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# Prevention and 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** – 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</p>
Stigma & Discrimination Reduction	<p>CalMHSA Communitywide Stigma Reduction Efforts                  Family &amp; 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 &amp; Access Program**                  School-Based Mental Health Services**                  Older Adult Peer-to-Peer Program**</p>
Early Intervention	<p>Pregnant &amp; Postpartum Maternal Support                  Early Psychosis Treatment Program                  Older Adult Case Management &amp; Treatment</p>

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

## Implementation Plan

SCBH began planning for implementation of the new regulatory requirements during FY 2015/16 with a goal to approach the initiative in two phases. During Phase I, the 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.

Annual Outcomes			
Strategy Indicators	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 Annual Outcome
<p>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>	<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"> <li>• 12 sessions for 395 high school students</li> <li>• 2 sessions for 61 County staff</li> </ul>	<p>Conducted 5 trainings (both <i>safeTALK</i> and <i>ASIST</i>) to a total of 78 participants.</p>	<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"> <li>• 11 sessions held for 310 school personnel and parents/caretakers</li> </ul>
<p>Provide local middle and high schools with suicide prevention toolkits containing materials from Each Mind Matters “Know the Signs” (KTS) suicide prevention campaign.</p>	<p>SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 45 middle and high schools.</p>	<p>SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 50 middle and high schools.</p>	<p>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</p>
<p>Increase community awareness about the</p>	<p>There were 3,176 calls from Solano County residents received by the</p>	<p>There were 3,330 calls from Solano County residents received by the</p>	<p>Due to the pandemic the state did not provide the</p>

National Suicide Prevention Lifeline 24/7 hotline.	hotline. Of those calls 2,324 were general calls, 744 were calls from veterans, and 108 of the calls were from Spanish-speaking callers.	hotline. Of those calls 2,427 were general calls, 848 were calls from veterans, and 55 of the calls were from Spanish-speaking callers.	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.

**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.

**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	N/A strategy not started until July 2019.	NVSPH answered 1002 calls. Of those calls 90 were considered “moderate or higher	NVSPH answered 513 calls. Of those calls 91 were considered “moderate or higher

crisis and who call the national Lifeline number.		lethality” incoming calls, 16 required “active rescue” response by law enforcement, and 4 callers were considered “imminently lethal” callers that were deescalated.	lethality” incoming calls, 12 required “active rescue” response by law enforcement, and 20 callers were considered “imminently lethal” callers that were deescalated.
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
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.

**Agency Name:** Uplifty Family Services

**Name of Program:** Community-Based Mobile Crisis

<p>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.</p>			
<b>Annual Outcomes</b>			
<b>Program Indicators</b>	<b>FY 18/19 Annual Outcome</b>	<b>FY 19/20 Annual Outcome</b>	<b>FY 20/21 Annual Outcome</b>
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.
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
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.

### 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	FY 18/19 Annual Outcome	FY 19/20 Annual Outcome	FY 20/21 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</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>

their mental illness and recovery.			
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>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>
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
FY 18/19 <b>529</b>		FY 18/19 <b>598</b>	
FY 19/20 <b>493</b>		FY 19/20 <b>N/A</b>	
FY 20/21 <b>513</b>		FY 20/21 <b>N/A</b>	

**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.
Provide educational events and activities including the following training series: <ul style="list-style-type: none"> <li>• “Mental Health 101” (MH 101) designed for African American Faith Leaders</li> <li>• “Spirituality 101” (S 101) designed for mental health providers and community partners</li> <li>• “Keepers of the Flock: Becoming a Caring Community of Faith” (KF), designed for mental health providers</li> </ul>	A total of 726 individuals were reached with 14 trainings: <ul style="list-style-type: none"> <li>• MH 101: 3 trainings for 63 participants</li> <li>• S 101: No trainings provided</li> <li>• KF: 8 trainings for 524 participants</li> <li>• BOTW: 3 training for 139 participants</li> </ul>	A total of 468 individuals were reached with 11 trainings: <ul style="list-style-type: none"> <li>• MH 101: 1 trainings for 25 participants</li> <li>• S 101: 1 trainings for 40 participants</li> <li>• KF: 8 trainings for 371 participants</li> <li>• BOTW: 1 training for 32 participants</li> </ul>	A total of 287 individuals were reached with 9 trainings: <ul style="list-style-type: none"> <li>• MH 101: 2 trainings for 20 participants</li> <li>• S 101: No trainings provided</li> <li>• KF: 6 trainings for 235 participants</li> <li>• BOTW: 1 training for 32 participants</li> </ul>

<p>and community partners</p> <ul style="list-style-type: none"> <li>• “A Bridge Over Troubled Waters” (BOTW) designed for mental health providers and community partners</li> </ul> <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 116 participants completed the post survey and of those 100% of demonstrated increased knowledge.</p>	<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>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>
<p><b>Number Served Prevention Activities</b></p>		<p><b>Number Served Early Intervention Activities</b></p>	
<p>FY 18/19 <b>12,907</b> (not unduplicated)</p>	<p>FY 18/19 <b>N/A</b></p>		
<p>FY 19/20 <b>2,150</b> (not unduplicated)</p>	<p>FY 19/20 <b>N/A</b></p>		
<p>FY 20/21 <b>2,133</b> (not unduplicated)</p>	<p>FY 20/21 <b>N/A</b></p>		

**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. 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.

## 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	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.

developing a mental health condition or substance abuse problem.			
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
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.

**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.

<b>Annual Outcomes</b>			
<b>Strategy Indicators</b>	<b>FY 18/19 Annual Outcome</b>	<b>FY 19/20 Annual Outcome</b>	<b>FY 20/21 Annual Outcome</b>
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	1,081 professional providers attended educational trainings. 77% (831) of the attendees who submitted a post training survey	1,082 professional providers attended educational trainings. 89% (309) of the attendees who submitted a post

	training survey demonstrated increased knowledge.	demonstrated increased knowledge.	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 (PSS)</i> .	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.
<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 (PSS)</i> .	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	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	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% (7) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> .	intervention. 100% (64) families/parents demonstrated improved knowledge as measured by the <i>PSS</i> .	intervention. 100% (102) 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> .	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> .	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> .
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
FY 18/19	<b>4,018</b> of which <b>1,902</b> direct svc and <b>2,116</b> HMG	FY 18/19	<b>179</b>
FY 19/20	<b>4,039</b> of which <b>2,225</b> direct svc and <b>1,784</b> HMG	FY 19/20	<b>309</b>
FY 20/21	<b>4,662</b> of which <b>2,631</b> direct svc and <b>2,031</b> HMG	FY 20/21	<b>277</b>

### 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 Medi-cal 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 and 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

### 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	A total of 39 outreach and education activities	A total of 48 outreach and education activities	A total of 25 outreach and education activities were

to reduce stigma and raise awareness of services for the LGBTQ+ community.	were offered with a total of 2,206 participants.	were offered with a total of 1,333 participants.	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 LBGTQ+ 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.
<u>Early Intervention:</u> Provide brief (two or more sessions) mental health counseling for LGBTQ+ consumers.  Consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> .	A total of 42 unduplicated consumers received two or more counseling sessions.  Due to changes in staffing the <i>QoL Scale</i> was only administered one time for 11 consumers and of those 82% (9) showed improvement in functioning.	A total of 27 unduplicated consumers received two or more counseling sessions.  A total of 79% (11) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.	A total of 37 unduplicated consumers received two or more counseling sessions.  A total of 80% (32) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.

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) MHA 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](#).

**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><b>A Better Way:</b> A total of 339 training/workshop participants were administered both a pre/post survey and of those 86% (290) showed increased knowledge.</p> <p><b>SCOE:</b> Provided trainings for 86 school staff and 80% (69) demonstrated an increase in knowledge.</p> <p>No parent trainings provided by SCOE.</p>	<p><b>A Better Way:</b> A total of 298 training/workshop participants were administered both a pre/post survey and of those 92% (274) showed increased knowledge.</p> <p><b>SCOE:</b> Provided trainings for 225 school staff and 56% (125) demonstrated an increase in knowledge.</p> <p>Provided trainings for 45 parents/caretakers</p>	<p><b>A Better Way:</b> A total of 206 training/workshop participants were administered both a pre/post survey and of those 82% (169) showed increased knowledge.</p> <p><b>SCOE:</b> 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 workshops for 326 students and of those 252 completed the post survey and 69% (175) demonstrated an increased knowledge.</p> <p><b>Rio Vista CARE:</b> 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>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><b>Rio Vista CARE:</b> 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>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><b>Rio Vista CARE:</b> 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>
<p><b>Early Intervention:</b> 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><b>A Better Way:</b> 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>A total of 287 students received assessment and/or brief counseling services thru A Better Way and Rio Vista CARE.</p> <p><b>A Better Way:</b> 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>A total of 228 students received assessment and/or brief counseling services thru A Better Way and Rio Vista CARE.</p> <p><b>A Better Way:</b> 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><b>Rio Vista CARE:</b> 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><b>SCOE</b> does not provide assessments and counseling.</p>	<p><b>Rio Vista CARE:</b> 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><b>SCOE</b> does not provide assessments and counseling.</p>	<p><b>Rio Vista CARE:</b> 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><b>SCOE</b> 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 <a href="#">link</a>.</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>
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
FY 18/19 <b>1,259</b>		FY 18/19 <b>244</b>	
FY 19/20 <b>1,517</b>		FY 19/20 <b>290</b>	
FY 20/21 <b>2,746</b>		FY 20/21 <b>228</b>	

**Program Impact**

The provision of school-based mental health services 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 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 MHSA 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 MHSA 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 MHSA 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.

**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> .
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
FY 18/19	<b>250</b>	FY 18/19	<b>38</b>
FY 19/20	<b>230</b>	FY 19/20	<b>37</b>
FY 20/21	<b>138</b>	FY 20/21	<b>32</b>

### 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.

**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

**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.

**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	A total of 23 outreach/engagement events provided and a	A total of 13 outreach/engagement events provided and a	A total of 1 outreach/engagement events provided and a

mental health and education the community on issues specific to older adults.	total 550 individuals were reached.	total 361 individuals were reached.	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.
<b>Number Served Prevention Activities</b>		<b>Number Served Early Intervention Activities</b>	
FY 18/19 <b>152</b> combined direct and outreach svcs		FY 18/19 <b>58</b>	
FY 19/20 <b>143</b> direct svc, <b>361</b> outreach svcs		FY 19/20 <b>33</b>	
FY 20/21 <b>118</b> direct svc, <b>34</b> outreach svcs		FY 20/21 <b>21</b>	

**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 reassurances 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.

## 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.



# Appendix



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



BELLUCIA • BUCKNER • BULLOCK

<b>Today's Date:</b> [ ]		<b>Participant Name:</b> [ ]		<b>Program/Services Name:</b> [ ]	
<b>Age</b> <input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60+ yrs. <input type="checkbox"/> Prefer not to answer		<b>Gender Assigned at Birth</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer		<b>Disability</b> Do you have any of the following disabilities that have lasted <b>at least 6 months</b> , and substantially limit a major life activity, which is <b>NOT</b> the result of a severe mental illness?	
<b>Race (check all that apply)</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other [ ] <input type="checkbox"/> Prefer not to answer		<b>Current Gender Identity</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other [ ] <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> I don't have any disability <input type="checkbox"/> Prefer not to answer <b>I have disability(ies), including: (check all that apply)</b>	
<b>Ethnicity (check all that apply)</b> <b>If Hispanic or Latino:</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other [ ]  <b>If Non-Hispanic or Non-Latino:</b> <input type="checkbox"/> African <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other [ ] <input type="checkbox"/> Prefer not to answer		<b>Sexual Orientation</b> <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other [ ]		<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) [ ]	
		<b>Veteran Status/Military Services</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not a veteran of not active military		<b>When did you first start experiencing the problem that brought you here today?</b>	
		<b>Do you identify with any of these groups? (check all that apply)</b> <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		<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	
		<b>City of Residence</b> <input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> Unincorporated <input type="checkbox"/> Non-Solano County resident <input type="checkbox"/> Other [ ]			
		<b>Primary Language (1<sup>st</sup> Language)</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL (American Sign Language) <input type="checkbox"/> Other [ ] <input type="checkbox"/> Prefer not to answer			
		<b>Preferred Language Used Daily</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> ASL (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)

# Appendix



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



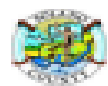
MELLONIA • MENDOCINO • MENDOCINO

<b>Fecha:</b> [ ]		<b>Nombre del Participante (nombre apellido)</b> [ ]		<b>Nombre del Programa/Servicios:</b> [ ]	
<b>Edad</b>		<b>Genero Asignado al Nacer</b>		<b>Discapacidad</b>	
<input type="checkbox"/> 0-15 Años <input type="checkbox"/> 16-25 Años <input type="checkbox"/> 26-59 Años <input type="checkbox"/> 60+ Años <input type="checkbox"/> Prefiero no contestar		<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Prefiero no contestar		¿Tiene alguna de las siguientes discapacidades que han durado por lo menos 6 meses, y limita sustancialmente una actividad importante de la vida, que no es el resultado de una enfermedad grave de salud mental?  <input type="checkbox"/> Ninguna Discapacidad <input type="checkbox"/> Prefiero no contestar	
<b>Raza (marque todo el que aplique)</b>		<b>Identidad de género real</b>		<b>Tengo discapacidad, incluyendo: (Marque todo el que aplique)</b>	
<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		<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		<input type="checkbox"/> Dificultad en ver <input type="checkbox"/> Dificultad en oír o hablar <input type="checkbox"/> Otro comunicación discapacidad (especificar) [ ]	
<b>Ethnicidad (Marque todo el que aplique)</b>		<b>Orientación Sexual</b>		<b>¿Deterioro Cognitivo: discapacidad de aprendizaje, demencia, etc.</b>	
<b>Si es hispano o latino:</b> <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) [ ]  <b>Si no es Hispano o Latino:</b> <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		<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		<input type="checkbox"/> Física / Movilidad: andador o silla de ruedas, etc.  <input type="checkbox"/> Enfermedad Crónica de Salud: dolor crónico, Esclerosis Multiple, de Parkinson's, etc.  <input type="checkbox"/> Otro (especificar) [ ]	
		<b>Estatus Veterano/Servicios Militares</b>		<b>¿Cuándo empezaste a sentir el problema que te trajo aquí hoy?</b>	
		<input type="checkbox"/> Veterano <input type="checkbox"/> Militar Activo <input type="checkbox"/> No es un veterano o militar activo		<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	
		<b>¿Se identifica con alguno de estos grupos? (Marque todo el que aplique)</b>		<b>No tengo ningún problema o síntomas de salud mental</b>	
		<input type="checkbox"/> No aplicable <input type="checkbox"/> LGBTQ <input type="checkbox"/> Fomentar la juventud <input type="checkbox"/> Actualmente involucrados con la justicia de adultos / juveniles <input type="checkbox"/> Prefiero No contestar		<input type="checkbox"/> Desconocido <input type="checkbox"/> Prefiero no contestar	
		<b>Ciudad de Residencia</b>			
		<input type="checkbox"/> Benicia <input type="checkbox"/> Rio Vista <input type="checkbox"/> Vallejo <input type="checkbox"/> Dixon <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Fairfield <input type="checkbox"/> No incorporado <input type="checkbox"/> No residente del condado de Solano <input type="checkbox"/> Otro (especificar) [ ]			
		<b>Idioma Primario (Lengua Materna)</b>			
		<input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Tagalo <input type="checkbox"/> ASL (Lenguaje de Señas) <input type="checkbox"/> Otro (especificar) [ ] <input type="checkbox"/> Prefiero No contestar			
		<b>Idioma preferido utilizado todos los</b>			
		<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 2019

# Appendix



Solano County MHSA Prevention Early Intervention Services REFERRAL & LINKAGE FORM	
<p>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.</p>	
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"> <li><input type="radio"/> Fairfield (707) 366-3600</li> <li><input type="radio"/> Vallejo (707) 645-2700</li> <li><input type="radio"/> Vacaville (707) 624-2830</li> </ul> <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: _____	
<p>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.</p>	

Please sign to acknowledge receipt of referral

Consumer or Parent/Caregiver Signature (if applicable)	Print Name & Relationship	Date
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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 MHSA team, and 3rd copy filed in chart. April 2020

# Appendix



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

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

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

#### **Local Efforts to Prevent Suicide Deaths**

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

# Appendix

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

## Ongoing Targeted Efforts:

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

## Current Initiatives

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

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

## How Can You Help?

### Screen for Suicide Risk

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

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

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

## Appendix

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

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

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

### Intervention and Referrals

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

### Awareness and Stigma Reduction

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

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

In Partnership,



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