will support them in their crisis. The program has access to the Language Link interpreter service when needed in order to meet the needs of non-English speaking consumers. Team members regularly participated in trainings related to diversity, equity and cultural humility.

Changes or Updates Planned for FY 2022/23

During FY 2022/23, a public-facing phone line will be launched to encourage community members to call the program directly in lieu of calling 911 or law enforcement. SCBH is funding a multi-media campaign to advertise the direct phone line and to continue to educate the community of this vital resource. SCBH received a Crisis Care Mobile Units (CCMU) grant and will braid funding to support the program expansion. The budget will be increased to support increased programming and support program expenses.

Name of Strategy: Crisis Transport—Contractor

Agency Name: Medic

Description of Strategy:

SCBH contracts directly with an ambulance company to provide Basic Life Support (BLS) medic transport for consumers in acute crisis who have been placed on a 5150 hold by mobile crisis staff, SCBH providers and/or local law enforcement agencies. The provision of transportation by medical professionals rather than law enforcement is expected to better meet the unique needs of consumers experiencing an acute psychiatric crisis.

Number of Individual Transports: 44

Financial Report

Cost per Person/Transport

\$520

Contract Amount FY 2021/22: **\$100,000**

Total Expenditures FY 2021/22: **\$22,863**

Budgeted Amount for FY 2022/23: **\$100,000**

Demographic data is not available for this program.

Changes or Updates Planned for FY 2022/23

As needed, funds will be added to support crisis transport services.

Stigma & Discrimination Reduction Activities

Despite the ongoing impact of the COVID-19 pandemic, SCBH and contractor partners made concerted efforts to raise awareness of mental health stigma through virtual events, social media activities and in-person events when appropriate. The following are highlights of some of stigma reduction and outreach activities to reach traditionally underserved and marginalized communities were conducted during FY 2021/22:

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 August 24, 2021, the Solano County Board of Supervisors adopted a resolution deeming September “Recovery Month” in Solano County. A person with lived experience shared their story of recovery for the Board and community at the Board meeting.

May is Mental Health Awareness Month – There were a host of virtual events held to promote “May is Mental Health Awareness Month” and to combat stigma and raise awareness about mental health including:

- On April 26, 2022, the Solano County Board of Supervisors adopted a resolution deeming May “Mental Health Awareness Month” and May 4th as World Maternal Mental Health Day in Solano County. The event included a consumer served by the Pregnant & Postpartum Maternal Support (PPMS) services co-funded by SCBH and Solano County Public Health who shared her personal story of recovery. See pages 149-152 for information about the PPMS program.
- For the month of May, the “Write What You Feel” multi-media campaign focused on suicide prevention and included a “May Remix” of commercials, bus ads, billboards, and social media content (see page 124 for more information on this campaign). Below is the billboard that was displayed throughout Solano County during the month of May.

Check in with yourself During Mental Health Awareness Month

For suicide prevention support, call
800-273-TALK (8255)
Suicide Prevention Lifeline



The following PEI programs/strategies 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.

Name of Strategy: Communitywide Stigma Reduction & Suicide Prevention Efforts

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 the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. This initiative includes suicide prevention campaigns such as “Know the Signs” and the “Directing the Change” video contest and more recently the “Take Action” campaign. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails, and social media content. Additionally, through this initiative the County is provided technical assistance and training related to community messaging related to stigma reduction and suicide prevention.

Financial Report

Cost per Person:	Unknown due to nature of materials being distributed county-wide
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Contract Amount FY 2021/22: \$50,000	Total Expenditures FY 2021/22: \$50,000
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Budgeted Amount for FY 2022/23: \$50,000	
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For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction PEI approach.

Name of Program: Family and Peer Support Program-Contractor

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

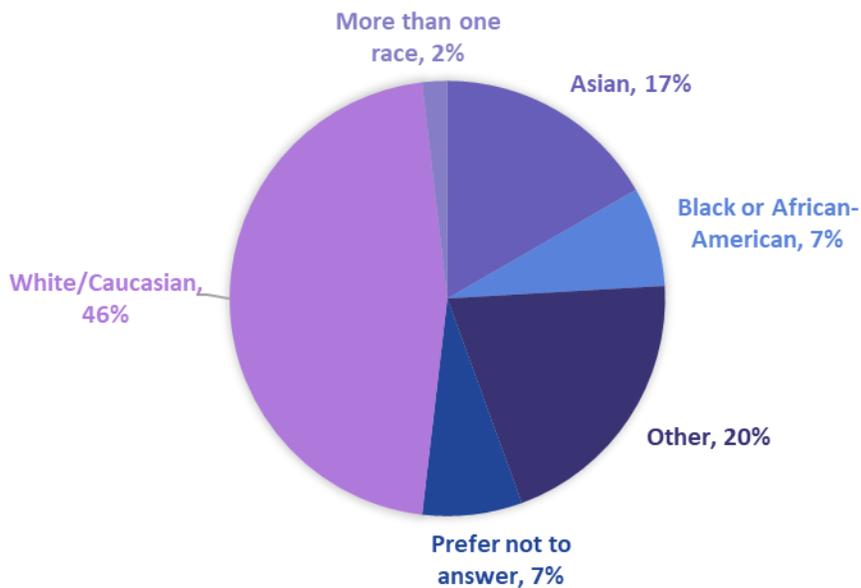
Description of Program:

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, and relapse prevention 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.	
Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 140	
Program Indicators	Annual Outcome
Provide educational and support services to a minimum of 150 unduplicated individuals to include consumers, family members, and community partners	A total of 140 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) [efforts will be made to provide at least one in Spanish] and “Peer-to-Peer” (P2P). <ul style="list-style-type: none"> ◊ 75% of individuals attending F2F and P2P classes will complete the course in its entirety ◊ At least 75% of those individuals will demonstrate an overall increase in knowledge per the post participant survey. • Provide 10 “In Our Own Voice” (IOOV) presentations • Provide 5 “Ending the Silence” (ETS) in-service presentations for high school aged youth and school personnel 	<p>Provided a total of 6 courses and served a total of 28 unduplicated individuals:</p> <ul style="list-style-type: none"> -F2F/English classes – 34 participants -F2F/Spanish classes – 9 participants -P2P classes – 10 participants <p>Of the 22 participants that completed a post survey, 100% (22) demonstrated an increase in knowledge on the post survey.</p> <p>Provided 4 IOOV presentations for 33 participants.</p> <p>Provided 2 ETS presentations for 13 participants.</p>
Provide 50 “Connection” support groups per year for adults living with mental health illness to prevent relapse.	Provided 65 groups of which demographic information was collected for 47 individuals.
Early Intervention Activities Unduplicated Individual Served: N/A	
Program Indicators	Annual Outcomes
This program does not provide early intervention services.	N/A
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	6 referrals made
Referrals made to the Solano County BHP.	1 referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred.	None of the individuals referred were successfully linked
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	\$1,057
Contract Amount FY 2021/22: \$156,515	Total Expenditures FY 2021/22: \$147,990
Budgeted Amount for FY 2022/23: \$196,704	

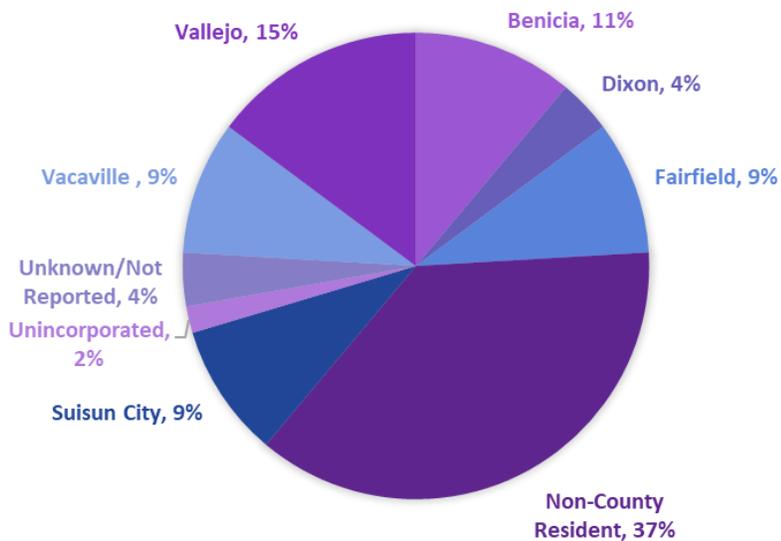
The following charts and table provide demographic data for the individuals who were served by the **Family and Peer Support Program**:

Demographic Breakdown of Outreach Services (demographic surveys collected for 54 Individuals attending classes and presentations):

TRAINING RECIPIENTS BY RACE

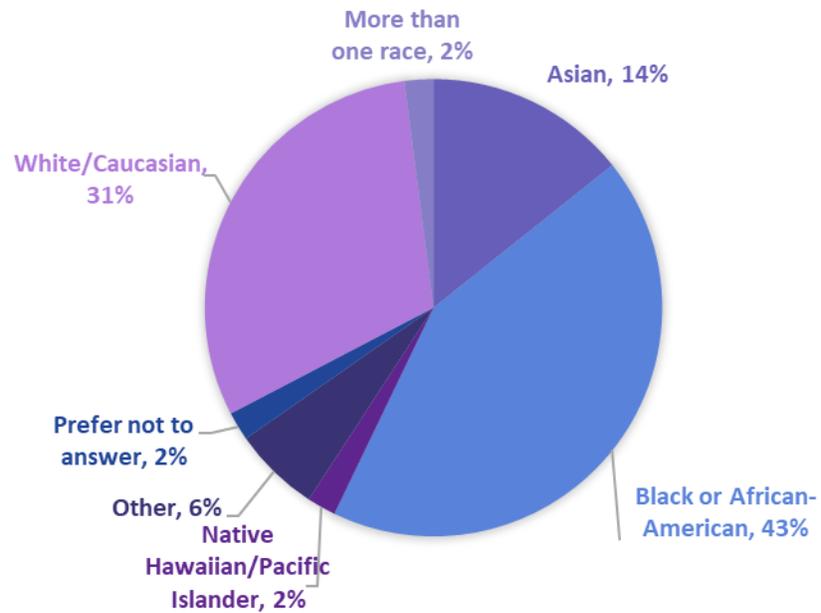


TRAINING RECIPIENTS BY CITY OF RESIDENCE

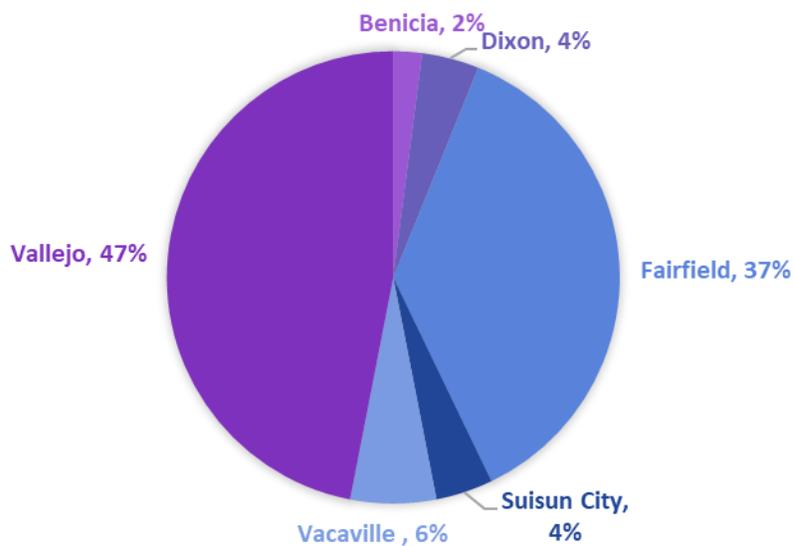


Demographic Breakdown of Direct Services (demographic surveys collected for 49 individuals attending Connections support groups):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			49	54	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%	0%	Caribbean	4%	0%
16-25	2%	4%	Central American	2%	0%
26-59	69%	65%	Mexican/Mexican-American/Chicano	6%	17%
60+	29%	28%	Other Hispanic/Latino	0%	6%
Prefer not to answer	0%	4%	Puerto Rican	0%	0%
Race			South American	0%	0%
American Indian/Alaskan Native	0%	0%	African	41%	6%
Asian	14%	17%	Asian Indian/South Asian	4%	2%
Black or African-American	43%	7%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	2%	0%	Chinese	2%	0%
Other	6%	20%	Eastern European	6%	2%
Prefer not to answer	2%	7%	European	18%	19%
White/Caucasian	31%	46%	Filipino	8%	9%
More than one race	2%	2%	Japanese	0%	4%
Gender At Birth			Korean	0%	2%
Male	61%	20%	Middle Eastern	0%	0%
Female	39%	74%	Other Non-Hispanic/Latino	2%	17%
Prefer not to answer	0%	6%	Vietnamese	0%	0%
Sexual Orientation			Prefer not to answer	2%	17%
Gay	0%	0%	More than one ethnicity	4%	2%
Bisexual	4%	4%	Current Gender Identity		
Heterosexual/straight	92%	76%	Male	61%	17%
Lesbian	0%	4%	Female	35%	76%
Other	0%	0%	Genderqueer	0%	2%
Prefer not to answer	2%	9%	Other	2%	0%
Queer	0%	6%	Prefer not to answer	2%	6%
Questioning/unsure	2%	2%	Questioning/unsure	0%	0%
Veteran Status/Military Services			Transgender	0%	0%
Veteran	8%	2%	Mental Health Symptoms Onset		
Active military	2%	0%	Less than 6 months	0%	
Not a veteran/active military/NA	90%	98%	6-12 months	2%	
Primary Language (1st Language)			1-4 years	16%	
American Sign Language (ASL)	0%	0%	5-9 years	24%	
English	88%	80%	Over 10 years ago	47%	
Ilocano	0%	0%	Prefer not to answer	2%	
Other	4%	0%	Do not have MH symptoms	0%	
Prefer not to answer	2%	4%	Unknown/not reported	8%	NA
Spanish	0%	17%	City of Residence		
Tagalog	6%	0%	Benicia	2%	11%
Preferred Language (Used Daily)			Dixon	4%	4%
American Sign Language (ASL)	0%	0%	Fairfield	37%	9%
English	98%	83%	Non-County Resident	0%	37%
Other	2%	0%	Rio Vista	0%	0%
Spanish	0%	17%	Suisun City	4%	9%
Tagalog	0%	0%	Unincorporated	0%	2%
Identify with any of these groups?			Unknown/Not Reported	0%	4%
LGBTQ	4%	9%	Vacaville	6%	9%
Adult/juvenile justice involved	4%	0%	Vallejo	47%	15%
Foster care youth	0%	0%	Disability		
All of above	0%	0%	Difficulty seeing	13%	0%
LGBTQ & justice involved	0%	0%	Hearing/speech	8%	0%
LGBTQ & foster care youth	0%	0%	Other communication disability	2%	0%
Justice involved & foster care yout	0%	0%	Cognitive impairment	15%	0%
Not applicable/not identify	92%	76%	Physical/mobility	2%	2%
Prefer not to answer	0%	15%	Chronic physical health condition	17%	4%
Demo info by service type:			No disability	19%	77%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	23%	8%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	0%	10%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.					

Highlights & Achievements

- Launched new Black, Indigenous, and People of Color (BIPOC) Connection relapse prevention support groups for BIPOC adults living with serious mental health illness.
- Successfully recruited a new cohort of facilitators, presenters, teachers and an interim Peer Program Coordinator to staff NAMI Solano Programs and support the community's mental health needs after a period of critical shortage of NAMI Solano peer staff.
- Improved program quality by evaluating model fidelity and working to ensure all Connection groups adhered to NAMI model and best practices.

Challenges & Barriers

- Continued challenges with COVID impacted the ability to retain volunteers and peer leaders. To address this barrier, the program utilized the NAMI affiliate network to support presentations and trainings as outlined in the contract and this report.
- The program onboarded a NAMI Sacramento staff into the organization and a new Volunteer and Education Program Coordinator affiliated with the Filipino Mental Health Initiative. Both staff leveraged their networks to recruit peer leaders and volunteers. The Executive Director continued to network with other NAMI affiliates to support the organization's needs.
- The frequency of NAMI state trainings available for new peer leaders posed a barrier. The program addressed this by hosting a NAMI CA statewide IOOV training and successfully graduated 4 new IOOV peer presenters.
- The program identified that peer facilitators/leaders need ongoing support to be successful in their roles and avoid burnout.

Equity Efforts in FY 2021/22

NAMI National, NAMI California and the local NAMI Solano Chapter utilize a peer model in all their programming, meaning individuals with lived experience are facilitators for the P2P classes and the Connections support group; family members of loved one's living with mental health conditions are facilitators for the F2F classes; and all the presenters for IOOV and ETS program have lived experience. All NAMI classes include sections on addressing how different cultures deal with mental illness in the family. The program has made concerted efforts to recruit more diverse staff and volunteers which has resulted in having new team members and volunteers that are Spanish-speaking, LGBTQ+, and African American. Program staff and class facilitators were trained in Language Link in order to be able to access interpreter services as needed and the program added Google Language to their website. A representative of the NAMI Solano team has participated on the SCBH Diversity and Equity Committee, and staff have taken trainings on diversity and equity. Additionally, the NAMI Solano Chapter has formed an agency Solano Justice, Equity, Diversity, and Inclusion (JEDI) Committee, which is advised by senior leadership and chaired by staff.

Changes or Updates Planned for FY 2022/23

The community continues to endorse the need to reduce stigma and discrimination related to mental health and to raise awareness about services available in Solano County. In order to meet increased needs as a result of the pandemic the NAMI budget was increased to support increased programming and expenses.

Name of Strategy: African American Faith-Based Initiative—Contractor/ s

Consultants: Gigi Crowder (lead) and Pastor Horacio Jones

Description of Strategy:

This Strategy was delivered by two independent contractors, one of which is a faith-leader, with a goal of creating Mental Health Friendly Communities (MHFC) to support individuals with mental illness and their families through African American faith centers. The AAFBI strategy was initiated in September of 2015 following a similar successful statewide pilot project. The core component of the project was 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.

Strategy Performance Measures	
Prevention Activities	
Strategy Indicators	Annual Outcome
Develop and provide SCBH with a list of faith centers that predominantly serve African Americans in Solano County.	This deliverable was not met.
Continue to provide support and technical assistance for the faith centers that had been certified as MHFC. Submit a Needs Assessment for the 7 pending faith centers and support the centers to complete the process to be deemed MHFC by September 30, 2021. SCBH agreed to an extension through December 31, 2022.	Over the course of the project 8 faith centers were certified as MHFA and of those 7 continued to carry forward the goals of the MHFC designation. Of the 7 pending faith centers, SCBH did not receive Needs Assessments and none of the pending centers completed the MHFC certification process during the reporting period.
Provide a sustainable “train the trainer” curriculum to build an infrastructure for participating MHFC faith centers/churches to solidify their commitments and continue as MHFC for ongoing sustainability by September 30, 2021. SCBH agreed to an extension through December 31, 2022.	This deliverable was not met.
100% of the MHFC faith community leaders (including Mental Health Leaders and identified Mental Health Ambassadors) will receive training on how to make a referral to the SCBH Access Line.	This deliverable was not met.
Early Intervention Activities Unduplicated Individual Served: N/A	
Strategy Indicators	Annual Outcomes
AAFBI Consultants do not provide early intervention services.	N/A
Linkage Services <i>Given the nature of this strategy (trainings and consultation for faith leads) 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 BHP.	0 referrals made
Successful linkages to the Solano County BHP: 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	N/A
Contract Amount FY 2021/22: \$35,080 (cumulative for 2 consultant contracts)	Total Expenditures FY 2021/22: \$35,105 (cumulative for 2 consultant contracts)

Changes or Updates Planned for FY 2022/23

This particular strategy was intended to be time limited from its inception. SCBH did extend the consultant contracts for part of FY 2021/22 to support the MHFC certification of seven (7) faith centers that had been pending for several years, however none of the centers were certified for a variety of reasons. This particular strategy was concluded December 31, 2021. Community partners continue to endorse the need for services and supports to address all underserved, underrepresented, and marginalized communities. SCBH will release a Request for Proposals (RFP) during FY 2022/23 that will be focused on outreach and engagement for communities that are impacted by disparities locally in Solano County, exploring new strategies to address the needs of the African American, Hispanic/Latino, AA/PI, and Native Indigenous populations.

Prevention & Early Intervention Programs

Each of the PEI funded programs listed in this section employ strategies to provide education, training, and outreach for the community in the recognition of the early signs of mental illness and each of the programs are designed to increase access and linkage to mental health treatment as needed.

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 community-based organizations 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 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 to 5.

Performance Measures

Prevention Activities

Unduplicated Individuals Served: 4,239
1,882 through activities and 2,357 HMG calls

Strategy Indicators	Annual Outcome
<p>A total of 200 or more <i>Ages and Stages Questionnaire (ASQ)</i> or <i>Ages and Stages Questionnaire Social Emotional (ASQ-SE)</i> screenings will be completed via ongoing invitations through playgroups, workshops, open play, sessions, and referrals.</p> <p>100% of children who are screened “at risk” by the developmental screening facilitator will be referred for further follow-up.</p>	<p>573 developmental/social-emotional screenings were provided.</p> <p>130 unduplicated individuals were identified as “at risk” on the screening tool and of those 98% (127) of were referred for further assessment.</p>
<p>Provide Triple P Level 2 parenting seminars to serve parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>184 Triple P Level 2 parenting seminars were held, serving a total of 1,062 parent/caregiver participants.</p> <p>100% (1,062) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Provide Triple P Level 3 one-time parenting sessions for parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>247 Triple P Level 3 parenting sessions were held, serving a total of 247 parent/caregiver participants.</p> <p>100% (247) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Help Me Grow (HMG) Solano line will accept 1,500 new incoming calls/web/fax requests (new requests for services/resources).</p> <p>90% of families screened who are “at risk” will receive a referral to at least one program/service.</p>	<p>2,357 new requests were made through the HMG line. 91% (2,146) resulted in a referral to at least one program/service.</p>
<p>Provide family navigation services to 450 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.</p>	<p>2,606 consumers received family navigation services, and of these 12 families received a family support meeting.</p>

Early Intervention Activities

Unduplicated Individual Served: 218

Strategy Indicators	Annual Outcome
<p>Provide Triple P Level 4 Group service.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>30 group sessions were held with 175 families/parents being served thru the Triple P Level 4 groups.</p> <p>95% (170) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i>.</p>
<p>Provide Triple P Level 4 Standard Individual service.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>43 families/parents were served thru Triple P Level 4 individual services.</p> <p>100% (43) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i>.</p>

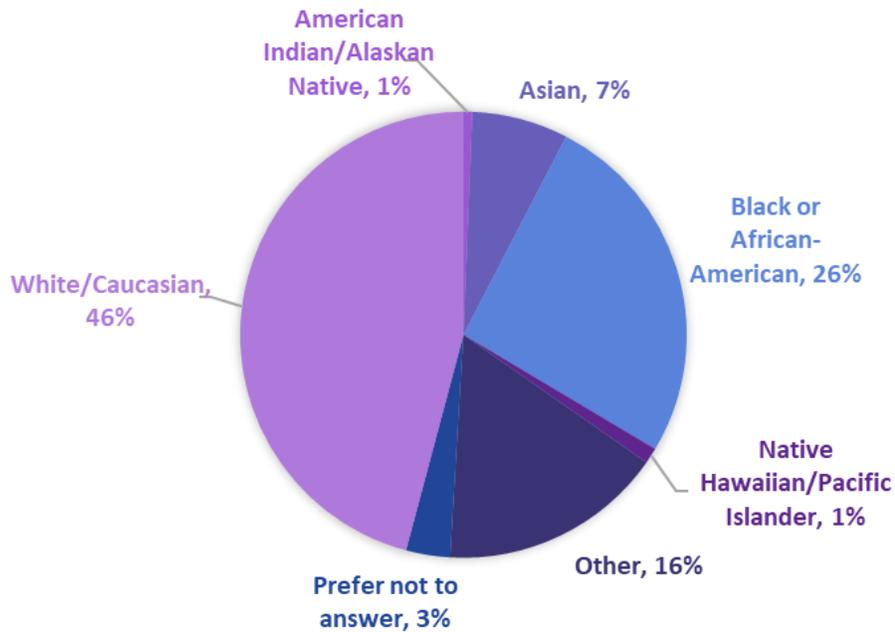
Linkage Services	
Total referrals made from HMG referrals log	4,029 referrals made <i>A child/family may receive more than one referral and referrals may be made for daycare setting, basic needs, developmental/behavioral health screening, etc.</i>
Referral made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers)	25 referrals made
Referral made to Solano County BHP.	91 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	25 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred	Of the 25 individuals linked it took an average of 34 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$55
Cost per person for early intervention activities*	\$873
MOU Amount FY 2021/22: \$536,930 MHSAs funds and \$520,000 First 5 funds	Total Expenditures FY 2021/22: \$422,867 in MHSAs funds and \$325,975 in First 5 funds
Budgeted Amount FY 2022/23: Total of \$973,110 of which \$591,555 is MHSAs funds and \$381,555 is First 5 funds	

*Cost per person reflects MHSAs funding only

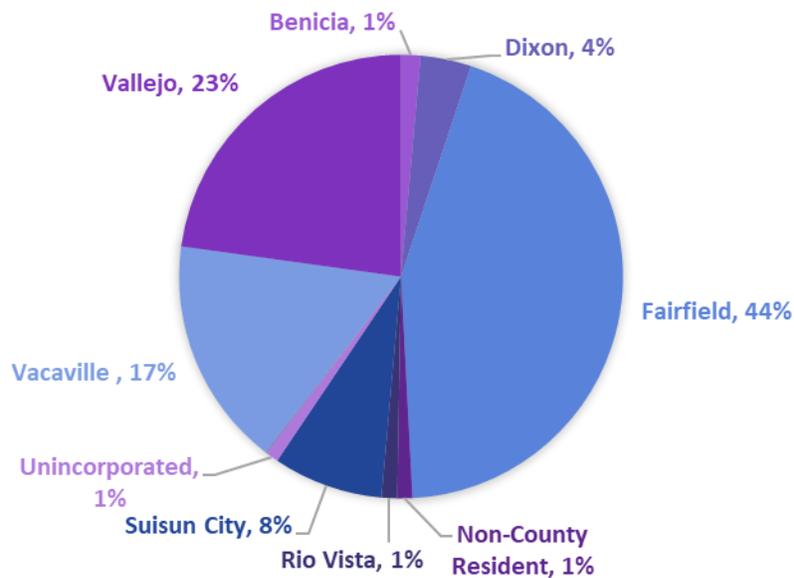
The following charts and table on pages to follow provide demographic data for the individuals who were served by the **Early Childhood Services Strategy**:

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 2,196 individuals):

OUTREACH & TRAINING PARTICIPANTS BY RACE

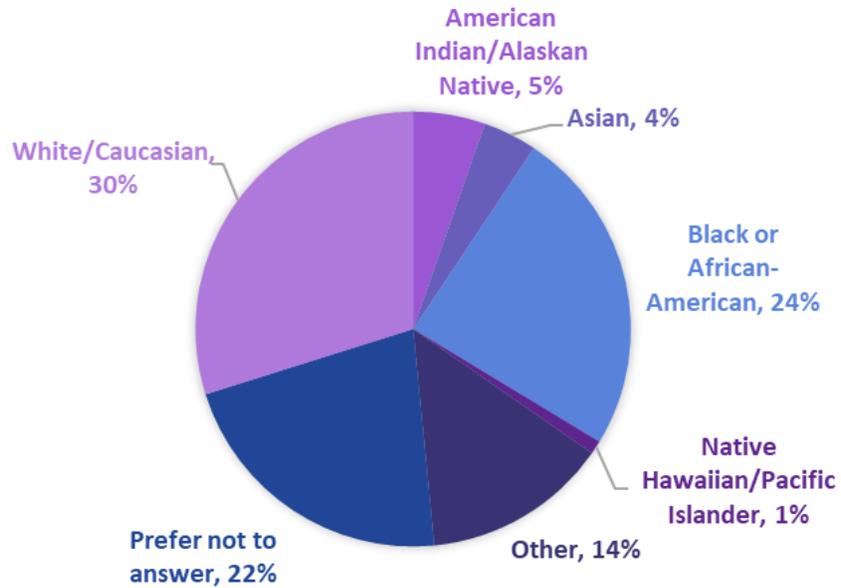


OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE

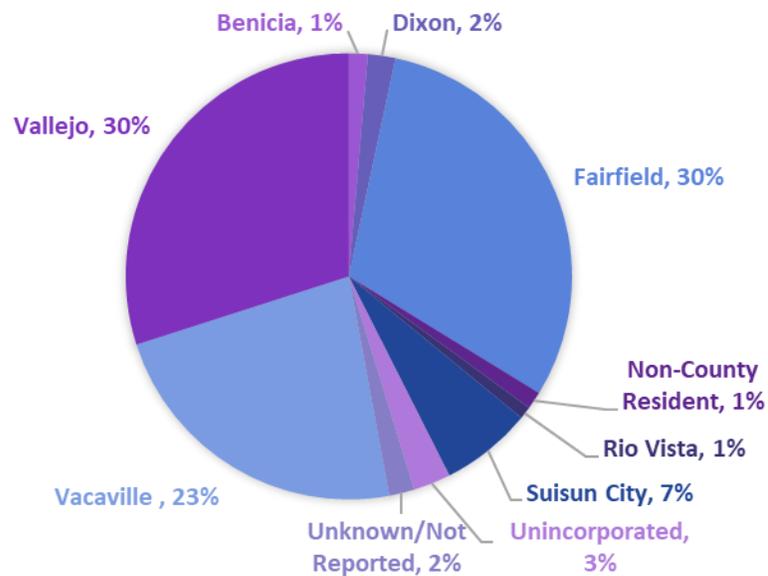


Demographic Breakdown of Direct Services (demographic surveys collected for 1,102 individuals):

DIRECT SERVICE RECIPIENT BY RACE



DIRECT SERVICE RECIPIENT BY CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			1102	2196	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	9%	58%	Caribbean	1%	0%
16-25	13%	9%	Central American	4%	2%
26-59	67%	32%	Mexican/Mexican-American/Chicano	33%	42%
60+	7%	1%	Other Hispanic/Latino	9%	1%
Prefer not to answer	6%	0%	Puerto Rican	2%	0%
Race			South American	3%	1%
American Indian/Alaskan Native	5%	1%	African	14%	25%
Asian	4%	7%	Asian Indian/South Asian	2%	2%
Black or African-American	24%	26%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	1%	1%	Chinese	0%	1%
Other	14%	16%	Eastern European	1%	0%
Prefer not to answer	22%	3%	European	6%	18%
White/Caucasian	30%	46%	Filipino	3%	2%
More than one race	0%	0%	Japanese	0%	0%
Gender At Birth			Korean	0%	0%
Male	16%	40%	Middle Eastern	0%	1%
Female	80%	60%	Other Non-Hispanic/Latino	8%	2%
Prefer not to answer	4%	0%	Vietnamese	0%	0%
Sexual Orientation			Prefer not to answer	0%	0%
Gay	0%	0%	More than one ethnicity	12%	1%
Bisexual	5%	0%	Current Gender Identity		
Heterosexual/straight	70%	99%	Male	16%	40%
Lesbian	1%	0%	Female	79%	60%
Other	1%	0%	Genderqueer	1%	0%
Prefer not to answer	22%	1%	Other	0%	0%
Queer	1%	0%	Prefer not to answer	4%	0%
Questioning/unsure	0%	0%	Questioning/unsure	0%	0%
Veteran Status/Military Services			Transgender	0%	0%
Veteran	3%	0%	Mental Health Symptoms Onset (Direct Services Only)		
Active military	0%	0%	Less than 6 months	8%	
Not a veteran or not active military	97%	100%	6-12 months	10%	
Primary Language (1st Language)			1-4 years	8%	
American Sign Language (ASL)	0%	0%	5-9 years	1%	
English	73%	77%	Over 10 years ago	1%	
Ilocano	0%	0%	Prefer not to answer	22%	
Other	1%	2%	Do not have MH symptoms	43%	
Prefer not to answer	3%	0%	Unknown/not reported	8%	NA
Spanish	24%	21%	City of Residence		
Tagalog	0%	1%	Benicia	1%	1%
Preferred Language (Used Daily)			Dixon	2%	4%
American Sign Language (ASL)	0%	0%	Fairfield	30%	44%
English	76%	80%	Non-County Resident	1%	1%
Tagalog	0%	0%	Rio Vista	1%	1%
Other	2%	2%	Suisun City	7%	8%
Spanish	22%	18%	Unincorporated	3%	1%
Identify with any of these groups?			Unknown/Not Reported	2%	0%
LGBTQ	4%	0%	Vacaville	23%	17%
Currently involved with adult/juvenile justice	7%	0%	Vallejo	30%	23%
Foster care youth	8%	1%	Disability		
All of above	0%	0%	Difficulty seeing	2%	0%
LGBTQ & justice involved	0%	0%	Difficulty hearing/having speech understood	3%	0%
LGBTQ & foster care youth	0%	0%	Other communication disability	1%	0%
Justice involved & foster care youth	0%	0%	Cognitive impairment	2%	0%
Not applicable/not identify with all above	57%	98%	Physical/mobility	0%	0%
Prefer not to answer	23%	1%	Chronic physical health condition	1%	0%
Demo info by service type:			No disability	69%	94%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	5%	1%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	17%	4%

Highlights & Achievements

- In the FY 2021/22, 27 new practitioners representing 8 community partners were trained and received accreditation across multiple levels of Triple P interventions. With guidance from Triple P America, community partners have continued to provide services both virtually and in-person. This has allowed parents to be more consistently engaged as they have the option to participate in Triple P sessions virtually.
- Recognition of Positive Parenting Awareness Month in January 2022 by the California State Assembly, and at convenings of the Solano County Board of Supervisors, Fairfield-Suisun Unified School District, and the First 5 Solano Commission.
- The program measured parent satisfaction with at least 95% of participants stating that they would recommend this program to another parent.
- HMG Solano continued the implementation of an online ASQ screening tool and completed 389 electronic and 244 in-person screenings.

Challenges & Barriers

- By the end of the FY, two community partners chose to terminate the provision of Triple P services in Solano County due to either staffing challenges or a shift in agency objectives.
- Program challenges included families not returning for their child's next scheduled screening after initial contact and families opting out of having their child screened, as they already completed a screening elsewhere, such as at a pediatric visit.
- As HMG Solano continued to see an increase in calls to the call line, staff reported that there were waiting lists for mental health and regional center services.

Equity Efforts in FY 2021/22

The organizations contracted by the First 5 Solano Commission funded under this collaborative, have continued to work towards ensuring culturally competent and linguistically appropriate services. In each of the programs, providers have attempted to maintain a minimum of one bi-lingual staff and to offer services (such as Triple P group workshops) to non-English speaking parents. Additionally, efforts were made to outreach to and serve LGBTQ+ community members. First 5 also modified their small grant funding process to make these funds more accessible to grassroots groups representing marginalized communities.

Changes or Updates Planned for FY 2022/23

The budget was initially increased to \$598,465 for FY 2022/23, however due to changes related to a reduction in the number of vendors First 5 is contracted with for this FY and a reduction in deliverables, the budget is being reduced to \$591,555. While there was a reduction in some activities, this MOU between SCBH and First 5 will support the implementation of a new strategy Parent Café, which is a peer-to-peer model where parents and caregivers talk about their challenges, strategies and successes in a structured format.

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 (PH), is delivered by PH and enhances existing PH 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: 61	
Strategy Indicators	Annual Outcomes
Provide mental health screening for a minimum of 50 unduplicated individuals.	A total of 61 consumers received screening services.
Early Intervention Activities	
Unduplicated Individual Served: 61	
Strategy Indicators	Annual Outcomes
Mothers and Babies (MB) One-to-One intervention: 25 unduplicated individuals will receive up to 9 intervention sessions as needed per consumer.	A total of 26 unduplicated individuals received the MB One-to-One intervention and a total of 176 sessions were provided.
Brief Perinatal MH Services/Crisis Intervention: Provide brief intervention activities (6-8 sessions of in-home mental health therapy and crisis support) to 35 unduplicated consumers.	A total of 35 unduplicated consumers received brief intervention services.
70% of MB 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 (EPDS)</i> .	Thirteen consumers completed the <i>EPDS</i> and of those 85% (11) reported a decrease in depression and/or anxiety.
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale (PSS)</i> .	Thirteen consumers completed the <i>PSS</i> and of those 85% (11) reported a decrease in perceived stress levels .
Provide the MB Group modality	Three groups were held with a total of 13 participants.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	5 referrals made
Referrals made to the Solano County BHP.	0 referrals made
Successful linkages to the Solano County BHP: 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*	\$615
Cost per person for early intervention activities*	\$3,484
MOU Amount FY 2021/22: \$250,000 MHPA funds and \$106,039 Public Health Funds	Total Expenditures FY 2021/22: \$250,000 in MHPA funds and \$106,039 in Public Health funds
Budgeted Amount for FY 2022/23: \$325,000 MHPA funds and \$256,092 in Public Health Funds	

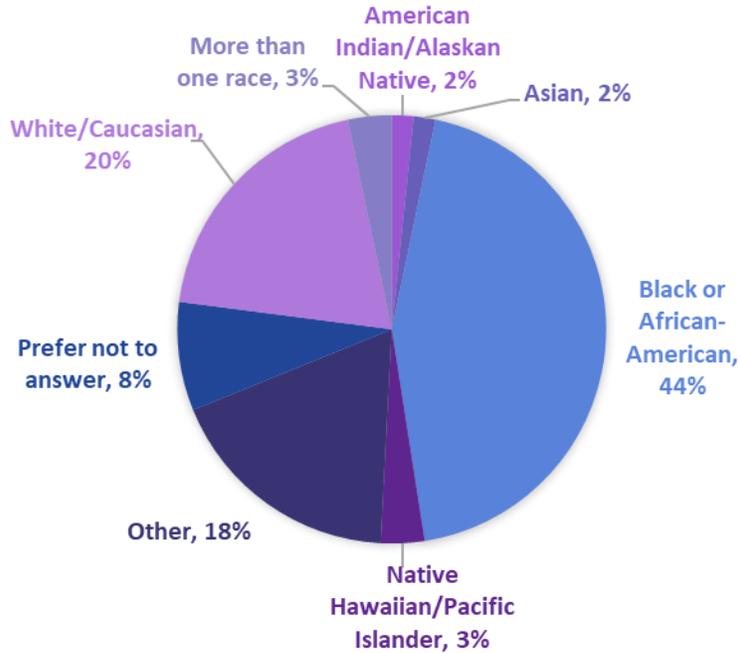
*Cost per person reflects MHPA funding only

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

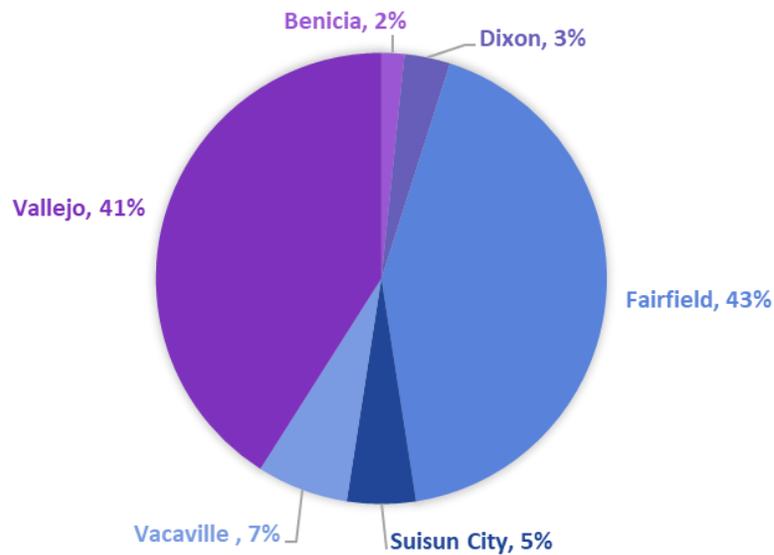
All consumers screened also received direct services therefore the data related to service recipients by race and city of residence is only listed once.

Demographic Breakdown of Direct Services (demographic surveys collected for 61 individuals):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected:		
			Direct	Outreach	
			61	0	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%		Caribbean	2%	
16-25	41%		Central American	3%	
26-59	59%		American/Chicano	31%	
60+	0%		Other Hispanic/Latino	0%	
Prefer not to answer	0%	N/A	Puerto Rican	0%	
Race			South American	0%	
American Indian/Alaskan Native	2%		African	25%	
Asian	2%		Asian Indian/South Asian	0%	
Black or African-American	44%		Cambodian	0%	
Native Hawaiian/Pacific Islander	3%		Chinese	0%	
Other	18%		Eastern European	0%	
Prefer not to answer	8%		European	11%	
White/Caucasian	20%		Filipino	2%	
More than one race	3%	N/A	Japanese	0%	
Gender At Birth			Korean	0%	
Male	0%		Middle Eastern	0%	
Female	98%		Other Non-Hispanic/Latino	2%	
Prefer not to answer	2%	N/A	Vietnamese	0%	
Sexual Orientation			Prefer not to answer	23%	
Gay	0%		More than one ethnicity	2%	N/A
Bisexual	7%		Current Gender Identity		
Heterosexual/straight	90%		Male	0%	
Lesbian	0%		Female	98%	
Other	0%		Genderqueer	0%	
Prefer not to answer	3%		Other	0%	
Queer	0%		Prefer not to answer	2%	
Questioning/unsure	0%	N/A	Questioning/unsure	0%	
Veteran Status/Military Services			Transgender	0%	N/A
Veteran	0%		Mental Health Symptoms Onset		
Active military	5%		Less than 6 months	25%	
Not a veteran/active military/NA	95%	N/A	6-12 months	26%	
Primary Language (1st Language)			1-4 years	21%	
American Sign Language (ASL)	0%		5-9 years	15%	
English	89%		Over 10 years ago	8%	
Ilocano	0%		Prefer not to answer	0%	
Other	0%		Do not have MH symptoms	3%	
Prefer not to answer	0%		Unknown/not reported	2%	NA
Spanish	11%		City of Residence		
Tagalog	0%	N/A	Benicia	2%	
Preferred Language (Used Daily)			Dixon	3%	
American Sign Language (ASL)	0%		Fairfield	43%	
English	89%		Non-County Resident	0%	
Other	0%		Rio Vista	0%	
Spanish	11%		Suisun City	5%	
Tagalog	0%	N/A	Unincorporated	0%	
Identify with any of these groups?			Unknown/Not Reported	0%	
LGBTQ	5%		Vacaville	7%	
Adult/juvenile justice involved	0%		Vallejo	41%	N/A
Foster care youth	2%		Disability		
All of above	0%		Difficulty seeing	3%	
LGBTQ & justice involved	0%		Hearing/speech	0%	
LGBTQ & foster care youth	0%		Other communication disability	0%	
Justice involved & foster care youth	0%		Cognitive impairment	5%	
Not applicable/not identify	90%		Physical/mobility	0%	
Prefer not to answer	3%	N/A	Chronic physical health condition	3%	
Demo info by service type:			No disability	77%	
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	8%	
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	5%	N/A

Highlights & Achievements

- The PPMS team participated in the annual Mental Health Awareness Month in May 2022 which included receipt of a Board of Supervisors resolution observing World Maternal Mental Health Awareness Day. This included a consumer who benefited from the services sharing her personal story of recovery with the Board of Supervisors.
- The MCAH leadership demonstrated a commitment to staff development by supporting the masters level social worker in obtaining licensure as a Licensed Clinical Social Worker (LCSW).
- The Health Education Specialist Spanish group facilitator was successfully able to search and find supplemental videos on YouTube to enhance the MB curricula to be more personalized to the participants of the group and to allow the participants to better understand and be able to apply the tools learned to their everyday lives.
- Consumers expressed that they experienced a decrease in maternal depression, anxiety, and stress as a result of receiving consistent and high-quality mental health services.

Challenges & Barriers

- Given last FY the program only had one clinician, there was a waitlist which resulting in needing to triage consumers in need of services.
- Consumer cancellations and scheduling conflicts increased as the pandemic continued last FY. In response staff provided more flexibility to meet the needs of the consumers.
- Consumers were willing to enroll and actively participate, however life stressors exacerbated by the pandemic and other commitments often resulted in consumers to being able to engage in services or complete the program.
- A large component of MB model is social support. Meeting via zoom made it difficult for the participants to develop their own social support network amongst themselves – as it had organically happened in the in-person meetings.

Equity Efforts in FY 2021/22

The PPMS team within MCAH is diverse and representative of the populations being served, have extensive experience working with individuals from various cultural backgrounds, and are able to provide culturally and linguistically appropriate services for a diverse population. A new MB Spanish-speaking group was developed during FY 2021/22 and was provided to better meet the needs of the monolingual Spanish-speaking population.

A component of the MB curricula suggests the participants be open and vocal with their partners and family about their needs and getting their personal needs met. This includes asking for more help regarding child rearing, cooking meals, cleaning and running errands. When this idea was presented as a means to share household and parenting responsibilities with their partners, and to reduce the sense of overwhelming anxiety, many of the participants voiced concern that culturally this was an unrealistic ask and task. Participants collectively expressed concerns that there was no way that after their partners had been working all day, they would dare bring up the topic that they needed or wanted help at home or with the baby (or children), even when they did. Group participants expressed that they did not want to touch the subject and felt that if they did, nothing would change. Group facilitators allowed for the further discussion on the topic during which participants shared the defined gender roles in their cultures and society and how they knew their place at home as the homemaker and mother. This adjustment was necessary for the participants to feel heard. Once participants expressed how they felt about this topic, the facilitators made an adjustment to increase the cultural responsiveness of the session, shortened the topic, and redistributed the time to focus more on other topics that were of more benefit to the participants.

Changes or Updates Planned for FY 2022/23

For FY 2022/23 a second mental health clinician will be added to the MCAH team, who is also bi-cultural and bilingual English/Spanish speaking. The budget was increased to support increased staff and support program expenses.

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

Agency Name: Solano Pride Center

Description of Program:

Solano Pride Center is a community-based organization 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

Individuals Served: 1,283 (may not be unduplicated)

Program Indicators	Annual Outcome
Reach an annual minimum of 225 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 39 outreach and education activities were offered with a total of 1,283 participants.
Collaborate with 15 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 19 local schools.
Reach an annual minimum of 75 unduplicated consumers through social activities and support groups.	A total of 30 unduplicated consumers were served.
A minimum of 50% of individuals receiving social/support group prevention services shall demonstrate improved functioning on the <i>Quality of Life (QoL) Scale</i> by endorsing feeling supported and learning new tools as a result of the groups.	A total of 32 unduplicated consumers completed the <i>QoL</i> tool and 100% (32) reported feeling supported and learning tools as a result of the groups.

Early Intervention Activities

Unduplicated Individuals Served: 45

Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 55 unduplicated consumers.	A total of 45 unduplicated consumers received two or more counseling sessions.
75% of consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> administered at intake and discharge as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	A total of 81% (35) of consumers who completed a follow-up <i>QoL</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).	1 referral made
Referrals made to the Solano County BHP.	0 referrals made
Successful linkages to the Solano County BHP: 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

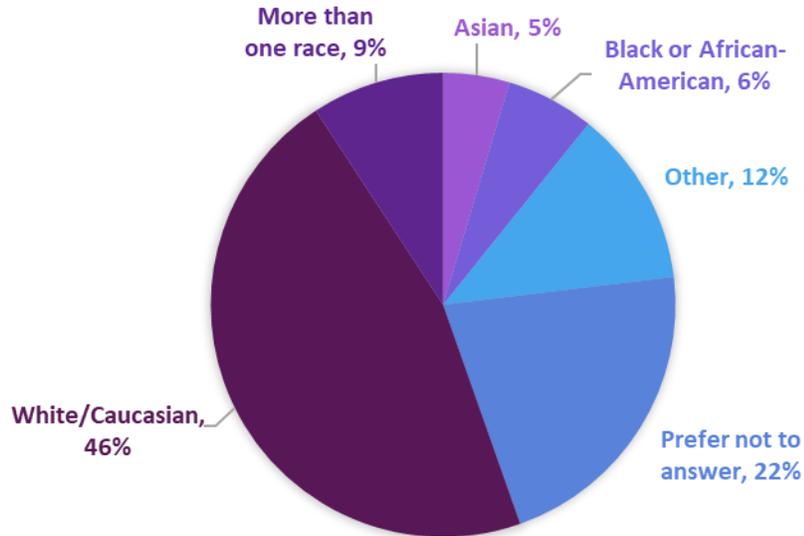
Financial Report

Cost per person for prevention activities	\$85
Cost per person for early intervention activities	\$1,042
Contract Amount FY 2021/22: \$190,000	Total Expenditures FY 2021/22: \$156,338
Budgeted Amount for FY 2022/23: \$250,000	

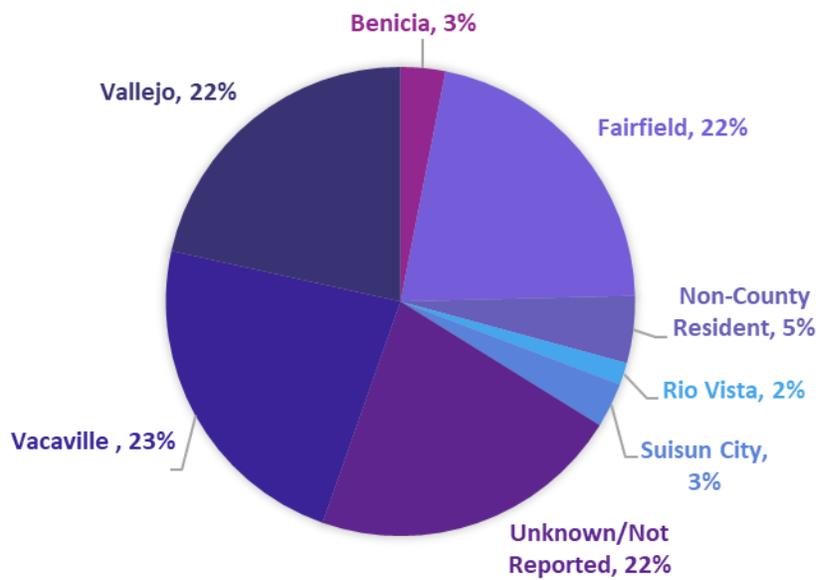
The following charts and table provide demographic data for the individuals who were served by the **LGBTQ+ Outreach & Access Program**:

Demographic Breakdown of Outreach/Training Services (demographic surveys collected for 97 individuals):

OUTREACH & TRAINING PARTICIPANTS BY RACE

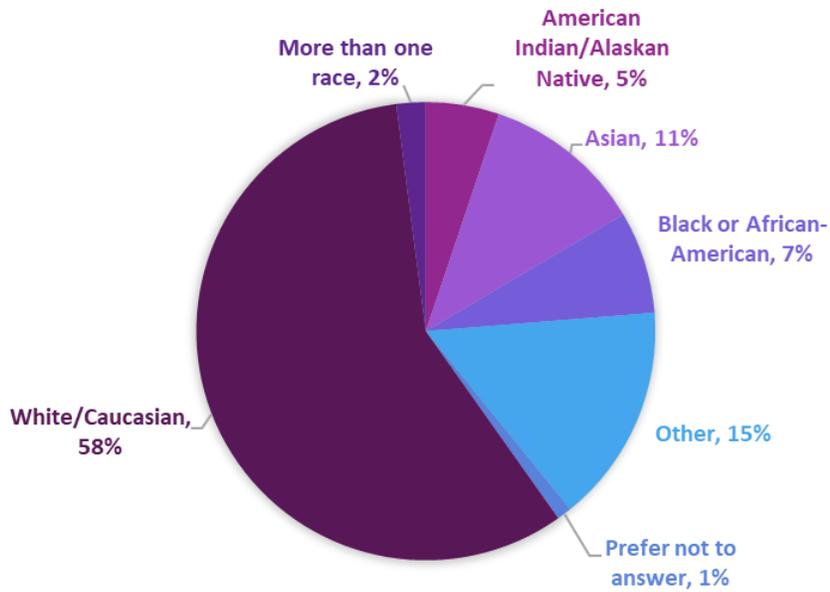


OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE

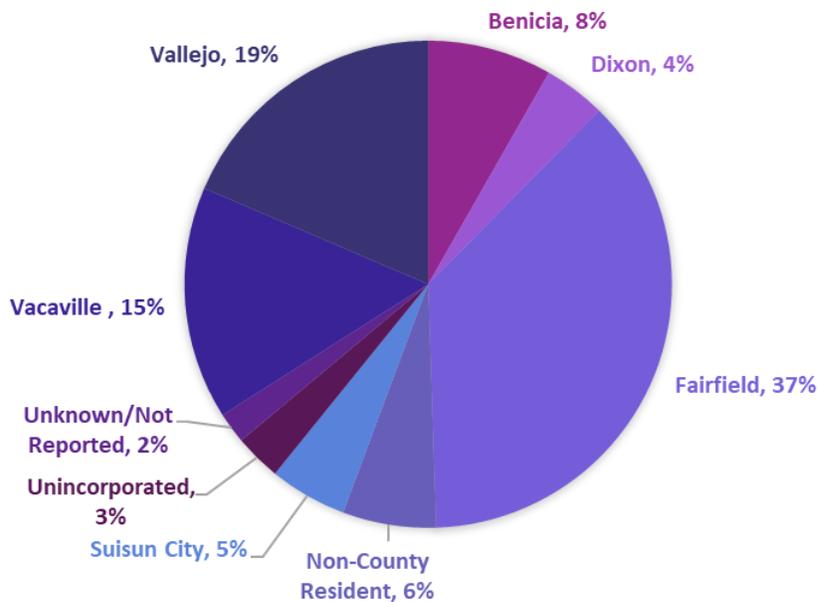


Demographic Breakdown of Direct Services (demographic surveys collected for 65 individuals):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			97	65	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	22%	11%	Caribbean	0%	0%
16-25	39%	23%	Central American	3%	0%
26-59	32%	28%	American/Chicano	15%	9%
60+	7%	18%	Other Hispanic/Latino	0%	2%
Prefer not to answer	0%	20%	Puerto Rican	1%	0%
Race			South American	1%	3%
American Indian/Alaskan Native	5%	0%	African	4%	3%
Asian	11%	5%	Asian Indian/South Asian	1%	2%
Black or African-American	7%	6%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	0%	0%	Chinese	0%	0%
Other	15%	12%	Eastern European	1%	6%
Prefer not to answer	1%	22%	European	15%	11%
White/Caucasian	58%	46%	Filipino	9%	0%
More than one race	2%	9%	Japanese	0%	0%
Gender At Birth			Korean	1%	0%
Male	37%	22%	Middle Eastern	1%	0%
Female	52%	54%	Other Non-Hispanic/Latino	3%	0%
Prefer not to answer	11%	25%	Vietnamese	0%	0%
Sexual Orientation			Prefer not to answer	42%	60%
Gay	19%	12%	More than one ethnicity	1%	5%
Bisexual	12%	12%	Current Gender Identity		
Heterosexual/straight	18%	6%	Male	24%	23%
Lesbian	10%	14%	Female	22%	46%
Other	14%	11%	Genderqueer	5%	3%
Prefer not to answer	7%	26%	Other	9%	0%
Queer	15%	9%	Prefer not to answer	3%	22%
Questioning/unsure	4%	9%	Questioning/unsure	4%	5%
Veteran Status/Military Services			Transgender	33%	2%
Veteran	0%	6%	Mental Health Symptoms Onset		
Active military	0%	0%	Less than 6 months	0%	
Not a veteran/active military/NA	100%	94%	6-12 months	0%	
Primary Language (1st Language)			1-4 years	0%	
American Sign Language (ASL)	0%	0%	5-9 years	2%	
English	99%	98%	Over 10 years ago	0%	
Ilocano	0%	0%	Prefer not to answer	1%	
Other	0%	2%	Do not have MH symptoms	0%	
Prefer not to answer	0%	0%	Unknown/not reported	97%	NA
Spanish	0%	0%	City of Residence		
Tagalog	1%	0%	Benicia	8%	3%
Preferred Language (Used Daily)			Dixon	4%	0%
American Sign Language (ASL)	0%	0%	Fairfield	37%	22%
English	95%	98%	Non-County Resident	6%	5%
Other	0%	2%	Rio Vista	0%	2%
Spanish	1%	0%	Suisun City	5%	3%
Tagalog	4%	0%	Unincorporated	3%	0%
Identify with any of these groups?			Unknown/Not Reported	2%	22%
LGBTQ	90%	92%	Vacaville	15%	23%
Adult/juvenile justice involved	0%	0%	Vallejo	19%	22%
Foster care youth	0%	0%	Disability		
All of above	0%	0%	Difficulty seeing	2%	0%
LGBTQ & justice involved	0%	2%	Hearing/speech	4%	2%
LGBTQ & foster care youth	1%	2%	Other communication disability	0%	0%
Justice involved & foster care youth	0%	0%	Cognitive impairment	0%	0%
Not applicable/not identify	9%	2%	Physical/mobility	6%	6%
Prefer not to answer	0%	3%	Chronic physical health condition	3%	2%
			No disability	61%	54%
			Other disability	12%	8%
			Prefer not to answer	12%	29%
Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.					

Highlights & Achievements

- The program initiated a Transgender/Non-Binary support group that continues to meet weekly.
- A part-time Associate Clinical Social Worker was hired which supported the program in increasing the brief counseling component of the program.
- Successful outreach and direct services provided to parents/guardians of LGBTQ+ youth.
- Increased outreach and referral partnership with local schools across Solano County in addition to clinical staff providing training for school staff.
- Increased combination of case management and counseling services serving the most vulnerable and at-risk demographics within the LGBTQ+ community, specifically youth and seniors.

Challenges & Barriers

- Initially it was challenging to implement the Transgender/Non-Binary support group, however the additional clinician hired had a background and competencies in facilitating groups with individuals identifying on the gender identity spectrum.
- The COVID-19 pandemic continued to impact specific services that would have normally been provided in-person and in community. To overcome this challenge Solano Pride Center created hybrid (online and in-person) options for both community support groups as well as direct services, such as counseling and case management.

Equity Efforts in FY 2021/22

Solano Pride Center was one of the key partners involved in the implementation of the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) MHSA Innovation Project that took place over a 5-year period. As a result, the agency and program are well versed in cultural and linguistic considerations and equity is a core part of the agency's mission which informs their work to support the community. Solano Pride Center is in active partnership with a variety of nonprofit organizations throughout Solano County who represent the multicultural demographics that make up the citizenry in need of specific services provided by the Center. Solano Pride Center hired two new staff members during this past fiscal year which has both increased cultural and gender identity diversity at the Center. The Board of Directors and staff reflect the great diversity that makes up Solano County's LGBTQ+ community.

The agency has access to interpreter services as needed, and they partner with several Solano County CBOs to provide more culturally targeted services, and to raise awareness and provide community for LGBTQ+ community members who do not speak English as their primary language, or may benefit from interacting with LGBTQ+ community members in a culturally significant event or program. Solano Pride Center has representation on the SCBH Diversity & Equity Committee.

Changes or Updates Planned for FY 2022/23

The community continues to endorse the need for services and supports for the LGBTQ+ community and in particular for LGBTQ+ youth. The budget was increased to support expand services and associated program expenses.

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 172 a summary of cumulative services has been provided.

Agency Name: A Better Way (ABW)

Description of Program:

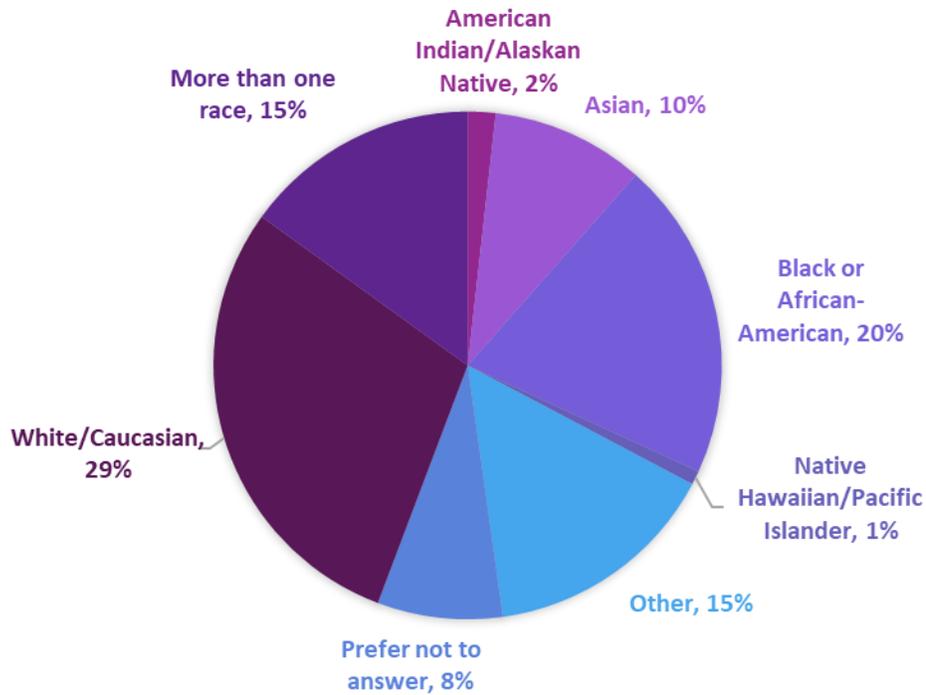
The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as determined in partnership with 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: 477	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 360 school personnel, parents/caretakers, and students.	A total of 477 individuals received a prevention service.
Provide 9 trainings/consultation services for school personnel in participating school districts.	A total of 12 trainings were provided with a total of 95 participants.
Provide 12 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 5 trainings were provided with a total of 61 participants.
Schedule a minimum of 28-33 student workshops in total for the 2021/22 school year	A total of 47 workshops were provided with a total of 321 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 372 participants were administered both a pre/post survey and of those 80% (297) showed increased knowledge in the training/workshop topic.
Early Intervention Activities Unduplicated Individual Served: 231	
Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 180 students.	A total of 158 youth received an assessment.
Provide brief counseling for 3-5 months for students as needed.	A total of 231 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 children/youth who receive mental health treatment services will show improvement on a <i>Quality of Life Scale</i> or other measure.	Of the 231 students receiving counseling services, 153 students were administered both a pre/post measure during the reporting period and of those 68% (104) showed improvement in symptoms.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	35 referrals made
Referrals made to the Solano County BHP.	16 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	6 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 6 individuals linked it took an average of 3.7 days from referral to service.
Financial Report	
Cost per person for prevention activities	\$912
Cost per person for early intervention services	\$3,073
Contract Amount FY 2021/22: \$1,238,253	Total Expenditures FY 2021/22: \$1,145,090
Budgeted Amount for FY 2022/23: \$1,800,000	

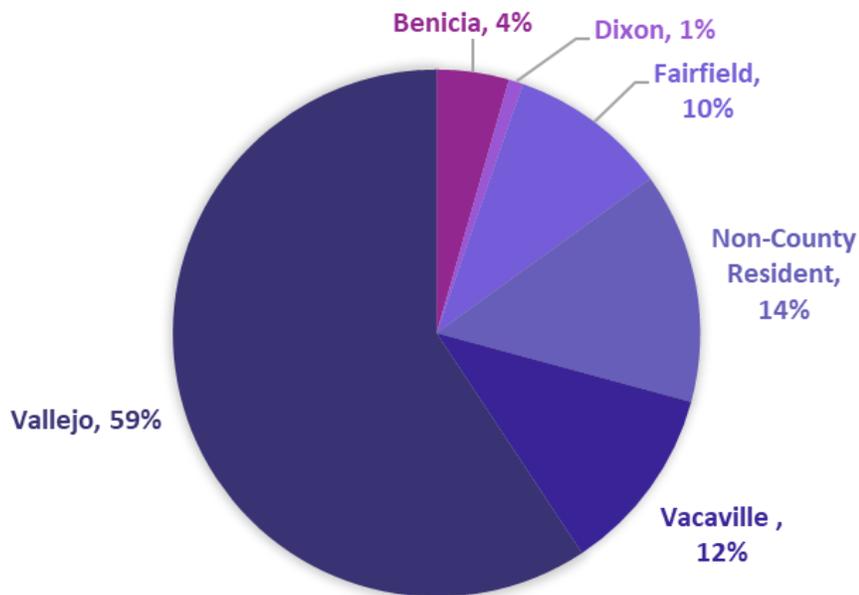
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by A Better Way**:

Demographic Breakdown of Training Services (demographic surveys collected for 113 individuals):

TRAINING PARTICIPANTS BY RACE

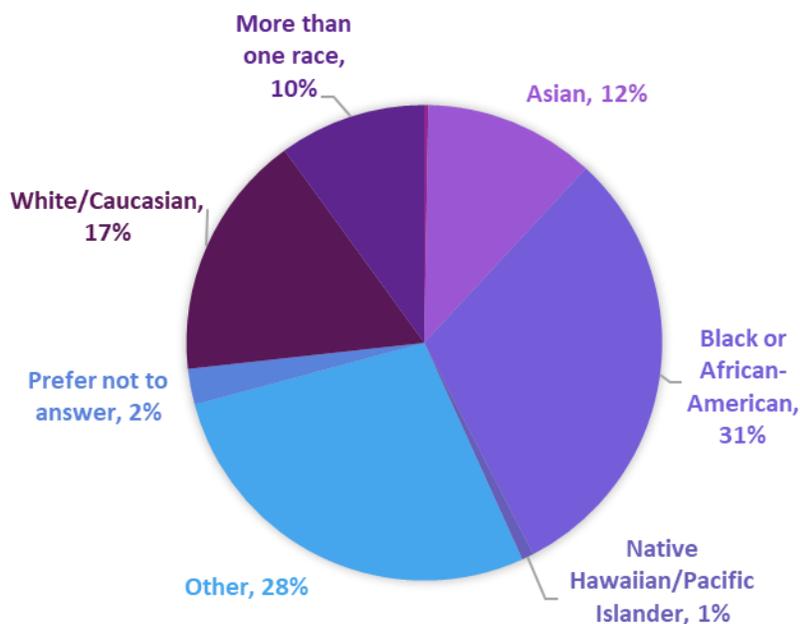


TRAINING PARTICIPANTS BY CITY OF RESIDENCE

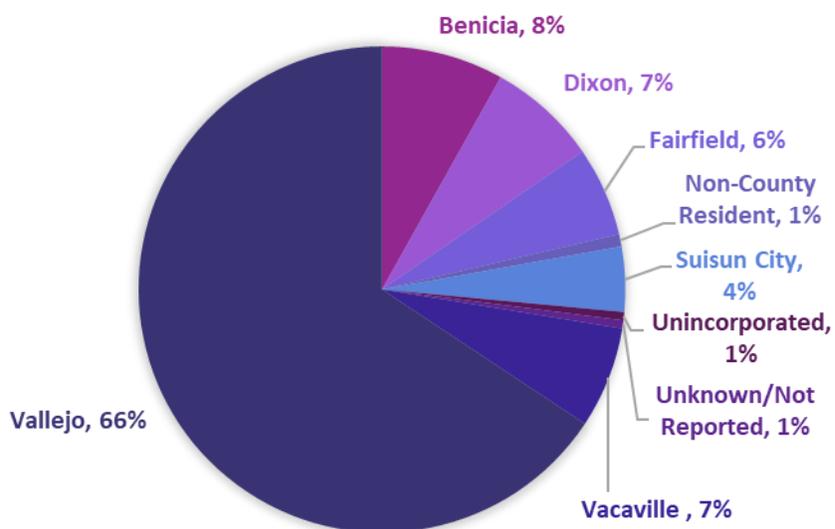


Demographic Breakdown of Direct Services (demographic surveys collected for 370 individuals who participated in student workshops and/or individual therapy):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
Age			370	113	
	Direct	Outreach			
0-15	86%	4%			
16-25	14%	2%			
26-59	1%	85%			
60+	0%	10%			
Prefer not to answer	0%	0%			
Race					
American Indian/Alaskan Native	0%	2%			
Asian	12%	10%			
Black or African-American	31%	20%			
Native Hawaiian/Pacific Islander	1%	1%			
Other	28%	15%			
Prefer not to answer	2%	8%			
White/Caucasian	17%	29%			
More than one race	10%	15%			
Gender At Birth					
Male	38%	14%			
Female	61%	83%			
Prefer not to answer	0%	3%			
Sexual Orientation					
Gay	0%	3%			
Bisexual	3%	3%			
Heterosexual/straight	84%	80%			
Lesbian	0%	0%			
Other	1%	0%			
Prefer not to answer	12%	13%			
Queer	0%	2%			
Questioning/unsure	0%	0%			
Veteran Status/Military Services					
Veteran	0%	0%			
Active military	0%	0%			
Not a veteran/active military/NA	100%	100%			
Primary Language (1st Language)					
American Sign Language (ASL)	0%	0%			
English	95%	88%			
Ilocano	0%	0%			
Other	0%	1%			
Prefer not to answer	0%	0%			
Spanish	4%	8%			
Tagalog	1%	3%			
Preferred Language (Used Daily)					
American Sign Language (ASL)	0%	0%			
English	98%	98%			
Other	0%	0%			
Spanish	2%	2%			
Tagalog	0%	0%			
Identify with any of these groups?					
LGBTQ	5%	5%			
Adult/juvenile justice involved	0%	1%			
Foster care youth	0%	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	95%	82%			
Prefer not to answer	0%	11%			
Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event). 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	1%	3%			
American/Chicano	22%	9%			
Other Hispanic/Latino	2%	0%			
Puerto Rican	0%	1%			
South American	0%	2%			
African	31%	19%			
Asian Indian/South Asian	1%	1%			
Cambodian	0%	0%			
Chinese	0%	0%			
Eastern European	0%	0%			
European	16%	28%			
Filipino	9%	8%			
Japanese	0%	1%			
Korean	1%	0%			
Middle Eastern	0%	1%			
Other Non-Hispanic/Latino	3%	4%			
Vietnamese	0%	0%			
Prefer not to answer	4%	8%			
More than one ethnicity	10%	15%			
Current Gender Identity					
Male	34%	14%			
Female	64%	83%			
Genderqueer	0%	0%			
Other	0%	0%			
Prefer not to answer	1%	2%			
Questioning/unsure	0%	0%			
Transgender	0%	1%			
Mental Health Symptoms Onset					
Less than 6 months	9%				
6-12 months	16%				
1-4 years	23%				
5-9 years	2%				
Over 10 years ago	2%				
Prefer not to answer	7%				
Do not have MH symptoms	6%				
Unknown/not reported	35%	NA			
City of Residence					
Benicia	8%	4%			
Dixon	7%	1%			
Fairfield	6%	10%			
Non-County Resident	1%	14%			
Rio Vista	0%	0%			
Suisun City	4%	0%			
Unincorporated	1%	0%			
Unknown/Not Reported	1%	0%			
Vacaville	7%	12%			
Vallejo	66%	59%			
Disability					
Difficulty seeing	0%	1%			
Hearing/speech	0%	0%			
Other communication disability	0%	0%			
Cognitive impairment	0%	1%			
Physical/mobility	0%	0%			
Chronic physical health condition	0%	0%			
No disability	97%	88%			
Other disability	0%	4%			
Prefer not to answer	2%	6%			

Highlights & Achievements

- During FY 2021/22, A Better Way was able to adjust to the hybrid nature of offering services post COVID-19 lockdowns. Schools were offered psychoeducation and reference materials for services prior to the academic year which supported quicker identification of needs and clearer collaboration in service delivery.
- Program leadership maintained regular communication with district leaders on a quarterly basis and weekly/monthly meetings with school principals, mental health coordinators, academic support providers, parent liaisons and other school staff to build relationships and clarify school and program procedures to meet the needs of individual schools.
- Clinicians were able to balance telehealth and in-person sessions to better meet the needs of students and their families without the disruption of treatment due to illness or exposure to COVID-19.
- Due to increased communication and collaboration the program was able to offer more student workshops, teacher trainings, and support to schools across districts including schools that did not have co-located clinicians.
- Clinicians offered a variety of trainings and workshops to support a variety of different mental health topics including the development of social skills, distress management, coping skills, compassion fatigue, stress management, and grief.

Challenges & Barriers

- The program struggled with maintaining staff to ensure the co-location of clinicians at identified agreed upon school sites. Despite this, the program was still able to serve all 21 schools in some capacity, either via student workshops, trainings, or support, and continued to make efforts to engage and offer available services to leadership across school sites. Telehealth and remote work allowed for school-based clinicians to be flexible in serving various schools whether it be for individual services, group workshops or trainings.
- The students referred presented with complex high acuity needs often requiring higher levels of care. Schools often struggled to identify students and families that were appropriate for the school-based PEI level of care. Program leadership and Clinicians worked with schools to retool their identification process for students who needed lower level preventative services, and worked with available county and private insurance providers to refer or link students to appropriate levels of care.

Equity Efforts in FY 2021/22

The program is proud to have very diverse, multicultural team overall and they strive to provide culturally and linguistically responsive services. All clinicians have access to Language Link to connect with a professional interpreter when their consumers prefer to use a language other than English. In addition, monolingual Spanish-speaking families were served by bilingual clinicians and staff. Treatment plans were translated into consumers' preferred language, and consent packets are offered in Spanish and English. Additionally, the agency's Training Department focused on cultural diversity and humility. All new clinicians are required to complete trainings focusing on working with culturally diverse consumers and understanding cultural humility. All staff were required to participate in at least one cultural sensitivity training annually as part of the agency's Cultural Responsivity Plan. Further, culturally responsive concepts and discussions were regularly utilized in group meetings and implemented into the organizational structure of the program to support equity. The agency as a whole offers a different cultural focus (education) each month, such as Black History Month, Asian/Pacific American Heritage Month, Gay Pride Month, and BIPOC mental health month among others.

Changes or Updates Planned for FY 2022/23

Community partners continue to endorse the need for services and supports for children and youth in K-12 schools given the continued challenges related to the pandemic and students continuing to struggle academically, socially and emotionally. The budget was increased to support increased programming and program expenses.

Agency Name: Rio Vista CARE, Inc.

Description of Program:

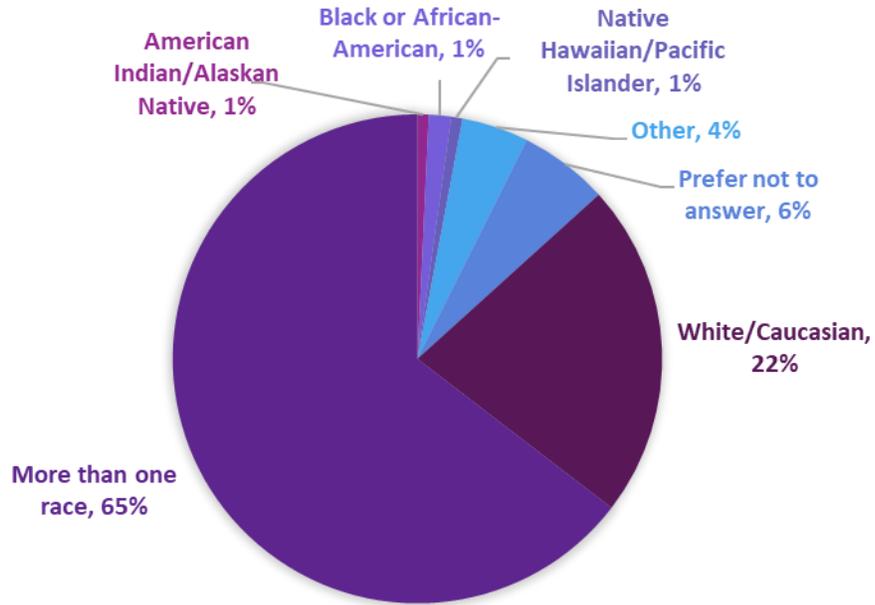
The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as determined in partnership with 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. This particular vendor provides services for the three schools in the city of Rio Vista that are within the Solano County jurisdiction.

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 140 students, school personnel and parents.	A total of 283 individuals received a prevention service.
Provide a minimum of two trainings for school personnel at each assigned school site.	A total of 7 trainings were provided with a total of 83 participants.
Provide a minimum of two trainings for parents/caretakers at each assigned school site.	1 virtual districtwide training was provided, however only one parent attended.
Provide a minimum of 3 student workshops at each assigned school site.	A total of 7 workshops were provided for a total of 199 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 72 participants were administered both a pre/post survey and of those 93% (67) demonstrated increased knowledge.
75% of student workshop participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 184 post surveys were collected from students and of those 95% (175) demonstrated increased knowledge on the workshop topic.
Early Intervention Activities	
Unduplicated Individual Served: 27	
Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 35 students.	A total of 27 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 22 students received brief treatment services. Of those, 19 completed the pre/post outcome measure during the reporting period, with 89% (17) 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).	10 referrals made
Referrals made to the Solano County BHP.	1 referral made
Successful linkages to the Solano County BHP: 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.	N/A
Financial Report	
Cost per person for prevention activities	\$35
Cost per person for early intervention activities	\$2,080
Contract Amount FY 2021/22: \$72,218	Total Expenditures FY 2021/22: \$66,080
Budgeted Amount for FY 2022/23: \$160,000	

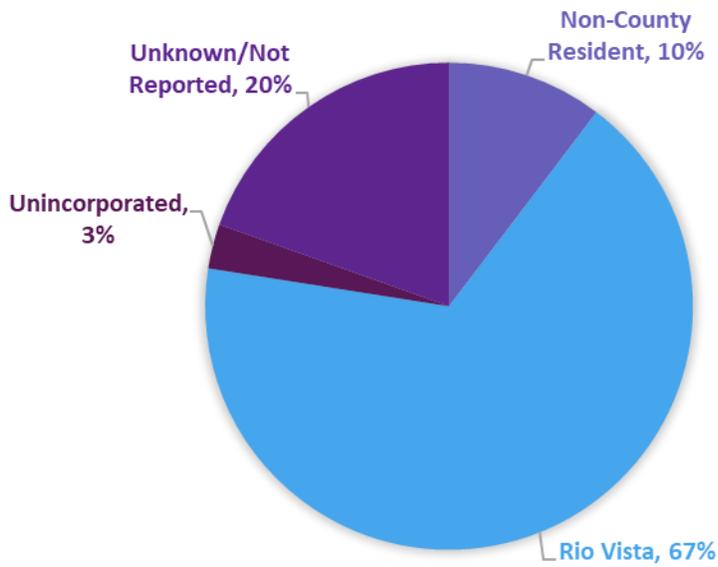
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by Rio Vista CARE**:

Demographic Breakdown of Training Services (demographic surveys collected for 271 individuals):

TRAINING RECIPIENTS BY RACE



TRAINING PARTICIPANTS BY CITY OF RESIDENCE



Please note that the charts for race and city of residence for individuals that received direct services is not included in this report in order to protect the identity of the individuals served due to the small number served and the small rural community. On the table to follow the demographics for the individuals served via direct services as been blocked out as well for the same reason.

Highlights & Achievements

- In the third quarter of the year one Clinician was designated to complete all the assessments for this program which resulted in a smoother experience for the students referred and the program was better able to track data.
- As the school year ended the team utilized this opportunity to plan for the next FY including identifying one staff member to solely work in the school-based program.
- Significant progress was made regarding agency leadership developing relationships with the schools and the River Delta Unified School District.

Challenges & Barriers

- During the first quarter of the FY, the agency had a transition in executive leadership, as well as with clinicians and general staff. This resulted in having difficulty providing services and meeting deliverables. The agency identified that it is challenging to recruit qualified staff because the agency is located in a rural area 30 miles from most cities. This has been compounded by the post-pandemic mental health staffing crisis. In spite of the challenges, over the course of the FY the agency was able to hire several new clinicians.
- The agency was not able to hire a Clinical Supervisor during the FY, therefore the Executive Director provided clinical supervision for staff.
- The program had difficulty meeting the deliverable related to parent/caretaker trainings. The team worked with district and school personnel to send out emails with a flyer to announce a districtwide education and training event online but only one person showed for this event.

Equity Efforts in FY 2021/22

Rio Vista CARE makes every effort to hire and retain diverse staff representative of the city of Rio Vista. The agency currently only has one bilingual Spanish-speaking staff person who works in another program. The program uses Language Link when interpreters are needed. The program has made efforts to ensure that the lobby and clinic area has signage that promotes a welcoming environment for all populations.

Changes or Updates Planned for FY 2022/23

Community partners continue to endorse the need for services and supports for children and youth in K-12 schools given the continued challenges related to the pandemic and students continuing to struggle academically, socially and emotionally. The budget was increased to support increased staffing and program expenses.

Agency Name: Solano County Office of Education (SCOE)

Description of Program:

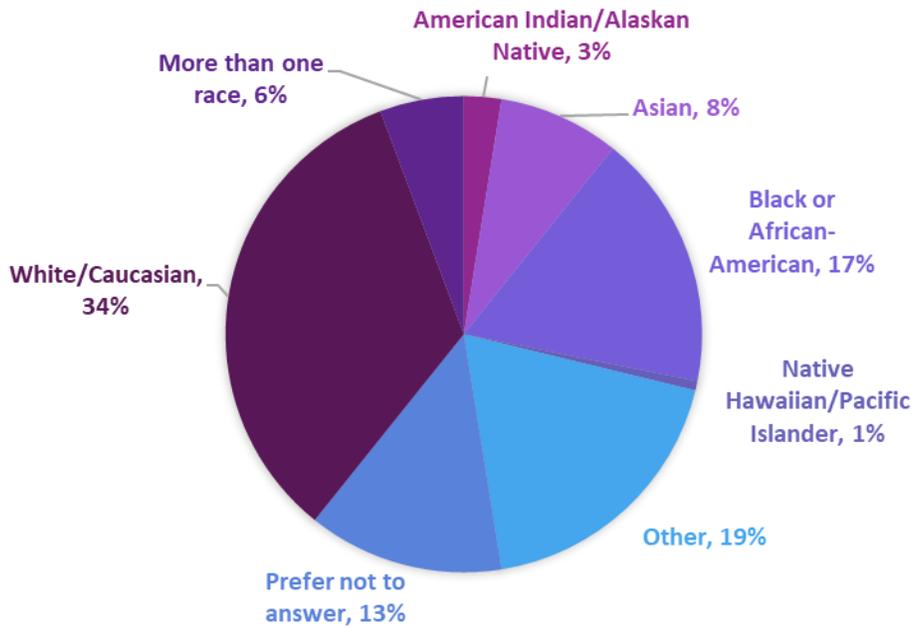
SCOE serves as a liaison between SCBH, contracted school-based mental health provider (A Better Way), and local school districts to provide school-based prevention and early intervention services for children/youth ages 6-21. Additionally, SCOE provided prevention services include trainings for school personnel and parents/caretakers and student workshops/groups including Social Emotional Learning (SEL) groups for classrooms. SCOE is funded to provide technical assistance and support for the school sites that have school-based wellness centers that were funded by SCBH over two FY 2019/20 and 2020/21.

Program Performance Measures	
Prevention Activities	
Individuals Served: 1,701 (may not be unduplicated)	
Program Indicators	Annual Outcome
Provide a minimum of 12 trainings for school personnel for participating school districts.	A total of 16 trainings were provided with a total of 507 participants.
Provide a minimum of 8 trainings/engagement activities for parents/caregivers for participating school districts.	A total of 9 parent/caregiver trainings were provided with a total of 136 participants.
Provide 10 trainings (<i>ASIST</i> trainings, <i>safeTALK</i> trainings, <i>Youth MHFA</i>) for school personnel, parents, students, and community partners.	A total of 13 trainings were provided for 280 participants. <ul style="list-style-type: none"> • 0 <i>ASIST</i>—N/A • 5 <i>safeTALK</i>— 30 participants • 0 <i>Youth MHFA</i>—N/A • 8 Other Suicide/Stigma Reduction Trainings—250 participants
Provide a minimum of 25 student workshops for participating school districts.	A total of 29 student workshops were provided with a total of 778 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.	A total of 351 post surveys were collected and of those 87% (304) participants surveyed demonstrated an increase in knowledge. <ul style="list-style-type: none"> • Of the 507 school personnel trained 173 completed a post survey and of those 85% (147) of demonstrated an increase in knowledge in the training topic. • Of the 136 parents or caretakers trained 35 completed a post survey and of those 89% (31) of demonstrated an increase in knowledge in the training topic. • Of the 778 students who participated in a workshop 143 completed a post survey and of those 88% (126) increased knowledge in the workshop topic.
Early Intervention Activities	
Unduplicated Individuals Served: N/A	
Program Indicators	Annual Outcomes
SCOE 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 BHP	0 referrals made
Successful linkages to the Solano County BHP: 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	\$201
Contract Amount FY 2021/22: \$351,500	Total Expenditures FY 2021/22: \$342,423
Budgeted Amount for FY 2022/23: \$429,196	

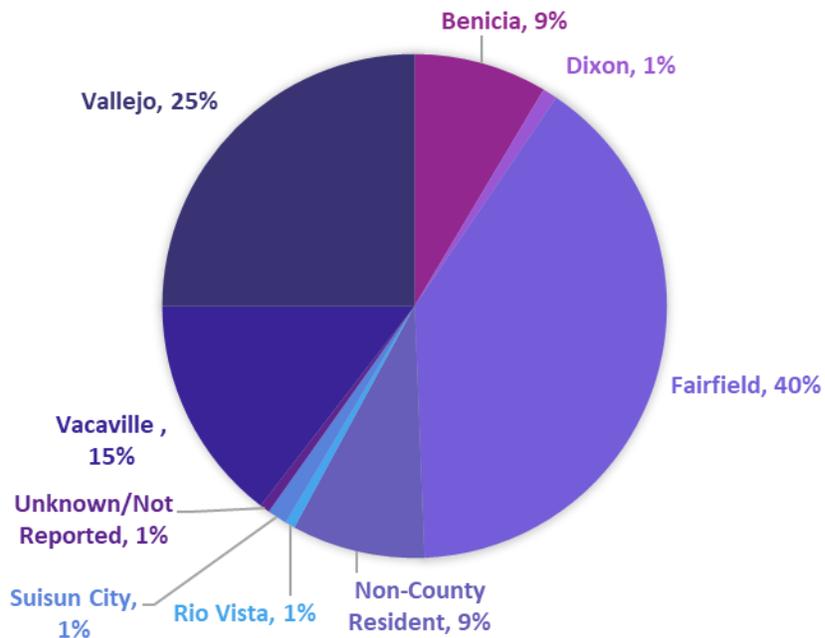
The following charts and table provide demographic data for the individuals who were served by **School-Based Mental Health Services program delivered by SCOE**:

Demographic Breakdown of Training/Workshop Services (demographic surveys collected for 316 individuals):

TRAINING & WORKSHOP PARTICIPANTS BY RACE



TRAINING & WORKSHOP PARTICIPANTS BY CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			0	316	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15		45%	Caribbean		0%
16-25		14%	Central American		3%
26-59		36%	American/Chicano		13%
60+		4%	Other Hispanic/Latino		5%
Prefer not to answer		2%	Puerto Rican		1%
Race			South American		2%
American Indian/Alaskan Native		3%	African		7%
Asian		8%	Asian Indian/South Asian		0%
Black or African-American		17%	Cambodian		0%
Native Hawaiian/Pacific Islander		1%	Chinese		1%
Other		19%	Eastern European		1%
Prefer not to answer		13%	European		9%
White/Caucasian		34%	Filipino		5%
More than one race	NA	6%	Japanese		1%
Gender At Birth			Korean		1%
Male		32%	Middle Eastern		2%
Female		64%	Other Non-Hispanic/Latino		7%
Prefer not to answer	NA	4%	Vietnamese		0%
Sexual Orientation			Prefer not to answer		34%
Gay		0%	More than one ethnicity	NA	9%
Bisexual		8%	Current Gender Identity		
Heterosexual/straight		60%	Male		31%
Lesbian		2%	Female		60%
Other		3%	Genderqueer		0%
Prefer not to answer		22%	Other		1%
Queer		2%	Prefer not to answer		5%
Questioning/unsure	NA	2%	Questioning/unsure		2%
Veteran Status/Military Services			Transgender	NA	1%
Veteran		1%	Mental Health Symptoms Onset		
Active military		1%	Less than 6 months		
Not a veteran/active military/NA	NA	98%	6-12 months		
Primary Language (1st Language)			1-4 years		
American Sign Language (ASL)		0%	5-9 years		
English		88%	Over 10 years ago		
Ilocano		0%	Prefer not to answer		
Other		2%	Do not have MH symptoms		
Prefer not to answer		1%	Unknown/not reported	NA	NA
Spanish		9%	City of Residence		
Tagalog	NA	1%	Benicia		9%
Preferred Language (Used Daily)			Dixon		1%
American Sign Language (ASL)		0%	Fairfield		40%
English		91%	Non-County Resident		9%
Other		2%	Rio Vista		1%
Spanish		7%	Suisun City		1%
Tagalog	NA	1%	Unincorporated		0%
Identify with any of these groups?			Unknown/Not Reported		1%
LGBTQ		13%	Vacaville		15%
Adult/juvenile justice involved		0%	Vallejo	NA	25%
Foster care youth		0%	Disability		
All of above		0%	Difficulty seeing		0%
LGBTQ & justice involved		0%	Hearing/speech		0%
LGBTQ & foster care youth		1%	Other communication disability		0%
Justice involved & foster care youth		0%	Cognitive impairment		2%
Not applicable/not identify		48%	Physical/mobility		0%
Prefer not to answer	NA	36%	Chronic physical health condition		1%
Demo info by service type:			No disability		78%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability		4%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	NA	14%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.					

Highlights & Achievements

- The SCOE team recognized the importance of providing support for the adults on school campuses by equipping them with self-care tools and knowledge of common mental health needs to be able to support students safely and successfully in their transition back to school following school closures due to the pandemic. The team facilitated trainings for school personnel on topics including, but not limited to, Collective Trauma, Advancing Race Equity, Social Emotional Learning (SEL), Raising Awareness and Reducing Stigma around Anxiety, and Resiliency and Growth.
- Through SCOE's partnership with school districts and site administrators, they were heavily relied upon to support students by providing SEL focused small groups, whole classroom psychoeducation series, and one-time stigma reduction or suicide prevention presentations to classes or grade level students.
- During the months that COVID-19 was rapidly spreading and SCOE personnel were not permitted to safely provide in-person workshops, SCOE created a live virtual experience for whole classrooms across Solano County to participate in synchronously. The program ensured confidentiality of participants by removing camera and microphone access and asked that one login was utilized by the classroom teacher for the workshop to then be projected on the classroom whiteboard. This allowed for educators to also participate and engage their students in the topic, while SCOE facilitated the activities and discussion. As a result of all efforts, SCOE interfaced with 943 students.
- The academic school year 2021/22 was the first year that all 46 school-based wellness centers were open to students in-person on campus. SCOE provided technical assistance, inventory assessment and support recommendations to each of the sites. Every wellness center was provided an individualized data collection form that captured demographic information, pre-wellness center intervention and post-wellness center intervention data. With acknowledgment that the data captured was not inclusive of all student access at every site for a variety of reasons, the data did capture 15,497 individual check-ins to wellness centers. Of those 15,497 check-ins, 89.2% of respondents identified feeling better when leaving compared to upon entering.

Challenges & Barriers

- The pandemic impacted the program's service delivery including delays in workshops, cancelled trainings and limited school personnel time and participation. In addition, the increased needs for students, school personnel and caregivers was intense and often beyond the resources available through the SCOE program.
- Due to the level of need during the course of the school year SCOE had a waitlist for student workshops. The team worked closely with districts and school sites to triage and allocate services based on the urgency of need and adapted to and modified scheduling as appropriate to provide alternative services to lessen the intensity of needs until the team was able to provide multi-session series to students.
- The evidence-based trainings—safeTALK, ASIST and Youth Mental Health First Aid—that SCOE facilitates require a minimum number of attendees registered for the training. On multiple occasions, SCOE had to cancel the training opportunity as the number of registrants did not meet the requirements. In order to address this barrier SCOE took steps to mitigate the registration challenges including developing and offering evidence-informed trainings created by SCOE that did not have the registration requirement and required less participation time from attendees, and could be offered virtually or in-person.
- School sites and districts identified challenges with school personnel participating in trainings that took them away from sites for long periods of time. SCOE modified trainings developed for school personnel to be shorter and provided virtually.

Equity Efforts in FY 2021/22

Equity is always at the forefront of the program's service delivery, from the hiring and placement of staff to the creation of curriculum/presentations, to the marketing and deployment of the trainings/presentations. The program closely monitored the demographic information they were collecting from training and student workshops and identified a disparity between school personnel and students, in which the student's race, ethnicity, or gender are often underrepresented in the school personnel. This observation allowed for conversation and curiosity to take place when working with educational partners to plan workshops and trainings, as well as discussion about concerning behaviors observed on campus.

The SCOE team identified the need for workshops and informational materials to become available in languages other than English. Again, the program utilized the demographic data they collect and identified that individuals whose primary language is Spanish account for 7% of the participants. To address this the SCOE team provided multiple training opportunities for caregivers and students in Spanish and began the process of creating informational materials in Spanish. The program values the utilization of data to plan programming in their efforts to provide diverse and equitable services.

Changes or Updates Planned for FY 2022/23

Community partners continue to endorse the need for services and supports for children and youth in K-12 schools given the continued challenges related to the pandemic and students continuing to struggle academically, socially and emotionally. The budget was increased to support increased programming and support program expenses.

Cumulative School-Based Mental Health Services

Service/Activity	FY 2020/21	FY 2021/22	% Increase/Decrease
# of School Personnel Trained	1,326	685	- 48%
# of Parents/Caretakers Trained	274	198	- 28%
# of Student Workshop Participants	1,146	1,308	+ 14%
# of Students Received 1:1 Counseling	228	253	+ 11%

All three programs reported having challenges scheduling trainings with school personnel which was largely due to the schools being understaffed and not being able to provide substitutes or opportunities for professional development beyond the mandated staff trainings. Similarly, the programs reported that there was poor attendance for the parent/caretaker trainings in spite of working closely with school sites and districts to advertise these trainings. While there was a decrease in trainings for FY 2021/22, there was an increase in the number of student workshops provided and students seen for individual counseling. This was the result of schools identifying that students were really struggling to reintegrate back into the school setting after distance learning for close to a year and a half.

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

Agency Name: Aldea Children & Family Services

Description of Program:

The EP Treatment Program, delivered by a community-based organization (CBO), 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 Coordinated Specialty Care (CSC) evidenced-based model for individuals between the ages of 12-30 who experienced their first episode 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 the Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) to fund this EP Treatment Program.

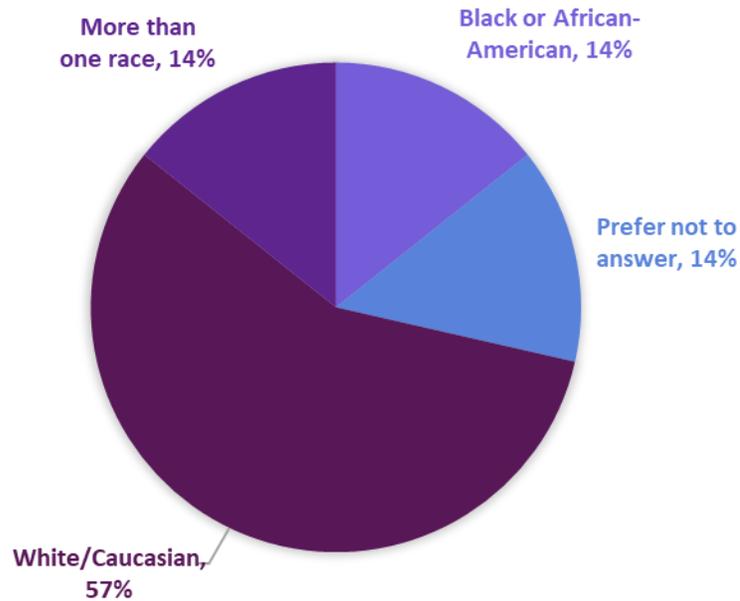
Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 194	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 225 individuals.	A total of 194 individuals reached.
Conduct a minimum of 54 screenings to individuals referred to SOAR.	24 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities Unduplicated Individual Served: 23	
Program Indicators	Annual Outcomes
Provide mental health treatment services for 33 unduplicated consumers.	23 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	74% (17) 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.	4% (1) of 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 7 consumers opened for 6 months, 71% (5) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 6 consumers opened for 12 months, 67% (4) 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).	11 referrals made
Referrals made to the Solano County BHP.	5 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	4 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 4 individuals linked it took an average of 6.5 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$350
Cost per person for early intervention activities*	\$16,713
Contract Amount FY 2021/22: \$782,895	Total Expenditures FY 2021/22: \$737,447 of which \$452,221 in MHSA PEI funds, \$251,412 in MHBG and \$33,814 in MHSA INN (reported in the INN section)
Budgeted Amount for FY 2022/23: \$1,249,430 of which \$333,307 is MHSA PEI funding.	

*Cost per person reflects only MHSA PEI funds

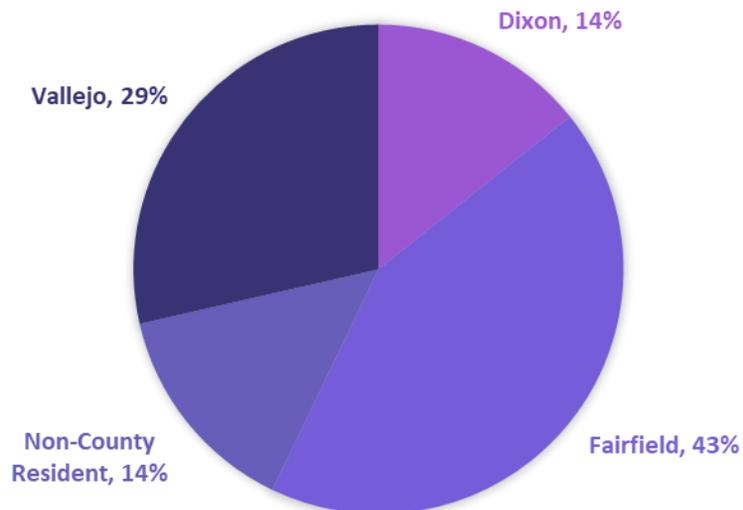
The following charts and table provide demographic data for the individuals who were served by the **EP Treatment Program**:

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 7 individuals):

OUTREACH & TRAINING PARTICIPANTS BY RACE

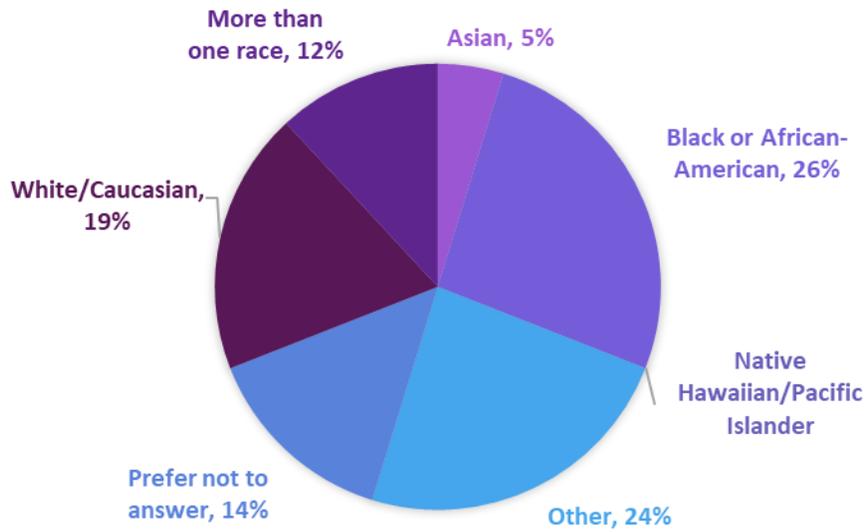


OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE

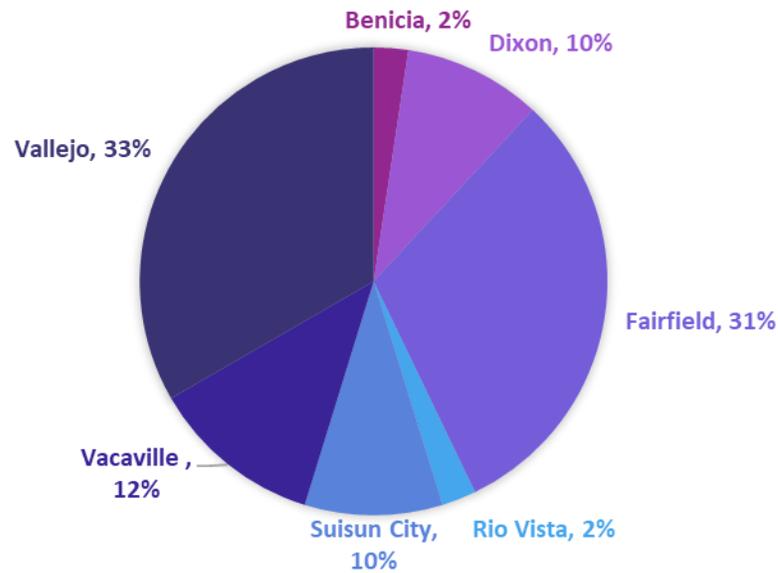


Demographic Breakdown of Direct Services (demographic surveys collected for 42 individuals includes screenings and treatment):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Age	Direct	Outreach
0-15	31%	0%
16-25	62%	0%
26-59	7%	100%
60+	0%	0%
Prefer not to answer	0%	0%
Race		
American Indian/Alaskan Native	0%	0%
Asian	5%	0%
Black or African-American	26%	14%
Native Hawaiian/Pacific Islander	0%	0%
Other	24%	0%
Prefer not to answer	14%	14%
White/Caucasian	19%	57%
More than one race	12%	14%
Gender At Birth		
Male	62%	14%
Female	38%	86%
Prefer not to answer	0%	0%
Sexual Orientation		
Gay	0%	0%
Bisexual	17%	0%
Heterosexual/straight	62%	100%
Lesbian	2%	0%
Other	10%	0%
Prefer not to answer	2%	0%
Queer	0%	0%
Questioning/unsure	7%	0%
Veteran Status/Military Services		
Veteran	0%	0%
Active military	0%	0%
Not a veteran/active military/NA	100%	100%
Primary Language (1st Language)		
American Sign Language (ASL)	0%	0%
English	100%	71%
Ilocano	0%	0%
Other	0%	14%
Prefer not to answer	0%	0%
Spanish	0%	14%
Tagalog	0%	0%
Preferred Language (Used Daily)		
American Sign Language (ASL)	0%	0%
English	100%	100%
Other	0%	0%
Spanish	0%	0%
Tagalog	0%	0%
Identify with any of these groups?		
LGBTQ	21%	0%
Adult/juvenile justice involved	0%	0%
Foster care youth	2%	0%
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	76%	86%
Prefer not to answer	0%	14%
<p>Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.</p>		

	42	7
Ethnicity	Direct	Outreach
Caribbean	0%	0%
Central American	5%	0%
American/Chicano	31%	29%
Other Hispanic/Latino	0%	0%
Puerto Rican	0%	0%
South American	0%	0%
African	7%	0%
Asian Indian/South Asian	0%	0%
Cambodian	0%	0%
Chinese	0%	0%
Eastern European	0%	0%
European	12%	43%
Filipino	7%	0%
Japanese	0%	0%
Korean	0%	0%
Middle Eastern	0%	0%
Other Non-Hispanic/Latino	2%	0%
Vietnamese	0%	0%
Prefer not to answer	21%	14%
More than one ethnicity	14%	14%
Current Gender Identity		
Male	60%	14%
Female	31%	86%
Genderqueer	0%	0%
Other	7%	0%
Prefer not to answer	2%	0%
Questioning/unsure	0%	0%
Transgender	0%	0%
Mental Health Symptoms Onset		
Less than 6 months	19%	NA
6-12 months	26%	
1-4 years	45%	
5-9 years	7%	
Over 10 years ago	0%	
Prefer not to answer	0%	
Do not have MH symptoms	0%	
Unknown/not reported	2%	
City of Residence		
Benicia	2%	0%
Dixon	10%	14%
Fairfield	31%	43%
Non-County Resident	0%	14%
Rio Vista	2%	0%
Suisun City	10%	0%
Unincorporated	0%	0%
Unknown/Not Reported	0%	0%
Vacaville	12%	0%
Vallejo	33%	29%
Disability		
Difficulty seeing	0%	0%
Hearing/speech	2%	0%
Other communication disability	0%	0%
Cognitive impairment	0%	0%
Physical/mobility	0%	0%
Chronic physical health condition	0%	0%
No disability	98%	100%
Other disability	0%	0%
Prefer not to answer	0%	0%

Highlights & Achievements

- Several staff members were promoted to leadership positions during the FY which has allowed for richer support for team members. The program hired the program's first Peer Case Manager who is also bilingual Spanish-speaking.
- Aldea as an agency operates EP programs in three counties, Solano, Napa and Sonoma. The agency has moved to a regional approach to services, as exemplified by the Napa Program Director becoming the Clinical Director for all EP programs and the Lead Program Coordinator being promoted to Program Coordinator Supervisor for all sites. Additionally, the regional approach allowed the programs to move to a combined weekly Treatment Team meeting, combined groups and the ability for staff from one county to support consumers in another county as needed. This approach provides more flexibility of resources. Using the regional approach will allow the programs to add to their menu of group offerings, to include a Substance Abuse Management group and an Art Group.
- The program continued to conduct outreach to raise awareness about their services the referral criteria. Partners outreached to included: the Community Medical Center, Vacaville Unified School District, Dixon Unified School District, NAMI, Foster Kinship Care Resource Fair, Victor (formerly Child Haven), Crestwood Behavioral Health, and the SCBH Hospital Liaison and CARE teams. The opportunity to present to the Crestwood CSU team is significant as the UCD Sacramento EP program reports that their CSU is a primary source of referrals.

Challenges & Barriers

- Like many other organizations, Aldea has been challenged with workforce issues, that is, hiring and retaining the most qualified staff. Agency leadership instituted a number of improvements including increased benefits, pay, training, and the development of a trauma-informed agency culture.
- Community agencies, impacted by the pandemic, were less responsive to attempts to schedule outreach presentations, which negatively impacted the number of referrals to the program and therefore the number of phone screens conducted.
- The program received 45 referrals this fiscal year, which resulted in 24 phone screens. Those not progressing to a phone screen were due to a variety of reasons such as unresponsiveness to attempts to schedule the phone screen; consumer or guardian declined the screening; referred party ill too long, too young, had private insurance, did not have symptoms of psychosis, moved out of service area, or otherwise not eligible.
- The program has not yet been able to resume offering Multi-Family Group as this is required to be in-person and includes multiple staff, consumers, and families in the same room. Additionally, due to staffing challenges the Peer Group had to be cancelled temporarily.
- The referrals received since the pandemic began are very complex resulting in it taking two extended sessions to complete the eligibility assessment. This seems to be attributed to the impact of the pandemic as well as many other adverse local and worldwide events and stressors.

Equity Efforts in FY 2021/22

The program values having a diverse team and encourages diversity in staff hiring and retention efforts as evidenced by having several bilingual Spanish-speaking staff on the team including the Bilingual Program Coordinator Supervisor, the Bilingual Program Coordinator, and the Bilingual Peer Case Manager. The majority of the program materials have been translated into Spanish by the UC Davis team that is funded as trainer/consultants for the Solano EP program. This translation project was funded by SCBH through Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds in FY 2016/17. When needed, materials such as treatment plans and letters to parents were translated into Spanish, e.g., for monolingual parents of consumers.

The UC Davis team provided consultation and training on working with Spanish-speaking consumers and families and the use of interpreters. Additionally, the UC Davis team provided videos in Spanish on psychoeducation used with consumers and families. The program continues to provide a LGBTQ+ welcoming environment and an assessment imbedded to support the LGBTQ+ population. A program team member participates in the SCBH Diversity & Equity Committee and brings items for discussion back to the team. Aldea provided agencywide trainings in topics of Diversity, Equity, and Inclusion (DEI), which were attended by members of the team. DEI training provided by the agency included the following:

- LGBTQ+ Best Practices
- Self-Regulation and Mindfulness Practices for System Involved Youth
- LGBTQ+ en Espanol- Mejores Practicas
- Supporting Transgender and Gender Creative Youth 11 & Under in Social Systems

Staff were also provided with booklets, in both English and Spanish on Raising Healthy and Happy LGBT and Gender Non-Conforming Children for distribution to parents/caregivers.

Changes or Updates Planned for FY 2022/23

The community continues to endorse the need for services and supports to prevent children and youth from developing disability mental health conditions later in life. SCBH was able to secure Mental Health Block Grant (MHBG) supplemental American Rescue Plan Act (ARPA) and Coronavirus Response and Relief Supplemental Appropriations (CSSRA) funds. These new funds will support the program in hiring a Peer Case Manager and a Training Coordinator in order to build an intern program with a goal to have a predictable staffing for the program. The overall program budget, which is comprised of braided funding, was increased to support increased staff salaries and other expenses.

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 services. Comprehensive training includes training on tools used to provide comprehensive assessments and the Coordinated Specialty Care (CSC) evidenced-based model. Additionally, the UC Davis team provides consultation and assists the provider in evaluating the effectiveness of the program.

Program Performance Measures

Unduplicated Individuals Trained: 2

Assessment Training: Trainees will reach a minimum of 80% diagnostic agreement on the *Structural Clinical Interview for DSM Disorders (SCID)* and *SIPS* and *ICCs* indicating average concordance of .80 on rating scales.

50% (1) 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 2 new (unduplicated) staff members were trained in evidence-based early psychosis CSC model. Ratings for trainers:
 Trainer One: 100%
 Trainer Two: 100%
 Trainer Three: 100%

Financial Report

Contract Amount FY 2021/22: **\$126,512**

Total Expenditure FY 2021/22: **\$103,210**

Budgeted Amount for FY 2022/23: **\$120,069**

The UC Davis consultants/trainers do not provide direct services therefore the collection and reporting of demographic data is not required.

Highlights & Achievements

- Trained 2 new clinicians in the coordinated specialty care (CSC) model and associated evidence-based approaches for working with youth experiencing early psychosis.
- The UCD consultant trainers supported 5 supervising clinicians in the “train the trainer” activities e.g., training supervisors to lead/teach core elements of the CSC model and provide supervision that is consistent with the CSC model. This included supporting the transition of a former Aldea unlicensed clinician to licensed supervisor position. This was a positive example of retention of previously trained staff. The team also provided a twice monthly Supervisor Training & Consultation Group provided. This consultation group was focused on developing competency in key supervisory tasks including reviewing and providing feedback on the eligibility assessment reports, reviewing phone screens completed, etc.
- The UCD consultation team developed a collection of new training content and associated training materials, including trainings on understanding the complexities associated with comorbid psychosis and neurodevelopmental disorders, the role of families in early psychosis care, and the relationship between cannabis use and psychosis.
- Provided training on, and supported the implementation of new outcomes measure called the COMPASS-10.
- The team added an additional bilingual Spanish-speaking staff member to their training team to continue to build training content for working with Spanish-speaking consumers and families.

Challenges & Barriers

- The UCD team had unanticipated staffing disruptions, however the team was able to mobilize resources to continue to provide the trainings as outlined in the contract.
- UCD experienced challenges gathering post training surveys from trainees after training sessions. To address this challenge, in FY 2022/23 the program will implement feedback surveys as part of the session.

Equity Efforts in FY 2021/22

The UCD Bilingual Spanish Clinician-Trainer/Education Specialist continued to facilitate discussions around providing culturally and linguistically appropriate care for consumers and families who are Hispanic/Latino and/or Spanish-speaking. Additionally, this trainer supported program staff in learning how to work effectively with interpreters during assessment and treatment. The same trainer developed a “How to Stay Well” webinar/video in Spanish for consumers and families to watch as part of the psychoeducation when they start the treatment program. This is a second part in the two part series that includes “Psychosis 101” developed and recorded in the previous FY. These videos are publicly available on YouTube and provided to all new Spanish-speaking consumers and families. The team plans to expand the video library to include additional educational content about psychosis and marijuana use for Spanish-speaking families. We continue to use translations of treatment documents from our translation project in FY 2017/18 with all consumers and families who are Spanish-speaking, and we continue to provide training to the EP treatment program staff in the usage of these documents.

Another UCD trainer provided educational content around structural racism, social determinants of mental health, and working with African American consumers and families. Additionally, the consultant trainers continue to integrate discussions around gender affirming care, LGBTQ+ consumers, and how to support consumers navigating their sexual and gender identity development journey.

Changes or Updates Planned for FY 2022/23

The funding has been reduced to better align with actual expenditures based on three FYs. Additionally, efforts are being made to train the treatment providers’ supervisory team to train new direct service providers in the CSC model to support sustainability.

Older Adult Programming

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 community-based provider, 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.

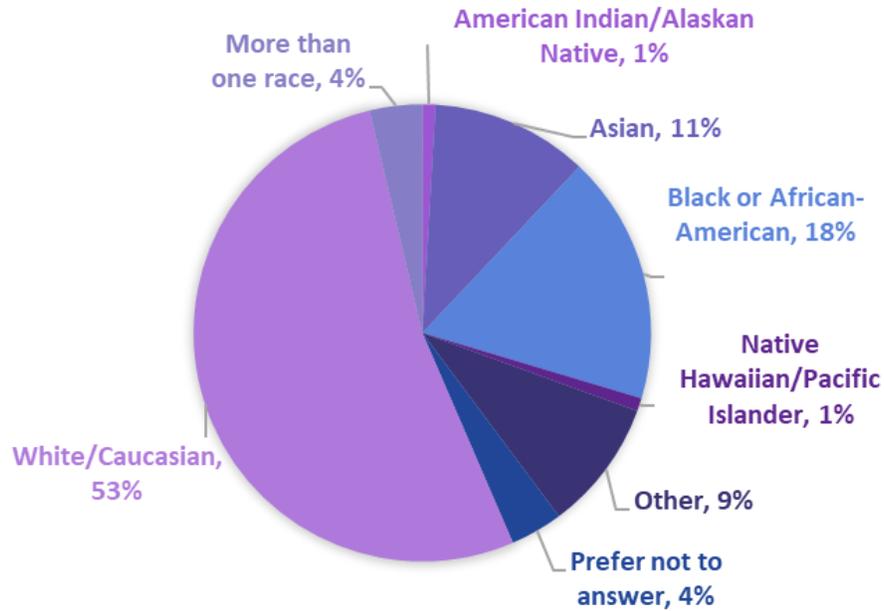
Program Performance Measures	
Prevention Activities	
218 Unduplicated Direct Service Recipients & 457 Individuals Reached via Outreach Efforts (may not be unduplicated)	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities.	A total of 449 individuals were reached.
Provide 5 suicide prevention trainings.	1 suicide prevention training was provided with a total of 8 participants.
Provide an initial screening for a minimum of 150 older adults.	A total of 112 unduplicated older adults received a screening.
Provide 4 mental health education trainings/workshops.	A total of 7 trainings/workshops were provided with a total of 192 participants.
Provide brief preventative case management for 45-60 business days for a minimum of 90 older adults.	A total of 106 unduplicated older adults received brief case management services.
Early Intervention Activities	
Unduplicated Individuals Served: 82	
Program Indicators	Annual Outcomes
Provide counseling services for 40 unduplicated older adult consumers; consumers shall receive two or more counseling sessions.	A total of 36 unduplicated older adults were served with 1:1 counseling.
Provide comprehensive case management services to 80 unduplicated consumers.	A total of 46 unduplicated older adults were served with case management
75% of consumers shall demonstrate improvement in symptoms based on pre and post assessment, on at least one measurement in <i>Geriatric Anxiety Disorder (GAD)-7</i> , <i>Patient Health Questionnaire (PHQ)-9</i> , or <i>Quality of Life (QoL) Scale</i> .	Consumers receiving counseling and/or case management completed pre/post assessments during the reporting period with the following results: -GAD-7: 68% (19) -PHQ-9: 71% (20) -QoL Scale: 70% (16)
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 BHP.	0 referrals made
Successful linkages to the Solano County BHP: 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*	\$749
Cost per person for early intervention activities*	\$5,266
Contract Amount FY 2021/22: \$591,990	Total Expenditures FY 2021/22: \$495,213
Budgeted Amount for FY 2022/23: \$591,990	

*The cost per person does not include outreach tabling events

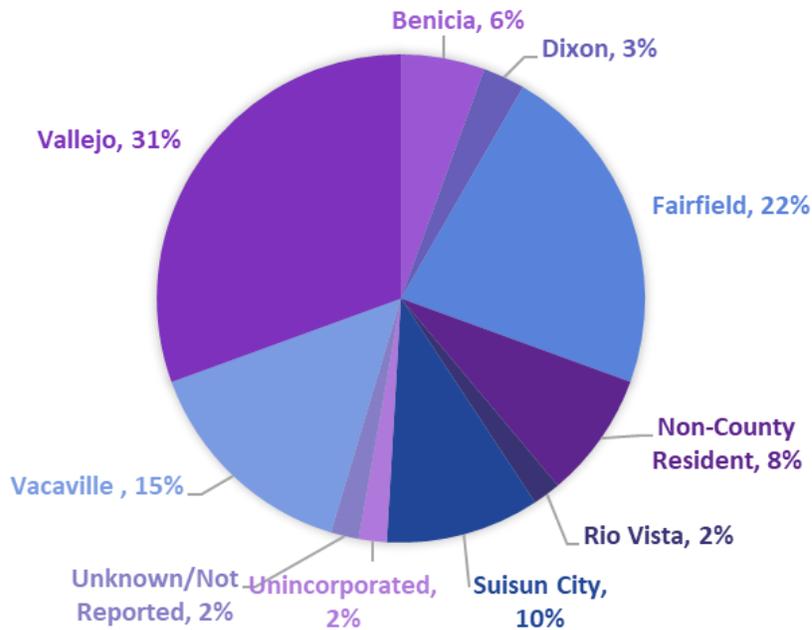
The following charts and table provide demographic data for the individuals who were served by the **Older Adult Case Management & Treatment Program**:

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 108 individuals):

OUTREACH & TRAINING PARTICIPANTS BY RACE

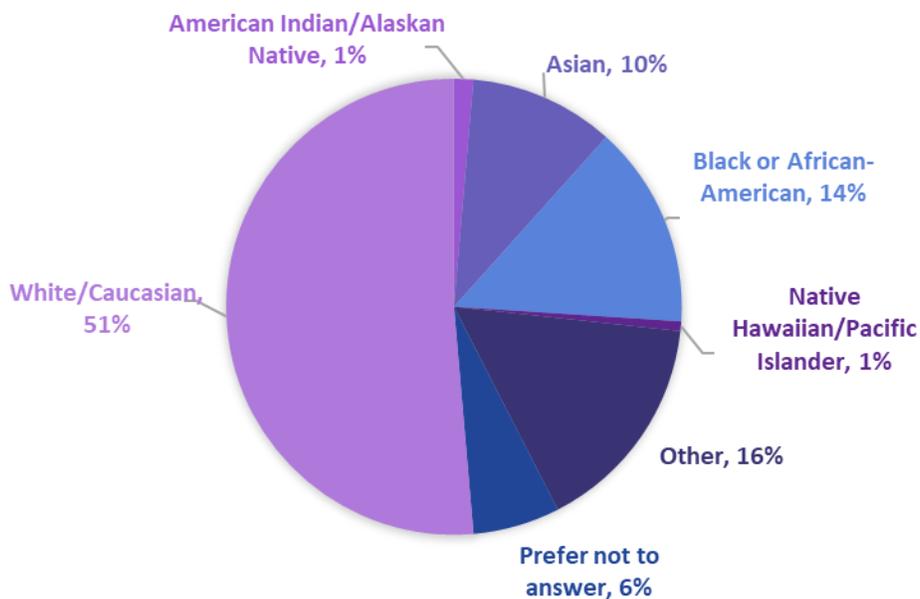


OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE

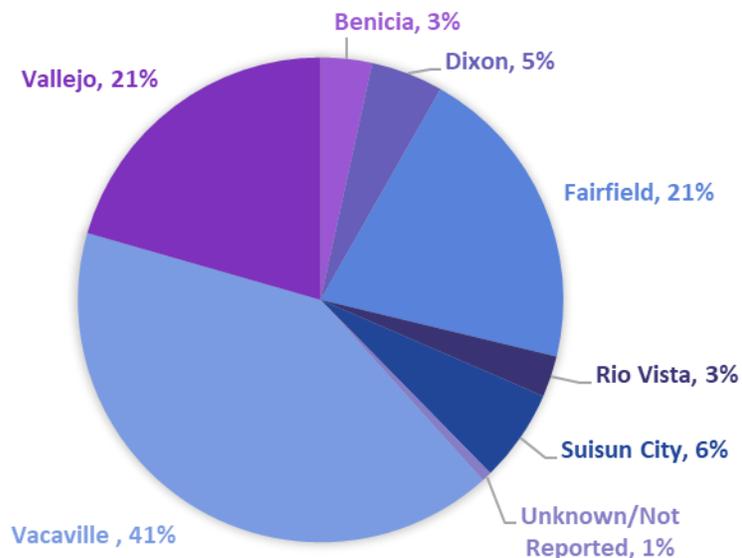


Demographic Breakdown of Direct Services (demographic surveys collected for 146 individuals):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected:		Direct	Outreach
					146	108
Age	Direct	Outreach	Ethnicity	Direct	Outreach	
0-15	0%	0%	Caribbean	0%	0%	
16-25	0%	1%	Central American	2%	0%	
26-59	0%	52%	Mexican/Mexican-American/Chicano	5%	12%	
60+	100%	44%	Other Hispanic/Latino	5%	1%	
Prefer not to answer	0%	3%	Puerto Rican	0%	1%	
Race			South American	0%	0%	
American Indian/Alaskan Native	1%	1%	African	15%	8%	
Asian	10%	11%	Asian Indian/South Asian	1%	0%	
Black or African-American	14%	18%	Cambodian	0%	0%	
Native Hawaiian/Pacific Islander	1%	1%	Chinese	1%	1%	
Other	16%	9%	Eastern European	0%	3%	
Prefer not to answer	6%	4%	European	23%	8%	
White/Caucasian	51%	53%	Filipino	5%	7%	
More than one race	0%	4%	Japanese	1%	1%	
Gender At Birth			Korean	1%	1%	
Male	38%	19%	Middle Eastern	0%	0%	
Female	60%	72%	Other Non-Hispanic/Latino	24%	1%	
Prefer not to answer	2%	9%	Vietnamese	0%	0%	
Sexual Orientation			Prefer not to answer	16%	4%	
Gay	0%	2%	More than one ethnicity	0%	52%	
Bisexual	0%	3%	Current Gender Identity			
Heterosexual/straight	75%	85%	Male	36%	15%	
Lesbian	0%	0%	Female	60%	78%	
Other	0%	2%	Genderqueer	0%	1%	
Prefer not to answer	25%	6%	Other	0%	0%	
Queer	0%	2%	Prefer not to answer	4%	6%	
Questioning/unsure	0%	0%	Questioning/unsure	0%	0%	
Veteran Status/Military Services			Transgender	0%	1%	
Veteran	6%	10%	Mental Health Symptoms Onset			
Active military	0%	0%	Less than 6 months	14%	NA	
Not a veteran/active military/NA	94%	90%	6-12 months	10%		
Primary Language (1st Language)	Direct	Outreach	1-4 years	21%		
American Sign Language (ASL)	0%	0%	5-9 years	5%		
English	75%	95%	Over 10 years ago	10%		
Ilocano	0%	0%	Prefer not to answer	1%		
Other	5%	0%	Do not have MH symptoms	11%		
Prefer not to answer	8%	0%	Unknown/not reported	27%		
Spanish	10%	4%	City of Residence			
Tagalog	3%	1%	Benicia	3%	6%	
Preferred Language (Used Daily)			Dixon	5%	3%	
American Sign Language (ASL)	0%	0%	Fairfield	21%	22%	
English	87%	97%	Non-County Resident	0%	8%	
Other	6%	2%	Rio Vista	3%	2%	
Spanish	6%	0%	Suisun City	6%	10%	
Tagalog	1%	1%	Unincorporated	0%	2%	
Identify with any of these groups?			Unknown/Not Reported	1%	2%	
LGBTQ	0%	5%	Vacaville	41%	15%	
Adult/juvenile justice involved	0%	2%	Vallejo	21%	31%	
Foster care youth	0%	0%	Disability			
All of above	0%	0%	Difficulty seeing	2%	0%	
LGBTQ & justice involved	0%	0%	Hearing/speech	3%	3%	
LGBTQ & foster care youth	0%	1%	Other communication disability	0%	0%	
Justice involved & foster care youth	1%	0%	Cognitive impairment	3%	1%	
Not applicable/not identify	89%	80%	Physical/mobility	24%	4%	
Prefer not to answer	10%	13%	Chronic physical health condition	42%	1%	
Demo info by service type:			No disability	1%	76%	
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	21%	1%	
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	4%	15%	

Highlights & Achievements

- The program adjusted to resuming in-person services and was able to continue the pilot project to reach seniors and community members via Zoom which included educational classes, exercise classes, mental health support groups in English and Spanish, and informational sessions to keep our community updated with COVID in Solano County.
- The program was able to resume in-person trainings and outreach during our second half of the FY.

Challenges & Barriers

- Staffing changes and extended leaves including for those in leadership roles resulted in some challenges meeting program deliverables and with data reporting.
- COVID limitations impacted the program's ability to screen seniors as evidenced by a significant number of seniors who were referred to the program did not respond to efforts to engage.

Equity Efforts in FY 2021/22

The Choice in Aging program continued to serve a diverse group of seniors, relative to the overall population in Solano County. The program has focused on maintaining a diverse and dynamic team of staff to provide direct services to community members. The program continued to have a diverse and multi-cultural team, which includes staff that identify as Latina, African American, Guamanian with one bilingual Spanish-speaking staff. The programs utilized Language Link as needed.

Changes or Updates Planned for FY 2022/23

The community continues to endorse services for Solano County seniors. There are no programmatic or budgetary changes planned at this time.

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 community-based provider, 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 peer-to-peer 1:1 and group 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 and suicide.

Program Performance Measures	
Prevention Activities	
98 Unduplicated Direct Service Recipients & 349 Individuals Reached via Outreach Efforts (may not be unduplicated)	
Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 435 unduplicated individuals to include older adult consumers and community partners.	A total of 447 individuals were reached.
Conduct 2 outreach and engagement activities per month for a total of 24 activities annually.	A total of 39 outreach/engagement event provided, which reached 349 individuals.
Serve 160 unduplicated older adults with a minimum of 4,200 reassurance calls.	Served 94 unduplicated older adults with 4,098 reassurance calls.
Serve 130 unduplicated homebound older adults with a minimum of 2,500 home visiting hours.	Provided home visiting to a total of 4 unduplicated older adults for a total of 123 hours. <i>Due to COVID-19 the majority of the senior volunteers and senior participants were not comfortable with home visiting.</i>
Early Intervention Activities	
Unduplicated Individual Served: 55	
Program Indicators	Annual Outcomes
Provide peer counseling for a minimum of 90 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 55 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 9 older adults who completed a pre/post <i>GDS</i> measure during the reporting period, 89% (8) 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 14 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 81% (11) of demonstrated improvement in functioning.
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 BHP.	0 referrals made
Successful linkages to the Solano County BHP: 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*	\$929
Cost per person for early intervention activities	\$931
Contract Amount FY 2021/22: \$152,000	Total Expenditure FY 2021/22: \$142,183
Budgeted Amount for FY 2022/23: \$160,000	

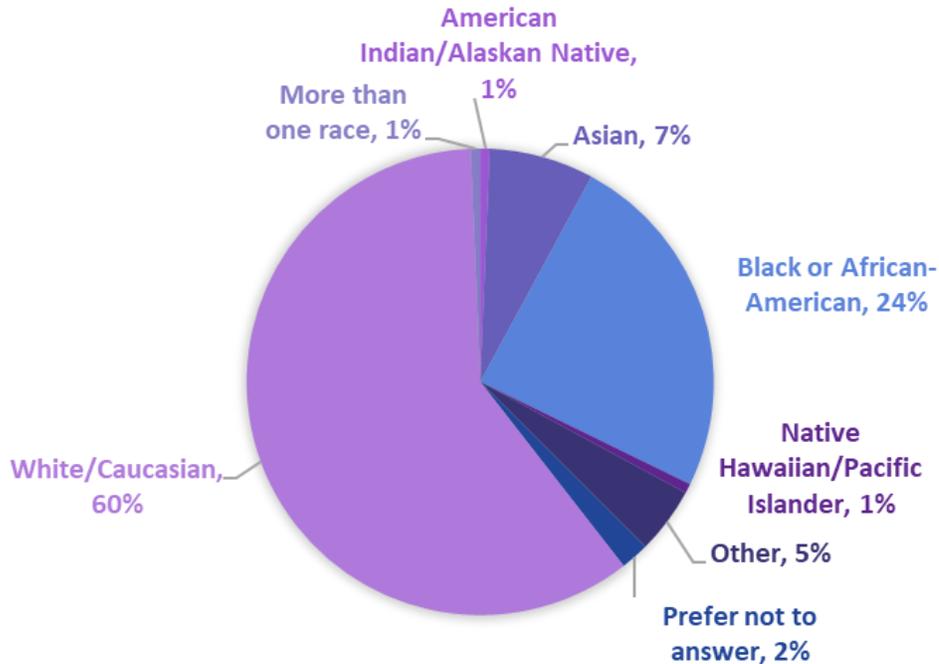
*The cost per person does not include outreach tabling events

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

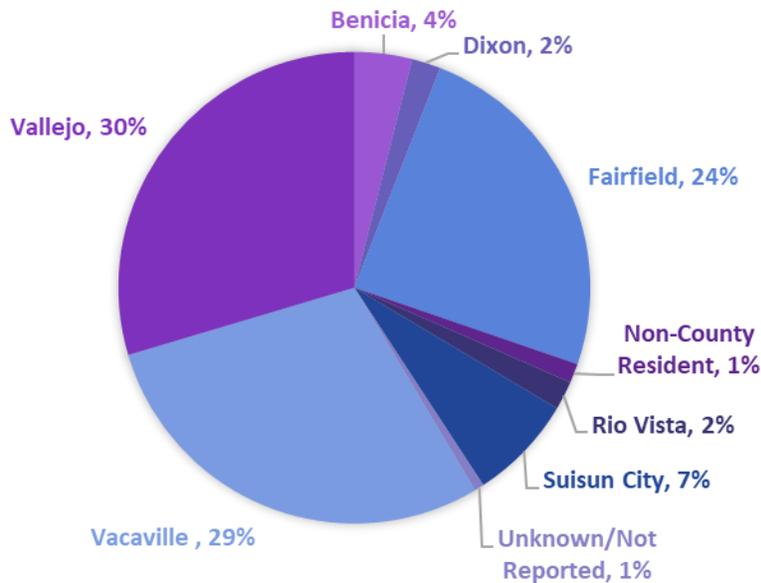
The program did not collect demographic data for outreach efforts.

Demographic Breakdown of Direct Services (demographic surveys collected for 152 individuals):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected: Direct Outreach				
			152	0			
Age	Direct	Outreach	Ethnicity	Direct	Outreach		
0-15	0%	N/A	Caribbean	0%	N/A		
16-25	0%		Central American	0%			
26-59	0%		American/Chicano	4%			
60+	100%		Other Hispanic/Latino	0%			
Prefer not to answer	0%		Puerto Rican	1%			
Race			South American	2%			
American Indian/Alaskan Native	1%	N/A	African	1%			
Asian	7%		Asian Indian/South Asian	0%			
Black or African-American	24%		Cambodian	0%			
Native Hawaiian/Pacific Islander	1%		Chinese	0%			
Other	5%		Eastern European	2%			
Prefer not to answer	2%		European	7%			
White/Caucasian	60%		Filipino	7%			
More than one race	1%		Japanese	1%			
Gender At Birth			Korean	0%			
Male	17%		N/A	Middle Eastern		1%	
Female	83%	Other Non-Hispanic/Latino		0%			
Prefer not to answer	0%	Vietnamese		0%			
Sexual Orientation			Prefer not to answer	74%			
Gay	5%	N/A	More than one ethnicity	1%			
Bisexual	0%		Current Gender Identity				
Heterosexual/straight	80%		Male	17%		N/A	
Lesbian	7%		Female	83%			
Other	0%		Genderqueer	0%			
Prefer not to answer	8%		Other	0%			
Queer	0%		Prefer not to answer	0%			
Questioning/unsure	0%		Questioning/unsure	0%			
Veteran Status/Military Services			Transgender	0%			
Veteran	14%	N/A	Mental Health Symptoms Onset				
Active military	0%		Less than 6 months	3%			NA
Not a veteran/active military/NA	86%		6-12 months	5%			
Primary Language (1st Language)			1-4 years	26%			
American Sign Language (ASL)	0%	N/A	5-9 years	11%			
English	97%		Over 10 years ago	5%			
Ilocano	0%		Prefer not to answer	30%			
Other	0%		Do not have MH symptoms	18%			
Prefer not to answer	0%		Unknown/not reported	1%			
Spanish	3%		City of Residence				
Tagalog	0%		Benicia	4%	N/A		
Preferred Language (Used Daily)			Dixon	2%			
American Sign Language (ASL)	0%	Fairfield	24%				
English	98%	Non-County Resident	1%				
Other	0%	Rio Vista	2%				
Spanish	2%	Suisun City	7%				
Tagalog	0%	Unincorporated	0%				
Identify with any of these groups?			Unknown/Not Reported	1%			
LGBTQ	13%	N/A	Vacaville	29%			
Adult/juvenile justice involved	0%		Vallejo	30%			
Foster care youth	0%		Disability				
All of above	0%		Difficulty seeing	4%		N/A	
LGBTQ & justice involved	0%		Hearing/speech	5%			
LGBTQ & foster care youth	0%		Other communication disability	1%			
Justice involved & foster care youth	0%		Cognitive impairment	1%			
Not applicable/not identify	80%		Physical/mobility	29%			
Prefer not to answer	8%		Chronic physical health condition	33%			
Demo info by service type:			No disability	19%			
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	1%			
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	7%			
			*Outreach data unable to be collected by program				

Highlights & Achievements

- The program was able to maintain most services and saw an increase in services as individual seniors and volunteers received their COVID vaccinations and booster shots.
- Faith in Action engaged in multi-media campaign utilizing Facebook, radio, and newspapers to raise awareness of their services for older adults. Additionally, during the 3rd quarter of last FY program staff were able to provide in-person group presentations and 1:1 outreach activities to recruit more senior participants and volunteers.
- The program continued to partner with Solano Pride Center to provide the Rainbow Seniors support group including transitioning back to in-person lunch groups. For seniors who were not yet comfortable meeting in person, or were having difficulty getting to the in-person group, the group also met every other week by Zoom.

Challenges & Barriers

- While the program returned to some limited in-person activities, the COVID pandemic continued to impact the program's ability to conduct in-person outreach to volunteers and the majority of the senior volunteers and senior program participants were uncomfortable with the in-person home visiting services and support groups. To address these challenges program volunteers were encouraged to continue to keep in contact with their seniors via phone calls, texting, the sending of cards, etc. One volunteer invited her senior to join a Zoom group that she created called Chit-Chat.
- Due to limited in-person services the program had a difficult time consistently administering the GDS and the QoL Scale measures.
- The agency was not successful in starting a Spanish-speaking support group.

Equity Efforts in FY 2021/22

The agency maintains a diverse staff including African American, Latino, Caucasian, biracial and several staff members who identified as members of the LGBTQ+ community. Each staff member uses their perspective and input to guide the agency's provision of services. The volunteers are also diverse in race, ethnicity, gender identity, sexual orientation, and age.

Faith in Action utilized the translation service made available to the agency through Solano County Behavioral Health having program flyers translated into Spanish and Tagalog including materials used to promote services to seniors and the recruitment of bi-lingual volunteers. Faith in Action continued to partner with the Solano Pride Center to provide virtual and in-person support groups for LGBTQ+ seniors. Faith in Action will continue to work towards the goal of successfully starting a Spanish-speaking senior support group in FY 2022/23.

Changes or Updates Planned for FY 2022/23

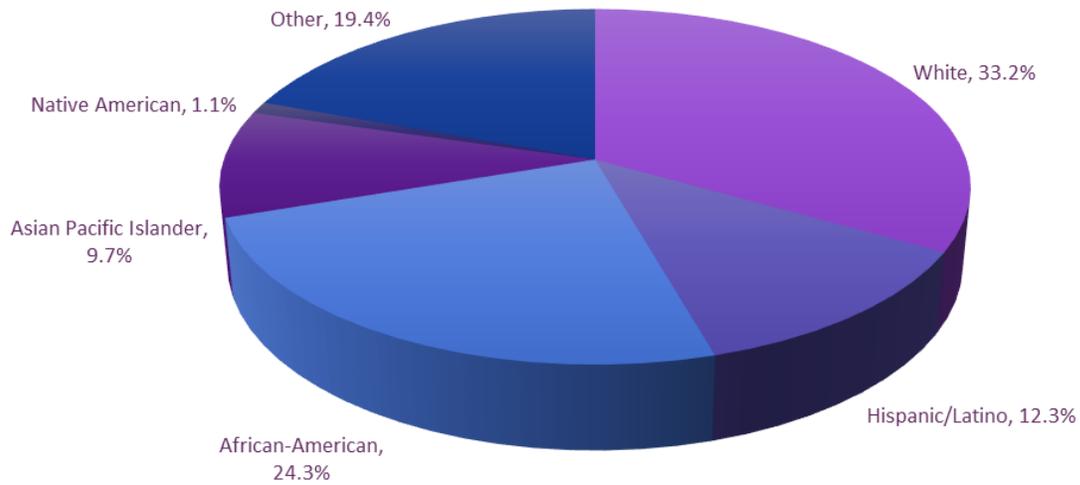
The community continues to endorse services for Solano County seniors. There are no programmatic changes planned at this time. The budget was increased to support increased staff salaries and other expenses.

PEI Annual Report Summary

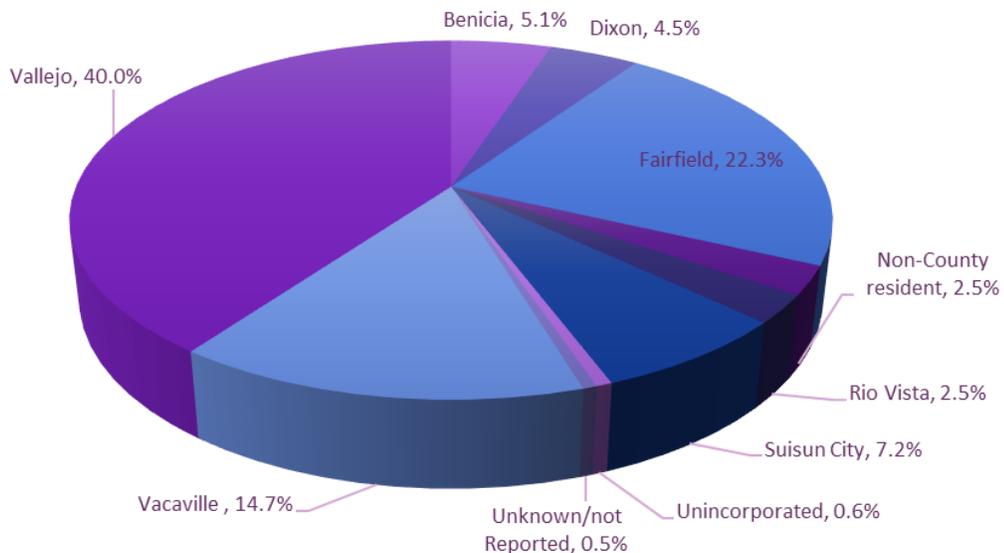
The PEI funded programs continue to work collaboratively with SCBH to adhere to the PEI regulations regarding the tracking of demographics of individuals served, linkages to services and duration of untreated illness. SCBH has provided a self-reporting demographic form *Solano County Mental Health Services Act Program-Demographic Information* in English and Spanish that providers can use with individuals that they serve. Due to the COVID-19 pandemic several of the programs struggled to capture demographic data due to the continued utilization telehealth/virtual platforms. During FY 2020/21 SCBH provided a uniform referral/linkage form in English and Spanish for all PEI programs to utilize when referring to ongoing or higher-level mental health treatment services. This uniform form was developed in response to challenges PEI programs had regarding the collection of adequate linkage information (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.

The following charts demonstrate the overall reach of PEI programs—specifically the provision of direct services—by race and city of residence.

PEI Direct Services by Race



PEI Direct Services by City of Residence



Innovation (INN) Projects

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. During FY 2021/22 SCBH had one active INN project which is described below.

Name of Project: Early Psychosis Learning Health Care Network (EP LHCN)—Contractor, Multiple Counties and Several Academic Institutions

Project Description	
<p>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, Sonoma, Los Angeles, Orange, Stanislaus, 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.</p>	
Project Indicators	
<p>Long Term Project Goals:</p> <ul style="list-style-type: none"> • 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 <p>Project Outcomes for FY 2021/22:</p> <ul style="list-style-type: none"> • Continued Advisory Committee • Fidelity Assessment for EP program/s and the local EP program was found to be in compliance with the Coordinated Specialty Care model in the majority of areas and is working to address areas identified for improvement • Continued use of Beehive app • Local EP Treatment team met with the UCD Beehive coordinator weekly to provide feedback on the app • Ongoing data collection from Counties including cost and utilization <p>Project Challenges for FY 2021/22</p> <p>The Beehive app was designed prior to the pandemic and was intended that survey completion would be done in the office on the tablets. Due to the pandemic, consumers and caregivers have needed to complete the surveys on their own equipment via a link which has resulted in technical challenges requiring consultation with the Beehive team.</p> <p>For a more thorough report of the progress made regarding the multi-county EP LHCN Innovation Project during FY 2021/22 please use this link</p>	
Financial Report	
<p>Budget for FY 2021/22: UCD BHCE contract \$22,278 and Aldea contract \$24,000</p>	<p>Total Expenditures FY 2021/22: UCD BHCE contract \$22,278 and Aldea contract \$33,814</p>
<p>Cost per Person: N/A this is a system improvement project and not a direct service project</p>	<p>Budget for FY 2022/23: UCD BHCE contract \$21,392 and Aldea contract \$24,582</p>

Innovation Projects Planned for FY 2022/23

During FY 2021/22 SCBH began the CPP process to develop a new Innovation project. To date one project has been identified and SCBH is in the process of drafting the Plan to post for local review and approval before submitting to the state. This project will be focused on suicide prevention and postvention for suicide survivors and will include having a designated Clinician available upon request by local law enforcement partners and/or the Coroner's Office to provide postvention support for families who have experienced the death of a loved one to suicide. Support will include linking survivors to resources including mental health services, support groups and a survivor peer mentor network which will be developed through this Innovation project. In addition to the provision of postvention support, the goal of the project is to develop a process whereby the Clinician will conduct a deeper investigation to reconstitute the psychosocial environment of individuals who have committed suicide to better understand the circumstances that led to the suicide death and will include the collection of expanded data to include sexual orientation and gender identity/expression (SOGIE) data which to date has not been collected in Solano County. Information collected through this deeper investigation will help identify areas to focus preventative efforts.

Updates on Previous Innovation Projects

Between 2016-2021 in partnership with UC Davis Center for Reducing Health Disparities (CRHD), three community-based organizations (CBOs) Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community SCBH implemented the **Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)** Innovation project. The project aimed to increase culturally and linguistically responsive services for County-specific unserved/underserved populations with low mental health service utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The ICCTM Project was anchored in the national Culturally and Linguistically Appropriate Service (CLAS) Standards, community engagement practices and quality improvement. While the ICCTM project ended in 2021, SCBH continues to implement the community-defined quality improvement (QI) Action Plans developed as a result of the project. Updates on these QI Action Plans can be found [here](#).

SCBH is pleased to share that the Mental Health Services Oversight and Accountability Commission (MHSOAC) the state entity that oversees MHSA across the state, has awarded SCBH and UC Davis CRHD funding to provide a statewide ICCTM Learning Collaborative (LC). This project will include the delivery 11 training sessions for two separate cohorts for a total of 22 trainings on the various components of the ICCTM project. Additionally, SCBH has been funded to mentor four CA counties: Los Angeles, Kern, Fresno and Marin who will be engaging in a practicum during the course of the ICCTM LC. The mentor/mentee component of the project began in September of 2022 and the training component is due to launch mid October 2022. In addition to the recognition from the state, the Solano County ICCTM project is gaining national attention including being awarded second place for the [2022 "Innovations that Bolster Community Trust in Science Award"](#) from the American Association of Medical Colleges (AAMC). Finally, SCBH has been notified that the Solano ICCTM Project will be highlighted as a promising community engagement practice in the 3rd edition of the "Principals of Community Engagement" which is a widely disseminated publication from the Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances and Disease Registry (ATSDR), and the National Institute of Health (NIH). To learn more about the "Principals of Community Engagement" please use this [link](#).

While no local INN funding is being utilized to support the aforementioned activities, SCBH is utilizing alternative funding to support the ongoing implementation of the QI Action Plans.

Workforce Education and Training (WET) Strategies

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 community partners, provides stipends for interns, retention stipends for psychiatry providers and is now offering a retention loan repayment program.

For SCBH, personnel shortages remain a constant concern, in particular providers representing culturally and linguistically diverse communities in Solano in direct service positions. Community partners continue to endorse the need for trainings in evidence based practices (EBP); trainings related to the provision of culturally and linguistically appropriate services; trainings to support peer providers; and training to support working with special populations including consumers with co-occurring mental health and substance use conditions, eating disorders, commercially sexually exploited children/youth (CSEC), consumers involved with the criminal justice system, etc.

Given new WET funding has not been received since 2014, and any unspent WET funds are no longer available, SCBH will transfer CSS funding, as allowed by statute, to continue to fund the continued WET strategies as endorsed by community partners as outlined in the pages to follow.

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 behavioral 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 including trainings in evidence based practices (EBPs).

Strategy Performance Measures

Strategy Indicators	Annual Outcome
Provide trainings for the SCBH system of care	<p>Critical Time Intervention (CTI) Model – provided for 42 unduplicated participants</p> <p>Professional Assault Crisis Training (ProACT) – provided for 14 unduplicated County staff from different Divisions within the Health & Social Services Department</p> <p>Transitions to Independence Process (TIP) Site Based Trainer (SBT) Round 2 Training – provided for 4 identified trainers (2 from County and 2 from a contract agency) and 15 training participants</p> <p>Trauma in the Trenches – provided by Dr. Kenneth Hardy for 171 individuals.</p> <p>Untangling Intangible Loss in the Treatment of Traumatic Grief – provided by Dr. Kenneth Hardy for 71 individuals.</p> <p>How to Talk Effectively About Race video by Dr. Kenneth Hardy –at the writing of this report this video had been viewed by 124 individuals</p> <p>Coaching Sessions for Promoting Cultural Sensitivity in Clinical Supervision – 8 sessions provided by Dr. Hardy over the course of FY 2021/22</p>

Below are brief descriptions of the trainings that SCBH funded in FY 2021/22.

Critical Time Intervention (CTI) Model

The Critical Time Intervention Model is considered to be the best practice in preventing recidivism among transitioning populations such as consumers transitioning out of homeless shelters, psychiatric care, or jails as well as for consumers who have been diverted from any of these environments. The training was provided online over the course of three 3 hour sessions for county direct service providers and supervisors from various county programs. Learning objectives included staff learning the skills necessary to introduce CTI into their current practice, feel confident in explaining CTI to consumers and to community partners they engage with on behalf of consumers, and to deliver the model effectively with fidelity. Training content included the principles, tasks, implementation, delivery, supervision and evaluation of the model. All participants received a certificate verifying their CTI training attendance endorsed by the Center for the Advancement of Critical Time Intervention at City University of New York/Hunter College School of Social Work.

Professional Assault Crisis Training (Pro-ACT)

Pro-ACT training is a principle based, crisis management and prevention program that promotes the safety and dignity of consumers and staff. Pro-ACT principles are grounded in a belief that the safety of both consumers and staff is best maintained when the consumer's needs and the circumstance of a given crisis are understood and continually assessed. The 4-day in-service instructor certification virtual training provided county staff from different Divisions within H&SS with tools and skills they can utilize when working in environments where violence may occur. Each day was a 7-hour intensive training with different learning objectives and focus topics of discussion. Pro-ACT is a workshop-based training that incorporates reading, discussion, group process, written exercise completion, role playing, and the practice of how to engage consumers who are agitated. The individuals trained are now certified to provide Pro-Act training for other team members across H&SS and SCBH's contracted partners.

Transition to Independence Process (TIP) Model Round 2 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 2020/21 four providers—two from SCBH and two from a CBO partner—were identified to be trained as Site Based Trainers (SBT) to better facilitate training future FSP providers in an effort to sustain the TIP model long-term. The SBT training required two rounds of the modules to enable the four SBTs to learn, practice, and present the complete modules prior to receiving the certificate of completion. The first round commenced in FY2020/21 and concluded in July 2021. The second round of the TIP SBT training was completed in three sessions during the FY2021/22. Due to COVID-19 the TIP SBT trainings were done virtually for both rounds, participants discussed and practiced specific examples that demonstrated the importance of providing developmentally appropriate, trauma-informed, and appealing supports and services to youth and their identified support system.

Trauma in the Trenches

SCBH has been working with Dr. Kenneth Hardy to implement trainings and workshops that are focused on race equity and the support of marginalized underserved communities. This 3 hour virtual workshop provided by Dr. Hardy supported participants to take a critical look at life lived along the margins of society and the implications for treatment. The values and everyday organizing principle of family life in the trenches will be explored. Specific attention will be devoted to the tools that providers and other human service workers can employ to work more effectively with marginalized families. "Critical Self" in relation to working with the public will be explored.

Untangling Intangible Loss in the Treatment of Traumatic Grief

This 6 hour virtual workshop provided by Dr. Hardy explored the anatomy of intangible loss, its relationship to dehumanized loss, and traumatic grief. Strategies for uncovering, untangling, and addressing intangible loss are highlighted and special attention was devoted to delineating how a focus on intangible loss can constitute a critical framework especially for working effectively with consumers of color and other marginalized populations. Participants were encouraged to explore relevant “Self of the Therapist” issues that may impede or facilitate their ability to effectively engage clients grappling with intangible loss and grief

How to Talk Effectively About Race

SCBH partnered with Dr. Hardy to record him reviewing a poster that was developed by Trauma Transformed a Bay Area organization, based on Dr. Hardy’s concepts related to exploring how to talk candidly about racism including concepts such as exploring dimensions of self, subjugation, white privilege, etc. This video was made available for all SCBH staff and contracted partners and will be used for onboarding new staff. The video can be viewed [here](#).

Promoting Cultural Sensitivity in Clinical Supervision Consultation Sessions

Over the course of the last four years, two cohorts of 46 supervisors and managers from both County and contractor operated programs were able to attend a dynamic and interactive training that provides a roadmap for team members in supervisor/management positions with an intent to promote and integrate cultural sensitivity into supervision and support of staff. This training included an overview of theory, conceptual framework, strategies and techniques from Dr. Hardy’s Promoting Cultural Sensitivity in Supervision model. SCBH continues to fund monthly consultation calls with Dr. Hardy which allows for the ongoing implementation of his model systemwide. During FY 2022/23 Dr. Hardy will provide the Promoting Cultural Sensitivity in Clinical Supervision 2- day training series for a new third cohort.

Crisis Intervention Team (CIT) Training (not funded during FY 2021/22)

SCBH has allocated funding to provide CIT training for law enforcement for the last 8-9 years. The training has ranged from 24-hours to an 8-hour CIT Intro training developed at the request of local law enforcement departments in order to ensure that each peace officer was able to 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. The 8hr CIT Intro training has not been held due to the COVID-19 pandemic.

More recently, local law enforcement partners have expressed a desire to have their identified crisis teams and other peace officers receive deeper training on responding to community members who are experiencing an acute mental health crisis. SCBH has partnered 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 while customizing the training to meet Solano County’s needs. The planning and development of this training began in 2018 and unfortunately due to the COVID-19 pandemic was put on hold. SCBH is pleased to report that the 40-hour CIT training is being launched in October of 2022. SCBH hopes to expand the CIT training to local fire departments and paramedic first responders.

Changes or Updates Planned for FY 2022/23

SCBH will continue to fund trainings and supports necessary to build the workforce’s competencies and to implement EBPs. At the beginning of FY 2022/23, the two county providers who are certified SBT TIP trainers provided a TIP training to a new cohort of providers. Two roundtable discussion are planned to support the 14 county staff trained in Pro-ACT to begin the facilitation of Pro-ACT across H&SS.

Additionally, during this FY trainings in the treatment of co-occurring disorders and eating disorders, polypharmacy trainings, etc. will be provided. Pending the status of the COVID-19 pandemic, as a follow up to system of care trainings held in previous FYs related to the following EBP models Individual Placement and Support (IPS) employment model and Assertive Community Treatment (ACT), training in fidelity assessments will be scheduled.

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 community-based organization.

of Providers Provided Stipend: 2

Financial Report

Budgeted Amount FY 2021/22: **\$20,000**

Total Expenditures FY 2021/22: **\$12,919**

Changes or Updates Planned for FY 2022/23

SCBH is making efforts to expand the academic institutions we have agreements with in order to broaden the intern applicant pool with an emphasis on recruiting interns that represent diverse communities. Given the ongoing staffing crisis, SCBH has begun the process of developing a more comprehensive intern program in partnership with H&SS Administration and Human Resources.

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: 0

Financial Report

Budget for FY 2021/22: **\$50,000**

Total Expenditures FY 2021/22: **\$0**

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Name of Strategy: Loan Assumption Program

Name of Agency: California Mental Health Services Authority (CalMHSA) in partnership with County and The Department of Health Care Access and Information (HCAI)

Description of Strategy:

HCAI, formally the Office of Statewide Health Planning and Development (OSHPD), is providing \$210M and have asked California counties to collectively provide a 33% match in order to implement a statewide Five-Year WET Plan. CA counties were organized by region and each region was tasked with developing regional WET Plans with agreed upon strategies. Solano County is part of the Greater Bay Area Region which agreed to focus on reimplementing a retention loan assumption program. The retention loan repayment program will be available for direct service providers working in both County and contractor operated programs under the BHP in hard to fill positions and/or for providers who represent Solano County’s diverse underserved communities. Eligible providers will have had to be employed for more than 6 months and loan repayment will be issued to lenders after 12-months of service under the public behavioral health system.

of Providers Provided Loan Repayment: 0

Financial Report

Total Solano County Matching Funding for 5-Year WET Plan: **\$137,003** which will provide a total of **\$480,142** in funds to award over the course of this project

Total Expenditures FY 2021/22: **\$0**

Unfortunately, due to delays in regards to contracting between state entities and the County, Solano County was not able to participate in the first round of applications. The round two application cycle opened October 1, 2022 and will close November 15, 2022. The applications are reviewed by HCAI and CalMHSA and once vetted a SCBH designee will verify that applicants work under the BHP in a hard to fill position and/or are a provider representing a culturally diverse community or are bilingual in the County’s threshold language/s.

Capital Facilities & Technological Needs (CF/TN) Initiatives

Capital Facilities & Technological Needs (CF/TN) funds are earmarked for the enhancement of buildings or facilities being used specifically to provide direct services for consumers with serious mental health conditions, or projects related to technology such as electronic health record (EHR) implementation. The CF/TN was a ten (10) year funding stream so annual funding has not been received since 2014. However in FY 2019/20 Solano County received a total of \$1,944 in CF/TN funding from the state likely a result of CF/TN component funds being reverted to the state from other counties and subsequently reallocated back out to counties.

Capital Facilities FY 2021/22

No MHSA funding was utilized to support any capital facility projects.

Technological Needs FY 2021/22

SCBH utilized the \$1,944 CF/TN funding received in FY 2019/20 to support an existing EHR project, specifically a component of the Reaching Recovery level of care tool used within the adult system of care.

Changes or Updates Planned for FY 2022/23

SCBH does intend to transfer CSS funding, as allowed by statute, to fund CF/TN projects as endorsed by community partners during the CPP process. Areas of need highlighted by community partners included:

- Accessibility to information related to consumer data e.g., health information exchange and ability for consumers to complete self-reporting tools electronically rather than on paper, platforms to analyze consumer outcomes, etc.
- Apps and/or equipment to support raising awareness about mental health resources and stigma reduction.
- Housing needed for the homeless population who have serious mental health conditions and/or co-occurring substance use disorders.

FY2022/23 BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 12/13/22

	MHSA Funding Revised Estimate					
	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 2022/23 Funding						
1. Unspent Funds from Prior Fiscal Years	20,089,934	7,337,331	3,140,484	0	10	2,938,194
2. New FY 2022/23 Funding	19,705,560	4,926,390	1,296,418	0	0	
3. Transfers in FY 2022/23	(3,476,793)			601,529	69,667	2,805,597
4. Access Local Prudent Reserve in FY 2021/22						
5. Available Funding for FY 2022/23	36,318,701	12,263,721	4,436,902	601,529	69,677	5,743,791
B. FY 2022/23 MHSA Expenditures	25,126,072	8,528,942	698,979	659,635	69,667	0
C. FY 2022/23 Unspent Fund Balance	11,192,629	3,734,779	3,737,923	(58,106)	10	5,743,791

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2022	2,938,194
2. Contributions to the Local Prudent Reserve in FY 2022/23	2,805,597
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Local Prudent Reserve Balance on June 30, 2023	5,743,791

Pursuant to Welfare and Institutions Code Section 5892(d), 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.

FY2022/23 BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 12/13/22

	Fiscal Year 2022/23 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Reassignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. SCBH Child/Youth Full Service Partnership (FSP)	3,085,085	1,327,254	1,757,831			
2. SCBH Foster Care Treatment Unit (FCTU) Full Service Partnership (FSP)	1,898,846	1,082,759	631,048			185,039
3. Transition Age Youth (TAI) Full Service Partnership (Ages 16-25)	1,441,841	1,159,102	282,739			
4. SCBH Adult Assertive Community Treatment (ACT) FSP	3,295,777	2,388,181	907,596			
5. Contractor Adult HOME (homeless) Full Service Partnership (FSP)	915,020	630,289	284,731			
6. Contractor Adult Full Service Partnership (FSP)	1,387,680	749,435	638,245			
Non-FSP Programs						
1. Crisis Stabilization Unit (CSU)	4,589,067	3,137,808	1,451,279			
2. Crisis Aftercare & Recovery Engagement (CARE)	583,174	391,678	191,496			
3. Forensic Triage Team (FTT)	1,409,482	1,353,060	56,422			
5. Adult Community Case Management (CCM)	1,632,980	1,331,904	291,476			
6. Centralized Assessment Team (CAT)	806,069	806,069	0			
7. Adult Coordination Team	1,074,810	1,074,810	0			
8. CARE Clinic	402,154	402,154	0			
9. Katie A. Services (KAS) Program	555,075	246,985	308,090			
10. Therapeutic Foster Care Services	288,003	288,003	0			
11. Child Family Team (CFT) initiative	103,220	70,722	32,498			
13. Expanded Bilingual Services	288,680	288,680	0			
14. Jail Release Re-entry Program	283,813	283,813	0			
15. Wellness Recovery Unit (WU)	910,212	910,212	0			
16. Wellness Recovery Centers (WRC)	897,076	897,076	0			
17. Employment Services B. Support	741,414	741,414	0			
18. Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach	255,873	255,873	0			
19. Augmented Board and Care (ABC) Step Downs	251,346	251,346	0			
20. Co-occurring Disorder Treatment Program	334,443	334,443	0			
21. Patients' Benefits Specialists (PBS)	155,836	155,812	24			
22. Transitional Housing	313,980	313,980	0			
23. Shelter Solano	506,419	506,419	0			
24. Bridge Transitional Housing	698,752	698,752	0			
25. Supported Housing	636,706	636,706	0			
CSS - Administration	3,013,293	2,411,733	601,560	0	0	0
CSS MHSA Housing Program Assigned Funds	0	20,047	0	0	0	0
Total CSS Program Actual Expenditures	32,746,126	25,146,119	7,485,015	0	0	185,039
FSP Programs as Percent of Total	37%					

FY2022/23 BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 12/13/22

	Fiscal Year 2022/23 Revised Estimate					
	A Total Mental Health Expenditures	B PEI Funding	C Medi-Cal FFP	D 1991 Reassignment	E Behavioral Health Subaccount	F Other Funding
Prevention						
1. CalMHSA Community-wide Prevention Efforts	30,000	30,000				
2. School-Based Mental Health Services - A Better Way	1,996,882	1,919,186	77,696			
3. School-Based Mental Health Services - Rio Vista Care	177,922	174,699	3,223			
4. School-Based Mental Health Services - SCOE	668,588	668,588				
5. Older Adult Peer-to-Peer Program	178,290	178,290				
Early Intervention						
6. Pregnant and Postpartum Maternal Support (PPMS)	362,152	362,152				
7. LGBTQ+ Outreach and Access Program	278,578	278,578				
6. Early Psychosis (EP) Treatment Program - Aldea	362,125	280,918	81,207			
7. Early Psychosis (EP) Treatment Program - UC Davis	133,794	133,794				
8. Older Adult Case Management & Treatment	659,662	659,662				
Stigma Reduction						
9. Family and Peer Support Program	219,190	219,190				
10. African American Faith-Based Initiative	111,431	111,431				
11. Hispanic Outreach and Latino Access (HOLA)	111,431	111,431				
12. KAAGAPAY - Filipino Asian American/Pacific Islander (AA/PI) Outreach	111,431	111,431				
Suicide Prevention						
13. Suicide Prevention Crisis Call Center	56,253	56,253				
14. Crisis Transport - Medic Ambulance	150,000	150,000				
15. Community Based Mobile Crisis	2,626,500	2,223,045	71,181			332,274
Access						
16. Early Childhood Services	666,878	666,878				
PEI Administration	272,726	173,414	99,312			
PEI Assigned Funds						
Total PEI Program Actual Expenditures	9,199,835	8,538,942	332,619	0	0	332,274

FY2022/23 BUDGET WORKSHEETS

**Fiscal Year 2022/23 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Solano

Date: 12/13/22

	Fiscal Year 2022/23 Revised Estimate					
	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. Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)	0	0				
2. Early Psychosis Learning Health Care Network (EP LHCN)	98,973	94,733	4,240			
3. New Project (TBD)	583,333	583,333				
INN Administration	22,018	20,913	1,105			
Total INN Program Actual Expenditures	704,324	698,979	5,345	0	0	0

FY2022/23 BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Solano

Date: 12/13/22

	Fiscal Year 2022/23 Revised Estimate					
	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. Workforce Staffing	0					
2. Workforce and Community Training/Technical Assistance	548,949	548,949				
3. Mental Health Career Pathways	0					
4. Residency/Internship	50,000	50,000				
5. Financial Incentive	50,000	50,000				
WET Administration	10,686	10,686	0			
Total WET Program Actual Expenditures	659,635	659,635	0	0	0	0

FY2022/23 BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 12/13/22

	Fiscal Year 2022/23 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
1. Opeeka Software for data collection and outcomes monitoring.	69,667	69,667	0	0	0	0
CFTN Administration	0	0	0	0	0	0
Total CFTN Program Actual Expenditures	69,667	69,667	0	0	0	0

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

MENTAL HEALTH SERVICES ACT: A REVIEW OF SERVICES PROVIDED FY 2018/19-2020/21

Introduction

This Prevention and Early Intervention (PEI) Evaluation Report highlights the outcomes and community impacts related to the Solano County Behavioral Health (SCBH) Mental Health Services Act (MHSA) PEI programs and services delivered for fiscal years (FY) 2018/19 through 2020/21. The findings of this report will be used to continue to assist the County in identifying strategies to: reduce stigma and suicide deaths; address disparities within the system of care; and to improve timely access and linkage to services, particularly for the underserved communities in Solano County.

Impact of Coronavirus (COVID-19)

MHSA PEI strategies and programs were impacted by the Coronavirus global pandemic herein referred to as COVID-19 that began in March of 2020 and impacted two of the FYs covered in this PEI 3-Year Evaluation Report. The SCBH Behavioral Health Plan (BHP) and our partners including PEI funded contractors continued to provide critical behavioral health services and supports for the community of Solano County while navigating COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves; and adding to the complexity, COVID-19 impacted staffing, infrastructure, and other resources creating new challenges to address.

Initially following the Stay-at-Home Order issued by Governor Newsom in March of 2020, SCBH in partnership with the County IT department, working quickly to expand telehealth services for consumers, and clinics adapted to the COVID-19 safety measures including mask wearing, increased hygiene practices, social distancing, and vaccinations. Many of the MHSA funded providers shifted to providing telehealth services and/or in-person services based on population being served. For the MHSA PEI programs that have core program components focused on community outreach and education, COVID-19 posed particular challenges. Efforts were made to reimagine community engagement and education strategies. Many programs provided virtual trainings and presentations for the community, however struggled to collect required PEI demographic data and training evaluations.

Prevention and Early Intervention Regulations

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

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

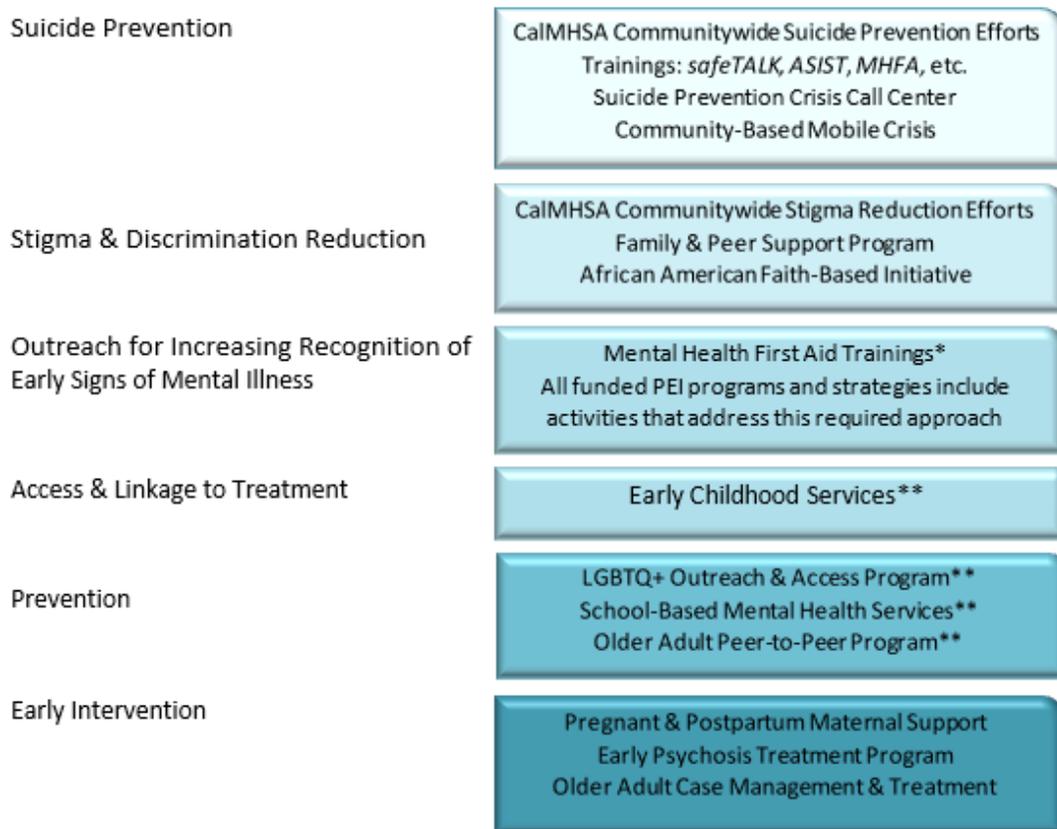
- ⇒ **Suicide Prevention** – organized activities that the County undertakes to prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, 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 & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

- ⇒ **Prevention** – activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing serious mental illness.
- ⇒ **Early Intervention & Treatment** – to include treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Local PEI Programs

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:



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

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Implementation Plan

SCBH began planning for implementation of the new regulatory requirements during FY 2015/16 with a goal to approach the initiative in two phases. During Phase I, the County worked with the PEI funded programs to initiate the data collection and reporting requirements. SCBH met with each contractor providing PEI programming to identify and/or refine program outcomes and indicators to track that were meaningful to the program type or service delivery approach. Unique program specific monthly outcome reporting tools were developed for each PEI funded program. Additionally, the County provided a self-reporting demographic tool *Solano County Mental Health Services Act Program-Demographic Information* form (see Appendix pages 33-34) in English and Spanish, that programs could use to gather demographic information from their program participants. The demographic tool was modified slightly to allow for programs to use the tool for one time trainings/presentations whereby attendees may not be comfortable sharing their name. For programs providing early intervention services, technical assistance was provided to support programs to gather demographic information through face-to-face clinical interviews. In addition to providing a self-reporting demographic tools for programs to use with their participants, SCBH developed a monthly data submission tool that was designed to collect program outcomes, demographics of consumers served and linkage activities. The tool is customized for each program. Over the course of time the data submission tool has been refined to include separate tracking for participants receiving direct services, and participants attending a one-time training/event. In addition to the practical implementation of the data collection process, PEI contracts were amended to include the new requirements.

Phase II of the PEI regulatory implementation consisted of instituting the tracking of timely access, and referral/linkage activities. Due to the complexity of this requirement related to tracking whether individuals followed through with referrals and duration of untreated illness, SCBH is implementing this in two stages. During FY 2016/17 PEI programs began to track the number of referrals and linkages they were making and reporting that to SCBH. During FY 2017/18 an expanded referral and linkage tool was implemented (see Appendix page 35) to assist PEI programs in tracking their referral and linkage activities. The tool pulls for referrals to programs that are identified as Solano County Behavioral Health Plan (BHP) programs. The data collected is compared to the SCBH electronic health record (EHR) to analyze timeliness related to access and linkage to treatment under the Solano BHP.

The SCBH MHSA Unit collects data from each contractor on a monthly or quarterly basis pending the service type and an annual Narrative Report to elicit additional program performance data, highlights, and barriers being experienced. On a quarterly basis the SCBH MHSA Unit meets with MHSA funded contractors to provide quarterly snapshots of performance outcomes, fiscal expenditures, demographics of participants served, successes and barriers.

When SCBH enters into a contract with a new vendor and/or when contracts are renewed annually, the County contract manager and designees work collaboratively with the vendor to develop or revise program indicators and performance deliverables. The quarterly snapshots referenced above provide an opportunity to identify if an indicator is being tracked and reported appropriately.

Suicide Prevention

SCBH, in partnership with the countywide Solano County Suicide Prevention Committee, continues to work towards implementing strategies to educate the community about suicide risk factors, protective factors, and how to recognize the signs of suicide. As a community working together, we can combat mental health stigma and reduce suicide deaths through timely and effective responses.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide suicide prevention trainings for behavioral health and health care providers, school personnel, faith communities, and the community at large. Trainings may include general suicide prevention material and/or the following curriculums: <i>safeTALK</i> or <i>Applied Suicide Intervention Skills Training (ASIST)</i> .	<p>Conducted 12 trainings (both <i>safeTALK</i> and <i>ASIST</i>) to a total of 218 participants.</p> <p>Additional suicide prevention trainings were provided:</p> <ul style="list-style-type: none"> • 12 sessions for 395 high school students • 2 sessions for 61 County staff 	Conducted 5 trainings (both <i>safeTALK</i> and <i>ASIST</i>) to a total of 78 participants.	<p>Conducted 1 trainings in <i>ASIST</i> for a total of 10 participants staffing the new Community-Based Mobile Crisis program.</p> <p>The <i>ASIST</i> and <i>safeTALK</i> trainings could not be held due to COVID as the developers required these trainings to be held in person. Solano County Office of Education (SCOE) created a virtual suicide prevention training <i>Be the Support</i> to meet an identified need.</p> <ul style="list-style-type: none"> • 11 sessions held for 310 school personnel and parents/caretakers
Provide local middle and high schools with suicide prevention toolkits containing materials from Each Mind Matters “Know the Signs” (KTS) suicide prevention campaign.	SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 45 middle and high schools.	SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 50 middle and high schools.	Due to the pandemic and school closures the toolkits were not provided, however districts were sent suicide prevention resources by email with recommendations to distribute to students and families
Increase community awareness about the National Suicide Prevention Lifeline 24/7 hotline.	There were 3,176 calls from Solano County residents received by the hotline. Of those calls 2,324 were general calls, 744 were calls from veterans, and 108 of the calls were from Spanish-speaking callers.	There were 3,330 calls from Solano County residents received by the hotline. Of those calls 2,427 were general calls, 848 were calls from veterans, and 55 of the calls were from Spanish-speaking callers.	Due to the pandemic the state did not provide the Counties with data from the hotline.
Conduct outreach to local businesses that sell firearms to distribute the firearm safety brochure (see Appendix) that was developed locally in partnership with, SCBH, the Solano County Sheriff’s Office, and local firearms instructors.	1,000 firearm safety brochures were distributed to local businesses that sell firearms.	1,000 firearm safety brochures were distributed to local businesses that sell firearms.	500 firearm safety brochures were distributed to local businesses that sell firearms.
Develop a county-wide suicide prevention plan to be used as a guide for public agencies, non-profits, County and private health care providers, schools, and individual community members to implement strategies to combat stigma and reduce suicide deaths in Solano County.	The <i>Solano County Suicide Prevention Strategic Plan</i> was initially approved by the Solano County Board of Supervisors (BOS) in September 2017 and continued to be used as a guide for private and public sectors to combat suicide in Solano County.	The <i>Solano County Suicide Prevention Strategic Plan</i> continued to be used as a guide for private and public sectors to combat suicide in Solano County.	Between March and May of 2021 SCBH and members of the Suicide Prevention Committee engaged in a comprehensive CPP process that included 4 community forums held across the County, 10 focus groups and key informant interviews with high risk populations. The 2021 Plan Update was approved by the Solano County BOS in August 2021.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Strategy Impact

The Solano County Suicide Prevention Committee meets monthly and is comprised of multi-sector partners including consumers and family survivors; behavioral health and healthcare providers; law enforcement; local education representatives; Public Health; representatives from churches/faith centers; organizations that serve communities at greater risk for suicide such as youth, seniors, LGBTQ+ and other marginalized communities.

In addition to the indicators listed in the table above, there additional strategies utilized during the reporting period included:

- Utilizing submissions from local schools for the Directing the Change statewide video contest, short ads were created one in English and one in Spanish which were run in the local movie theaters in Vallejo, Fairfield and Vacaville for 14 weeks.
- Targeted outreach to coffee shops and local bar establishments to distribute coffee sleeves and coasters developed by Each Mind Matters.
- Over the course of 6 months the Committee reviewed various suicide screening tools and developed two screening questions with the goal to have local behavioral health and healthcare providers increase screenings for suicide. A letter was developed with included data related to local suicides, the recommended screening questions and frequency as well as local suicide prevention efforts. This letter (see Appendix pages 36-38) was distributed in September of 2020 to local behavioral health and healthcare providers in Solano County.

In response to concerns about the impact of COVID-19 on the community, the Committee began to review the suicide death data on a monthly basis. Suicides are tracked by the Coroner’s office by calendar year (CY). The table below demonstrates the number of suicide deaths for CYs 2019-2021 and the percentage of increased/decreased deaths from the previous year.

Calendar Year (CY)	# of suicide deaths	% increase or decrease from year before
CY 2019	65	+3.17%
CY 2020	50	- 23.1%
CY 2021	54	+8%

The Solano County Suicide Prevention Committee and SCBH continue to work closely to combat stigma, raise awareness of services and deploy suicide prevention strategies in an effort to reduce suicide deaths in Solano County. The [Solano County Suicide Prevention Strategic Plan Update 2021](#) outlines the various strategies being deployed by multi-sector partners to address suicides in Solano County.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: North Valley Suicide Prevention Hotline (NVSPH) through the CalMHSA JPA

Name of Strategy: Suicide Prevention Crisis Call Center

Starting in July 2019, Solano County 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 988 Suicide and Crisis Lifeline (formerly called the National Suicide Prevention Lifeline). A portion of these calls are from Solano County residents. This funding is administered through Joint Powers of Authority (JPA) between CalMHSA and California Counties.

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide a crisis call center to support callers who are experiencing a mental health crisis and who call the national Lifeline number.	N/A strategy not started until July 2019.	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.	NVSPH answered 513 calls. Of those calls 91 were considered “moderate or higher lethality” incoming calls, 12 required “active rescue” response by law enforcement, and 20 callers were considered “imminently lethal” callers that were deescalated.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 N/A		FY 18/19 N/A	
FY 19/20 1002 calls		FY 19/20 N/A	
FY 20/21 513 calls		FY 20/21 N/A	

Strategy Impact

The NVSPH continues to be a vital addition to the crisis continuum of care in Solano County. Program staff make referrals to law enforcement and the SCBH Access Line as appropriate. SCBH anticipates when the Community-Based Mobile Crisis program is implemented fully that the NVSPH staff will be able to refer directly to the program when they identify a caller that would otherwise be routed to law enforcement. The ability to refer directly to the Mobile Crisis program will result in improved timely access to care for Solano residents that have Medi-Cal or are uninsured and meet the criteria for specialty mental health services as provided by SCBH.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: Uplift Family Services

Name of Program: Community-Based Mobile Crisis

The Community-Based Mobile Crisis program is intended to provide services for the County which includes the provision of emergency crisis intervention services for Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up services which can include placing individuals on a 5150 hold and arranging ambulance transport to the crisis stabilization unit (CSU) or a local emergency department (ED), or for individuals who safety plan linkage to SCBH Access Line, private insurance providers and relinking to existing treatment providers.

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
70% of the consumers at close of enrollment for current crisis, will be fully supported with safety planning vs. hospitalization or admission to Crisis Stabilization Unit or local Emergency Department for crisis stabilization.	N/A program not started until May 2021.	N/A program not started until May 2021.	The program responded to 55 calls/admissions for 53 unduplicated consumers. 73% (40) of the admissions resulted in consumers being stabilized in the community and not placed on a hold thus diverting from emergency services and hospitalization.
Provide linkage/referral services for at least 90% of consumers de-escalated in the community.	N/A program not started until May 2021.	N/A program not started until May 2021.	98% (39) of the consumers not placed on a hold were provided a referral. 7% (3) declined linkage services.
Provider will randomly select 70% of consumers to complete follow-up calls for consumer satisfaction surveys within 72 hours of the service. 90% of the consumers surveyed will report overall satisfaction with service delivery.	N/A program not started until May 2021.	N/A program not started until May 2021.	The program did not collect this data for the first 2 months of operation May and June 2021.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 N/A		FY 18/19 N/A	
FY 19/20 N/A		FY 19/20 N/A	
FY 20/21 55 calls for 53 unduplicated consumers		FY 20/21 N/A	

Program Impact

The service is delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community and avoid need for further crisis stabilization services or hospitalization. Program indicators were developed in partnership with the vendor and are focused on call outcomes, linkage and consumer satisfaction.

The Community-Based Mobile Crisis program was launched until May of 2021 in partnership with Fairfield Police Department and Suisun City Police Department. This program is being implemented in phases starting with calls continuing to route through 911 and triaged by police dispatchers and once the program is implemented across Solano County a public facing phone number will be advertised widely with messaging to encourage community members to call Mobile Crisis rather than law enforcement when someone is experiencing an acute psychiatric crisis. The mobile crisis service is available to residents of all ages regardless of insurances. It is anticipated that this program will improve timely access for individuals experiencing a crisis.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Stigma Reduction and Discrimination Reduction

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

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

Name of Program: Family and Peer Support Program

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

Annual Outcomes			
Program Indicators	FY18/19 Annual Outcome	FY19/20 Annual Outcome	FY20/21 Annual Outcome
<p>Conduct “Family-to-Family” (F2F) twelve-week educational classes to help family members understand and support loved ones suffering from mental illness, with at least one class required to be offered in Spanish.</p> <p>Conduct “Peer-to-Peer” (P2P) ten-week educational classes to train mentors to provide education and resources related to mental health conditions and recovery.</p>	<p>Conducted 5 English F2F classes. No Spanish classes were provided due to not having a Spanish-speaking facilitator.</p> <p>Conducted 2 P2P classes.</p> <p>A total of 100 unduplicated participants attended F2F and P2P.</p>	<p>Conducted 4 English F2F classes and 1 Spanish F2F class.</p> <p>Conducted 2 P2P classes.</p> <p>A total of 80 unduplicated participants attended F2F and P2P.</p>	<p>Conducted 4 English F2F class and 1 Spanish F2F class.</p> <p>Conducted 1 P2P class.</p> <p>A total of 58 unduplicated participants attended F2F and P2P.</p>
<p>Individuals attending F2F and P2P classes will demonstrate an increase in knowledge in at least one domain on the post participant survey.</p>	<p>89% (89) of participants in all classes demonstrated an increase in knowledge on the post evaluation.</p>	<p>100% (80) of participants in all classes demonstrated an increase in knowledge on the post evaluation.</p>	<p>Of the 39 participants who completed the post survey 100% (39) demonstrated an increase in knowledge.</p>
<p>Partner with schools and youth agencies to provide “Ending the Silence” (ETS) in-service presentations to teach high school aged youth about mental illness in order to combat stigma.</p>	<p>Conducted 2 ETS presentations with 22 unduplicated participants.</p>	<p>Conducted 2 ETS presentations with 40 unduplicated participants.</p>	<p>Conducted 8 ETS presentations, with 134 unduplicated participants.</p>
<p>Provide “In Our Own Voice” (IOOV) presentations by two trained speakers who share personal stories related to their mental illness and recovery.</p>	<p>Conducted 25 IOOV presentations with 337 participants.</p>	<p>Conducted 25 IOOV presentations with 264 participants.</p>	<p>Conducted 11 IOOV presentations with 230 participants.</p>
<p>Partner with local wellness and recovery centers or other programs serving consumers living with mental illness to provide “Connection” support groups focused on relapse prevention.</p>	<p>Provided 45 Connections groups with 598 participants (duplicated).</p> <p>97% of the group participants demonstrated an increase of knowledge and understanding of their mental health symptoms per post surveys administered.</p>	<p>Provided 74 Connections groups with 150 participants.</p> <p>100% of the group participants demonstrated an increase of knowledge and understanding of their mental health symptoms per post surveys administered.</p>	<p>Provided 36 Connections groups with 91 participants.</p> <p>Connection facilitators did not collect post surveys for this reporting period.</p>
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19	529	FY 18/19	598
FY 19/20	493	FY 19/20	N/A
FY 20/21	513	FY 20/21	N/A

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Program Impact

The program supports peer consumers and the families and loved ones living with mental illness through signature NAMI classes and stigma reduction strategies. Program indicators were developed in partnership with the vendor and are focused on measuring increased learning for participants who attend NAMI signature classes and presentations. COVID and a shortage of facilitators impacted the program’s ability to provide the classes, stigma reduction presentations and Connection groups. F2F and P2P class participants continue to report increased knowledge regarding mental health on post surveys which impacts consumers and family members directly. Consumers attending the Connection support groups, focused on relapse prevention, are endorsing that the group is helpful in their recovery and that they continue to learn new information about their mental illness and wellness strategies. The program did struggle during the reporting period to collect post surveys for all training and group participants. This was in part due to changes in staffing and leadership for the organization as well as transitioning to virtual classes/presentations due to COVID. The small non-profit did not have the infrastructure to navigate collecting surveys electronically. This is something the leadership continues to address.

Consultants: Gigi Crowder (lead), Pastor Horacio Jones, and Minister Monique Tarver (M. Tarver was not a consultant for FY 20/21)

Name of Strategy: African American Faith-Based Initiative (AAFBI): Mental Health Friendly Communities

The Mental Health Friendly Communities (MHFA) project was delivered in partnership with three independent contractors, with a goal to create mental health friendly communities with local African American churches/faith centers, to support individuals with mental illness and their families. Consultants provided trainings for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions within the faith community, which includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provided trainings for mental health providers on best practice to utilize when working with African American consumers.

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
A minimum of 3 new faith centers will be identified and complete in the process of becoming MHFC congregation.	A total of 4 new faith centers were identified, completed the process and were MHFC certified.	A total of 2 new faith centers were identified and the consultants continued to work with 3 pending faith centers. Of the 5 pending centers, none of them completed the process to be certified as a MHFC.	A total of 1 new faith center was identified and the consultants continued to work with 8 pending faith centers outreached to between FY 2018/18 and FY 2019/20. Of the pending centers, none of them completed the process to be certified as a MHFC.
MHFC faith centers will identify a mental health lead trainer that will provide ongoing training using MHFC curriculum.	Of the 12 MHFC certified centers, 67% (8) had an identified a mental health lead trainer. The consultants continued to provide technical assistance and support for the 12 MHFC certified centers.	Of the 7 MHFC certified centers, 100% (7) had an identified a mental health lead trainer. The consultants continued to provide technical assistance and support for the 7 remaining MHFC certified centers.	Of the 6 MHFC certified centers, 100% (6) had an identified a mental health lead trainer. The consultants continued to provide technical assistance and support for the 6 remaining MHFC certified centers.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
<p>Provide educational events and activities including the following training series:</p> <ul style="list-style-type: none"> • “Mental Health 101” (<i>MH 101</i>) designed for African American Faith Leaders • “Spirituality 101” (<i>S 101</i>) designed for mental health providers and community partners • “Keepers of the Flock: Becoming a Caring Community of Faith” (<i>KF</i>), designed for mental health providers and community partners • “A Bridge Over Troubled Waters” (<i>BOTW</i>) designed for mental health providers and community partners <p>Participants to demonstrate increased knowledge on culturally appropriate practices to utilize when serving the target population or on mental health topics covered during trainings, measured by a pre-post participation evaluation.</p>	<p>A total of 726 individuals were reached with 14 trainings:</p> <ul style="list-style-type: none"> • <i>MH 101</i>: 3 trainings for 63 participants • <i>S 101</i>: No trainings provided • <i>KF</i>: 8 trainings for 524 participants • <i>BOTW</i>: 3 training for 139 participants <p>A total of 116 participants completed the post survey and of those 100% of demonstrated increased knowledge.</p>	<p>A total of 468 individuals were reached with 11 trainings:</p> <ul style="list-style-type: none"> • <i>MH 101</i>: 1 trainings for 25 participants • <i>S 101</i>: 1 trainings for 40 participants • <i>KF</i>: 8 trainings for 371 participants • <i>BOTW</i>: 1 training for 32 participants <p>100% (25) of the attendees for the <i>MH 101</i>; 55% (22) of the attendees for the <i>S 101</i>; 13% (47) of the attendees for <i>KF</i>; and 100% (32) of the participants for the <i>BOTW</i> demonstrated increased knowledge.</p>	<p>A total of 287 individuals were reached with 9 trainings:</p> <ul style="list-style-type: none"> • <i>MH 101</i>: 2 trainings for 20 participants • <i>S 101</i>: No trainings provided • <i>KF</i>: 6 trainings for 235 participants • <i>BOTW</i>: 1 training for 32 participants <p>100% (20) of the attendees for the <i>MH 101</i>; 16% (38) of the attendees for <i>KF</i>; and 100% (32) of the participants for the <i>BOTW</i> demonstrated increased knowledge.</p>
<p>Conduct outreach activities to raise awareness about mental health including the provision of in-service presentations and participating in community events.</p>	<p>4 community-wide outreach events were attended by the consultants and 12,128 people were contacted. Several of these events included speaking engagement during Sunday worship at large faith centers.</p> <p>5 in-service presentations were offered for 53 participants</p>	<p>16 community-wide outreach events were attended by the consultants and 1,615 people were contacted. Several of these events included speaking engagement during Sunday worship at large faith centers.</p> <p>5 in-service presentations were offered for 67 participants</p>	<p>14 community-wide outreach events were attended by the consultants and 1,787 people were contacted. Several of these events included speaking engagement during Sunday worship at large faith centers.</p> <p>7 in-service presentations were offered for 59 participants</p>
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 12,907 (not unduplicated)		FY 18/19 N/A	
FY 19/20 2,150 (not unduplicated)		FY 19/20 N/A	
FY 20/21 2,133 (not unduplicated)		FY 20/21 N/A	

Strategy Impact

Leveraging local faith centers and churches to further education the community about mental health and stigma reduction has the potential to have a significant impact on the community. Generally, the African American community tends to approach a trusted faith lead in times of trouble, therefore by increasing knowledge about mental health and suicide risk within local faith centers increases the likelihood that individuals will be routed for treatment sooner reducing the length of time mental health conditions go untreated. This is particularly important given African Americans tend to be disproportionately represented within the mental health system of care and particularly at higher levels of care including Full Service Partnerships, crisis programs and/or forensic programs.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Strategy Impact

The strategy indicators were developed in partnership with the contracted consultants and were primarily focused on identifying and certifying faith centers as MHFC. Additionally, strategy indicators were focused on measuring increased learning for participants who attend AAFBI signature trainings.

The majority of the faith centers who had been certified as a MHFC had identified a leader to ensure that locally within the church there is a person responsible to carry forward the message of wellness and seeking help when help is needed. The AAFBI consultants reported consistent challenges with engagement resulting in not being able to recruit new faith centers, faith centers were unable to complete the certification process, and in some cases centers that had been certified MHFC disengaged from the project. COVID-19 also negatively impacted this strategy, for a portion of the reporting period, faith centers were not allowed to congregate in person due to COVID restrictions. The trainings that the consultants provided for the community and mental health providers was aligned with SCBH's goal to address disparities within the system of care. Over the course of SCBH funding this strategy, there were challenges collecting demographic data and post evaluations which impacted the monthly reporting of data. However, when training evaluations were collected, the findings indicated an increase in knowledge and shift in attitudes related to mental health. This particular strategy was intended to be time limited from its inception. SCBH did extend the consultant contracts out for part of FY 2021/22 (December 2021) to support the MHFC certification of seven (7) faith centers that had been pending for several FYs, however none of the centers were certified for a variety of reasons.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Agency Name: SCBH, SCOE & Choice in Aging staff

Name of Strategy: Mental Health First Aid (MHFA) Training

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

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide MHFA training to community members to combat stigma and provide training participants the skills to recognize when someone is developing a mental health condition or substance abuse problem.	A total of 2 trainings were held for 54 participants.	A total of 22 trainings were held for 787 participants.	No MHFA trainings were held due to COVID.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 54		FY 18/19 N/A	
FY 19/20 787		FY 19/20 N/A	
FY 20/21 0		FY 20/21 N/A	

Strategy Impact

Providing education for the community about the warning signs of mental illness and substance abuse increases the number of “first responders” in our community who can refer individuals who are suffering to appropriate services. Over the course of the reporting period MHFA trainings were provided by SCBH staff as well as staff from SCOE and Choice in Aging. In addition to SCBH funding MHFA, the Solano County Board of Supervisors (BOS) also provided County general fund to support the expansion of MHFA trainings as contracted out through First 5 Solano to a sub-contractor. Efforts were made to coordinate efforts so that MHFA trainers were not competing with each other when identifying potential training participants. The number of training participants trained listed in the table above does not include the MHFA trainings funded by the Solano County BOS. Staff turnover and COVID significantly impacted the ability to facilitate MHFA trainings. The creators of the MHFA curriculum initially only approved in-person trainings, however as the pandemic continued, they ultimately shifted to allowing MHFA trainers to provide the curriculum virtually but required a new certification in the virtual delivery of the training and there were delays in the certification process.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Access and Linkage to Treatment

Agency Name: First 5 Solano and subcontractors

Name of Strategy: Early Childhood Services

The Early Childhood strategy, which is co-funded by SCBH and First 5, is delivered by several community-based organizations per sub-contracts with First 5. The focus is on providing parent and caregiver educational workshops utilizing the “Triple P” evidence-based parenting model; provider trainings on the topic of early childhood mental health; and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the Help Me Grow (HMG) Solano phone line is co-funded by SCBH and First 5 and is a point of access for many resources needed for children ages birth-5.

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide educational trainings for professional providers. Participants will show an increase in knowledge as measured by a Likert scale.	656 professional providers attended educational trainings. 82% (537) of the attendees who submitted a post training survey demonstrated increased knowledge.	1,081 professional providers attended educational trainings. 77% (831) of the attendees who submitted a post training survey demonstrated increased knowledge.	1,082 professional providers attended educational trainings. 89% (309) of the attendees who submitted a post training survey demonstrated increased knowledge.
Provide developmental/social-emotional screenings for moderate/high-risk children ages 0-5 who may need further assessment and/or referral to treatment services.	276 developmental or social-emotional screenings were provided.	386 developmental or social-emotional screenings were provided.	210 developmental or social-emotional screenings were provided.
Help me Grow (HMG) Solano line will field new incoming calls/web/fax for new requests for services/ resources.	2,116 new requests for services were made through the HMG line and 85% (1,789) resulted in a referral to at least one program/ service.	1,784 new requests for services were made through the HMG line and 75% (1,335) resulted in a referral to at least one program/ service.	2,031 new requests for services were made through the HMG line and 78% (1,583) resulted in a referral to at least one program/ service.
Provide Triple P Level 2 one time parent seminars for parent/caregiver participants. Participants will show an increase in knowledge as measured by the <i>Parent Satisfaction Survey</i> (PSS).	105 Triple P Level 2 parenting seminars were held, serving a total of 970 parent/caregiver participants. 98% (954) demonstrated improved knowledge as measured by the <i>PSS</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>PSS</i> .	172 Triple P Level 2 parenting seminars were held, serving a total of 1,184 parent/caregiver participants. 100% (1,184) demonstrated improved knowledge as measured by the <i>PSS</i> .
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.	This was not a goal for FY 18/19.	1,316 children received family navigation services, and of these, 12 families received a family support meeting.	1,133 children received family navigation services, and of these, 17 families received a family support meeting.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
<u>Early Intervention</u> : Provide Triple P Level 3-4 support for parent/caregiver participants. Participants will show an increase in knowledge as measured by the <i>Parent Satisfaction Survey</i> (PSS).	83 families/parents were served thru the Triple P Level 3 intervention. 94% (78) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 7 families/parents were served thru the Triple P Level 4 individual intervention. 100% (7) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 89 families/parents were served through the Triple P Level 4 group intervention. 98% (87) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> .	107 families/parents were served thru the Triple P Level 3 intervention. 100% (107) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 64 families/parents were served through the Triple P Level 4 individual intervention. 100% (64) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 138 families/parents were served through the Triple P Level 4 group intervention. 98% (135) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> .	76 families/parents were served thru the Triple P Level 3 intervention. 96% (75) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 102 families/parents were served through the Triple P Level 4 individual intervention. 100% (102) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> . 175 families/parents were served through the Triple P Level 4 group intervention. 98% (174) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> .
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19	4,018 of which 1,902 direct svc and 2,116 HMG	FY 18/19	179
FY 19/20	4,039 of which 2,225 direct svc and 1,784 HMG	FY 19/20	309
FY 20/21	4,662 of which 2,631 direct svc and 2,031 HMG	FY 20/21	277

Strategy Impact

The provision of parent education utilizing the “Triple P” evidence-based parenting model and screenings to identify developmental and/or mental health concerns for children ages 0-5 embodies the intent of MHSA PEI programming to identify mental health conditions early and to provide intervention in a timely fashion to avoid child abuse, continued suffering and/or the development of more serious mental health conditions. The HMG phone line is a significant resource for the community in regards to linking children and families to necessary services to avoid further deterioration, and the line acts as an important access point for SCBH. For children with Medical who are screened and determined to need further assessment and treatment, the family is referred to County for services. The partnership between SCBH and First 5 Solano and leveraging of funds provides an opportunity to reach more children ages 0-5 and their families and to increase timely access to care.

Strategy indicators are developed in partnership with First 5 Solano and are focused on increasing access to care through screening a large volume of children ages 0-5 and increased learning for Triple P participants. First 5’s sub-contractors had to pivot to virtual platforms in order to provide all the components of the Triple P model. Additionally, SCBH and First 5 partnered with Solano County Employment and Eligibility to put cards in benefit packets to offer screenings via a web based portal and staff from HMG followed up on screenings submitted electronically. In spite of COVID, the partners delivering the services and supports outlined in the Early Childhood strategy were able to increase the number of individuals reached by 16% (4,018 to 4,662) from FY 2018/19 to FY 2020/21.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Prevention & Early Intervention

Each of the PEI funded programs listed in this section employ strategies to provide education, training, and outreach for the community in the recognition of the early signs of mental illness and each of the programs are designed to increase access and linkage to mental health treatment as needed while also providing early intervention services.

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

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

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 (PH), is delivered by PH and enhances existing PH 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.

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide mental health screening and referrals for pregnant or new mothers.	A total of 57 consumers received a screening.	A total of 43 consumers received a screening.	A total of 61 consumers received a screening.
MCAH home visiting staff will be trained on the evidence-based “Mothers and Babies Perinatal Depression Prevention Intervention” model.	15 home visiting and management staff received the training.	2 home visiting and management staff received the training.	MB training was not a deliverable for this FY.
Provide 3-4 cycles (6-weeks) of the “Mothers and Babies” (MB) Groups.	A total of 3 groups were provided, with 17 unduplicated participants.	A total of 2 groups were provided, with 11 unduplicated participants.	Due to COVID groups were not held during this FY.
<u>Early Intervention:</u> Provide brief counseling services for women who are high risk due to mental health and/or co-occurring substance abuse conditions.	A total of 26 unduplicated consumers received brief intervention services.	A total of 33 unduplicated consumers received brief intervention services.	A total of 38 unduplicated consumers received brief intervention services.
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 (EPDS)</i> .	75% (9) of the participants who completed the MB reported a decrease in depression and/or anxiety based on the <i>EPDS</i> .	Of the 2 consumers who completed MB and a post measure, 100% (2) reported a decrease in depression and/or anxiety based on the <i>EPDS</i> .	90% (9) of the participants who completed the MB reported a decrease in depression and/or anxiety based on the <i>EPDS</i> .
MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale (PSS)</i> .	75% (9) of the participants who completed the MB reported a decrease in perceived stress levels as measured by the <i>PSS</i> .	Of the 2 consumers who completed the MB and post measure, 50% (1) reported a decrease in perceived stress levels measured by the <i>PSS</i> .	90% (9) of the participants who completed the MB reported a decrease in perceived stress levels measured by the <i>PSS</i> .
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 57		FY 18/19 43	
FY 19/20 43		FY 19/20 43	
FY 20/21 61		FY 20/21 61	

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Strategy Impact

The provision of PEI services for pregnant women and new mothers is vital in regards to reducing stigma related to mental health and preventing potential child abuse or neglect as a result of a parent’s untreated mental health condition. The partnership between SCBH and Public Health and leverage of funding allows us to expand prenatal and postnatal services in our community. The implementation of the Mothers and Babies (MB) model promotes incorporating mental health screenings into the service delivery model. An additional value of the MB group model is building a social network for women that can become a natural support system once services are terminated. The strategy indicators were developed in partnership with Public Health and are focused on increasing access to care through screening pregnant and new mothers and decreased depressive and anxiety symptoms as a result of utilizing the MB model. The Public Health partners did report that the MB groups were challenging both pre/post pandemic as the consumers who started the group did not always complete the group cycle. Groups also had to be suspended due to COVID restrictions during much of this reporting period. In spite of COVID, the staff delivering the PPMS strategy were able to increase the number of individuals reached by 7% (57 to 61) from FY 2018/19 to FY 2020/21.

Agency Name: Solano Pride Center

Name of Program: LGBTQ+ Outreach and Access Program

The LGBTQ+ Outreach and Access Program, delivered by community-based organizations, provides social activities and support groups designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ+ community residing in Solano County. Services 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 assessments and brief counseling for LGBTQ+ consumers with mild mental to moderate mental health conditions.

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Conduct outreach and education to the community to reduce stigma and raise awareness of services for the LGBTQ+ community.	A total of 39 outreach and education activities were offered with a total of 2,206 participants.	A total of 48 outreach and education activities were offered with a total of 1,333 participants.	A total of 25 outreach and education activities were offered with a total of 657 participants.
Collaborate with Solano County schools to engage in the “Welcoming Schools” program to provide education and trainings in the schools to promote LGBTQ+ inclusive schools and prevent bullying	Collaborated with 15 local schools.	Collaborated with 16 local schools.	Collaborated with 11 local schools despite school closures due to COVID.
Reach LGBTQ+ individuals through social activities and support groups. Individuals receiving social/ support group prevention services shall demonstrate satisfaction on a <i>Quality of Life (QoL) Scale</i> .	A total of 369 unduplicated consumers were served. Due to changes in staffing, the <i>QoL Scale</i> was only administered one time for 9 unduplicated consumers and of those 89% (8) demonstrated satisfaction.	A total of 129 unduplicated consumers were served. A total of 13 unduplicated consumers completed the <i>QoL Scale</i> and 69% (9) demonstrated satisfaction.	A total of 38 unduplicated consumers were served. A total of 32 unduplicated consumers completed the <i>QoL Scale</i> tool and 100% (32) improved knowledge (quarters 1-3).* A total of 20 unduplicated consumers completed the <i>QoL Scale</i> tool and 100% (20) felt supported (quarter 4).* *The QoL tool was modified to remove “improved knowledge” questions, and add “feel supported,” and “learn tools” questions at the end of quarter 3.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
<p><u>Early Intervention:</u> Provide brief (two or more sessions) mental health counseling for LGBTQ+ consumers.</p> <p>Consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i>.</p>	<p>A total of 42 unduplicated consumers received two or more counseling sessions.</p> <p>Due to changes in staffing the <i>QoL Scale</i> was only administered one time for 11 consumers and of those 82% (9) showed improvement in functioning.</p>	<p>A total of 27 unduplicated consumers received two or more counseling sessions.</p> <p>A total of 79% (11) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.</p>	<p>A total of 37 unduplicated consumers received two or more counseling sessions.</p> <p>A total of 80% (32) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.</p>
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19	2,575	FY 18/19	70
FY 19/20	1,462	FY 19/20	27
FY 20/21	695	FY 20/21	37

Program Impact

The provision of PEI services for the LGBTQ+ community is vital in regards to reducing stigma and discrimination related to both mental health and one’s LGBTQ+ status. The LGBTQ+ community is at greater risk for isolation, depression, anxiety, and suicidality. By providing a safe space for LGBTQ+ individuals to gather, the program is helping to reduce the isolation members of the LGBTQ+ community often experience. SCBH has identified the LGBTQ+ community as an underserved community. The support groups, counseling services and trainings provided for the community aligns with SCBH’s mission to address health disparities in Solano County. The implementation of the “Welcoming Schools” curriculum starting in FY 2017/18, has been quite successful as evidenced by 42 local schools receiving training during this reporting period. Given the Welcoming Schools model is geared to create more inclusive school environments free from bullying the potential positive impact on the LGBTQ+ community and larger community is expected to be significant.

Program indicators were developed in partnership with the vendor and are focused on measuring increased satisfaction for support/social group participants and improved functioning for the individuals who receive brief counseling. COVID significantly impacted the programs ability to provide support groups and counseling for LGBTQ+ community members as evidenced by a 73% decrease (2,575 to 695) in the number of individuals reached from FY 2018/19 to FY 2020/21. The program was impacted by stay at home order, school closures and continued social distancing for 16 months of the reporting period. Staff from Solano Pride Center indicated that in spite of utilizing virtual platforms and implementing telehealth, there was a significant decrease in participation due to LGBTQ+ community members not feeling comfortable to participate in services even virtually as they were logged on from their homes and in many cases were not out to their parents and family members. Solano Pride Center successfully partnered with Faith in Action, another PEI program that serves seniors, to implement a Rainbow Seniors support group for LGBTQ+ seniors. This group was launched pre COVID and held in person, however during the pandemic the group continued to be held virtually for those seniors that were able to engage using technology. This effort was the result of Solano Pride Center developing a quality improvement (QI) action plan via the Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) MHSA Innovation Project which was focused on reducing disparities. Solano Pride Center was one of three community-based organizations contracted to support the overall ICCTM Project given one of the communities of focus was the LGBTQ+ community. To learn more about the ICCTM project please use this [link](#).

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: A Better Way, Solano County Office of Education (SCOE), and Rio Vista CARE

Name of Program: School-Based Mental Health Services

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

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Provide trainings/consultation services for school personnel on issues related to mental health.	A total of 27 trainings were provided for 586 training participants.	A total of 299 trainings were provided for 759 training participants.	A total of 1,326 trainings were provided for 1,326 training participants.
Provide trainings/engagement activities to parents and caregivers of students on issues related to mental health.	A total of 13 trainings were provided for 62 training participants.	A total of 107 trainings were provided for 167 training participants.	A total of 274 trainings were provided for 274 training participants.
Provide prevention student workshops on various topics related to mental health, anti-bullying, social skills, etc. for participating school districts.	A total of 101 student workshops were provided for 344 participants.	A total of 197 student workshops were provided for 501 participants.	A total of 1,146 student workshops were provided for 1,146 participants.
Training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.	<p>A Better Way: A total of 339 training/workshop participants were administered both a pre/post survey and of those 86% (290) showed increased knowledge.</p> <p>SCOE: Provided trainings for 86 school staff and 80% (69) demonstrated an increase in knowledge.</p> <p>No parent trainings provided by SCOE.</p> <p>Provided workshops for 326 students and of those 252 completed the post survey and 69% (175) demonstrated an increased knowledge.</p> <p>Rio Vista CARE: Provided trainings for 24 school staff and/or parents/caretakers and of those 5 completed the post survey and 0% demonstrated increased knowledge.</p> <p>A total of 23 post surveys were collected from students and of those 83% (19) demonstrated increased knowledge.</p>	<p>A Better Way: A total of 298 training/workshop participants were administered both a pre/post survey and of those 92% (274) showed increased knowledge.</p> <p>SCOE: Provided trainings for 225 school staff and 56% (125) demonstrated an increase in knowledge.</p> <p>Provided trainings for 45 parents/caretakers and 69% (31) demonstrated an increase in knowledge on the post survey.</p> <p>Provided workshops for 326 students and of those 113 completed the post survey and 83% (94) increased knowledge.</p> <p>Rio Vista CARE: Provided trainings for 281 school staff and/or parents/caretakers and of those 22 completed the post survey and 95% (21) demonstrated increased knowledge.</p> <p>One student workshop was held with 2 students of which 100% (2) demonstrated increased knowledge.</p>	<p>A Better Way: A total of 206 training/workshop participants were administered both a pre/post survey and of those 82% (169) showed increased knowledge.</p> <p>SCOE: Provided trainings for 991 school staff and of those 393 completed the post survey and 88% (345) demonstrated an increase in knowledge.</p> <p>Provided trainings for 216 parents/caretakers and of those 191 completed the post survey and 95% (181) demonstrated an increase in knowledge.</p> <p>Provided workshops for 270 students and of those 183 completed the post survey and 93% (171) demonstrated an increased knowledge.</p> <p>Rio Vista CARE: Provided trainings for 24 school staff and/or parents/caretakers and of those 14 completed the post survey and 100% (14) demonstrated an increased knowledge.</p> <p>A total of 230 post surveys were collected from students and of those 100% (230) demonstrated increased knowledge.</p>

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
<p><u>Early Intervention:</u> Conduct assessments for K-12 students and provide brief counseling for 3-5 months for students at assigned school sites.</p> <p>Students receiving short-term mental health services will demonstrate improvement as measured by agreed upon tools administered at the intake and discharge.</p>	<p>A total of 197 students received assessment and/or brief counseling services thru A Better Way and Rio Vista CARE.</p> <p><u>A Better Way:</u> Assessed 163 students and provided counseling for 210 students and of those, 103 were administered both a pre/post measure and 70% (72) showed improvement in symptoms.</p> <p><u>Rio Vista CARE:</u> Assessed 34 students and provided counseling for 27 students and of those, 7 were administered both a pre/post measure and 100% (7) demonstrated improved functioning.</p> <p>SCOE does not provide assessments and counseling.</p>	<p>A total of 287 students received assessment and/or brief counseling services thru A Better Way and Rio Vista CARE.</p> <p><u>A Better Way:</u> Assessed 172 students and provided counseling for 233 students and of those, 77 were administered both a pre/post measure and 49% (38) demonstrated improved functioning.</p> <p><u>Rio Vista CARE:</u> Assessed 54 students and provided counseling for 54 students and of those, 36 were administered both a pre/post measure and 97% (35) demonstrated improved functioning.</p> <p>SCOE does not provide assessments and counseling.</p>	<p>A total of 228 students received assessment and/or brief counseling services thru A Better Way and Rio Vista CARE.</p> <p><u>A Better Way:</u> Assessed 159 students and provided counseling for 199 students (some students treated had been assessed during previous FY) and of those, 91 were administered both a pre/post measure and 46% (60) demonstrated improved functioning.</p> <p><u>Rio Vista CARE:</u> Assessed 29 students and provided counseling for 29 students and of those, 21 were administered both a pre/post measure and 100% (21) demonstrated improved functioning.</p> <p>SCOE does not provide assessments and counseling.</p>
<p>Plan and implement culturally responsive school-based wellness centers as aligned with a community-defined QI action plan called "Takin CLAS to the Schools" ICCTM MHSA Innovation Project focused on reducing disparities. To learn more about the ICCTM project and the Takin CLAS to the Schools QI action plan please use this link.</p>	N/A	<p>5 pilot school based wellness centers were opened between August and December of 2019 on three elementary school sites in Dixon Unified School District, Golden Hills alternative ed school operated by SCOE and the Vallejo adult education site in Vallejo City Unified School District.</p>	<p>An additional 30 school sites across Solano County had wellness centers set up during the 2020/21 school year in spite of the schools being closed.</p>
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 1,259		FY 18/19 244	
FY 19/20 1,517		FY 19/20 290	
FY 20/21 2,746		FY 20/21 228	

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Program Impact

The provision of school-based mental health services embodies the intent of MHSAs PEI programming to identify mental health conditions early and to provide intervention in a timely fashion to avoid continued suffering and/or the development of more serious mental health conditions. This is accomplished through the provision of trainings for school personnel and parents/caretakers; student workshops; and assessments and brief counseling for students provided by clinicians co-located in the schools. SCBH in collaboration with SCOE, A Better Way and Rio Vista CARE, has strengthened the partnerships with the local school districts. This has resulted in meaningful planning around how to best leverage the MHSAs PEI funded services, the implementation of a larger School Wellness Initiative which includes the school-based wellness centers and more recently leveraging Mental Health Student Services Act (MHSSA) grant funds to augment the services and supports provided through MHSAs PEI and through the Positive Behavior Intervention Supports (PBIS) three tiered model used by most schools in Solano County.

Strategy indicators were developed in partnership with the three vendors and are focused on the provision of education for school personnel and parents/caretakers on recognizing the signs of mental health and stigma reduction; increasing access to PBIS tier one universal supports through student workshops and school-based wellness centers; and assessments and brief counseling to increase timely access to care for students in K-12 schools. In response to COVID and school closures, all three vendors pivoted to virtual platforms in order to provide all the components of the MHSAs School-Based Mental Health Services program. Being able to provide trainings, student workshops and individual counseling virtually resulted in increased trainings and student workshops. Generally, it has historically been very difficult to have time designated for professional development for school personnel and the partners have had challenges getting parents/caretakers to attend trainings. During the time the schools were closed A Better Way and SCOE were able to provide workshops for students from different schools utilizing virtual platforms including the provision of whole classroom social emotional learning (SEL) groups. SCOE provided support for school sites that had physical wellness centers to provide virtual wellness spaces via a link whereby SCOE interns and/or school staff were available for students who needed additional supports.

Despite COVID, the three vendors collectively increased the number of school personnel training participants 126% (586 to 1,326) from FY 2018/19 to FY 2020/21; increased the number of parent/caretaker training participants 342% (62 to 274) from FY 2018/19 to FY 2020/21; and increased the number of student workshop participants 233% (344 to 1,146) from FY 2018/19 to FY 2020/21. Additionally, there was a 15% (197 to 228) increase in the number of students who were provided individual counseling from FY 2018/19 to FY 2020/21. That said, there was a 15% (267 to 228) decrease in students being referred to and receiving counseling from FY 2019/20 to FY 2020/21. This was believed to be due to challenges with teachers identifying students in need of mental health services via the distance learning platforms. All three vendors identified that there were challenges with collecting the post evaluations for the trainings and workshops in spite of great efforts to do so. Furthermore, for the evaluations collected from training and workshop participants the findings generally indicated improved learning on the topic.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: Aldea Children and Family Services, and

Name of Program: Early Psychosis (EP) Treatment Program

The EP Treatment Program, delivered by a community-based organization (CBO), 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 Coordinated Specialty Care (CSC) 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.

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Engage in outreach activities and provide educational trainings for the community to educate the community on the early signs of psychosis.	A total of 250 individuals reached through community education.	A total of 205 individuals reached through community education.	A total of 125 individuals reached through community education.
Conduct screenings for individuals referred to SOAR to determine eligibility for the program.	29 unduplicated individuals received screenings.	25 unduplicated individuals received screenings.	13 unduplicated individuals received screenings.
<u>Early Intervention:</u> Provide mental health treatment services utilizing the CSC model.	38 unduplicated consumers received treatment services.	37 unduplicated consumers received treatment services.	32 unduplicated consumers received treatment services.
<u>Early Intervention:</u> Consumers served will receive education support or referrals to an employment support program.	89% (34) of individuals received education support and/or referral to educational institution and/or employment support program.	89% (33) of individuals received education support and/or referral to educational institution and/or employment support program.	84% (27) of individuals received education support and/or referral to educational institution and/or employment support program.
<u>Early Intervention:</u> Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	5% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days.	None of the consumers served had psychiatric hospitalizations for greater than 7 days.	6% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days.
Consumers enrolled in treatment will demonstrate improvement on the <i>Clinical Global Impression (CGI) Scale</i> at the 6-month and 12-month marks.	Of the 11 consumers opened for 6 months, 64% (7) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 7 consumers opened for 12 months, 86% (6) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .	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> .	Of the 12 consumers opened for 6 months, 67% (8) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 13 consumers opened for 12 months, 62% (8) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 250		FY 18/19 38	
FY 19/20 230		FY 19/20 37	
FY 20/21 138		FY 20/21 32	

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Program Impact

The provision of screenings to identify early psychosis in the Solano community embodies the intent of MHSA PEI programming to identify mental health conditions early, and to provide intervention in a timely fashion to avoid continued suffering and/or the development of more serious disabling mental health conditions. In addition to funding the EP Treatment program operated by Aldea, SCBH funds a contract with UC Davis Behavioral Health Center of Excellence, an academic institution, to provide training in the Coordinated Specialty Care (CSC) evidenced-based model, consultation, and data analysis for the direct service program. The provision of trainings for the community, school personnel, and mental health providers in the recognition of early psychosis has been invaluable in terms of timely assess for consumers who are at risk of developing a disabling mental health condition without early intervention. In addition to the use of the CSC model the program utilizes Cognitive Behavioral Treatment for Psychosis (CBT-P) and the program has a heavy emphasis on providing support and education for consumers' families, including a Multi-Family Group and Family Support group. SCBH leverages SAMSHA Mental Health Block Grant (MHBG) first episode psychosis (FEP) funds braiding funds with MHSA PEI funds to provide a robust early psychosis program.

Program indicators were developed in partnership with the vendor and the UC Davis consultants and are focused on increasing access to appropriate and timely care through screenings and measuring improved symptoms for the consumers served. Due to COVID the program had challenges with the program deliverable related to outreach as evidenced in a 45% decrease (250 to 138) in the number individuals reached from FY 2018/19 to FY 2020/21. There was also a 55% decrease (29 to 13) in individuals screened by the program from FY 2018/19 to FY 2020/21. The decrease in the number of individuals served can be attributed to COVID and school closures as well as staffing challenges. For the consumers who had been screened, assessed and determined to meet the criteria for the program they responded well to treatment as evidenced by improvement on the *Clinical Global Impression (CGI) Scale* at the 6-month mark; and the 12-month mark. One of the most significant impacts of the EP Treatment Program is related to the low usage of inpatient hospital stays for consumers served. During FY 2018/19 only 5% (2) of the consumers had psychiatric hospitalizations for greater than 7 days, in FY 2019/20 none of the consumers served experienced a hospitalization, and in FY 2020/21 6% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days. The diversion from inpatient facilities results in a per capita cost savings but more importantly having access to appropriate care reduces suicide deaths for consumers who are at higher risk for suicide and provides the opportunity for consumers to live a more fulfilling life.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: Choice in Aging

Name of Program: Older Adult Case Management & Treatment

The Older Adult Case Management & Treatment Program, delivered by a community-based provider, 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.

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Engage in outreach activities and provide educational trainings for the community to combat stigma related to mental health and education the community on issues specific to older adults.	A total of 619 individuals were reached.	A total of 473 (duplicated) individuals were reached.	A total of 1,208 individuals were reached.
Provide suicide prevention trainings given older adults are more at risk for suicide.	5 suicide prevention trainings were provided with a total of 69 participants.	2 suicide prevention trainings were provided with a total of 28 participants.	0 suicide prevention trainings were provided with a total of 0 participants due to the COVID-19 pandemic.
Conduct mental health screenings for older adults.	A total of 135 unduplicated older adults received a screening.	A total of 165 unduplicated older adults received a screening.	A total of 142 unduplicated older adults received a screening.
Provide brief preventative case management for older adults to prevent the need for crisis services or longer-term services.	A total of 55 unduplicated older adults received brief case management services.	A total of 156 unduplicated older adults received brief case management services.	A total of 112 unduplicated older adults received brief case management services.
<u>Early Intervention:</u> Provide brief mental health services (2 or more counseling sessions) for older adults.	A total of 7 unduplicated older adults were served.	A total of 35 unduplicated older adults were served.	A total of 42 unduplicated older adults were served.
<u>Early Intervention:</u> Provide longer-term case management services for older adults to stabilize them in order to prevent homelessness and further deterioration.	A total of 52 unduplicated older adults were served.	A total of 87 unduplicated older adults were served.	A total of 61 unduplicated older adults were served.
<u>Early Intervention:</u> Consumers served with counseling and/or longer-term case management shall demonstrate improvement in symptoms based on at least one pre/post measure <i>General Anxiety Disorder (GAD)-7</i> , <i>Patient Health Questionnaire (PHQ)-9</i> , or <i>Quality of Life (QoL) Scale</i>	7 consumers completed pre/post assessments during the reporting period with the following results: -GAD-7: 43% (3) -PHQ-9: 71% (5) -QoL Scale: 57% (4)	49 consumers completed pre/post assessments during the reporting period with the following results: -GAD-7: 53% (26) -PHQ-9: 65% (32) -QoL Scale: 59% (29)	25 consumers completed pre/post assessments during the reporting period with the following results: -GAD-7: 83% (19) -PHQ-9: 87% (20) -QoL Scale: 72% (18)
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 798 combined direct and outreach svcs		FY 18/19 59	
FY 19/20 349 direct svc, 473 outreach svcs		FY 19/20 122	
FY 20/21 253 direct svc, 1,208 outreach svcs		FY 20/21 103	

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Program Impact

The provision of PEI services for older adults aged 60 and over has been instrumental in addressing urgent needs of the senior population in Solano County, including meeting basic needs to prevent deterioration and the need for crisis services or longer-term services. The older adult community is at greater risk for isolation, depression, anxiety, and suicidality, therefore providing screenings for older adults is a vital community service. The Older Adult Case Management & Treatment Program provides trainings for community members to be gatekeepers, or first responders, for older adults who may be at risk for mental illness, suicidality, and/or homelessness; screenings, case management and counseling for seniors.

Program indicators were developed in partnership with the vendor and are focused on increasing screenings for seniors, measuring increased learning for participants who trainings, and measuring the impact of case management and counseling services. COVID significantly impacted the senior population in Solano County and nationally as seniors were at greater risk for dying from COVID which resulted in isolation and increased anxiety and depression for seniors. The program was not able to provide the *safeTALK* and *ASIST* suicide prevention trainings during the latter part of FY 2019/20 and FY 2020/21 due the developers' of these curriculums requirement for trainings to be held in person. The program pivoted and successfully set up process to provide virtual education and trainings for seniors living in senior apartments/facilities. The program enlisted the Solano County Public Health Officer and other healthcare professionals to present on topics related to COVID prevention, vaccines and other health related topics. As a result, the program had a 98% increase (609 to 1,208) in participants for outreach and education events. Despite COVID, the program had an 83% increase (798 to 1,461) in individuals contacted through prevention activities and a 75% increase (59 to 103) in seniors who received early intervention services from FY 2018/19 to FY 2020/21.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Agency Name: Faith in Action

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

The Older Adult Peer-to-Peer Program, delivered by a community-based provider, 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 peer-to-peer 1:1 and group 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 and suicide.

Annual Outcomes			
Program Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
Engage in outreach activities and provide educational trainings for the community to combat stigma related to mental health and education the community on issues specific to older adults.	A total of 23 outreach/engagement events provided and a total 550 individuals were reached.	A total of 13 outreach/engagement events provided and a total 361 individuals were reached.	A total of 1 outreach/engagement events provided and a total 30 individuals were reached.
Provide peer-to-peer reassurance calls for older adults identified to be at risk of developing a mental health condition.	Served 82 unduplicated older adults with 3,823 reassurance calls.	Served 83 unduplicated older adults with 4,239 reassurance calls.	Served 118 unduplicated older adults with 4,724 reassurance calls.
Provide peer-to-peer in-home visits for older adults identified to be at risk of developing a mental health condition.	Provided 2,975 hours of home visiting to a total of 70 unduplicated older adults.	Provided 1,960 hours of home visiting to a total of 60 unduplicated older adults.	Provided 166 hours of home visiting to a total of 4 unduplicated older adults.
<u>Early Intervention:</u> Provide mental health peer-to-peer counseling for older adults, including individual, group, and virtual group counseling.	A total of 58 unduplicated older adults were served.	A total of 33 unduplicated older adults were served.	A total of 21 unduplicated older adults were served.
<u>Early Intervention:</u> Older adults participating in 1:1 counseling services will demonstrate an overall improvement on the <i>GDS</i> .	Of the 20 older adults who completed a pre/post <i>GDS</i> , 95% (19) demonstrated improvement in symptoms and functioning.	Of the 17 older adults who completed a pre/post <i>GDS</i> , 88% (15) demonstrated improvement in symptoms and functioning.	Of the 16 older adults who completed a pre/post <i>GDS</i> , 94% (15) demonstrated improvement in symptoms and functioning.
<u>Early Intervention:</u> 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>QoL Scale</i> domains.	Of the 42 older adults who completed a pre/post <i>QoL Scale</i> , 83% (35) demonstrated improvement in functioning.	Of the 36 older adults who completed a pre/post <i>QoL Scale</i> , 86% (31) demonstrated improvement in functioning.	Of the 33 older adults who completed a pre/post <i>QoL Scale</i> , 91% (30) demonstrated improvement in functioning.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 18/19 152 combined direct and outreach svcs		FY 18/19 58	
FY 19/20 143 direct svc, 361 outreach svcs		FY 19/20 33	
FY 20/21 118 direct svc, 34 outreach svcs		FY 20/21 21	

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Program Impact

The provision of PEI services for older adults aged 60 and over has been instrumental in addressing urgent needs of the senior population in Solano County, including meeting basic needs to prevent deterioration and the need for crisis services or longer-term services. The older adult community is at greater risk for isolation, depression, anxiety, and suicidality, therefore providing screenings for older adults is a vital community service. The Older Adult Peer-to-Peer Program provides screenings and peer-to-peer support for older adults who may be at risk for mental illness, suicidality, and/or homelessness.

Program indicators were developed in partnership with the vendor and are focused on increasing screenings for seniors and measuring the impact of peer-to-peer support that is delivered through reassurance phone calls, home visiting for home bound seniors and both 1:1 and group peer counseling provided by senior volunteers. COVID significantly impacted the senior population in Solano County and nationally, as seniors were at greater risk for dying from COVID which resulted in isolation and increased anxiety and depression for seniors. A significant portion of the consumers served by this program are homebound, therefore COVID significantly impacted the home visiting component of the program as it was not safe for the home bound seniors or the senior volunteers to have in-person contacts. When reviewing the outcomes for the program there was a 43% increase (82 to 118) seniors who received reassurance calls and a 24% increase (3,823 to 4,724) calls made from FY 2018/19 to FY 2020/21. When considering the home visiting component of the program there was a marked decrease of 94% (70 to 4) in seniors receiving home visiting from FY 2018/19 to FY 2020/21. Overall, the number of seniors who received an early intervention service decreased by 64% (58 to 21) FY 2018/19 to FY 2020/21. These findings highlight the impact of COVID on the senior population in Solano County. Faith in Action did continue to enlist community support through volunteers to deliver groceries to homebound seniors utilizing social distancing and masking protocols. Additionally, the program did utilize virtual platforms to provide peer support groups. As previously referenced, Faith in Action successfully partnered with Solano Pride Center to implement a Rainbow Seniors support group for LGBTQ+ seniors that was launched pre COVID and held in person. During the pandemic the group continued to be held virtually for those seniors that were able to engage using technology. Peer support and connection is vital for seniors to prevent isolation, depression and anxiety to prevent the development of more serious mental health conditions and the risk for suicide.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

Summary

SCBH and our PEI contractors have implemented the PEI regulations with limited resources which were further strained as a result of COVID. Many of the PEI programs are provided by small community-based organizations that do not have sophisticated data tracking systems and have experienced staffing issues post COVID. SCBH—and our contractors—value the spirit behind the regulations to ensure access to underserved communities and to improve timely linkage to treatment services.

The MHSA PEI 3-Year Evaluation Report provided an opportunity to review the impacts of the PEI programs in Solano County and there is clear evidence that the PEI strategies and programs are increasing timely access to care for Solano residents including underserved communities. In spite of COVID and the challenges we faced as a community, during this reporting period remarkable accomplishments were made. Below are the highlights:

- The countywide *Suicide Prevention Strategic Plan Update 2021* was completed following a comprehensive community program planning process
- A suicide hotline strategy and Community-Based Mobile Crisis program were initiated
- 35 culturally responsive school-based wellness centers were funded and set up and ready to receive students when schools reopened for school year 2021/22 (at the writing of this report there are now 47 school-based wellness centers)
- The PEI programs adapted to COVID by utilizing virtual platforms and creative strategies for community engagement and education
- Many of the PEI programs increased the number of individuals served by their programs

While COVID resulted in barriers and challenges with meeting some of the strategy/program indicators, the success referenced above demonstrate the resiliency of a community and the dedication of the staff and organizations delivering PEI services in Solano County.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

APPENDIX



Solano County Mental Health Services Act (MHSA) Program Demographic Form (Direct Services)



Today's Date: []	Participant Name: []	Program/Services Name: []
Age	Gender Assigned at Birth	Disability
<input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60+ yrs. <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Do you have any of the following disabilities that have lasted at least 6 months , and substantially limit a major life activity, which is NOT the result of a severe mental illness? <input type="checkbox"/> I don't have any disability <input type="checkbox"/> Prefer not to answer I have disability(ies), including: (check all that apply) <input type="checkbox"/> Difficulty seeing <input type="checkbox"/> Difficulty hearing/having speech understood <input type="checkbox"/> Other communication disability (specify) [] <input type="checkbox"/> Cognitive impairment: learning, developmental disability, dementia, etc. <input type="checkbox"/> Physical capacity and/or mobility: use walker or wheelchair, etc. <input type="checkbox"/> Chronic physical health condition: chronic pain, Multiple Sclerosis, Parkinson's disease, etc. <input type="checkbox"/> Other (specify) []
Race (check all that apply)	Current Gender Identity	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other [] <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other [] <input type="checkbox"/> Prefer not to answer	
Ethnicity (check all that apply)	Sexual Orientation	
If Hispanic or Latino: <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other [] If Non-Hispanic or Non-Latino: <input type="checkbox"/> African <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other [] <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other []	
	Veteran Status/Military Services	
	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not a veteran of not active military	
	Do you identify with any of these groups? (check all that apply)	
	<input type="checkbox"/> LGBTQ <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Currently involved with adult/juvenile justice <input type="checkbox"/> N/A <input type="checkbox"/> Prefer not to answer	
	City of Residence	
	<input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> Unincorporated <input type="checkbox"/> Non-Solano County resident <input type="checkbox"/> Other []	
	Primary Language (1st Language)	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL (American Sign Language) <input type="checkbox"/> Other [] <input type="checkbox"/> Prefer not to answer	When did you first start experiencing the problem that brought you here today? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> 1-4 years ago <input type="checkbox"/> 5-9 years ago <input type="checkbox"/> Over 10 years ago <input type="checkbox"/> I don't have any problem or mental health symptoms <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to answer
	Preferred Language Used Daily	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL (American Sign Language) <input type="checkbox"/> Other []	

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

April 2020 (English)

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

APPENDIX



Condado de Solano
Programa de la Ley de Servicios de Salud Mental del (MHSA)
Formulario Demográfico
 (Servicios Directos)



Fecha: []	Nombre del Participante (nombre apellido) []	Nombre del Programa/Servicios: []
Edad <input type="checkbox"/> 0-15 Años <input type="checkbox"/> 16-25 Años <input type="checkbox"/> 26-59 Años <input type="checkbox"/> 60+ Años <input type="checkbox"/> Prefiero no contestar	Genero Asignado al Nacer <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Prefiero no contestar	Discapacidad ¿Tiene alguna de las siguientes discapacidades que han durado por lo menos 6 meses, y limita sustancialmente una actividad importante de la vida, que no es el resultado de una enfermedad grave de salud mental? <input type="checkbox"/> Ninguna Discapacidad <input type="checkbox"/> Prefiero no contestar
Raza (marque todo el que aplique) <input type="checkbox"/> Nativo Americano / Nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro / Afroamericano <input type="checkbox"/> Nativo Hawaiano / Isla Pacifica <input type="checkbox"/> Blanca / Caucáseo <input type="checkbox"/> Otro (especificar) [] <input type="checkbox"/> Prefiero no contestar	Identidad de género real <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Transgénero <input type="checkbox"/> Genderqueer <input type="checkbox"/> Otro (especificar) [] <input type="checkbox"/> Cuestionando / Indeciso <input type="checkbox"/> Prefiero no contestar	Tengo discapacidad, Incluyendo: (Marque todo el que aplique) <input type="checkbox"/> Dificultad en ver <input type="checkbox"/> Dificultad en oír o hablar <input type="checkbox"/> Otro comunicación discapacidad (especificar) [] <input type="checkbox"/> Deterioro Cognitivo: discapacidad de aprendizaje, demencia, etc. <input type="checkbox"/> Física / Movilidad: andador o silla de ruedas, etc. <input type="checkbox"/> Enfermedad Crónica de Salud: dolor crónico, Esclerosis Múltiple, de Parkinson's, etc. <input type="checkbox"/> Otro (especificar) []
Ethnicidad (Marque todo el que aplique) Si es hispano o latino: <input type="checkbox"/> Caribena <input type="checkbox"/> Centro Americano <input type="checkbox"/> Mexicano / Mexicano-Americano / Chicano <input type="checkbox"/> Puertorriqueño <input type="checkbox"/> Sur Americano <input type="checkbox"/> Otro (especificar) [] Si no es Hispano o Latino: <input type="checkbox"/> Africano <input type="checkbox"/> Indio Asiático / Asia del Sur <input type="checkbox"/> Camboyano <input type="checkbox"/> Chino <input type="checkbox"/> Europeo del Este <input type="checkbox"/> Europeo <input type="checkbox"/> Filipino <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Medio Este <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro [] <input type="checkbox"/> Prefiero no contestar	Orientación Sexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbiana <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Cuestionando / Indeciso <input type="checkbox"/> Queer <input type="checkbox"/> Otro (especificar) [] <input type="checkbox"/> Prefiero No contestar	¿Cuándo empezaste a sentir el problema que te trajo aquí hoy? <input type="checkbox"/> Menos de 6 meses <input type="checkbox"/> Hace 6-12 meses <input type="checkbox"/> Hace 1-4 años <input type="checkbox"/> Hace 5-9 años <input type="checkbox"/> Hace más de 10 años <input type="checkbox"/> No tengo ningún problema o síntomas de salud mental <input type="checkbox"/> Desconocido <input type="checkbox"/> Prefiero no contestar
	Estatus Veterano/Servicios Militares <input type="checkbox"/> Veterano <input type="checkbox"/> Militar Activo <input type="checkbox"/> No es un veterano o militar activo	
	¿Se identifica con alguno de estos grupos? (Marque todo el que aplique) <input type="checkbox"/> No aplicable <input type="checkbox"/> LGBTQ <input type="checkbox"/> Fomentar la juventud <input type="checkbox"/> Actualmente involucrados con la justicia de adultos / juveniles <input type="checkbox"/> Prefiero No contestar	
	Ciudad de Residencia <input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> No incorporado <input type="checkbox"/> No residente del condado de Solano <input type="checkbox"/> Otro (especificar) []	
	Idioma Primario (Lengua Materna) <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Tagalo <input type="checkbox"/> ASL (Lenguaje de Señas) <input type="checkbox"/> Otro (especificar) [] <input type="checkbox"/> Prefiero No contestar	
	Idioma preferido utilizado todos los <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Tagalo <input type="checkbox"/> ASL (Lenguaje de Señas) <input type="checkbox"/> Otro (especificar) []	

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

Actualizado En Julio de 2018

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

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Solano County MHS&A Prevention Early Intervention Services REFERRAL & LINKAGE FORM	
In an effort to ensure that our program provides appropriate referrals to community resources and services that will help support you and/or your family's needs, this form is being provided to you to help make it easier to follow up on referrals for ongoing mental health services being made.	
Referral Information	Referral Source
Consumer's Name: (Last, First)	Date of Referral:
Date of Birth:	Referring Program:
Consumer's Phone Number:	Name of Provider Making Referral:
Guardian/Caregiver's Name and Phone Number:	Referring Party's Phone Number:
Referral to Behavioral Health Services	
<input type="checkbox"/> Beacon Health Options (855) 765-9703 <input type="checkbox"/> Private Insurance Carrier: _____ <input type="checkbox"/> Kaiser Permanent: <ul style="list-style-type: none"> <input type="radio"/> Fairfield (707) 366-3600 <input type="radio"/> Vallejo (707) 645-2700 <input type="radio"/> Vacaville (707) 624-2830 <input type="checkbox"/> Solano County Behavioral Health Access Line (mental health/substance use services) (800) 547-0495 <input type="checkbox"/> Solano County outpatient or intensive services as previously discussed. Name of Program: _____ Contact Person: _____ Phone: _____ <input type="checkbox"/> Other: _____	
We ask that you contact the provider listed above in order to request services. If for some reason you are not able to connect with the organization you have been referred to, please contact me directly and I will make every effort to assist you in getting linked appropriately.	

Please sign to acknowledge receipt of referral

Consumer or Parent/Caregiver Signature
(if applicable)

Print Name & Relationship

Date

If no signature, please document reason:

Check here if referral form is mailed

Instruction: PEI Providers complete this form and provide this original copy to client, 2nd copy to Solano MHS&A team, and 3rd copy filed in chart.

April 2009

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

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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.

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

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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 SolanoMHS&@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-

PREVENTION & EARLY INTERVENTION 3-YEAR EVALUATION REPORT

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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

PUBLIC COMMENT

There were no public comments made during the 30-Day public comment period outside of the Public Hearing held on December 13, 2022. The following comments were made during the Public Hearing held at the convening of the local Mental Health Advisory Board (MHAB).

Tamuri Richardson, President of Solano County Black Chamber of Commerce – *“There was a budget of over \$30M. I am questioning so many gaps with so much in the budget. Have you identified how to move forward to correct these gaps with such a massive budget?”*

County Response: SCBH develops the MHSA Three Year Plan and each Annual Update based on system needs identified through the community program planning (CPP) process, and by the County based on regulatory changes that will impact the overall Behavioral Health Plan (BHP). The MHSA budget is a “plan to spend the funds” and county-operated and contractor-operated MHSA funded programs and strategies are therefore provided a budget to support an anticipated number of consumers. The County then develops the overarching MHSA budget by component (CSS, PEI, INN, WET, CF/TN) accordingly, however there is often unanticipated underspending due to various reasons e.g., vacant positions, inability to spend down training budget (continued impact of COVID, less in-person trainings), etc. Currently the Solano County BHP is experiencing unprecedented staff vacancies—both County and contractor positions—which is then impacting the system’s ability to provide services creating gaps within the system of care. In regards to program budgets the largest percentage of funding in a budget is generally allocated to personnel costs and when there are staff vacancies there is then a larger percentage of underspending. The SCBH BHP needs to continue to make efforts to recruit and retain a stable workforce. In regards to the gap identified for the homeless population, the solution lies in the development of affordable housing which will require collaboration between city municipalities, the county, HUD, etc. Currently 8% (\$2.1M) of the MHSA CSS funding supports four housing programs to prevent homelessness for individuals who have a serious mental health condition. In addition to the funding allocated to specific housing programs the FSP programs also have access to MHSA flex funding that can be used to temporarily pay for rent for consumers. SCBH will continue to work with the community and our partners to strategize how address the identified gaps in the system of care and to spend the MHSA budget down.

Supervisor Monica Brown, Solano County Board of Supervisors and MHAB Member – As the Chair of the Area Agency on Aging (AAoA), Supervisor Brown inquired if there was a way to bring a group of partners together to better support the growing senior population in Solano County, e.g., explore ways to collaborate so that there is no overlap in funding and determine how best to braid efforts and funding. Currently AAoA is addressing isolation for seniors. Supervisor Brown reported that women ages 50-60 are the highest growing homeless population in Solano County.

County Response: The community has endorsed continued support of seniors through the CPP process. SCBH is open to meeting with other partners including AAoA to explore opportunities for braided funding and efforts. SCBH does currently fund two PEI programs focused on serving seniors 60 and over, the Older Adult Case Management & Treatment program provided by Choice in Aging and the Older Adult Peer-to-Peer program provided by Faith in Action. The Faith in Action program specifically provides support; e.g., reassurance calls and home visits, for homebound seniors to prevent isolation. Additionally, SCBH funds Solano Pride Center and Faith in Action to provide Rainbow Seniors support group for LGBTQ+ seniors.

Michael Wright, MHAB Member and family member – Mr. Wright highlighted that SCBH only uses 8% of the Solano County General Fund as compared to other counties that utilize up to 30% of the County General Fund. He suggests SCBH share this information with the community and County leadership. Mr. Wright also highlighted that only 12 individuals (consumers served by FSP programs) were incarcerated during the reporting period which he indicated may be contributing to a decrease in the jail population. Mr. Wright did note that when reviewing the demographic charts [in the MHSA Annual Update] he noted that it did not include the Hispanic/Latino population. He indicated that he had spoken to Emery Cowan, SCBH Chief Deputy, Behavioral Health Director about this and was informed that race and ethnicity are tracked separately.

PUBLIC COMMENT

County Response: SCBH appreciates the acknowledgment of successes as highlighted by Mr. Wright. In response to the comment about the tracking of demographic data, in 2016 there was a new law passed requiring counties to track expanded demographic data for MHSA PEI funded programs and the domains tracked—including race and ethnicity—have specific values counties are mandated to report to the state. For the PEI regulations the race domain does not include Hispanic/Latino but rather that is captured under ethnicity, therefore you may notice a high percentage of consumers identifying their race as “other” and then a percentage of consumers identifying their ethnicity as Hispanic/Latino. SCBH acknowledges that race is a social construct and furthermore there are several state reporting requirements in which race and ethnicity are tracked and report differently, e.g., the MHSA PEI mandated demographic domains/values differ from Client Service Information (CSI) reporting used for Medi-Cal billing for the BHP, and those then differ from California Outcomes Measurement System (CalOMS) used for substance use disorder (SUD) reporting. This means each county has to track and report demographic data differently for various state systems and funding sources. The state entity Department of Health Care Services (DHCS) is working on a project currently to address how demographic data is collected and report. SCBH has a staff person that is participating in the DHCS workgroup to address this.

Heather Theaux-Venezio, Director, Emergency Services/Trauma Program NorthBay Medical Center and MHAB Member – Ms. Theaux-Venezio asked for more information about violence prevention and shared efforts that NorthBay is making in this area including work with the city of Vallejo on a harm reduction approach related to gun violence and a volunteer mentorship program for young men of color specifically for those that come to the emergency department (ED) as a result of gun violence. Additionally, Ms. Theaux-Venezio asked if there were plans to reinstate local suicide survivor support groups for families impacted by the suicide death of a loved one. Finally, Ms. Theaux-Venezio asked if there is an opportunity between the ED and jails to address patients that are on a 5150 hold due to homicidal ideation. She expressed concern that EDs are not prepared to keep their staff safe and when a patient escalates, and they call law enforcement (LE) the response time is often delayed due to LE resources.

County Response: Regarding the violence prevention, the community endorsed the provision of postvention support when there is violence in the community specifically for K-12 students. Solano County Office of Education (SCOE) did recently apply for a grant to address this need. Pending the outcome of the grant SCOE applied for SCBH may direct MHSA PEI funding to support this effort. Additionally, the new Innovation (INN) Plan that is being developed and is primarily focused on postvention for suicide deaths in the community, may be expanded to overdose and homicide deaths based on feedback from the community. The new INN Plan will include funding survivor support groups for those impacted by suicide as well as the development of a Survivor Mentor Network. Regarding the question related to how to manage individuals who are on 5150 holds for homicidal ideation in local EDs, there is not currently a program or strategy in place to specifically address this. SCBH does not have the authority over jails and given the nature of the challenge this will require partnership with local LE agencies, including the Sheriff’s Office which is responsible for local jails, to develop a strategy. SCBH will bring this issue up a the LPS/PES bi-monthly meeting held with SCBH, EDs, LE agencies, etc.

Denise Coleman, Peer Support Specialist SCBH and MHAB Member – Ms. Coleman shared information about Returning Citizens a national group that supports people released from jail/prison after serving long sentences. *“Do we have anything for people who did a lot of time coming from prisons/jails to the community?”*

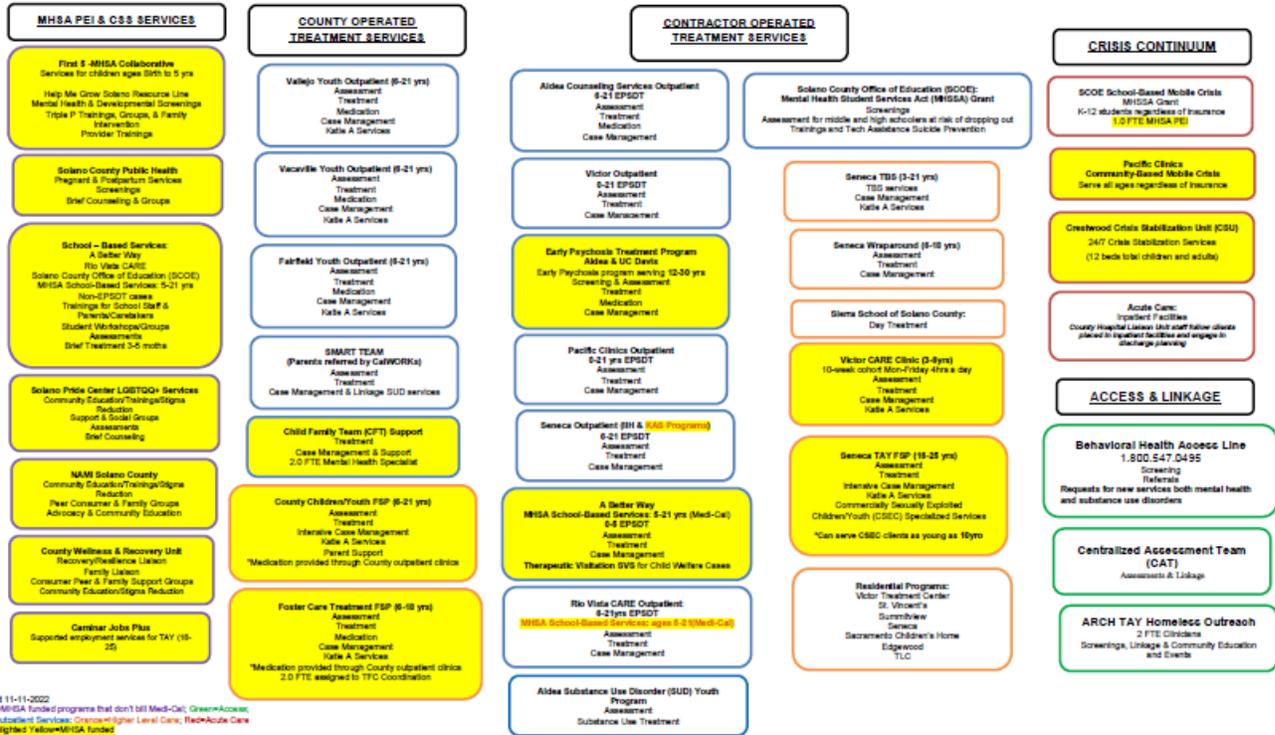
County Response: SCBH and the Solano County Sheriff’s Office continue to co-fund a Jail Release program using MHSA CSS funds and Sheriff’s Office funds. This program was formally called the Mentally Ill Offender Crime Reduction (MIOCR) program and had been funded by both MHSA and the MIOCR grant. The program connects with individuals when they are still in custody and then provides case management support for individuals when released from custody for up to 9 months including linking them to medication services, housing and ongoing treatment. This program is currently not operating as the Sheriff’s Office is releasing and request for proposals (RFP) to identify a new vendor to provide the services. This program is specifically serving individuals released from local jails not prisons. For individuals returning to the community from prisons per AB 109 county behavioral health departments may receive referrals from prison mental health staff for inmates due to be released to link them to voluntary services, however SCBH receives very few AB 109 referrals.

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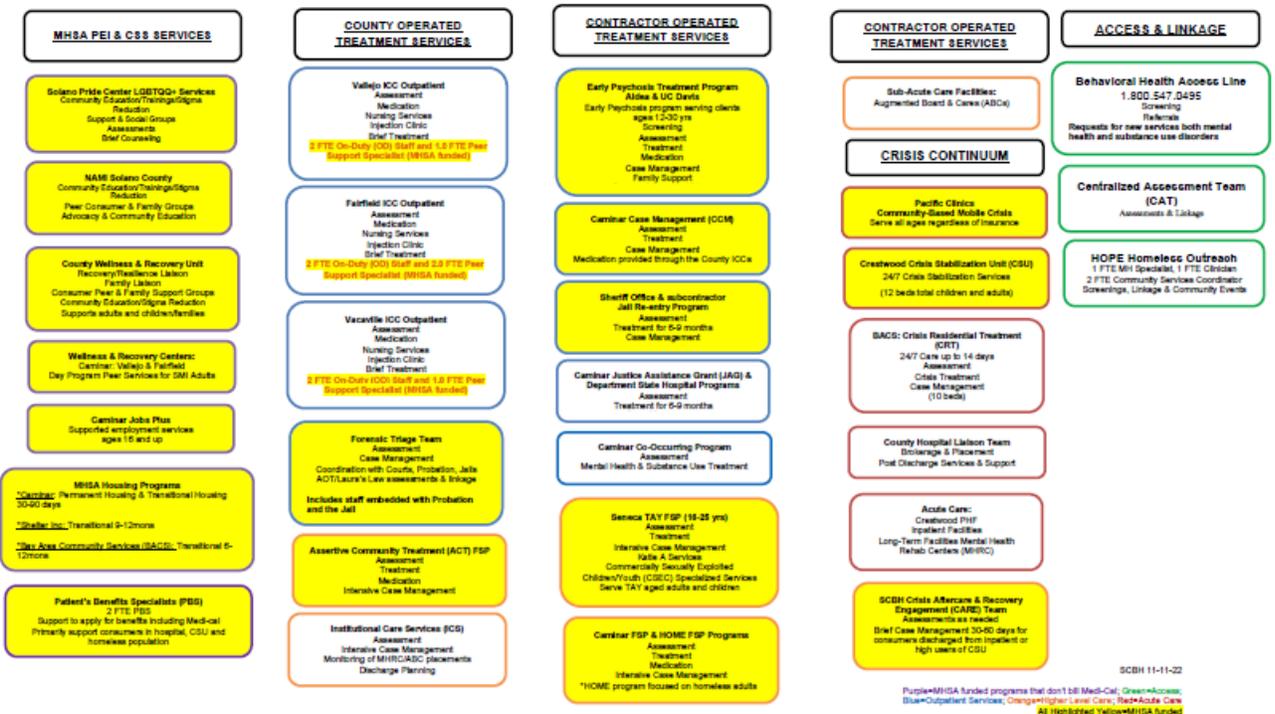
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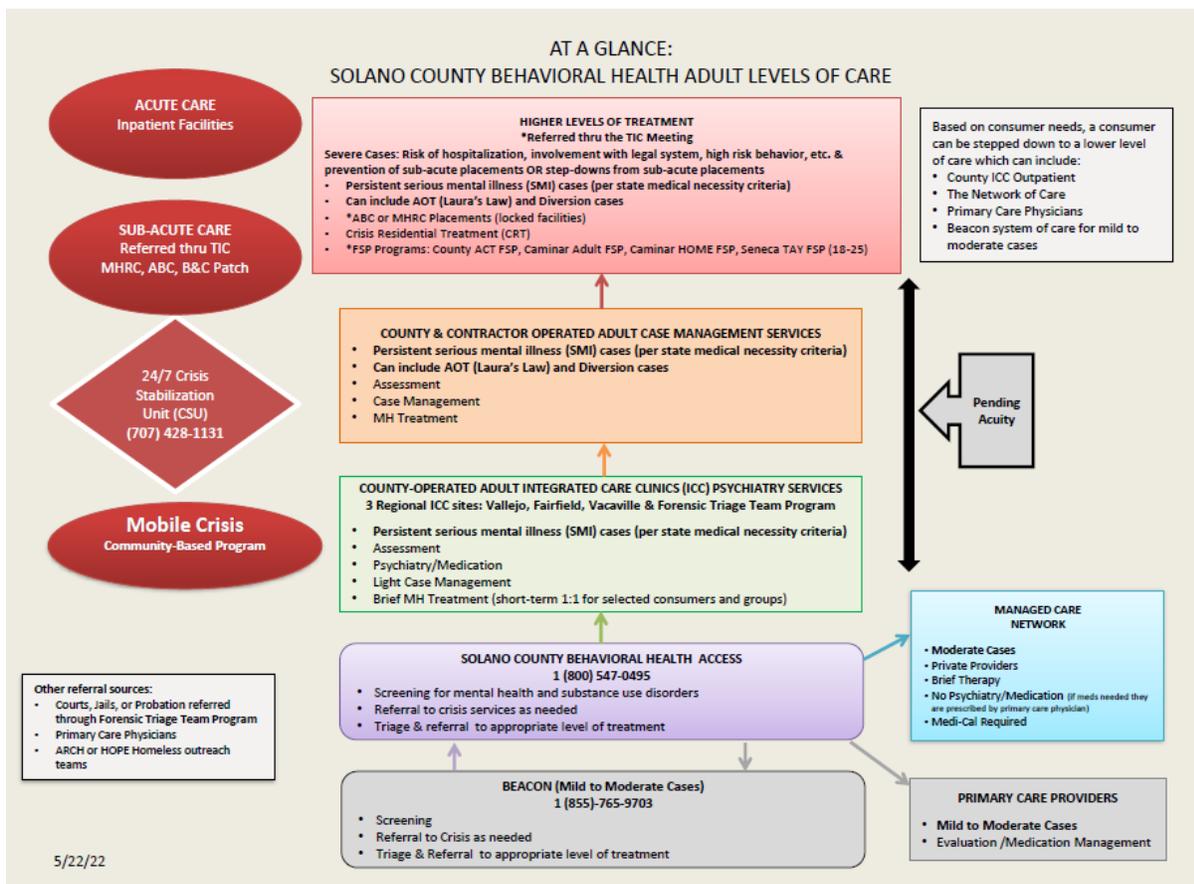
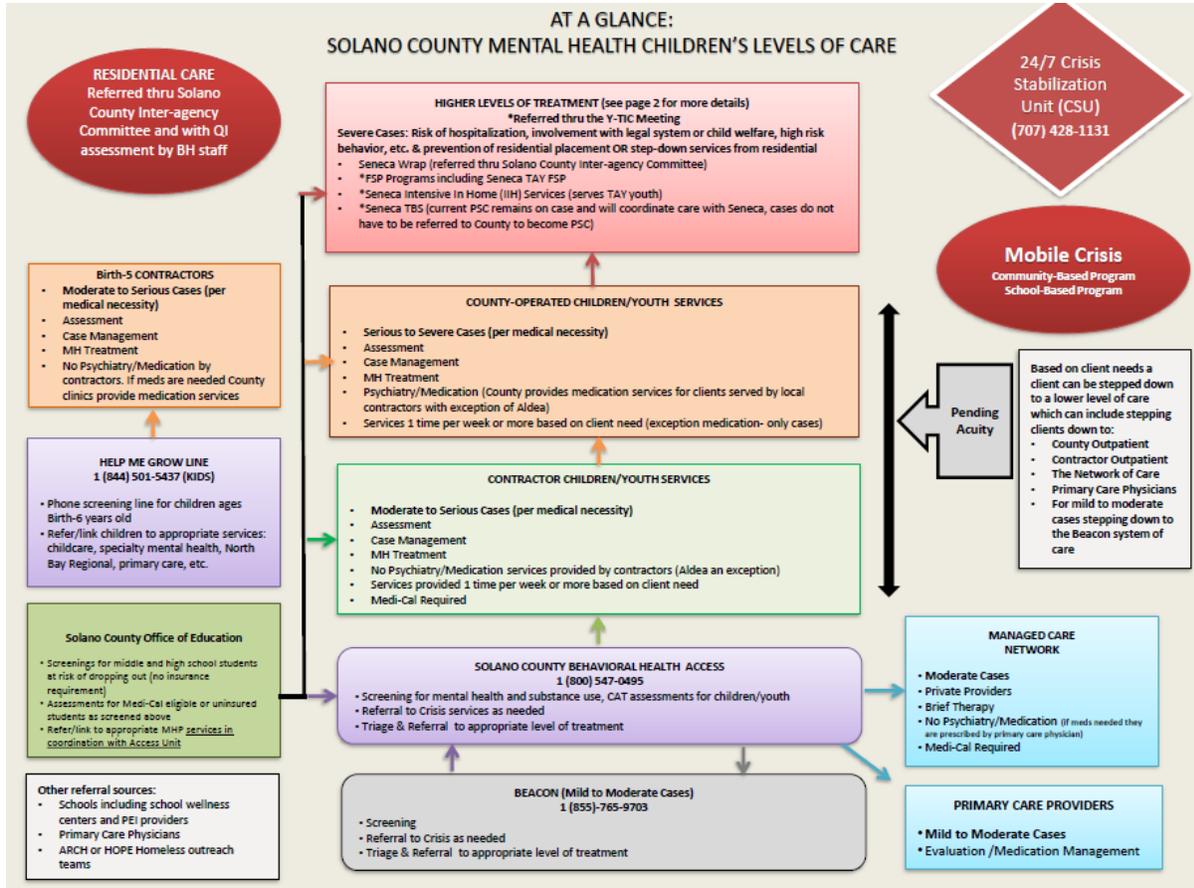
Solano County Behavioral Health: Children's System of Care



Solano County Behavioral Health: Adult System of Care



APPENDIX



APPENDIX

Solano County Behavioral Health System of Care:




Who We Serve

- ▶ Children/youth ages 0-17 years old
- ▶ Adults 18 years and older
- ▶ Individuals who reside in Solano County and have Medi-Cal or Medicare insurance
- ▶ Individuals who are uninsured
- ▶ Individuals who are underserved/underserved
- ▶ Individuals who meet criteria for specialty mental health based on diagnosis, impairment and expected response to treatment

Services the County is Responsible to Fund

- MHSA PEI services and supports; programs that do not bill Medi-cal
- Outpatient and high-end community-based services
- Inpatient hospitalization stays for Solano beneficiaries including misdemeanor Incompetent to Stand Trial cases
- Placements in Mental Health Rehab Centers (MHRC)
- A portion of Augmented Board & Care (ABC) placements
- A portion of residential placement costs for children/youth involved with Child Welfare/Probation

Funding Sources

- ▶ Revenue generated from the provision of Medi-Cal/Medicare reimbursable specialty mental health services
- ▶ Mental Health Services Act (MHSA) funds over a 3rd of the overall BH budget
- ▶ Mental Health Block Grant (MHBG) funding
- ▶ Intergovernmental Transfers (IGT) funds (when available)
- ▶ County General fund
- ▶ Other Grants: Prop 47, Justice Assistance Grant (JAG), PATH Grant, Mental Health Student Services Act (MHSSA) Grant, OGHPO/Peer Support Training, etc.

MENTAL HEALTH SERVICES ACT:

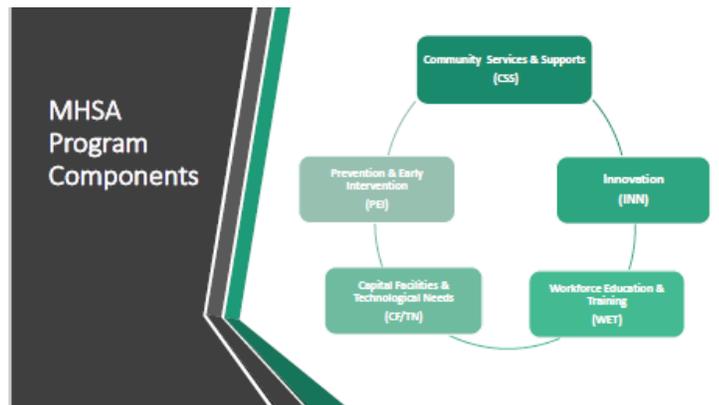
In 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery.

[Link: MHSA Three Year Plan FY 20/21 – FY 22/23](#)

MHSA Mission & Values

Community engagement and collaboration	Promotes cultural responsibility	Decreases stigma	Increases access to underserved and underserved groups
Creates individual and family-driven programs	Philosophy of a wellness, recovery and resilience	Promotes an integrated service experience	Outcome-based programs

APPENDIX

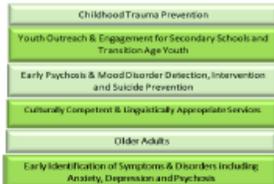
PEI Component

- 19% of the total funds received annually **must** be allocated to PEI and cannot be transferred to other components
- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts
- 2 core PEI components: Access & Linkage to Treatment and Improving Timely Access to Services for Underserved Populations
- There are 3 required approaches per PEI regulations, and additional 6 PEI priorities per SB1004 (2018)
- 51% of the PEI funds **mandated** to be spent on individuals 25 years and younger

Mandated PEI approaches per Act



Mandated PEI priorities per SB1004



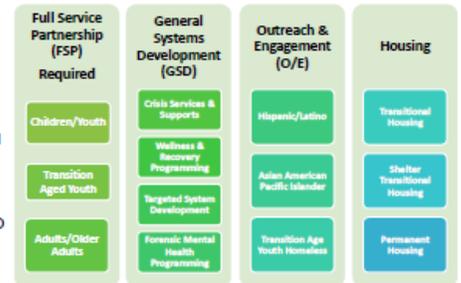
[Link to current countywide Suicide Prevention Plan 2021](#)

CSS Component

76% of the total funds received annually are CSS funds

- Services for individuals of all ages with more serious mental health conditions
- 51% of the CSS funds **mandated** to be spent on Full Service Partnership Programs (FSP) for all ages. Due to COVID a state law allowed for flexibility on this during FY 2020/21 and this current FY 2021/22. Solano is taking advantage of this flexibility

Sub-Components of CSS



Counties can transfer up to 20% of CSS funds to support ongoing WET & CF/TN initiatives and/or to the Prudent Reserve

Innovation (INN) Component



5% of the total funds received annually are INN funds and cannot be transferred to other components. Intended to identify new innovative practices or strategies with an emphasis on underserved communities and a goal to share learning statewide.

These funds are unique in that the following are mandates:

- A separate community program planning (CPP) stakeholder process
- A separate Plan document is required and must be posted for 30-day public comment and a Public Hearing must be held.
- An annual report is due for each individual INN project
- The INN Plan must be presented to the Mental Health Services Oversight and Accountability Commission before the project can commence or before any funds can be used
- Projects are only approved for 3 years (or 5 with special considerations) and the County has to try and find a way to sustain the program with alternate funds if successful

Innovation stakeholder meetings coming soon

Workforce Education & Training (WET)

- Can be used for training the workforce on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions. Additionally, WET funds can be used to train community partners to better serve behavioral health consumers; e.g. Crisis Intervention Team (CIT) Training for law enforcement.
- Only a 10 year funding stream; no new money since 2014.
- With stakeholder endorsement we are transferring CSS funds to support WET initiatives

Capital Facilities & Technological Needs (CF/TN)

- Can be used for enhancement of buildings or facilities being used specifically to provide direct services for consumers, or projects related to technology such as electronic health record implementation
- Only a 10 year funding stream; no new money since 2014.
- No current CF/TN initiatives

Prudent Reserve

- Counties are permitted to allocate up to 33% of the 3 year average of incoming CSS funds to the Prudent Reserve account.
- Funds are intended to only be used in a budget crisis and counties have to obtain permission from the State. Exception FY 2020/21 and FY 2021/22 due to COVID.

Community Program Planning (CPP): What is Your Role in MHSA?



Accessing Services

Solano BH Access: Mental Health & Substance Use Services

APPENDIX

MENTAL HEALTH SERVICES: County Mental Health Plan (MHP)

Solano County has the MHP Contract with the State Department of Health Care Services (DHCS) to provide services to Medi-Cal/Medicare eligibles who meet "medical necessity" which means:

- ▶ Individual has an included mental health diagnosis which is serious in nature;
- ▶ Individual demonstrates a significant impairment in spheres of functioning (self, home, work/school, peer);
- ▶ The intervention/treatment provided will be focused on the mental health condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s.
 - ◊ This includes someone with a co-occurring substance use disorder (SUD) in which both MH and SUD has to be treated simultaneously

Behavioral Health Access Line

- ▶ **Who should contact the Access Unit?**
 - Someone who is not in an acute crisis, but likely needs/wants to be connected mental health and/or substance use services
- ▶ **How do you contact the Access Unit?**
 - Call the Access phone number: 1-800-547-0495
- ▶ **What happens when a call comes into Access?**
 - A clinician conducts a brief screening covering mental health and substance use needs.
 - Clinician determines if there is an imminent crisis and to determine an individual's behavioral health needs in order to route them to the most appropriate program.
 - For persons requesting mental health services, a follow up appointment will be made with county program if the individual is identified as meeting the criteria for County specialty mental health services.
 - For persons requesting substance use services only, the Access clinician will verify insurance and if the caller has Solano Medical the caller will be transferred to Beacon Partnership Health Plan. For uninsured consumers County will conduct a screening and then refer to a County SUD Liaison for an assessment which will be followed by a referral to the most appropriate SUD services.
 - Referred to Beacon if identified as having mild to moderate mental illness.
 - Referred back to private insurance plan if privately insured whether requesting mental health services or substance use services.



Access Line Hours

Regular Business Hours: 8:30am-5:00pm
After Hours, Weekends & Holidays: 5:00pm-8:30pm (Crisis Unit answers calls after hours)



Access Timeliness

Emergent Calls: Immediate Crisis Intervention or Evaluation
Urgent Calls: Offered an intake assessment appointment within 3 calendar days
Routine Calls: Offered an intake assessment appointment within 10 business days



Centralized Assessment Team (CAT) <18

County clinicians conduct intake assessments for children/youth referred through the Access Line



Adult Open Access

Fairfield Clinic 8am-3:15pm Mon-Friday
Vallejo Clinic 8am-3:15pm Mon-Friday
Vacaville Clinic 8am-3pm Mondays & Thursdays
All clinics close for lunch 12-1PM
Telehealth is available



Forensic Triage

Central access point for forensic court and high level of care referrals:
-AOT/Laure's Law
-Diversion
-Drug/MH Court
-Prop 47
-Probation

SUBSTANCE USE SERVICES: Regional Model

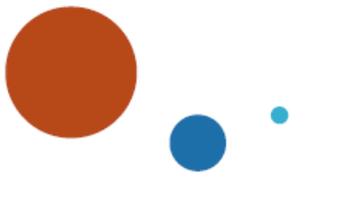
Department of Health Care Services Drug Medi-Cal Organized Delivery System (ODS) Waiver Implementation Plan for Regional Model encompasses Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano, and Trinity Counties physical healthcare provider/s.

Solano County has contracted with Partnership Health Plan of California to offer the Medi-Cal ODS Waiver through the State Department of Health Care Services (DHCS) to provide services to Drug Medi-Cal/Medicare eligibles who meet "medical necessity" which means:

- ▶ Individual has an included substance use diagnosis which is serious in nature;
- ▶ Individual demonstrates a significant impairment in spheres of functioning (self, home, work/school, peer);
- ▶ The intervention/treatment provided will be focused on the substance use condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s

Central Access Line (BEACON)
1-855-765-9703

Behavioral Health Access



System of Care

Teams & Program Descriptions

Solano BH Teams/Service Programs – Children & Youth

Acute & Residential Care

- Middle Child Community-Based Program (Oct 2017-May 2021) School Based Program (Mar 2017-Aug 2021)
- CMH Stabilization Unit
- Residential and Hospital Liaison
- Residential

Specialty

- CMH/Youth PEP
- Police Care Treatment Unit PEP
- Transitional Age Youth (TAAY) PEP w/ community clinic sites
- Early Post-acute Treatment Program
- QAPP Clinic
- QFT Coordination

Specialty

- In Home Behavioral Support & Therapeutic Behavioral Support
- Misoprenon Services
- Therapy Day School
- Walk-In Clinic
- SMART Team
- DBS Outpatient
- TSP Homeless Outreach
- Mental Health Respite Services and (MHR) PEP

Outpatient Clinics

- Vallejo Outpatient County & Contractors
- Hanford Outpatient County & Contractors 2 PTE MHSA
- Vacaville Outpatient County 1 PTE MHSA
- St. Vrain Outpatient Contractor

Prevention & Early Intervention

- The Collaborative
- Prevent & Promote Screen (Screening Public Health)
- MHSA School Based Services (Include support for all other School Based)

Children's System serves ages 0-21yrs

Orange = MHSA funded

Mobile Crisis Programming

Community-Based Mobile Crisis



Delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community and avoid needing further crisis stabilization services or hospitalization.

- Program launched May 2021 in east of county
- Serves children, youth and adults
- No insurance requirements
- Phased implementation starting with law enforcement as only referral source and eventually phone # to be advertised so any community member can self refer or refer a loved one
- Currently operating Monday-Friday between 11AM-8PM and eventually 365/7 in central County
- Staff 3150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Services Act (MHSA) funded

School-Based Mobile Crisis

Delivered by clinicians who are Crisis Specialists who will respond to crisis situations on school sites with a goal to stabilize the student in the community and avoid need for further crisis stabilization services or hospitalization. Due to staffing and support on school campuses one clinician will respond per call. Staffing supports up to 3 calls at same time.

- Program launched at start of 2021/22 school year
- Serves children and youth at K-12 schools
- No insurance requirements
- All youth must be referred by school site staff
- Services provided during school hours on school campuses 8AM-4:30PM (will take calls up to 4PM)
- Staff 3150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Student Services Act (MHSSA) grant funded

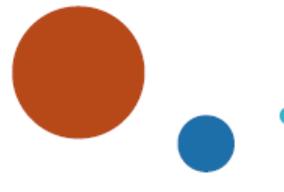
Crisis Hotlines & Suicide Prevention

- **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 veterans 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



LGBTQ+ Crisis Hotlines & Suicide Prevention

- **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



Community Integration | Housing, Benefits, and Wellness & Recovery

Housing & Homeless Outreach



Unit focused on coordinating the Housing/Homeless initiatives across mental health and substance use programs, all Health and Social Services (H&SS) Divisions and community organizations

Team Goals:

- Provide homeless outreach and screenings alongside law enforcement homeless teams
- Coordination of H&SS homeless/housing initiatives with partners (i.e., Project Roomkey, Shelter, City Housing Authorities, Resource Connect Solano Coordinated Entry)
- Expand access to SOI/SOII Outreach, Access, and Recovery (SOAR) (SSA benefits) for mental health population
- Recruit new placements across levels of care, support/train landlords, client transition planning

7 County staff provide outreach and linkage

Youth Focused

- ▶ **Mental Health Clinician:** Focused on homeless transition aged youth (TAY)

Contact Info: youthARC19@SolanoCounty.com

Adult and General Population Focused

- ▶ **Mental Health Clinician:** Focused on homeless seriously mentally ill adults
- ▶ **Mental Health Specialist:** Focused on homeless seriously mentally ill adults
- ▶ **Community Service Coordinators:** Focused on general homeless population not necessarily those with behavioral health conditions
- ▶ **Patient Benefits Specialists:** Focused on supporting consumers in CSU, inpatient hospitals and homeless population in securing benefits including Medi-Cal and GA

Contact Info: housing@solanocounty.com

Countywide Homeless & Housing Coordination

Solano Resource Connect
707.652.7311 or email lrn@solnoco.org
<http://www.resourceconnectsolano.org/>

BH Funded Housing Supports



MHSA Funded: 12 beds with on-site peer support



MHSA Funded: One 2 bedroom unit with 4 beds



MHSA Funded: Eight 2 bedroom units for a total of 16 beds, 4 beds for H&SSB consumers who are homeless or at risk of homelessness



MHSA Funded: 15 beds
Prog #7 Funded: 6 10 beds (also at Opportunity House)



MHSA and Core Funded: Rent and security deposit waived for SMI consumers as they obtain their own source of SS funding
Prog #7: 50 housing units in 10 CO structures



MHSA and Core Funded: RCN will pay for services to support housing costs for SMI consumers



Campan Permanent Housing 46 units

CRITERIA FOR PERMANENT HOUSING
• Persistent Serious Mental Illness (SMI)
• History of Inpatient Hospitalization
• Individual is ready to live independently
• Does not require 24/7 care
• No Sex Offender if MHSA funded

\$2.5M or 8% of the MHSA CSS funds are being used to prevent homelessness

MHSA funds can only be used to pay for housing for individuals with persistent serious mental illness

APPENDIX



QUESTIONS



Culture Matters

Culturally and Linguistically Responsive Services

SCBH Culturally Responsive Strategies

Ethnic Services Coordinator (ESC) Role

- Eugene Durrah, MHS Supervisor can be reached at 707-784-4931 or EADurrah@SolanoCounty.com

Diversity & Equity Committee

- Committee meets monthly (representation from County, CBOs, consumers, etc.)
- Subcommittees scheduled as needed

SCBH Diversity & Equity Plan and CBO Plans

- The SCBH Plan is updated annually and outlines our goals towards equity and social justice
- Starting in FY 19/20 SCBH began to require all contractors to have agency Cultural Responsivity Plans
- Ongoing systemwide implementation of the national Culturally and Linguistically Appropriate Service (CLAS) standards
<https://minorityhealth.hhs.gov/omh/browse.aspx?vh=28&id=43>

SCBH Culturally Responsive Strategies

Trainings Provided During Last 3 Years

- Cultural Competency 101 and 102
- LGBTQ+ Cultural Competence & Clinical Considerations (also for reception staff)
- Advancing Racial Equity (ARE)
- Gender Diversity – The Transgender Experience
- 3 CLAS Training Cohorts – MHS Innovation Plan
- Behavioral Health Interpreter Training
- Diversity and Social Justice Trainings - <https://vimeo.com/374531348>

Targeted Outreach

- KAAGAPAY Asian American/Pacific Islander Outreach vacant at this time CLAS@SolanoCounty.com
- Hispanic Outreach and Latino Access (HOLA) vacant at this time CLAS@SolanoCounty.com
- African American Faith-Based Initiative - Mental Health Friendly Communities
- LGBTQ+ Outreach and Access – Solano Pride Center

Partnerships

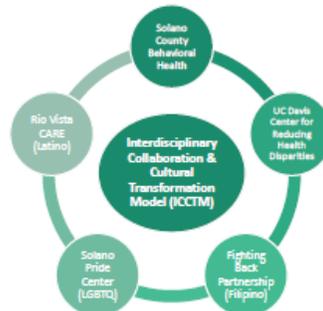
- HSSG Community In Action for Racial Equity (CARE) Team
- Equity Collaborative



MHSA Innovation Projects

Current Project Overviews & Updates

MHSA Innovation Project



3 target unserved/underserved communities identified as: Latino, Filipino and LGBTQ+

Fourteen (14) QJ Action Plans developed by multi-sector partners and are focused on:

- Workforce development
- Community engagement
- Training

APPENDIX

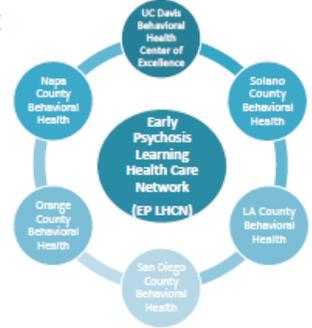
QI Action Plans



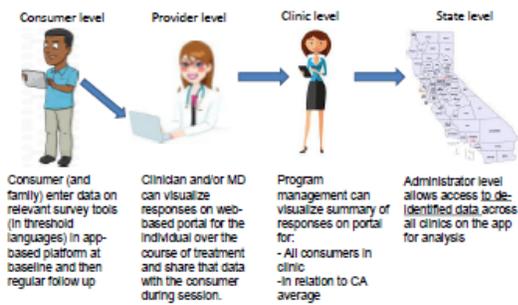
MHSA Innovation Project

Purpose of Project

- Develop an app that consumers and family members will use to self-report on current functioning which will be available in 13 languages
- Consumers, family members and providers participated in focus groups to develop the questions for the app based questionnaire and dashboard
- Creates a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing
- Harmonizes EP evaluation across core outcomes to enable large scale evaluation and program development across the state and positions CA to participate in national efforts



Proposed Learning Healthcare Network for CA Mental Health programs



QUESTIONS

Key Behavioral Health Contacts



- www.SolanoCounty.com/Depts/BH/MHSA
- Solano County-Mental Health Services Aot Program
- @SolanoCountyBH
- (707)784-8320

- Diana Tolentino, Clinical Supervisor Access Unit
DRTolentino@SolanoCounty.com
- Tracy Lacey, Sr. Manager & MHSA Coordinator
TCLacey@SolanoCounty.com
- Leticia De La Cruz-Salas, Administrator Children's & Hiring
LDeLaCruz-Salas@SolanoCounty.com
- Kate Grammy, Administrator Adult's & SUD
KAGrammy@SolanoCounty.com
- Emery Cowan, Deputy Behavioral Health Director
ECowan@SolanoCounty.com
- Sandra Sinz, Behavioral Health Director
SLSinz@SolanoCounty.com

APPENDIX

SOLANO COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)

COMMUNITY ENGAGEMENT MEETINGS

FOR THE FY 2022-2023 ANNUAL UPDATE

The Mental Health Services Act (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.

Meetings will be held virtually via Zoom and will be recorded. Each meeting will be the same format. Please register separately for each date you plan to attend by clicking on the appropriate meeting date(s) below:

MONDAY

September 19, 2022
9:00 am - 11:00 am

TUESDAY

September 20, 2022
10:00 am - 12:00 pm

WEDNESDAY

September 21, 2022
1:30 pm - 3:30 pm

THURSDAY

September 22, 2022
10:00 am - 12:00 pm

MONDAY

September 26, 2022
9:00 am - 11:00 am

WEDNESDAY

September 28, 2022
4:00 pm - 6:00 pm

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.



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

APPENDIX

SALUD MENTAL DEL CONDADO
DE SOLANO (MHSA)

REUNIONES DE PARTICIPACIÓN COMUNITARIA

PARA LA ACTUALIZACIÓN ANUAL DEL AÑO FISCAL 2022-2023

La Ley de Servicios de Salud Mental (MHSA) es un sistema guiado por la comunidad y el proceso de planificación de la comunidad MHSA crea una oportunidad para que los que abogan y para individuos cuyas vidas se ven afectadas por una enfermedad mental de proporcionar su opinión sobre el desarrollo del sistema de servicios de salud mental.

Las reuniones se llevarán a cabo virtualmente a través de Zoom y se grabarán. -
Cada reunión tendrá el mismo formato.

Regístrese por cada fecha separado que planea atender haciendo clic en la(s)
fecha(s) de reunión apropiada(s) a continuación:

LUNES

September 19, 2022
9:00 am - 11:00 am

MARTES

September 20, 2022
10:00 am - 12:00 pm

MIÉRCOLES

September 21, 2022
1:30 pm - 3:30 pm

JUEVES

September 22, 2022
10:00 am - 12:00 pm

LUNES

September 26, 2022
9:00 am - 11:00 am

MIÉRCOLES

September 28, 2022
4:00 pm - 6:00 pm

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.



*El Condado de Solano no discrimina a las personas con discapacidades. Si necesita una modificación,
por favor llame al 707-784-8320 con 24 horas de anticipación.*

APPENDIX

SOLANO COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)

PAKIKIPAG-UGNAYAN SA PAMAYANAN NA PAGPUPULONG

PARA SA FY 2022-2023 ANNUAL UPDATE

Ang Mental Health Services Act (MHSA) ay isang sistema na nakikinig at isinasaalang-alang ang pangangailangan ng kanyang nasasakupan at ang MHSA Community Planning Process ay nagbibigay oportunidad para sa mga tagapagtaguyod at mga indibidwal na apektado ng sakit na pangkaisipan (mental illness) na maibahagi ang kanilang kuro-kuro para sa pag-unlad ng sistema ng paghatid ng epektibong serbisyo ukol sa kalusugan ng pag-uugali.

Lahat ng pagpupulong ay gaganapin sa Ingles lamang sa pamamagitan ng Zoom at itatala. Ang bawat pagpupulong ay gagamit ng isang plataporma. Pakiusap mag register ng hiwalay sa bawat araw na ninanis mong daluhan sa pamamagitan ng pag-click sa tamang petsa sa ibaba:

MONDAY

September 19, 2022
9:00 am - 11:00 am

TUESDAY

September 20, 2022
10:00 am - 12:00 pm

WEDNESDAY

September 21, 2022
1:30 pm - 3:30 pm

THURSDAY

September 22, 2022
10:00 am - 12:00 pm

MONDAY

September 26, 2022
9:00 am - 11:00 am

WEDNESDAY

September 28, 2022
4:00 pm - 6:00 pm

Ang Zoom link para sa pagpupulong ay ipapadala sayo dalawang araw bago ang mga takdang petsa.

Ang pagpupulong ay gaganapin sa Ingles lamang, gayunpaman, pagsisikapan namin na makapag-facilitate sa Espanyol at Tagalog sa break-out na silid o grupo kung may pangangailangan na matukoy sa panahon ng pagrehistro ng mga kalahok sa pagpupulong.



Ang Solano County ay walang diskriminasyon sa mga taong may kapansanan. Kung kinakailangan mo ng tulong, pakiusap tumawag sa numero 707-784-8320 bente kwatro oras bago ang takdang pagpupulong na iyong nais daluhan.

APPENDIX

Solano County Behavioral Health Mental Health Services Act (MHSA) Annual Update FY2022/23

Community Program Planning (CPP) Meetings
September 2022





WELLNESS • RECOVERY • RESILIENCE

Housing Keeping & Demographic Survey

If you are having technical difficulties, please email SolanoMHSA listed in the chat or you can use chat to let us know you are having an issue

Zoom How To's



1. When we get to Q&A parts of the meeting if you have a question please unmute yourself. *Please mute yourself if you're not speaking.*
2. Click the arrow to change your audio settings (phone/computer).
3. To turn your webcam on or off, click Start/Stop Video. *Please keep your camera off during the slide presentation.*
4. Click the arrow to access your Video Settings.
5. To view who is in the meeting click the "Participants" pane.
6. To chat, first click "Chat" and then type in the chatbox.
7. Leave Meeting




Land Acknowledgement

Overview

- Mental Health Services Act (MHSA) Refresher
- Local & State Updates
- MHSA Programs & High-Level Review Outcomes for Services Rendered FY 2021/22
- Expenditures FY 2021/22 & Budget for FY 2022/23
- Breakout Groups: Community Voice
- Bringing it Together: Group Discussion



MENTAL HEALTH SERVICES ACT (MHSA) Refresher



In 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

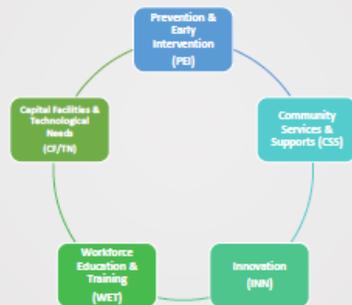
Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery.

Link to current [MHSA Three-Year Plan FYs 2020/23](#)

MHSA Mission & Values

Community engagement and collaboration	Promotes culturally responsive services	Decreases stigma	Increases access to underserved and unrepresented groups
Creates individual and family-driven programs	Philosophy of a wellness, recovery and resilience	Promotes an integrated service experience	Outcome-based programs

MHSA Program Components



APPENDIX

PEI Component

19% of the total funds received annually must be allocated to PEI and cannot be transferred to other components

- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts
- 2 core PEI components Access & Linkage to Treatment and Improving Timely Access to Services for Underserved Populations and 51% of the funds are mandated to be spent on individuals 25 years and younger
- There are 6 required approaches per PEI regulations, and additional 6 PEI priorities per Senate Bill 1004 (2018)



CSS Component

76% of the total funds received annually are CSS funds

- Services for individuals of all ages with more serious mental health conditions
- 51% of the CSS funds mandated to be spent on FSP Programs for all ages. Due to COVID a state law allowed for flexibility on this during FY 2020/21 and this current FY 2021/22. Solano is taking advantage of this flexibility



Counties can transfer up to 20% of CSS funds to support ongoing WET & CF/TN initiatives and/or to the Prudent Reserve

Innovation (INN) Component

Innovation is intended to:

- Increase access to quality mental health services to underserved/underrepresented communities with measured outcomes
- Promote interagency and community collaboration related to Mental Health Services or supports or outcomes

How is this done?

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Goal of shared learning and transforming mental health care in California and there is a heavy focus on evaluation.

Requirement for separate CPP, stand alone Plan, approval by state, annual reports on projects and final evaluation report

Focus of projects must be on mental health!



5% of the total funds received annually are INN funds and cannot be transferred to other components.

Workforce Education & Training (WET)

- Can be used for training the workforce on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions. Additionally, WET funds can be used to train community partners to better serve behavioral health consumers; e.g., Crisis Intervention Team (CIT) Training for law enforcement.
- Only a 10-year funding stream; no new money since 2014.
- With the community's endorsement we are transferring CSS funds to support WET initiatives.

Capital Facilities & Technological Needs (CF/TN)

- Can be used for enhancement of buildings or facilities being used specifically to provide direct services for consumers, or projects related to technology such as electronic health record implementation.
- Only a 10-year funding stream; no new money since 2014.
- Potential capital projects related to housing as well as technological projects to improve care and access to information

Prudent Reserve (PR)

- Counties are permitted to allocate up to 33% of the 5-year average of incoming CSS funds to the Prudent Reserve account.
- Funds are intended to only be used in a budget crisis and counties have to obtain permission from the State. Exception FY 2020/21 and FY 2021/22 due to COVID. Solano did not have to use PR.

Solano currently has \$2.9M in prudent reserve which is 8% of the total current annual MHSA budget.

What is the Community's Role in MHSA?

- A broad range of multi-sector partners including consumers, family members, behavioral health and healthcare providers, local education agencies, faith communities, law enforcement, etc. are invited to provide input through forums, focus groups, key informant interviews, surveys and public comment.
- Over the last 24 months the Behavioral Health MHSA Team has engaged the community in five rounds of community program planning (CPP) in addition to ongoing feedback loops regarding quality improvement (QI) actions plans developed by community partners related to a previous Innovation project.
- Over 300 community partners have provided input regarding both the strengths and gaps for the system of care.



Local & State Updates

Local Updates

- Suicide and Overdose Deaths Increasing**
- Kaiser Curve Out**
 - Solano is 1 of 2 CA counties with a Kaiser curve out
 - State wants Kaiser to transfer all the Medi-Cal consumers they serve to Solano County
 - No additional funding
- Staffing Challenges**
 - COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and our outcomes
 - Impacting both County and CBO contractors

State Legislative Updates

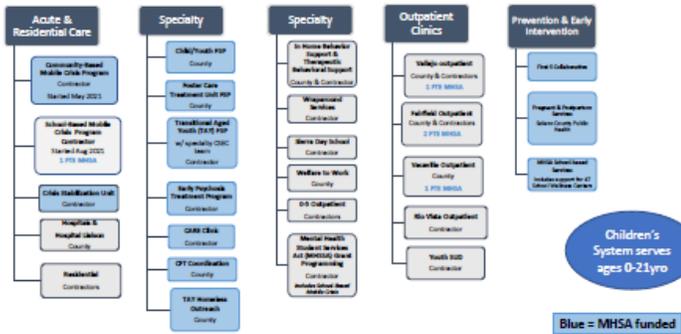
- California Advancing and Innovating Medi-Cal (CAIIM)**
 - No wrong door
 - Loosening of medical necessity
 - Redesign of documentation requirements
 - Payment reform coming
- Senate Bill 1388 CARE Court**
 - Signed by Governor Newsom September 14, 2022
 - Creation of a new expansive court infrastructure to enforce court-ordered treatment and services on unsheltered Californians
 - Unfunded mandate that we anticipate seeing impact by 2024
- Recession impacting non-MHSA funding**
- Funds from state to local education agencies (LEAs) to support student mental health**

APPENDIX

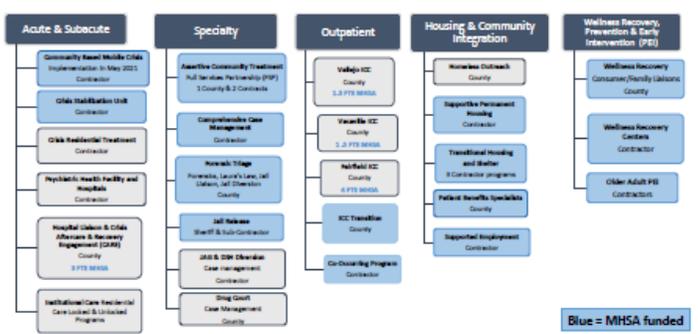
MHSA Programs & Strategies



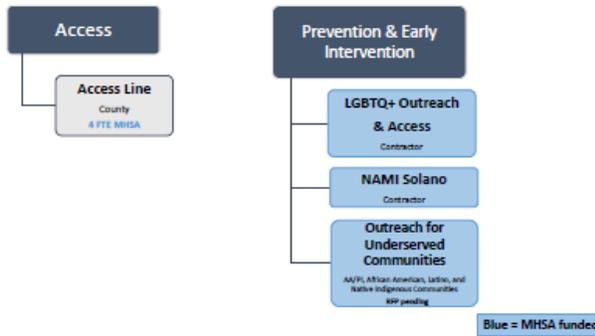
Solano BH Teams/Service Programs – Children & Youth



Solano BH Teams/Service Programs - Adults



Solano BH System of Care – Non-Age Specific



PEI Programs At a Glance

PROGRAM/SERVICE	AGES	# SERVED PREVENTION	# SERVED INTERVENTION	PROVIDERS
Early Childhood Strategy	0-5	4,239*	247	First 5 Solano & their sub-contractors
Pregnant/Postpartum Maternal Support Strategy	0-5 Mothers	61	61	Solano County Public Health: Maternal Child and Adolescent Health
School-Based MH Services	6-21	2,461	258	A Better Way, Rio Vista CARE, Solano County Office of Education
Early Psychosis Treatment Program	12-30	194	23	Aldea Children & Family Services in partnership with UC Davis Behavioral Health Center of Excellence
Older Adult Programming	60+	240	101	Choice in Aging & Faith in Action
Family & Peer Support	All	101	N/A	National Alliance on Mental Illness (NAMI) Solano
LGBTQ+ Outreach/Access Program	All	128	45	Solano Pride Center
Community-Based Mobile Crisis	All	385 admissions for 306 unduplicated consumers	N/A	Pacific Clinics (had been Uplift Family Services)

* may not be unduplicated

APPENDIX

CSS Programs At a Glance

Program/Service	# Unduplicated Consumers Served	Providers
Crisis Stabilization Unit (CSU)	810 admissions for 604 unduplicated consumers	Crestwood
Jail Release Reentry Program	26	Solano County Sheriff's Office & subcontractor (Caminar)
Katie K. Services (KAS) Program	27	Seneca
Wellness & Recovery Unit	492	Solano County Behavioral Health
Adult Wellness & Recovery Centers	150	Caminar
Jobs Plus Employment Program	136	Caminar
CARE Clinic	23	Victor (had been Child Haven)
Community Case Management (CCM) Program	153	Caminar
Forensic Triage Team	150	County
Crisis Aftercare & Recovery Engagement (CARE)	264	County

Full Service Partnership (FSP) Programs at a Glance

FSP Programs Served 479 individuals

- 6 children (ages 0-5)
- 145 children (ages 6-15)
- 122 TAY aged (16-25)
- 173 adults (ages 26-59)
- 33 older adults (60+)

County Child/Youth FSP
County Foster Care Treatment FSP
Contractor Transition Age Youth (TAY) FSP
County Assertive Community Treatment (ACT) FSP
Contractor Adult ACT FSP
Contractor Adult Homeless ACT FSP

MHSA Housing Programs at a Glance



\$2.1M or 8.5% of the CSS funds are being used specifically to fund beds to prevent homelessness
*Does not include FSP flex funds for housing

# of Consumers Housed	Contractor & Program	# of units/beds available
23	BACS Transitional Housing	8 units, 16 beds
66	Caminar Supported Permanent Housing	46 units (17 units original to CalHFA funds)
8	Caminar Gateway Transitional Housing	1 unit, 4 beds
53	Shelter Solano	15 beds
42	Caminar Bridge Transitional Housing	1 unit, 12 beds

Green = housing programs were initiated with CalHFA Funds and County must fund case management for 20 years thru FY 2031/2032



Active Innovation Project

Early Psychosis Learning Health Care Network (EP LHCN)

Creates a unified network of CA Early Psychosis (EP) programs to standardize practice and support knowledge-sharing by establishing an app enabling participation for consumers and families across 13 languages to self-report progress.

Project Partners: Led by UC Davis Behavioral Health Center of Excellence with the following counties: Solano, San Diego, Sonoma, Los Angeles, Orange, Stanislaus, and Napa. Additional academic institutions include UC San Francisco, UC San Diego and the University of Calgary.

Progress of EP LHCN FY 2021/22:

- Continued Advisory Committee
- Fidelity Assessment for EP program/s
- Continued use of Beehive app
- Ongoing data collection from Counties including cost and utilization

Project due to end December 31, 2023



SOLANO COUNTY INTERDISCIPLINARY COLLABORATION AND CULTURAL TRANSFORMATION MODEL (ICCTM) INNOVATION PROJECT: FINAL EVALUATION REPORT

ICCTM Outcomes

- Increased calls to Access by all 3 communities
- Reduction in accessing services through crisis entry point for all 3 communities
- Increase in 3 communities receiving mental health services
- Improved consumer satisfaction

[Link to ICCTM Final Evaluation Report](#)

[Link to 14 Community-Defined QI Action Plans](#)

2022 "Innovations that Bolster Community Trust in Science Award" from the American Association of Medical Colleges (AAMC)

The state is funding Solano County and UC Davis Center for Reducing Health Disparities to provide a statewide ICCTM Learning Collaborative training all California County Behavioral Health Departments and Authorities.

New Innovation Project

Suicide Prevention & Postvention Support for Family Survivors

- Designate a Clinician to be available upon request by the Coroner's Office and/or law enforcement to provide postvention support for families who have experienced the death of a loved one to suicide, overdose and homicide
- Component of psychological autopsies, supporting collection of expanded data
- Develop a Survivor Peer Mentor Network
- Local support groups for family survivors

Updates:

- Met with Coroner's Office leadership
- Met with members of Napa Suicide Prevention Counsel & NAMI Solano reps
- Met with Napa County Behavioral Health to explore a regional approach
- Met with developers of new suicide prevention curriculum *Be Sensitive Be Brave*
- Initial discussion with MH50AC

Next Steps:

- Draft Plan to post for local review and approval process

APPENDIX

WET & CF/TN at a Glance

WET Strategies FY 2021/22

- **Workforce and Community Training & Technical Assistance**
 - Transition to Independence (TIP) Model Site Based Trainer cohort
 - Critical Time Intervention (CTI) Model Professional Assault Crisis Training (ProACT) Train the Trainer
- **Untangling Intangible Loss in the Treatment of Traumatic Grief**
- **Trauma in the Trenches**
- **How to Talk About Racism** video
- **Coaching Sessions for Promoting Cultural Sensitivity in Clinical Supervision**
- **Starting FY 2022/23 40hr Crisis Intervention Team (CIT) training for local law enforcement**
- **Residency & Internships – 2 interns**
- **Psychiatry Provider Financial Incentives**
- **Loan Assumption Program – no awards in FY 2021/22**

CF/TN Strategies

- Funding supported the implementation of an adult level of care tool for FY 2021/22



MHSA Expenditures FY 2021/22

Total MHSA \$23,943,651 spent of original \$32,364,649 budget

Funding Component	Expenditures FY 2020/21
CSS	\$17,493,773
PEI	\$6,011,531
INN	\$58,247
WET	\$378,156
CF/TN	\$1,944
Prudent Reserve	\$2,947,826

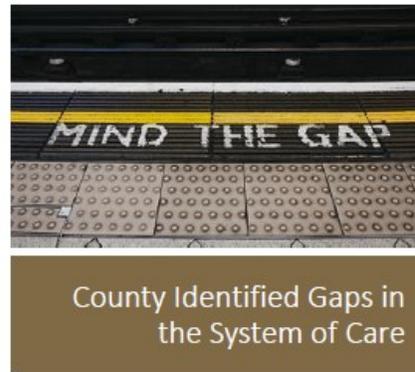
These are preliminary and are subject to change

Budget FY 2022/23

Total MHSA budget is \$35,013,628

Funding Component	Working Budget FY 2022/23
CSS	\$24,874,043
PEI	\$8,728,465
INN	\$698,979
WET	\$712,141
CF/TN	\$0
Prudent Reserve	\$2,947,826

These are preliminary and are subject to change



Capacity & Service Challenges

- Children's Programming – both Outpatient & PFPs
 - Adult Programming – both CCM & PFPs
 - Lack of CRT beds for children/youth
 - Need for integrated care for consumers with dual diagnosis and complex co-occurring medical conditions
- ### Capital Facility/Technological Needs
- Housing for persons with serious mental health conditions
 - Patient portal needed and possible new EHR
- ### Hiring & Retention
- County and CSO partners have high vacancy rates
 - Need to enhance career pipeline through intern program
- ### Healthcare Disparities
- African American/Black community, Latino/Hispanic and LGBTQ+ communities experiencing higher # of acute crises based on mobile crisis services utilization
 - Need culturally responsive supports for Native American/Indigenous, African American, AAPI and Latino communities

“Write What You Feel” Solano Suicide Prevention Multi-Media Campaign 2022

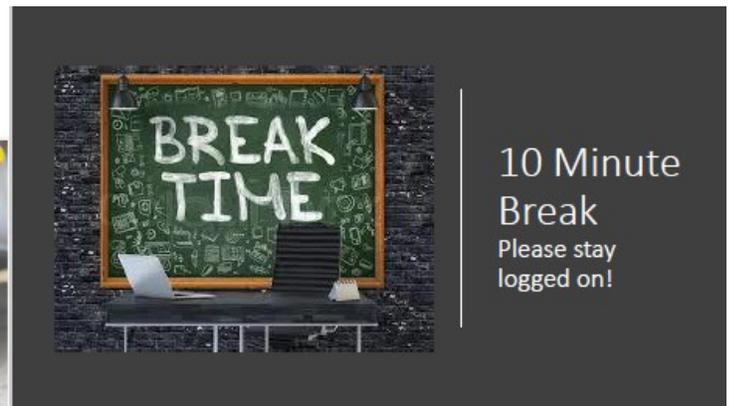
The “Write What You Feel” campaign ran from December 2021-May 2022 and included:

- 5 TV and streaming commercials including two with Spanish and Tagalog subtitles
- 5 radio ads with 3 in English, 1 in Spanish and 1 in Tagalog
- Social media materials
- Ads on buses and bus stand
- Billboards
- Posters

Link below to Solano County “Write What You Feel” suicide prevention campaign commercials as well as “It’s Okay to Not Be Okay” stigma reduction campaign commercials

<https://vimeo.com/showcase/8761184>

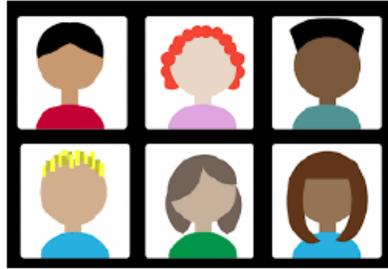
Developing a new campaign to launch public facing phone # for Community Based Mobile Crisis Program



APPENDIX

Breakout Groups

We want to hear from you!



Small Group Agreements

- **Respect:** share your thoughts in a manner that is respectful of others
- **Open-mindedness:** listen to all points of view
- **Grace:** understanding that we may have unexpected co-workers and/or tech issues
- **Acceptance:** suspend judgment as best you can
- **Brevity:** go for honesty and depth but please make room for others to share
- **Discovery:** question old assumptions, look for new insights, seek to understand rather than persuade
- **Safe Space:** We really do want to hear from our community what is going well but most importantly what is not working well
- **Privacy:** keep personal information shared during this group confidential

Bringing it Together – Large Group Discussion

Participant Demo Survey QR Code



Next Steps for Annual Update

- Annual Update Document will be posted for 30-day public comment on or before October 13th
- Public Hearing– Mental Health Advisory Board Meeting Public Hearing will be held November 15th
- Solano County Board of Supervisors approval December 2022 date TBD
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) for approval by December 31, 2022



Meeting Evaluation QR Code



Key Behavioral Health Contacts

- www.SolanoCounty.com/Depts/BH
- @SolanoCountyBH
- @SolanoCountyBH
- (707)784-8320
- SolanoMHSAS@SolanoCounty.com



- Eugene Durrah, MHSA Clinical Supervisor & Ethnic Services Coordinator
EDurrah@SolanoCounty.com
- Tracy Lacey, Sr. Manager & MHSA Coordinator
TCLacey@SolanoCounty.com
- Leticia De La Cruz-Salas, Administrator Children's & Hiring
LDeLaCruz-Salas@SolanoCounty.com
- Kate Grammy, Administrator Adult's & SUD
KAGrammy@SolanoCounty.com
- Emery Cowan, Behavioral Health Director
ECowan@SolanoCounty.com

APPENDIX

FY 22-23 Facilitator Guide/Notes Small Breakout Sessions MHSA Community Engagement Meetings

Check which meeting you are facilitating:

Monday 9/19/22; 9-11AM Tuesday 9/20/22; 10AM-12PM Wednesday 9/21/22; 1:30-3:30PM

Thursday 9/22/22; 10AM-12PM Monday 9/26/22; 9-11AM Wednesday 9/28/22; 4-6PM

Name of person facilitating: _____

Name of person taking notes if different from facilitator: _____

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

1. Name
2. Title and Agency if applicable

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. **In thinking about your experiences with Solano County Behavioral Health and our contract partners what are the strengths of the system?**

2. **From your perspective what are the gaps or needs not being met?**

APPENDIX

For #3 facilitator can make a note of the results of polling question related to communities identified to be more at risk of gaps in care.

3. a) In thinking about communities that are underserved or underrepresented (such as different racial/ethnic groups, the LGBTQQ+ and homeless communities), what culturally responsive strategies could be used to best address the mental health needs within these communities?

b) Are you aware of any other partners doing this work that we could leverage funding and efforts with?

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

APPENDIX

Ranking of CPP Feedback

<i>Strengths of the System of Care</i>	
Identified strength or theme	Count
Collaboration between behavioral health agencies and linkages	14
Equity efforts	7
Support from SCBH building trust and community engagement	7
Strength of contracted agencies	6
Miscellaneous	6
Peer-to-Peer Model and Peer Staff	4
Staff/Providers support clients	4
Resources available and outreach efforts to community	4
Access Line	3
Mobile Crisis	3
Committees (Suicide Prevention Committee and Diversity & Equity Committee)	3
Funding and comprehensive system of care	3
Breaking down silos	2
Suicide prevention efforts	2
Services for Seniors	1
Accessibility of service	1
Use of evidenced base models or best practices	1
Partnering with other entities to meet consumer needs	1

<i>Gaps in the System of Care</i>	
Identified gap or theme	Count
Stigma reduction and better advertisement of resources, expand culturally responsive materials, and more tabling	33
Staff shortages impacting care, cannot get appointments, access to care	15
Support for K-12 schools and students including foster youth, support for parents of school-aged children, postvention support in schools after suicide, community violence	14
Homelessness and lack of housing	10
Miscellaneous	10
Services for seniors	6
Need More diverse workforce	5
Need more peer and/or unlicensed positions	4
Services and more outreach for BIPOC	4
Trainings for staff including non-clinical (includes cultural humility training)	4
Supports for individuals/seniors with dementia	3
Increased funding for programs	2
Impact of COVID on seniors and children/youth	2
Increased crime and violence in communities impacting people	2
Transportation issues	2

Co-occurring mental health and substance use treatment	2
Funding to increase salaries to stabilize staffing	2
More prevention efforts starting younger including pregnant mothers	2
Use of music and art, non-traditional methods	2
More school wellness centers and increased staffing in existing wellness centers	2
Need wellness center in Vacaville (wellness recovery center for adults)	1
Wellness focus for staff	1
Need more employment services	1
Better coordination when stepping down to lower levels of care	1
Community-Based Mobile Crisis not operating	1
Impact of recession on residents causing more stress	1

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.suicideispreventable.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





**THE 10
COMMANDMENTS OF
GUN SAFETY**

- Treat every firearm as if it is loaded** - It might be, even if you think it isn't.
- 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.
- Keep your finger off the trigger until you've made the conscious decision to shoot.**
- 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.
- 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.

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



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



- 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.
- 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.

