SOLANO COUNTY
BEHAVIORAL HEALTH

THREE-YEAR PLAN 2023/2026

Solano County
Mental Health Services Act

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Solano

Local Mental Health Director	Program Lead
Name: Emery Cowan, LPCC, LMHC	Name: Emery Cowan, LPCC, LMHC
Telephone Number: 707-784-8320	Telephone Number: 707-784-8320
E-mail: ECowan@solanocounty.com	E-mail: ECowan@solanocounty.com
County Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 12, 2023.

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

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

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

Signature

8/23/23
Date

County: Solano

Date: 8/23/23

ATTESTATION PAGES

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Solano

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Emery Cowan	Name: Phyllis S. Taynton, CPA
Telephone Number: 707-784-8320	Telephone Number: 707-784-6280
E-mail: ECowan@solanocounty.com	E-mail: PTaynton@solanocounty.com

Local Mental Health Mailing Address:

Solano County Health & Social Services
Behavioral Health Administration
275 Beck Ave., MS 5-250
Fairfield, CA 94533

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

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

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

Signature 8/23/23
Date

I hereby certify that for the fiscal year ended June 30, 2023, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 1/30/2023 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Phyllis S. Taynton, CPA
County Auditor Controller / City Financial Officer (PRINT)

Signature 09/14/23
Date

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

BOS MINUTE ORDER

Solano County

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

Meeting Minutes - Action Only
Board of Supervisors

John M. Vasquez (Dist. 4), Chairman
(707) 784-6129
Monica Brown (Dist. 2), Vice-Chair
(707) 784-3031
Erin Hannigan (Dist. 1)
(707) 553-5363
Wanda Williams (Dist. 3)
(707) 784-6136
Mitch Mashburn (Dist. 5)
(707) 784-6130

Tuesday, September 12, 2023 **9:00 AM** **Board of Supervisors Chambers**

27 **23-727** Receive a presentation and consider approval of the Mental Health Services Act (MHSA) Three-Year Plan for Fiscal Years 2023 - 2026 as required by Proposition 63

Attachments: A - Link to MHSA 3 Year Plan FYs 2023 - 2026

On motion of Supervisor Hannigan, seconded by Supervisor Williams the Board approved the Mental Health Services Act (MHSA) Three-Year Plan for Fiscal Years 2023 - 2026 as required by Proposition 63. So ordered by a 5-0 vote.

MESSAGE FROM THE DIRECTOR

Solano BH has continued to experience significant changes since emerging from the pandemic and alongside new state initiatives and reform processes. We have had many successes and accomplishments as highlighted in our 2022 Annual Report.

All these efforts have truly impacted our staffing and programs in both beneficial and difficult ways. The BH workforce is a key concern, the vacancy rates for county staff continue to stay around 20%, and this number is higher for many of our contracted providers. In spite of these recruitment and retention challenges, we continue to remain focused on improving our services and ensuring access to culturally relevant and timely services.

During these past few years, our Division has focused on improving access to services, increasing communication with our staff and community partners, relaunching critical services, and prioritizing Community Inclusion & Diversity, Equity, Justice. New services started include the completion of a licensed treatment facility for those who are formerly homeless or justice involved; completion of permanent supportive housing units under No Place Like Home; relaunching of Mobile Crisis services; expansion of our Suicide Prevention efforts through a new CDPH grant; and many others.

Our goals for this upcoming year will be to expand outpatient and other levels of care as we accept new members who need services, focusing our adult clinics to provide more comprehensive holistic treatment and recovery transition planning; growing our housing and homeless services through our new contractor and over $34 million in related grants; and seeking to expand our children's crisis continuum and specialty services through treatment beds and services- and many other key initiatives.

We also look forward to implementing many facets of CalAIM and general MH reform projects from the State. The impacts of our state mandates and new requirements are major and requiring us to rethink and refocus on priorities like Payment Reform, data and performance metrics to ensure quality care, justice initiatives, CARE Act, BH-Connect, and MHSA modernization, which will impact how we allocate MHSA funds through this plan.

There will be significant continuous changes in the next few years and we look forward to joining with all community partners as we continue to pave the way better and innovative services and equitable access to all those in need of specialty services.

Emery Cowan, LPCC, LMHC
Solano County Health and Social Services
Chief Deputy, Behavioral Health Director

LAND ACKNOWELDGEMENT

As a county that uses the representation of a Native American in the logo it is important that we are congruent and authentic and that we collectively work towards recognizing the history of genocide and continued inequities experienced by indigenous people. The sacrifices of indigenous people on this land can be an invisible hurt and pain that is a reality for Native Americans. We would like to begin this meeting by taking time to acknowledge the land and the people of the land. We acknowledge the indigenous people of the Suisunes and the Patwin of the Wintun tribes, the Ione of the Miwok tribe and the countless other California tribes that traveled this land we stand on utilizing the Carquinez Strait for trade. We would like to acknowledge the displacement and lost lives due to colonization and ongoing disparities, in addition to honoring the ancestral grounds. We honor those that have passed and those that continue to live on.

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

INTRODUCTION

Inclusion Statement

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

About SCBH

Mission

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

Vision

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

Values

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

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

INTRODUCTION

Purpose of This Document

The purpose of this document is to provide the SCBH Mental Health Services Act (MHSA) Three-Year Plan (FY 2023-2027) which is intended to 1) keep the community and local stakeholders informed of the MHSA funded programs and strategies in the County; 2) provide an update on program changes; 3) provide information related to the MHSA budget; and 4) ensure that the County is providing the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS)—both state agencies responsible for the oversight and monitoring of MHSA—the information they need to be informed about the services provided locally and to ensure that the County is adhering to MHSA regulations.

SCBH is transitioning to a new timeline for the annual update (June 30th) and as such the outcome data will now be reported 2 years in arrears. The outcomes for fiscal year (FY) 2021/22 were included in the MHSA Annual Update FY2022/23. To review those outcomes, please click **here**.

Mental Health Services Act History

Mental illness affects over two million Californians each year, causing devastating personal suffering among individuals and their families, and imposing huge financial burdens on taxpayers, state, and county services. Unrecognized, untreated, or inadequately treated mental illness can result in the development of disabling mental health conditions, an increase in suicide deaths, and staggering public costs related to health care, psychiatric hospitalizations, incarceration, homelessness, and other public services.

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

1. **Community Services & Supports (CSS)**
   CSS is the largest funding component of MHSA representing 76% of the annual allocation and is intended to expand and transform services for children, youth, adults, and older adults living with serious mental health conditions, with an emphasis on culturally responsive and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and the integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, the CSS component includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities. CSS funds may also be used to provide housing support for mental health consumers with serious mental health conditions. Up to 5% of the annual CSS funding can be used by counties to support a robust CPP process with community members. Additionally, up to 20% of the CSS funding can be transferred to support initiatives related to workforce development, building infrastructure, and/or to the Prudent Reserve account. Transfers for these reasons are cumulative up to 20%.

2. **Prevention & Early Intervention (PEI)**
   PEI funds, representing 19% of the annual allocation, are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services for individuals with mild to moderate mental health conditions in an effort to avert mental health crises and the development of more severe disabling mental illnesses. Countywide stigma reduction and suicide prevention activities are also funded through PEI funding. Fifty-one percent (51%) of the PEI funding must be used for programs and services dedicated to children and youth under the age of twenty-five. An Annual PEI Report and a PEI Three-Year Analysis Report are mandated per amended PEI regulations in 2016 and again in 2018.

3. **Innovation (INN)**
   INN funds, representing 5% of the annual allocation, are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved groups, to improve the quality of services, demonstrate better outcomes, to promote interagency collaboration and the sharing of lessons learned. Each INN project requires a separate CPP process, a separate Plan and must be approved by the state Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the project commencing. Additionally, an annual INN Report is required for each project and at the end of the project a comprehensive evaluation must be made available to the public and submitted to the state. INN projects are generally three-year projects, or with special approval from the MHSOAC projects can be up to five years.

4. **Workforce Education & Training (WET)**
   WET funds are used to develop and grow a diverse, linguistically, and culturally responsive mental health workforce. The focus includes the training of existing providers in evidenced based practices and best practices models; increasing the diversity of individuals entering the mental health field; training community partners that serve a shared consumer population; and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding, therefore there has been no new WET funding since 2014. With the community's endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHSA Three-Year Plan or Annual Update includes content addressing an identified need and how the funds will be used.

5. **Capital Facilities & Technology Needs (CF/TN)**
   CF/TN funds are intended to be used to develop or improve buildings used specifically for the delivery of mental health services for the seriously mentally ill population and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. Similar to the WET funding, CF/TN funds were only made available for the first 10 years of MHSA funding, therefore there has been no new CF/TN funding since 2014. With the community's endorsement, CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure, provided the current MHSA Three-Year Plan or Annual Update includes content addressing an identified need and how the funds will be used.

INTRODUCTION

Prudent Reserve (PR)

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

MHSA Core Values

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

Provision of services that are culturally and linguistically responsive and effectively serve all consumers including consumers from unserved and underserved communities.

Community education to combat stigma and to reduce suicide risk.

Consumer and family driven programs that empower individuals in their recovery.

A philosophy of wellness that includes concepts of resiliency and recovery.

Provision of integrated services, when appropriate to allow individuals to obtain mental health services in locations where they obtain other services: primary care, substance abuse, etc.

Outcome-based programming to demonstrate the effectiveness of service delivery.

Solano County Demographics

Solano County is rich in its variety of cultures and landscape. It is home to some of the nation's most diverse cities within its borders (Vallejo, and most recently Fairfield)[1]. The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area.

Approximately sixty (60%) percent of Solano residents identify as people of color and 44% speak a language other than English at home[2]. Based on the most recent data available for local business owners in Solano County in 2017, 29% of businesses were owned by people of color, and 18% were owned by women[3].

INTRODUCTION

Solano County was ranked as the 6th most diverse county in America[4]. Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4%, and as of 2020, 19.8% of Solano County residents were born outside of the United States, which is higher than the national average of 13.5%[5]. Twenty-nine percent of Solano County residents ages five and older speak a language other than English at home[6]. The table below demonstrates the languages spoken by Solano County residents:

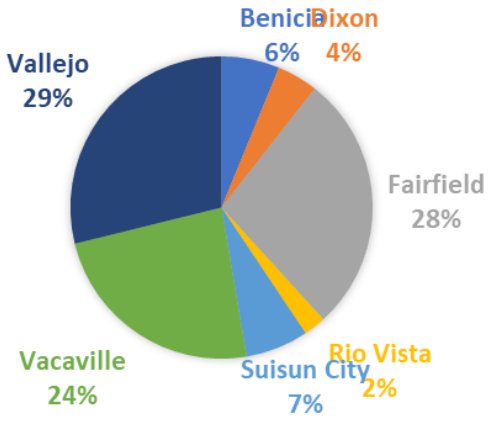
Language Spoken at Home in Solano County	Percent of Total Population
Speak only English	56.1%
Speak Spanish	28.3%
Speak Asian or Pacific Island Languages	10.0%
Speak Other Indo-European Languages	4.5%
Speak Other Languages	1.1%

Source: United States Census Bureau[7]

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (29%), Fairfield (28%) and Vacaville (24%) as the most populous cities in the County. Figure 1 shows the County population by city distribution. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.

Figure 1
Solano County Population City Distribution



Source: U.S. Census Bureau

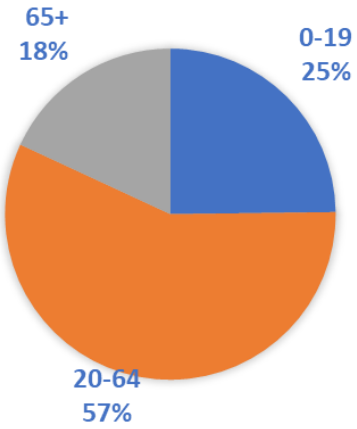
According to the *County of Solano 2021 Annual Report* the County's population was 438,527 in 2020. The population is comprised of 50.2% males and 49.8% females. In 2020, the median household income grew to $84,638 from the previous year's value of $81,472 and the median property value in Solano County was $437,900 in 2020, which is 1.91 times larger than the national average of $229,800. Ninety-five percent of the population of Solano County has health coverage, with 51% on employee plans, 17.3% on Medicaid, 10.2% on Medicare, 13.7% on non-group plans and 2.76% on military or VA plans. Between 2019 and 2020, the percent of uninsured citizens in Solano County grew by 6.66% from 4.72% to 5.03%.

INTRODUCTION

Population Age Distribution

Figure 2 shows the Solano County population separated into three (3) different age groupings. Residents under the age of 19 (24.8%), residents ages 20-64 (57.1%) and seniors ages 65 and older (18.1%). In 2020, the median age of all people in Solano County was 38.3.

Figure 2
Solano County Population Age Distribution



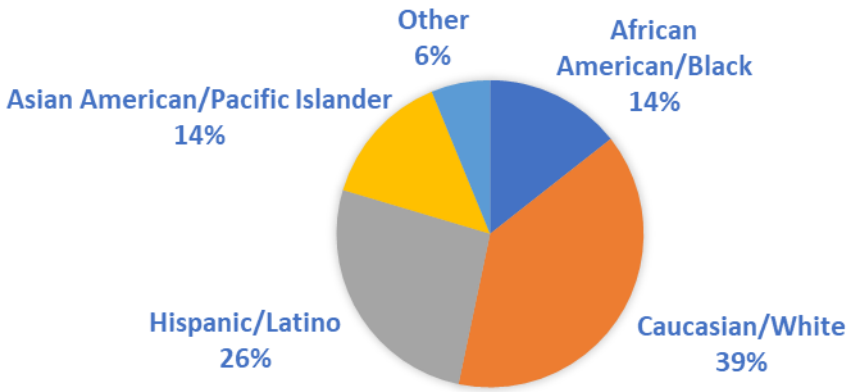
Source: County of Solano 2021 Annual Report

Population Race/Ethnicity Distribution

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

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

Figure 3
Solano County Population Race Distribution



Source: County of Solano 2021 Annual Report

INTRODUCTION

Impact of the Pandemic

During FY2022/23 the SCBH Behavioral Health Plan (BHP) continued to provide critical behavioral health services and supports for the community of Solano County while continuing to navigate the impacts of the Coronavirus global pandemic herein referred to as COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves; and adding to the complexity, COVID-19 impacted staffing, infrastructure, and other resources creating new challenges to address.

Service Delivery

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

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

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

Despite initial fiscal concerns related to COVID-19, counties across California received an unexpected increase in MHSA incoming revenue in FY2021/22. As such, Solano County has identified strategies to expend these funds based on system needs that have been identified and/or endorsed by the community through the MHSA CPP process. It is important to note that the increased MHSA incoming funds is not guaranteed for future years, therefore the focus of spending will be on one-time expenses or time limited projects.

Strategies include:

- Fund data collection and reporting tools to enhance the system's ability to engage in meaningful quality improvement activities, e.g., better understand and report out consumer outcomes including but not limited to, purchasing equipment or tools to allow for consumer surveys, analysis of program and systemwide outcomes.
- Increased budget for the creation of multi-media campaigns to combat stigma and discrimination, reduce suicides, and raise awareness of behavioral health services available.
- Fund housing units to address the needs of adult consumers who have a serious mental health condition and are at risk of or are homeless.
- Utilize funds to support securing crisis residential beds for children and youth.
- Transfer funds to the prudent reserve during FY2022/23.
- Purchase of vehicles and equipment needed to enhance service delivery.

In addition to the strategies listed above, SCBH will continue to project, and budget based on historical trends of underspending and the needs of the community. It is important to note that MHSA funding is unpredictable and therefore the projections from the state can change and as such, SCBH adjusts accordingly. Additionally, each year typically there are allocated funds that are unspent because of county and contractor budgets not being totally expended for various reasons (primarily staffing vacancies). SCBH will continue to closely monitor the budget and if the fiscal landscape changes, the County will adjust accordingly.

INTRODUCTION

Behavioral Health Plan System Capacity

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

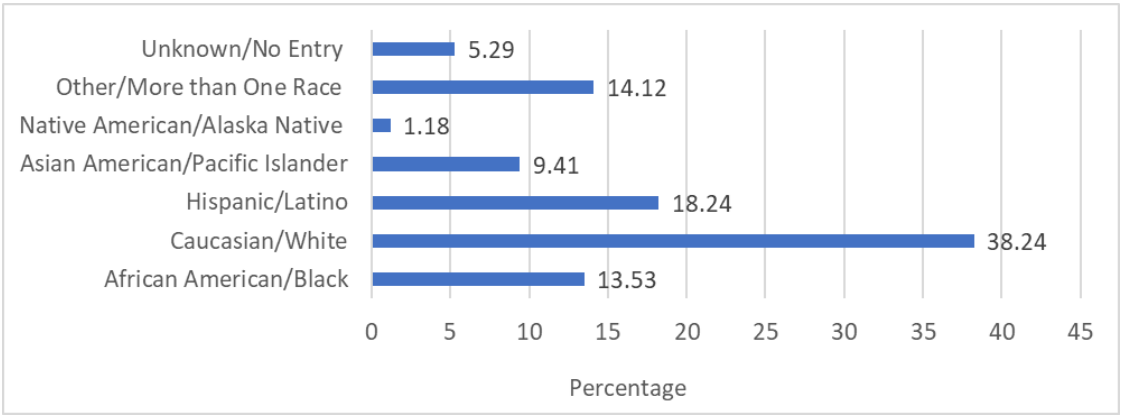
BHP Diversity & Equity Plan
SCBH has continued to implement the national CLAS Standards which are a set of 15 guidelines utilized by health care providers as the benchmark for evaluation and aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and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

Each county BHP is required to have a Cultural Competency Plan and to update this plan each calendar year. The **Solano County Diversity & Equity Plan Update 2023** provides detailed information about Solano County and strategies intended to increase access to care for underserved and marginalized communities in Solano County, and to ensure the provision of culturally and linguistically appropriate services for all consumers served through the SCBH SOC.

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

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

Figure 4
Workforce Equity Survey Respondents by Race/Ethnicity



Source: SCBH BHP Workforce Equity Survey FY2022/23

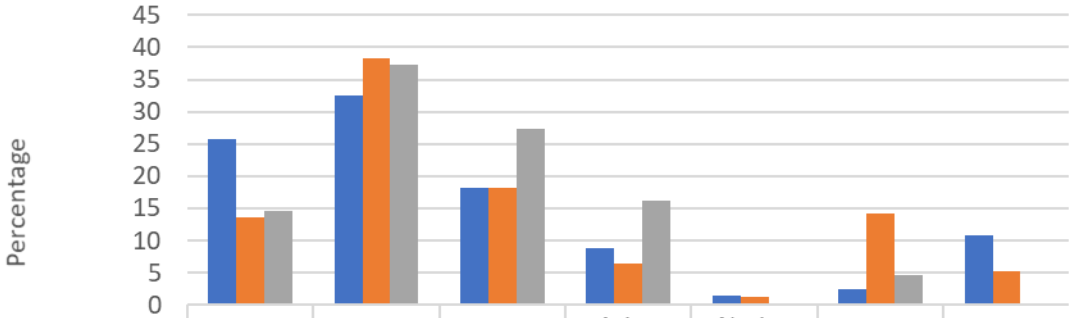
The SCBH BHP has experienced a 24% increase in staff representing the African American/Black community, 10% increase in staff representing the Asian American Pacific Islander, 6% increase in staff representing the Hispanic/Latino community, and a 51% increase in staff representing the Native American/Indigenous community based on survey results comparing FY2019/20 responses to FY2022/23 findings.

INTRODUCTION

Of the 24 respondents that identified as more than one race, 38% (9) also identified as a Native American/Indigenous person representing the Comanche, Cherokee, Lokota Sioux, Blackfoot, Choctaw, and Karuk tribes. It is important to note that the BHP revised many of its demographic questionnaires after receiving feedback from local Native American/Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes and distrust for government entities.

Figure 5 shows Solano County consumers served during quarter one of FY2022/23 compared to BHP Workforce Survey respondents by race/ethnicity. Findings indicate that the BHP workforce is aligned with the Caucasian and Hispanic/ Latino consumers being served. There continues to be a disparity related to the percentage of African American/Black and Asian American/Pacific Islander consumers as compared to the BHP workforce. Community members and community partners continue to identify the need to expand the African American/Black workforce in Solano County. As such SCBH and contractors will continue to make efforts to recruit and retain African American/Black BHP staff members.

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



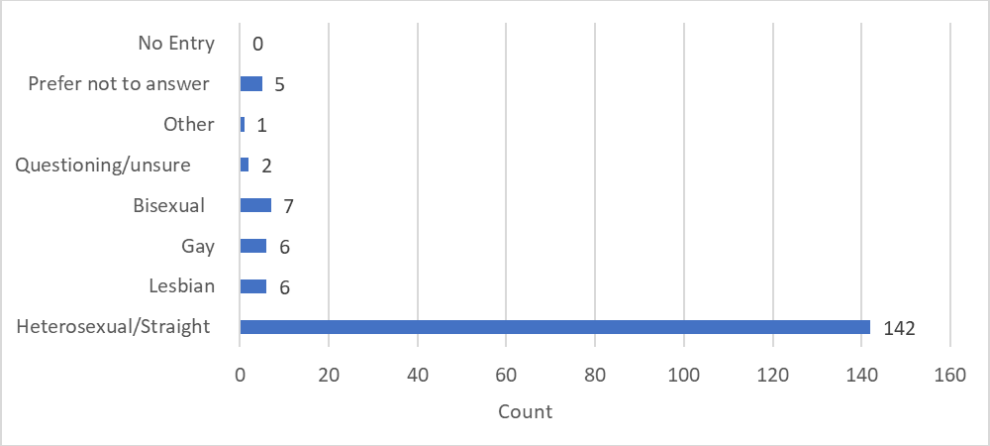
	African American /Black	Caucasian /White	Hispanic/ Latino	Asian American /Pacific Islander	Native American /Alaska Native	Other/More than One Race	Unknown /No Entry
% of Solano Consumers Served by BHP per SCBH EHR	25.76	32.59	18.24	8.78	1.47	2.36	10.79
% of Solano BHP Workforce per Equity Survey Respondents	13.53	38.24	18.24	6.47	1.18	14.12	5.29
% County Population by Race/Ethnicity	14.6	37.3	27.3	16.1	0	4.7	0

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

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

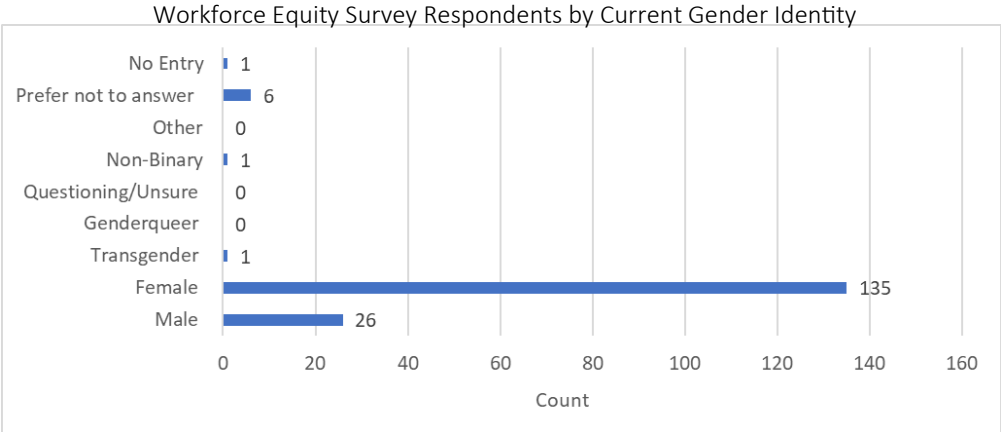
Figures 7 and 8, on the following page, shows the BHP staff survey respondents by sexual orientation and gender identity/expression. The most recent survey showed that 13% (22) of the respondents identified as non-heterosexual which represents a 49% increase of respondents who identified as non-heterosexual on the 2020 survey. In FY2021/22, 10.4% (608) of the BHP consumers served identified as non-heterosexual. In regards to gender identity/expression, 1.2% (2) of the survey respondents identified as transgender or non-binary. In FY2021/22, 2.08% (122) of the BHP consumers served identified as transgender, genderqueer, non-binary, another gender or questioning.

Figure 7
Workforce Equity Survey Respondents by Sexual Orientation



Source: SCBH BHP Workforce Equity Survey FY2022/23

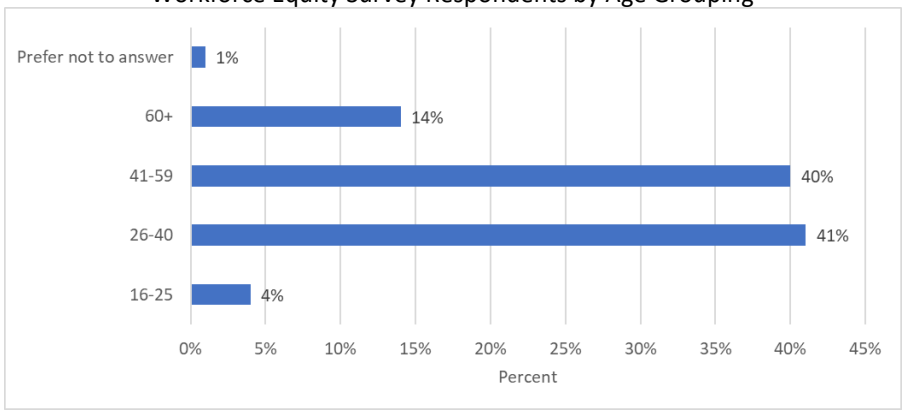
Figure 8
Workforce Equity Survey Respondents by Current Gender Identity



Source: SCBH BHP Workforce Equity Survey FY2022/23

Figure 9 demonstrates the age groupings for workforce survey respondents. Forty-one percent (70) of the respondents identified as being between the ages of 26 and 40 years old, 40% (68) between 41-59, 14% (24) 60 and over, and 4% (7) of the respondents identified as transitional age youth (ages 16-25).

Figure 9
Workforce Equity Survey Respondents by Age Grouping



Source: SCBH BHP Workforce Equity Survey FY2022/23

INTRODUCTION

Linguistic Capacity

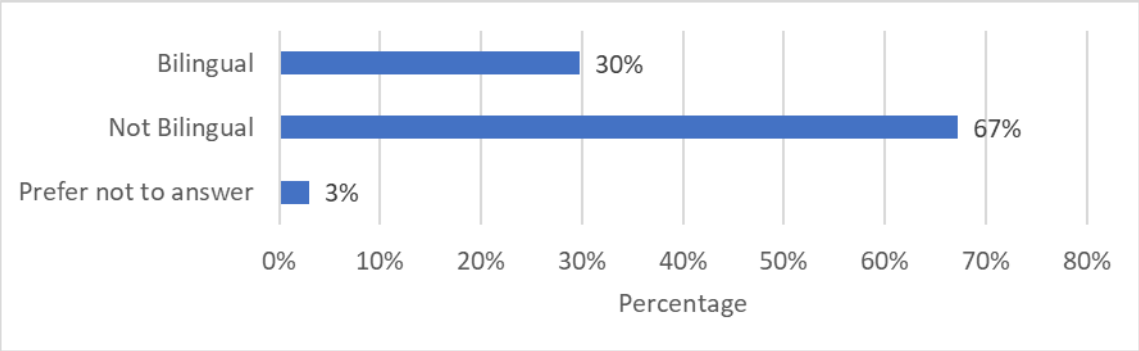
Solano County's current threshold language is Spanish, and Tagalog continues to be a sub-threshold language. Data related to primary and preferred language for BHP consumers served from July-March of FY 2022/23 is listed in the table below. Of the 4,969 consumers served 86% (4,294) identified their "primary language" as English, 8% (385) as Spanish, and 1% (57) as Tagalog. In regards to "preferred language" 84% (4,166) of the consumers identified English, 6% (274) Spanish, and 1%% (34) as Tagalog.

Total # of Consumers: 4,969		
Language	**# of Consumers by Primary Language**	**# of Consumers by Preferred Language**
American Sign Language (ASL)	2	4
Arabic	4	1
Cambodian	0	1
Cantonese	8	9
English	4,294	4,166
Farsi	4	1
Hindi	1	0
French		1
Ilocano		1
Italian	0	1
Japanese		1
Korean	2	3
Laotian	2	1
Mandarin	0	0
Mien	1	1
No Entry	162	429
Other Chinese	1	0
Other Non-English	18	18
Other Sign Language	0	1
Portuguese	4	3
Punjabi	7	0
Spanish	385	274
Tagalog	57	34
Thai	2	0
Unknown	4	11
Vietnamese	11	8

INTRODUCTION

Figure 10 shows bilingual status for workforce survey respondents with 30% (51) of the 171 survey respondents identifying as bilingual and of those 21% (12) identified as being in bilingual certified positions and compensated for their linguistic skills.

Figure 10
Workforce Equity Survey Respondents by Bilingual Status



Source: SCBH BHP Workforce Equity Survey FY2022/23

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

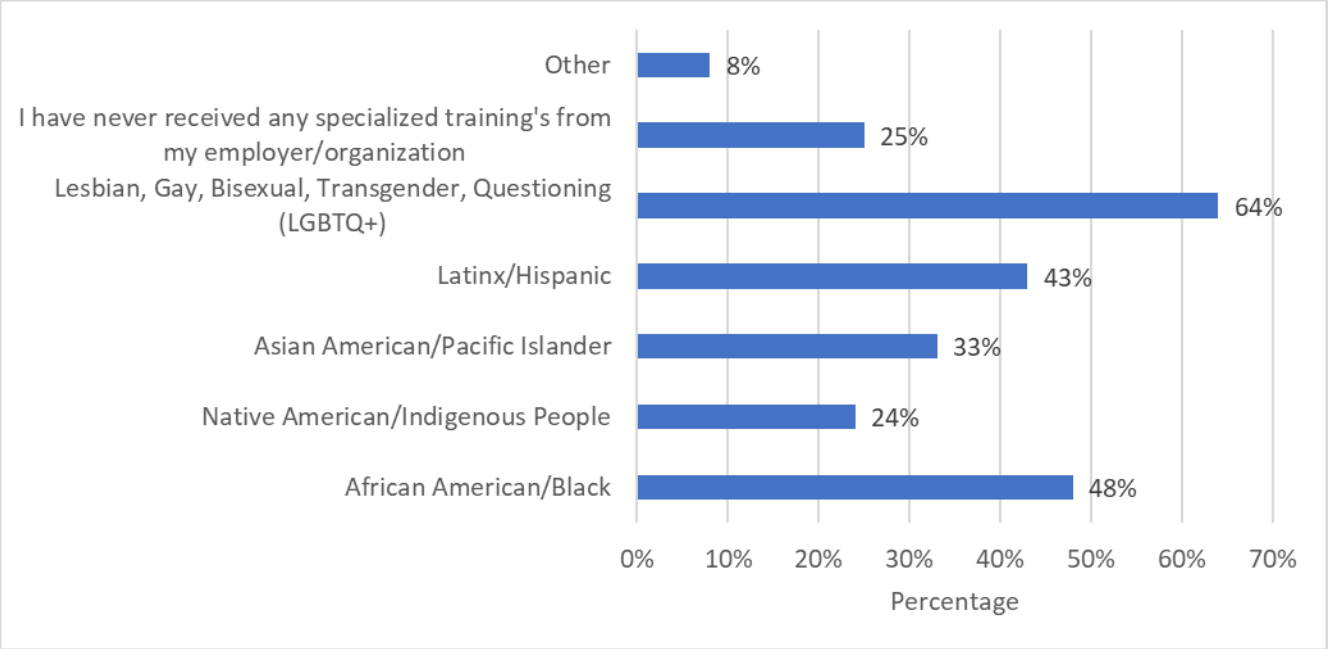
Over the course of the last three FYs SCBH has funded multiple rounds of *Behavioral Health Interpreter Training* (*BHIT*) provided by the National Latino Behavioral Health Association. One (1) session was held for bilingual staff to enhance skills related to how to act in the role of an interpreter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

INTRODUCTION

Training

SCBH continues to place a significant emphasis on the provision of training for the workforce to include trainings in cultural humility, evidenced-based practices, strategies for working with specific populations, etc. Two cohorts of 46 supervisors and managers from County and contractor programs have completed *Promoting Cultural Sensitivity in Clinical Supervision* provided by Dr. Kenneth V. Hardy, Ph.D. In order to support this effort monthly consultation sessions with Dr. Hardy continue to be held for participants who completed the supervision training. Additionally, trainings provided by Dr. Hardy have been provided for direct service staff and other partners. Eighty percent (130) of the total respondents reported receiving cultural humility training in the past year. Sixty percent (97) of the respondents reported having been trained in how to access interpreter services. Of the 163 respondents who answered a question related to comfortability utilizing interpreter services 32% (52) endorsed being comfortable using interpreters when necessary. SCBH will explore additional trainings to support the workforce to feel more confident utilizing interpreters in their work. Figure 11 demonstrates survey respondents' reporting of specialized training received by their employer to better meet the needs of various underserved populations.

Figure 11
Workforce Equity Survey Respondents by Specialized Training



Source: SCBH BHP Workforce Equity Survey FY2022/23

For the FY2021/22 Workforce Equity Survey questions were added to identify staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner violence, neglect, etc.), and involvement with the foster care system in an effort to continue to combat stigma and promote the values of recovery and resilience. These questions continued to be included in the most recent FY2022/23 survey. The results are as follows:

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

INTRODUCTION

Implementation of the CLAS Standards

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

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

BHP Network Adequacy

In February of 2018, County BHPs were informed by the DHCS that they would need to track and report on the adequacy of the BHP network of services it uses to serve Medi-Cal eligible individuals. Network Adequacy standards consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the electronic health record, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. Starting in FY2021/22 DHCS initiated a monthly reporting process through a web-based portal that will be used to support the annual certification. During FY2021/22, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH complies with all Network Adequacy standards.

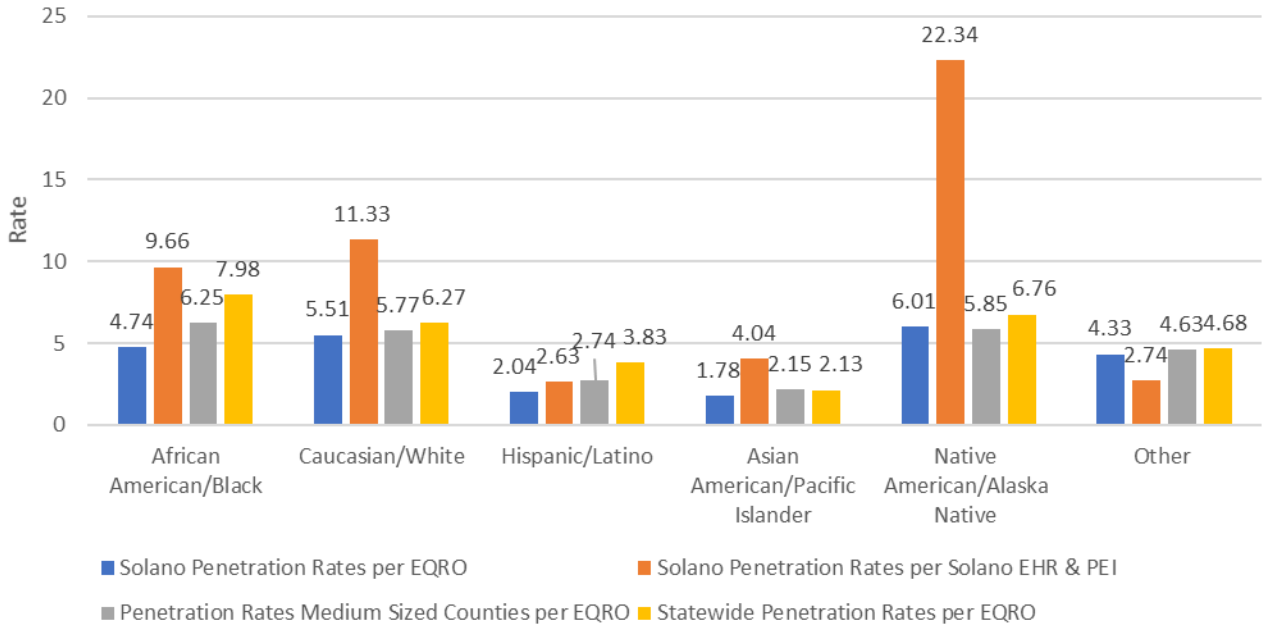
EQRO Annual Report

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

INTRODUCTION

Figure 6 shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state. Penetration rates are calculated using the total number of county Medi-Cal eligible by race compared to billed Medi-Cal services as identified through the annual External Quality Review Organization (EQRO) Report (CY 2020 is most current data available). It is important to note that EQRO only reviews Medi-Cal billing through the Department of Health Care Services (DHCS) which will not include services that the BHP provides for uninsured indigent consumers, or consumers served through PEI funded programs that do not bill Medi-Cal. Therefore, SCBH has included data directly from the electronic health record (EHR) and PEI reporting tools for actual services rendered by race, regardless of whether SCBH was reimbursed by the state. This adjustment provides a more accurate depiction of service delivery and disparities. It is important to note that this penetration data does not reflect consumers served by Kaiser through the Kaiser Medi-Cal carve out. Significant strides have been made related to serving the Hispanic/Latino and Asian American/Pacific Islander communities. Upon review of the differences between the EQRO penetration rates for Solano versus penetration rates calculated directly from the County's EHR and PEI reporting tools, inferences can be made that there are higher rates of Caucasian/White and African American/Black uninsured indigent community members which is aligned with the most recent **Solano County Point in Time (PIT) Count 2022**, assessment of the local homeless population, whereby 51.2% of the homeless population was Caucasian/White and 33.2% were African American/Black.

Figure 6
CY 2020 Solano County Penetration Rates Compared to Other Medium Sized Counties & State



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

Community Education on the System of Care

SCBH utilizes system mapping to assist with providing the community an overview of funded programs for the Children's SOC and Adult SOC (see Appendix, page 64) as well as Children's levels of care (LOC) and Adult's LOC (see Appendix, pages 65). Throughout the year SCBH staff members provide presentations on the SOC for community partners which includes the BHP target population, funding sources, MHSA components, the community's role, how to access services, children and adult programming, acute care services and resources (see Appendix. Page 66, for a sample SOC presentation). During FY2021/22 the MHSA Unit provided 5 SOC trainings for community partners, in addition to the SOC trainings that were embedded in MHSA CPP meetings.

INTRODUCTION

Community Program Planning Process

Community Engagement

The MHSA Unit scheduled ten CPP meetings across Solano County intended to develop the Annual Update and new Three-Year Plan. Meetings were held in-person and virtually via Zoom which community members endorsed during recent CPP evaluations as COVID-19 restrictions have lifted in recent months. The MHSA Unit engaged 249 unduplicated individuals in this year's community program planning process which included representation from consumers; family members of consumers; community members; behavioral health staff and providers; staff from local educational agencies, child welfare, law enforcement, public health, and other community organizations; as well as representatives from the County's identified underserved, unserved, and/or disproportionately served African American, Asian American Pacific Islander, Native American/Indigenous, Latino/Hispanic and LGBTQ communities.

Community Program Planning Meetings & Participation

CPP Meetings 2022-2023	# Attendees
September 13, 2022; 10AM-12PM (SCBH Diversity & Equity Committee Bi-Monthly Meeting via Zoom)	26
September 19, 2022; 9AM-11AM (MHSA Annual Update Focused: Virtual Community Meeting via	23
September 20, 2022; 10AM-12PM (MHSA Annual Update Focused: Virtual Community Meeting via	9
September 21, 2022; 9AM-10:30AM (Solano County Suicide Prevention Committee Monthly Meeting	22
September 21, 2022; 1:30PM-3:30PM (MHSA Annual Update Focused: Virtual Community Meeting via	15
September 22, 2022; 10AM-12PM (MHSA Annual Update Focused: Virtual Meeting via Zoom)	20
September 26, 2022; (MHSA Annual Update Focused: Virtual Community Meeting via Zoom)	21
September 28, 2022; (MHSA Annual Update Focused: Virtual Community Meeting via Zoom)	10
September 30, 2022; (Fairfield Adult Wellness Recovery Center Site Visit – Focus Group)	10
October 4, 2022; (Vallejo Adult Wellness Recovery Center Site Visit – Focus Group	14
February 16, 2023; 3PM-5PM (MHSA 3-Year Plan Focused Meeting held at 675 Texas Street Fairfield,	3
February 21, 2023; 9AM-11AM (MHSA 3-Year Plan Focused Meeting held at 1 Town Square Vacaville,	0
February 21, 2023; 3PM-5PM (MHSA 3-Year Plan Focused Meeting via Zoom)	19
February 22, 2023; 1PM-3PM (MHSA 3-Year Plan Focused Meeting via Zoom)	11
February 23, 2023; 3PM-5PM (MHSA 3-Year Plan Focused Meeting held at JFK Library 505 Santa Clara	0
February 27, 2023; 10AM-12PM (MHSA 3-Year Plan Focused Meeting via Zoom)	17
February 27, 2023; 3PM-5PM (MHSA 3-Year Plan Focused Meeting via Zoom)	6
February 28, 2023; 1PM-3PM (MHSA 3-Year Plan Focused Meeting via Zoom)	12
March 14, 2023; Fairfield Adult Wellness Recovery Center Site Visit – Focus Group	3
March 15, 2023; Vallejo Adult Wellness Recovery Center Site Visit – Focus Group	8
Total number of MHSA Unit staff participating in various meetings (not included in attendee count)	11

*Two of the in-person meetings were cancelled due to low participation. Community members opted to register and attend the virtual meetings instead.

INTRODUCTION

The SCBH Recovery/Resilience Liaison and Family Liaison facilitated four additional in-person CPP focus group meetings with consumers at the Fairfield and Vallejo Adult Wellness Recovery Center sites. There were 35 consumers that participated at both centers and the feedback received from these attendees is included in the overall feedback gathered during the Solano County CPP process.

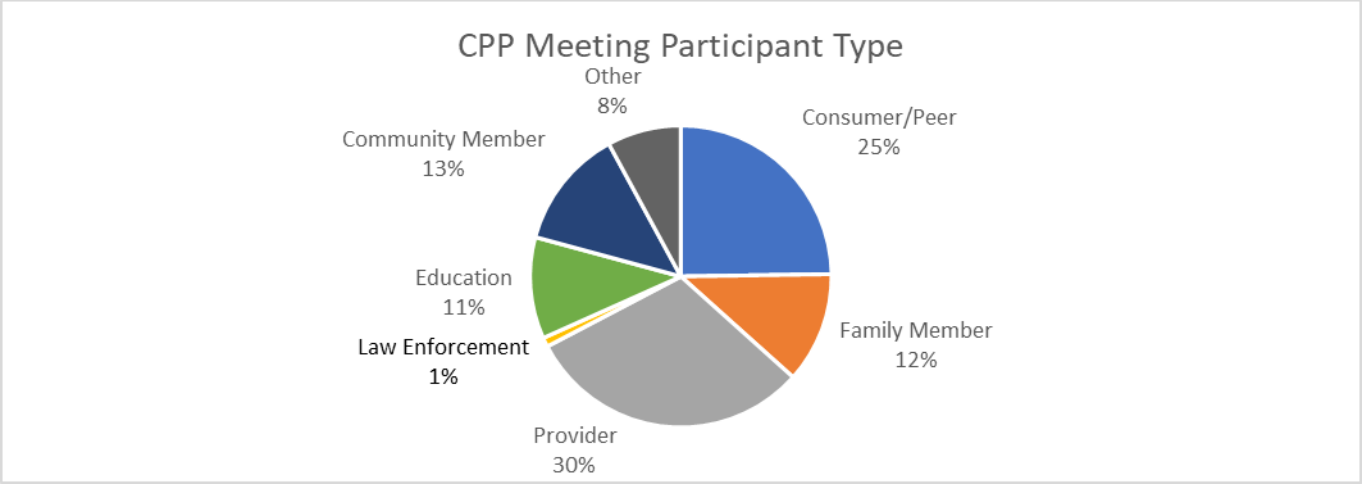
The CPP meetings held by SCBH included a presentation on the history and components of MHSA, the role of the community in the CPP process, state and local MHSA updates, data related to MHSA funded programs and services rendered during FY 2022/2023, followed by breakout sessions to prompt group discussions to elicit feedback from participants regarding community needs, new ideas and/or gaps within the mental health system of care. Additionally, throughout the meeting polls were used to solicit information from the participants.

Community planning meetings were advertised through the following avenues: email announcements to over 475 community partners; emails to all County Health and Social Services staff which includes over 1,500 employees; emails sent out through partner email distribution lists; meeting fliers printed in English and Spanish posted in County and Contractor clinic lobbies; posts on the SCBH Website and on social media platforms including Facebook, Instagram and Twitter. Additionally, advertisements for the MHSA CPP meetings were placed in the local newspapers in Solano County's major cities including Vallejo, Benicia, Fairfield, Vacaville and Dixon.

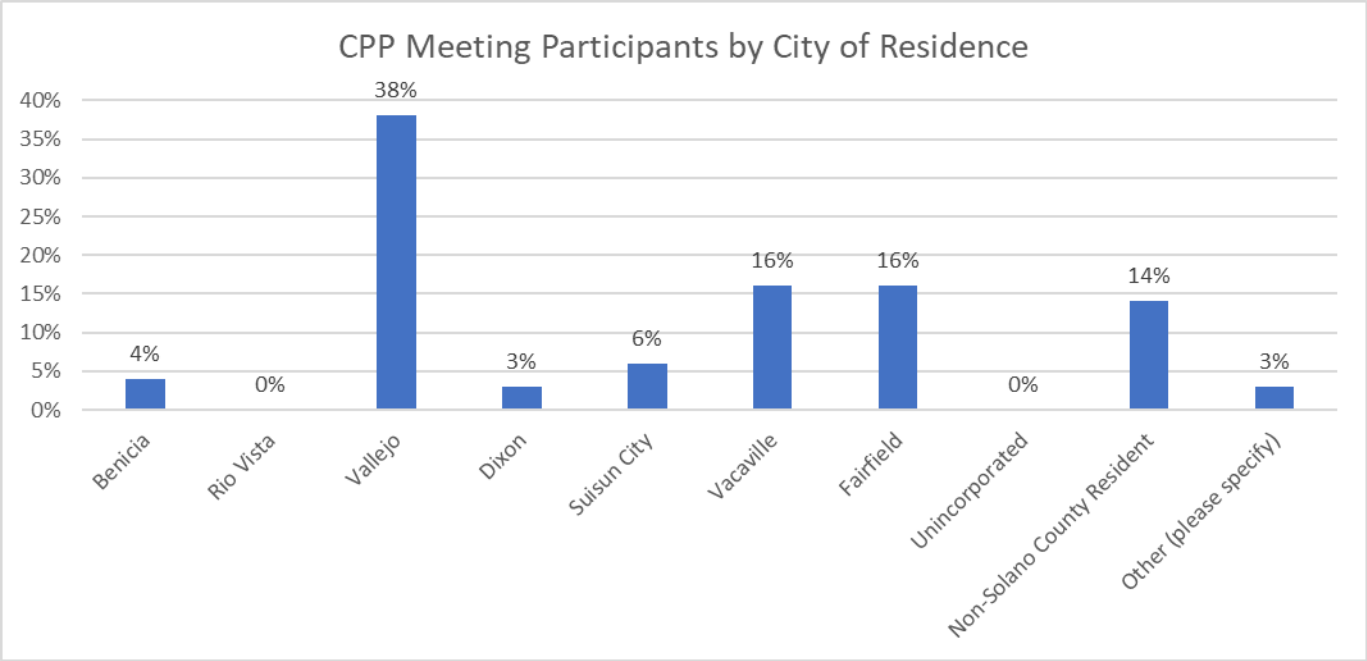
CPP Participant Demographics

Demographic information was collected through electronic and paper surveys during registration for in-person and virtual meetings as participants logged/signed in.. The survey gathered the following from participants: age range, city individuals lived and/or worked in, race/ethnicity, preferred and primary languages, gender identity, sexual orientation, veteran's status and/or involvement with the military, lived experiences with mental health and substance use, and the types of community partners that attended.

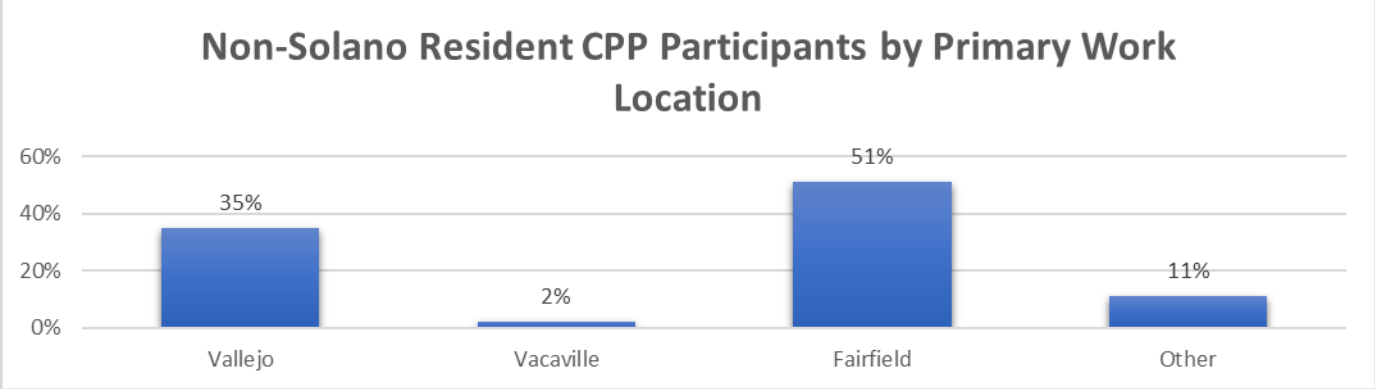
Of the 249 unduplicated meeting attendees, 170 completed the survey questions. 86% were between the ages of 26-59, 12% were over the age of 60, and 2% were between the ages of 16-25. . Regarding race/ethnicity, 38% of the attendees identified as White, 16% as Latinx/Hispanic, 21% as Black/African American, 2% as American Indian/Alaska Native, 19% as Asian American Pacific Islander, and 4% as more than one race.. English was the primary language for 84% of the attendees, 5% Spanish, 8% Tagalog, 2% as American Sign Language, and 2% as another language. Of the 118 attendees who answered the question related to current gender identity, 70% identified as female, 27% as male, 2% as Nonbinary,, and 1% preferred not to answer. Regarding sexual orientation of the 129 attendees who answered this question, 84% identified as heterosexual, 5% as lesbian, 3% as gay, 3% as queer, 2% as bisexual and 1% declined to answer. In addition, 4% of the attendees identified as Veterans, 2% served in the military, and 28% of attendees had a family member of an individual who is active in the military, served, or is a veteran. 30% of the participants identified as having lived experience of mental health and 33% as a loved one of a friend or family member with lived experience of mental health.



INTRODUCTION



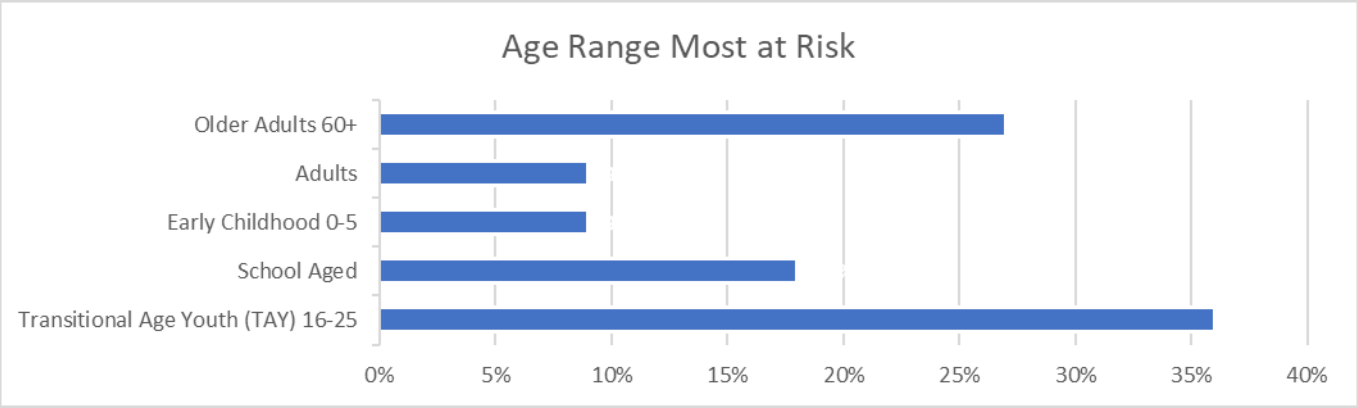
When reviewing CPP participant by city of residence it appears that there was good representation from the various regions in the County, however it appears targeted outreach is needed to engage the Rio Vista and Dixon communities. In regard to the large representation from non-county residents, SCBH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



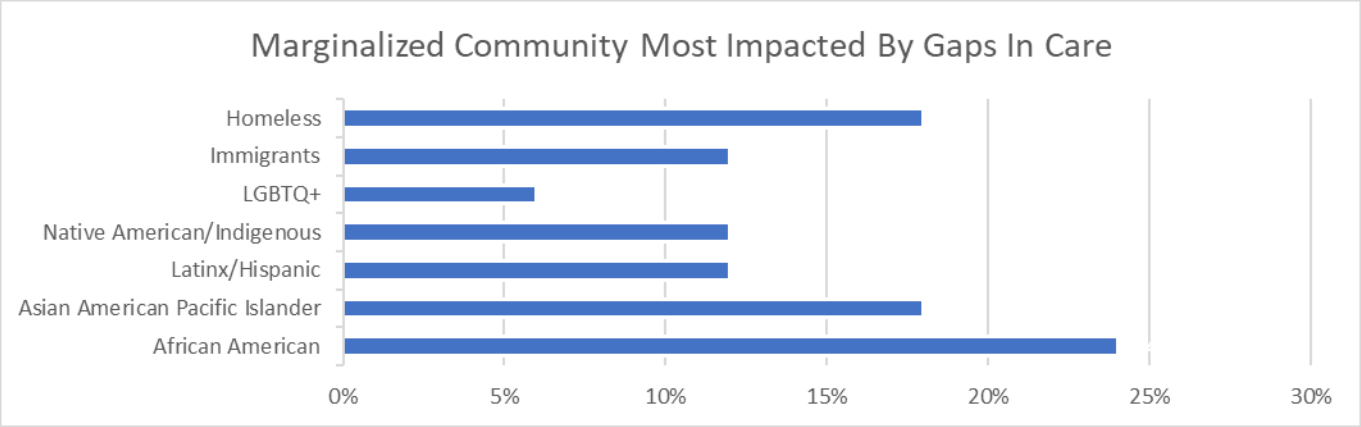
INTRODUCTION

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

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



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



INTRODUCTION

The following items were the top priorities identified through the CCP process. SCBH currently funds programs and strategies that address many of the identified needs. As funds become available, SCBH will make adjustments to current MHSA funded contracts to expand services and strategies to address the needs identified by the community.

Below are the top five strengths identified by participants during the **CPP in-person and** virtual meetings:

1. Participants stated appreciation for the collaborative efforts between behavioral health agencies to support consumers linkages to needed resources.
2. Participants expressed feeling supported by SCBH's community engagement efforts which has helped build trust with community partners
3. Participants shared positive feedback regarding SCBH's equity efforts towards reducing disparities for vulnerable communities.
4. Participants also shared positive remarks about SCBH's outreach efforts and resources available to the community.
5. Participants made several comments about the support they have experienced when supporting consumers seek services via SCBH's Access Line.

Below are the top five areas for improvement that were identified by participants during the **CPP in-person and** virtual meetings:

1. Participants expressed the need for SCBH to improve advertisement of resources available, implement more stigma reduction strategies, expand culturally responsive materials, and increase tabling/outreach efforts.
2. Participants expressed a need for more staffing for SCBH programs, recognizing the difficulties and negative impacts staff shortages within our system of care have had on access to care, appointments, etc.
3. Participants indicated a need to provide additional support for K-12 schools including students in foster care, support for parents of school-aged children, and postvention support in schools after critical incidents (i.e. suicide, homicide, community violence, etc.)
4. Participants shared a need to provide more supports and resources for consumers experiencing homelessness.
5. Participants also communicated a need for additional resources and supportive services for seniors.

MHSA Modernization

It is important to note, Governor Newsom has proposed significant legislation in an attempt to modernize California's Behavioral Health System and provide more mental health housing and other flexibilities in the MHSA. Specifically, the proposal includes redistributing MHSA funding components. The proposed changes might be implemented during the cycle of this Three-Year Plan and the MHSA Coordinator shall work to keep community partners apprised of potential local impacts and work collaboratively to ensure there is appropriate community engagement in ongoing program planning efforts. More information can be found on the CalHSS website **here**.

MHSA Steering Committee

The MHSA Steering Committee includes representation from consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's unserved/underserved/disproportionately served African American, Asian American Pacific Islander, Latino/Hispanic, Native American, and LGBTQ communities. SCBH has shared the plan draft to provide information regarding the outcome of the CPP process and current budget considerations.

INTRODUCTION

Local Review Process

On draft versions of both the *Mental Health Services Act* (*MHSA) Three-Year Plan for FY 2023/24 – FY2025/26* were posted on the Solano County MHSA web page at **https://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp** for 30-day Public Comment. In addition, the Mental Health Services Act (MHSA) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via e-mail and the new Solano BH newsletter to all community partners; and an email was sent to County Health and Social Services staff.

Due to severe shortage of staff and leadership for Solano BH, specifically the vacancy of the MHSA Coordinator role in February 2023, the timeline for the completion of this plan and the local review process were delayed this year.

The 30-Day Public Comment period was from **July 18, 2023—August 15, 2023**. A Public Hearing will be held virtually in partnership with the Solano County Local Mental Health Advisory Board (MHAB) on **August 15, 2023 from 3:30pm – 4:30pm** in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20. Public Comment forms were posted on the website and the comment box via the virtual platform was used to collect public comments made at the Public Hearing.

Following the Public Hearing, the new MHSA Three Year Plan will be presented to the Solano County Board of Supervisors **August 22, 2023** for approval and then will be submitted to MHSOAC and DHCS.

MHSA THREE-YEAR PLAN

Solano County Behavioral Health

The *MHSA Three-Year Plan FY 2023-26* describes a vision for mental health services in Solano County, characterized by services that span the lifespan of our consumers from early childhood through the older adult years and trace a continuum of services including prevention activities, early intervention services, intensive treatment and recovery-oriented services.

In addition to the core values of MHSA, the *MHSA Three-Year Plan FY 2023-26* also emphasizes SCBH's commitment to:

- Expand services to unserved marginalized communities.
- Provide mental health treatment services that are effective, and when appropriate utilize evidenced-based practices (EBP) or best practices.
- Collaborate with public and private agencies across systems, so that consumers and families experience an integrated service experience.
- Assist those with private insurance to get linked to services covered by their insurance carrier.
- Ensure accountability regarding the use of MHSA funding which includes enhanced data collection and program oversight.
- Leverage MHSA dollars with alternative funding sources, such as Early Periodic Diagnosis, Screening and Treatment (EPSDT), Specialty Medi-cal, Medicare, Mental Health Block Grant, and/or other grants when possible in order to expand services.

In the pages to follow, we describe the programs and strategies in more detail for each age group funded by the MHSA continuum of care which is comprised of prevention, early intervention, intensive treatment, and recovery services, as well as targeted strategies to improve the system as a whole including efforts to reduce disparities, workforce development and training. Given SCBH has worked diligently to develop strong and comprehensive programming funded by MHSA, many of the existing program components and targeted strategies will remain intact. That being said, while the stakeholders and the County are in support of maintaining the foundational elements of the MHSA programs and strategies it may be that there will be changes in terms of the providers delivering the programs and/or strategies. This will be determined by the County procurement process following the adoption of the Plan by the Solano County Board of Supervisors. As such please note that throughout the body of the new plan you will see references to "Contractor" rather than the name of an agency or vendor unless the program or strategy is provided by a County entity.

Community Services & Supports (CSS) Programs & Strategies

The CSS funding component is used to enhance the mental health service delivery system in order to provide treatment and recovery services for children and youth, transition age youth, adults and older adults. Seventy-six percent (76%) of all MHSA funds are directed to CSS programming and strategies to improve the overall mental health system. CSS programming consists of four components:

⇒ **Full Service Partnerships (FSP)** – is a CSS service category of which 51% of the CSS funding must be used by the County for the provision of intensive mental health and case management for children, youth, adults and older adults who are eligible.

⇒ **General Systems Development (GSD)**– is a CSS service category geared to improve the County's mental health service delivery system for all consumers and/or to pay for specified mental health services and supports for consumers, and when appropriate their families.

⇒ **Outreach and Engagement (O&E)** –is a CSS service category the County uses to outreach to, identify, and engaged underserved marginalized communities in order to increase access and reduce disparities identified by the County.

⇒ **Mental Health Services Act Housing Program** –is a CSS service category geared to provide funding for housing supports primarily for persistently seriously mentally ill adult consumers, and when available housing for children/ youth who are seriously emotionally disturbed, and their families.

In addition to the programs and services referred to above, CSS funding will also be utilized in order to continue efforts geared to the training and development of the mental health workforce and peer consumers which was previously funded by WET funding. The use of CSS funding for these purposes requires endorsement from the community during the CPP process and approval by the California Mental Health Services Oversight and Accountability Committee (MHSOAC).

COMMUNITY SERVICES & SUPPORTS

Full Service Partnerships

Full Service Partnerships (FSP) Programs are delivered by both the County and contract providers for consumers who are determined to be eligible for FSP level services. Individuals served by FSP programs have more severe mental health conditions as defined as; seriously emotionally disturbed (SED) children/youth or seriously persistently mentally ill (SPMI) adults who are currently at risk of or have recently been at risk of the following: hospitalization, out of home placement, homelessness, involvement with the justice system, co-occurring substance use conditions, incarceration or are part of an unserved/underserved population. FSP services involve a multidisciplinary approach including but not limited to: clinicians, case managers or specialists, peer/parent support counselors, co-occurring specialists, vocational specialists, nursing staff, and psychiatry providers (when indicated), working collaboratively with consumers and their families. The FSP provider in collaboration with the consumer, and when appropriate the consumer's family, develops Individual Services & Supports Plans in order to provide a full spectrum of community services to assist consumers in achieving identified goals. Services are provided in homes, the community and the office setting pending the need of the consumer. FSP intensive services are delivered in a manner that are culturally and linguistically responsive with a focus on the promotion of wellness, recovery and resiliency.

FSP intensive services may include the following:

- Individual Therapy
- Individual Rehab
- Family Therapy
- Group Rehab, Group Therapy or Collateral Groups for family members
- Collateral Support: psycho-education and support for family members, caretakers, and other identified support persons
- Intensive Case Management: referral and linkage to community resources
- Psychiatric Evaluation and Medication Management
- Nursing Services
- Crisis Intervention Services
- 24/7 warmline crisis support

SCBH uses a Transitions in Care (TIC) committee process to review cases referred for FSP level services in order to determine the most appropriate level of care, edibility for FSP, and if an FSP level of treatment is warranted the TIC committee refers the consumer to the most appropriate FSP program.

Several of the FSP Programs serve specialty populations to include: children involved with Child Welfare, children and youth who are identified as commercially sexually exploited children/youth (CSEC), adults with justice involvement, and adults who are unhoused.

All of the FSP adult programs funded by SCBH have been trained in the Assertive Community Treatment (ACT) evidenced-based practice (EBP)- integrating Forensic ACT, implemented in FY18-19. The adult team also includes an employment liaison who is embedded with the Individual Placement and Support (IPS) evidence based practice team (see Employment Services & Support Strategy, page 33) to focus on work goals, implemented in FY19-20. All of the FSPs programs serving youth have been implementing the Transitions to Independence Process (TIP) evidence based practice since FY19-20.

Driven by a "whatever it takes" and harm reduction philosophy, FSP programs collaborate with a wide variety of community agencies and organizations to ensure a full array of services, to meet housing, social/recreational, vocational, medical, and educational needs. All FSP programs must be accountable, and report data on consumer hospitalizations, use of emergency mental health services, homelessness, incarceration, and out-of-home placements using the state Data Collection Reporting (DCR) system.

COMMUNITY SERVICES & SUPPORTS

Name of Program: SCBH Child/Youth FSP—County

Program Description
The SCBH Child/Youth FSP program provides intensive services for children and youth with serious emotional conditions, up to 21 years old including their families. In addition to the FSP mental health services listed on page 26, the program also provides educational support, family stabilization, and linkage to substance abuse services when indicated. The children/youth served by this program are referred through the Youth Transitions in Care (Y-TIC) Committee and have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. SCBH offers FSP services throughout Solano County. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness • Reduce or prevent placement loss Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age		
Ages 0-5: **3**	Ages 6-15: **100**	Ages 16-25: **18**

Funding	
Total Annual Funding: **$3,302,455**	Estimated Cost per Person: Estimated Cost per Person: $26,420 and projected # of individuals to be served: **125**

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

Program Description
The FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with the Child Welfare System. In addition to the FSP mental health services listed on page 26, the program also provides educational support, family stabilization, and linkage to substance abuse services when indicated. The children and youth served by the program are referred directly from Solano County Child Welfare and have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, have continued involvement with child welfare, and may have had multiple placement changes, etc. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness • Reduce or prevent placement loss Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age		
Ages 0-5: **6**	Ages 6-15: **12**	Ages 16-25: **75**

Funding	
Total Annual Funding: **$2,753,803**	Estimated Cost per Person: **$27,538 and projected # of individuals to be served: 100**

COMMUNITY SERVICES & SUPPORTS

Name of Program: Transition Age Youth (TAY) FSP—Contractor

Program Description
The TAY FSP program delivers intensive strengths-based mental health services and support to youth with serious emotional conditions ages 16-25. The TAY FSP Program places an emphasis on recovery and wellness while providing an array of mental health services. In addition to the FSP services listed on page 26, the program also provides community and social integration services to assist individuals with developing skills that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The youth served by this program are referred through the Youth Transitions in Care (Y-TIC) Committee and have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. Additionally, the program specializes in serving commercially sexually exploited children/youth (CSEC). While the program primarily serves TAY aged consumers, SCBH approved the program to serve children as young as 10 years old at risk of CSEC or currently being exploited. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police. The TAY FSP Program works closely with another community-based organization that provides transitional housing for up to 8 TAY consumers. A TAY Collaborative was launched in FY 20/21 to better support the various organizations that serve the TAY population to improve the quality of services delivered for youth by better coordinating services and resources.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness/placement loss • Increase independent living skills • Reduce risk factors for CSEC Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age		
Ages 0-5: **N/A**	Ages 6-15: **10**	Ages 16-25: **35**

Funding	
Total Annual Funding: **$1,699,445**	Estimated Cost per Person: **$37,765 and projected # of individuals to be served: 45**

COMMUNITY SERVICES & SUPPORTS

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

Program Description
The SCBH-operated ACT FSP program serves adults with serious and persistent mental health conditions who have recently been discharged from an inpatient hospital or are currently involved with the criminal justice system, including consumers recently released from a local jail and/or are incarcerated and pending eminent release to the community. In addition to the FSP mental health services listed on page (x), the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The adults served by this program are referred through the TIC Committee or through the Forensic Triage Team who receives referrals directly from the Courts, Probation, Assisted Outpatient Treatment (AOT). The goals of the program include: supporting consumers in creating stable lives, preventing recidivism and homelessness, increasing employment, and promoting wellness through independence, hope, personal empowerment, and resilience.. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age				
Ages 0-5: **N/A**	Ages 6-15: **N/A**	Ages 16-25: **20**	Ages 26-59: **100**	Ages 60+: **24**

Funding	
Total Annual Funding: **$2,654,079**	Estimated Cost per Person: **$18,431 and projected # of individuals to be served: 144**

Name of Program: Contractor Adult FSP

Program Description
The contractor-operated Adult FSP program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, involved with the criminal justice system, or homeless. Consumers are referred through the Transitions in Care (TIC) Committee. In addition to the FSP mental health services listed on page 26, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age				
Ages 0-5: **N/A**	Ages 6-15: **N/A**	Ages 16-25: **10**	Ages 26-59: **65**	Ages 60+: **18**

Funding	
Total Annual Funding: **$2,213,460**	Estimated Cost per Person: $22,134 and projected # of individuals to be served: 100

COMMUNITY SERVICES & SUPPORTS

Name of Program: Contractor Adult HOME FSP

Program Description
The Homeless Outreach Motivation & Engagement (HOME) FSP, operated by a community-based organization, serves the County's seriously mentally ill adults who are experiencing homelessness (situational or long-term) or those who are at risk of becoming homeless. The HOME FSP Program conducts outreach and engagement activities at local shelters, homeless encampments, and at locations in which the homeless community congregates in order to identify individuals that have disabling mental health conditions that have contributed to them being homeless to promote engagement in treatment, linkage to transitional and permanent housing, and reduced rates of incarceration and hospitalization for this population. In addition to the FSP mental health services listed on page 26, the program also provides community and social integration services to assist individuals with developing skills that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program uses the Housing First model and assertive engagement approach to meet consumers' needs working towards residential stability and recovery. The program is designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, shelters, and police.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.

Estimated Consumers to be Served by Age				
Ages 0-5: **N/A**	Ages 6-15: **N/A**	Ages 16-25: **8**	Ages 26-59: **60**	Ages 60+: **8**

Funding	
Total Annual Funding: **$1,207,332**	Estimated Cost per Person: $14,203 and projected # of individuals to be served: 85

COMMUNITY SERVICES & SUPPORTS

General Systems Development

The CSS General Systems Development (GSD) Strategies will continue to include existing program service components that provide significant support to the SCBH system of care which includes:

- Crisis Services and Supports
- Wellness and Recovery Programming
- Targeted System Supports
- Programming for Justice Involved (formerly referred to as "Mentally Ill Offender Programming")
- MHSA Housing Supports

Crisis Services & Supports

The following programs provide crisis services and supports for individuals currently experiencing an acute crisis or having recently experienced an acute crisis and include crisis stabilization services through the Crisis Stabilization Unit (CSU) and Crisis Aftercare and Relapse Prevention services for adult consumers who have recently been discharged from an inpatient facility or are high users of the CSU.

Name of Program: Crisis Stabilization Unit (CSU)—Contractor

Program Description	
The Crisis Stabilization Unit (CSU), operated by a community-based organization, is the County's provider for crisis stabilization services and linkages to a spectrum of crisis mental health services. Operating 24 hours a day, 7 days a week, consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU service is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals in a psychiatric emergency, providing assessment and emergency treatment and when their crisis has abated, linking those individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placements in order to ensure consumer and community safety.	
Program Indicators	
• Reduce or prevent hospitalizations • Link consumers to ongoing community-based treatment and support services • Consumer satisfaction Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: **$4,486,154**	Estimated Cost per Person: Estimated Cost per Person: $4,803 and projected # of individuals to be served: 934

Name of Strategy: Crisis Aftercare & Relapse Prevention —County

Strategy Description	
The Crisis Aftercare & Relapse Prevention team strategy, delivered by SCBH, serves adults (18+) who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the crisis stabilization unit (CSU) or other emergency services. The County staff will provide up to 60 days of engagement and crisis after-care services to ensure linkage to ongoing community-based treatment services including a follow-up service within seven (7) days of discharge from an inpatient facility and a medication service within thirty (30) days of discharge from an inpatient facility.	
Strategy Indicators	
• Reduce recidivism/reentry to inpatient facilities • Provide a follow-up appointment within 7 days of discharge from an inpatient facility • Coordinate a follow-up appointment with a psychiatry provider within 30 days of discharge from an inpatient facility. • Link consumers to ongoing community-based treatment and support services Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: **$784,054**	Estimated Cost per Person: $4,612 and projected # of individuals to be served: 170

COMMUNITY SERVICES & SUPPORTS

Wellness & Recovery Programming

The following programs are focused on providing programming that is focused on the values of wellness and recovery with an emphasis on the resiliency of peer consumers and families who have been impacted by mental illness. These programs include the SCBH Wellness and Recovery Unit, Wellness and Recovery Centers for adult peer consumers, and the Employment Services program.

Name of Program: Wellness & Recovery Unit (WRU)—County

Program Description
The SCBH WRU program provides direction for wellness and recovery activities in the County, and provides regular consumer-run support groups, family support groups, trainings and educational events for the community. The WRU recruits consumers and family members to provide the consumer voice and perspective to MHSA planning and evaluation activities. This program also recruits and trains peer consumer volunteers and during FY 18/19 expanded to include three Peer Support Specialists (PSS) positions. The PSS staff are co-located in the county-operated ACT FSP and the three county-operated Integrated Care Clinics that provide psychiatry and medication services.
Program Indicators
• Provide peer run consumer support groups • Provide support groups for families impacted by mental illness • Provide peer-to-peer support in county operated adult programs Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$1,088,548**	Estimated Cost per Person: $1,244 projected # to be served: 875

Name of Program: Wellness & Recovery Centers (WRC)—Contractor

Program Description
The WRCs, operated by a community-based organization, function as drop-in centers providing a safe and welcoming place for adult consumers with serious persistent mental conditions. Staff at the WRCs, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. The WRCs support peer consumers in building on their strengths to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans, support groups, 12-step support, peer counseling and mentoring, employment preparation, workshops on self-management, health and life skills, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided. One WRC located in Fairfield is open 6 days a week, another WRC is located in Vallejo and is open 5 days per week, and 2 days a week WRC services are provided through a satellite site in Vacaville.
Program Indicators
• Provide peer consumer support groups • Create WRAP plans with consumers served • Provide opportunities for volunteerism and employment services Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: 1,097,144	Estimated Cost per Person: $6,649 projected # to be served: 165

COMMUNITY SERVICES & SUPPORTS

Name of Program: Employment Services & Support—Contractor

Program Description
The Employment Services Program is delivered by a community-based organization in partnership with SCBH. The program provides employment and educational services for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment. The program is trained and implementing the Individual Placement and Support (IPS) evidenced-based model. The goal of this program is for consumers to obtain and maintain competitive employment to attain income and reduce stigma, isolation, and impairments. Services include a collaborative assessment and employment plan, employment preparation, job development and placement, job coaching and follow-up/retention support.
Program Indicators
• Provide pre-employment services and support • Place consumers in competitive employment positions • Increase the employment rate for consumers Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: $772,921	Estimated Cost per Person: $4,111 projected # to be served: 188

COMMUNITY SERVICES & SUPPORTS

Targeted System Supports

The following programs and/or strategies are geared to address specific gaps or needs for particular populations including: adult consumers in need of case management; non-English speaking consumers; young children at risk of expulsion from daycare/preschool; and foster children/youth including strategies to support recent legislative changes including Katie A. and Continuum of Care Reform (CCR); etc.

Name of Strategy: Adult Care Coordination Teams

Strategy Description
Each of the three SCBH-operated regional adult outpatient clinics, located in Vallejo, Fairfield and Vacaville, had primarily provided medication services for adults with serious mental health conditions and the clinicians were mainly facilitating intake assessments. Each clinic employed a Mental Health Specialists (MHS) who have historically been assigned the "on-duty" triage role primarily focused on providing crisis intervention and emergent case management for consumers to address basic needs such as food, clothing and shelter. With this new strategy, the clinics will transition to become Comprehensive Community Behavioral Health Clinics focusing on holistic and integrated treatment and recovery services. Clinicians, state certified Peer Specialists, and MHS (now known as Care Coordinators- CCs), will now be more focused on providing increased treatment such as integrated mental health and substance use co-occurring services, therapy and groups, recovery planning, and case management supports in addition to crisis and triage support. This includes treatment planning that is inclusive of psychiatry, natural supports/families, and other system partners, as well as proactive discharge planning processes. Two clinicians will assist the teams in identifying people that are ready to be transitioned (or "stepped down") to lower levels of care to support a person's recovery, working with the staff to prepare discharge plans, and providing a warm handoff for consumer, staff, and receiving provider, family and/or natural supports. The Reaching Recovery level of care tool, Recovery Needs Level (RNL), will be used to make determinations regarding appropriateness for stepping consumers down to lower levels of care and multidisciplinary teams will facilitate transitions in care. In order to address the complex comorbid medical conditions of consumers served through the three ICC sites, a half time nutritionist will be added to the team. In addition to providing basic nutrition and health guidance, this staff person may be assigned to cases in which a consumer has been diagnosed with an eating disorder in order to support the consumer and the treatment team. The Adult Care Coordination Teams will provide short-term, strengths-based case management, wellness recovery planning, and
Strategy Indicators
• Provide urgent case management for consumers accessing psychiatry services thru the ICC sites • Provide case management and support for consumers with complex comorbid mental health and medical conditions Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.
Funding

Total Annual Funding: **$1,171,001**	Estimated Cost per Person: $651 projected # to be served: 1800

COMMUNITY SERVICES & SUPPORTS

Name of Program: Adult Specialty Community Case Management (CCM) Program—Contractor

Program Description
During FY 2019/20 MHSA was first used to fund three (3) Peer Support Specialist positions and one (1) Co-occurring Case Manager position for the contract with a local community-based organization. This was implemented in response to stakeholder feedback that additional case management support was needed for adult consumers with persistent serious mental health conditions that do not meet the criteria for an FSP program but need more support than what is provided through the county-operated Adult Outpatient clinics and Care Coordination teams. Starting FY 2020/21 the CCM contract was moved to MHSA, due to a shift in the programming structure and increased expectation for integrated and more intensive, adult specialty services. The updated and expanded CCM program will now provide intensive case management services 1-2 times a week and titrating to monthly nearing discharge. The team will include a co-occurring disorders specialist, peers specialists, a nurse, and case managers that support people transitioning from higher levels of care like FSP (utilizing the Reaching Recovery level of care tool) and providing specialty supports, such as linkage for justice involved clients. This program now fills the continuum of recovery services at the moderate intensity of services.
Program Indicators
• Reduce or prevent hospitalizations • Reduce or prevent homelessness • Reduce or prevent recidivism into jails • Provide specialty services to include co-occurring and peer support Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$1,596,314**	Estimated Cost per Person: $7981 projected # to be served: 200

Name of Strategy: Expanded Bilingual Services—County

Strategy Description
SCBH funds bilingual positions in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. The bilingual providers' caseloads will include at least 75% monolingual, bilingual, and bicultural consumers to whom they will provide clinical services tailored to meet the needs of Latino/Filipino consumers and families. For bilingual staff working in the Access Unit these staff will primarily field in-coming calls from non-English speaking callers.
Strategy Indicators
• Increase services rendered in consumers' preferred language eliminating the need for interpreters when possible Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.
Funding

Total Annual Funding: **$342,448**	**Estimated Cost per Person: TBD**

Name of Strategy: Centralized Assessment Team (CAT)

Strategy Description
The Centralized Assessment Team (CAT) strategy, delivered by SCBH, will be staffed by clinicians anchored with the Access Unit who will provide intake assessments for children, youth and adults referred through the SCBH Access Line. Assessments will be conducted across the community at county-operated child or adult outpatient clinics in Vallejo, Fairfield or Vacaville. The assessments were historically facilitated by the Adult MH clinicians at the outpatient clinics; transitioning this to the CAT team will open up clinician time to allow the Adult Care Coordination Teams strategy (page 34) to provide integrated comprehensive BH treatment within the clinics. A coordinated team providing intake assessments will be housed with the Access Line team to support SCBH in continuing to improve timely access to treatment and is aligned with the implementation of CalAIM screening and transition tools and No Wrong Door approaches. A majority of the current CAT clinicians are bilingual which will assists the County in meeting the needs of Spanish and Tagalog speaking consumers.
Strategy Indicators
• Improve timeliness of behavioral health assessments • Improve timeline to access treatment Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.
Funding

Total Annual Funding: **$1,155,278**	**Estimated Cost per Person: TBD**

Name of Program: Children's CARE Clinic—Contractor

Program Description
The Children's CARE Clinic, operated by a community-based organization, offers an intensive, ten-week, Monday-Friday four hour a day program with a menu of services for children ages three to six (up to 7th birthday) with complex presentations including a mental health diagnosis; developmental, social, behavioral and communication challenges who are at risk of or have been expelled from daycare or preschool settings. The program utilizes the Comprehensive Assessment Research and Evaluation (CARE) best practice model. Each cohort is between 7-10 children with a high staff ratio comprised of a multi-disciplinary team. The Solano County Special Education Local Plan Area (SELPA) funds children who have been assessed by SELPA to be eligible for the specialized services offered through the Children's CARE Clinic.
Program Indicators
• Teach children self-regulation and social skills necessary to be successful in daycare/preschool settings • Mainstream children back into their daycare or preschool setting upon discharge from the program • Prevent future expulsions for daycare/preschool settings Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: $340,696	Estimated Cost per Person: **$30,837**

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: Child Family Team (CFT) Initiative—County

Strategy Description
The Child Family Team (CFT) Initiative is delivered by one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether being served by County outpatient programs, community-based outpatient programs and/or FSP programs. CFT meetings include the child/youth, all providers, all social workers involved in the case, birth parents, foster parents, etc. and are intended to bring the treatment team together to ensure all the needs of the child/youth are being addressed.
Strategy Indicators
• Ensure eligible children/youth consumers have CFT meetings in a timely fashion Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.
Funding

Total Annual Funding: **$246,758**	Estimated Cost per Person: $1233 projected # to be served: 200

Name of Strategy: Treatment Foster Care Services—Contractor

Strategy Description
The TFC program, will be provided by a community-based organization, will provide is a short-term, intensive, trauma-informed, and individualized intervention provided by a resource (foster) parent with appropriate qualifications and training for children/ youth who have complex emotional and behavioral needs and have been placed in a treatment foster care home. Children/ youth will qualify for TFC if they are at risk of losing their placement as a result of their caregiver's inability to meet their needs, and either 1) there is a recent history of intensive services and treatment that have proven insufficient to meet the youth's mental health needs and they are at imminent risk of residential, inpatient or institutional care; or 2) the youth is transitioning from a residential, inpatient, or institutional setting to a community setting and other mental health services would not be sufficient to prevent deterioration, stabilize the child/youth, support effective rehabilitation, or avoid the need for a more intensive level of care in a more restrictive setting. There must be a Child and Family Team (CFT) in place to guide and plan TFC and other intensive services the youth is receiving. TFC resource parents are supported and supervised by a licensed Foster Family Agency (FFA), Pacific Clinics. The TFC program is aligned with other services and supports SCBH is funding in order to meet Katie A. Subclass and Continuum of Care Reform (CCR) mandates.
Strategy Indicators
Increase the number of foster parents/families able to support TFC services Improve stabilization of the child to reduce hospitalizations or crisis
Funding

Total Annual Funding: **$TBD (in development)**	Estimated Cost per Person: **$TBD**

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

Program Description
The KAS program, delivered by a community-based organization, provides intensive outpatient mental health services for children and adolescents ages 6-21, with the targeted population being individuals who have been identified as the Katie A. subclass or referred by County Child Welfare or SCBH. The program strives to stabilize the placements for the youth served and to build natural support systems.
Program Indicators
• Reduce or prevent placement loss • Increase natural support people involved with the children/youth served by the program • Ensure eligible children/youth consumers have CFT meetings in a timely fashion Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$300,000**	Estimated Cost per Person: $12,500 projected # to be served: 24

COMMUNITY SERVICES & SUPPORTS

Programming for Justice Involved

(formerly referred to as "Mentally Ill Offender Programming")

The following programs are geared to address the needs of vulnerable persons with mental health conditions who are involved with the justice system which may include individuals being released from a local jails, individuals referred by Probation or the Courts, individuals on Jail Diversion, or those referred through Assisted Outpatient Treatment (AOT) also known as Laura's Law.

Name of Program: Jail Release Re-entry Program—County Sheriff's Office and Sub-contractor (previously named the Mentally Ill Offender Crime Reduction or MIOCR Re-entry Program)

Program Description	
The program is a multi-agency, multi-disciplinary effort to provide a re-entry and diversion services for adults who have mental health and co-occurring conditions and are incarcerated. The goals of the program are to provide necessary treatment and referrals, diverting individuals with untreated mental illness or co-occurring substance use conditions from the criminal justice system into community-based treatment and support services, and reduce recidivism. This program is jointly funded by the Solano County Sheriff's Office and SCBH MHSA funds.	
Program Indicators	
• Reduce or prevent homelessness • Reduce recidivism • Link consumers recently released from jail to ongoing behavioral health services and supports Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding**: $283,781**	Estimated Cost per Person: **$2,288** projected # served= 124

Name of Program: Forensics Triage Team (FTT)—County

Program Description	
This program, operated by SCBH, was implemented during FY19/20 in order to meet increased need to provide support for pretrial diversion cases following the passage of SB 215. The program provides assessments and triage services for justice involved adults who have been referred for diversion or services through the Collaborative Courts, Probation, and local jails. Additionally, the program provides assessments for individuals referred via Laura's Law for Assisted Outpatient Treatment (AOT). FTT offers timely assessments and specialized risk tools to support assertive engagement of individuals and offers support and responsiveness to the criminal proceedings. Once the appropriate level of care is determined, consumers are connected via a warm handoff to the most appropriate level of treatment including Full Service Partnership (FSP) programs. FTT provides response to minute orders and supports progress notes to the court as needed for clients linked to programs.	
Program Indicators	
• Improve timeliness for assessment and triage to justice involved individuals • Reduce recidivism • Link clients recently released from jail to ongoing behavioral health services and supports at the most appropriate level of care Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.	
Funding	
Total Annual Funding: **$1,390,332**	Estimated Cost per Person: $9,268 projected # to be served: 150

COMMUNITY SERVICES & SUPPORTS

MHSA Housing & Supports

The following programs are focused on providing transitional housing and permanent housing to individuals with serious mental illness (SMI) in order to prevent homelessness which can lead to hospitalizations and involvement with the criminal justice system.

Name of Program: Transitional Housing—Contractor

Program Description
Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2 bedroom house and seven 2-bedroom town houses. Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2 bedroom house and seven 2-bedroom town houses. Part of the CalHFA agreement is a 20 year MOU between SCBH and the CBO partner to provide transitional housing services for SCBH consumers. The Transitional Housing program provides 16 supportive transitional housing beds for 6-12 months for seriously mentally ill adult consumers who are homeless or at risk of homelessness. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.
Program Indicators
• Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: $327,120	Estimated Cost per Person: $9346 projected # to be served: 35

Name of Program: Bridge Transitional Housing—Contractor

Program Description
The program, operated by a community-based organization (CBO), expanded transitional housing by an additional 12 beds for Solano County. The CBO partner owns the property which was previously used as a crisis facility. The program provides supportive transitional housing for 30-90 days for seriously mentally ill adult consumers who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing.
Program Indicators
• Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: $727,995	Estimated Cost per Person: $14,559projected # to be served: 50

COMMUNITY SERVICES & SUPPORTS

Name of Program: Shelter Solano—Contractor

Program Description
Shelter Inc., a community-based organization contracted by the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for Solano County clients who have serious mental health conditions and who are homeless or at risk of homelessness. MHSA funds 25 beds. Services includes case management, tenant education and/or financial assistance, and support to transition to permanent housing.
Program Indicators
• Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$854,230**	Estimated Cost per Person: $10,049 projected # to be served 85

Name of Program: Permanent Supported Housing (formerly referred to as just "Supported Housing")—Contractors

Program Description
Solano County BH has leveraged various grants and funding sources to expand Permanent Supported Housing, informed by Housing First principles. There is a significant lack of affordable housing and beds to support individuals needing to remain stable in the community within Solano and housing functions as treatment to support a person's stability and recovery goals. Grant funds combined with MHSA help fund several permanent housing projects to serve adults who have serious mental health conditions, and children and youth with severe emotional disorders and their families. In order to qualify, the identified consumer must be homeless or at risk of becoming homeless, as defined by the MHSA regulations. The first projects started in 2013 with California Housing Finance Agency (CalHFA) funds. In 2019, Solano was awarded No Place Like Home (NPLH) funds and in 2020, Homeless Housing, Assistance and Prevention (HHAP) with rounds 1-4 of funding, among others, to expand permanent housing, outreach, rental assistance, navigation and landlord supports, throughout the county. The PSH programs provides case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 90 days and provide housing case management to secure permanent housing upon discharge. This program includes various contractors supporting expansion of PSH opportunities for clients.
Program Indicators
• Consumers will remain housed in permanent housing units • Consumers served through transitional housing will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$814,099**	Estimated Cost per Person: $8,140 for 100 served

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

Strategy Description
SCBH leverages MHSA housing support funding to support seriously mentally ill consumers who had been living in locked facilities called Mental Health Rehab Centers (MHRC), formally called Institutions of Mental Disease, to step down to lower level ABC facilities to assist them in integrating back into the community.
Strategy Indicators
• Consumers will be stepped down to ABCs moving towards community integration Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding

Total Annual Funding: **$250,000**	Estimated Cost per Person: $13,889 projected # to be served: 18

COMMUNITY SERVICES & SUPPORTS

Outreach & Engagement

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

Name of Strategy: Patients' Benefits Specialists (PBS)—County

Strategy Description	
The PBS Strategy is staffed by two full-time PBS staff who are tasked to provide support for consumers who are currently admitted to the Crisis Stabilization Unit and/or an inpatient facility to sign up for Medi-cal benefits and other government assistance (GA). Additionally, PBS staff will be leveraged to assist with homeless outreach to streamline setting up necessary benefits for individuals who are homeless.	
Strategy Indicators	
• Number of individuals who are screened for benefits • Number of individuals who have been approved for benefits Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: **$143,055**	Estimated Cost per Person: $476 projected # to be served: 300

Name of Strategy: Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach—County

Strategy Description	
The ARCH Strategy is staffed by a full-time Clinician who fulfills the role of Homeless Outreach Coordinator tasked with increasing awareness regarding mental health services available specifically for the transition aged youth (TAY) homeless population in Solano County. The primary goal is link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH Outreach Coordinator educates the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/Youth (CSEC). This position is co-funded by Child Welfare Services (CWS) in order for the Clinician to serve foster youth who are identified as homeless and at risk for CSEC. The Clinician works closely with local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness. This Strategy had been funded through CSS under Outreach and Engagement, however given the nature of the work being done with the TAY population to link homeless TAY youth to mental health treatment services SCBH is moving this program under PEI.	
Strategy Indicators	
• Engage the TAY homeless community in order to reduce stigma • Increase access to SCBH services for TAY who are at risk of or are homeless Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: **$263,223**	Estimated Cost per Person: $877 projected # to be served: 300

Total Annual Funding: **$36,712,486**	Estimated Cost per Person: **TBD**

PREVENTION & EARLY INTERVENTION

PEI programs and strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—particularly to traditionally underserved marginalized communities. The following section contains the required PEI elements to include both demographic information for participants served, age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, disabilities for participants receiving services, timeframe for onset of mental health symptoms, and data related to access and linkage to treatment.

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

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

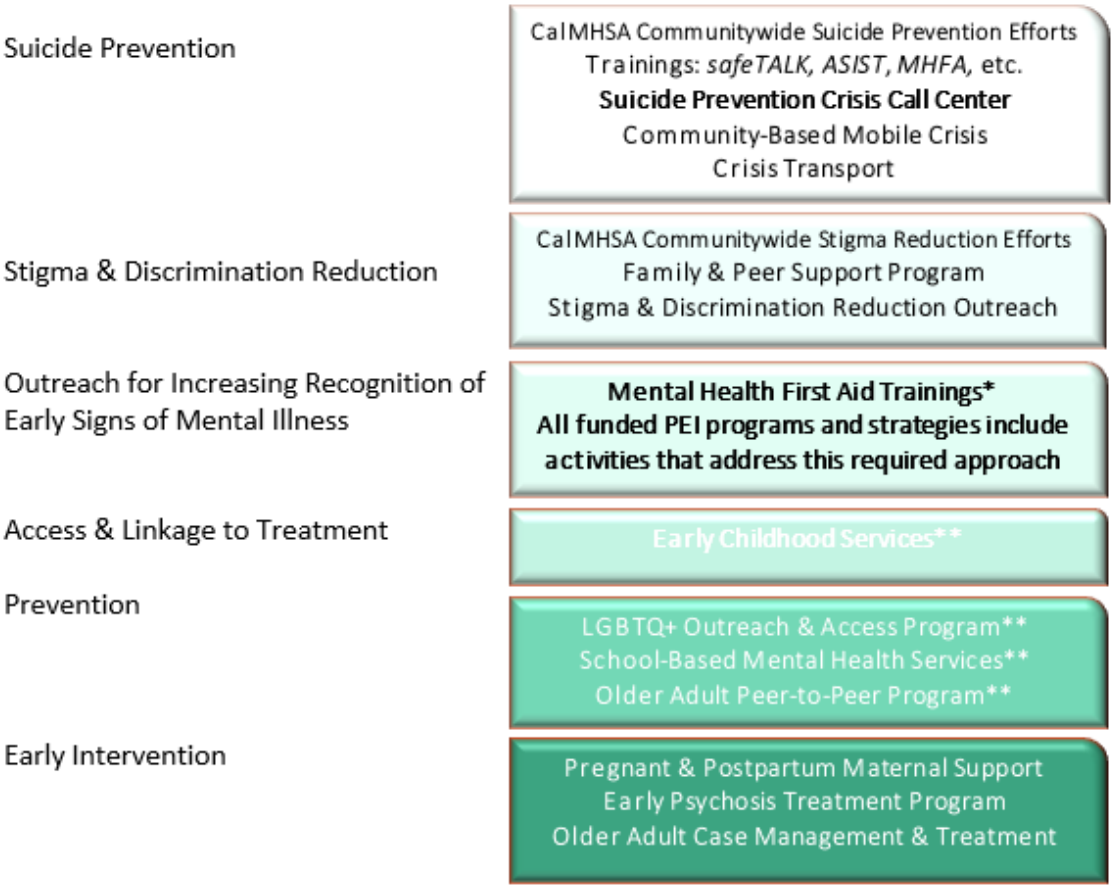
The six regulatory approaches for PEI programs and services include:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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:

PREVENTION & EARLY INTERVENTION



Senate Bill (SB) 1004

SB 1004 legislation, passed in September of 2018, requires the MHSOAC to establish priorities for the use of PEI funds and to develop a statewide strategy for monitoring implementation of PEI services. This includes enhancing the public's understanding of PEI and creating metrics for assessing the effectiveness of how PEI funds are used and the outcomes that are achieved. This bill authorizes counties to include other priorities, as determined through the CPP process, either in place of, or in addition to, the established priorities. If a county chooses to include other programs, the bill requires the county to include a description in their annual update or three-year plan of why those programs are included and metrics to measure program effectiveness. Listed below are the MHSOAC's established six (6) PEI priorities per SB 1004, as well as the various strategies and programs SCBH is funding that are already aligned with the PEI priorities. These strategies and programs are also described in detail later in this document.

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- ◊ The **Early Childhood Services** strategy co-funded by MHSA and First 5 Solano addresses this priority through screenings and the use of the Triple P parent education model to teach parenting skills and reduce the potential for child abuse.
- ◊ The **Pregnant & Postpartum Maternal Support** strategy co-funded by MHSA and Solano County Public Health provides support for pregnant and new mothers to prevent and/or address postpartum depression which can lead to child abuse or neglect if untreated.
- ◊ **MHSA School-Based Services Programming** includes trainings for parents/caretakers to build skills and prevent abuse, strategies to identify children/youth who are in need of mental health services, student workshops/groups, and the provision of mental health assessments and brief counseling for 3-5 months for students in schools K-12.

2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan
    - ◊ The **Early Psychosis Treatment Program** includes trainings for key partners including schools and providers on the early identification of psychosis, screenings, assessments for individuals ages 12-30 referred for services and treatment for individuals determined to be eligible for the program. During the screening and assessment process if an individual is identified to have a mood disorder rather than a psychotic disorder the individual is linked to appropriate services.
    - ◊ **MHSA School-Based Services Programming** includes strategies to identify children/youth who are in need of mental health services as well as the provision of mental health assessments and brief counseling for 3-5 months for students. Pending each individual's need, referrals are made to the most appropriate level of care and treatment program. Additionally, one of the contractors provides suicide prevention trainings for school personnel, parents/caretakers, etc.
    - ◊ **School-Based Wellness Center Initiative (SWCI)** Forty-seven (47) culturally responsive school wellness centers have been funded using MHSA INN funds for K-12 and adult education school sites. PEI funded programs will be leveraged to support the SWCI. For example, school sites with a wellness center can leverage the MHSA School-Based Services contractors for trainings, student workshops, and direct services. Additionally, additional PEI funded contracts have deliverables related to outreach and training for schools. **Suicide Prevention Strategies** include outreach efforts to raise awareness about suicide prevention; suicide prevention trainings provided by SCBH and contractor staff including specific suicide prevention trainings focused on the older adult community; funding for a suicide prevention hotline; a countywide Suicide Prevention Committee and Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts; and a newly implemented Community-Based Mobile Crisis program launched in May 2021 funded by MHSA PEI funds. While not funded through MHSA PEI, SCBH launched a School-Based Mobile Crisis program in August 2021 serving all six (6) Solano County school districts and a local charter school. In August of 2022 this services was expanded to serve another school district under the jurisdiction of Sacramento County Office of Education in order to serve the three schools in the city of Rio Vista that are within Solano County. The School-Based Mobile Crisis program is funded by the Mental Health Student Services Act (MHSSA) Grant. Through this grant the provider which is Solano County Office of Education (SCOE) mental health team provides expanded suicide prevention training and technical assistance for districts.

3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs
    - ◊ **MHSA School-based Services Programming** includes student workshops/groups, strategies to identify children/youth who are in need of mental health services, the provision of mental health assessments and brief counseling for 3-5 months for TAY students.
    - ◊ The **Early Psychosis Treatment Program** provides screening, assessments, and treatment for individuals ages 12-30 thus addressing needs of TAY population.
    - ◊ **School-based Wellness Center Initiative (SWCI)** includes wellness centers on adult education campuses including Solano Community College which opened their wellness center in August 2022 once they had transitioned to in-person classes again for school year 2022/23. School wellness centers are intended to be access points for students who are in need of treatment to address mental health conditions.

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

5. Strategies targeting the mental health needs of older adults
    - ◊ The **Older Adult Programming** currently includes two contractors serving older adults 60 and over. One program provides trainings for the community, screenings, case management and short term counseling. The other program is a peer-to-peer model providing home visits, reassurance calls, virtual groups, etc. to prevent isolation and reduce suicide deaths for older adults.
    - ◊ The **Community-Based Mobile Crisis Program** serves residents of all ages including seniors 60 and over.
    - ◊ The **LGBTQ+ Outreach and Access Program** and one of the **Older Adult** PEI programs co-facilitate a Rainbow Seniors support group for LGBTQ+ seniors.

6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis
    - ◊ All of the funded PEI strategies and programs that are providing screening and direct early intervention services are addressing this particular PEI priority. Additionally, the SWCI provides additional access points for students experiencing mental health symptoms.

PEI Community-Wide Prevention Strategies

Suicide Prevention

SCBH continues to utilize PEI funding to support the different suicide prevention strategies outlined in the pages to follow as provided by County staff and/or Contractors who are funded through PEI.

Solano County Suicide Prevention Committee

SCBH continues to hold and facilitate the longstanding countywide Suicide Prevention Committee which meets monthly and provides guidance and direction for both public and private sectors in relation to suicide prevention efforts locally. The multi-sector Committee is comprised of representatives from County agencies, community-based organizations, law enforcement, primary care, education, mental health consumers, survivors and family members impacted by suicide, and representatives from at-risk populations.

Committee Mission Statement
To inspire, equip, and mobilize all people in Solano County; to work towards a stigma and suicide free community.

PREVENTION & EARLY INTERVENTION

Suicide Prevention Strategic Plan

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

Community Education & Awareness

SCBH MHSA continues to provide and fund through PEI contracts free countywide suicide prevention trainings including several best practice suicide prevention curriculums:

- **safeTALK**: A 3 hour training with a maximum of 30 participants per session. This is an introductory training for individuals 15 years and older on "talking about suicide". This will help community members recognize warning signs of suicide and feel comfortable in asking questions surrounding suicide.
- **ASIST (Applied Suicide Intervention Skills Training):** A two day, 16 hour training with a maximum of 25 participants per session. This is an in-depth training for individuals 16 years and older on suicide and unpacks our stigma towards suicide. This training is geared towards community members, professionals, parents and anyone who would like more training on how to identify the warning signs of suicide, how to intervene, and how to ensure someone's safety. PAL (Pathway to Assisting Life) is the intervention taught in ASIST and it is geared towards reducing the need to feel that only the police or crisis can help someone who may be having suicidal thoughts.
- **Be Sensitive Be Brave (BSBB):** this includes two workshops: a mental health workshop prepares community members to help friends and loved ones during times of distress. Learn how to recognize mental health conditions, what to do when someone needs support, and tools for maintaining good mental health. The suicide prevention workshop teaches community members to act as eyes and ears for suicidal distress and to connect individuals to help. Each one can be delivered in a 2-hour workshop (virtual or in-person) that includes approximately 15-40 participants; there is a presentation with interactive breakout groups and the trainings are currently available in English, Cantonese and Mandarin (to be offered in Spanish, Samoan, Tongan and possibly additional languages in 2023). These are all trained through an equity lens and in a culturally sensitive manner.

In addition to funding trainings, SCBH and community partners continue to distribute stigma reduction and suicide prevention materials countywide through targeted outreach events, tabling events, suicide prevention walks, etc. In observance of "**National Suicide Prevention Week**" over the several years SCBH has conducted outreach to local coffee shops and bar establishments to distribute coffee sleeves and bar coasters developed by Each Mind Matters (EMM) highlighting the "Know the Signs" suicide prevention campaign intended to target middle-aged men who are at the highest risk of suicide.

Annually in observance of **"National Suicide Prevention Awareness Week"**, **"Recovery Month"**, and **"May is Mental Health Awareness Month"** SCBH and our partners organize and host various activities and events to raise awareness. Additionally, SCBH puts forth a Resolution through the County Board of Supervisors and works with partners to promote City Counsel Proclamations.

Gun Safety Campaign

Annually SCBH conducts outreach to local businesses that sell firearms in Solano County to distribute firearm safety brochures, which were developed in partnership between SCBH, the Solano County Sheriff-Coroner's Office, and local firearms instructors. The **brochure** includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources: the 24-hour National Suicide Prevention Lifeline number, the local Crisis Stabilization Unit address and phone number, and the SCBH Access Line number.

PREVENTION & EARLY INTERVENTION

Support for Local Schools
SCBH works closely with the Solano County Office of Education (SCOE), the six Solano County school districts, and the district that oversees the three schools in the community of Rio Vista to provide information related to suicide prevention and stigma reduction including the provision of resources through email communications, presentations, and free trainings. Additionally, upon request SCBH provides technical assistance (TA) regarding district Suicide Prevention Plans and crisis protocols.

SCBH partners with SCOE on an annual basis to distribute the **"National Suicide Prevention Week"** School Suicide Prevention Toolkits to the 50 middle schools and high schools in Solano County. Additionally, SCBH heavily promotes the statewide "**Directing the Change"** video contest for middle and high schoolers which helps reduce stigma and content on suicide prevention. To learn more about the "Directing the Change" campaign **click here**.

SCBH MHSA INN funds were used in FY 2018/19 and FY 2019/20 to implement **35 culturally responsive school-based wellness centers/rooms on school campuses K-12 and adult education sites**. Five (5) pilot centers opened before COVID-19 and the resulting school closures. These wellness centers will focus on stigma reduction, increased access to services for students, suicide prevention and promote whole person wellness.

Support for First Responders
SCBH continues to fund Crisis Intervention Team (CIT) training for local law enforcement. MHSA WET funding is used to provide the 8 hour CIT Introduction training for all municipality law enforcement departments and the Sheriff's Office. Currently SCBH, in partnership with Fairfield Police Department, NAMI Solano, and the Solano County Sheriff's Office is developing a 40 hour week CIT training that will be launched in Spring of 2021 and will be made available to all local law enforcement. The 40 hour curriculum will include the 3 hour safeTALK training and will be offered to all local law enforcement departments. Additionally, SCBH continues to provide local law enforcement and fire departments suicide screening tools and suicide prevention resources specific to first responders.

New Strategies
In September 2020 the Suicide Prevention Committee completed a project focused on increasing suicide screening efforts across Solano County. The Committee ultimately developed a letter (see Appendix 73) that was sent to local behavioral health and healthcare providers recommending two suicide screening questions to be added to existing workflows.

Suicide Prevention Hotlines & Resources

SCBH continues advertise the following suicide prevention crisis support resources:

- ***The new Suicide & Crisis Lifeline:*** **988**
- ***Lifeline for Deaf & Hard of Hearing;*** **(800)-799-4889**
- ***Friendship Line (seniors 60+):*** **(800) 971-0016**
- ***Crisis Text Line:*** **Text "Hello" or "Home" to 741741**
- ***Trans Lifeline:*** **(877) 565-8860**
- ***The Trevor Project:*** **(866) 488-7386**

PREVENTION & EARLY INTERVENTION

Name of Strategy: Community-wide Suicide Prevention & Stigma Reduction Efforts—State entity

Strategy Description
SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through *Each Mind Matters (EMM): California's Mental Health Movement* executed through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. EMM includes suicide prevention campaigns such as "Know the Signs" and the "Directing the Change" video contest. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails and social media campaign content. Additionally, EMM provides technical assistance and training related to community messaging related to suicide prevention.
Funding
Total Annual Funding: **$50,000** — **Estimated Cost per Person: N/A**

Name of Program: Mobile Crisis Services—Contractor

Program Description
The Mobile Crisis Services program, administered by a community-based organization, will provide services for the County which will include the provision of emergency crisis intervention services to Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up service including, but not limited to, referring individuals to the crisis stabilization unit (CSU) or a local emergency department (ED). Services will be delivered in partnership with law enforcement as needed. The contractor will also adhere to the service requirements as set forth by DHCS.
Program Indicators
• Stabilize consumers in the community • Reduce or prevent admissions to the CSU or local Eds • Reduce or prevent hospitalizations • Reduce reliance on law enforcement • Link consumers to ongoing community-based treatment and support services • Increase safety planning Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.
Funding
Total Annual Funding: **$2,728,416** — Estimated Cost per Person: **$2,728 for est. 1,000 people**

Name of Strategy: Crisis Transport—Contractor

Strategy Description
SCBH contracts directly with Medic Ambulance to provide Basic Life Support (BLS) medic transport for consumers in acute crisis who have been placed on a 5150 by mobile crisis staff and/or local law enforcement agencies. The provision of transportation by medical professionals rather than law enforcement is expected to better meet the unique needs of consumers experiencing an acute psychiatric crisis.
Strategy Indicators
Timely response to requests for transport to crisis stabilization facilities including the CSU and local EDs.
Funding
Total Annual Funding: **$183,930** — Estimated Cost per Person: $460 for 400 people

PREVENTION & EARLY INTERVENTION

Stigma & Discrimination Reduction

The following PEI programs/strategies are primarily focused on implementing stigma and discrimination reduction strategies including efforts to reduce disparities for underserved marginalized communities, however they may also engage in prevention activities including relapse prevention for individuals in recovery from a mental health and co-occurring substance use condition.

Name of Program: Family & Peer Support Program—Contractor

Program Description
The Family & Peer Support Program will continue to be delivered by the National Alliance of Mental Illness (NAMI) Solano Chapter. NAMI is uniquely equipped to provide support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.
Program Deliverables & Indicators
• Conduct outreach to reduce stigma and raise awareness of mental health services and supports • Provide NAMI endorsed courses "Family-to-Family" (F2F), "Peer-to-Peer" (P2P), and "Basics" • Provide "In Our Own Voices" (IOOV) and "Ending the Silence" (ETS) presentations • Provide "Connection Recovery" support groups for adult consumers impacted by serious mental illness to prevent relapse Performance will be measured by number of participants who complete the NAMI courses and post evaluations for courses and presentations.
Funding

Total Annual Funding: **$379630**	Estimated Cost per Person: $474 for 800 participants

Name of Strategy: STIGMA & DISCRIMINATION REDUCTION SERVICES

Strategy Description
This new strategy will be delivered by various contractors and will focus on providing timely and adequate Stigma & Discrimination Reduction Services for the African American, Asian American Pacific Islander (AAPI), Latino/Hispanic, and Native Indigenous communities in Solano County. The service is intended to initially address the need for more prevention, early intervention supports, and specifically early identification of mental health conditions for children, youth, and adults, from the aforementioned populations with a goal to offer culturally defined evidence practices (CDEPs) for BH intervention & ongoing treatment.
Strategy Deliverables & Indicators
• Decrease stigma and discrimination related to behavioral health needs. • Increase timely access to local behavioral health services. • Provide services and supports that address the cultural and linguistic needs of individuals served. • Decrease suicide deaths for residents from the aforementioned underserved communities.
Funding

Total Annual Funding: **up to $550,000 (**various contractors may be awarded through RFP)	Estimated Cost per Person: TBD

PREVENTION & EARLY INTERVENTION

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Name of Strategy: Be Sensitive Be Brave Training —County & Contractors

Strategy Description
Solano BH has received community feedback around establishing a suicide prevention and mental health awareness training that is both accessible and culturally responsive. To that end, Solano BH has researched and engaged the Be Sensitive, Be Brave (BSBB) Training Academy to facilitate train-the-trainer sessions as well as ongoing 2-hour courses that have self-paced, virtual options. The workshops infuse culture and diversity throughout a foundational course in suicide prevention and teaches community members to act as eyes and ears for suicidal distress and to help connect individuals with appropriate services. The BSBB provides self-paced BSBB for Mental Health (BSBB for MH) and BSBB for Suicide Prevention (BSBB for SP). Additionally, this will support asynchronous, self-paced, online "Suicide Prevention 201: Advancing Suicide Prevention and Clinical Management for Diverse Clientele". These courses have been vetted by the members of the Suicide Prevention Committee and Solano BH staff and community members, who expressed finding these trainings to be easy to learn, culturally relevant, and helpful to both community and clinical personnel. Trainings will begin FY23-24.
Program Deliverables & Indicators
• Provide courses for the community to reduce suicides • Outreach to local community members to receive training • Support ongoing trained trainers for sustainability. Performance will be measured by number of participants who are trained and training pre/post measures.
Funding

Total Annual Funding: **TBD**	Estimated Cost per Person: **TBD**

PREVENTION & EARLY INTERVENTION

Access & Linkage to Treatment

Name of Strategy: Early Childhood Services—County thru First 5 Solano & Sub-Contractor/s

Strategy Description
SCBH and First 5 Solano will continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several community-based organizations via sub-contracts with First 5 Solano. Strategies deployed include the provision of parent and caregiver educational workshops utilizing the "Triple P" evidence-based parenting model; provider trainings on the topic of early childhood mental health; and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth-5. The primary goals of this strategy are to increase access to treatment for young children, better equip parents to respond to their children's needs, and provide resources for families in need. This program is not subject to the RFP process due to First 5 Solano being a County entity and the braided funding component.
Strategy Deliverables & Indicators
• Provide parent education using the Triple P model to include Levels 2-4 • Facilitated provider trainings • Provide developmental/social-emotional screenings for children ages 0-5 • Provide family navigation services • HMG line will link children and families to needed resources Performance will be measured by number of participants who are served through the various strategies, successful linkages, and post surveys for trainings and Triple P interventions.

Funding		
Total Annual Funding: $630,143 of MHSA funding and **other** from First 5 Solano funding	Estimated Cost per Person Prevention Activities: **$85**	Estimated Cost per Person Early Intervention Activities: **$84**

PREVENTION & EARLY INTERVENTION

Prevention and Early Intervention Programs

SCBHs targeted prevention and early intervention strategies will identify and assess individuals showing early signs of mental illness, provide services to prevent illnesses from becoming severe and disabling, and provide linkages to appropriate mental health services as early as possible. Programs will aim to:

- Serve low-income communities throughout the County;
- Serve unserved marginalized communities;
- Increase accessibility to services by providing services in schools, in the home, or in settings where people congregate, such as childcare settings, churches, or local senior centers;
- Identify and assess individuals showing signs of mental illness using standardized tools;
- Ensure that consumers who need more intensive treatment are linked in a timely fashion;
- Use evidence-based or best practices, when available, to provide short-term early intervention treatment;
- Use standardized protocols to collect and report out required demographic information and outcomes of treatment;
- Leverage alternate funding, Early Periodic Diagnosis, Screening and Treatment (EPSDT), Specialty Medi-cal, Medicare, Mental Health Block Grant, or other funding sources when possible in order to expand PEI dollars in order to serve more individuals.

Below are descriptions of the programs providing both targeted prevention and early intervention services that will be funded with Prevention and Early Intervention funds in FYs 2023/24-2025/26.

Name of Strategy: Pregnant & Postpartum Maternal Support (PPMS)—County through Public Health: Maternal, Child and Adolescent Health (MCAH) Bureau

Strategy Description		
The PPMS strategy provides perinatal mental health prevention and intervention services including screening and brief mental health treatment through 1:1 counseling and group modalities for pregnant and new mothers. This strategy, co-funded by SCBH and Public Health, enhances existing Public Health home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral Therapy, Attachment Therapy and psychoeducation. The primary goal of this strategy is to provide early intervention and treatment to pregnant and new mothers at risk of postpartum depression or other mental health conditions that could impact their ability to connect to and parent their children. This strategy is not subject to the RFP process due to Public Health being a County entity and the braided funding component.		
Strategy Deliverables & Indicators		
• Screen pregnant and new mothers • Provide 1:1 counseling as needed • Provide train-the-trainer support in the MB group model for local health care providers and provide technical assistance to implement and sustain the groups Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.		
Funding		
Total Annual Funding: **$363,701** MHSA funding and other Public Health funding	Estimated Cost per Person Prevention Activities: **$634**	Estimated Cost per Person Early Intervention Activities: **$3,593**

***Estimated cost per person reflects MHSA funding only.**

PREVENTION & EARLY INTERVENTION

Name of Program: LGBTQ+ Outreach & Access Program—Contractor

Program Description
The program provides social support designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ+ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one's identity. The program provides education to the community, social/support groups for LGBTQ+ individuals, and brief counseling for LGBTQ+ consumers with mild to moderate mental health conditions. The primary goals of this program are to reduce isolation for the LGBTQ+ community and to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.
Program Deliverables & Indicators
• Provide training and education for the community to reduce stigma for the LGBTQ+ community • Outreach to local schools to provide the "Welcoming Schools" curriculum • Provide social and support groups for LGBTQ+ youth and adults • Provide brief counseling for LGBTQ+ consumers Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.
Funding

Total Annual Funding: $279,623	Estimated Cost per Person Prevention Activities: **$84**	Estimated Cost per Person Early Intervention Activities: **$510**

Name of Program: School-Based Mental Health Services—Contractor/s

Program Description
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 decided by participating school districts based on each site's need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students. The primary goals of this program are to provide preventive services in schools that promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma, and to provide early and timely access to treatment for students who have a mild to moderate mental health condition.
Program Deliverables & Indicators
• Provide trainings for school personnel • Provide trainings for parents/caretakers • Provide workshops/groups for students • Co-locate staff in identified schools to provide assessments and brief counseling for students Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.
Funding

Total Annual Funding: **$2,878,191**	Estimated Cost per Person Prevention Activities: **TBD, varies by contractor**	Estimated Cost per Person Early Intervention Activities: **TBD**

PREVENTION & EARLY INTERVENTION

Name of Program: Early Psychosis (EP) Treatment Program—Contractor

Program Description
The Early Psychosis (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 using the Coordinated Specialty Care evidenced-based model for individuals between the ages of 12-30 who experienced their first episodic of psychosis within the last two years or currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model. 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 the CBO partner training, consultation and evaluation support. The primary goals of this program are to promote public awareness around the signs of early psychosis and to intervene early in an individual's illness to prevention the development of a more disabling mental health condition. SCBH leverages Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds to fund this Treatment Program.
Program Deliverables & Indicators
• Provide trainings for community members school personnel • Provide screenings for psychosis • Prevent hospitalizations • Train providers in the EP model (deliverable for academic entity) Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.

Funding		
Total Annual Funding: $993,346 *$556,811 for services contract* *$106,523 for UC Davis technical asst.* *$330,012 from MHBG FEP Set-Aside*	Estimated Cost per Person Prevention Activities: **$3,855 for 230 served (MHSA and MHBG)**	Estimated Cost per Person Early Intervention Activities: **TBD**

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

Program Description
The Older Adult Case Management Program, delivered by a community-based provider, conducts community outreach and education for the community in how to recognize the signs of mental health conditions or suicide risk for older adults, 60 years and over. The program also provides screenings, brief and comprehensive case management, and brief counseling for older adults. The primary goals of this program are to promote public awareness around the signs of mental illness and/or suicide risk for older adults and to provide early intervention services to prevent seniors from developing disabling mental health conditions.
Program Deliverables & Indicators
• Provide suicide prevention trainings • Increase awareness regarding the unique needs of older adults through outreach and education • Provide screenings • Provide brief and comprehensive case management • Provide assessments and brief counseling Performance will be measured by number of participants who are served through the various program activities, successful linkages, and clinical pre/post measures.

Funding		
Total Annual Funding: **$662,137**	Estimated Cost per Person Prevention Activities: **$535**	Estimated Cost per Person Early Intervention Activities: **$2,604**

PREVENTION & EARLY INTERVENTION

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

Program Description
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 1:1 and virtual group peer counseling. The primary goals of this program are to reduce the isolation of seniors and to provide early intervention services to prevent seniors from developing disabling mental health conditions.
Program Deliverables & Indicators
• Provide reassurance calls and home visiting for homebound seniors\ • Provide peer counseling to include 1:1 and group formats • Recruit peer volunteers Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.
Funding

Total Annual Funding: **$178,959**	Estimated Cost per Person Prevention Activities: **$378**	Estimated Cost per Person Early Intervention Activities: **$1,639**

WORKFORCE EDUCATION & TRAINING

Workforce Education and Training (WET) funds are used to develop and grow a diverse, linguistically and culturally responsive behavioral health workforce which includes the training of existing providers, increasing the diversity of individuals entering the behavioral health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. In addition to providing trainings for behavioral health providers, SCBH funds training for key stakeholder partners, provides stipends for interns, and retention stipends for psychiatry providers.

Starting in FY 2020/21 SCBH will also provide funding for a loan assumption program.

Name of Strategy: Workforce and Community Training & Technical Assistance—Contractor

Program/Strategy Description	
Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public mental health workforce and key community partners by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. Trainings may include but are not limited to: • Evidence-based practices as determined by system needs • Training in the treatment of co-occurring mental health and substance abuse disorders • Risk assessment and intervention • Trainings targeted to better serve particular age groups or underserved populations • Crisis Intervention Team (CIT) training expansion for first responders • Conference and workshop planning and support for staff and contractor skill development	
Program Indicators	
Performance will be measured by number of training participants and post evaluations for trainings/presentations.	
Funding	
Total Annual Funding: **$323,039**	Estimated Cost per Person: N/A this is a system improvement strategy and not a direct service project

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

Program/Strategy Description	
Annually SCBH provides stipends for master level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a community-based organization. During FY22-23, SCBH was approved to expand its Internship program with ARPA funds for new staff for developing an infrastructure that supports students and staff needing clinical hours and training. The goal is to create a structured training environment for the MH workforce to recruit students, offer opportunities for practicum and graduate experience hours, and hire once minimum qualifications are met. This also supports our efforts to recruit from the Solano community to reflect and support the population within their own community.	
Program Indicators	
Performance will be measured by the number of interns offered internship placements and the number of interns who represent diverse communities and/or are bilingual.	
Funding	
Total Annual Funding: **$233,488** (Additional to year 1 and year 2 ARPA "start up" funds: $637,236)	Estimated Cost per Person: Dependent on the level of education of the interns accepted.

WORKFORCE EDUCATION & TRAINING

Name of Strategy: Financial Incentives—County

Program/Strategy Description	
Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service.	
Program Indicators	
Performance will be measured by the number of new hires of psychiatric providers.	
Funding	
Total Annual Funding: **TBD**	Estimated Cost per Person:

Name of Strategy: Workforce Staffing (formerly known as the Loan Assumption Program)—County

Program/Strategy Description	
The Office of Statewide Health Planning and Development (OSHPD) provided $210M and asked California counties to collectively provide a 33% match in order to implement a statewide Five-Year WET Plan (2020-2025). CA counties were organized by region and each region was tasked with developing regional WET Plans with agree upon strategies. The application process is managed through The California Department of Health Care Access and Information (HCAI) on behalf of the five California Regional Partnerships (RPs). Solano County is part of the Greater Bay Area Region which agreed to focus on reimplementing a Loan Assumption or Repayment program FY22-23. SCBH and contractor providers who represent Solano County's diverse underserved communities will be eligible to apply for the loan assumption program. Payments will be made after a year of service under the public behavioral health system. The program allows for a variety of uses that include components to support individuals like pipeline development, undergrad or university scholarships, graduate stipends, loan repayment; and components to support systems like: peer personnel preparation, psychiatric education capacity program, psychiatry fellowship trainers, and research and evaluation.	
Program Indicators	
Performance will be measured by the number of providers who represent diverse communities and/or are bilingual awarded loan assumption payments.	
Funding	
Total Solano County Funding: **$481,481**	Estimated Cost per Person: **TBD**

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

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

Name of Strategy: Service Level Tools & Data Analytics —Contractor

Program/Strategy Description	
Solano BH has to ensure compliance with level of care and data analysis tools that support good decision making for client care. In 2020, Solano BH implemented the adult level of care tool, Reaching Recovery's Recovery Needs Level (RNL), and data is currently reviewed through a dashboard but there are limitations on how that is displayed and used in decision making. Solano BH has yet to implement a children's level of care tool due to limitations in subject matter experts and consultation needs. This contract will support the interoperability functions and full level of care tool development including a Person-Centered Intelligence Solution (P-CIS, "pieces") - a customizable data collection and business intelligence platform that facilitates ease of data collection and converts data into real time outcomes monitoring infographics and 'next best actions' for individuals and populations. The data collection tool will allow us to create easy to use data visuals around programs and client care, support shared decision-making between staff and clients, reduce burden on staff utilizing spreadsheets, standardizing outputs and metrics tracked, inform contracts and outcome expectations, and meet compliance requirements for the state.	
Program Indicators	
Performance will be measured by number of training participants and post evaluations for trainings/presentations.	
Funding	
Total Annual Funding: **$150,000**	Estimated Cost per Person: N/A this is a system improvement strategy and not a direct service project

INNOVATION

Innovation (INN) projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved marginalized groups: to improve the quality of services: demonstrate better outcomes: and to promote interagency collaboration. Currently SCBH has one INN project near completion and is developing a new INN plan for FY23-24.

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

Program/Strategy Description	
The Early Psychosis Learning Health Care Network (EP LHCN) is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties including Solano, San Diego, LA, Orange, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the U.S. **This project is due to end December 31, 2023.**	
Program Indicators	
Long term goals for the project include the following: • Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment • Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes • Improve consumer outcomes • Decrease per capita costs • Share best practices and models of care for EP programs	
Funding	
Total Annual Funding: **$25,672**	**Estimated Cost per Person:** N/A this is a system improvement project and not a direct service project

Name of Project: New- Placeholder for INN FY23-24

Program/Strategy Description	
Program Indicators	
Funding	
Total Funding available: **$1,813,771**	Estimated Cost per Person: **TBD**

PUBLIC COMMENT

1. Janice Ivie (public comment received 7/27/2023 via email):
   My name is Janice Ivie and I am a contracted nurse practitioner for the ACT team. I have inquired to be permanent to this position, but in doing so, I will be taking a significant pay cut. I have many colleagues in the mental health field who would love to come work for Solano County but due to the significant pay cut, they have not been able to. If I take the permanent position, I will be taking a $26 an hour pay cut. The position I am currently in has shared responsibilities with the RN role as they have not been able to fill this for 2 years. From what I am told, we have 14 open mental health clinician positions that are not being applied for. The starting pay for a mental health nurse is $47 an hour, the starting pay for a nurse at Kaiser is $76.44. That is almost $30 an hour difference. For nurse practitioners or physicians assistants the starting pay is $60 per hour. Starting pay at Kaiser is $89.43. Again almost $30 per hour difference. We are not asking to be moved to the rate of Kaiser, but to at least be put in a competitive pay bracket would be significantly helpful for recruiting and retaining effective staffing for the needed programs to be put into action
   County Response: SCBH leadership encouraged Janice to bring this particular issue to the Union and to file a grievance regarding these particular salary discrepancies. The Mental Health Advisory Board (MHAB) and SCBH leadership is aware of this issue and has expressed support for finding a resolution. The Board of Supervisors have expressed a need to generate more funds to improve salaries due to limited funds and resources available at this time.

2. Marnie (public comment received 7/28/2023 via email):
   Solano County can really use a facility that provides prescription consultation on an emergency basis. I recently experienced an atypical reaction to a prescription and the only way to adjust my meds on an emergency basis was to be placed on 5150 at an inpatient facility. It would save patients the trouble and trauma if there were a facility that addressed this kind of issue. We could also benefit from a mobile mental health crisis team in Vallejo and Benicia.
   County Response: SCBH currently funds the Crisis Stabilization Unit (CSU) in Fairfield which can help support such crisis. Community members can also use local emergence rooms at nearby hospitals for emergency care. The SCBH hospital liaison team coordinates with local crisis response teams to facilitate follow-up in 7 days after mental health related visits, which we will continue supporting. In addition, we are required to have mobile mental health crisis available throughout all of Solano County by January 1, 2024, and we are working diligently with all city leadership to ensure we are in compliance with this new California mandate.

3. Kim DeOcampo (public comment received at Public Hearing, 8/15/2023):
   Kim retired from the Tribal TANF in May; only service agency in Solano and is always left out of committees, boards and councils; She spoke about erasure of her tribal community and requested a special meeting with the Tribal members and us. She is frustrated around our lack of County attention to the indigenous community.
   County Response: SCBH leadership and members of the MHAB validated Kim's concerns and also recognized her contributions toward improving the Division's efforts around promoting a more inclusive system of care for Native Americans/Indigenous consumers and staff; specifically noting her participation on the Diversity and Equity Committee. SCBH leadership will be coordinating a follow-up meeting with Kim to further explore ways to improve collaboration and partnership with local Tribal TANF and Native American/Indigenous community members.

PUBLIC COMMENT

1. Hazel Bright (public comment received at Public Hearing, 8/15/2023):
   Concern around calling 988 and son not getting care due to having Kaiser Medi-Cal; 988 is not working well and callers are re-routed; what is the proper response to telling family member where to call
   County Response: SCBH leadership provided information about local resources, operations of crisis centers, and particularly how insurance should not prevent individuals from accessing this resource. SCBH leadership will follow up with the crisis line to ensure community members have access to these resources regardless of insurance. MHAB members also added if it is worthwhile for NAMI to engage more broadly in suicide prevention services.

2. Mike Wright (public comment received at Public Hearing, 8/15/2023):
   BH is doing an astronomical job with funding we have, we only use 8% of County General Fund only when other counties require 30% - BOS should consider allocating more funding to BH.
   County Response: Thank you for your compliment. We will continue working with our BOS and exploring additional funding opportunities.

3. Heather V (public comment received at Public Hearing, 8/15/2023):
   Is there an opportunity for allied health professionals to train paramedics on street to be part of crisis; CA EMS conference in NB first Friday in Nov.; start a nursing fellowship to address pay challenges with RN- is there an opportunity to contract; LVN options, more updated models; Solano College RN program- engage their students. Don't overlook impact of OD on children- CWS impact.
   County Response: We will partner with our mobile crisis and crisis stabilization teams to explore training opportunities for paramedics as well as career pipeline strategies. Recommended engaging the union in discussions regarding contracting and salaries for nurse practitioners. We will continue monitoring the impact of substance use and other social determinants of health.

4. Tamuri (public comment received at Public Hearing, 8/15/2023):
   Have not seen BH in so many communities until recently which is great; need to share more about what we do; outreach summary around 4k needs to be higher so they understand - 5-10% marketing requirement in our contracts so they are required to share- social media, communications- more transparency; Wants to ensure transparency, monitoring, ensuring quality and systems to manage.
   County Response: Thank you for your compliment. We will continue to prioritize community engagement including the use of social media for advertisement of available resources and transparency regarding our efforts.

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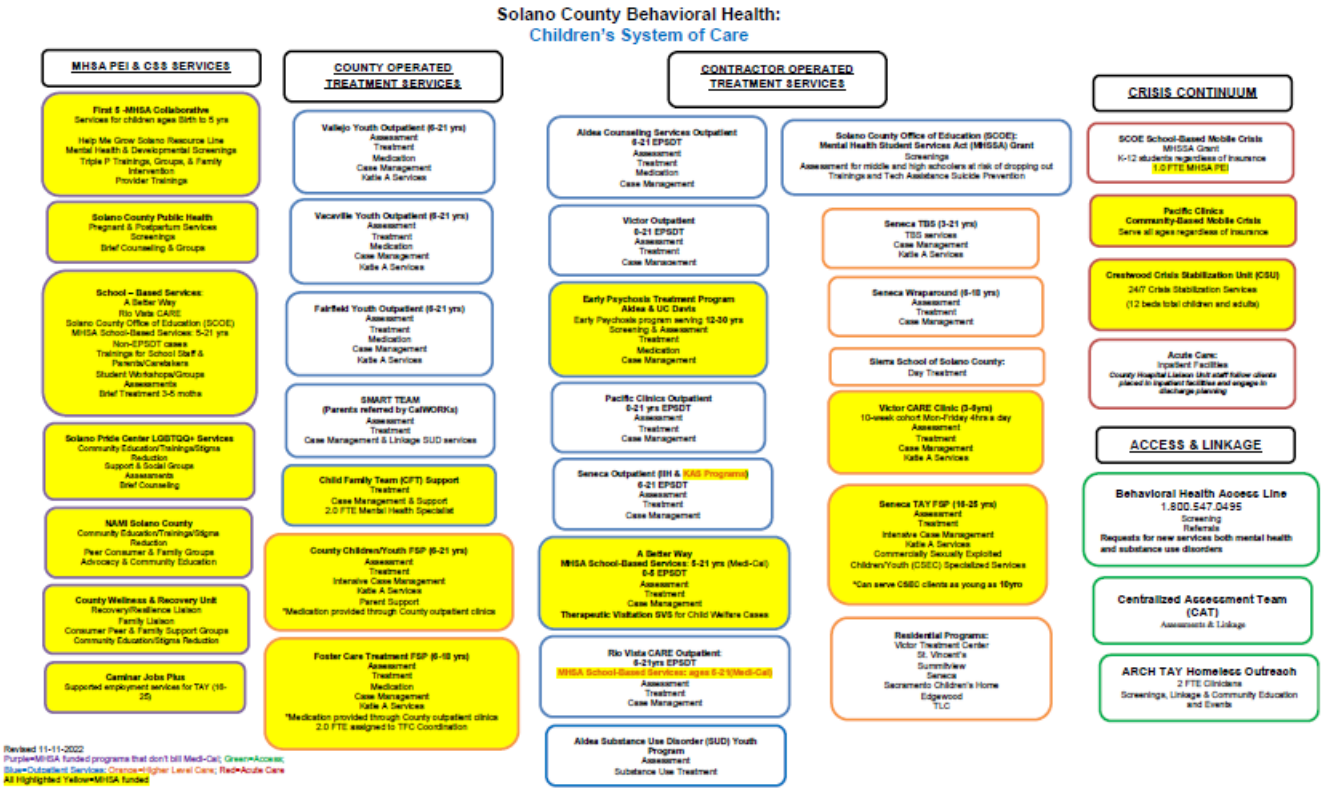
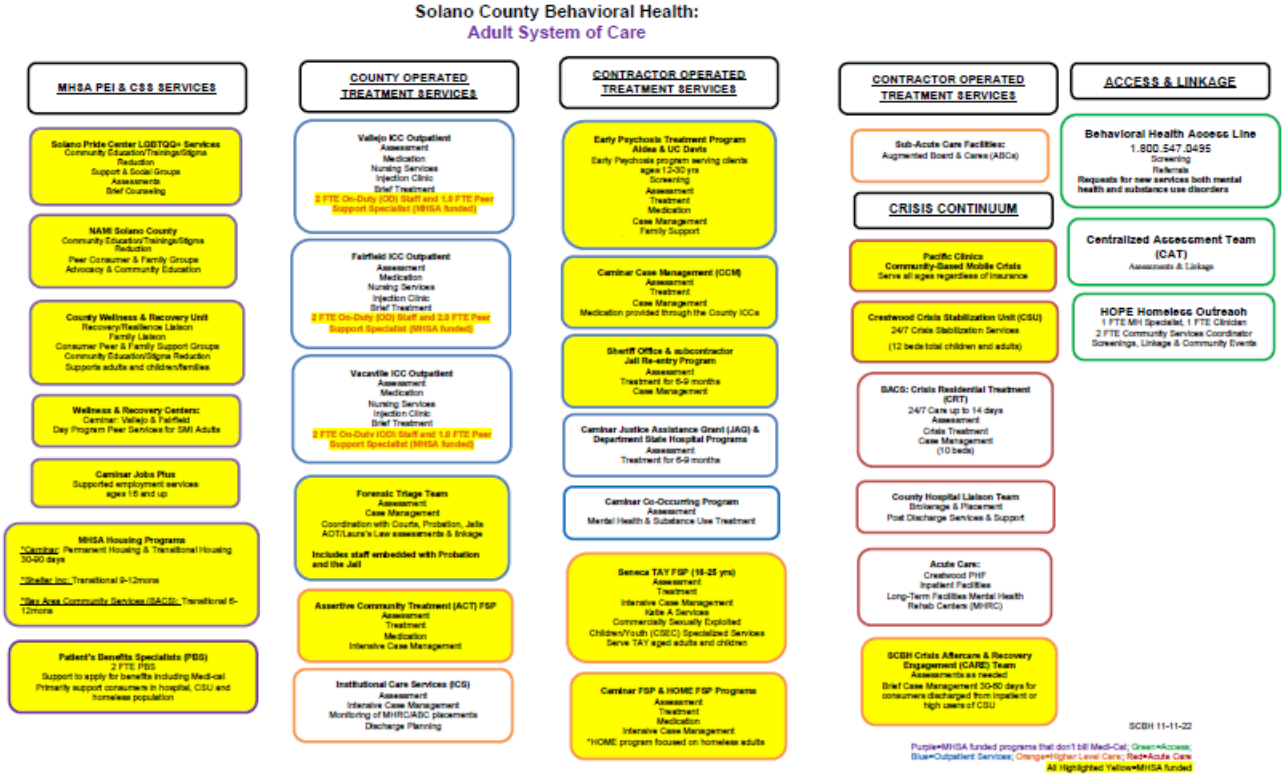
Appendix

APPENDIX

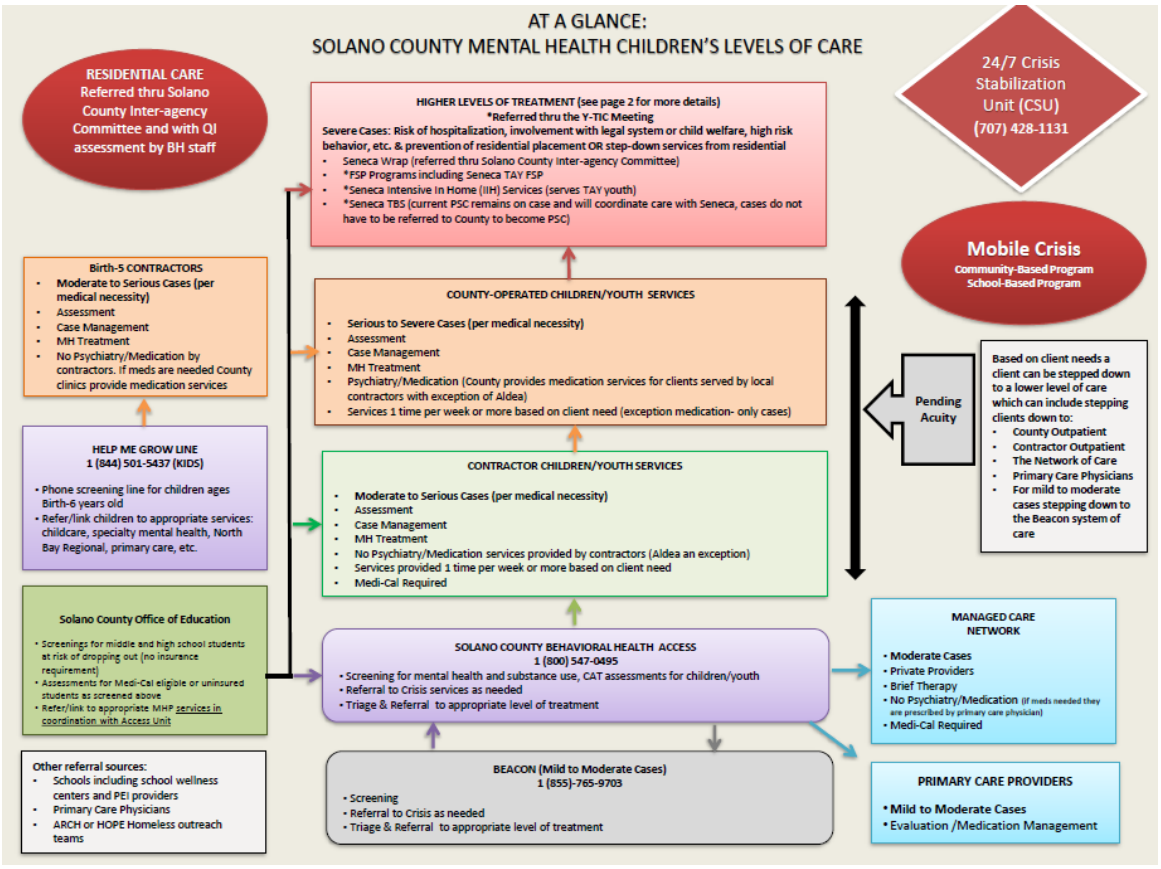
SOLANO COUNTY CHILDREN & ADULT SYSTEMS OF CARE

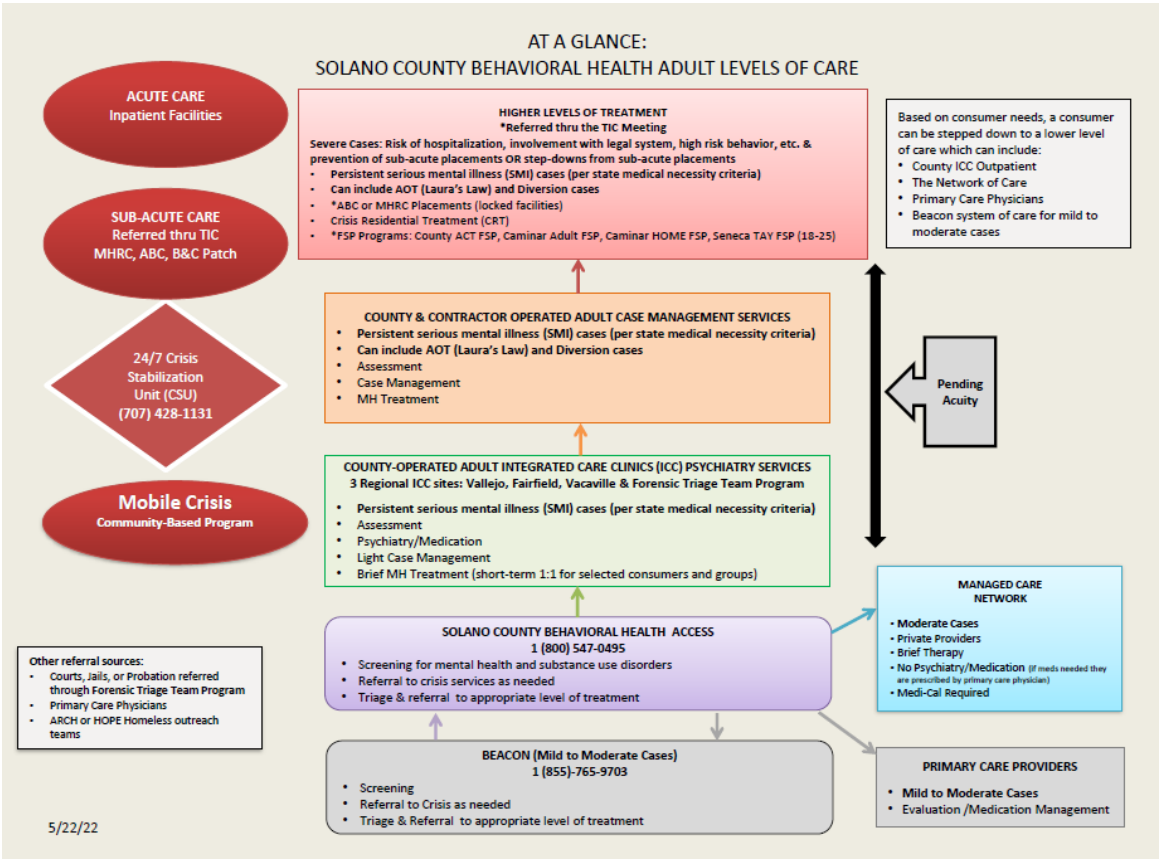




APPENDIX

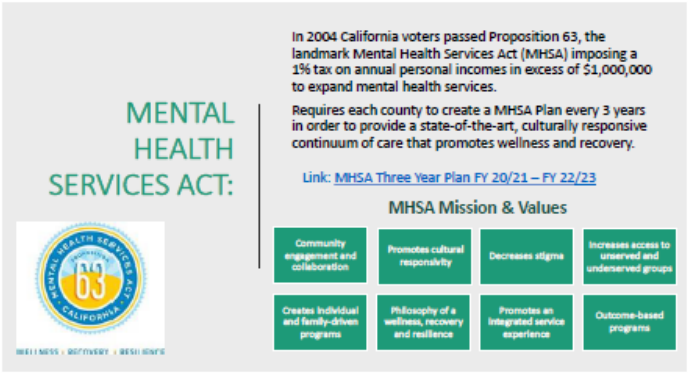
SOLANO COUNTY CHILDREN'S & ADULT LEVELS OF CARE

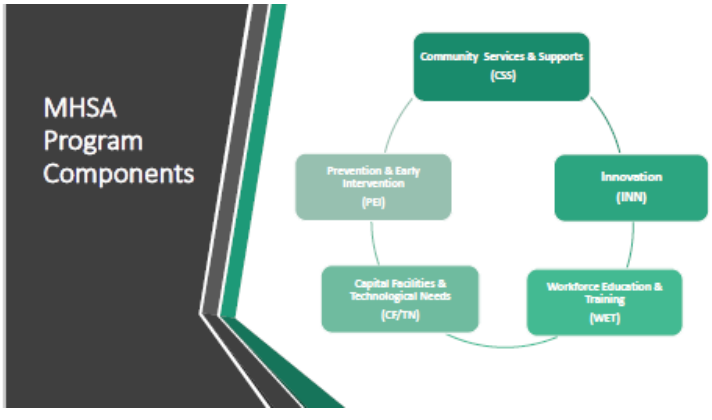




APPENDIX

SOLANO COUNTY SYSTEM OF CARE PRESENTATION





APPENDIX

SOLANO COUNTY SYSTEM OF CARE PRESENTATION

PEI Component

19% of the total funds received annually must be allocated to PEI and cannot be transferred to other components

- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts
- 2 core PEI components Access & Linkage to Treatment and Improving Timely Access to Services for Underserved Populations
- There are 5 required approaches per PEI regulations, and additional 6 PEI priorities per SB1004 (2018)
- **51% of the PEI funds mandated to be spent on individuals 25 years and younger**

Mandated PEI approaches per Act

- Suicide Prevention
- County Stigma & Discrimination Reduction
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Access & Linkage to Treatment
- Prevention & Early Intervention

Mandated PEI priorities per SB1004

- Childhood Trauma Prevention
- Youth Outreach & Engagement for Secondary Schools and Transition Age Youth
- Early Psychosis & Mood Disorder Detection, Intervention and Suicide Prevention
- Culturally Competent & Linguistically Appropriate Services
- Older Adults
- Early Identification of Symptoms & Disorders including Anxiety, Depression and Psychosis

Link to current countywide Suicide Prevention Plan 2021

CSS Component

76% of the total funds received annually are CSS funds

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

Sub-Components of CSS

Full Service Partnership (FSP) Required	General Systems Development (GSD)	Outreach & Engagement (O/E)	Housing
Children/Youth	Crisis Services & Supports	Hispanic/Latino	Transitional Housing
Transition Aged Youth	Wellness & Recovery Programming	Asian American Pacific Islander	Shelter Transitional Housing
Adults/Older Adults	Targeted System Development	Transition Age Youth Homeless	Permanent Housing
	Forensic Mental Health Programming		

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

Innovation (INN) Component

Innovation stakeholder meetings coming soon

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

These funds are unique in that the following are mandates:

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

Workforce Education & Training (WET)

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

Capital Facilities & Technological Needs (CF/TN)

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

Prudent Reserve

- Counties are permitted to allocate up to 33% of the 5 year average of incoming CSS funds to the Prudent Reserve account.
- Funds are intended to only be used in a budget crisis and counties have to obtain permission from the State. Exception FY 2020/21 and FY 2021/22 due to COVID.

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

Stakeholders include: consumers, family members, providers, law enforcement, local education agencies, faith communities, etc.

CPP for new 3-Year Plans, review of Annual Updates, and other activities to determine how local MHSA funds will be spent

MHSA Plans and Reports are posted for 30-day public comment and a Public Hearing is held before documents are routed to Board of Supervisors and state

MHSA Steering Committee comprised of community stakeholders. Provide guidance regarding funding or defunding programs/services.

Accessing Services

Solano BH Access: Mental Health & Substance Use Services

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SOLANO COUNTY SYSTEM OF CARE PRESENTATION

MENTAL HEALTH SERVICES: County Mental Health Plan (MHP)

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

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

Behavioral Health Access Line

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

Behavioral Health Access

Access Line Hours	Access Timeliness	Centralized Assessment Team (CAT) <18	Adult Open Access	Forensic Triage
Regular Business Hours: 8:30am-5:00pm After Hours, Weekends & Holidays: 5:00pm-8:30am (Crisis Unit answers calls after hours)	Emergent Calls: Immediate Crisis Intervention or Evaluation Urgent Calls: Offered an intake assessment appointment within 3 calendar days Routine Calls: Offered an intake assessment appointment within 10 business days	County clinicians conduct intake assessments for children/youth referred through the Access Line	Fairfield Clinic 8am-3:15pm Mon-Friday Vallejo Clinic 8am-3:15pm Mon-Friday Vacaville Clinic 8am-3pm Mondays & Thursdays **All clinics close for lunch 12-1PM** *Telehealth is available*	Central access point for forensic court and high level of care referrals: -AOT/Laura's Law -Diversion -Drug/MH Court -Prop 47 -Probation

SUBSTANCE USE SERVICES: Regional Model

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

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

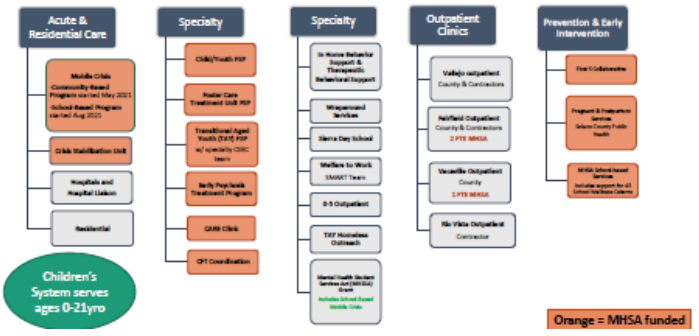
- Individual has an included substance use diagnosis which is serious in nature;
- Individual demonstrates a significant impairment in spheres of functioning (self, home, work/school, peer);
- The intervention/treatment provided will be focused on the substance use condition, and treatment is expected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

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

System of Care

Teams & Program Descriptions

Solano BH Teams/Service Programs – Children & Youth



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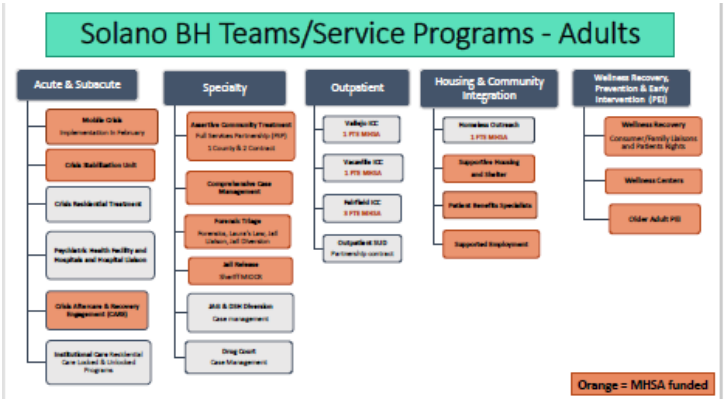
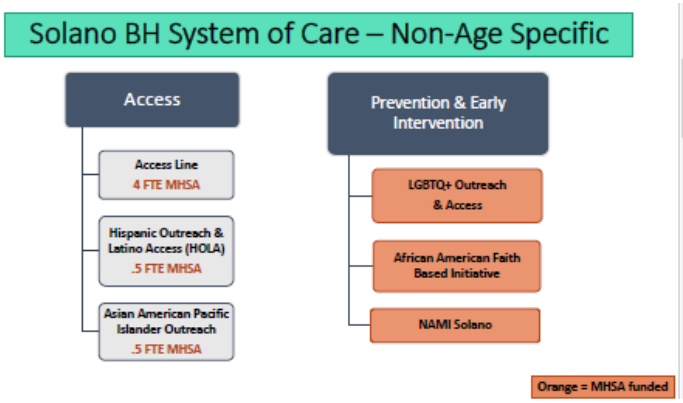
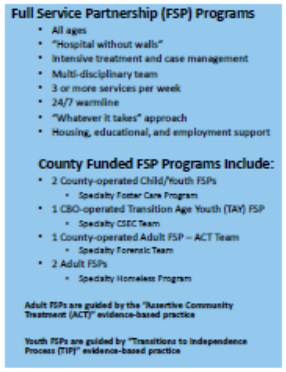
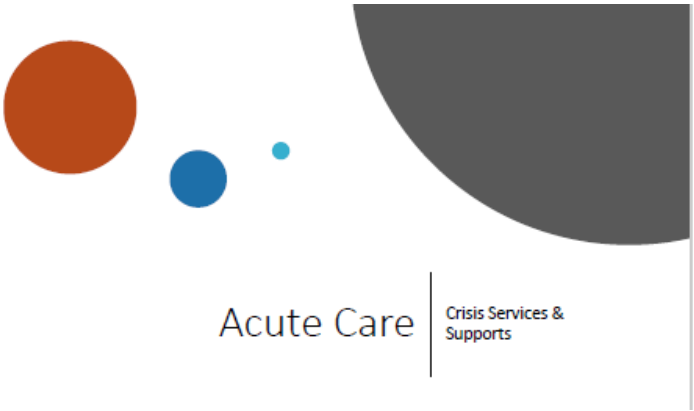
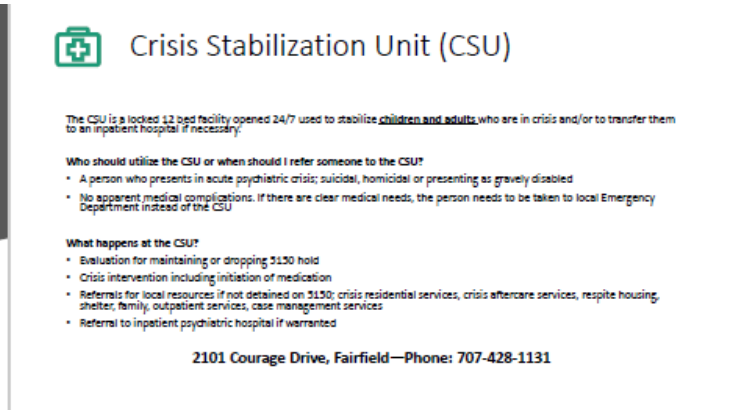
SOLANO COUNTY SYSTEM OF CARE PRESENTATION











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SOLANO COUNTY SYSTEM OF CARE PRESENTATION

Mobile Crisis Programming

Community-Based Mobile Crisis

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

- Program launched May 2021 in seat of county
- Serves children, youth and adults
- No insurance requirements
- Phased implementation starting with law enforcement as only referral source and eventually phone # to be advertised so any community member can self refer or refer a loved one
- Currently operating Monday-Friday between 11AM-8PM and eventually 365/7 in central County
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Services Act (MHSA) funded

School-Based Mobile Crisis

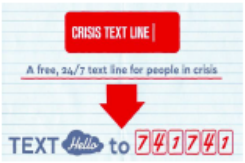
Delivered by clinicians who are Crisis Specialists who will respond to crisis situations on school sites with a goal to stabilize the student in the community and avoid need for further crisis stabilization services or hospitalization. Due to staffing and support on school campuses one clinician will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

- Program launched at start of 2021/22 school year
- Serves children and youth at K-12 schools
- No insurance requirements
- All youth must be referred by school site staff
- Services provided during school hours on school campuses 8AM-4:30PM (will take calls up to 4PM)
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Student Services Act (MHSSA) grant funded

Crisis Hotlines & Suicide Prevention

- ***National Suicide Prevention Lifeline:*** (800) 273-TALK (8255)
  - 24/7 suicide prevention hotline staffed by crisis specialists
  - (888) 628-9454 Spanish line
  - Callers who are veterans will be routed to a special veteran's line by pressing "1" after calling #
- ***Lifeline for Deaf & Hard of Hearing:*** (800)-799-4889
- ***Friendship Line (seniors 60+):*** (800) 971-0016
- ***Crisis Text Line:*** Text "Hello" or "Home" to 741741
  - 24/7 suicide prevention texting crisis service staffed by crisis specialists



LGBTQ+ Crisis Hotlines & Suicide Prevention

- ***Trans Lifeline:*** (877) 565-8860
  - Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- ***The Trevor Project:*** (866) 488-7386
  http://www.thetrevorproject.org
  - Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) youth ages 25 and under
  - Trevor Text Line: Text "START" to 678678 Mon-Friday 12p-7pm

THE TREVOR PROJECT
Saving Young LGBTQ Lives

Community Integration

Housing, Benefits, and Wellness & Recovery

Housing & Homeless Outreach

HOUSING FIRST

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

Team Goals:

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

7 County staff provide outreach and linkage

Youth Focused

- Mental Health Clinician: Focused on homeless transition aged youth (TAY)
  Contact Info: YouthARCH@SolanoCounty.com

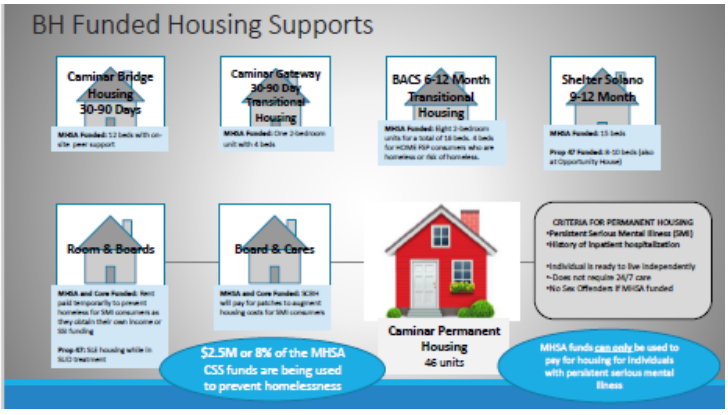
Adult and General Population Focused

- Mental Health Clinician: Focused on homeless seriously mentally ill adults
- Mental Health Specialist: Focused on homeless seriously mentally ill adults
- 2 Community Service Coordinators: Focused on general homeless population not necessarily those with behavioral health conditions
- 2 Patient Benefits Specialists: Focused on supporting consumers in CSU, inpatient hospitals and homeless population in securing benefits including Medi-Cal and GA

Contact Info: housing@solanocounty.com

Countywide Homeless & Housing Coordination
Solano Resource Connect
707.652.7311 or email RCS@caminar.org
https://www.resourceconnectsolano.org/

BH Funded Housing Supports



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SOLANO COUNTY SYSTEM OF CARE PRESENTATION

QUESTIONS

SCBH Culturally Responsive Strategies

Ethnic Services Coordinator (ESC) Role

- Eugene Durrah, MHSA Supervisor can be reached at 707-784-4931 or EADurrah@SolanoCounty.com

Diversity & Equity Committee

- Committee meets monthly (representation from County, CBOs, consumers, etc.)
- Subcommittees scheduled as needed

SCBH Diversity & Equity Plan and CBO Plans

- The SCBH Plan is updated annually and outlines our goals towards equity and social justice
- Starting in FY 19/20 SCBH began to require all contractors to have agency Cultural Responsivity Plans
- Ongoing systemwide implementation of the national Culturally and Linguistically Appropriate Service (CLAS) standards https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

SCBH Culturally Responsive Strategies

Trainings Provided During Last 3 Years

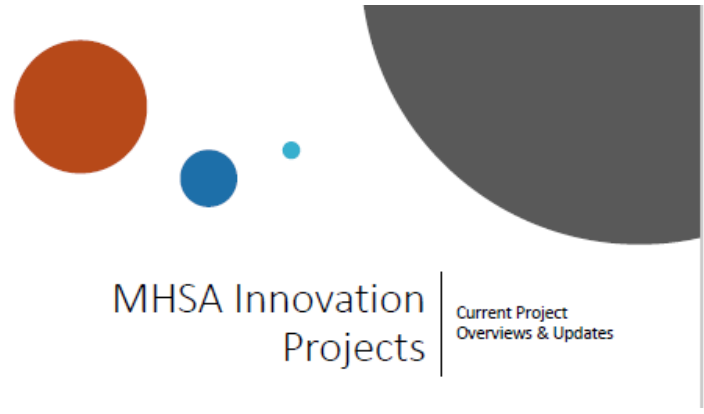
- Cultural Competency 101 and 102
- LGBTQ+ Cultural Competence & Clinical Considerations (also for reception staff)
- Advancing Racial Equity (ARE)
- Gender Diversity – The Transgender Experience
- 3 CLAS Training Cohorts – MHSA Innovation Plan
- Behavioral Health Interpreter Training
- Diversity and Social Justice Trainings - https://vimeo.com/374531348

Targeted Outreach

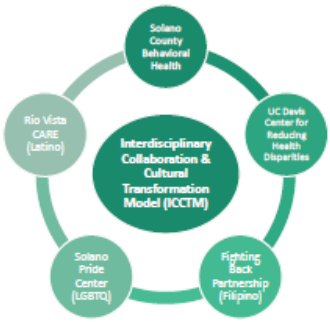
- KAAGAPAY Asian American/Pacific Islander Outreach **vacant at this time** CLAS@SolanoCounty.com
- Hispanic Outreach and Latino Access (HOLA) **vacant at this time** CLAS@SolanoCounty.com
- African American Faith-Based Initiative - Mental Health Friendly Communities
- LGBTQ+ Outreach and Access – Solano Pride Center

Partnerships

- H&SS Community In Action for Racial Equity (CARE) Team
- Equity Collaborative



MHSA Innovation Project



3 target unserved/underserved communities identified as: Latino, Filipino and LGBTQ+

Fourteen (14) QI Action Plans developed by multi-sector partners and are focused on:

- Workforce development
- Community engagement
- Training

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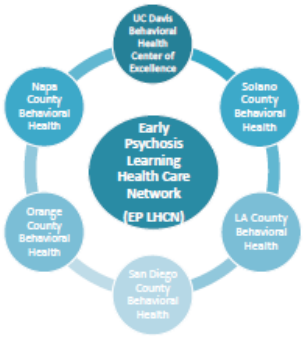
SOLANO COUNTY SYSTEM OF CARE PRESENTATION

QI Action Plans

MHSA Innovation Project

Purpose of Project

- Develop an app that consumers and family members will use to self-report on current functioning which will be available in 13 languages
- Consumers, family members and providers participated in focus groups to develop the questions for the app based questionnaire and dashboard
- Creates a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing
- Harmonizes EP evaluation across core outcomes to enable large scale evaluation and program development across the state and positions CA to participate in national efforts



Proposed Learning Healthcare Network for CA Mental Health programs

Consumer level	Provider level	Clinic level	State level
Consumer (and family) enter data on relevant survey tools (in threshold languages) in app-based platform at baseline and then regular follow up	Clinician and/or MD can visualize responses on web-based portal for the individual over the course of treatment and share that data with the consumer during session.	Program management can visualize summary of responses on portal for: - All consumers in clinic -In relation to CA average	Administrator level allows access to de-identified data across all clinics on the app for analysis

QUESTIONS

Key Behavioral Health Contacts


www.SolanoCounty.com/Depts/BH/MHSA


Solano County-Mental Health Services Act Program


@SolanoCountyBH


(707)784-8320

- Diana Tolentino, Clinical Supervisor Access Unit
  DRTolentino@SolanoCounty.com
- Tracy Lacey, Sr. Manager & MHSA Coordinator
  TCLacey@SolanoCounty.com
- Leticia De La Cruz-Salas, Administrator Children's & Hiring
  LDeLaCruz-Salas@SolanoCounty.com
- Kate Grammy, Administrator Adult's & SUD
  KAGrammy@SolanoCounty.com
- Emery Cowan, Deputy Behavioral Health Director
  ECowan@SolanoCounty.com
- Sandra Sinz, Behavioral Health Director
  SLSinz@SolanoCounty.com

APPENDIX

SUICIDE PREVENTION COMMITTEE LETTER TO PROVIDERS

SOLANO COUNTY

September 1, 2020

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

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

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

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

Local Efforts to Prevent Suicide Deaths

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

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SUICIDE PREVENTION COMMITTEE LETTER TO PROVIDERS

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

Ongoing Targeted Efforts:

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

Current Initiatives

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

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

How Can You Help?

Screen for Suicide Risk

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

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

2. ***Have you felt hopeless in the last 30 days?***
   Yes/No response

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

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SUICIDE PREVENTION COMMITTEE LETTER TO PROVIDERS

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 tclacey@solanocounty.com or 707-784-8213.

In Partnership,

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

WELLNESS • RECOVERY • RESILIENCE