



SOLANO COUNTY BEHAVIORAL HEALTH

ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

2023/
2024



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ATTESTATION PAGES

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Solano

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director	Program Lead
Name: Emery Cowan, LPCC, LMHC	Name: Eugene Durrah, LCSW
Telephone Number: 707-784-8041	Telephone Number: 707-784-4931
E-mail: ECowan@solanocounty.com	E-mail: EADurrah@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

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

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

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

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

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


Signature

6/24/2024
Date

ATTESTATION PAGES

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Solano County

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

<p>Local Mental Health Director</p> <p>Name: Emery Cowan, LPCC, LMHC</p> <p>Telephone Number: (707) 784-8320</p> <p>E-mail: ecowan@solanocounty.com</p>	<p>County Auditor-Controller / City Financial Officer</p> <p>Name: Sheila Turgo, Acting Auditor-Controller</p> <p>Telephone Number: (707) 784-2956</p> <p>E-mail: soturgo@solanocounty.com</p>
<p>Local Mental Health Mailing Address:</p> <p>Solano County Health & Social Services Behavioral Health Administration 275 Beck Avenue, MS 5-250 Fairfield, CA 94533</p>	

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

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

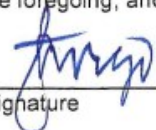
Emery Cowan, LPCC, LMHC
Local Mental Health Director (PRINT)

Cowan, Emery Digitally signed by Cowan, Emery
Date: 2024.09.06 16:32:59 -0700
Signature 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 January 30, 2024 for the fiscal year ended June 30, 2023. 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.

Sheila Turgo, Acting Auditor Controller
County Auditor Controller / City Financial Officer (PRINT)

 6/11/24
Signature Date

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

BOS MINUTE ORDER

MESSAGE FROM THE DIRECTOR

Solano County, like many communities, is facing a mental health crisis exacerbated by various factors. The pressures of work, personal challenges, and the ongoing impact of global events have put a strain on our mental well-being. It's important for us, as individuals and as a team, to recognize the signs and symptoms of stress and to prioritize our mental health.

Despite these challenges, Solano County Behavioral Health has stayed focused on increasing access to services, educating our community, and providing excellent treatment for those we serve and their families. These activities include expanding access to counseling and therapy services, increasing outreach efforts to reach underserved populations, and implementing new programs. One major initiative first launched in 2021 was Mobile Crisis Services, and after a pause and relaunch, it became fully operational 24/7 with a community line in the Spring of 2024.

With an eye towards Behavioral Health Transformation (Prop1) and implementation of the most laws and mandates ever faced by county behavioral health plans, Solano remains steadfast in the importance of early intervention and prevention strategies to address mental health and substance use issues proactively. These efforts reflect a commitment to improving overall well-being and ensuring that residents have access to the resources they need to thrive mentally and emotionally.

I encourage each of you to take the time to check in with yourselves and with each other. If you're struggling, please don't hesitate to reach out for support. Solano County Behavioral Health offers resources and services that can help, from counseling and therapy to peer support groups and housing supports. Taking care of your mental health isn't just beneficial for you personally; it also strengthens our entire workforce and our ability to serve our community effectively.

Let's foster an environment where open conversations about mental health and substance misuse are encouraged and where seeking help is seen as a sign of strength. Together, we can make a positive difference in the lives of those we serve.

Thank you for all that you do, and please remember that everyone's well-being matters.

Sincerely,



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

LAND ACKNOWLEDGEMENT

We acknowledge the land on which we are gathered. For thousands of years, this land has been the home of the Native American tribes of the Suisune, the Patwin of the Wintun tribes, Miwuk, Karkin Ohlone, Yoche Dehe, and the countless other California tribes that are the original stewards of this land. We honor Solano County's ancestral grounds. We recognize the history of genocide and continued inequities experienced by the Native American People in Solano County. The forced cessation of Native Americans on this land is an open wound. We would like to acknowledge the displacement and lost lives due to colonization and ongoing disparities. We honor those who have passed and those who continue to maintain the traditions of this vibrant culture that benefit us today.

Pronunciation Guide:

- *Suisune - Sis-SOON-ee*
 - *Patwin - PUT-win*
 - *Wintun - Win-TUN*
 - *Miwuk - ME-wuk*
- *Karkin Ohlone - Kar-KEEN Oh-lone-EE*
- *Yoche Dehe - Yo-CHA De-HEE*

INTRODUCTION

Inclusion Statement

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

About SCBH

Mission Statement

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

Vision Statement

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

Core Values

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

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

Purpose of This Document

The purpose of this document is to provide the SCBH Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2024/25 which is a review of services and programs rendered during FY2023/24 including: Community Services and Support programs/strategies, Prevention and Early Intervention programs/strategies, Innovation projects, Workforce Education and Training initiatives, and Capital Facility/Technology Needs projects.

Mental Health Services Act History

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

In November 2004 California voters passed Proposition 63, the landmark 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 programming which 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 CPPP 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.

4. 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 generally run for three years and can run for up to five years with special approval from the MHSOAC.

5. 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.

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

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

Prudent Reserve

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

MHSa Core Values

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

Solano County Demographics

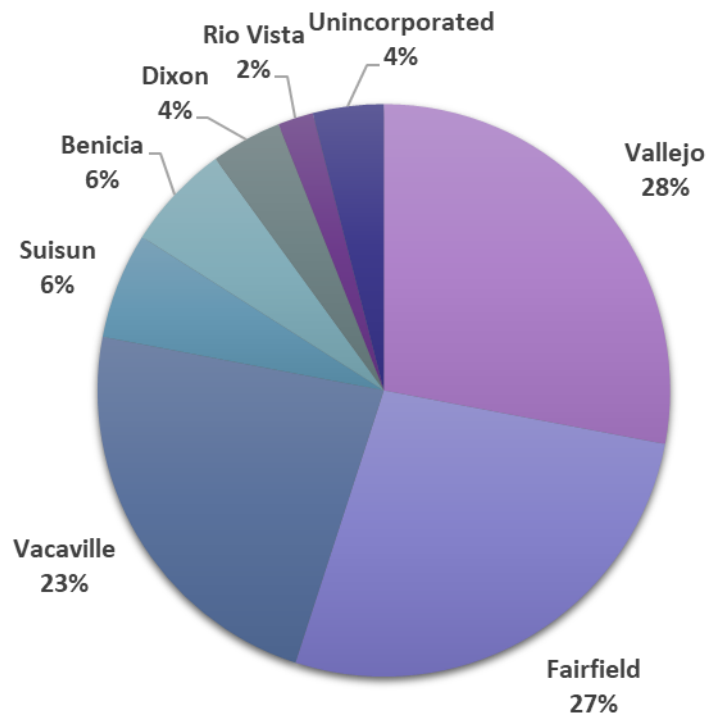
Solano County is rich in its variety of cultures and landscape. The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area.

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (28%), Fairfield (27%) and Vacaville (23%) 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: SCBH DEI Annual Report 2024¹

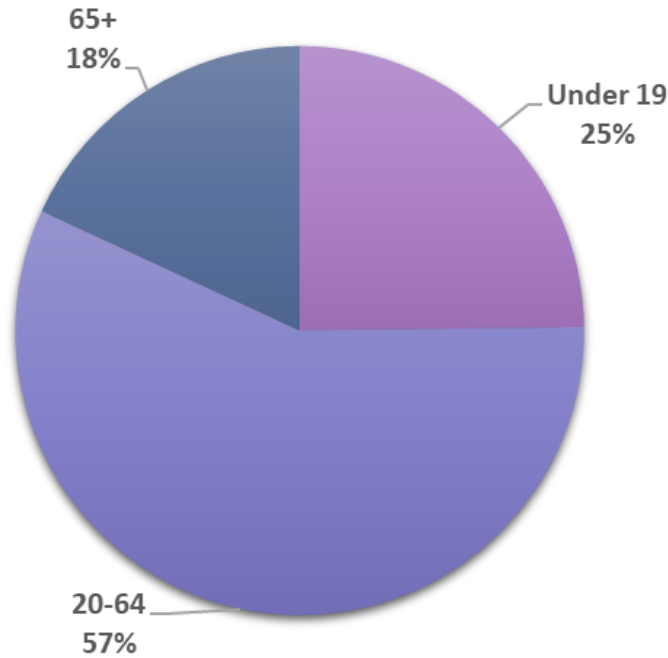
According to the *County of Solano 2022 Annual Report* the County's population was 447,241 in 2022². In 2022, the median household income decreased to \$84,638 from the previous year's value of \$86,652 and the median property value in Solano County was \$549,100 in 2022.

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%)³. In 2022, the median age of all people in Solano County was 38.8⁴.

Figure 2

Solano County Population Age Distribution



Source: SCBH DEI Annual Report 2024

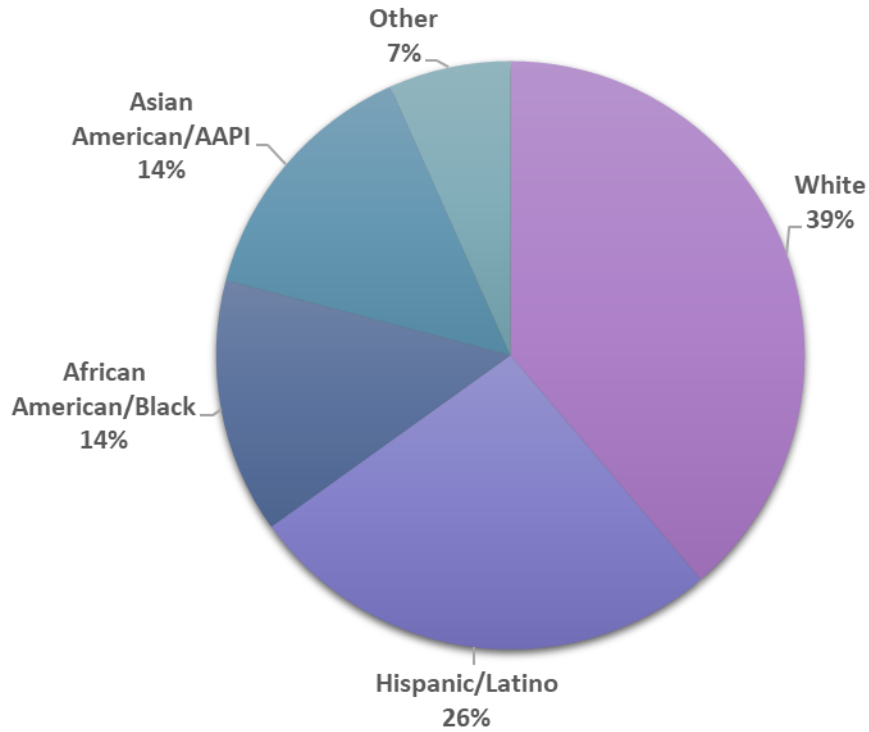
Population Race/Ethnicity Distribution

Solano County was ranked as the 6th most diverse county in America⁵. Thirty-two percent of Solano County residents ages five and older speak a language other than English at home⁶. Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4% and as of 2022, 19.8% of Solano County residents were born outside of the United States, which is higher than the national average of 13.5%⁷.

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 38.8% of the population; 26.3% Hispanic/Latino; 14.0% African American/Black, 14.2% Asian American/Pacific Islander (AAPI); and 6.7% other race/ethnicity groups⁸.

Figure 3

Solano County Population Race/Ethnicity Distribution



Source: County of Solano 2022 Annual Report

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 CPPP. Additionally, maps of the SOC by programming and level of care have been developed to assist SCBH and the community with program planning.

BHP Diversity & Equity Plan

Over the last six years SCBH has continued to implement the national CLAS Standards which are a set of 15 guidelines utilized by health care providers as the benchmark for evaluation and which 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 2024](#) 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.

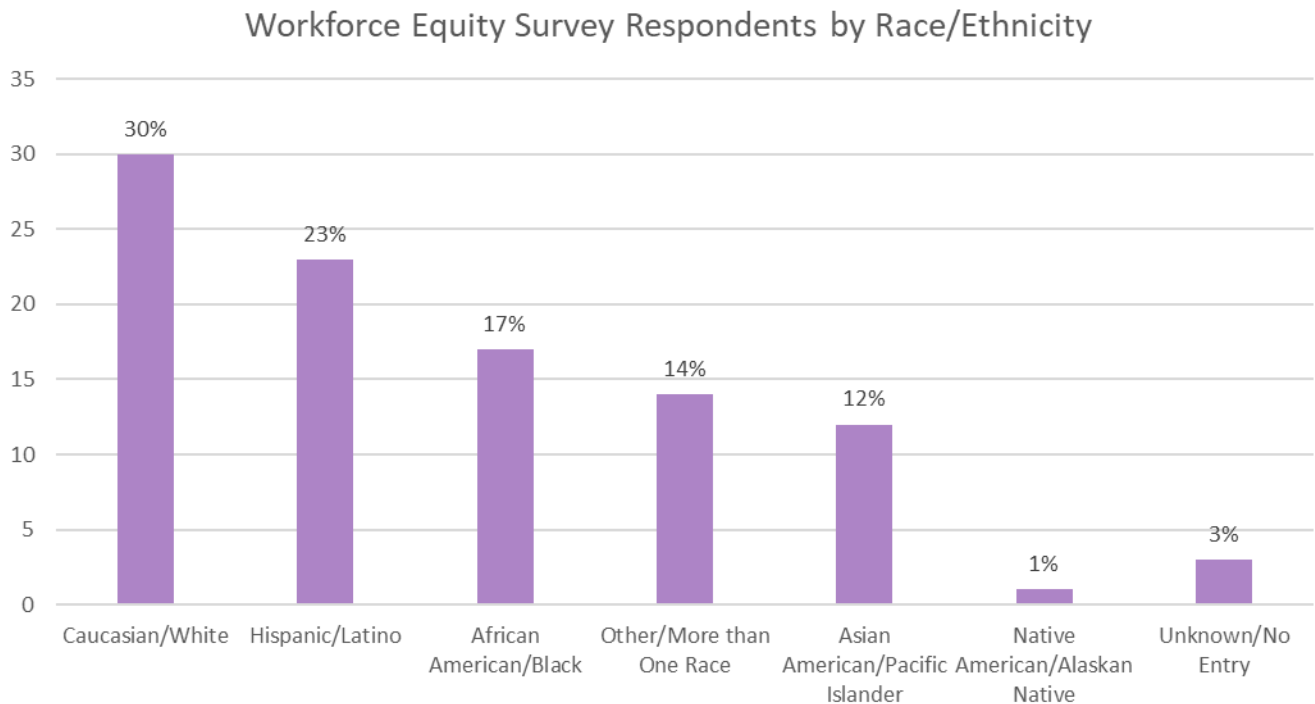
Workforce Equity Survey

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 throughout the month of December 2023, and yielded 223 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. Sixty-seven percent (148 of the respondents identified with a race/ethnicity other than White/Caucasian.

Figure 4



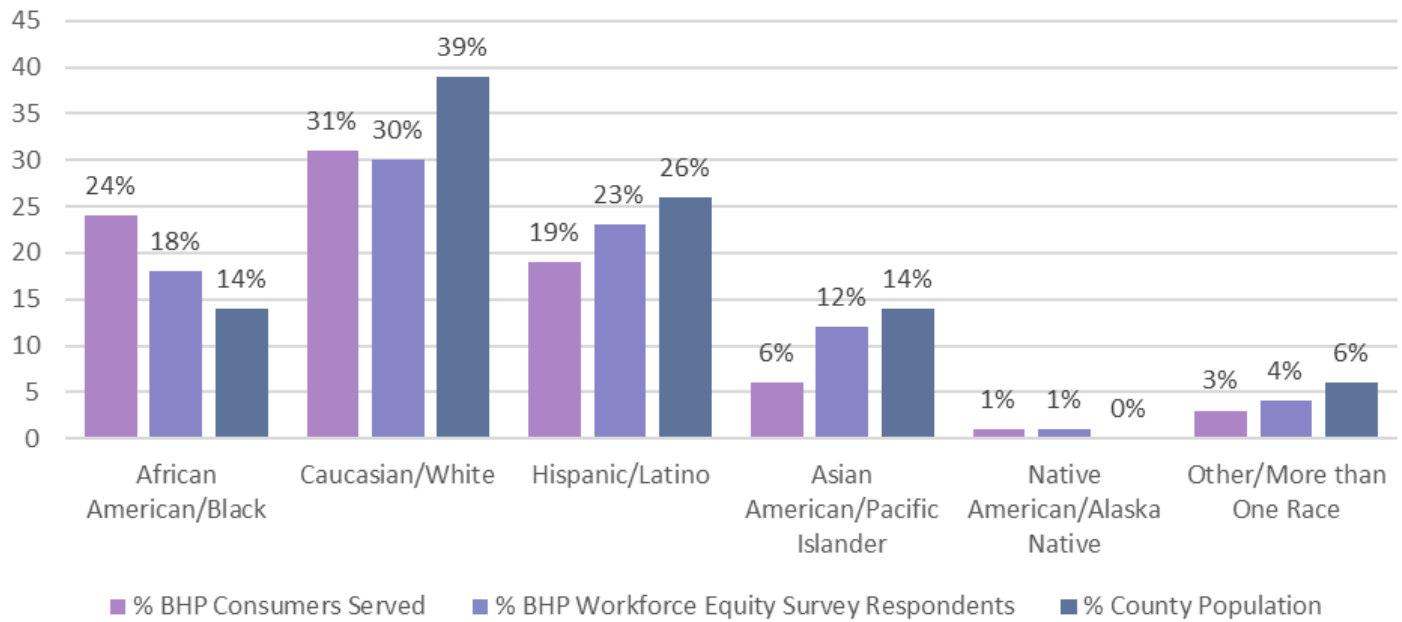
Source: SCBH BHP Workforce Equity Survey FY2023/24

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. 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, Lakota 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 calendar year 2023 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

BHP Consumers Served Compared to Workforce Equity Survey Respondents, and County Population by Race/Ethnicity CY 2023



Source: Solano County BHP Electronic Health Record, SCBH BHP Workforce Equity Survey FY2023/24 and County of Solano 2022 Annual Report

Figure 6 shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state. Penetration rates are calculated using the total number of county Medi-Cal eligibles by race compared to billed Medi-Cal services as identified through the annual [External Quality Review Organization \(EQRO\) Report](#) (CY 2021 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, consumers served through PEI funded programs that do not bill Medi-Cal, or consumers served by Kaiser through the Kaiser Medi-Cal carve out.

Figure 6

Penetration Rates (PR) of Beneficiaries Served by Race/Ethnicity CY 2021

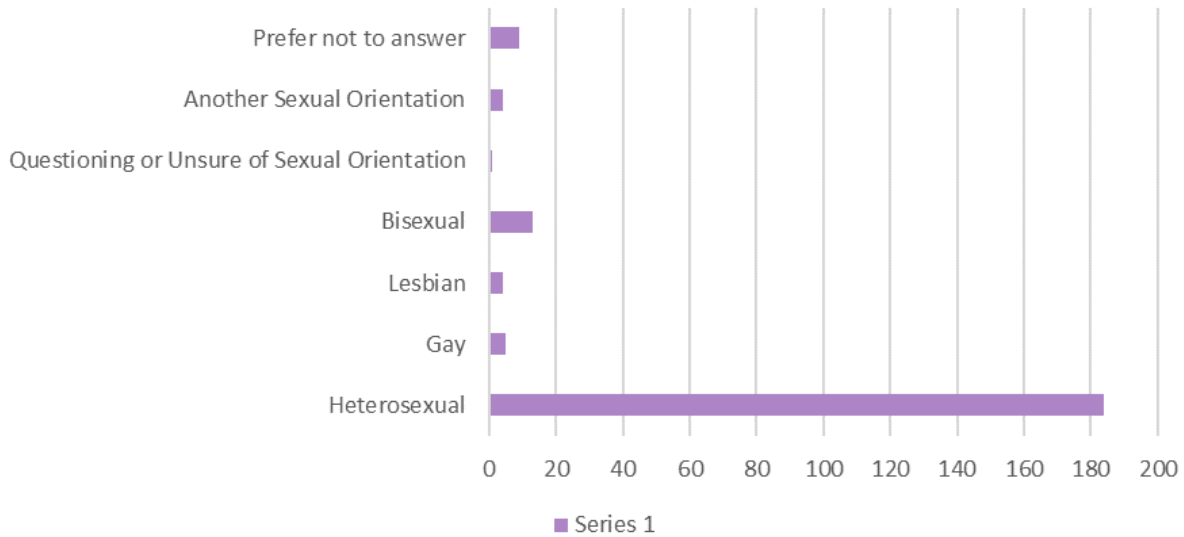
Race/Ethnicity	Annual Eligibles	Beneficiaries Served	PR MHP	PR State
African-American	22,778	1,000	4.39%	7.64%
Asian/Pacific Is-	15,579	285	1.83%	2.08%
Hispanic/Latino	40,792	844	2.07%	3.74%
Native American	591	44	7.45%	6.33%
Other	27,170	1,098	4.04%	4.25%
White	25,376	1,368	5.39%	5.96%
Total	132,286	4,639	3.51%	4.34%

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 shows the BHP staff survey respondents by sexual orientation and gender identity/expression. The most recent survey showed that 14% (27) of the staff respondents identified as non-heterosexual. In FY2022/23, 10.4% (608) of the BHP consumers served identified as non-heterosexual. In regards to gender identity/expression, 2% (4) of the staff survey respondents identified as transgender or non-binary. In FY2022/22, 2% (122) of the BHP consumers served identified as transgender, genderqueer, non-binary, another gender or questioning.

Figure 7

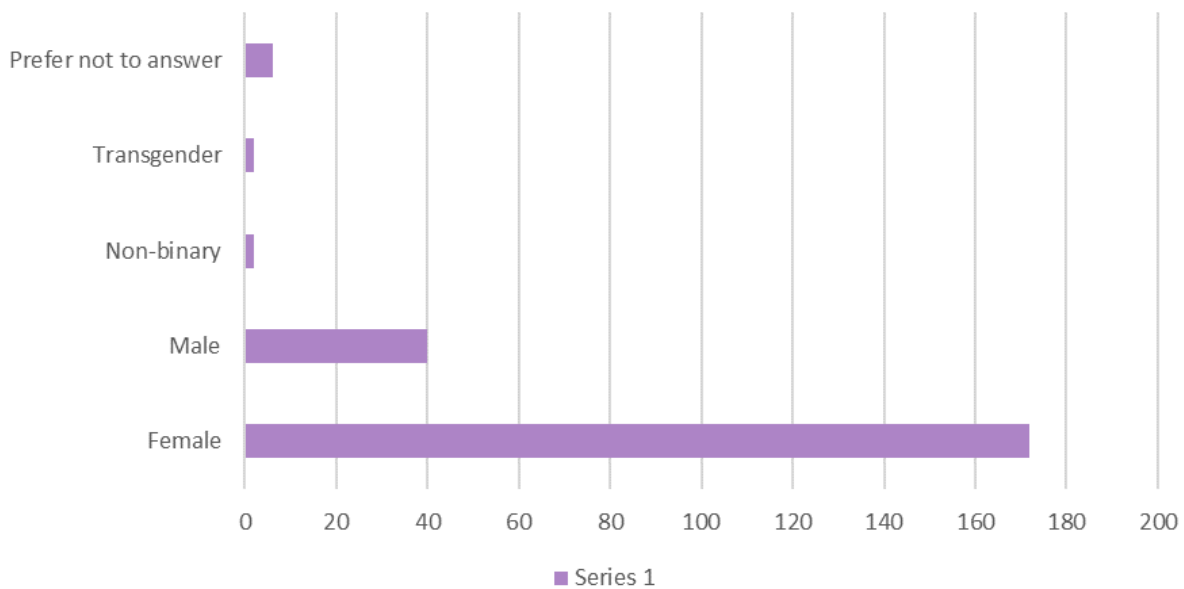
Workforce Equity Survey Respondents by Sexual Orientation



Source: SCBH BHP Workforce Equity Survey FY2023/24

Figure 8

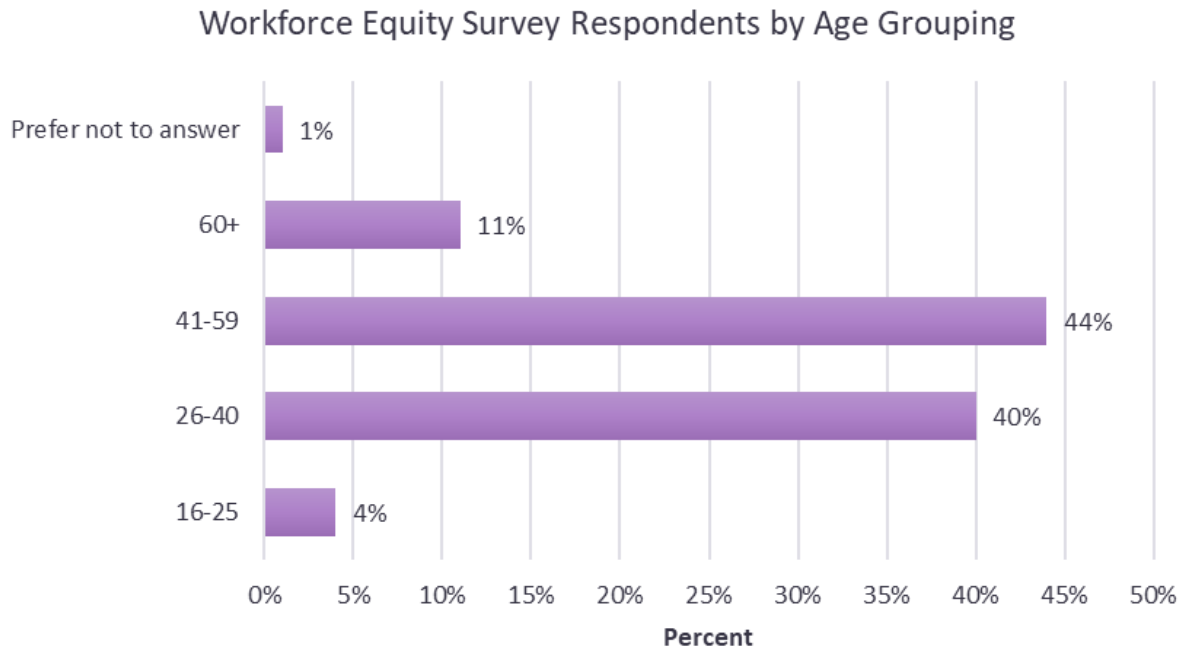
Workforce Equity Survey Respondents by Gender Identity



Source: SCBH BHP Workforce Equity Survey FY2023/24

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



Source: SCBH BHP Workforce Equity Survey FY2023/24

Linguistic Capacity

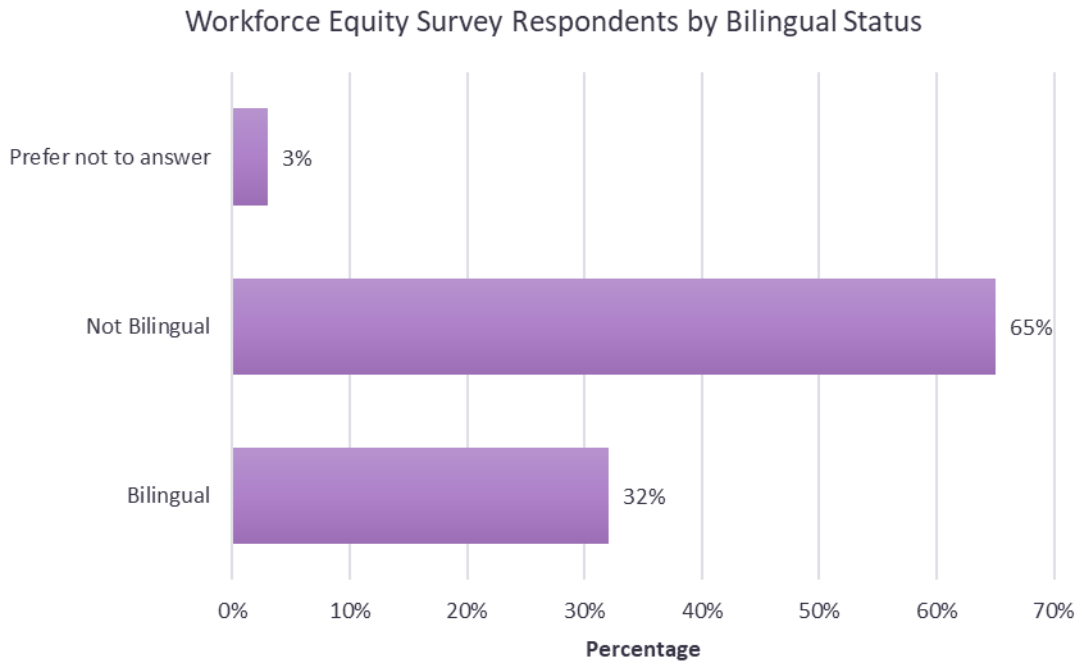
Solano County’s current threshold language is Spanish, and Tagalog continues to be a sub-threshold language. Data related to primary and preferred language for BHP consumers served during CY 2023 is listed in the table to follow. Eighty-five percent (5,012) of the consumers served identified their “primary language” as English, 8% (475) as Spanish and 1% (62) as Tagalog. In regard to “preferred language” 82% (4,801) of the consumers identified English, 6% (340) Spanish and .6% (38) as Tagalog.

Total # of Consumers: 5,874		
Language	# of Consumers by Primary Language	# of Consumers by Preferred Language
American Sign Language (ASL)	2	4
Arabic	5	1
Cambodian	0	0
Cantonese	8	7
English	5,012	4,801
Farsi	4	2
Hindi	1	0
Italian	0	1
Korean	2	3
Laotian	2	1
Mandarin	1	1
Mien	1	1
No Entry	269	659
Other Chinese Language	1	0
Other Non-English Language	17	21
Other Sign Language	0	1
Portuguese	4	3
Punjabi	11	0
Spanish	475	340
Tagalog	62	38
Thai	2	0
Unknown	4	10
Vietnamese	13	10

Source: Solano County BHP Electronic Health Record Report 337

Figure 10 shows bilingual status for workforce survey respondents with 37% (82) of the 223 survey respondents identifying as bilingual and of those 32% (23) identified as being in bilingual certified positions and compensated for their linguistic skills.

Figure 10



Source: SCBH BHP Workforce Equity Survey FY2023/24

Twenty-eight percent (19) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: Arabic, Cantonese, Farsi, Spanish, Tagalog, Punjabi, Tigrinya, Hindi, Urdu, Hebrew, Visayan (Cebuano), Russian, French, Bisaya, German, Gujarati, Setswana, and Swedish. There has been an historical shortage of applicants who speak Spanish and Tagalog, however 66% (42) of the staff who identified as bilingual speak Spanish (threshold language) and 13% (8) speak Tagalog (sub-threshold language).

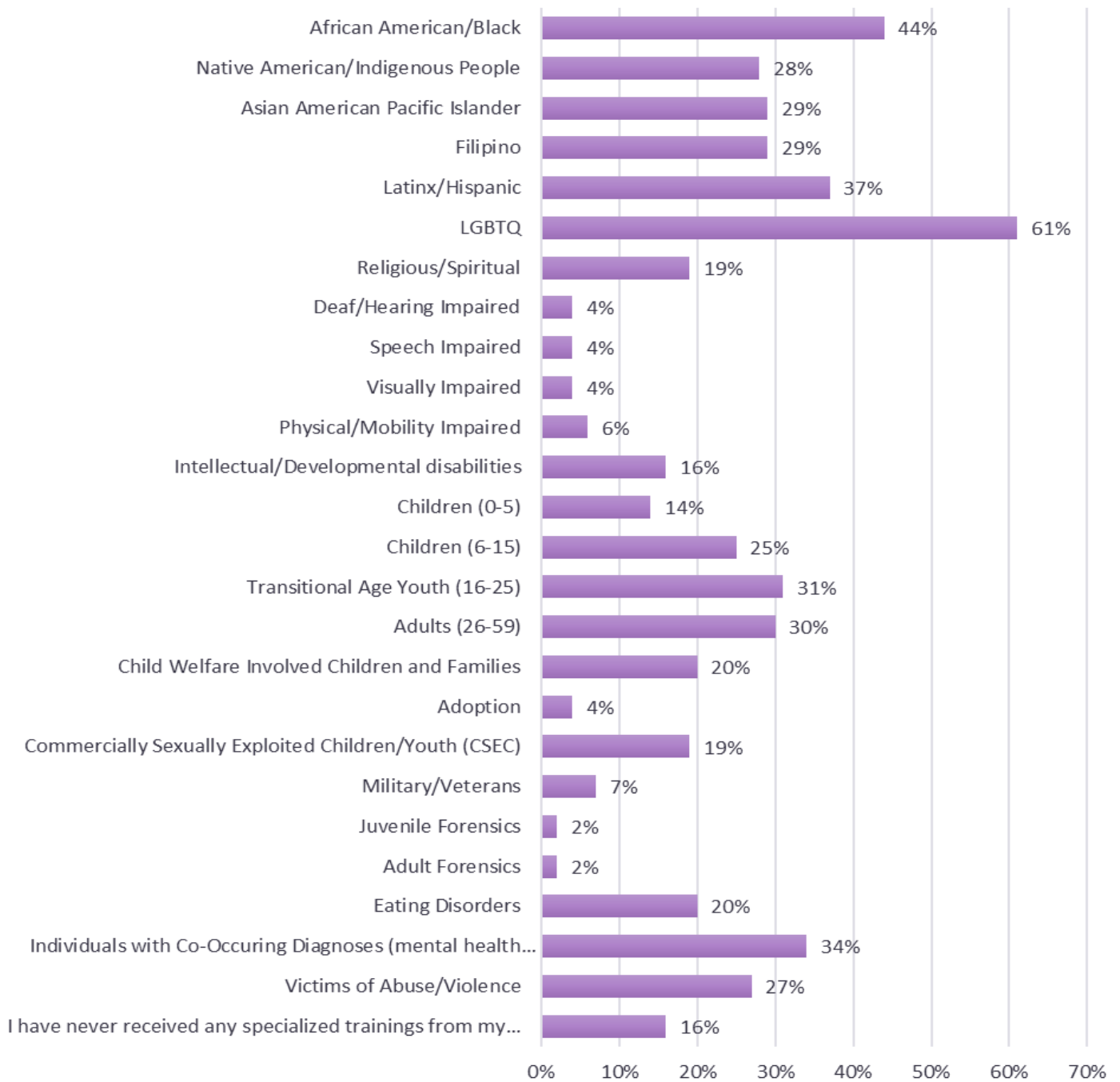
Over the last several fiscal years, FYs SCBH has funded multiple rounds of *Behavioral Health Interpreter Training (BHIT)* provided by the National Latino Behavioral Health Association including: sessions for bilingual Spanish and Tagalog staff to enhance skills related to how to act in the role of an interpreter if called upon to do so and to increase fluency in terminology related to the mental health field: and sessions for direct service providers & and reception staff who may need to utilize interpreters when providing services. In all *BHIT* cohorts one section covered how to access Language Link the County's interpreter service provider. Additionally, the training on how to access Language Link was recorded and is used for onboarding new County staff and has been shared with contract providers who have opted to utilize the County's Language Link contract.

Training

SCBH continues to place a significant emphasis on the provision of training for the workforce to include trainings in cultural humility, evidenced-based practices, strategies for working with specific populations, etc. Three cohorts of more than forty (50) supervisors and managers from County and contractor programs have completed *Promoting Cultural Sensitivity in Clinical Supervision* provided by Dr. Kenneth V. Hardy, Ph.D. 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-six percent (166) of the total staff respondents in the workforce equity survey reported receiving cultural humility training in the past year. Sixty-two percent (119) of the total staff respondents in the survey reported having been trained in how to access interpreter services. Of the 195 respondents who answered a question related to comfortability utilizing interpreter services 45% (87) 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 Self-Reported Specialized Training



Source: SCBH BHP Workforce Equity Survey FY2023/24

Lived Experience

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 FY2023/24 survey. The results are as follows:

- Fifty-two percent (101) of the survey respondents identified lived experience of mental health, and 78% (152) have a friend/family member with lived experience of mental health.
- Fifteen percent (29) of the survey respondents identified lived experience of substance use, and 70% (135) have a friend/family member with lived experience of substance use.
- Forty-three percent (83) of the survey respondents identified having experienced significant trauma, and 64% (125) have a friend/family member who have experienced significant trauma.
- Three percent (6) of the respondents identify as a person with lived experience in the foster care system and 22% (42) have a friend/family member with lived experience in the foster care system.

Implementation of the CLAS Standards

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

- Of the 194 respondents who answered a question regarding their employer's commitment to racial equity and reducing disparities for underserved communities, 79% (153) responded positively.
- Seventy-six percent (148) 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-six percent (128) 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-five percent (143) 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 191 respondents who answered a question related to the organization they work for promoting their expression of their cultural identity and being their authentic self, 65% (124) 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 FY2023/24, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards.

EQRO Annual Report

An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. For the most recent [FY2022/23 Medi-Cal Specialty Mental Health External Quality Review: Solano BHP Final Report](#) please click here.

Community Education on the System of Care

Throughout the year SCBH staff members provide presentations on the SOC for community partners which includes the BHP target population, funding sources, MHSA components, the community's role, how to access services, children and adult programming, acute care services and resources (see Appendix for a sample SOC presentation, pg. 220-226).

Community Engagement

SCBH makes concerted efforts to recruit and include peer consumers, family members, providers, and community partners on various BHP Committees including the Suicide Prevention Committee, Diversity and Equity Committee, Quality Improvement Committee; the local Mental Health Advisory Board (MHAB); targeted workgroups for special quality improvement projects; and the MHSA CPPP. The aforementioned committees and workgroups can include policy development and review, monitoring of data and system utilization, quality improvement efforts and program evaluation. From 2016-2021 SCBH implemented the ICCTM Innovation Project which was anchored in the national CLAS Standards and community engagement. As a result of the ICCTM INN Project fourteen (14) community-defined quality improvement (QI) Action Plans were developed and SCBH continues to implement the Plans. Several of the QI Action Plans involved community feedback loops and shared decision-making. For more information on the ICCTM Project and the QI Action Plans see page 198.

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

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

Community Program Planning Process (CPPP)

Community Engagement

The MHSA Unit engaged community partners in a hybrid virtual and in-person CPPP. Overall, three (3) community forums were held (see flyers Appendix, pgs. 227-229); information was gathered from community partners at all three (3) standing meetings. The CPPP meetings include representation from: consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; representatives from the County’s underserved and underrepresented communities, etc.

Community Forums & Meetings

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

Date	Type of Planning Meeting	# Attendees
June 10, 2024	MHSA Annual Update Focused: In-Person Community Meeting (English)	11
June 10, 2024	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	22
June 11, 2024	Solano County Behavioral Health All Staff Meeting	105
Total number of MHSA Unit staff participating in various meetings (not included in attendee count)	11	

Community Program Planning Process (CPPP)

Each community forum included a PowerPoint presentation (see Appendix, pgs. 230-233) on the history and components of MHSA; the role of the community in the CPPP; state and local MHSA updates including any relevant policy changes, regulations and state updates related to MHSA; a brief overview of the SOC and programs/services funded by MHSA; The presentation was followed by breakout sessions with targeted questions (see Appendix, pgs. 234-239) to prompt group discussions to elicit feedback regarding new ideas and/or gaps within the mental health system of care.

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

MHSA Unit staff also gathered information through standing Committee meetings and/or meetings focused on system improvements.

Local Updates

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

- Staffing Challenges
COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and consumer outcomes. Staff recruitment and retention are impacting both County and contractors. SCBH has had a 15-20% vacancy rate during the reporting period and contractors have had a similar or higher vacancy rate.

Legislative & State Updates

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

- Upcoming Changes to MHSA which include:
 - ⇒ CA voters passed proposition 1 in March 2024
 - ⇒ Renames MHSA to the Behavioral Health Services Act (BHSA) Effective January 1, 2025
 - ⇒ Funding component changes do not take into effect until fiscal year 2026-27
 - ⇒ Expands original MHSA to include SUD services and additional housing interventions.
 - ⇒ Reduces local funding to support statewide initiatives and oversight

CPP Participant Demographics

Demographic information was collected through an electronic survey for the participants who attended virtual community forums and a paper survey for the participants who attended in-person community forums. The survey included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, and community partner type, and whether the individual had lived experience.

Of the 138 unduplicated attendees who attended CPP meetings, 41 completed the survey. Eighty-eight percent (36) of the survey respondents were between the ages of 26-59, 10% (4) were 60 or older, none were between the ages of 16-25, and the remaining 2% (1) declined to answer. With regard to race/ethnicity, 53% (19) of the respondents identified as Caucasian/White, 14% (5) as Asian American/Pacific Islander, 22% (8) African American/Black, 0% (0) as more than one race, 0% (0) as Hispanic/Latino, 11% (4) as American Indian/Alaska Native and the remaining 3% (1) declined to answer. Ninety-five percent (39) of the respondents identified English as their primary language, 2% (1) Tagalog, 2% (1) Spanish. Ninety-eight percent (40) of the attendees identified English as their preferred language, and 2% (1) identified Spanish as their preferred language.

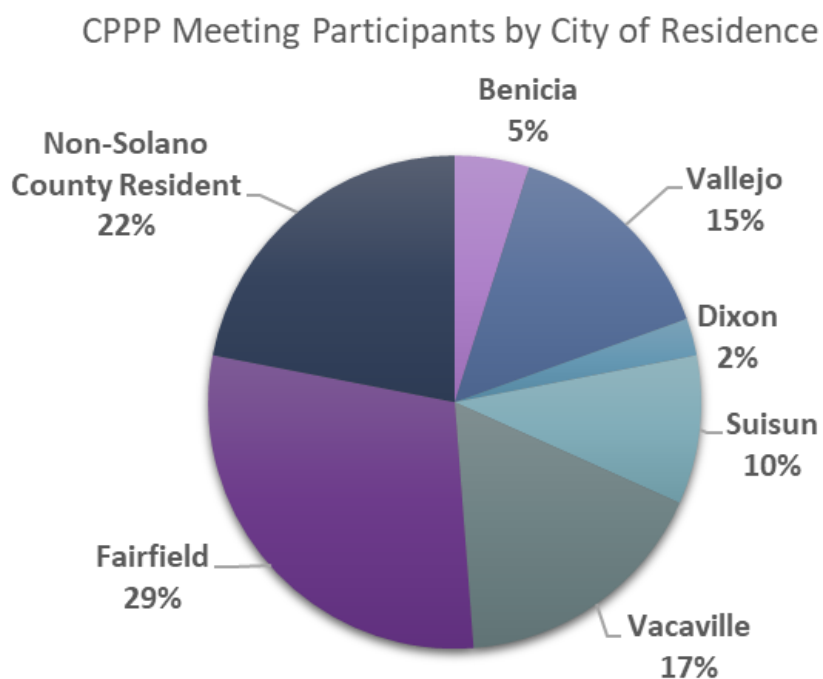
Of the 41 survey respondents who answered the question related to current gender identity, 78% (32) identified as female, 20% (8) as male, and 2% (1) preferred not to answer. Regarding sexual orientation of the 41 respondents who answered this question 83% (34) identified as heterosexual, 0% (0) as gay, 0% (0) as lesbian, 7% (3) as bisexual, 2% (1) as Queer, 2% (1) as "other", and 5% (2) responded "prefer not to answer".

The table below demonstrates how meeting participants who responded to the MHSA Key Issues Survey self-identified in terms of role within the community.. Please note that responses only include those who completed the survey.

CPPP Attendee Role	
Consumer/Peer	1
Family Member	1
Community Member	4
Court Staff	1
Social Services and/or Child Welfare Services Staff	9
Behavioral Health Staff	43
Healthcare Provider	3
Community Based Organization/Community Partner	5
Public Health	2
Other	2

Figure 12 demonstrates City of Residence for CPPP meeting attendees. SCBH gathers this information in order to evaluate the representation of community members from different cities and regions of Solano County.

Figure 12



CPPP Strengths of SOC Identified

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

Staff

- Multidisciplinary teams that are there to offer support, team approach
- Diverse workforce
- Dedicated, hardworking staff
- Supportive managers
- Clinicians, specialists, medical staff, office assistants, and peers, etc. working together

Providers and Partners

- Increased partnership with organizational providers (community-based resources)
- Services provided by Aldea meet the client and parent's needs and schedule. They have very good communication with parents, accommodate schedules of parents, and provide easy access to services
Probation officer – linkages/connection after the youth was released from juvenile detention, we should have more of such Probation officers with genuine concern for youth and knows how to link youth and parents to services

Programs and Services

- Mobile crisis for youth
- Have a lot of programs/services to assist the public
- Commitment to improving and adding programs
- No wrong door
- Use of evidence-based practices and using fidelity reviews

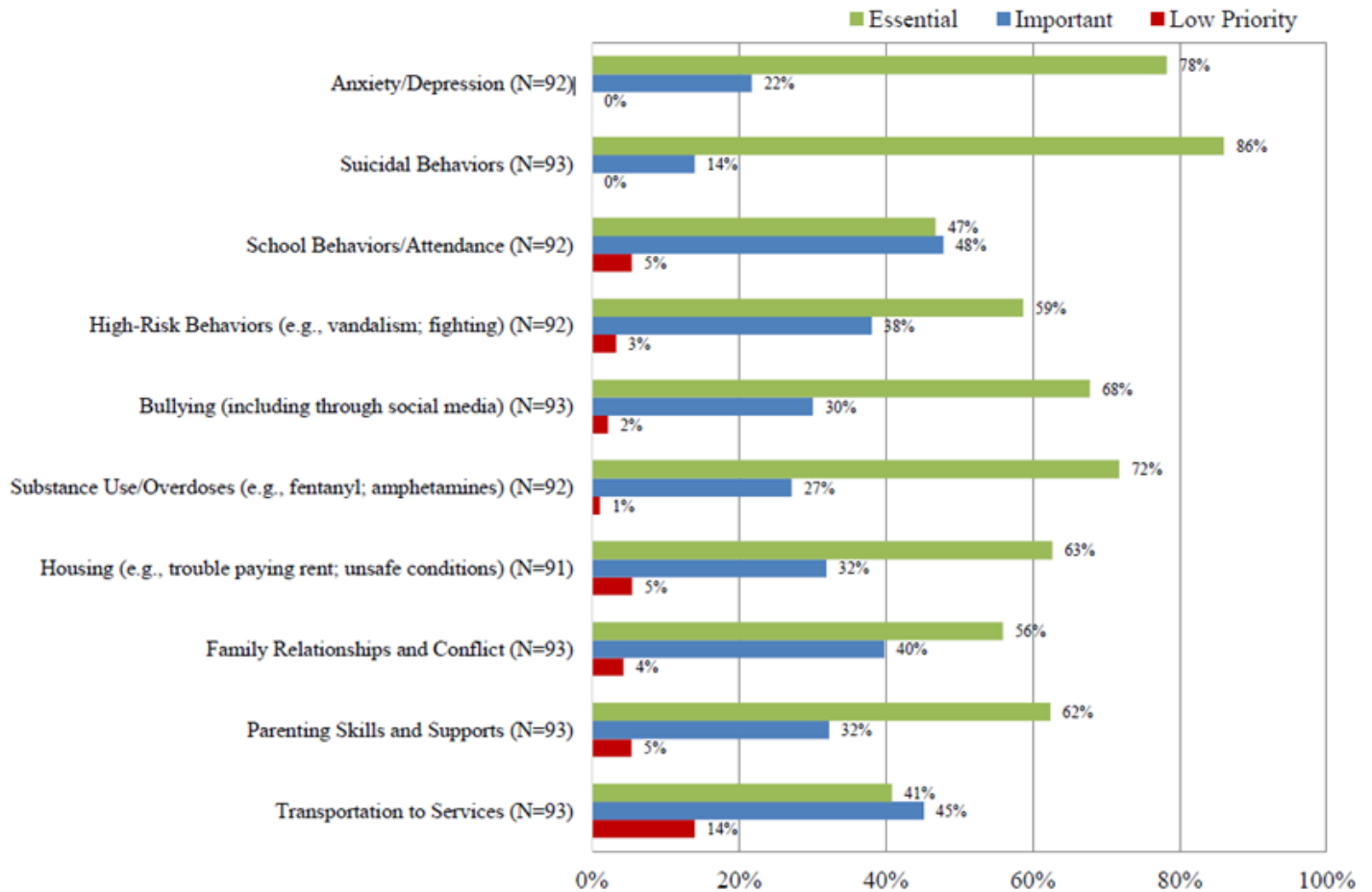
Community

- Community engagement, outreach, and collaboration
- Opportunities for improved community access to services
- Small community groups
- Wellness Day, community events

CPP Needs Identified

During this year's CPPP process participants were asked to complete an MHSA Key Issues Survey that identifies needs for each age population prioritized by MHSA funding. The survey was completed by over 90 stakeholders that attended the virtual or in person meetings. The results from the survey can be found below:

Solano County Behavioral Health 2024 MHSA Key Issues Survey Results *Child (0-15) and Family Issues That Need to Be Addressed*



Below are some of the top responses and suggestions community partners identified when asked about the key issues impacting Children and Families during virtual and in-person breakout group discussions:

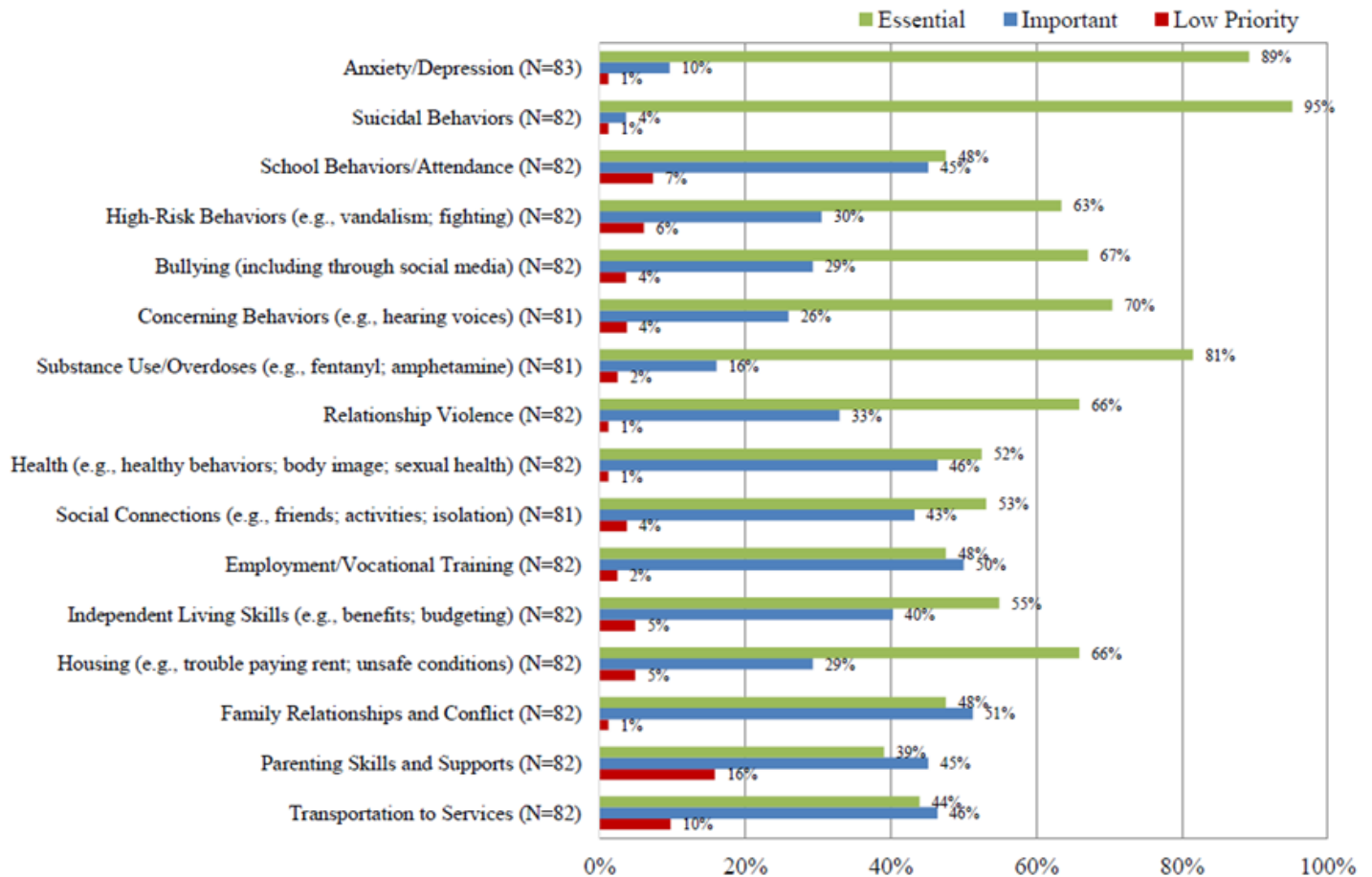
Key Issues:

- Anxiety / Depression: Starting at a younger age; isolation; addiction to technology; there is no buffer for kids, everything they do is permanent on social media; they want the connection; self-esteem; lack of ability to communicate with others; increased anxiety due to COVID
- Suicidal Behaviors: Self-harm, cutting, and ideation are early indicators
- School Behaviors/Attendance: Parents have high expectations for educational goals, causing low self-esteem
- High-Risk Behaviors: Lack of coping skills and decision-making skills
- Bullying: 24/7; they cannot escape it; social media platforms expose them to it; targeted online; self-esteem
- Substance Use/Overdoses
- Housing: Lack of housing/basic resources
- Family Relationships and Conflict: Abuse; trauma; family conflicts; poverty amplified after covid; divorce; acculturation (children adopting norms of the dominant culture over family's original culture)
- Parenting Skills and Supports: Parents are stressed out; single moms
- Transportation: Lack leads to isolation; difficulty accessing services

Suggestions for helping Children/Families:

- County Services
- Trauma-informed services for all ages
- Teach children personal development skills
- Social media education; risk reduction
- Centralized accessible resources (one-stop shop); available on weekends, virtually
- Parental education and supports
- Make services accessible to parents, on weekends and virtually
- Transportation
- School-Based Services
- Teach children personal development skills
- Offer children more outreach in schools-they want to belong/feel loved
- After-school activities
- Need more connection with parents and teachers
- Need more services in schools to be multi-lingual
- Provide incentive for parents to participate in engaging with the school
- Community Supports
- Create space for parents to meet together, share experiences, and learn from each other about parenting children
- Promote infant, maternal, and MH connections
- After-school activities
- Teach children personal development skills

Solano County Behavioral Health
2024 MHSA Key Issues Survey Results
Transition Age Youth (16-25) Issues That Need to Be Addressed



Below are some of the top responses and suggestions community partners identified when asked about the key issues impacting Transition Age Youth during virtual and in-person breakout group discussions:

Key Issues:

- Anxiety / Depression: Anxiety at school and developing social skills; stress; lack of coping skills
- Suicidal Behaviors: Self-harm, cutting, and ideation are early indicators
- School Behaviors/Attendance: Decreased motivation
- High-Risk Behaviors
- Bullying: Social media and cyber bullying (24/7)
- Concerning Behaviors
- Substance Use/Overdoses: Youth access to substances; substance use; alcohol; fentanyl
- Relationship Violence
- Health: Unresolved trauma/coping skills/generational trauma; teens and sexuality; gender-specific sex education; LGBTQ+; self-esteem; mental health stigma
- Social Connections: Interpersonal relationships; lack of connection/engagement with friends; isolation; lack of trust in the system; social media risks; social supports; communicating with teens
- Employment/Vocational Training: Volunteer and community services opportunities to build job skills
- Independent Living Skills: Life skills; independent living; youth kicked out of home/foster home at 18 without basic skills to survive
- Housing: Options, affordability, basic needs, food insecurity; lack of resources and safe spaces for teens

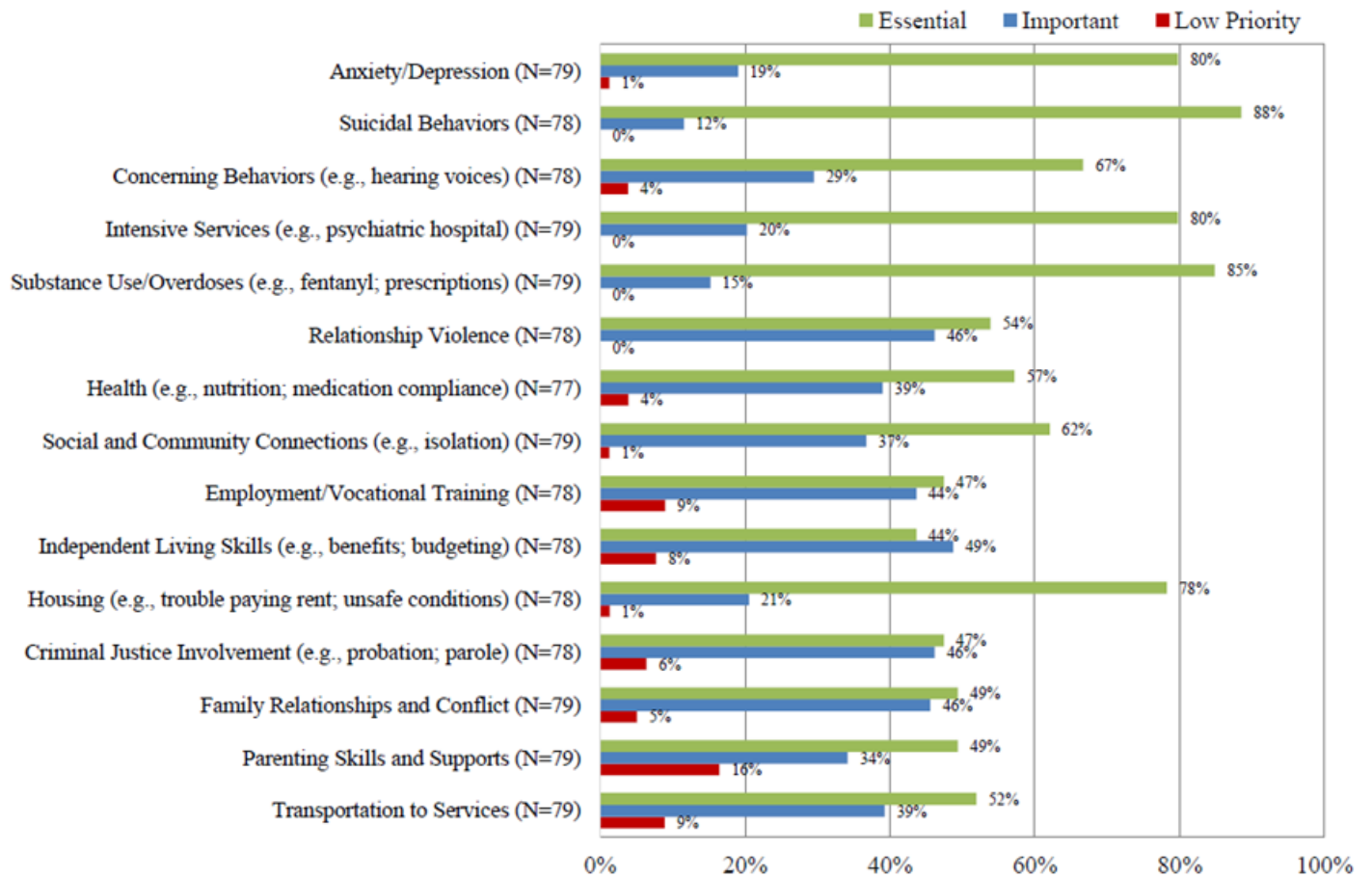
Key Issues (cont.):

- Family Relationships and Conflict: Dysfunctional; effects of parents' mistakes and problem behaviors in their environment; lack of coping skills; divorce; LGBTQ+ rejection; levels of acculturation (youth adopting norms of the dominant culture over family's original culture)
- Parenting Skills and Supports: Single moms; parenting challenges; poor support systems
- Transportation

Suggestions for helping Transitional Age Youth:

- County Services
 - ◇ Skills to deal with past or continued traumas
 - ◇ Social media education; risk reduction
 - ◇ Culturally appropriate education for youth on substance use and meet them where they are; access to treatment for substance use
 - ◇ Trusted spaces such as peer groups, so kids can have a place to discuss issues
 - ◇ Teach youth personal development skills
 - ◇ Develop TAY Wellness Centers and other trusted safe spaces for 16-25 (TAY group) outside of school setting to discuss issues
 - ◇ Services for LGBTQ+ including managing family rejection
 - ◇ CRT for youth
 - ◇ Trauma-informed services for all ages
 - ◇ Develop housing options and support programs
 - ◇ Suicide groups and services, and other innovative solutions; postvention support for families, survivors
 - ◇ Rehab Treatment Centers
 - ◇ Co-occurring substance use disorder treatment programs
 - ◇ Residential SUD treatment programs (local)
 - ◇ Centralized accessible resources (one-stop shop) during business hours and weekends: virtually
 - ◇ Gender affirming health clinics
 - ◇ Transportation
- School-Based Services
 - ◇ Teach youth personal development skills
 - ◇ Offer youth more outreach in schools-they want to belong/feel loved
 - ◇ Create a supportive environment to offer support for those in crisis/having trouble but also teaching other students how to be supportive.
 - ◇ Expand multi-lingual school services
 - ◇ Support youth's transition from middle into high school, and after high school, so transitions do not exacerbate existing problems/issues.
 - ◇ Expand after school activities
 - ◇ Offer gender specific sex education
 - ◇ Parent/teacher connection and collaboration
- Community Supports
 - ◇ Sense of community, bring youth together to engage in activities, safe spaces
 - ◇ Parenting skills and supports; space for parents to be together, share experiences, and learn from each other about parenting TAY

Solano County Behavioral Health
2024 MHSA Key Issues Survey Results
Adult and Older Adult Issues That Need to Be Addressed



Below are some of the top responses and suggestions community partners identified when asked about the key issues impacting Adults and Older Adults during virtual and in-person breakout group discussions:

Key Issues:

- Anxiety / Depression: Anxiety; post-partum depression; isolation
- Suicidal Behaviors: Suicidal ideation/self-harm/overdose; white males highest risk; cultural
- Concerning Behaviors
- Intensive Services
- Substance Use/Overdoses: prescription medications
- Relationship Violence: Trauma, generational trauma; family issues; divorce; financial stress
- Health: Burnout; chronic diseases; lack of culturally appropriate health and mental health education; cultural disparity, cultural trauma
- Social and Community Connections: Isolation, more prevalent in males; older adult isolation; different cultures experience isolation risks differently; mental health stigma; acculturation issues with younger members of family adopting norms of the dominant culture over family's original culture
- Employment/Vocational Training: Employment instability; economic challenges; educational supports
- Independent Living Skills: Financial insecurity; budgeting issues
- Housing: Housing instability; not enough low-cost housing programs
- Criminal Justice Involvement: Linkage to services at time of release
- Family Relationships and Conflict: Divorce; financial issues; trauma
- Parenting Skills and Supports: Single parenting; multi-generational homes; poor support systems; support for caregivers
- Transportation

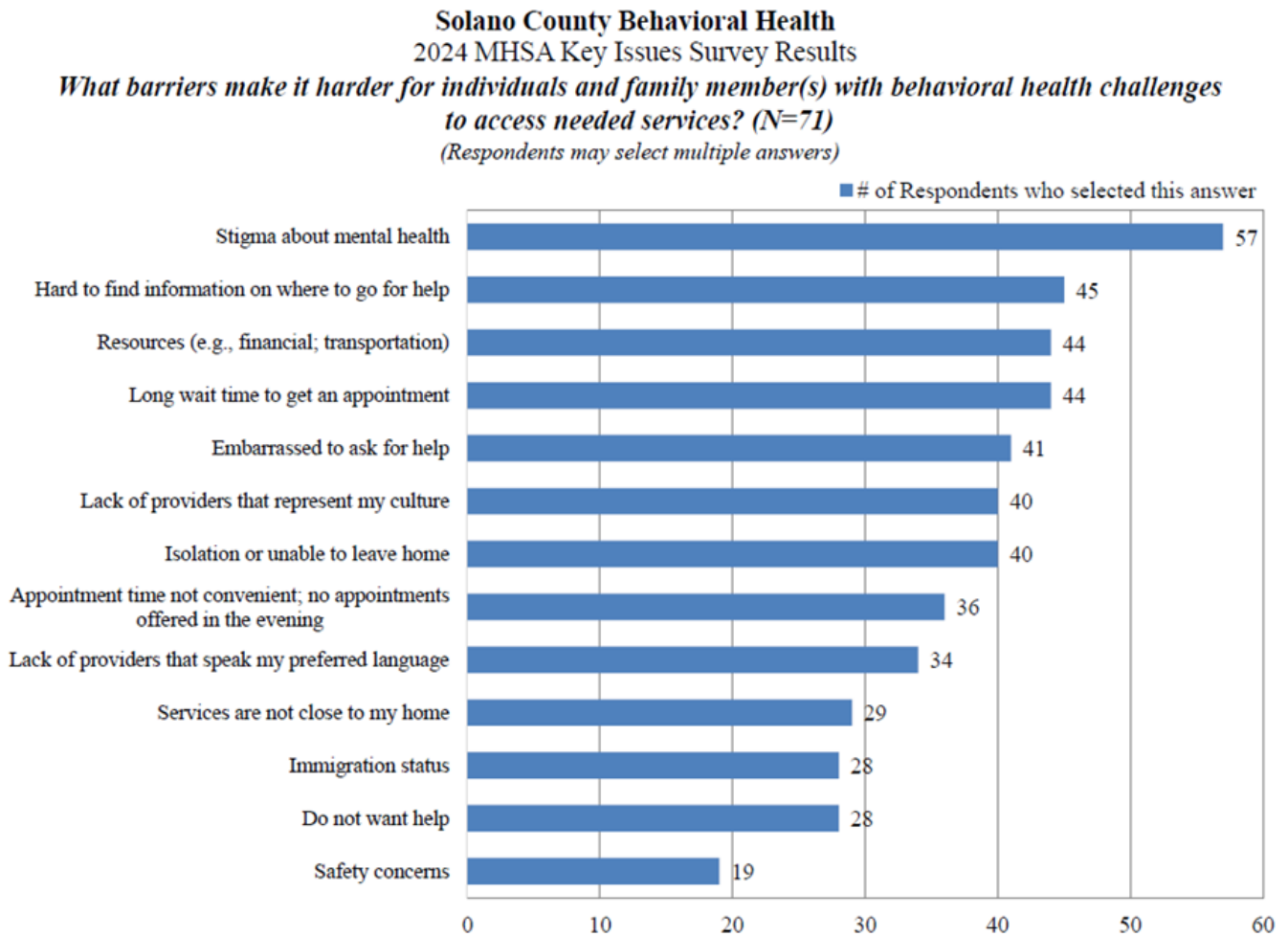
Suggestions for helping Adults and Older Adults:

- County Services
 - ◊ Trauma-informed services for all ages
 - ◊ Financial assistance; budgeting
 - ◊ Finding balance between outside factors
 - ◊ Develop housing options and support programs
 - ◊ Suicide groups and services, and other innovative solutions; postvention support for families, survivors
 - ◊ Rehab Treatment Centers
 - ◊ Co-occurring substance use disorder (SUD) treatment programs
 - ◊ Residential SUD treatment programs (local)
 - ◊ Centralized accessible resources (one-stop shop), available on weekends and virtually
 - ◊ Linkage to services at time of release from incarceration
 - ◊ Adult Day Program (8am-5pm daily)
 - ◊ Community Supports
 - ◊ Interacting with community and social supports
 - ◊ Self-care
 - ◊ Health education for older adults
 - ◊ Help with engagement to available resources

CPPP Needs/Gaps Identified

The following items were the top priorities identified through the CPPP process. SCBH currently funds programs and strategies that address many of the identified needs and will increased funding to meet the identified needs and/or implement new strategies as aligned with identified gaps in the system of care.

Below are the top responses community partners identified when asked what barriers make it harder for individuals and family member(s) with behavioral health challenges to access needed services:



Additionally, participants were asked to provide additional comments regarding their responses during breakout sessions which consisted of the following:

- Stigma about Mental Health and Substance Use Disorders
- Hard to Find Information on where to go for Help: Not knowing where to start (access); lack of awareness of services; lack of advertisement of services; produce brochures on how to access services
- Resources: Cost of services; lack of internet services; lack of technology on county side; low-cost housing for homeless
- Long Wait Times: Long wait times for services, long process for people to receive an assessment which results in a barrier to timely services; too many hoops to jump through before getting treatment (access line; paperwork; hours of services); too many requirements before getting treatment; not enough staff
- Embarrassed to ask for Help

- Lack of Providers that represent My Culture: Culturally relevant services; lack of culturally responsive care; limited number of staff and clinicians that represent the diverse communities; limited co-occurring services
- Isolation or unable to leave Home:
- Appointment Times not convenient: Clinic hours not convenient; meeting times only offered during business hours; clinic to expand hours into the evenings, Saturdays; services of the County and school districts need to match up with the childcare opportunities and needs of the parents
- Lack of Providers who speak my Preferred Language: Not enough diverse and bilingual staff
- Services are not close to My Home: No services in the "forgotten" outlying cities (Dixon, Rio Vista)
- Immigration Status
- Do not want Help
- Safety Concerns: Fear of being taken advantage; distrust of services; nowhere to share information about themselves confidentially
- Transportation: Some offices are on busy streets and dangerous to walk or for parents with young children; transportation to in-person services

Below are the top responses community partners identified when asked if there were any populations or groups of people whom they believed were not being adequately served by the system of care:

Age Groups

- 0-5 years
- Older adults: Senior Black Women; elderly with dementia and coexisting mental illness; medical issues

Race/Ethnicities

- Diverse client populations that do not have diverse staff to reflect their culture, such as Black staff for Black youth, bilingual staff for bilingual clients
- Native Americans / American Indian, Pacific Islanders, Muslims, and other cultural minorities; have to out of county for services. Note: Culturally-diverse populations are not being referred to our system of care because we do not have clinicians from the same culture. Lack of sustained efforts in engagement (example is that the 2018 Native American symposium was excellent but was only held once)

Other Specific Populations

- Maternal population with depression, post-partum depression, and/or anxiety
- Single homeless fathers
- Parents
- Married couples
- Couples who need housing / shelter together
- Moderate to severe mentally ill adults needing therapy, not just medication
- Traumatic brain injury (TBI)
- Caregivers of older adults; spouses/partners; family members with chronic health conditions and/or severe mental illness or substance use disorders
- Persons released from incarceration including youth who are incarcerated, especially those in foster care and released when they are 19 years old.
- Unhoused populations (diverse)

Below are the top responses community partners identified when asked for recommendations to help recruit and retain staff within the system of care:

Work Environment

- Offer staff telework options and flexible schedules to help maintain personal lives and promote balancing work at office and home, have flexibility with staff schedules; lighten case loads
- Promote self-care, burnout prevention
- Conduct frequent mental health check-ins as a team
- Offer Support Groups and Circles during staff meetings with a restorative practice trainer – once per month. Circles to talk about feelings, thoughts, reflection of one’s purpose at work
- Offer support services for staff who have anxiety, depression, family conflicts
- Offer safe space, wellness space, for staff to help prevent burnout; workspace that is comfortable and safe for staff, workspace for every worker
- Assign office assistants to schedule client appointments for therapists
- Prioritize space for client-facing programs, allow more remote opportunities for administrative staff
- Update workspace and safety

Education/Training

- Work with local colleges and fund intern stipends; expand internships
- Offer trainings to reflect the culturally diverse population we serve
- Hold job fairs and provide help with interview skills, resumes, etc.
- Present information at high school to teach students about workforce opportunities
- Increase cross-training between support staff
- Offer a personal development day when staff do not have to go to the office can attend trainings for self-improvement

Hiring Practices

- Hire more peer certified services/supports
- Hire more support staff
- Fill empty positions
- Reach out to other counties to see what they are doing to hire new staff; having transparency in hiring process so candidates know what to expect

Compensation/Benefits

- Offer a referral bonus and offer competitive compensation, faster recruiting and hiring process, cola bonus, salary review, pay equity, improve retirement offering, pay and bonuses, flexible schedules (4/10), salary reviews, work on strategies to have extra help positions to assist retirees to return to work without impacting retirement benefits
- Offer more opportunities to promote; set standards for employment “advantages;” compensate staff when they fill multiple positions because of high number of staff vacancies

Behavioral Health Advisory Board (BHAB)

The BHAB convenes each month on the third Tuesday of the month from 3:30-5PM. The BHAB is comprised of community representatives, consumers of mental health services, family members of loved ones with mental illness; and a representative from the Solano County Board of Supervisors, all of whom are committed to mental health issues and community mental health services. The BHAB is committed promoting awareness about mental health, reducing stigma and discrimination, promoting diversity, and supporting recovery from mental illness. Behavioral Health executive leadership regularly provides updates related to MHSAs programming, program outcome, local mobile crisis and suicide data, and legislation that impacts the local MHSAs Plan. Community members and behavioral health providers attend the MHSAs meetings and are invited to make public comments on the information shared.

Local Review Process

On July 11, 2024, a draft version of the *Mental Health Services Act (MHSAs) Annual Update for Fiscal Year 2023/24* was posted on the Solano County MHSAs web page at http://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp for 30-day Public Comment. In addition, the Mental Health Services Act (MHSAs) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via email to hundreds of community partners and thousands of County Health and Social Services staff.

The 30-Day Public Comment period will be held from July 11, 2024, thru August 10, 2024. Public Comment forms and instructions for how to submit public comment were posted on the website.

A Public Hearing was held in person in partnership with the Solano County local BHAB on June 18, 2024, 3:30PM-5PM since the board cancelled all meetings for the month of July.

The *Mental Health Services Act Annual Update for Fiscal Year 2023/24* will be presented to the Solano County Board of Supervisors in August 2024 for approval and then submitted to the Mental Health Services Oversight Accountability Commissions (MHSOAC) and DHCS.

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MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

In this section of the document, programs funded by MHSA during FY2022/23 will be reviewed to include unduplicated count of individuals served when possible; program performance outcomes; cost per person or total program cost; participant demographics; program highlights and barriers; equity efforts; and changes anticipated for FY2023/24.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

Full Service Partnerships

In FY 2022/23, SCBH funded six (6) Full Service Partnership (FSP) programs both through county-operated programs and contract providers. The FSP programs included the SCBH Child/Youth FSP; SCBH Foster Care Treatment Unit (FCTU) FSP; Transitional Age Youth (TAY) FSP; SCBH Assertive Community Treatment (ACT) FSP; Contractor Adult FSP; and Contractor Adult HOME FSP.

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

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

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

FSP services involve a multidisciplinary approach with teams comprised of mental health clinicians, mental health specialists, case managers, peer support specialists, co-occurring specialists, nursing staff, and psychiatry providers, all working collaboratively with consumers and their families. The FSP provider in collaboration with the consumer, and when appropriate the consumer’s family, develops Individual Services & Supports Plans (treatment plans) in order to provide a full spectrum of behavioral health services and community supports to assist consumers in achieving their individual identified goals.

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

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

Services are provided in homes, the community and the office setting pending the need of the consumer. FSP services are delivered in a manner that is culturally and linguistically responsive with a focus on the promotion of wellness, recovery, and resiliency. FSP programs collaborate with a wide variety of community agencies and organizations to ensure a full array of services to meet housing, medical, social/recreational, vocational, and educational needs.

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

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

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

Name of Program: SCBH Child/Youth FSP

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH Child/Youth FSP program provides intensive services for children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, involved with child welfare, had multiple placement changes, loss of school placements, etc. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the Transitions to Independence Process (TIP) model focused on youth voice and choice; it is considered a national evidence based practice for TAY.

Program Performance Measures

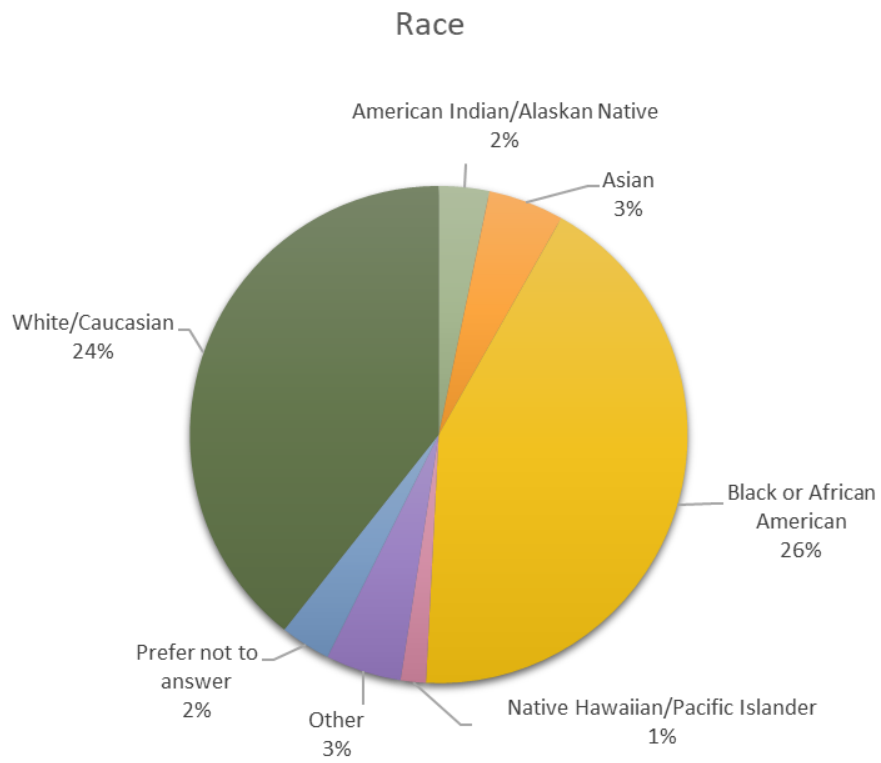
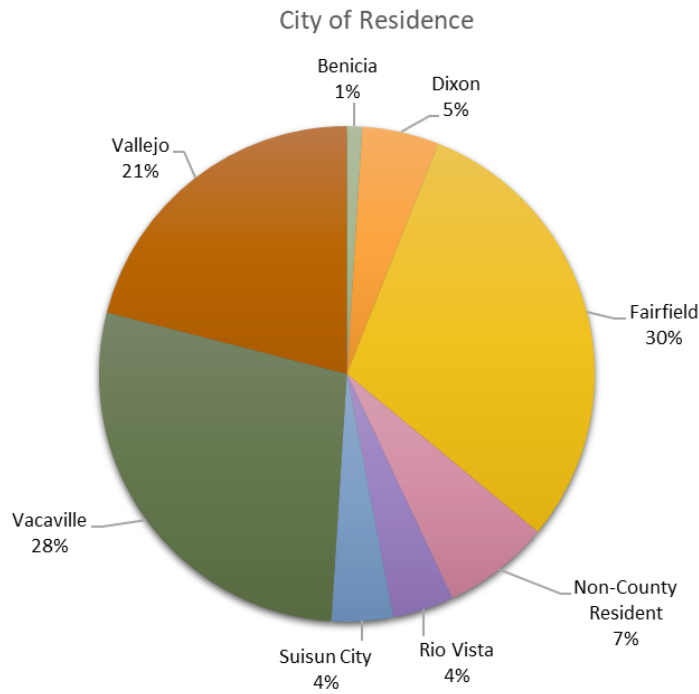
Unduplicated Individuals Served: 148

Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers	14% (21) of the consumers served were hospitalized 1 time during the course of treatment. 7% (11) of the consumers served were hospitalized 2 times or more times during the course of treatment.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families	3% (4) of the consumers and their families experienced incidents of homelessness
Reduce and/or prevent incidents of incarceration for child/youth consumers	4% (6) of the child/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers	An average of 0% (0) consumers served experienced an incidence of placement loss

Financial Report

Cost per Person	\$6,518.67
Budgeted Amount FY 2022/23: \$1,082,759	Total Expenditures FY 2022/23: \$964,763.76
Budgeted Amount for FY 2023/24: \$1,103,756	

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



Demographics		Total Individuals Demo Collect	Direct
			148
Age	Direct	Ethnicity	Direct
0-5	0%	Caribbean	0%
6-15	61%	Central American	0%
16-25	39%	Mexican/Mexican-	30%
26-59	0%	Other Hispanic/Latino	14%
60+	0%	Puerto Rican	1%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	2%	Asian Indian/South Asian	0%
Asian	3%	Cambodian	0%
Black or African-American	26%	Chinese	0%
Native Hawaiian/Pacific Islander	1%	Eastern European	0%
Other	3%	European	0%
Prefer not to answer	2%	Filipino	3%
White/Caucasian	24%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	42%	Other Non-Hispanic/Latino	41%
Female	58%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	0%
Sexual Orientation		More than one ethnicity	0%
Gay	1%	Current Gender Identity	
Bisexual	14%	Male	41%
Heterosexual/straight	55%	Female	45%
Lesbian	1%	Genderqueer	1%
Other	7%	Other	1%
Prefer not to answer	9%	Prefer not to answer	1%
Queer	0%	Questioning/unsure	2%
Questioning/unsure	7%	Transgender	2%
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	1%
Active military	0%	Dixon	5%
Not a veteran/active military/NA	99%	Fairfield	30%
Primary Language (1st Language)		Non-County Resident	7%
American Sign Language (ASL)	0%	Rio Vista	4%
English	78%	Suisun City	4%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	1%	Vacaville	28%
Spanish	20%	Vallejo	21%
Tagalog	0%	Disability	
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	78%		
Other	0%		
Spanish	18%		
Tagalog	0%		

Highlights & Achievements

- The FSP programs staff mirrors the diversity of the community served which includes staff that identify as Latino(a), Filipino(a), African American/Black, and White/Caucasian. The program also has several bilingual Spanish speaking clinicians and mental health specialist which has expanded service for the Latino/Hispanic community.
- The program held a graduation ceremony in June of 2023 for 11 youth and families that highlighted their success and achievements.
- The FSP program offers substance use disorder (SUD) support through a designated SUD liaison, who served over 20 youth in their recovery including connecting two youth to a SUD residential program. Our SUDs liaison provides education, assessment, and treatment to a variety of youth who struggle with substance use and other addictive behaviors.
- The Team received specialized training to prepare for fidelity to the Transition to Independence Process (TIP) Model®. This approach supports staff with tools that engage youth and ensure they are the center of the decision making for their treatment goals.
- The team participated in a training with the Eating Disorder Center in Maryland to appropriately train staff on how to manage the increased complexity of cases involving eating disorders.

Challenges & Barriers

- FSP staff adjusted to the different payment reform changes and worked hard to understand the CalAIM changes within the documentation standards with service codes, locations, and travel time despite the impacts on billing and productivity standards.
- During FY 2022/23 there were significant staff vacancies throughout the children's system which impacted capacity across the system. Despite system wide capacity and hiring issues, FSP staff maintained elevated caseload to help reduce waitlist across the children's system of care and increased caseloads to support with client care.

Equity Efforts in FY 2022/23

- The FSP program has seen a notable increase in staff diversity culturally and linguistically which has not only improved the work environment but also expanded the programs ability to meet the needs of the diverse community served. The team now has 5 bilingual Spanish speaking direct service staff and one Spanish speaking supervisor. When a team member is unable to assist, staff utilize Language Link for interpreter services.
- Staff attend SCBH's Diversity & Equity Committee and staff regularly attend trainings that meet the needs of diversity populations served.
- The program regularly updates the lobby area with wall hangings and other materials that represent the racial/cultural diversity of communities served including LGBTQ+.

Changes or Updates Planned for FY 2023/24

No planned changes at this time.

Number of Children (0-5) served FY 2022/23: 0

Number of Children (6-15) served FY 2022/23: 98

Number of TAY (16-25) served FY 2023/24: 58

Estimated Number of Children (0-5) to be served FY2023/24: 0

Estimated Number of Children (6-15) to be served FY 2023/24: 110

Estimated Number of TAY (16-25) to be served FY2023/24: 70

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

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with Child Welfare Services (CWS). The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, have continued involvement with child welfare, are involved with the juvenile justice system, may have had multiple placement changes, etc. Consumers are referred directly by Solano County CWS. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the Transitions to Independence Process (TIP) model focused on youth voice and choice; it is considered a national evidence based practice for TAY.

Program Performance Measures

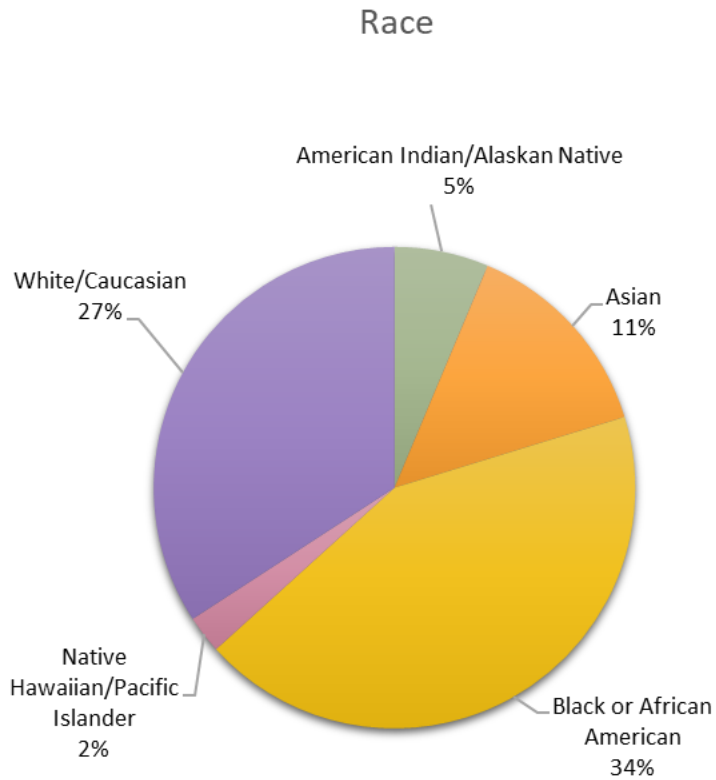
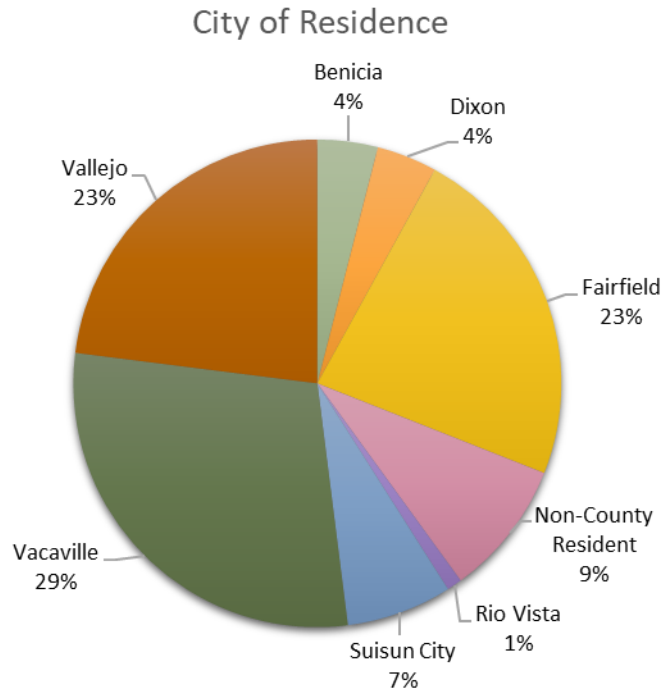
Unduplicated Individuals Served:108

Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	6% (6) of the consumers served were hospitalized 1 time;
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	1% (1) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	1% (1) of the consumers served experienced incarceration.
Partner with CWS, each foster youth, birth family, and/or caretakers to secure stable permanent placements for the youth served in order to prevent placement loss.	Of the 108 consumers served 22% (24) of the youth had loss of placement.

Financial Report

Cost per Person	\$5,750.18
Budgeted Amount FY 2022/23: \$1,082,759	Total Expenditures FY2022/23: \$621,019.49
Budgeted Amount for FY 2023/24: \$1,184,221	

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



Demographics		Total Individuals Demo Collect	Direct
			108
Age	Direct	Ethnicity	Direct
0-5	4%	Caribbean	0%
6-15	68%	Central American	0%
16-25	29%	Mexican/Mexican-	21%
26-59	0%	Other Hispanic/Latino	7%
60+	0%	Puerto Rican	1%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	5%	Asian Indian/South Asian	2%
Asian	11%	Cambodian	1%
Black or African-American	34%	Chinese	0%
Native Hawaiian/Pacific Islander	2%	Eastern European	0%
Other	0%	European	0%
Prefer not to answer	0%	Filipino	7%
White/Caucasian	27%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	42%	Other Non-Hispanic/Latino	51%
Female	58%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	0%
Sexual Orientation		More than one ethnicity	0%
Gay	2%	Current Gender Identity	
Bisexual	11%	Male	40%
Heterosexual/straight	46%	Female	50%
Lesbian	0%	Genderqueer	0%
Other	6%	Other	1%
Prefer not to answer	15%	Prefer not to answer	4%
Queer	2%	Questioning/unsure	0%
Questioning/unsure	4%	Transgender	0%
Veteran Status/Military Services		City of Residence	
Veteran	0%	Benicia	4%
Active military	0%	Dixon	4%
Not a veteran/active military/NA	100%	Fairfield	23%
Primary Language (1st Language)		Non-County Resident	9%
American Sign Language (ASL)	0%	Rio Vista	1%
English	96%	Suisun City	7%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	29%
Spanish	1%	Vallejo	23%
Tagalog	3%	Disability	
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	94%		
Other	0%		
Spanish	2%		
Tagalog	1%		

Highlights & Achievements

- The FCTU program continues to implement the TIP EBP model. Utilization of TIP interventions are regularly discussed during case presentations at monthly staff meetings.
- The FCTU program also recently completed the Wraparound training series through UC Davis Resource Center for Family-Focused Practice, supported by the California Department of Social Services.
- The FCTU FSP team maintains a strong, collaborative relationship with CWS partners including staff participating in monthly con-joint meetings to support teaming and the progress of California Care Reform.
- FCTU continues supporting Solano Child Welfare Services (CWS) through an MOU to support a State mandate that all youth involved in CWS receive a comprehensive assessment of their needs and strengths upon entering into care and every 6 months thereafter. FCTU has successfully completed all assessments timely despite large delays in receipt of complete referrals.

Challenges & Barriers

- FCTU remained understaffed for a majority of the fiscal year with the last vacant clinician position being filled in June 2023.
- Cancellations by clients and caregivers as well as communication challenges with other service providers can impact service delivery.
- Delays in receiving release of information (ROI) authorizations from attorneys has impacted the timeliness of services to Solano foster youth.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

No programmatic changes planned at this time.

Number of Children (0-5) served FY 2022/23: 4

Number of Children (6-15) served FY 2022/23: 81

Number of TAY (16-25) served FY 2022/23: 31

Estimated Number of Children (0-5) to be served FY2023/24: 6

Estimated Number of Children (6-15) to be served FY2023/24: 85

Estimated Number of TAY (16-25) to be served FY2023/24: 35

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

Name of Program: Transition Age Youth (TAY) FSP

Agency Name: Seneca Family of Agencies

Description of Program:

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

Program Performance Measures

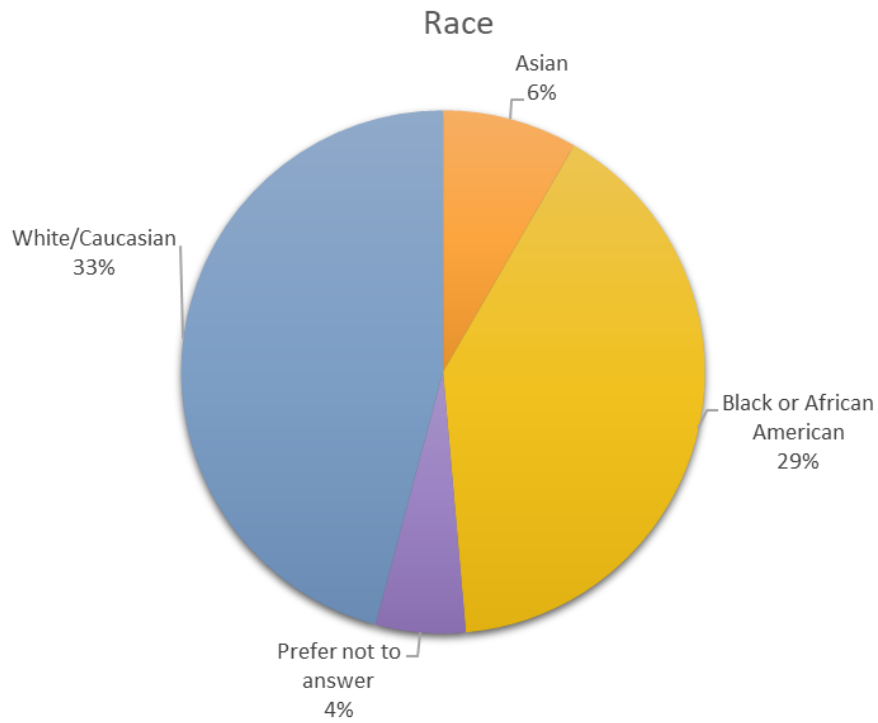
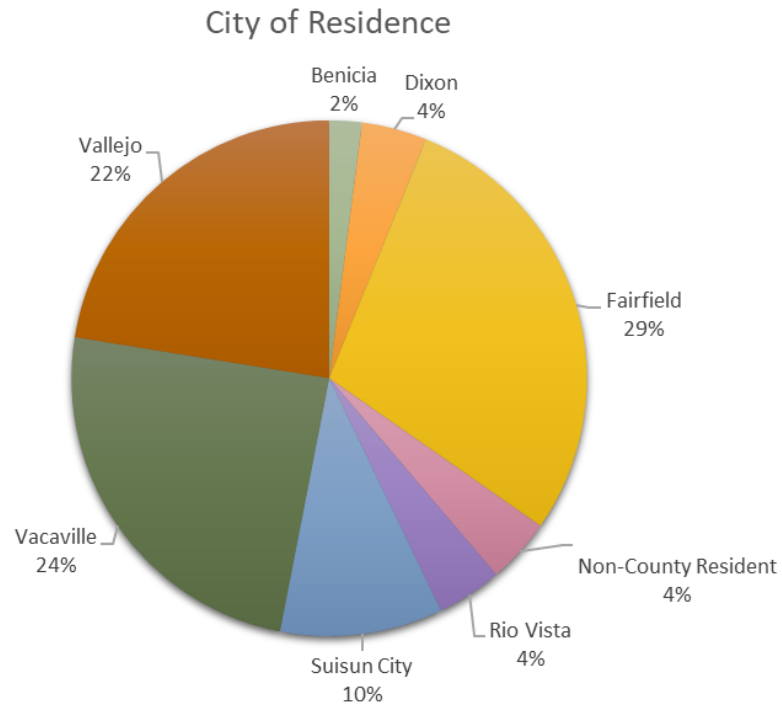
Unduplicated Individuals Served: 49

Program Indicators	Annual Outcomes
Provide FSP level services to minimum of 50 unduplicated TAY consumers.	49 unduplicated consumers received TAY FSP services and of these 13 were CSEC cases and 6 screened to be at risk of CSEC.
At least 75% of consumers will experience a reduction in psychiatric hospitalization, as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 13 consumers had experienced at least one hospitalization. Of those consumers 69% (9) have been re-admitted to psychiatric hospital following engagement with the FSP team therefore 31% (4) experienced a reduction in hospitalizations.
At least 75% of consumers will experience a reduction in criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 9 consumers had experienced an arrest. Of those consumers 56% (5) experienced a reduction/avoidance in criminal arrest.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal.	Of the 37 consumers whose treatment goals were measured during the reporting period 78% (29) achieved or partially achieved at least one treatment goal.
At least 60% or more of the CSEC consumers served will demonstrate a reduction in their overall CSE-IT tool score.	Of the 49 consumers served 14 consumers were identified to be at risk of, or victims of CSEC during the reporting period. 0% (0) of consumers identified to be at risk had a reduction in their overall CSE-IT score demonstrating reduced risk.
At least 70% of the consumers will achieve and/or maintain stable housing.	95% (39) of the consumers have achieved/maintained stable housing.
At least 75% of the consumers will improve their knowledge, understanding, and skills associated with independent living tasks and responsibilities per a skills-based assessment tool.	Of the 34 consumers measured, 41% (14) showed improved knowledge, understanding and skills associated with independent living tasks and responsibilities.
Hold 4 TAY Collaborative meetings per year.	3 TAY Collaborative meetings were held during the fiscal year.

Financial Report

Cost per Person	\$29,921.02
Contract Amount FY 2022/23: \$1,519,158.60	Total Expenditures FY 2022/23: \$1,466,130.01
Budgeted Amount for FY 2023/24: \$1,560,687	

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



Highlights & Achievements

- Served 48 unduplicated youth using a youth-centered, strengths-based approach.
- Increased engagement with CSEC-identified and at-risk youth through harm reduction and trauma-informed practices.
- Staff development included training on implicit bias, crisis communication, suicide prevention, EMDR, and DBT.
- Established a group for life skills development, covering financial literacy, health, tenancy, etc.
- Offered social skills groups with youth-led meetings and peer intern support.
- Achieved high success rates: 87% avoided hospitalization, 97% avoided incarceration, 95% obtained/retained housing, and transition 3 youth from homelessness.
- 72% of youth reduced CSE-IT scores.
- Partnered with local agencies for mental health services, youth advocacy, and training law enforcement.
- Provided flexible psychiatric support and 24/7 nursing for medication management.

Challenges & Barriers

- Addressed ongoing COVID-19 impacts and loss of financial aid.
- Transitioned to fully in-person therapy, facing resistance from some youth preferring hybrid models.
- Managed challenges with CSEC youth, including safety threats and engagement issues.
- Adapted to CalAIM initiative, increasing administrative tasks and impacting staff time for youth engagement.

Equity Efforts in FY 2022/23

Maintained services for diverse youth with access to DEI meetings and ERGs for staff support and feedback. Program leadership participated in culturally sensitive supervision training. Utilized translation services for youth and families to ensure inclusive communication. Integrated a peer intern with lived experience, enhancing cultural responsiveness and received positive feedback from consumers.

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

Number of Children (6-15) served FY 2022/23: 12

Number of TAY (16-25) served FY 2022/23: 40

Of the 49 child/youth consumers served, 13 youth identified as CSEC cases

Estimated Number of Children (6-15) to be served FY 2023/24: 15

Estimated Number of TAY (16-25) to be served FY 2023/24: 45

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

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

Agency Name: Solano County Behavioral Health

Description of Program:

The SCBH-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 essential FSP mental health services, 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.

The program adheres to the Assertive Community Treatment (ACT) evidence based practice model.

Program Performance Measures

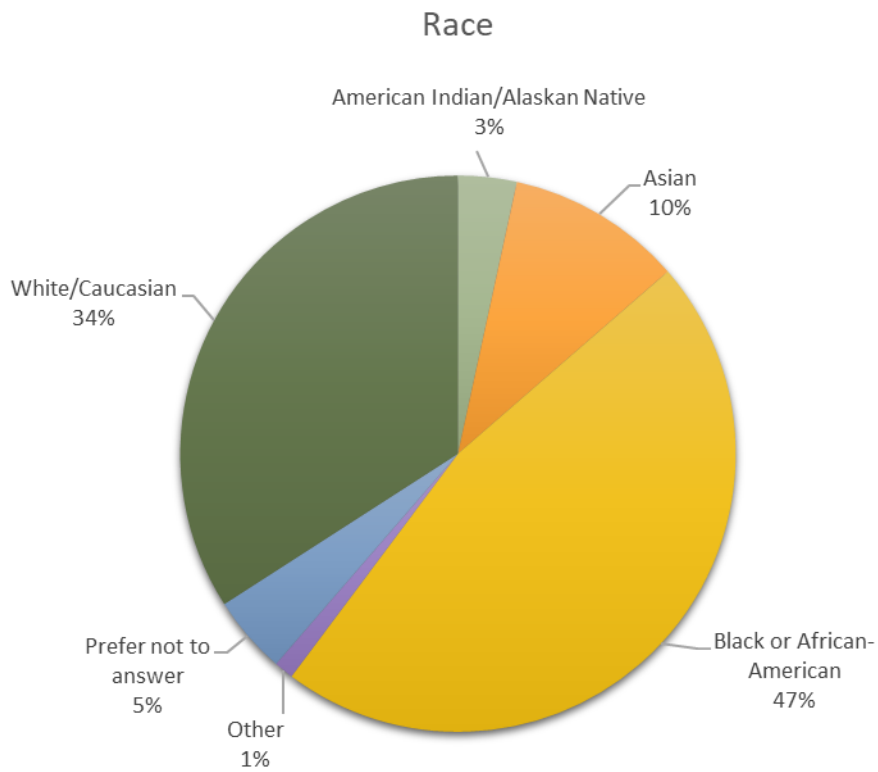
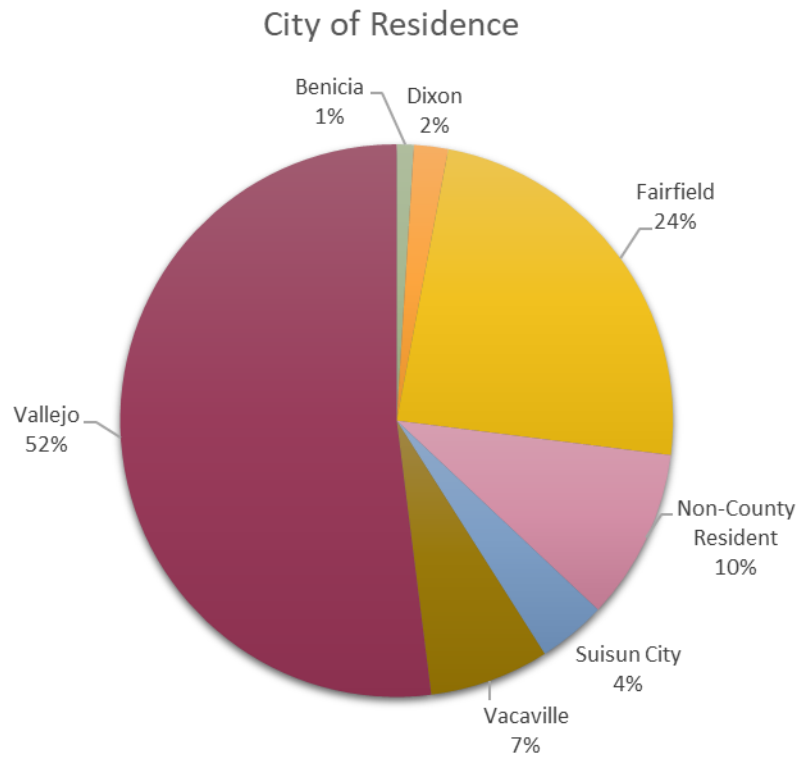
Unduplicated Individuals Served: 103

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

Financial Report

Cost per Person	\$13,817.39
Budgeted Amount FY 2022/23: \$2,388,181	Total Expenditures FY 2022/23: \$1,423,191.88
Budgeted Amount for FY 2023/24: \$1,183,904	

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



Demographics		Total Individuals Demo Collect	Direct
			103
Age	Direct	Ethnicity	Direct
0-5	0%	Caribbean	0%
6-15	0%	Central American	0%
16-25	10%	Mexican/Mexican-	10%
26-59	73%	Other Hispanic/Latino	3%
60+	17%	Puerto Rican	1%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	3%	Asian Indian/South Asian	0%
Asian	9%	Cambodian	0%
Black or African-American	41%	Chinese	1%
Native Hawaiian/Pacific Islander	0%	Eastern European	0%
Other	1%	European	0%
Prefer not to answer	4%	Filipino	8%
White/Caucasian	30%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	63%	Other Non-Hispanic/Latino	83%
Female	37%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	0%
Sexual Orientation		More than one ethnicity	0%
Gay	1%	Current Gender Identity	
Bisexual	4%	Male	62%
Heterosexual/straight	85%	Female	37%
Lesbian	1%	Genderqueer	0%
Other	0%	Other	0%
Prefer not to answer	6%	Prefer not to answer	0%
Queer	0%	Questioning/unsure	0%
Questioning/unsure	1%	Transgender	0%
Veteran Status/Military Services		City of Residence	
Veteran	2%	Benicia	1%
Active military	0%	Dixon	2%
Not a veteran/active military/NA	98%	Fairfield	24%
Primary Language (1st Language)		Non-County Resident	10%
American Sign Language (ASL)	0%	Rio Vista	
English	98%	Suisun City	4%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	7%
Spanish	1%	Vallejo	52%
Tagalog	1%	Disability	
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	97%		
Other	1%		
Spanish	1%		
Tagalog	0%		

Highlights & Achievements

- Partnering with an Adult Day Program to better support consumers with limited social supports. This partnership helped improve the referral process which resulted in successful linkages for several consumers.
- Continuing to streamline out intake process with ICS step downs and TIC referrals.

Challenges & Barriers

- Housing placements have been less available due to limited capacity for board and cares in Vallejo and limited board and care and room and board placements in Fairfield and Suisun. There were no board and care or room and boards in Vacaville and Dixon areas.
- The aging population has experienced complex medical conditions in addition to housing but once stabilized older adult consumers have found difficulties due to case management requirements for housing patches.
- Consumers with co-occurring substance use disorders have found difficulties maintaining stable housing placements due to housing abstinence requirements. These barriers and lack of harm reduction focus are being addressed by Solano Behavioral Health.
- There are limited step down options for consumers needed lower level case management.

Equity Efforts in FY 2022/23

The ACT team is comprised of a diverse staff from different cultural backgrounds and have bilingual staff able to provide services in Spanish. Staff have completed all training on how to access language link.

Changes or Updates Planned for FY 2023/24

No programmatic changes planned at this time.

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

Number of Adults (26-59) served: 75

Number of Older Adults (60+) served: 18

Estimated Number of TAY (18-25) to be served FY2023/24: 15

Estimated Number of Adults (26-59) to be served FY2023/24: 80

Estimated Number of Older Adults (60+) to be served FY2023/24: 23

Name of Program: Contractor Adult FSP

Agency Name: Caminar, Inc.

Description of Program::

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 60, 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 Performance Measures

Unduplicated Individuals Served: 47

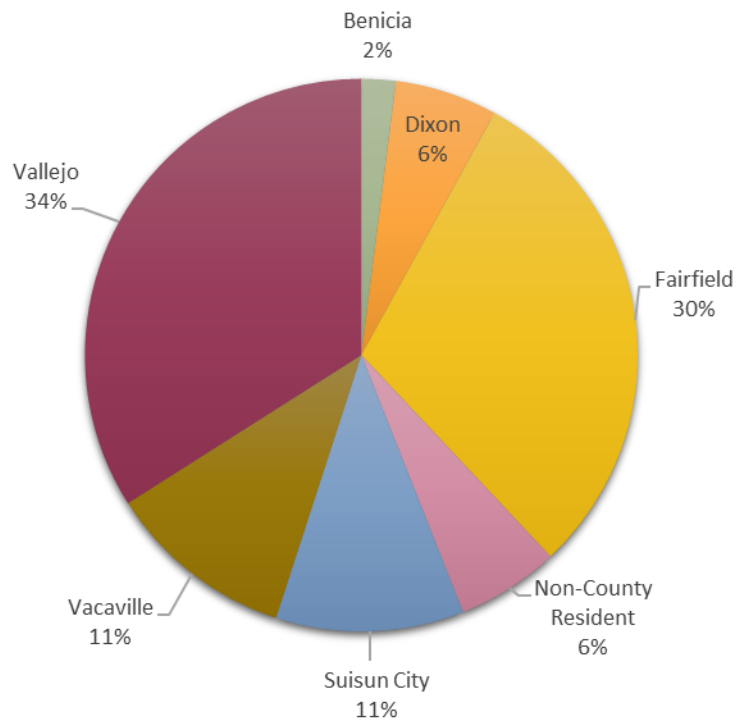
Program Indicators	Annual Outcomes
Contractor will serve a minimum of 72 consumers open/active at any one time during FY 2022/23 fiscal year.	On average the program had an active caseload of 24 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	19% (9) of consumers served were hospitalized at least once during the reporting period.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	0% (0) of consumers served experienced incarceration.
No more than 15% of program participants will experience an episode of homelessness.	6% (3) of consumers served experienced an episode of homelessness.
15% of participants receiving services during this fiscal year will be stepped down/graduate from the program and transitioning independently to the community.	18 consumers discharged during the reporting period and of those 44% (8) of consumers served were stepped down to appropriate lower level services.

Financial Report

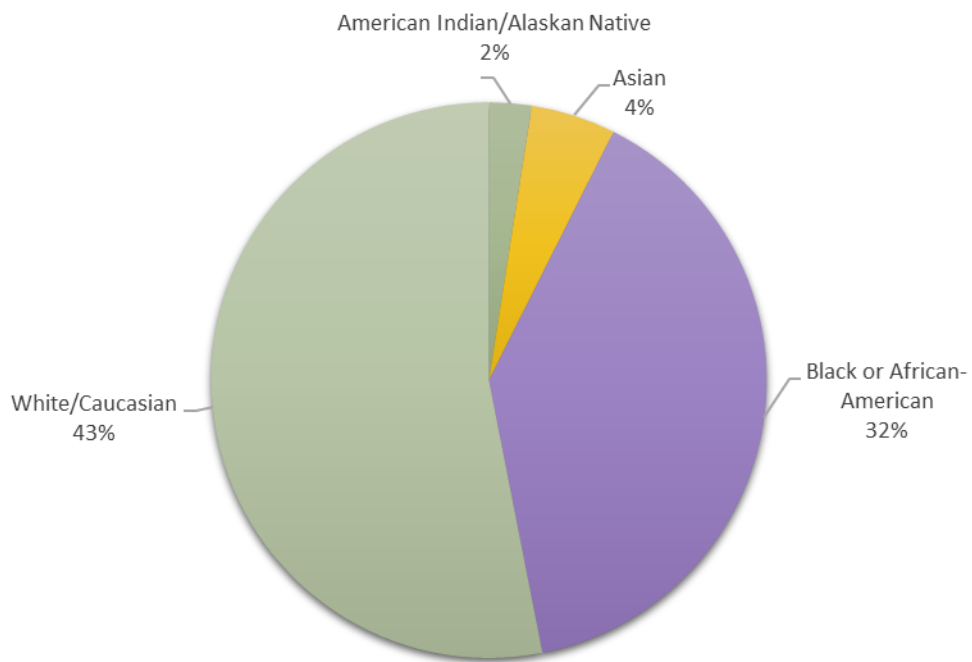
Cost per Person	\$18,283.82
Contract Amount FY 2022/23: \$1,381,450	Total Expenditures FY 2022/23: \$877,623.38
Budgeted Amount for FY 2023/24: \$1,450,523	

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

City of Residence



Race



Demographics	
	Direct
Age	
0-5	0%
6-15	0%
16-25	17%
26-59	74%
60+	9%
Prefer not to answer	0%
Race	
American Indian/Alaskan Native	2%
Asian	4%
Black or African-American	32%
Native Hawaiian/Pacific Islander	0%
Other	0%
Prefer not to answer	0%
White/Caucasian	43%
More than one race	0%
Gender At Birth	
Male	62%
Female	38%
Prefer not to answer	0%
Sexual Orientation	
Gay	4%
Bisexual	9%
Heterosexual/straight	85%
Lesbian	0%
Other	0%
Prefer not to answer	2%
Queer	0%
Questioning/unsure	0%
Veteran Status/Military Services	
Veteran	0%
Active military	0%
Not a veteran/active military/NA	96%
Primary Language (1st Language)	
American Sign Language (ASL)	0%
English	89%
Ilocano	0%
Other	0%
Prefer not to answer	0%
Spanish	9%
Tagalog	2%
Preferred Language (Used Daily)	
American Sign Language (ASL)	0%
English	91%
Other	0%
Spanish	6%
Tagalog	2%

Total Individuals Demo Collect	
	Direct
	47
Ethnicity	Direct
Caribbean	0%
Central American	0%
Mexican/Mexican-	15%
Other Hispanic/Latino	4%
Puerto Rican	2%
South American	0%
African	0%
Asian Indian/South Asian	0%
Cambodian	0%
Chinese	0%
Eastern European	0%
European	0%
Filipino	4%
Japanese	0%
Korean	0%
Middle Eastern	0%
Other Non-Hispanic/Latino	79%
Vietnamese	0%
Prefer not to answer	0%
More than one ethnicity	0%
Current Gender Identity	
Male	60%
Female	38%
Genderqueer	2%
Other	0%
Prefer not to answer	0%
Questioning/unsure	0%
Transgender	0%
City of Residence	
Benicia	2%
Dixon	6%
Fairfield	30%
Non-County Resident	6%
Rio Vista	
Suisun City	11%
Unincorporated	0%
Unknown/Not Reported	0%
Vacaville	11%
Vallejo	34%
Disability	

Highlights & Achievements

- Increased partnership with Solano County Behavioral Health via Community Integration Services (CIS) that allows a targeted collaborative outreach to the homeless community and increase mental health services participation.
- Partnered with Food Bank of Contra Costa and Solano to help with feeding our clients who are the most in need for food. Staff picks up food from the Food Bank on a weekly basis and delivers to consumers during visits.
- Developed collaborative in-home care services (The Keepers Care, LLC) with ability to help clients with medical issues to remain independent in the community when placed in board and cares.

Challenges & Barriers

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

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

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

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

Number of Adults (26-59) served: 35

Number of Older Adults (60+) served: 4

Estimated Number of TAY (18-25) to be served FY2023/24: 13

Estimated Number of Adults (26-59) to be served FY2023/24: 40

Estimated Number of Older Adults (60+) to be served FY 2023/24: 9

Name of Program: Contractor Adult HOME FSP

Agency Name: Caminar, Inc.

Description of Program:

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.

Performance Measures

Unduplicated Individuals Served: 64

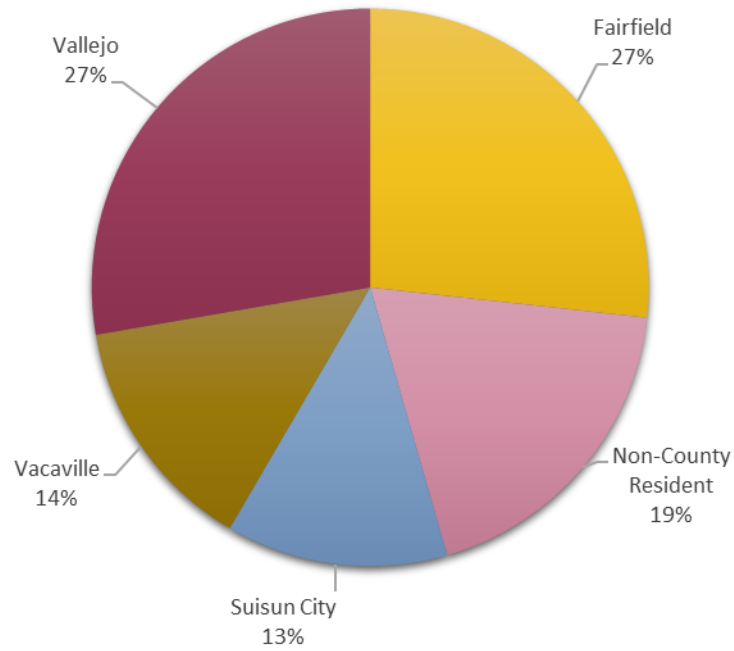
Program Indicators	Annual Outcomes
Maintain capacity to provide FSP services to a minimum of 45 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	On average the program had an active caseload of 34 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	6% (4) of consumers served were hospitalized at least once during the reporting period
No more than 20% of program participants will have interactions with the legal system that result in an incarceration.	8% (5) of consumers served experienced incarceration.
After enrolled for six months, no more than 40% of the consumers will experience an episode of homelessness.	14% (9) of consumers served experienced an episode of homelessness.
A minimum of 15% of the consumers served will be stepped down or will graduate to lower level of care including a case management program, one of the adult psychiatry clinics, or another community-based organization.	Of the 30 consumers discharged from the program 40% (12) of consumers served were stepped down to appropriate lower level services.

Financial Report

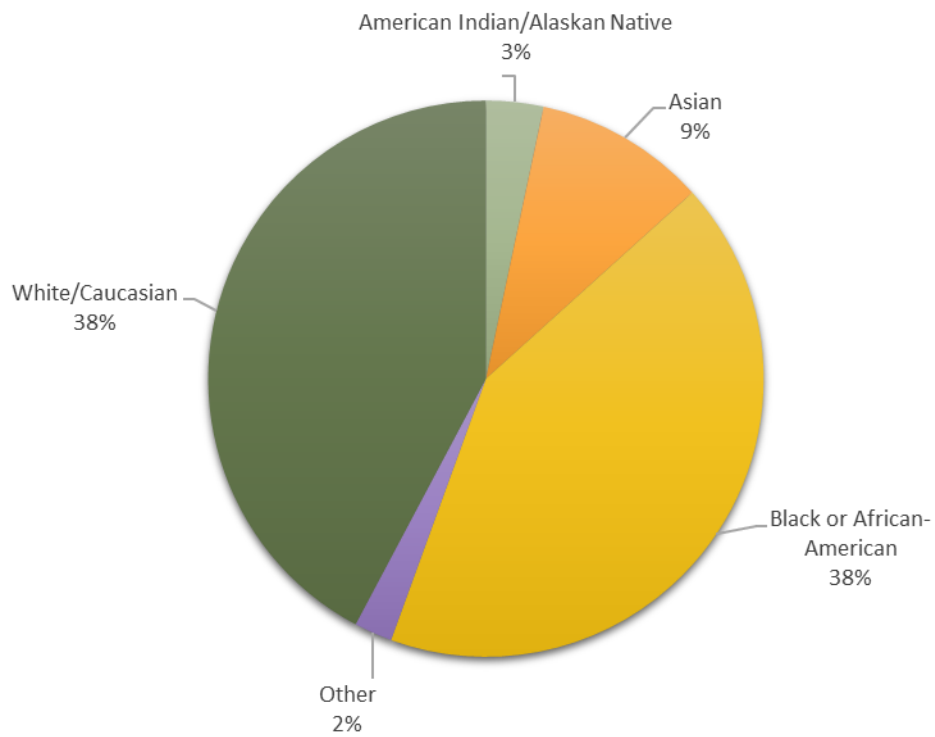
Cost per Person	\$12,848,34
Contract Amount FY 2022/23: \$909,780	Total Expenditures FY 2022/23: \$822,293.87
Budgeted Amount FY 2023/24: \$1,003,918.89	

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

City of Residence



Race



Highlights & Achievements

- Promoted assistant case managers to full case managers to compensate for other staff vacancies.
- Increased partnership with Solano County Behavioral Health via Community Integration Services (CIS) that allows a targeted collaborative outreach to the homeless community which improves participation in mental health services.
- Partnered with Food Bank of Contra Costa and Solano to help with feeding consumers who are the most in need of food. Staff regularly picks up food from the local Food bank on a weekly basis and delivers to consumers during home visits.
- Developed collaborative in-home care services (The Keepers Care, LLC) with ability to help clients with medical issues to remain independent in the community when placed in board and cares.

Challenges & Barriers

- The program has experienced high turnover amongst its workforce which is a similar trend throughout the mental health field. The rising cost of living has also impacted the ability to retain staff.
- Additionally, there has been a shortage of qualified candidates with the necessary education or specialized experience to meet the high demand of consumers the program serves.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

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

Number of TAY Adults (18-25) served: 5

Number of Adults (26-59) served: 47

Number of Older Adults (60+) served: 12

Estimated Number of TAY (18-25) to be served FY2023/24: 10

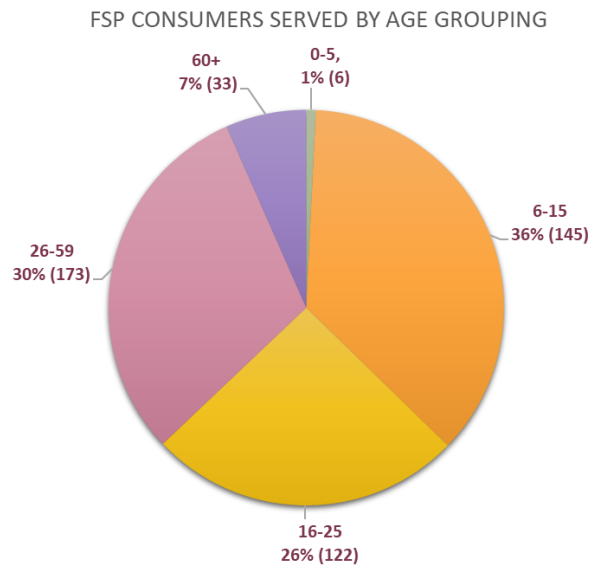
Estimated Number of Adults (26-59) to be served FY2023/24: 52

Estimated Number of Older Adults (60+) to be served FY2023/24: 17

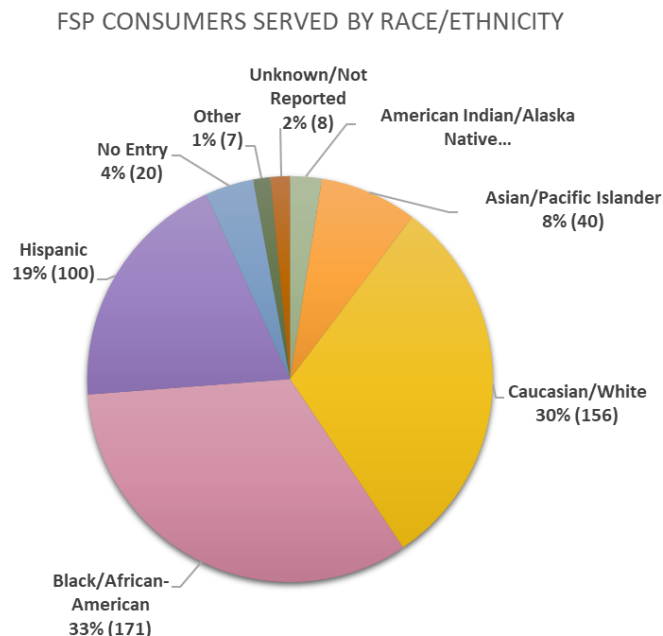
Overall FSP Outcomes

During FY 2022/23 there were a total of 515 unduplicated consumers served during the year. There was a total of 254 adults served and 261 children/youth served. Two (2) of the FSP consumers served identified as a veteran. The following charts represent additional demographics for FSP consumers served during the year.

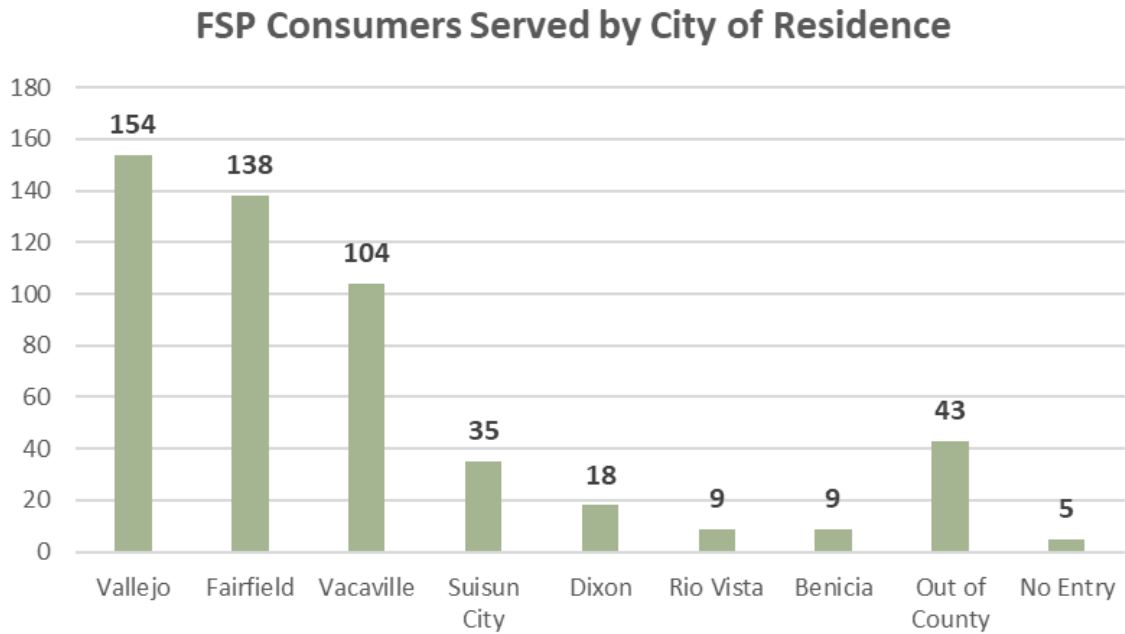
The chart below shows FSP consumers served by age grouping. The highest percentage of consumers served are 6-15 years old followed by those 25-59. The age range of FSP consumers served during this reporting period was 5-71 years old.



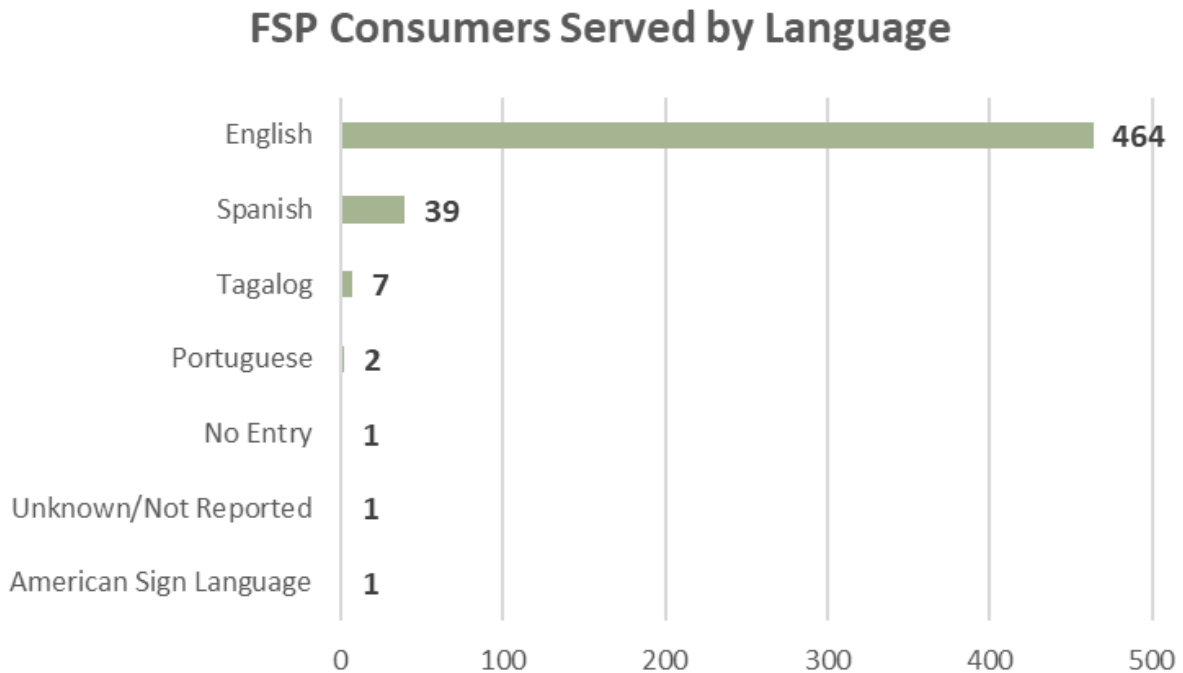
The chart below shows the FSP consumers served by race/ethnicity. This data shows that the largest percentage of FSP consumers served identify as African American/Black at 33% (171) followed by Caucasian/White 30% (156), Hispanic/Latino 19% (100), Asian American/Pacific Islanders 7% (40); American Indian/Alaska Native 3% (13).



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

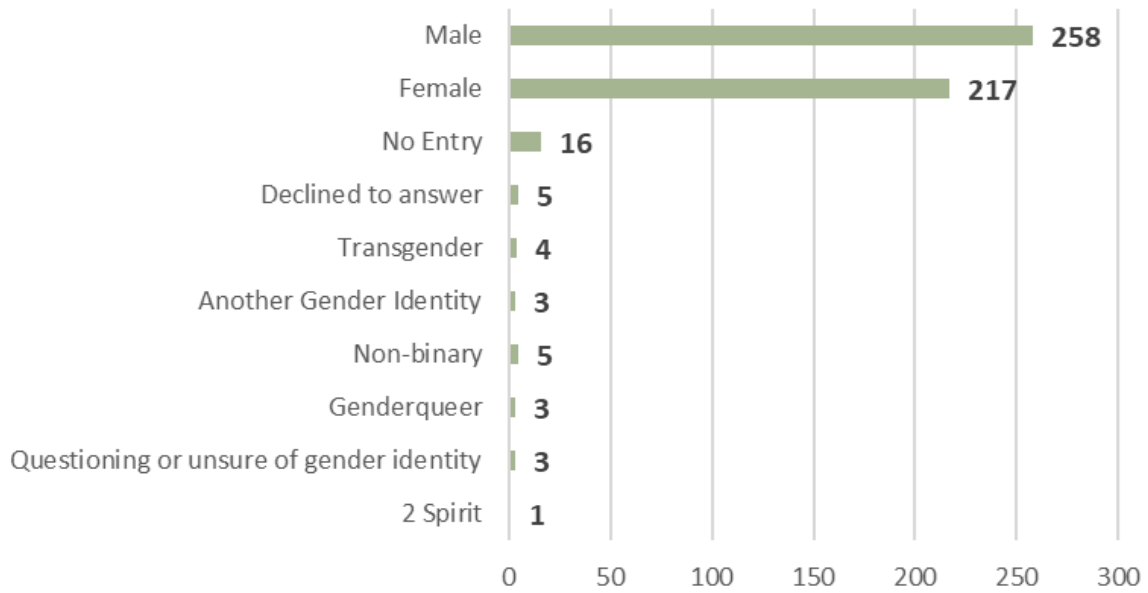


The chart below shows language for the FSP consumers served. This data shows that the largest percentage of FSP consumers served identify English as their primary language followed by Spanish.



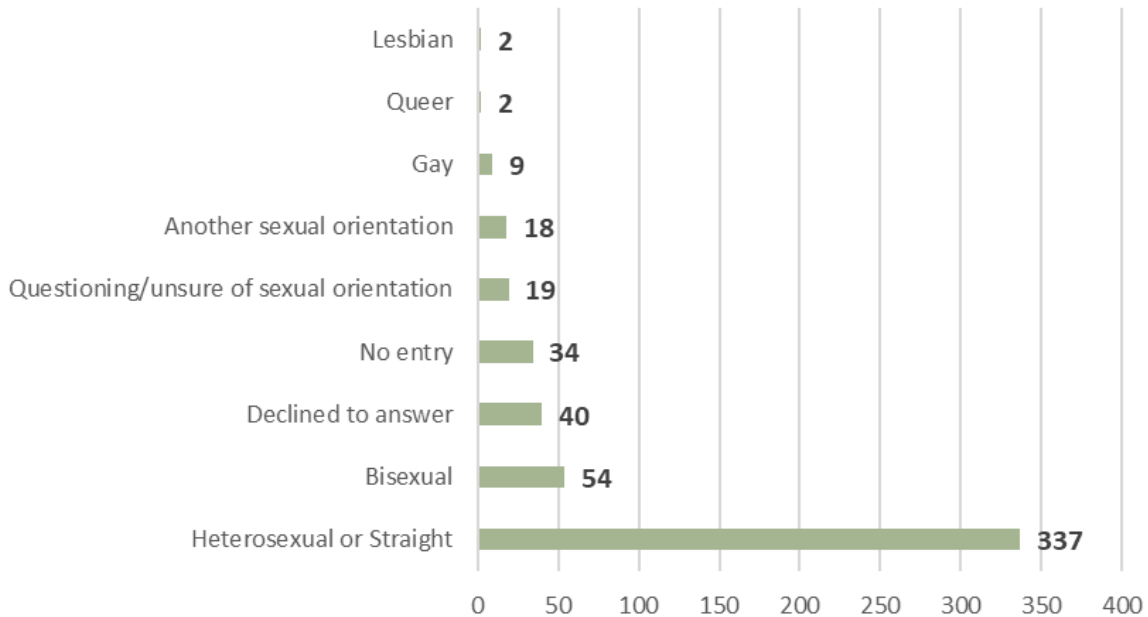
The chart below shows gender identity for the FSP consumers served, 3.5% (18) of the 479 unique consumers served identified as questioning, other gender, non-binary, genderqueer or transgender.

FSP Consumers Served by Gender Identity



The chart below shows sexual orientation for the FSP consumers served and 21% (100) of the 479 unique consumers served identified as members of the LGBTQQ+ community.

FSP Consumers Served by Sexual Orientation



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

FSP System of Care	Annual Period (7/1/22-6/30/23)					
	# Unduplicated Consumers Served	%/# of Consumers Hospitalized 1 Time	%/# of Consumers Hospitalized 2 or More Times	%/# of Consumers Incarcerated	%/# of Consumers Experienced 1 Episode of Homelessness	%/# of Consumers Experienced Placement Loss (children/youth only)
Adults	214	11% (24)	N/A	7% (15)	8% (178)	N/A
Children/ Youth	305	13% (34)	3% (10)	5% (7)	0% (2)	8% (6)

General Systems Development

In FY 2022/23 CSS General Systems Development (GSD) programming included the following strategies: Crisis Services and Supports; Wellness and Recovery Programming; Targeted System Supports; Forensic Mental Health Programming; and MHSA Housing Supports.

Crisis Services & Supports

Name of Program: Crisis Stabilization Unit (CSU)

Agency Name: Crestwood Behavioral Health, Inc.

Description of Program:

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

Program Performance Measures

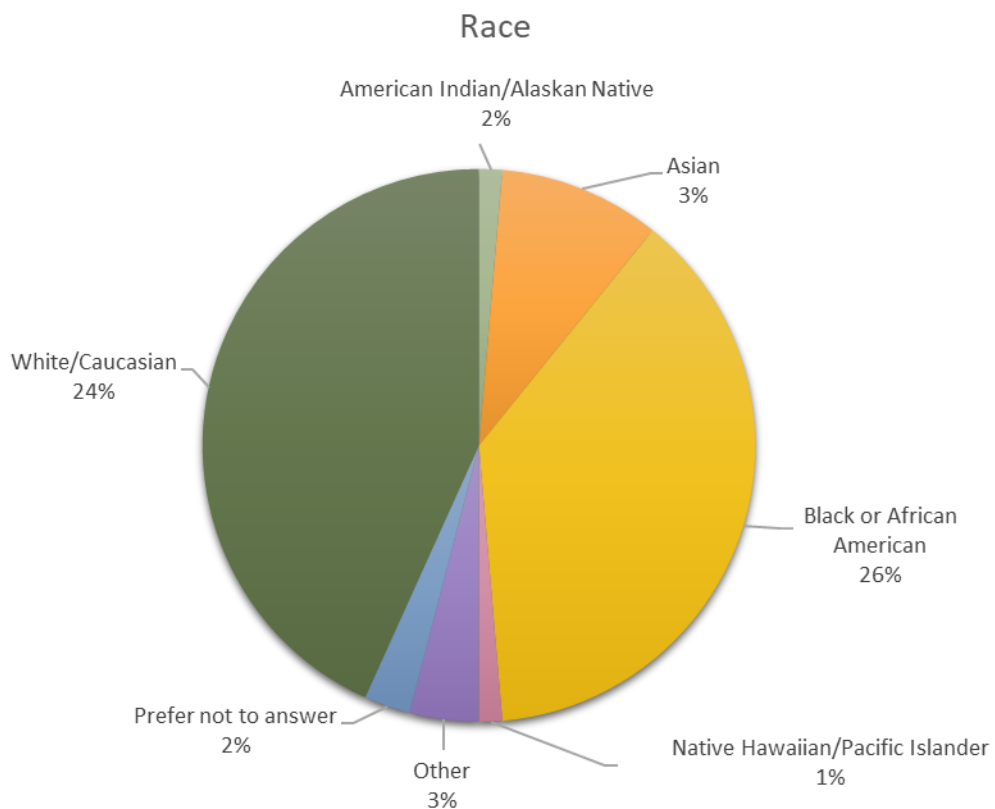
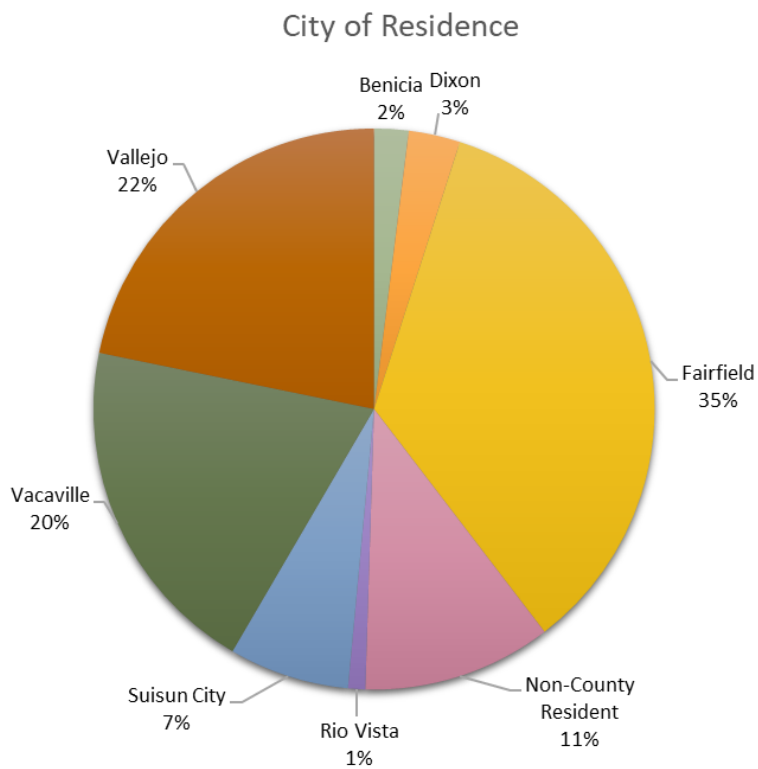
1369 Total Admissions representing **567 Unduplicated Individuals**

Program Indicators	Annual Outcomes
Provide linkage/referral services for at least 90% of the consumers being discharged from the CSU to the community.	Of the 1369 admissions, 567 CSU episodes of care resulted in discharges to the community and of those 100% (567) were provide a referral or linked to ongoing care.
At least 70% of the consumers who complete the CSU <i>Consumer Satisfaction</i> Evaluation will report overall satisfaction with the services by endorsing "agree" on question 6 on the evaluation. Please note that consumers who continue to be experiencing an acute crisis may not complete a survey during their stay or before being transferred to a psychiatric inpatient facility.	A total of 165 consumer satisfaction surveys were collected and of those 94% (157) of the consumers surveyed endorsed overall satisfaction with services.
For after-hours access calls, at least 90% of the test calls made will pass the threshold of meeting the DHCS criteria of: <ol style="list-style-type: none"> Utilize translation services to ensure that linguistic needs of callers are met. Conducting brief evaluation of consumers' needs; triaging cases and assigning an initial routine or emergent status. For all requests for service, provide an explanation of how to access specialty mental health services, including how to obtain an initial intake assessment to determine medical necessity for ongoing behavioral health care. Provide information regarding the Solano County Problem Resolution as needed. 	92% of test calls passed the threshold of meeting the DHCS criteria for utilizing translation services to ensure that linguistic needs of callers are met; 100% for conducting brief evaluation of consumer's needs (triaging cases and assigning an initial routine or emergent status) 100% for providing an explanation of how to access specialty mental health services; 100% for providing information regarding the Solano County Problem Resolution as needed.

Financial Report

Cost per Admission: \$2,980.41	Cost per Person: \$7,196.09
Contract Amount FY 2022/23: \$4,480,836	Total Expenditures FY 2022/23: \$4,080,181.12
Budgeted Amount FY 2023/24: \$4,704,863	

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



Number of Children (0-5) served: 0
 Number of Children (6-15) served: 028
 Number of TAY Adults (16-25) served: 130 (15 of which were minors 16-17)
 Number of Adults (26-59) served: 369
 Number of Older Adults (60+) served: 40
 These numbers represent unduplicated consumers

Demographics		Total Individuals Demo Collect	Direct
Age	Direct		567
0-5	0%	Ethnicity	Direct
6-15	5%	Caribbean	0%
16-25	23%	Central American	0%
26-59	65%	Mexican/Mexican-	17%
60+	7%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	7%	Asian Indian/South Asian	1%
Black or African-American	28%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	3%	Eastern European	0%
Prefer not to answer	2%	European	0%
White/Caucasian	32%	Filipino	5%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	56%	Middle Eastern	0%
Female	44%	Other Non-Hispanic/Latino	66%
Prefer not to answer	0%	Vietnamese	1%
Sexual Orientation		Prefer not to answer	0%
Gay	2%	More than one ethnicity	0%
Bisexual	5%	Current Gender Identity	
Heterosexual/straight	71%	Male	51%
Lesbian	0%	Female	41%
Other	2%	Genderqueer	0%
Prefer not to answer	13%	Other	0%
Queer	0%	Prefer not to answer	3%
Questioning/unsure	1%	Questioning/unsure	0%
Veteran Status/Military Services		Transgender	1%
Veteran	1%	City of Residence	
Active military	0%	Benicia	2%
Not a veteran/active military/NA	96%	Dixon	3%
Primary Language (1st Language)		Fairfield	35%
American Sign Language (ASL)	0%	Non-County Resident	11%
English	91%	Rio Vista	1%
Ilocano	0%	Suisun City	7%
Other	1%	Unincorporated	0%
Prefer not to answer	1%	Unknown/Not Reported	0%
Spanish	6%	Vacaville	20%
Tagalog	1%	Vallejo	22%
Preferred Language (Used Daily)		Disability	
American Sign Language (ASL)	0%		
English	92%		
Other	1%		
Spanish	4%		
Tagalog	1%		

Highlights & Achievements

- Reengaged community partners following the COVID-19 Pandemic to educate on the role of the CSS and what services the program provides,
- The CSS implemented monthly Compassionate Care Meetings, ensuring program staff are provided with a Pro-Act refresher. As a result, the program has experienced a significant decrease in restraints over the last reporting period. In the previous reporting period, there were 50 incidents of restraints logged, this reporting period 22 restraints were logged.

Challenges & Barriers

- The CSS program continues to experience staffing challenges especially positions that require licensure (i.e. registered nurse, licensed vocational nurses, licensed psychiatric technicians).
- The program has been on minor (youth under 18) diversion frequently due to a high number of adult clients whom either have a high behavioral acuity or legal status (i.e. 290 registered sexual offender status). There is a clear need for dedicated space or additional location for serving youth in crisis.

Equity Efforts in FY 2022/23

Crestwood Crisis Stabilization Services continues to hire employees with diverse backgrounds, lived experiences, ages, and ethnicities. The program has also established Equity Diversion and Inclusion Team. The purpose is to foster a sense of belonging and empowerment by valuing the diverse voices of the employers, people served and communities so that together the program can make a collective impact. The equity Diversity and Inclusion Team held trainings providing insight and a forum of discussion and education around a series of topics including but not limited to: African American history, Women's History, Mental Health Awareness, Asian Americans, and Pacific Islanders history, and Islam.

Changes or Updates Planned for FY 2023/24

Solano County Behavioral Health is identifying the possibility of facility restructuring that would create a separate safe space for youth to prevent diversions from recurring.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

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

Program Performance Measures

Unduplicated Individuals Served: 303

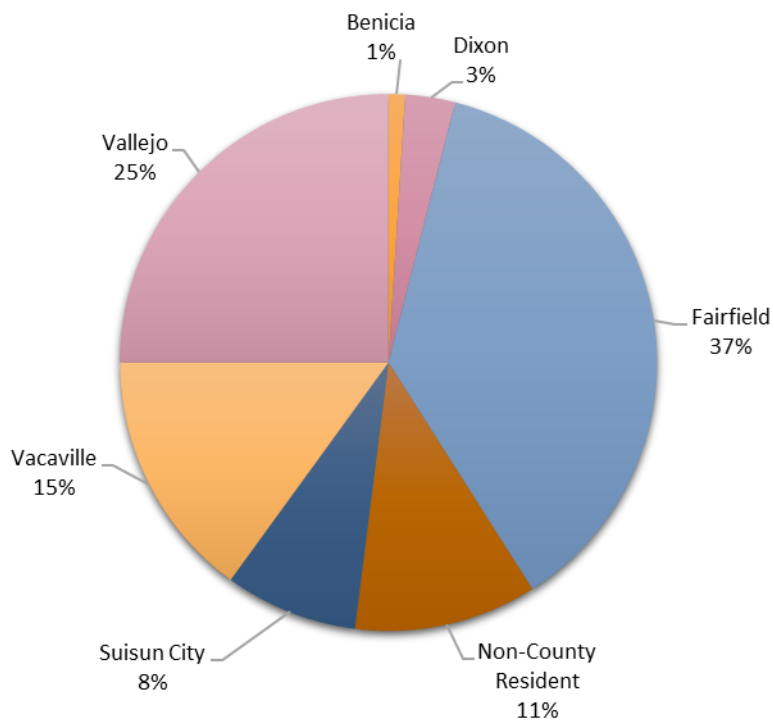
Program Indicators	Annual Outcomes
Identify and accept referrals for consumers preparing to discharge from inpatient facilities or high users of the CSU.	303 consumers were referred to the CARE Team and of those 303 referrals met criteria for SCBH services and of those 100% (303) were served by the program.
Provide crisis aftercare services for up to 60 days following discharge from the CSU or an inpatient facility.	The average number of days consumers received after care services was not available at the time of this report. However, CARE Team staff are assigned within 1-3 days and a significant number of consumers do not respond to follow up phone calls and/or refuse services.

Financial Report

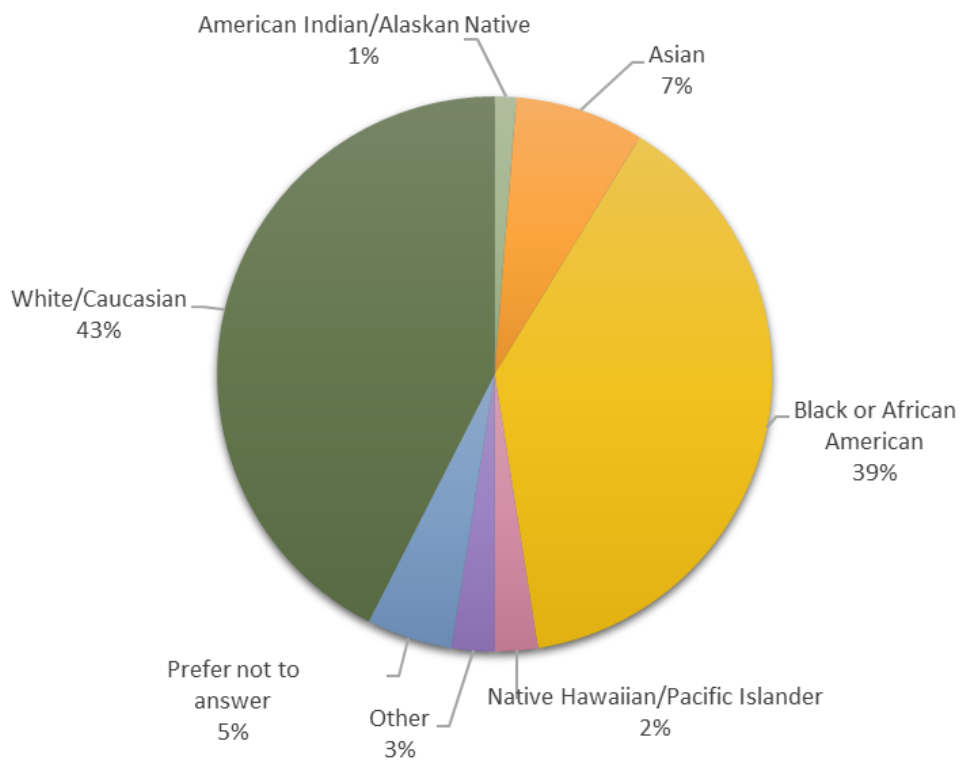
Cost per Person	\$1,892.60
Budgeted Amount FY 2022/23: \$402,154	Total Expenditures FY2022/23: \$573,459.78
Budgeted Amount FY 2023/24: \$690,444	

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

City of Residence



Race



Demographics		Total Individuals Demo Collect	Direct
			303
Age	Direct	Ethnicity	Direct
0-5	0%	Caribbean	0%
6-15	0%	Central American	0%
16-25	21%	Mexican/Mexican-	12%
26-59	70%	Other Hispanic/Latino	6%
60+	9%	Puerto Rican	0%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	1%	Asian Indian/South Asian	1%
Asian	6%	Cambodian	0%
Black or African-American	31%	Chinese	0%
Native Hawaiian/Pacific Islander	2%	Eastern European	0%
Other	2%	European	0%
Prefer not to answer	4%	Filipino	4%
White/Caucasian	34%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	58%	Other Non-Hispanic/Latino	67%
Female	42%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	0%
Sexual Orientation		More than one ethnicity	0%
Gay	3%	Current Gender Identity	
Bisexual	3%	Male	52%
Heterosexual/straight	71%	Female	37%
Lesbian	0%	Genderqueer	0%
Other	1%	Other	0%
Prefer not to answer	12%	Prefer not to answer	3%
Queer	0%	Questioning/unsure	0%
Questioning/unsure	2%	Transgender	0%
Veteran Status/Military Services		City of Residence	
Veteran	1%	Benicia	1%
Active military	0%	Dixon	3%
Not a veteran/active military/NA	95%	Fairfield	37%
Primary Language (1st Language)		Non-County Resident	11%
American Sign Language (ASL)	0%	Rio Vista	0%
English	94%	Suisun City	8%
Ilocano	0%	Unincorporated	0%
Other	0%	Unknown/Not Reported	0%
Prefer not to answer	0%	Vacaville	15%
Spanish	4%	Vallejo	25%
Tagalog	1%	Disability	
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	91%		
Other	1%		
Spanish	3%		
Tagalog	1%		

Highlights & Achievements

- The program received recuperative care funding for a shelter operator via Sutter Hospital which helped earmark 4 respite beds for the CARE Team which helps program staff engage consumers to support with stabilization and reducing recidivism.
- The CARE Team is very involved in the Crisis Residential Treatment (CRT). The CRT is the highest level of outpatient care that Solano County offers. The CARE Team works with consumers that are not connected to case management or to the system of care which is usually individuals discharged from psychiatric hospitals, crisis unit, mobile crisis, or local hospital emergency departments following a crisis.
- Successfully referred 4 consumers to Job Corp., which is a vocational program that trains transitional aged youth to join the workforce.
- CARE Team staff supported mobile crisis consumers when the program was on diversion, specifically supporting consumers that did not meet 5150 criteria and remained in the community. Staff responded in a timely manner and were able to assist with stabilizing clients in the community.

Challenges & Barriers

The severity of consumers mental health issues has been rising, leading to a higher number of suicide attempts and need for extensive aftercare supports and linkages.

Equity Efforts in FY 2022/23

The CARE team is composed of a diverse group of individuals representing multiple cultural and ethnic backgrounds, including African American, Native American, Latino, and White. This diversity reflects the population they serve. The team actively promotes a non-judgmental exchange of ideas and supports clients through a culturally humble lens. They emphasize trauma-informed care and prioritize inclusion and equity in their interactions. In Care Coordination Meetings, the team is mindful of their own diversity and that of their clients. They strive to honor each person's diversity and create equity wherever possible.

In addition, all staff are required to undergo ongoing training in Cultural Humility, Diversity, Equity, and Inclusion. The past year's training included Dr. Kenneth Hardy's "Untangling Intangible Loss in the Treatment of Traumatic Grief." Additional trainings included the Solano County Behavioral Health Diversity & Social Justice Training and Filipino Core Values & Considerations in Culturally Responsive Care. Staff also participated in the LOTUS Projects Webinar on "Racial Trauma Among Asian American & Asian Immigrant (AAAI) Communities," in response to rising violence against these communities.

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

Wellness & Recovery Programming

Name of Program: Wellness & Recovery Unit (WRU)

Agency Name: Solano County Behavioral Health

Description of Program:

WRU program provides support, advocacy, peer counseling, mentoring, and training for consumers and family members. The team provides peer consumer and family support groups across the county as well as education in the community to combat the stigma associated with mental health. This program also recruits and trains peer consumer volunteers and during FY2018/19 expanded to include five Peer Support Specialist (PCS) paid County positions. The PSS staff are co-located in the county-operated youth and adult FSP, as well as the three county-operated Integrated Care Clinics that provide psychiatry and medication services.

Program Performance Measures	
Individuals Served: 284	
Program Indicators	Annual Outcomes
Facilitate peer consumer virtual support groups 2 times per week	23 peer consumer support groups were offered with 16 unduplicated consumers.
Facilitate a weekly peer consumer journaling group.	21 journaling groups were offered with 6 unduplicated consumers.
Facilitate family virtual support groups 1 time per week	40 family support groups were offered with 15 unduplicated family member participants.
Peer Support Specialists (PSS) will be co-located in the 3 adult psychiatry clinics, one county-operated ACT FSP program, and one county-operated youth FSP program in order to provide 1:1 and group peer-to-peer support for consumers.	247 consumers were served by the PSS staff.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 2 volunteers and 5 County PSS paid employees—trained from diverse backgrounds who provide support for consumers accessing services through the County system of care.
Financial Report	
Cost per Person	\$1,806.16
Budgeted Amount FY 2022/23: \$910,212	Total Expenditures FY 2022/23: \$512,951,10
Budgeted Amount for FY 2023/24: \$1,088,548	

Demographic data is not available for this program.

Highlights & Achievements

- Hired two new Peer Support Specialists to help expand Peer Support Services to the adult and youth FSP programs bringing the total for county-operated services PSS to 5 FTE.
- Hired a new Family Liaison after having an extended vacancy for this position.
- The consumer support groups, family support groups, and journaling support groups were facilitated regularly by County PSS, Recovery/Resilience Liaison, Family Liaison, and Peer Volunteers who have received training from SCBH.
- Several Peer Support Staff completed the required training and passed the new Medi-Cal Peer Support Specialist Certification examination.

Challenges & Barriers

Due to staff turnover over the years the program has had difficulties recruiting and engaging persons with lived experiences to become volunteers and receive training and mentorship to become PSS.

Equity Efforts in FY 2022/23

The WRU Team which includes both the peer and family liaison positions, PSS and peer volunteers is comprised of diverse group of staff who represent underserved communities. The PSS team and volunteers participated in equity and diversity trainings throughout the year.

Changes or Updates Planned for FY 2023/24

Identify a supervisor classification dedicated to Peer Workforce Development to supervise the Wellness and Recovery staff who in turn support peers and peer supervisors in coaching, workforce development and training to ensure Peer Support Specialists meet Medi-Cal requirements for certification, documentation, and service provision across mental health and substance use systems

Name of Program: Wellness & Recovery Center (WRC)

Agency Name: Caminar, Inc.

Description of Program:

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

Program Performance Measures

Unduplicated Individuals Served: 157

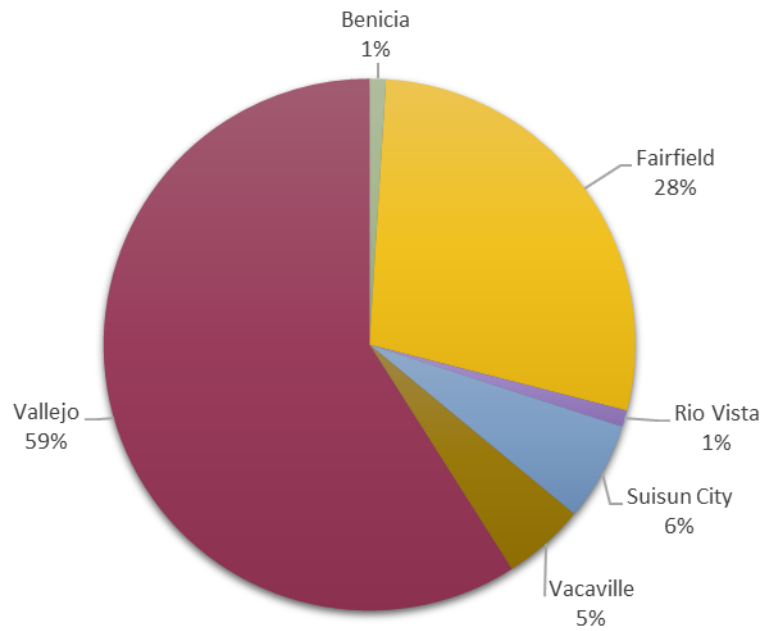
Program Indicators	Annual Outcomes
Provide wellness and recovery services to 175 unduplicated consumers combined from the Vallejo and Fairfield sites.	A total of 157 unduplicated consumers were served.
At least 85% of the consumers who attend the Center more than one time will have an active <i>Wellness and Recovery Action Plan (WRAP)</i> on file.	Of the 157 individuals served, 100% (157) had an active <i>WRAP</i> .
Annually at least 60% of consumers served will demonstrate an improved overall score and endorse that the Wellness Center program supports their wellness per the Quality of Life (QoL) Scale administered quarterly. Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter. Suggested goal of 60%.	Of the 261 quarterly post <i>QoL</i> surveys administered at the Vallejo and Fairfield sites combined during the year 75% (196) of the survey responses demonstrated that consumers had maintained or improved their functioning.
At least 50% the consumers served will participate in the vocational rehab services offered through the center, and of those consumers 75% of the consumers will serve in a volunteer position at the center and 25% will secure a job outside of the center. At least 50% of the consumers served will serve in a volunteer position at the center and 25% will secure a job outside of the center.	Of the 69 consumers who participated in vocational rehab services 36% (25) held a volunteer position and 4% (3) secured a job outside of the center.

Financial Report

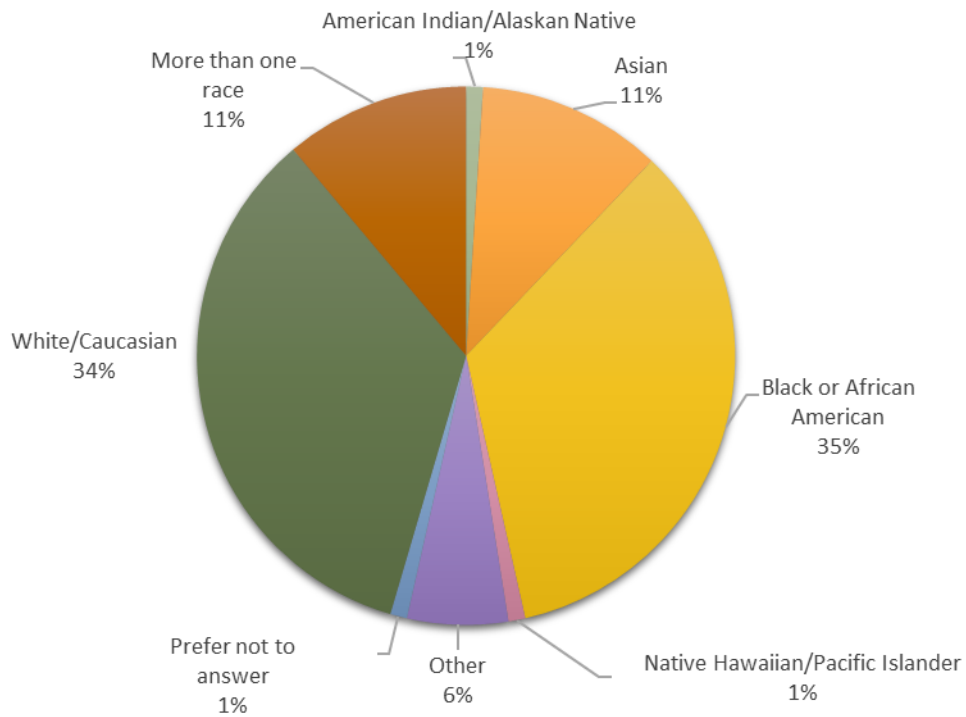
Cost per Person	\$4,404.12
Contract Amount FY 2022/23: \$897,076	Total Expenditures FY 2022/23: \$691,447.32
Budgeted Amount for FY 2023/24: \$1,097,144	

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

City of Residence



Race



Demographics		Total Individuals Demo Collected:	#
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	3%	Central American	0%
26-59	69%	Mexican/Mexican-American/Chicano	6%
60+	28%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	11%
Asian	11%	Asian Indian/South Asian	0%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	1%
Other	6%	Eastern European	0%
Prefer not to answer	1%	European	10%
White/Caucasian	34%	Filipino	10%
More than one race	11%	Japanese	0%
Gender At Birth		Korean	0%
Male	68%	Middle Eastern	0%
Female	32%	Other Non-Hispanic/Latino	52%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	68%	More than one ethnicity	4%
Female	32%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	28%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	6%
Gay	1%	Unincorporated	0%
Bisexual	6%	Unknown/Not Reported	0%
Heterosexual/straight	89%	Vacaville	5%
Lesbian	0%	Vallejo	59%
Other	0%	Disability	
Prefer not to answer	4%	Difficulty seeing	17%
Queer	0%	Difficulty hearing/having speech understood	9%
Questioning/unsure	1%	Other communication disability	1%
Veteran Status/Military Services		Cognitive impairment	8%
Veteran	6%	Physical/mobility	11%
Active military	0%	Chronic physical health condition	11%
Not a veteran or not active military	94%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	34%
American Sign Language (ASL)	2%	Other disability	5%
English	95%	Prefer not to answer	3%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations: 60+ require more mob	
Prefer not to answer	0%		
Spanish	1%		
Tagalog	2%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	2%		
English	94%		
Tagalog	2%		
Other	1%		
Spanish	2%		

Highlights & Achievements

- Collaborated with Food Bank of Contra Costa and Solano to provide 2,580 boxes of food care produce boxes to 50-60 participants in Vallejo and provided over 2,000 meals and food baskets in Fairfield.
- Program offered many safety drills to participants covering the topics of earthquake, tornado, fire, and public transportation.
- Program has been holding monthly DEI trainings.
- Made 3,316 outreach calls to individuals to access WRC services.
- Assisted several participants at the Fairfield site to obtain gainful employment and thus improving their quality of life.

Challenges & Barriers

- Transportation- The Vallejo bus system can be pricey for participants.
- Not all participants at the Vallejo site are interested in seeking employment or attending activities.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

The WRC programming is being updated and new metrics and deliverables will be supporting oversight to ensure that clients have quick access to these services and that the activities are engaging, client-driven, and offering meaning and purpose for participants.

Name of Program: Employment Services and Support

Agency Name: Caminar, Inc .

Description of Program:

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

Program Performance Measures

Unduplicated Individuals Served: 139

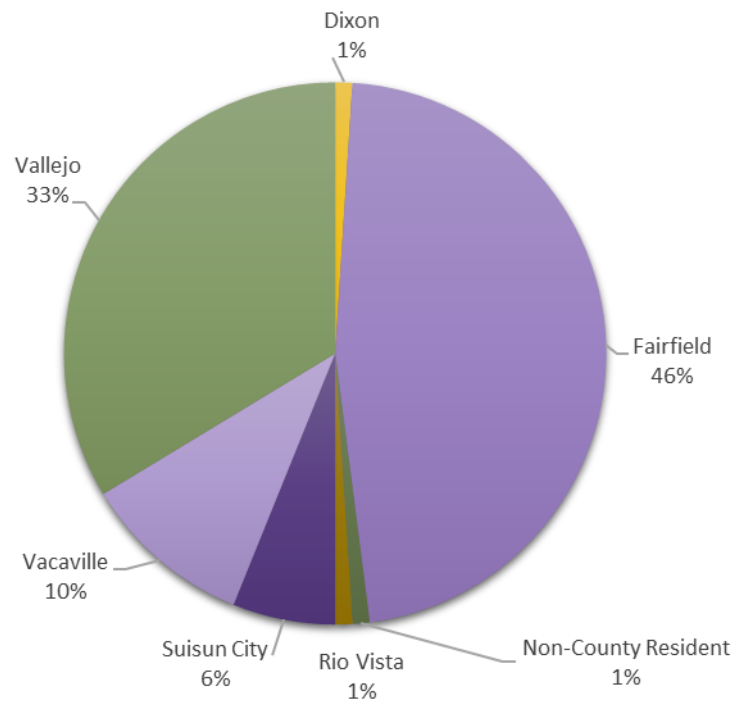
Program Deliverables	Annual Outcomes
Provide employment services for 140-160 consumers annually who will achieve a 50% or higher competitive employment rate.	139 consumers received employment services.
A minimum of 50% of the consumers served will secure competitive employment.	63% (88) consumers secured competitive employment.
Of those consumers with educational goals, at least 75% will be enrolled in voc/tech courses.	4 consumers had educational goals and 100% (4) enrolled in vocational/tech courses.
A minimum of 60% of the consumers who secure employment will maintain employment for at least 90 days and minimum of 25% will maintain employment for 120 days or more.	Of the 88 consumers who secured employment, 48% (42) maintained their employment for at least 90 days and 34% (30) of the consumers were employed for 120 days or more during the reporting period. Note that this 2 nd measure included consumers who gained employment during the previous FY and were rolled over for outcome reporting.

Financial Report

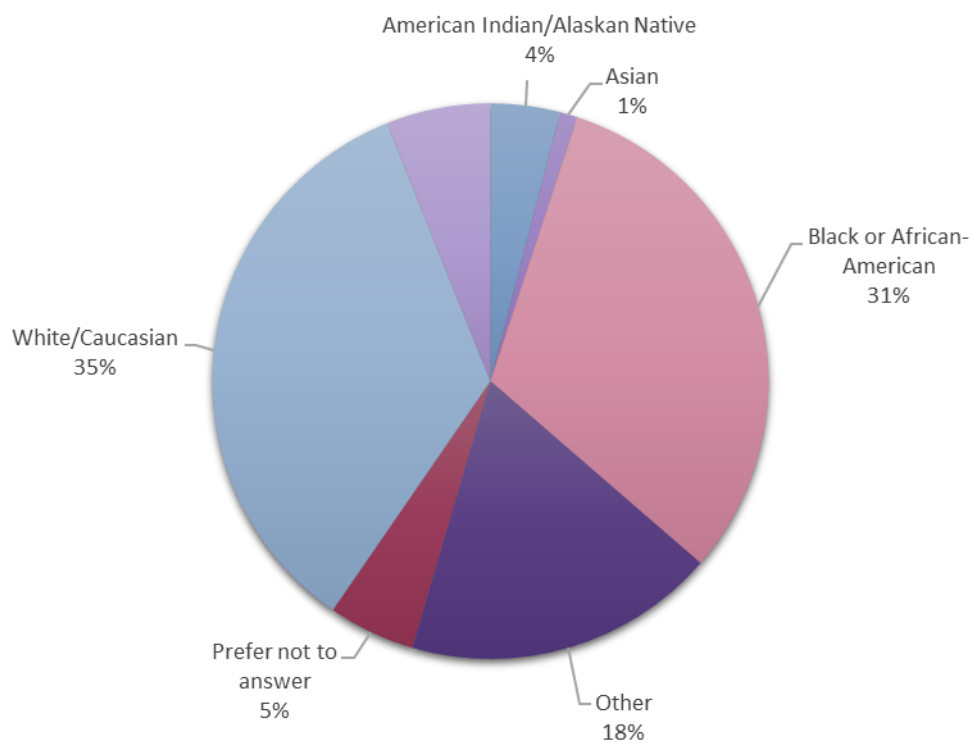
Cost per Person	\$5,566.42
Contract Amount FY 2022/23: \$826,983	Total Expenditures FY 2022/23: \$773,732.23
Budgeted Amount FY 2023/24: \$964,006	

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

City of Residence



Race



Demographics		Total Individuals Demo Collected:	
			139
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	24%	Central American	2%
26-59	71%	Mexican/Mexican-American/Chicano	10%
60+	4%	Other Hispanic/Latino	5%
Prefer not to answer	1%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	4%	African	17%
Asian	1%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	18%	Eastern European	1%
Prefer not to answer	5%	European	14%
White/Caucasian	34%	Filipino	1%
More than one race	6%	Japanese	0%
Gender At Birth		Korean	0%
Male	65%	Middle Eastern	0%
Female	34%	Other Non-Hispanic/Latino	40%
Prefer not to answer	1%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	8%
Male	64%	More than one ethnicity	1%
Female	34%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	1%
Prefer not to answer	1%	Fairfield	46%
Questioning/unsure	0%	Non-County Resident	1%
Transgender	1%	Rio Vista	1%
Sexual Orientation		Suisun City	6%
Gay	2%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	1%
Heterosexual/straight	85%	Vacaville	10%
Lesbian	1%	Vallejo	33%
Other	0%	Disability	
Prefer not to answer	7%	Difficulty seeing	6%
Queer	0%	Difficulty hearing/having speech understood	1%
Questioning/unsure	0%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	3%
Veteran	5%	Physical/mobility	1%
Active military	0%	Chronic physical health condition	4%
Not a veteran or not active military	95%	Serious/severe mental health condition	17%
Primary Language (1st Language)		No disability	42%
American Sign Language (ASL)	0%	Other disability	15%
English	96%	Prefer not to answer	12%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations:	
Prefer not to answer	1%	1. Low Filipino ethnicity participants	
Spanish	3%	2. Will work on increasing bilingual staff to work with Filipino community. The Philippines has eight major dialects: Bikol, Cebuano, Hiligaynon (Llonggo), Ilocano, Kapampangan, Pangasinan, Tagalog, and Waray.	
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		

Highlights & Achievements

- A total of 63% or 88 individuals who came to the program this FY 22-23 obtained competitive employment, surpassing our yearly goal by 13%.
- At least three of the individuals served were able to work towards and obtain their own apartment after finding employment with Jobs Plus. Our team was excited to help with donating and finding resources to help our clients furnish their apartments.
- Jobs Plus Director was able to join a globally attended Individual Placement and Support Conference in Salt Lake City Utah. While in attendance she was able to meet many IPS community members and expand her knowledge of how far the IPS Model can go to help build better and stronger communities through employment.

Challenges & Barriers

Jobs Plus experienced long waitlists of client referrals due to limited staff slots, which makes the process for clients to enter employment services a bit lengthier than usual. In order to maintain their interest and motivation while they waited for a slot to open, our staff made sure to maintain weekly Jobs Clubs in which our waitlist clients would be able to attend and learn valuable skills that will make them ready for the process of interviewing or navigating job posts among other skills.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

Continue to find opportunities to expand staff to serve more clients to obtain gainful employment.

Targeted System Supports

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

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

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy :

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

Changes or Updates Planned for FY 2023/24

Starting in fiscal year 2022/23, this strategy merged with ICC Transitions Team strategy and newly funded nutritionist position to support consumers with complex needs. The merged strategies are now referred to as the Adult Care Coordination Team.

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

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

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

Changes or Updates Planned for FY 2023/24

Starting in fiscal year 2022/23, this strategy merged with ICC OD strategy and newly funded nutritionist position to support consumers with complex needs. The merged strategies are now referred to as the Adult Care Coordination Team.

New Strategy Starting FY 2022/23

Name of Strategy: Adult Care Coordination Team

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

Each of the three SCBH-operated regional adult outpatient clinics, located in Vallejo, Fairfield and Vacaville, 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 Specialist (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 navigation supports.

Program Performance Measures

Unduplicated Individuals Served: 723

Adult Care Coordination Staff (Mental Health Specialist and Clinicians) will provide crisis and emergent case management, discharge planning, and linkages to resources and lower levels of care.

Staff provided services to 723 consumers during the reporting period.

Financial Report

Cost per Person

\$1,225.29

Budgeted Amount FY 2022/23: **\$1,074,810**

Total Expenditures FY 2022/23: **\$885,888.35**

Budgeted Amount for FY 2023/24: **\$1,962,509**

Name of Program: Adult Community Case Management (CCM)

Agency Name: Caminar, Inc.

Description of Program:

The updated and expanded CCM program, that includes Peer Support Specialists and Co-occurring services, will now provide intensive case management services 1-2 times a week and titrating to monthly nearing discharge. 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. 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 Performance Measures

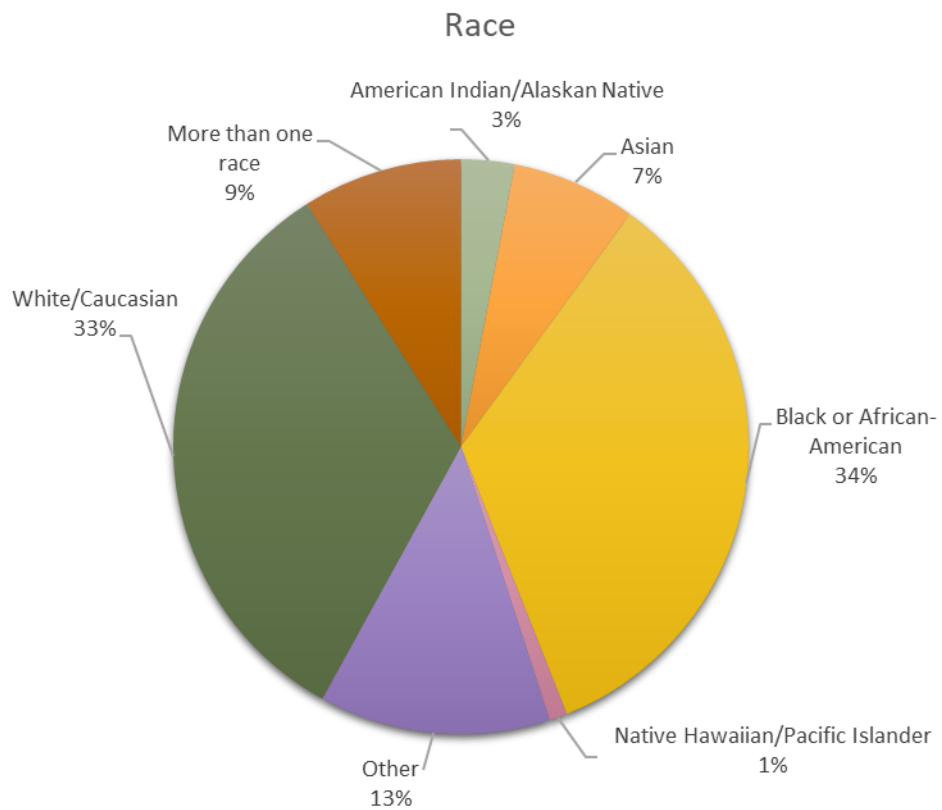
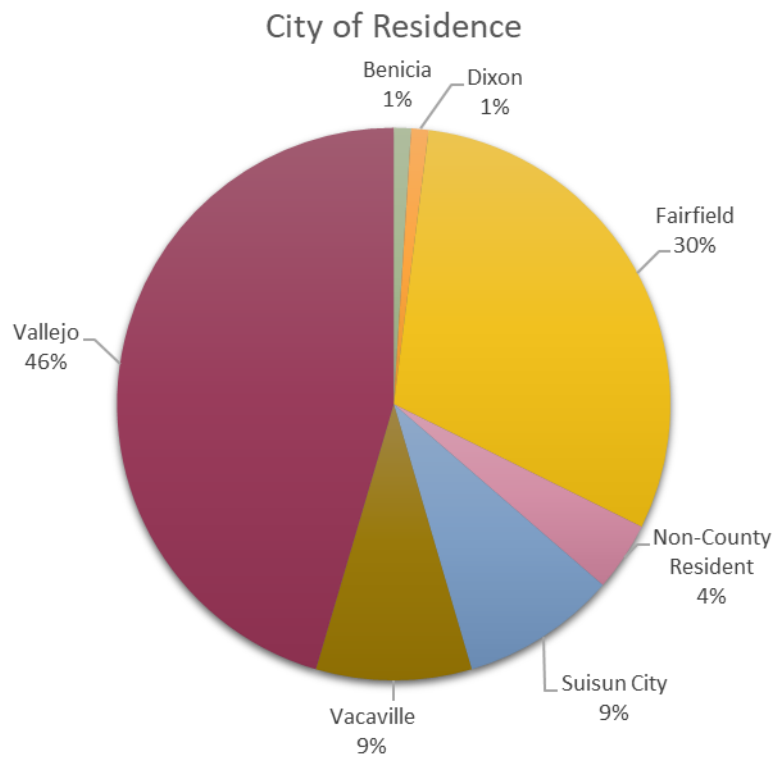
Unduplicated Individuals Served: 148

Program Deliverables	Annual Outcomes
Provide comprehensive case management services to a minimum of 200 consumers.	148 of consumers served.
No more than 20% of program participants will be admitted to the hospital for psychiatric treatment.	20% (29) of consumers served were hospitalized at least once in this fiscal year.
Reduce or prevent homelessness as evidenced by no more than 30% of program participants experiencing an incidence of homelessness during the reporting period.	22% (32) of consumers experienced homelessness.
70% of program participants will have a WRAP Plan within 30 days of admission	76% (113) of consumers served had a WRAP

Financial Report

Cost per Person	\$7,395.98
Budgeted Amount FY2022/23: \$1,115,576.30	Total Expenditures FY 2022/23: \$1,094,605.47
Budgeted Amount FY 2023/24: \$1,896,555.12	

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



Demographics		Total Individuals Demo Collected:	
			#
			148
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	6%	Central American	1%
26-59	72%	Mexican/Mexican-American/Chicano	5%
60+	22%	Other Hispanic/Latino	6%
Prefer not to answer	0%	Puerto Rican	3%
Race		South American	0%
American Indian/Alaskan Native	3%	African	18%
Asian	7%	Asian Indian/South Asian	3%
Black or African-American	34%	Cambodian	1%
Native Hawaiian/Pacific Islander	1%	Chinese	1%
Other	13%	Eastern European	3%
Prefer not to answer	0%	European	10%
White/Caucasian	33%	Filipino	5%
More than one race	9%	Japanese	0%
Gender At Birth		Korean	1%
Male	68%	Middle Eastern	1%
Female	32%	Other Non-Hispanic/Latino	39%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	1%
Male	67%	More than one ethnicity	3%
Female	32%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	1%
Prefer not to answer	0%	Fairfield	30%
Questioning/unsure	0%	Non-County Resident	4%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	9%
Gay	1%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	91%	Vacaville	9%
Lesbian	1%	Vallejo	45%
Other	1%	Disability	
Prefer not to answer	0%	Difficulty seeing	9%
Queer	0%	Difficulty hearing/having speech understood	5%
Questioning/unsure	1%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	1%
Veteran	4%	Physical/mobility	5%
Active military	0%	Chronic physical health condition	7%
Not a veteran or not active military	96%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	70%
American Sign Language (ASL)	0%	Other disability	1%
English	99%	Prefer not to answer	1%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations: NA	
Prefer not to answer	0%		
Spanish	1%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	1%		
Spanish	1%		

Highlights & Achievements

- CCM expanded the scope of services to include justice involved individuals, who often have unique needs that are a direct result of their expressive mental health symptoms.
- The staff adapted well to the programmatic restructuring of teams, programs, and services (e.g., absorption of Diversion Treatment and Substance Use disorders). This included the integration of new leadership in September 2022, due to the exiting of previous CCM Program Director and new Director of Services appointed.

Challenges & Barriers

- The CCM team faced a myriad of challenges and barriers during this fiscal year. These included but were not limited to staffing and retention, referrals (appropriate for CCM criteria), impacted systems of care, limited accessibility to essential resources, housing, and other essential services that are pertinent to the functioning and efficacy of the case management program. This required the team to increase their presence with important stakeholders, vendors, and community partners to mitigate the overall macro impact of services in the Solano community.
- A chronic barrier that is not unique to the CCM program, is the scarcity of housing resources in the community. Specifically, for clients that are high utilizers of mental health services in the county and are known to existing housing entities. This also includes the lack of appropriate housing for individuals with acute or chronic medical needs (i.e., dementia, diabetes, cancer, ADLs that impact one's ambulatory status). CCM consistently advocated and met with various county vendors, county staff, and expanded to other creative outlets in the attempt to meet these needs.
- Coordinating services for clients that are vulnerable to their medical needs have impacted mental health treatment plans. This has required the advocacy of the Director of Services, Program Directors, and case manager to ensure the client is not eclipsed by the siloed systems of care. Some clients were so acute that they were transferred to a higher level of care like FSP.
- The number of clients receiving limited rental assistance has greatly impacted the ability for the CCM program to successfully discharge or step-down individuals from the program.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

Name of Program: Co-Occurring Treatment (merged with CCM Strategy)

Agency Name: Caminar, Inc.

Description of Program:

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

Program Performance Measures	
Unduplicated Individuals Served: 10	
Program Deliverables	Annual Outcomes
75% of the individuals served will maintain stable housing.	No consumers served during the reporting period.
75% of the individuals served will not require hospitalization or admission to the CSU.	No consumers served during the reporting period.
85% of the individuals served will not have involvement in justice system.	No consumers served during the reporting period.
50% of the individuals served will completing the program.	No consumers served during the reporting period.
Financial Report	
Cost per Person	\$22,532.22
Budgeted Amount FY 2022/23: \$332,651	Total Expenditures FY 2022/23: \$225,322.21
Budgeted Amount for FY 2023/24: \$0	

The program has had difficulties engaging consumers due to the program moving offices and delays in having the new site certified to provide Drug Medi-Cal services in addition to significant challenges with staff recruitment. Program leadership reported that they have not had applicants with substance use treatment experience or certifications.

Changes or Updates Planned for FY 2023/24

Contract expired 6/30/23 and will not be renewed. This strategy will be merged with the existing CCM strategy for FY 23-24

Name of Strategy: Expanded Bilingual Services

Agency Name: Solano County Behavioral Health

Description of Strategy:

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

Unduplicated Individuals Served: 559

Program Deliverables	Annual Outcomes
The Access Line will be staffed by bilingual staff who can field calls from non-English speaking community members.	The bilingual clinicians who staff the Access Line fielded 1,904 calls.
Bilingual staff will be co-located across the SOC to provide assessment and/or treatment services for consumers including those that speak Spanish and/or Tagalog.	The bilingual staff provided assessment or treatment services for 559 consumers.
Financial Report	
Cost per Person	\$152.56
Budgeted Amount FY 2022/23: \$288,680	Total Expenditures FY 2022/23: \$85,285.50
Budgeted Amount for FY 2023/24: \$129,726	

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

SCBH will maintain expanded bilingual staff across the system, however the current bilingual staff assigned to the Access Unit will now be included and reported under the new Centralized Assessment Team going forward. More information on the CAT Team can be found on the next page (pg. 94).

New Strategy Starting FY 2022/23

Name of Strategy: Centralized Assessment Team (CAT)

Agency Name: Solano County Behavioral Health (SCBH)

Description of Strategy:

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 assist the County in meeting the needs of Spanish and Tagalog speaking consumers.

Unduplicated Individuals Served: 519

Program Deliverables	Annual Outcomes
CAT clinicians with the Access Unit will provide assessment and/or treatment services for consumers.	CAT Clinicians provided assessment or treatment services for 519 consumers.
Financial Report	
Cost per Person	\$1,111.51
Budgeted Amount FY 2022/23: \$1,074,810	Total Expenditures FY 2022/23: \$576,875.84
Budgeted Amount for FY 2023/24: \$762,144	

Name of Program: CARE Clinic

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

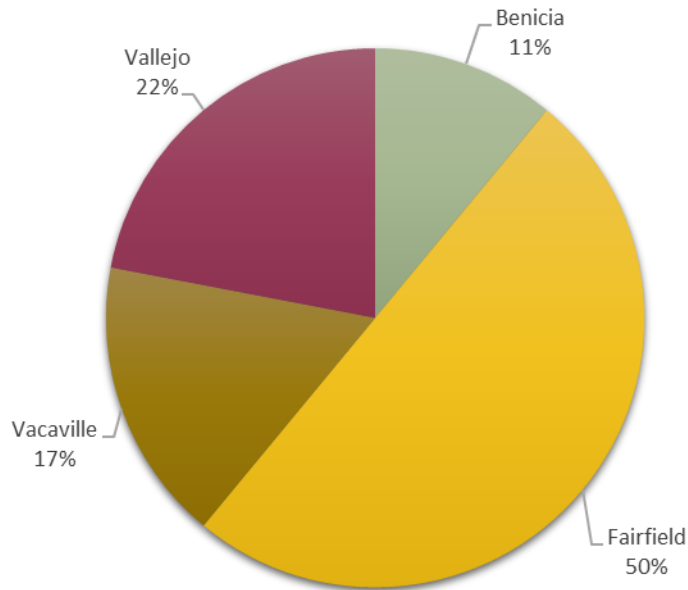
Description of Program:

The CARE Clinic, delivered by a contractor, offers four (4) cohorts per year of an intensive ten-week, daily menu of services for consumers ages 3-6 years of age (up to 7th birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges, utilizing the Comprehensive Assessment Research and Evaluation (CARE) model. The Solano County Special Education Local Plan Area (SELPA) also refers children to the program and fully funds the children they refer.

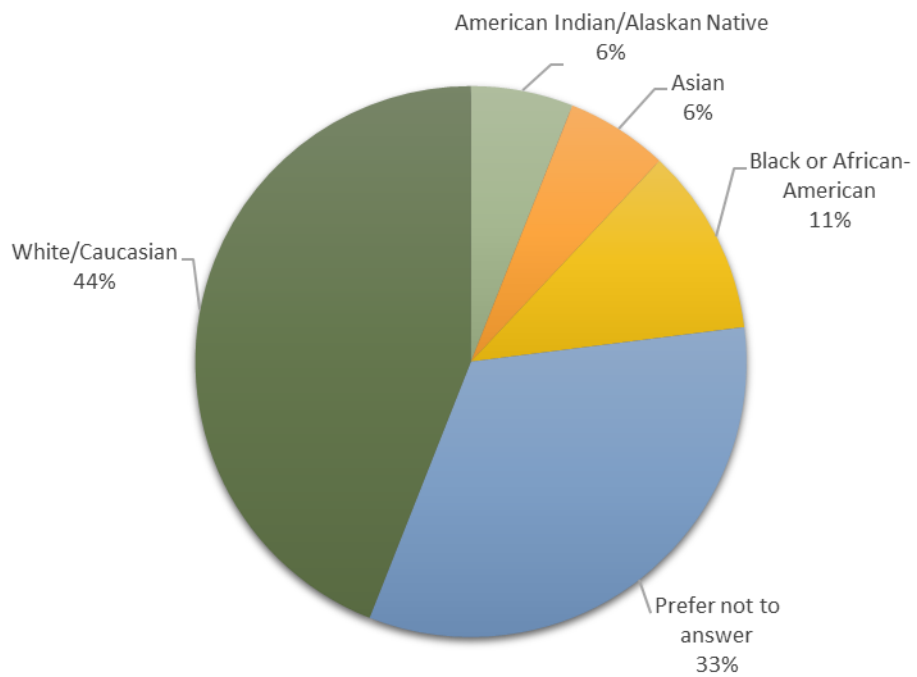
Program Performance Measures	
Unduplicated Individuals Served: 16	
Program Indicators	Annual Outcomes
Contractor will serve a maximum of 16 unduplicated Medi-cal eligible consumers as funded by County per year.	A total of 4 cohorts were conducted during the FY 2022/23, with 16 unduplicated children served of which 13 completed the program.
80% of the children who complete the CARE Clinic will demonstrate improvement on the <i>Child Behavior Checklist (CBCL)</i> as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	The <i>CBCL</i> was completed for 14 children, of which 71% (10) demonstrated improvement.
80% of the children and families who complete the CARE Clinic will demonstrate improved child/parent interactions as evidenced by a decrease in the T-score for both the intensity and problem scales on the <i>Eyberg Child Behavior Inventory (ECBI)</i> .	The <i>ECBI</i> was completed for 14 children, of which 29% (14) of the children demonstrated improved child/parent interactions per the intensity and problem scales on the <i>ECBI</i> .
80% of the children who complete the CARE Clinic will successfully transition back to a school or daycare setting and will remain in the setting for 30 days or more.	Data for all 4 cohorts: 100% (13) children successfully transitioned back to school/daycare and remained in the setting for 30 days or more.
Financial Report	
Cost per Person	\$23,270.38
Contract Amount FY 2022/23: \$402,154	Total Expenditures FY 2022/23: \$372,326.15
Contract Amount for FY 2023/24: \$340,696	

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

City of Residence



Race



Highlights & Achievements

- Family Finding and Engagement program eliminated the waitlist, allowing services to start at the time of referral.
- More family connections for youth in the Child Welfare System (CWS) were established early in cases, leading to family placement/involvement rather than going into the care of strangers.
- Significant increase in the number of connections found for youth compared to previous years.
- CARE clinic program served an average of 5 clients per cohort, an improvement from the previous average of 3 clients.
- Under new supervision, staff were trained in Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS), promoting collaborative, client-centered care.

Challenges & Barriers

- Experienced loss of all clinicians within a 2-month period, resulting in a severe staffing crisis.
- The Clinical Supervisor had to step back into a direct service role and maintain all cases until new clinicians were hired.
- Ensured continuity of care by onboarding family support counselors to support in rehabilitation of services.

Equity Efforts in FY 2022/23

The Care Clinic team takes great pride in supporting cultural and linguistic differences and needs among the children and families served.

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

Name of Strategy: Child Family Team (CFT) Initiative

Agency Name: Solano County Behavioral Health

Description of Strategy:

The Child Family Team (CFT) Initiative is delivered by SCBH via one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether 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.

Program Performance Measures

Unduplicated Individuals Served: 336

Program Indicators	Annual Outcomes
Schedule and facilitate CFT meetings for children and youth involved in the Child Welfare System.	336 children, their families and treatment teams received CFT meetings.
Financial Report	
Cost per Person	\$230.15
Budgeted Amount FY 2022/23: \$70,722	Total Expenditures FY 2022/23: \$77,331.64
Budgeted Amount for FY 2023/24: \$218,311	

Demographic data not available for this strategy.

Highlights & Achievements

The Collaboration between SCBH and CWS has been noted by other regional Counties, particularly around the CANS and CFT implementation. Staff have been asked to present on the CFT process at a state forum to encourage Counties that have yet to implement a process gather information on what has worked.

Challenges & Barriers

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

Equity Efforts in FY 2023/24

The CFT staff are embedded with the FCTU FSP program which is a diverse team culturally diverse team with staff representing various ethnicities including bilingual speaking staff. Staff participate in the divisions Diversity and Equity Committee as well as the all-staff Diversity & Inclusion Talks monthly meetings. Staff have volunteered at various community events including the annual Foster Care picnic, Pride at the Park, and African American community events.

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

New Strategy Starting FY 2022/23

Name of Strategy: Treatment Foster Care (TFC) Services

Agency Name: Pacific Clinics

Description of Strategy:

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

Financial Report

Cost per Person

N/A

Budget Amount FY 2022/23: **\$288,003**

Total Expenditures FY 2022/23: **0**

Budgeted Amount for FY 2023/24: **N/A**

Changes or Updates Planned for FY 2023/24

Due to statewide staffing issues for TFC programs, this contract will not be renewed for the next fiscal year.

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

Agency Name: Seneca Family of Agencies

Description of Program:

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

Program Performance Measures

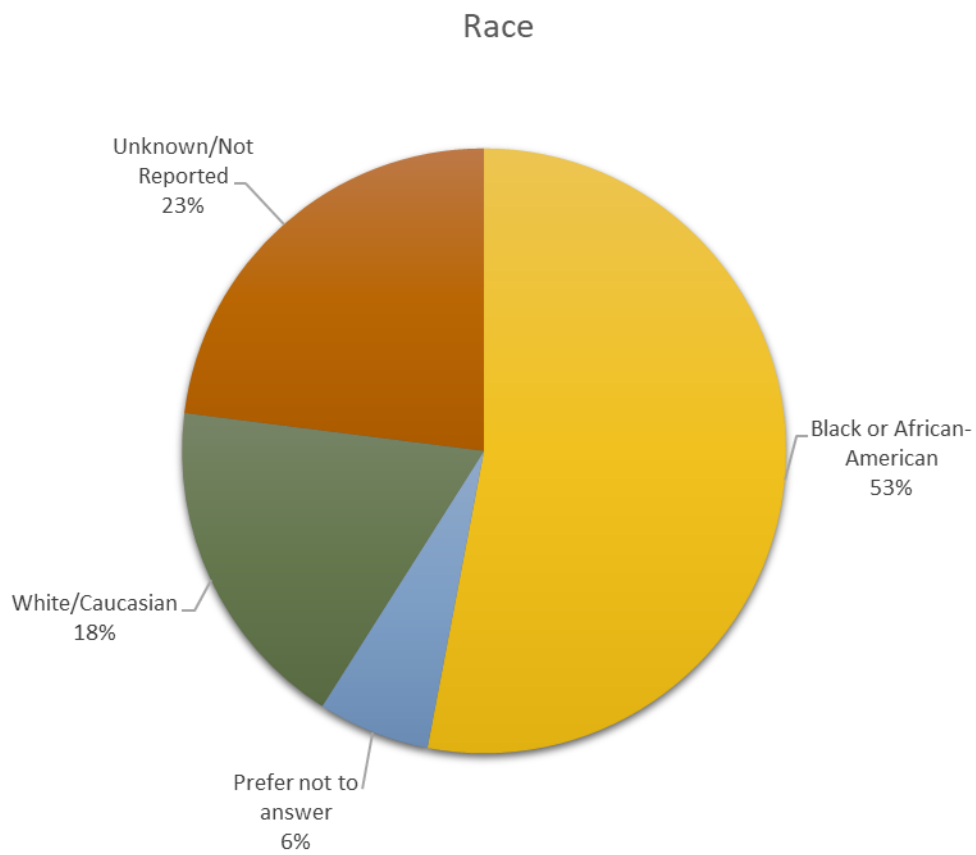
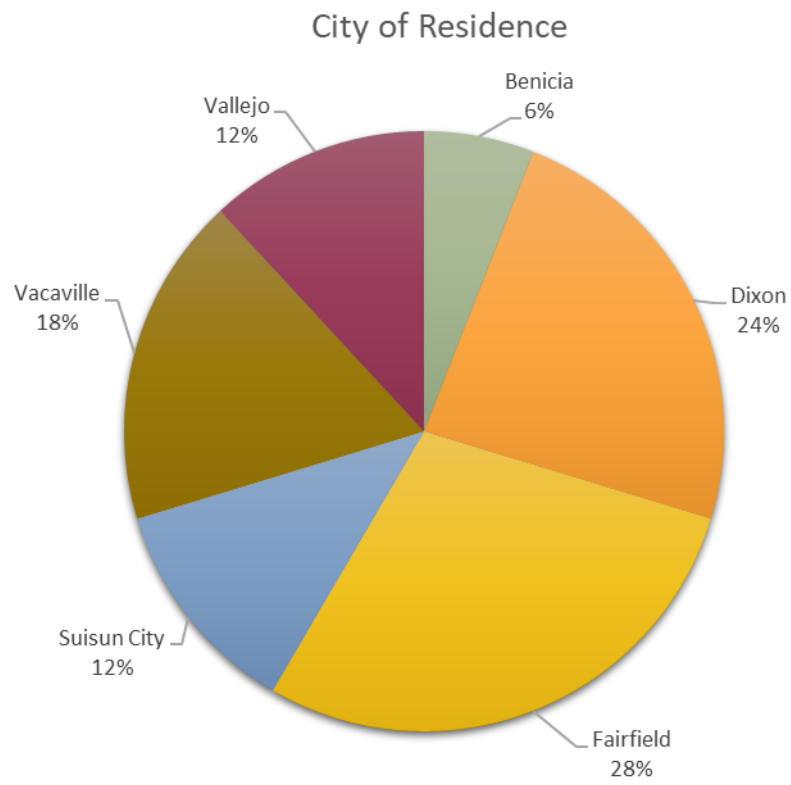
Unduplicated Individuals Served: 17

Program Indicators	Annual Outcomes
Serve an average of 26 consumers per month and a total of 40-55 unduplicated consumers in the fiscal year.	An average of 19 consumers were served per month.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Over the course of the year the <i>CANS/ANSA</i> was administered 44 times to measure progress. 63% of the consumers measured achieved or partially achieved at least one treatment goals.
At least 80% of consumers served will remain in a stable placement or transition to a lower level of care.	Of the 226 consumers served, 99% (224) remained in a stable placement or transitioned to a lower level of care.
At least 80% of consumers served will have an increase in on-going natural support people involved in their treatment.	Of the 28 consumers served, 19% had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then ever 60-90 days thereafter, at least 85% of consumers will receive Child and Family Team (CFT) meetings with an emphasis on building each consumer's team with natural supports and concurrently focusing on placement stabilization.	On average the program met CFT timelines 100% of the time.

Financial Report

Cost per Person	\$8,466.92
Contract Amount FY 2022/23: \$246,985	Total Expenditures FY 2022/23: \$143,937.72
Budgeted Amount for FY 2023/24: \$129,767	

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



Highlights & Achievements

- Supported several families transitioning out of foster care to adoption or reunification with biological families.
- Addressed complex family dynamics and provided tailored services for unique situations such as selective mutism and caregiver dynamics.
- Achieved reunification for 65% of clients, stabilized placements for 47% and closed Child Welfare Services (CWS) cases for 41% of clients.
- Maintained 100% compliance with holding Child and Family Team meetings every 90 days.
- 94% of consumers fully or partially met their treatment goals at the time of discharge.

Challenges & Barriers

- Difficulties hiring due to nationwide labor force disruptions which has led to multiple unfilled positions, including clinicians.
- Socio-economic demands and mental health challenges affecting extended family members availability for CFT meetings.

Equity Efforts in FY 2022/23

The Katie A staff participated in Seneca Family of Agencies monthly Diversity, Equity, and Inclusion (DEI) group which is open to all Seneca staff. The Katie A staff also attended a training: Understanding and Impacting Implicit Bias Communication; To further staff's learning and willingness to engage in reflection and self-awareness to improve their cultural competence and responsiveness in their approaches to providing direct service to youth. To provide culturally competent supervision and enhance program leadership, managers attended trainings with staff as well as facilitating other trainings with DEI topics. Additionally, incorporated into individual and group supervision. DEI topics are regularly integrated as part of the case consultation process. Seneca Family of Agencies also offers multiple Employee Resource Groups such as Bilingual Staff group for the staff's support and growth. Additionally, Five (5) of the twenty-eight (28) clients or their families served during this reporting period received some level of services in Spanish. This program utilized staff that are bilingual and certified to provide services in Spanish and all staff in this program have access to translation services in multiple languages if needed.

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

Forensic Mental Health Programming

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

Name of Program: Forensic Triage Team (FTT)

Agency Name: Solano County Behavioral Health

Description of Program:

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 Performance Measures

Unduplicated Individuals Served: 199

Program Indicators	Annual Outcomes
Provide assessments and linkage for individuals referred by the Court, Probation, and jails in an effort to support Solano County’s Diversion and Collaborative Court.	A total of 199 unduplicated individuals were referred to the FTT program and 100% (199) were screened or assessed and linked to ongoing treatment. The FTT also provided light case management for additional consumers.
Provide assessments and linkage for individuals referred that meet the Solano County AOT criteria.	17 AOT referrals were received with a total of 17 unduplicated individuals assessed and linked to ongoing treatment. Only one consumer assessed necessitated referral to the Court for formal AOT court proceedings.

Financial Report

Cost per Person	\$4,761.65
Budgeted Amount FY 2022/23: \$1,353,060	Total Expenditures FY 2022/23: \$947,568.65
Budgeted Amount for FY 2023/24: \$1,347,607	

Demographic data is not available for this program.

Highlights & Achievements

- Strong partnerships with key stakeholders, such as the Collaborative Court Manager, County Counsel, and Probation, to establish comprehensive policies and procedures for the Mental Health Court.
- Regular monthly meetings with justice partners, presiding judges, and behavioral health representatives.
- Successfully met the grant guidelines set by the Department of State Hospitals (DSH), particularly in community-based competency treatment.
- Facilitation of seamless reintegration of clients from incarceration back into the community through collaboration with external partners like Caminar CCM, Caminar FSP, and internal programs at SCBH.
- Active participations in Prop 47 Cohort III, focusing on expanding housing for justice-involved individuals and incorporating a community services contractor (CSC) to bridge gaps between the jail system and behavioral health services.
- Solano County joined the Safety and Justice Challenge Network at both national and state levels, focusing on better serving the justice-involved population through strategies like the Sequential Intercept Model (SIM).

Challenges & Barriers

- Frequent receipt of Minute Orders from the court that exceed the original scope, inconsistencies among courtrooms and judges, and difficulties in determining Division eligibility.
- Changes in management at both the supervisory and managerial levels, causing disruptions.
- Presence of several new clinicians requiring extensive training and support, leading to capacity issues and lengthy waiting lists in case management programs.

Equity Efforts in FY 2021/22

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

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

Name of Program: Jail Release Re-entry Program

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

Description of Program:

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

Program Performance Measures

Unduplicated Individuals Served: 0

Program Indicators	Annual Outcomes
A minimum of 145 individuals will be assessed as referred through the Jail Mental Health Re-entry Team.	No consumers served during the reporting period.
A minimum of 102 individuals will receive pre-release planning in collaboration with Jail Mental Health and/or Program staff.	No consumers served during the reporting period.
Provide pre-release case management services for individuals still in custody.	No consumers served during the reporting period.
Provide post-release treatment to a minimum of 102 individuals for 6-12 months and for five (5) served and placed in Housing and Disability Advocacy Program (HDAPT) funded housing units continue to receive case management services.	No consumers served during the reporting period.
At least 50% of individuals receiving post-release treatment will demonstrate progress on two or more domains in the <i>Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)</i> tool.	No consumers served during the reporting period.

Financial Report

Cost per Person	N/A
MOU Amount FY 2022/23: N/A	Total Expenditures FY 2022/23: N/A
Budgeted Amount for FY 2023/24: N/A	

Changes or Updates Planned for FY 2023/24

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

MHSA Housing & Supports

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

Name of Program: Transitional Housing

Agency Name: Bay Area Community Services (BACS)

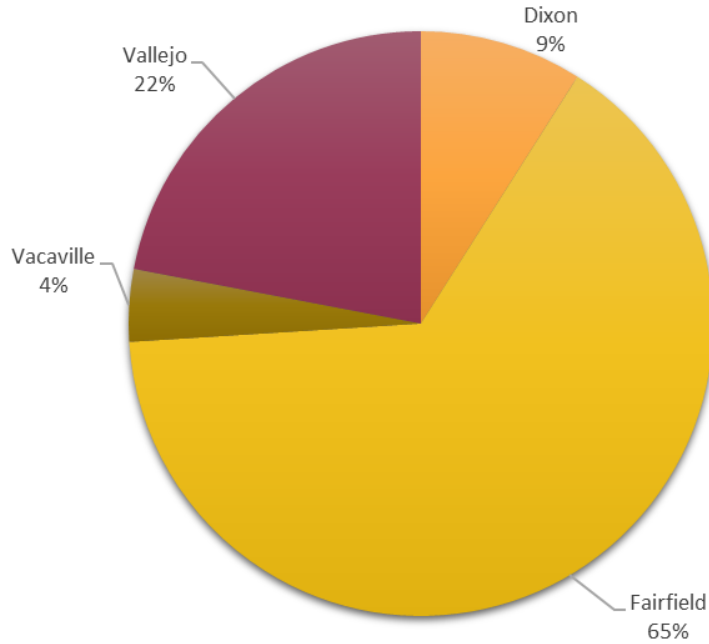
Description of Program:

Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2- bedroom house and seven 2-bedroom townhouses. Part of the CalHFA agreement is a 20 year MOU between SCBH and the CBO partner to provide transitional housing services for adult consumers who have a serious mental health condition and/or co-occurring substance use disorder who are at risk of, or are homeless. The Transitional Housing program provides supportive transitional housing for 16 consumers for 6-12 months. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.

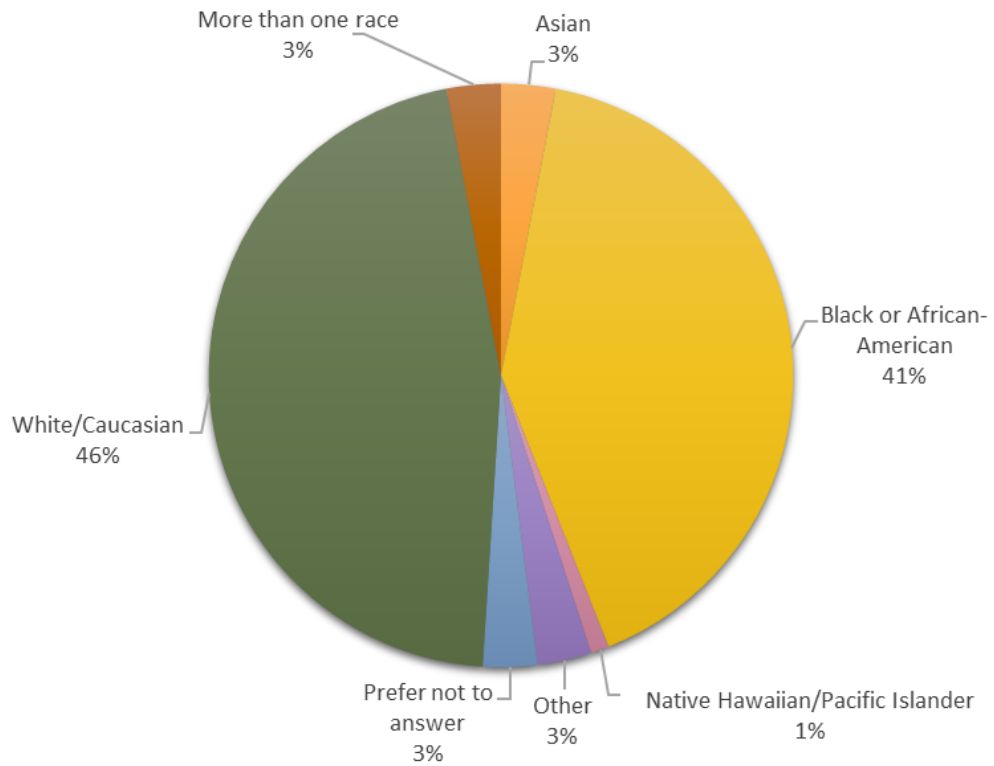
Program Performance Measures	
Unduplicated Individuals Served: 10	
Program Deliverables	Annual Outcomes
Maintain a census of 16 beds/slots monthly for eligible consumers for an average of 6-12 months stay (not to exceed 1 year).	A total of 10 unduplicated consumers were served with an average bed occupancy monthly of 9 individuals.
Provide linkage/referral services to a minimum of 90% of consumers residing in the transitional housing units.	100% of consumers received linkage/referrals services.
At least 60% of the consumers residing in the transitional housing program will maintain or improve functioning related to securing employment and/or enrolling in classes as indicated the <i>Quality of Life (QoL) Scale</i> .	100% (21) of the consumers endorsed yes to employment related improvement and 100% (9) of the consumers endorsed yes to class enrollment improvement.
At least 60% of consumers will endorse having made progress on goals based on the program consumer satisfaction survey.	100% (8) of consumers showed improvement.
50% of consumers discharging from the program will secure permanent housing.	Of the 7 consumers discharged during the reporting period 71% (4) of the consumers served secured permanent housing upon discharge.
Financial Report	
Cost per Person	\$22,293.83
Contract Amount FY 2022/23: \$310,000	Total Expenditures FY 2022/23: \$222,938.29
Budgeted Amount for FY 2023/24: \$325,000	

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

City of Residence



Race



Demographics		Total Individuals Demo Collected:	#
			69
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	3%	Central American	1%
26-59	67%	Mexican/Mexican-American/Chicano	7%
60+	28%	Other Hispanic/Latino	0%
Prefer not to answer	3%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	0%	African	29%
Asian	3%	Asian Indian/South Asian	0%
Black or African-American	41%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	3%	Eastern European	9%
Prefer not to answer	3%	European	23%
White/Caucasian	46%	Filipino	4%
More than one race	3%	Japanese	0%
Gender At Birth		Korean	0%
Male	39%	Middle Eastern	0%
Female	59%	Other Non-Hispanic/Latino	20%
Prefer not to answer	1%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	4%
Male	38%	More than one ethnicity	0%
Female	59%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	9%
Prefer not to answer	1%	Fairfield	65%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	1%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	3%	Unincorporated	0%
Bisexual	1%	Unknown/Not Reported	0%
Heterosexual/straight	81%	Vacaville	4%
Lesbian	3%	Vallejo	22%
Other	3%	Disability	
Prefer not to answer	7%	Difficulty seeing	11%
Queer	1%	Difficulty hearing/having speech understood	7%
Questioning/unsure	0%	Other communication disability	2%
Veteran Status/Military Services		Cognitive impairment	4%
Veteran	3%	Physical/mobility	10%
Active military	0%	Chronic physical health condition	13%
Not a veteran or not active military	97%	Serious/severe mental health condition	2%
Primary Language (1st Language)		No disability	32%
American Sign Language (ASL)	0%	Other disability	16%
English	99%	Prefer not to answer	2%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations: Disproportionate African American severed improved.	
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	97%		
Tagalog	0%		
Other	1%		
Spanish	0%		

Highlights & Achievements

- One resident moving into the Signature apartment and another resident is making academic achievements in attaining her GED and now completing a Welding program.
- Another resident moved into permanent housing while continuing the progress with their goals and moving into independents.
- A consumer successfully reunited with family and began the steps to repair family relationships.
- The burnt unit remodeling has been completed and unit looks great. New appliances have been installed and all new household items are on the way.

Challenges & Barriers

- The ongoing affordable housing crisis state-wide has made moveouts challenging.
- The damage via fire and storm severely limited the ability of the program to fully support the community.
- Some of the consumer placements were disconnected from CM services and/or required more engagement to re-link to services.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

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

Name of Program: Bridge Transitional Housing

Agency Name: Caminar, Inc.

Description of Program:

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

Program Performance Measures

Unduplicated Individuals Served: 62

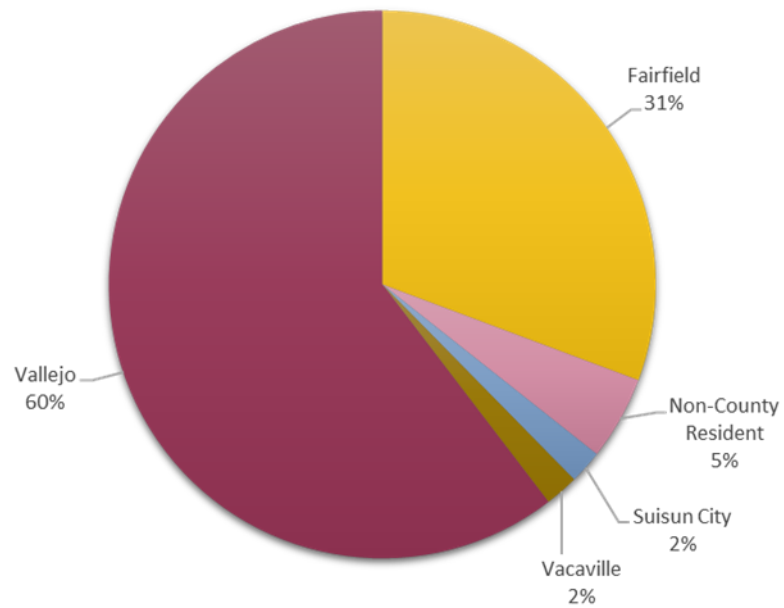
Program Indicators	Annual Outcomes
Provide 30-90-days housing to serve a minimum of 36 unduplicated consumers to prepare them to live independently and secure permanent housing.	62 unduplicated individuals received transitional housing.
At least 60% of consumers will maintain or increase functioning per the <i>Quality of Life (QoL) Scale</i> by maintaining or improving to a score of 4 or 5 at discharge.	Of the 18 individuals who discharged from the program and completed the <i>QoL</i> , 83% (15) maintained or improved their score in functioning.
At least 50% of consumers discharging from the program will transition to permanent housing.	Of the 54 individuals who discharged from the program during the reporting period, (40) of individuals transitioned to permanent housing.

Financial Report

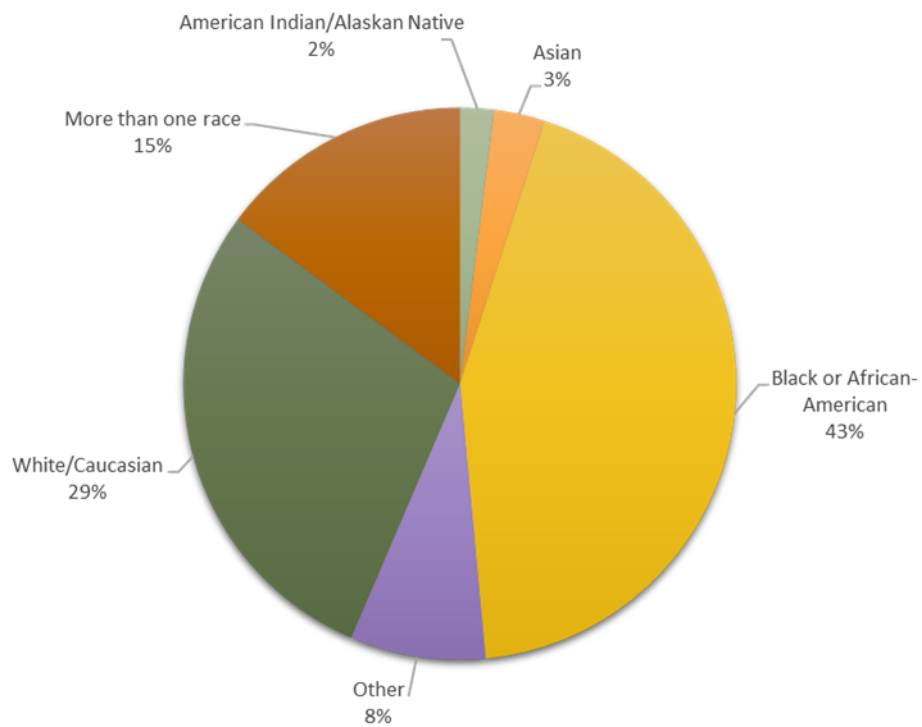
Cost per Person	\$9,981.69
Contract Amount FY 2022/23: \$689,895	Total Expenditures FY 2022/23: \$618,864.76
Budgeted Amount for FY 2023/24: \$724,390	

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

City of Residence



Race



Demographics		Total Individuals Demo Collected:	
			#
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	6%	Central American	2%
26-59	76%	Mexican/Mexican-American/Chicano	8%
60+	18%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	2%
Race		South American	2%
American Indian/Alaskan Native	2%	African	44%
Asian	3%	Asian Indian/South Asian	0%
Black or African-American	44%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	8%	Eastern European	0%
Prefer not to answer	0%	European	29%
White/Caucasian	29%	Filipino	3%
More than one race	15%	Japanese	0%
Gender At Birth		Korean	0%
Male	63%	Middle Eastern	0%
Female	37%	Other Non-Hispanic/Latino	2%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	60%	More than one ethnicity	10%
Female	39%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	0%
Prefer not to answer	2%	Fairfield	31%
Questioning/unsure	0%	Non-County Resident	5%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	2%
Gay	2%	Unincorporated	0%
Bisexual	6%	Unknown/Not Reported	0%
Heterosexual/straight	87%	Vacaville	2%
Lesbian	0%	Vallejo	61%
Other	2%	Disability	
Prefer not to answer	3%	Difficulty seeing	13%
Queer	0%	Difficulty hearing/having speech understood	4%
Questioning/unsure	0%	Other communication disability	1%
Veteran Status/Military Services		Cognitive impairment	8%
Veteran	0%	Physical/mobility	1%
Active military	0%	Chronic physical health condition	31%
Not a veteran or not active military	100%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	42%
American Sign Language (ASL)	0%	Other disability	0%
English	98%	Prefer not to answer	0%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations:	
Prefer not to answer	0%	Higher percentage of more than one race and serving American Indian and Asian.	
Spanish	2%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	97%		
Tagalog	2%		
Other	0%		
Spanish	2%		

Highlights & Achievements

- Consumers that entered permanent housing were 44 and the unduplicated number of consumers were 62. The program continues to grow each year and assist more and more people in Solano County.
- Two consumers moved into Solano House-Endurance, the new housing facility on Solano campus for formerly homeless individuals. This allowed two male consumers to be roommates and establish a more stable environment without the presence of substance abuse. For both clients one of the main goals was to focus on income; whether at the warehouses that were centrally located near Solano House or to work on the application process for GA/SSI.
- Our second success story came from one of our female consumers. The young woman only had CALWORKS as her income and was applying for SSI. The consumer qualified for an apartment at Laurel Gardens and was able to re-unify with her two young children; providing a safe and stable housing environment.

Challenges & Barriers

- This program is known as a transitional housing. With that comes the thought process by consumers that they will have their own apartment when they leave, which continues currently. Consumers are constantly reminded upon the assessment process and the intake process that they are not guaranteed an apartment, but there are other suitable options.
- Another challenge that the program had faced this year is the slow decline of the durability and reliability of our Caminar vehicles. This year unfortunately, had to replace vehicle battery, brakes, along with the lift of the trunk. We will continue to coddle the vans.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

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

Name of Program: Shelter Solano

Agency Name: SHELTER, Inc.

Description of Program:

Shelter Inc., a contractor who has a direct contract with the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for Solano County adults who have a serious mental health condition and/or co-occurring substance use disorder who are homeless or at risk of homelessness. MHSA funds 15 beds. The program utilizes a Housing First Model. Services include case management, tenant education and support to transition to permanent housing.

Program Performance Measures

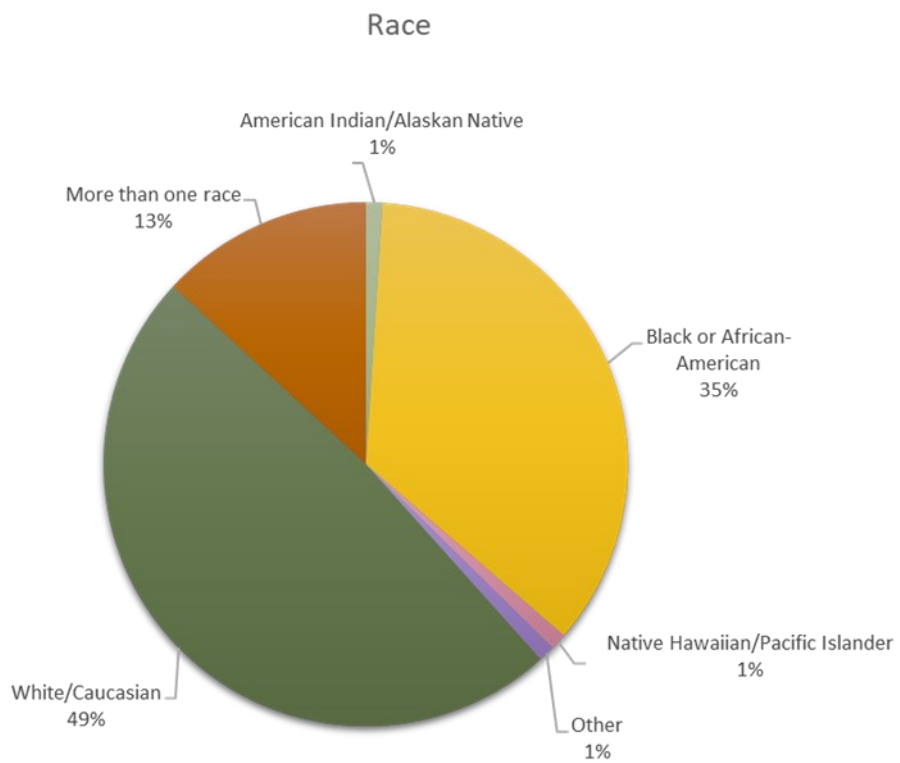
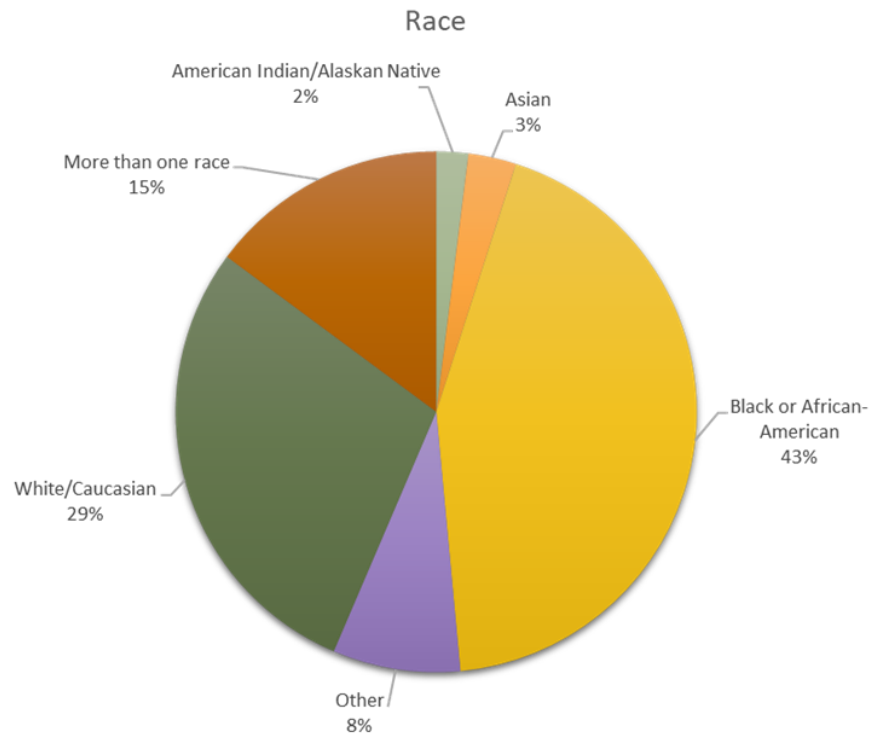
78 Total Admissions representing **69 Unduplicated Individuals**

Program Deliverables	Annual Outcomes
Serve a minimum of 15 eligible participants per year.	69 unduplicated consumers were served representing 78 admissions, therefore 9 consumers had two or more admissions to the program during this reporting period.
A minimum of 75% of consumers served will receive case management to include housing access assistance and tenant education.	94% (73) received case management services.
At least 50% of consumers will exit the program to permanent housing in which the resident holds a lease, rental agreement, or shared living arrangement in a residence which is not subject to time limits.	Of the 63 consumers discharged 13% (8) were discharged to permanent housing.
<p>Contractor will maintain post-placement contact and support services by mutual agreement with exiting participant for up to six months after program exit. Contractor will track permanent housing retention rates at three (3) and six (6) months after program exit and expects at least 40% of successfully exited participants who respond to contact efforts will have maintained housing after 3 months, and 40% after 6 months.</p> <p>New Language: At least 40% of successfully exited participants who respond to agreed upon post-contact efforts will have maintained housing after three (3) months, and 25% after six (6) months.</p>	<p>During the reporting period for the 5 consumers discharged to permanent housing at the 3-month post discharge mark, 3 consumers were reached and 1 continued to maintain permanent housing.</p> <p>For the 1 consumer discharged to permanent housing at the 6 month mark zero (0) person responded to contact efforts.</p>

Financial Report

Cost per Person	\$6,714.37
Contract Amount FY 2022/23: \$500,000	Total Expenditures FY 2022/23: \$463,291.53
Budgeted Amount FY 2023/24: \$830,790	

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



Demographics		Total Individuals Demo Collected:	
			#
			69
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	6%	Central American	0%
26-59	71%	Mexican/Mexican-American/Chicano	0%
60+	23%	Other Hispanic/Latino	12%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	35%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	1%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	48%	Filipino	0%
More than one race	13%	Japanese	0%
Gender At Birth		Korean	0%
Male	#####	Middle Eastern	0%
Female	#####	Other Non-Hispanic/Latino	88%
Prefer not to answer	#####	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	57%	More than one ethnicity	0%
Female	43%	City of Residence	
Genderqueer	0%	Benicia	3%
Other	0%	Dixon	3%
Prefer not to answer	0%	Fairfield	33%
Questioning/unsure	0%	Non-County Resident	19%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	3%
Gay	0%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	1%
Heterosexual/straight	93%	Vacaville	9%
Lesbian	0%	Vallejo	28%
Other	3%	Disability	
Prefer not to answer	0%	Difficulty seeing	0%
Queer	0%	Difficulty hearing/having speech understood	0%
Questioning/unsure	0%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	7%
Veteran	0%	Physical/mobility	4%
Active military	0%	Chronic physical health condition	18%
Not a veteran or not active military	100%	Serious/severe mental health condition	52%
Primary Language (1st Language)		No disability	0%
American Sign Language (ASL)	0%	Other disability	20%
English	99%	Prefer not to answer	0%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations: Demographic selection based on HUD and Gender at Birth not collected.	
Prefer not to answer	0%		
Spanish	1%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

Highlights & Achievements

- Participants are being referred for housing at several places in Solano County, including, but not limited to: Blue Oak Landing, Fairhaven Gardens, Laurel Gardens Apartments, Marina House, Solano House, Cottonwood Creek, Legacy, Pony Express and more.
- Case Managers have begun working closely with Resource Connect Solano staff and have been trained to conduct their own assessments and enter this data into the RCS system. This not only streamlines the application process and provides more availability for these important assessments. Along with Housing Navigators, the Case Managers at Beck Avenue Navigation Center have yet another tool at their disposal in the form of these assessments and limited access to the RCS system.

Challenges & Barriers

The biggest challenge remains obtaining Birth certificates for those participants who were born out of state. These can be difficult to obtain, costly and at times just difficult to find. Participants who are not sure where they were born, those who were adopted and any who were born outside the United States present unique difficulties in seeking out and securing these documents.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

No planned changes at this time.

Name of Program: Supported Housing

Agency Name: Caminar, Inc.

Description of Program:

During FY 2011/12 SCBH leveraged CalHFA funds to help fund several permanent housing projects to serve adults who have persistent serious mental health conditions, and children/youth with serious mental health conditions and their families. In order to qualify, the identified consumer must be homeless or at risk of becoming homeless, as defined by the MHSA regulations. Signature at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes 7 two-bedroom units reserved for families in which one member qualifies for MHSA housing support, and 3 two-bedroom apartments shared by two unrelated adults who qualify for MHSA housing support. The Heritage Commons project in Dixon is a 65 - apartment project serving older adults. Seven units are reserved for consumers 55 years or older who qualify for MHSA housing support. The project began accepting applications in July 2013. SCBH has an agreement with the state to fund case management services for these sites for a minimum of 20 years. SCBH has contracted these services out to a CBO partner. In addition to the sites listed above the CBO partner has secured additional scattered sites/apartments in Solano County through other grants. Program staff provide case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 60 days and provide housing case management to secure permanent housing upon discharge.

Program Performance Measures

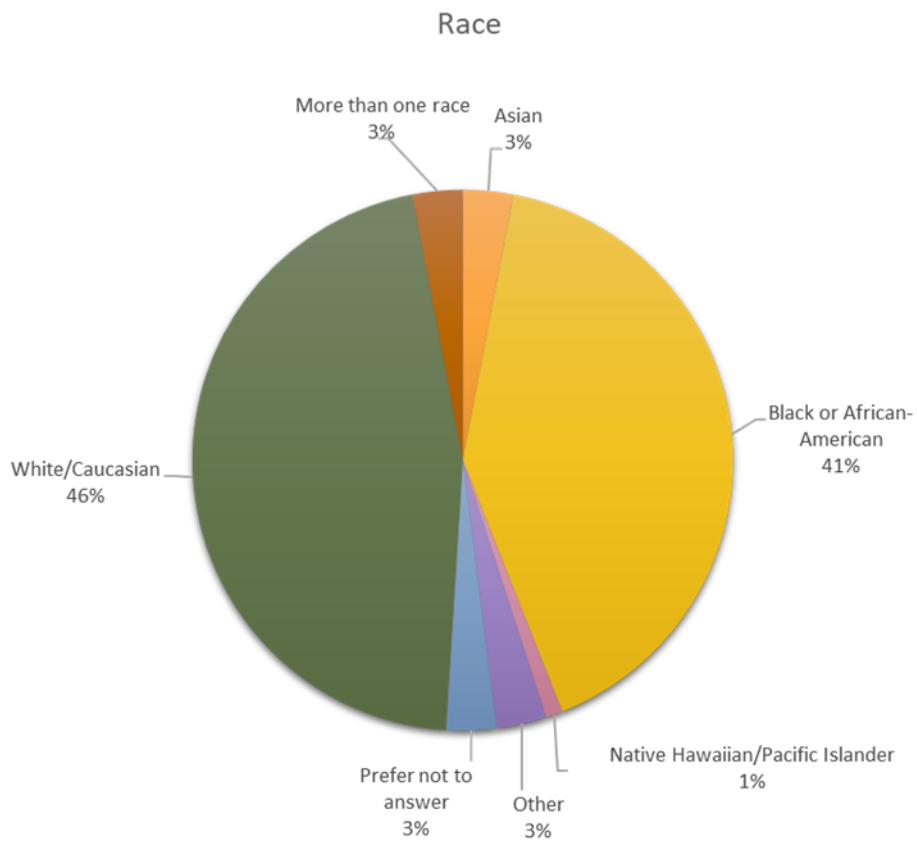
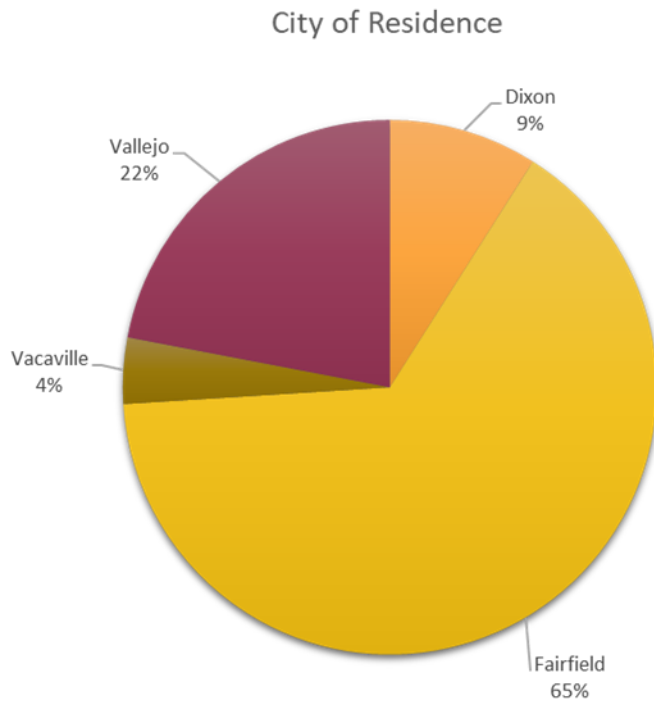
Unduplicated Individuals Served: 71

Program Indicators	Annual Outcomes
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 67 unduplicated individuals were housed in permanent housing: <ul style="list-style-type: none"> • Scattered Sites: 21 individuals • Signature: 14 individuals • Heritage 7 individuals • HUD: 25
Provide transitional housing services for up to 90 days for 15-20 individuals.	4 unduplicated individuals received transitional housing.
Permanent Housing Program: At least 60% of permanent housing consumers will maintain or increase functioning per the <i>Quality of Life Scale</i> to maintain a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains (administered at intake and annually thereafter).	Of the 1 individual who completed the annual measure during the reporting period, 100% (1) of individuals maintained or improved their score in functioning
Transitional Housing: At least 90% of the individuals exiting transitional housing will have initiated or obtained benefits. At least 50% of the individuals exiting transitional housing will move to stable housing.	Of the 4 individuals who discharged from transitional housing, 100% (4) of individuals had initiated and/or obtained benefits. Of the 4 individuals who discharged from transitional housing, 75% (3) successfully moved to stable housing.

Financial Report

Cost per Person	\$8,664.50
Contract Amount FY 2022/23: \$628,636	Total Expenditures FY 2022/23: \$615,179.69
Budgeted Amount for FY 2023/24: \$726,227	

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



Demographics		Total Individuals Demo Collected:	
			#
			69
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	3%	Central American	1%
26-59	67%	Mexican/Mexican-American/Chicano	7%
60+	28%	Other Hispanic/Latino	0%
Prefer not to answer	3%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	0%	African	29%
Asian	3%	Asian Indian/South Asian	0%
Black or African-American	41%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	3%	Eastern European	9%
Prefer not to answer	3%	European	23%
White/Caucasian	46%	Filipino	4%
More than one race	3%	Japanese	0%
Gender At Birth		Korean	0%
Male	39%	Middle Eastern	0%
Female	59%	Other Non-Hispanic/Latino	20%
Prefer not to answer	1%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	4%
Male	38%	More than one ethnicity	0%
Female	59%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	9%
Prefer not to answer	1%	Fairfield	65%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	1%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	3%	Unincorporated	0%
Bisexual	1%	Unknown/Not Reported	0%
Heterosexual/straight	81%	Vacaville	4%
Lesbian	3%	Vallejo	22%
Other	3%	Disability	
Prefer not to answer	7%	Difficulty seeing	11%
Queer	1%	Difficulty hearing/having speech understood	7%
Questioning/unsure	0%	Other communication disability	2%
Veteran Status/Military Services		Cognitive impairment	4%
Veteran	3%	Physical/mobility	10%
Active military	0%	Chronic physical health condition	13%
Not a veteran or not active military	97%	Serious/severe mental health condition	2%
Primary Language (1st Language)		No disability	32%
American Sign Language (ASL)	0%	Other disability	16%
English	99%	Prefer not to answer	2%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations: Disproportionate African American severed improved.	
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	97%		
Tagalog	0%		
Other	1%		
Spanish	0%		

Highlights & Achievements

- All MHSA units/clients are provided housing case management services and referral to other services such as and benefits advocacy.
- Caminar has strong connection with the Solano County Housing and Disabilities Application Program (HDAP) and has referred all clients who are not currently receiving SSI/SSDI in the TH programs.
- MHSA, Caminar's Supported Housing and Resource Connect Solano (RCS) are working together to make sure that all client referrals have the benefit of intake into RCS. This ensures that any permanent housing options open immediately or, after stays at Gateway and Laurel Creek, can be identified, and applied for, as soon as possible.

Challenges & Barriers

- Consumers exiting from permanent supportive housing or transitional housing were not eligible for transfer to any Continuum of Care projects due to the selection process through Resource Connect Solano, even if clients were formerly, chronically homeless. The community needs to examine how MHSA housing fits into the CoC referral process. Currently, it is nearly impossible for clients to exit MHSA permanent supportive housing and Gateway transitional housing to access mainstream housing due to the requirements of the CoC eligibility for HUD housing.
- Gateway experienced very low numbers due to the 60-day notice received for the original site and required move-out 11/16/2022.
- Shared housing can be difficult. There are times when clients are triggering to each other, usually with mental health symptoms presenting or substance use behaviors. The Caminar housing case managers and the mental health case managers work together to support clients. Sometimes, a change of roommates is called for, and other times, clients go for in-patient treatment and return to the household.
- The buy-in of landlords is critical when the eviction process must occur so that they continue to rent to our clients. Caminar makes every attempt to maintain landlord relationships.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2022/23

No changes planned at this time.

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

Agency Name: Solano County Behavioral Health

Description of Strategy :

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

Unduplicated Individuals Served: 18

Financial Report

Cost Per Person

\$18,249.23

Budgeted Amount FY 2022/23: **\$251,346**

Total Expenditures FY 2022/23: **\$328,486.24**

Budgeted Amount for FY 2023/24: **\$250,000**

Demographic data is not available for this strategy.

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

Outreach & Engagement

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

Name of Program: Patients' Benefits Specialists (PBS)

Agency Name: Solano County Behavioral Health

Description of Strategy:

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

Program Performance Measures	
Unduplicated Individuals Served: 155	
Program Indicators	Annual Outcomes
Support community members, including the homeless population and individuals admitted to the CSU or inpatient facility, to apply for insurance and benefits available through Health and Social Services Employment and Eligibility (E&E) Division.	PBS staff served a total of 155 community members thru 183 encounters. <ul style="list-style-type: none"> GA applications completed: 48 CalFresh applications completed: 113 Medi-Cal applications completed: 51 DMV vouchers provided: 69
Financial Report	
Cost per Person	\$970.23
Budget for FY 2022/23: \$155,812	Total Expenditures FY 2022/23: \$150,387.06
Budgeted Amount for FY 2023/24: \$143,055	

Demographic data is not available for this strategy.

Highlights & Achievements

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

Challenges & Barriers

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

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

No changes planned at this time.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

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

Program Updates

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

Financial Report

Cost per Person	\$0
Budgeted Amount FY 2022/23:	Total Expenditures FY 2022/23: N/A
Budgeted Amount for FY 2023/24: N/A	

Changes or Updates Planned for FY 2023/24

SCBH plans to release a Request for Proposal (RFP) in the Fall of 2023 to contract this strategy out. SCBH intends to secure vendor/s who can provide outreach and stigma reduction efforts for the following underserved marginalized communities: Hispanic/Latino, Asian American/Pacific Islander, African American/Black and Native American/Indigenous. Additionally, this strategy and the associated budget will be transferred from CSS Outreach and Engagement to PEI Stigma and Discrimination Reduction efforts.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

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

Program Updates

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

Financial Report

Cost per Person	\$0
Budgeted Amount FY 2022/23: N/A	Total Expenditures FY 2022/23: \$0
Budgeted Amount for FY 2023/24: N/A	

Changes or Updates Planned for FY 2023/24

SCBH plans to release a Request for Proposal (RFP) in the Fall of 2023 to contract this strategy out. SCBH intends to secure vendor/s who can provide outreach and stigma reduction efforts for the following underserved marginalized communities: Hispanic/Latino, Asian American/Pacific Islander, African American/Black and Native American/Indigenous. Additionally, this strategy and the associated budget will be transferred from CSS Outreach and Engagement to PEI Stigma and Discrimination Reduction efforts.

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

Agency Name: Solano County Behavioral Health

Description of Strategy:

The ARCH Strategy is staffed by two County Clinicians who engage in activities related to 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 staff educate the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/ Youth (CSEC). This strategy is co-funded by Child Welfare Services (CWS) which allows the staff to serve foster youth who are identified as run-aways who are homeless and at risk for CSEC. The ARCH staff work closely with the SCBH adult homeless outreach team, local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness.

Performance Measures

Number of Community Members Reached: 274

Strategy Indicators	Annual Outcomes
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the homeless population.	Total of 9 outreach activities occurred: 5 presentations, 10 community events, and 45 individual contacts with community partners.
Provide brief case management and linkage services to referred homeless youth.	Total of 41 unduplicated individuals were contacted, and of those 40 unduplicated individuals received a screening, 41 received brief case management and/or linkage services with the following results: <ul style="list-style-type: none"> • 3 youth successfully enrolled as new consumers • 5 youth was re-enrolled/re-connected to mental health services • 22 successfully linked to resources or services to address basic needs

Financial Report

Cost per Person	\$3060.61
Budgeted Amount FY 2022/23: \$1,159,102	Total Expenditures FY 2022/23: \$838,608.02

Budgeted Amount for FY 2023/24: **\$1,298,894**

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

Demographic data is not available for this strategy.

Highlights & Achievements

- Despite having new staff, the team was able to build relationships with other county and community programs. Staff found creative ways to grow outreach efforts and engage school systems which has been a barrier in the past.
- Staff completed individual outreach and attended different community events to help spread awareness about the program which resulted with an increase in community referrals from the different community systems.
- The program saw an increase in collaboration and referrals from the Family Resource Center, McKinney Vento Liaisons with the school district, SCOE, and school staff. Staff engaged in reducing mental health stigma by providing education/presentations with local schools, libraries, shelters (CAN-B & My Friends House).
- Staff provided monthly education groups about mental health at My Friends House Tay shelter.

Challenges & Barriers

- ARCH was operating with three staff members for most of the fiscal year. In addition, the program operated on a limited capacity due to the supervisors' six-month leave of absence and one of the clinicians leaving the county which impacted the number of clients served. The vacancy lasted longer than six months.
- There is only one 8 bed Transitional Aged Youth Transitional Shelter operating in Solano County which limits housing availability to shelter youth.
- There are no shelters available for unaccompanied minors which is a huge disservice for transitional aged youth with no family or community supports.

Equity Efforts in FY 2022/23

- ARCH has one (1) bilingual Spanish-speaking direct service staff as well as one (1) Spanish speaking supervisor. When unable to access a bilingual staff member the team provides services for consumers in their preferred language by requesting interpreter services through Language Link. The ability to provide linguistically appropriate services has resulted in an increase in Spanish-speaking children and families being served.
- Staff are intentional in attending different trainings that represent the different populations they serve such as justice involved, homeless, foster cared involved, LGBTQ, CSEC, and racial diversity. ARCH staff made bilingual flyers and brochures in English and Spanish for community outreach events.

Changes or Updates Planned for FY 2023/24

No programmatic changes planned at this time.

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PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS & SERVICES

PEI programs and strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—particularly to traditionally underserved marginalized communities. The following section contains outcomes for PEI funded programs for FY 2022/23 as well as the required Annual PEI Report elements to include both demographic information for participants served: age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran’s status, disabilities for participants receiving services, timeframe for onset of mental health symptoms; and data related to access and linkage to treatment.

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

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

The six regulatory approaches for PEI programs and services include:

- **Suicide Prevention** – organized activities that the County undertakes to prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.
- **Stigma and Discrimination Reduction** – includes direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness** – activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- **Access and Linkage to Treatment** – activities to connect children, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.
- **Prevention** – activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing serious mental illness.
- **Early Intervention & Treatment** – to include treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Local PEI Programs

Many of the PEI programs embody two or more of the aforementioned state-defined PEI approaches, however for reporting purposes SCBH has organized the programs as follows:

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

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.
 - During FY 2023/24 SCBH will release a Request for Proposal (RFP) to explore new strategies to address the needs of the underserved marginalized communities in Solano County to include the African American, Hispanic/Latino, AA/PI and Native Indigenous populations.

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

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

Suicide Prevention

A countywide *Solano County Suicide Prevention Strategic Plan* was presented to Board of Supervisors in September of 2017. This Plan was then updated in 2021 following an extensive CPP process. The Plan is intended to be a guide for the entire County—both public and private sectors—in how to work collaboratively to combat suicide in Solano County. To read the *Solano County Suicide Prevention Strategic Plan Update 2021* and become more familiar with the strategies being used to prevent suicide deaths locally click [here](#). A new three-year strategic plan will be drafted and published in 2024.

During FY 2022/23 Solano County Behavioral Health (SCBH) continued leverage the support provided by the California Mental Health Services Authority (CalMHSA) Joint Powers of Authority (JPA) between CalMHSA and California Counties that funds statewide effort in suicide prevention and stigma reduction. Statewide campaigns include the “Know the Signs (KTS)” suicide prevention campaign, “Each Mind Matters (EMM)” and “Take Action” stigma reduction campaigns, as well as the “Directing the Change” campaign focused on youth creating videos to combat stigma and reduce suicide deaths. For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction approach, however SCBH outreach staff and several community-based organizations distribute educational suicide prevention and stigma reduction materials received from CalMHSA throughout the year.

The following suicide prevention activities were conducted FY 2022/23:

- **Suicide Prevention Committee** – The countywide Solano County Suicide Prevention Committee remained active meeting monthly and provided guidance for important suicide prevention strategies. Committee members attended the Zero Suicide campaign training and evaluated the County’s current efforts using the campaign’s 7 Elements framework. Using the 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 5% in five years, 10% in ten years with an ultimate goal to work towards zero suicide deaths.
- **safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings** – SCBH continued to fund several PEI programs to provide these suicide prevention curriculums. SCOE continued to provide virtual option for suicide prevention trainings during FY 2022/23 providing the training for school personnel, parents/caretakers, and community members. The data related to these trainings is reported under the MHSA School-Based Mental Health Services programming and the Older Adult Case Management & Treatment program. Starting FY23/24, Solano County Behavioral Health supported SCOE’s Mental Health and Wellness clinicians to be trained on the new evidenced based and culturally responsive suicide prevention curriculum *Be Sensitive Be Brave*.
- **National Suicide Prevention Week Proclamations & Resolution** – In August of 2022 all seven (7) local cities: Vallejo, Benicia, Suisun, Fairfield, Dixon, Vacaville, and Rio Vista; and the County of Solano, passed local proclamations/resolutions declaring September 4-10, 2022, as Suicide Prevention Awareness Week. At the Solano County Board of Supervisors meeting a family survivor of suicide shared her personal story of losing her adult son to suicide.
- **Gun Safety Campaign** – SCBH previously promoted and distributed the firearm safety brochure (see Appendix, pgs. 242-243) developed in partnership between SCBH, the Solano County Sheriff’s Office—Coroner Bureau, and local firearms instructors. The brochure includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources including: the 24-hour national Suicide and Crisis Lifeline number, the local Crisis Stabilization Unit address and phone number and the SCBH Access Line number. The brochure will be revised and redistributed as planned for by the Suicide Prevention Coalition.

- **Multi-Media Campaigns** – During the FY SCBH funded a multi-media campaign focused on the community-based mobile crisis. It was developed for in multiplatform campaign for a 20-week campaign with a 360° reach including creatives for TV billboards, local buss transits, and digital ads in gas stations, gyms, and POS machines in restaurants, convenience stores, and grocery stores. Five TV and streaming commercials included one with Spanish sub-titles and one with Tagalog subtitles. During FY2022/23, at the tail end of the pandemic, the community-based mobile crisis encountered staffing challenges and had to pause services on September 26, 2022 resulting to the pause on the release of the media campaign. The community-based mobile crisis services were paused in May 2023 due to staffing and relaunched September 2023 and the campaign assets were updated to include 988 and the local number of the mobile crisis for release on FY23/24. The media campaign for FY23/24 will include release of the Pacific Clinics 20-week campaign as-sets and creative designs for other mental health prevention and wellness events.

Cost of Media Campaigns	
<i>Solano County Community-Based Mobile Crisis Media Campaign</i>	Budgeted Amount for FY 2022/23 : \$279,371 was funded by PEI
	Budgeted Amount for FY23/24: \$193,696

Distribution/Advertisement of Suicide Prevention Resources - SCBH continued to advertise the following suicide prevention crisis support resources during FY 2022/23:

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

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

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

- **Lifeline for Deaf & Hard of Hearing; (800)-799-4889**
- **Friendship Line (seniors 60+): (800) 971-0016**
- **Trans Lifeline: (877) 565-8860**
Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project: (866) 488-7386, <http://www.thetrevorproject.org>**
 - ◇ Crisis Intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) youth ages 25 and under
 - ◇ Trevor Text Line: Text “**START**” to 678678 Mon-Fri, 12pm—7pm



Name of Strategy: Suicide Prevention Crisis Call Center—Contractor

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

Update of Strategy: CalMHSA notified Solano County that the contract was not renewed for FY22/23 as the agency, Suicide Prevention of Yolo County, that operated the NVSPH has ceased its operation and calls are being routed to the 998 call centers.

Starting in July 2019, Solano County began to fund a portion of the NVSPH contract as managed and funded by Yolo County. The NVSPH fields calls that come through the national 988 Suicide and Crisis Lifeline (formerly called the National Suicide Prevention Lifeline). A portion of these calls are from Solano County residents. This funding is administered through Joint Powers of Authority (JPA) between CalMHSA and California Counties.

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

Agency Name: Uplift Family Services agency merged with Pacific Clinics, so the contractor is now Pacific Clinics starting July 1, 2022

Description of Program:

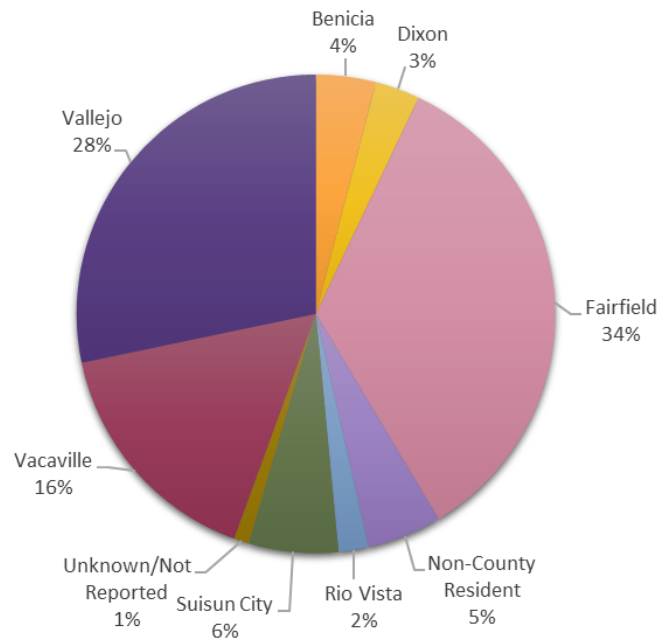
The Community-Based Mobile Crisis program, administered by a contractor, is intended to provide services for the County which includes the provision of emergency crisis intervention services for Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled.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

Program Performance Measures	
Prevention Activities	
124 Total Admissions Representing 122 Unduplicated Individuals	
Program Indicators	Annual Outcome
60% of the consumers at close of enrollment for current crisis, will be fully supported with safety planning vs. hospitalization or admission to Crisis Stabilization Unit or local Emergency Department for crisis stabilization.	90% (111) of the admissions resulted in consumers being stabilized in the community and not placed on a hold thus diverting from emergency services and hospitalization.
Provide linkage/referral services for at least 90% of consumers de-escalated in the community.	Of the 124 calls that resulted in consumers not being placed on a hold 56% (69) were provided a referral for a community resource and of those, 35%(44) were provided a referral to a mental health provider or reconnected with an existing provider. See additional linkage outcomes below.
Provider will randomly select 70% of consumers to complete follow-up calls for consumer satisfaction surveys within 72 hours of the service. 90% of the consumers surveyed will report overall satisfaction with service delivery.	63 consumers were randomly selected to receive the consumer satisfaction survey and of those, the program was able to reach 26 consumers. Of the consumers who participated in the survey 81% (21) reported overall satisfaction with the service.
Response time --- 85% of the time Contractor will respond to calls to the Mobile Crisis line within 10 minutes ---- 90% of the time Contractor will deploy to the community within 30 minutes when an in-person crisis intervention is warranted.	The average response time to phone calls made to the Mobile Crisis line was 5 minutes. The average deploy response when an in-person crisis intervention was warranted was 16 minutes.

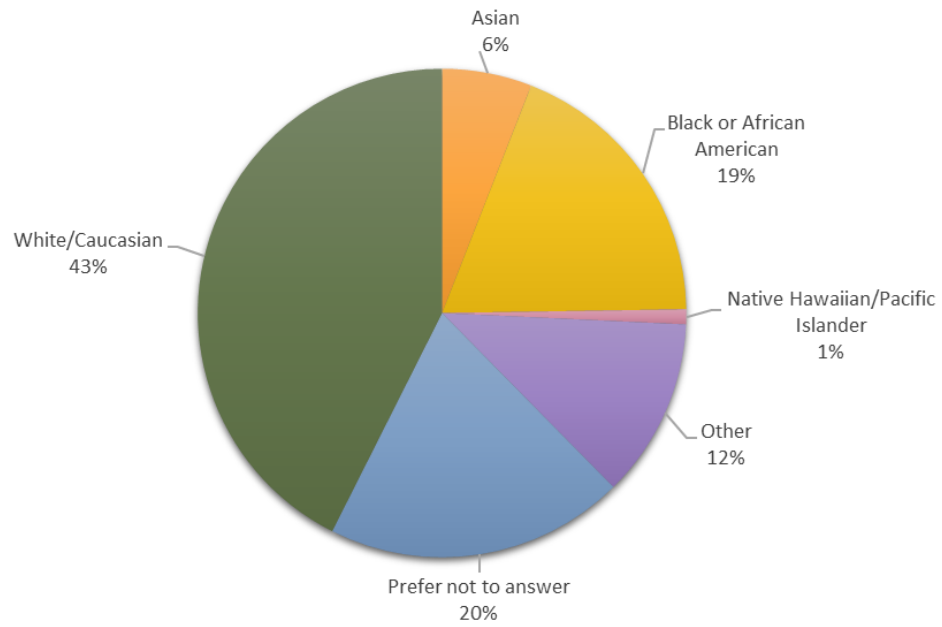
Early Intervention Activities Unduplicated Individual Served: N/A	
Program Indicators	Annual Outcomes
This program does not provide early intervention services.	N/A
Linkages	
Referrals to crisis stabilization unit or local emergency departments.	28 referrals made
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	1 referrals made
Referrals made to the Solano County BHP.	10 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in a mental health treatment program to which they were referred.	7 were successfully linked to treatment
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 7 individuals linked it took an average of 26 days from referral to service
Financial Report	
Cost per Admission: \$9,834	Cost per Person: \$10,422
Contract Amount FY 2022/23: \$2,252,327	Total Expenditures FY 2022/23: \$1,219,379
Budgeted Amount for FY 2023/24: \$2,969,252	

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

City of Residence



Race



Demographics		Total Individuals Demo Collected:	
			122
Age	%	Ethnicity	%
0-5	0%	Caribbean	0%
6-15	11%	Central American	0%
16-25	17%	Mexican/Mexican-American/Chicano	9%
26-59	60%	Other Hispanic/Latino	7%
60+	11%	Puerto Rican	2%
Prefer not to answer	0%	South American	0%
Race		African	0%
American Indian/Alaskan Native	0%	Asian Indian/South Asian	0%
Asian	6%	Cambodian	0%
Black or African-American	19%	Chinese	0%
Native Hawaiian/Pacific Islander	1%	Eastern European	0%
Other	12%	European	0%
Prefer not to answer	20%	Filipino	0%
White/Caucasian	43%	Japanese	0%
More than one race	0%	Korean	0%
Gender At Birth		Middle Eastern	0%
Male	50%	Other Non-Hispanic/Latino	82%
Female	50%	Vietnamese	0%
Prefer not to answer	0%	Prefer not to answer	0%
Current Gender Identity		More than one ethnicity	0%
Male	42%	City of Residence	
Female	39%	Benicia	4%
Genderqueer	0%	Dixon	3%
Other	4%	Fairfield	34%
Prefer not to answer	13%	Non-County Resident	5%
Questioning/unsure	0%	Rio Vista	2%
Transgender	2%	Suisun City	6%
Sexual Orientation		Unincorporated	0%
Gay	2%	Unknown/Not Reported	1%
Bisexual	2%	Vacaville	16%
Heterosexual/straight	49%	Vallejo	28%
Lesbian	1%		
Other	4%		
Prefer not to answer	40%		
Queer	1%		
Questioning/unsure	2%		
Veteran Status/Military Services			
Veteran	2%		
Active military	0%		
Not a veteran or not active military	98%		
Primary Language (1st Language)			
American Sign Language (ASL)	0%		
English	94%		
Ilocano	0%		
Other	2%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	91%		
Tagalog	0%		
Other	7%		
Spanish	2%		

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

Highlights & Achievements

- The program relaunched in September 2023 after experiencing a temporary pause (9/26/23-5/15/23) due to staffing challenges. The program was able to re-staff several critical positions (crisis clinicians, triage clinicians, and crisis specialists).
- Increased staffing allowed services to be rendered from 8:30am-10 pm, Monday-Friday and also increased capacity to serve other regions of the county.
- The program was able to secure agency vehicles and matching uniforms when responding to calls in the community.
- During the temporary pause, staff engaged in a variety of trainings and quality improvement activities for the team members that remained with the program.

Challenges & Barriers

- The program experienced significant staffing turnover challenges at critical positions (clinical program manager, clinicians) which caused the program to be put on a temporary pause.
- Due to staffing challenges, the program has not been able to operate 7 days per week as intended.

Equity Efforts in FY 2022/23

The program has diverse staff ages ranging from 27-56 and cultural representation from African American, Latinx, Asian American, and LGBTQ+ communities. The program also has bilingual Spanish speaking staff and utilizes language services when interpreter or translation services are needed to meet the linguistic needs of those served. Additionally, the program requires staff to participate in yearly cultural humility trainings to ensure services are provided with a trauma informed approach

Changes or Updates Planned for FY 2023/24

During FY 2023/24, the program will launch its 24/7 implementation plan along with a public-facing phone line to encourage community members to call the program directly in lieu of calling 911 or law enforcement. SCBH is funding a multi-media campaign to advertise the direct phone line and to continue to educate the community of this vital resource.

Name of Strategy: Crisis Transport—Contractor

Agency Name: Medic

Description of Strategy:

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

Number of Individual Transports: 155

Financial Report

Cost per Person/Transport

\$425

Contract Amount FY 2022/23: **\$79,500**

Total Expenditures FY 2022/23: **\$ 65,736**

Budgeted Amount for FY 2023/24 & FY24/25: **\$145,000**

Demographic data is not available for this program.

Changes or Updates Planned for FY 2023/24

As needed, funds will be added to continue to support crisis transport services ongoing due to the demand and mandate for mobile crisis benefit services.

Stigma & Discrimination Reduction Activities

Despite the ongoing impact of the COVID-19 pandemic, SCBH and contractor partners made concerted efforts to raise awareness of mental health stigma through virtual events, social media activities and in-person events when appropriate. The following are highlights of some of stigma reduction and outreach activities to reach traditionally underserved and marginalized communities were conducted during FY 2022/23:

Recovery Month – During the month of September “Recovery Month” is observed to raise awareness about recovery from both substance use disorders and mental health conditions. On August 24, 2021, the Solano County Board of Supervisors adopted a resolution deeming September “Recovery Month” in Solano County. A person with lived experience shared their story of recovery for the Board and community at the Board meeting.

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

- On April 25, 2023, the Solano County Board of Supervisors adopted a resolution deeming May “Mental Health Awareness Month” and May 4th as World Maternal Mental Health Day in Solano County. The event included a consumer served by the Pregnant & Postpartum Maternal Support (PPMS) services co-funded by SCBH and Solano County Public Health who shared her personal story of recovery. See pages 153-156 for information about the PPMS program.
- SCBH shared a calendar of events with the community that provided information about several community initiatives that supported mental health which included but was not limited to the following: Peer and Children Artwork Exhibit, Juntos En La Comunidad (Reducing Mental Health Stigma in the Latinx community), Art Activities, Resource Fairs, and Mental Health Comedy Shows by One Degree of Separation. These shows aimed to end the stigma of mental illness by bringing dialogue, awareness, and acceptance for those suffering from depression through laughter and vulnerability. See pages 244-245 for more information about the events provided.

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

Name of Strategy: Communitywide Stigma Reduction & Suicide Prevention Efforts

Agency Name: CalMHSA JPA

Description of Strategy:

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

Financial Report	
Cost per Person:	Unknown due to nature of materials being distributed county-wide
Contract Amount FY 2022/23: \$50,000	Total Expenditures FY 2022/23: \$50,000
Budgeted Amount for FY 2023/24: \$50,000	

For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction PEI approach.

Name of Program: Family and Peer Support Program-Contractor

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

Description of Program:

The NAMI program provides support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as relapse prevention support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness to reduce associated shame and stigma.

Program Performance Measures

Prevention Activities
Unduplicated Individuals Served: 229

Program Indicators	Annual Outcome
Provide support services to a minimum of 225 unduplicated participants to include consumers, family members, and community partners	A total of 229 unduplicated individuals received educational and/or support services.
Provide educational classes and presentations to individuals with mental health illness and their families to include: <ul style="list-style-type: none"> • 5 courses including: “Family-to-Family” (F2F) and “Peer-to-Peer” (P2P). <ul style="list-style-type: none"> ◊ 75% of individuals attending F2F and P2P classes will complete the course in its entirety ◊ At least 75% of those individuals will demonstrate an overall increase in knowledge per the post participant survey. • Provide 13 “In Our Own Voice” (IOOV) presentations • Provide 7 “Ending the Silence” (ETS) in-service presentations for high school aged youth and school personnel 	Provided a total of 4 courses and served a total of 45 unduplicated individuals: <ul style="list-style-type: none"> - F2F/English classes – 25 participants - P2P classes – 20 participants Of the 2 participants that completed a post survey, 100% (26) demonstrated an increase in knowledge on the post survey. Provided 10 IOOV presentations for 88 participants. Provided 8 ETS presentations for 108 participants.
Provide 85 “Connection” recovery support groups for adults living with mental health illness to prevent relapse.	Provided 44 groups of which demographic information was collected for 36 individuals.

Early Intervention Activities
Unduplicated Individual Served: N/A

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

Linkages

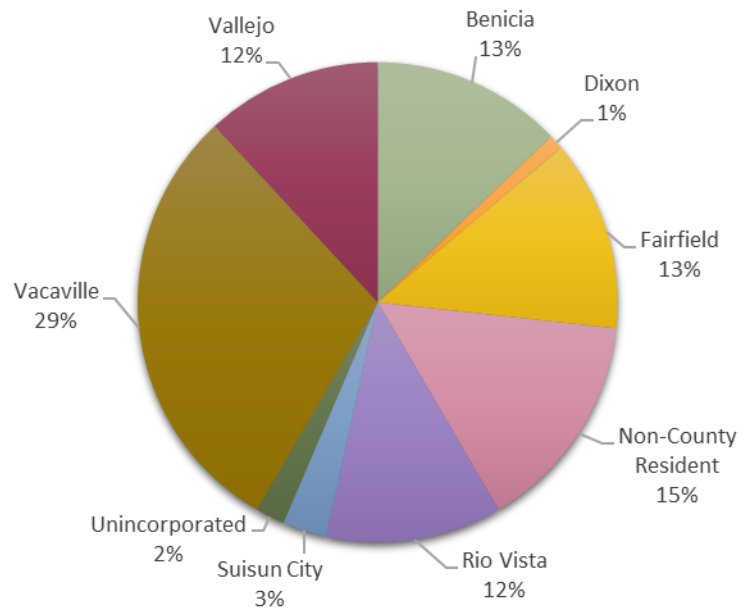
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	18 referrals made
Referrals made to the Solano County BHP.	27 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred.	2 of the individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	4 days

Financial Report

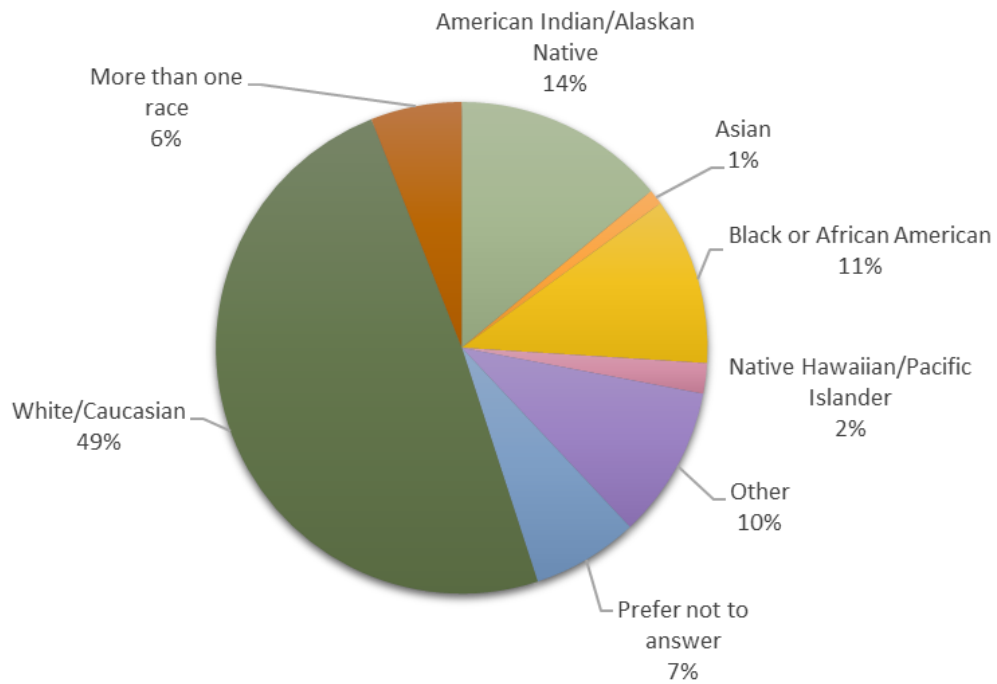
Cost per person for prevention activities	\$944
Contract Amount FY 2022/23: \$296,616	Total Expenditures FY 2022/23: \$216,130
Budgeted Amount for FY 2023/24: \$311,446	

Demographic Breakdown of Outreach Services (demographic surveys collected for 193 individuals attending classes and presentations):

Training Recipients by City of Residence

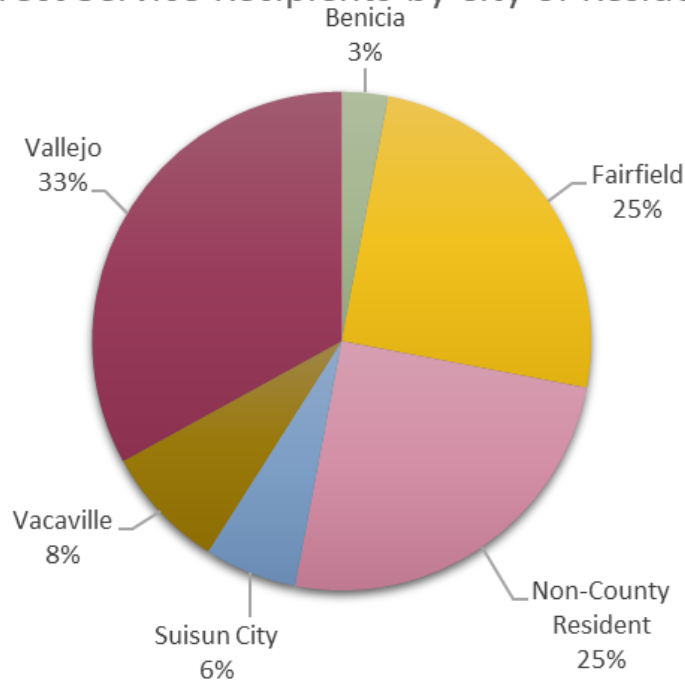


Training Recipients by Race

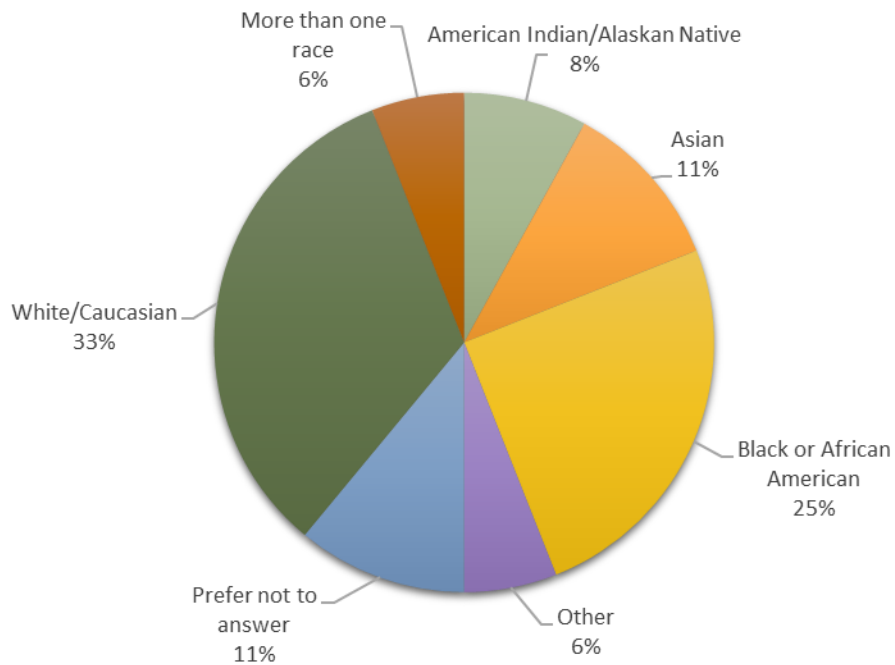


Demographic Breakdown of Direct Services (demographic surveys collected for 36 individuals attending Connections support groups):

Direct Service Recipients by City of Residence



Direct Service Recipients by Race



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			36	193
Age	Direct	Outreach	Ethnicity	Direct
0-15	0%	9%	Caribbean	3%
16-25	14%	28%	Central American	0%
26-59	67%	49%	Mexican/Mexican-American/Chicano	9%
60+	19%	13%	Other Hispanic/Latino	0%
Prefer not to answer	0%	1%	Puerto Rican	0%
Race			South American	3%
American Indian/Alaskan Native	8%	1%	African	20%
Asian	11%	14%	Asian Indian/South Asian	0%
Black or African-American	25%	11%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	2%	Chinese	0%
Other	6%	10%	Eastern European	0%
Prefer not to answer	11%	7%	European	17%
White/Caucasian	33%	49%	Filipino	11%
More than one race	6%	6%	Japanese	0%
Gender At Birth			Korean	0%
Male	14%	29%	Middle Eastern	0%
Female	86%	68%	Other Non-Hispanic/Latino	11%
Prefer not to answer	0%	3%	Vietnamese	0%
Sexual Orientation			Prefer not to answer	14%
Gay	3%	2%	More than one ethnicity	11%
Bisexual	8%	7%	Current Gender Identity	
Heterosexual/straight	75%	66%	Male	14%
Lesbian	0%	2%	Female	83%
Other	6%	5%	Genderqueer	3%
Prefer not to answer	8%	16%	Other	0%
Queer	0%	1%	Prefer not to answer	0%
Questioning/unsure	0%	2%	Questioning/unsure	0%
Veteran Status/Military Services			Transgender	0%
Veteran	0%	4%	Mental Health Symptoms Onset	
Active military	6%	1%	Less than 6 months	0%
Not a veteran/active military/NA	94%	95%	6-12 months	3%
Primary Language (1st Language)			1-4 years	8%
American Sign Language (ASL)	0%	0%	5-9 years	11%
English	83%	83%	Over 10 years ago	53%
Ilocano	0%	0%	Prefer not to answer	8%
Other	0%	2%	Do not have MH symptoms	6%
Prefer not to answer	3%	1%	Unknown/not reported	11%
Spanish	11%	11%	City of Residence	
Tagalog	3%	3%	Benicia	3%
Preferred Language (Used Daily)			Dixon	0%
American Sign Language (ASL)	0%	0%	Fairfield	25%
English	97%	94%	Non-County Resident	25%
Other	3%	1%	Rio Vista	0%
Spanish	0%	5%	Suisun City	6%
Tagalog	0%	1%	Unincorporated	0%
Identify with any of these groups?			Unknown/Not Reported	0%
LGBTQ			Vacaville	8%
Adult/juvenile justice involved			Vallejo	33%
Foster care youth			Disability	
All of above			Difficulty seeing	4%
LGBTQ & justice involved			Hearing/speech	4%
LGBTQ & foster care youth			Other communication disability	0%
Justice involved & foster care youth			Cognitive impairment	13%
Not applicable/not identify			Physical/mobility	9%
Prefer not to answer	N/A	N/A	Chronic physical health condition	4%
Demo info by service type:			No disability	33%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	24%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	7%
			Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	

Highlights & Achievements

- Significantly increased the number of “Ending the Silence” presentations.
- Reached over 2,000 community members during tabling events, providing education about local mental health services and resources.
- Increased the average number of participants for the Connection Support Groups throughout the fiscal year.

Challenges & Barriers

The program continues to experience difficulties retaining volunteers and peer leaders. Although the program offers stipends and has found success with initial engagement for onboarding trainings, they have had difficulty finding consistent facilitators.

Equity Efforts in FY 2023/24

NAMI National, NAMI California and the local NAMI Solano Chapter utilize a peer model in all their programming, meaning individuals with lived experience are facilitators for the P2P classes and the Connections support group; family members of loved one’s living with mental health conditions are facilitators for the F2F classes; and all the presenters for IOOV and ETS program have lived experience. All NAMI classes include sections on addressing how different cultures deal with mental illness in the family. The program has made concerted efforts to recruit bilingual Spanish and Tagalog staff to expand programming for Spanish and Tagalog speaking communities in Solano County. Additionally, the program plans to continue expanding efforts to reach the Black/African American community with the Sharing Hope program to address the lack of information and misconceptions surrounding mental health issues that prevent many members of the African American community from getting the help and support they need.

Changes or Updates Planned for FY 2023/24

There are no changes planned for at this time.

Name of Strategy: Early Childhood Services

Agency Name: First 5 Solano and subcontractors

Description of Strategy:

SCBH and First 5 Solano continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several community-based organizations via sub-contracts with First 5 Solano. Strategies deployed include the provision of parent and caregiver educational workshops utilizing the “Triple P” evidence-based parenting model and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth to 5.

Performance Measures

Prevention Activities

Unduplicated Individuals Served: 4,053
1,867 through activities and 2,186 HMG calls

Strategy Indicators	Annual Outcome
<p>A total of 450 or more <i>Ages and Stages Questionnaire (ASQ)</i> or <i>Ages and Stages Questionnaire Social Emotional (ASQ-SE)</i> screenings will be completed via ongoing invitations through playgroups, workshops, open play, sessions, and referrals.</p> <p>100% of children who are screened “at risk” by the developmental</p>	<p>818 developmental/social-emotional screenings were provided.</p> <p>349 unduplicated individuals were identified as “at risk” on the screening tool and of those 91% (349) of were referred for further assessment.</p>
<p>Provide a minimum of 147 Triple P Level 2 parenting seminars to serve parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>157 Triple P Level 2 parenting seminars were held, serving a total of 832 parent/caregiver participants.</p> <p>100% (832) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Provide Triple P Level 3 one-time parenting sessions for minimum of 232 parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>217 Triple P Level 3 parenting sessions were held, serving a total of 217 parent/caregiver participants.</p> <p>95% (207) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Help Me Grow (HMG) Solano line will accept 1,500 new incoming calls/web/fax requests (new requests for services/resources).</p> <p>90% of families screened who are “at risk” will receive a referral to at least one program/service.</p>	<p>2,186 new requests were made through the HMG line.</p> <p>44% (951) resulted in a referral to at least one program/service.</p>
<p>Provide family navigation services to 450 children who have more than one high risk factor. Ten (10) families with multiple needs or involved with multiple agencies will have a family support meeting and plan to</p>	<p>733 consumers received family navigation services, and of these</p> <p>13 families received a family support meeting.</p>
<p>Provide 12 Parent Cafe peer-to-peer support sessions.</p>	<p>N/A</p>

Early Intervention Activities

Unduplicated Individual Served: 138

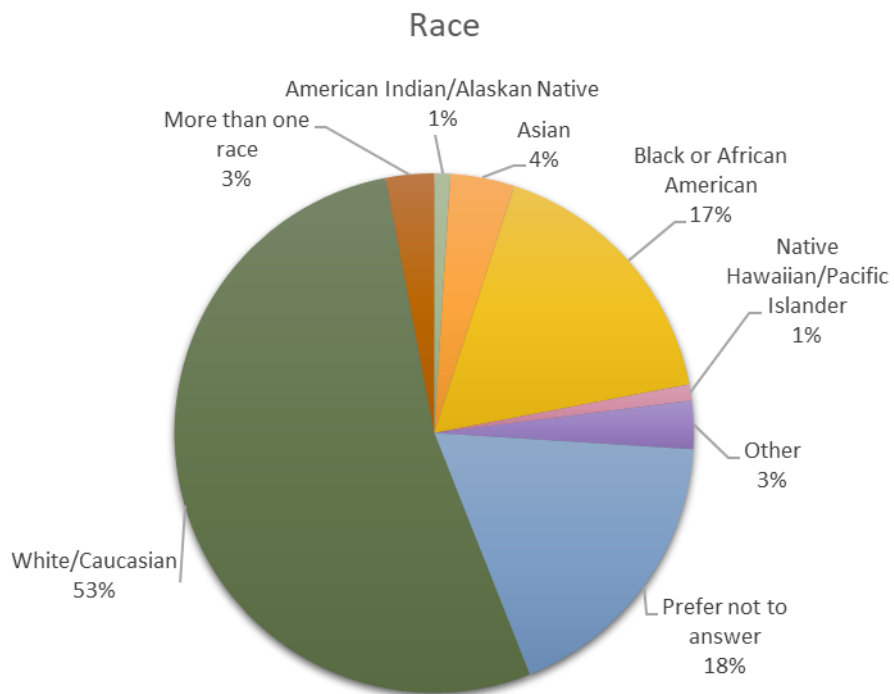
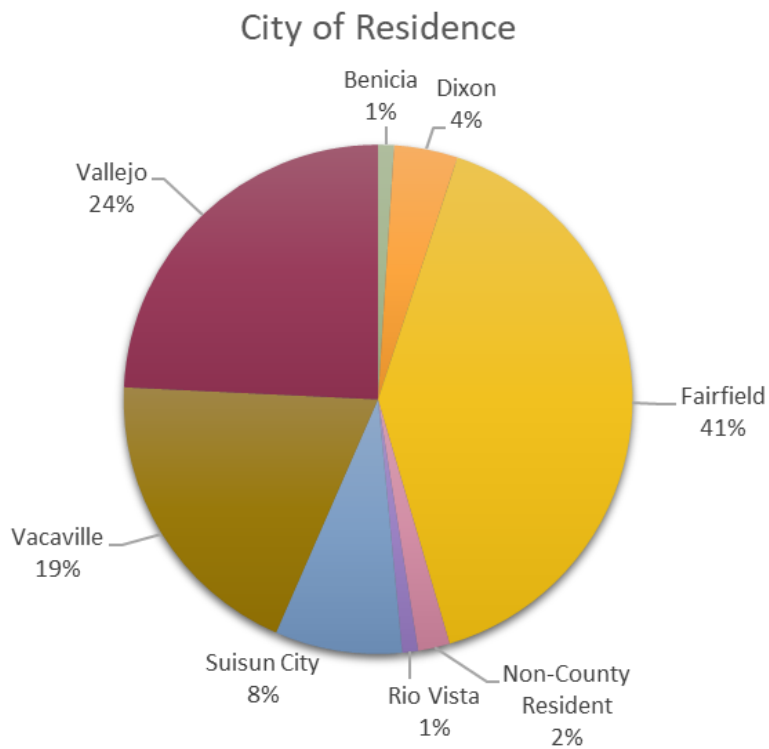
Strategy Indicators	Annual Outcome
<p>Provide Triple P Level 4 Group service. Minimum of 27 8-week sessions.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>34 group sessions were held with 180 families/parents being served thru the Triple P Level 4 groups.</p> <p>98% (177) families/parents demonstrated improved</p>
<p>Provide Triple P Level 4 Standard Individual service. Minimum of 33 10-week sessions.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>41 families/parents were served thru Triple P Level 4 individual services.</p> <p>100% (41) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i>.</p>

Linkage Services	
Total referrals made from HMG referrals log	4319 referrals made <i>A child/family may receive more than one referral and referrals may be made for daycare setting, basic needs, developmental/behavioral health screening, etc.</i>
Referral made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers)	171 referrals made
Referral made to Solano County BHP.	120 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	49 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred	Of the 49 individuals linked it took an average of 21 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$62
Cost per person for early intervention activities*	\$1,829
MOU Amount FY 2022/23: \$591,555 MHSA funds and \$381,555 First 5	Total Expenditures FY 2022/23: \$504,743 in MHSA
Budgeted Amount for FY 2023/24: Total of \$973,110 of which \$591,555 is MHSA funds and \$381,555 is First 5 funds	

*Cost per person reflects MHSA funding only

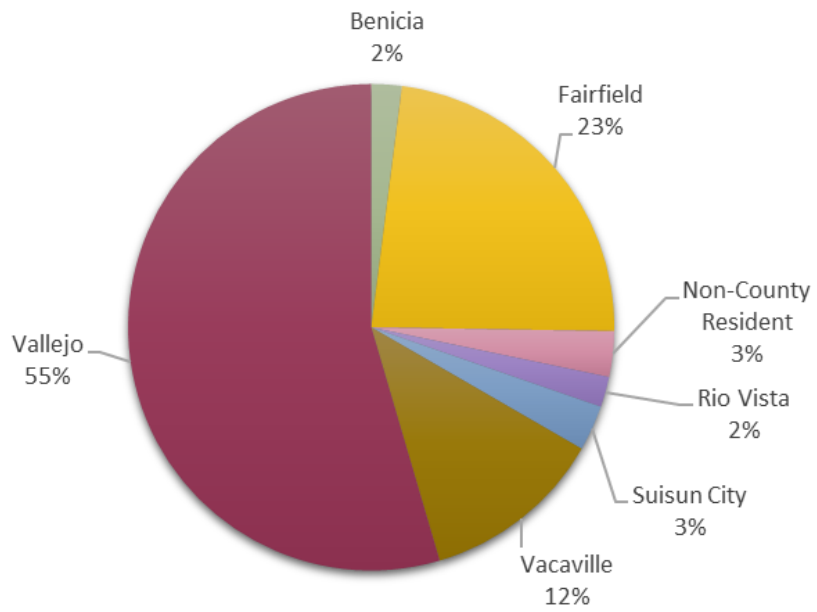
The following charts and table on pages to follow provide demographic data for the individuals who were served by the **Early Childhood Services Strategy**.

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 2,282 individuals):

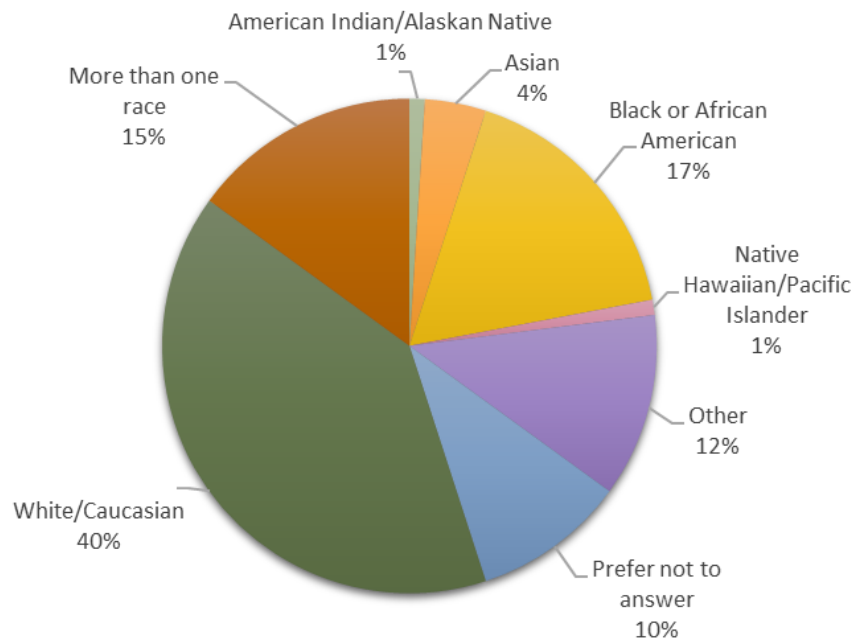


Demographic Breakdown of Direct Services (demographic surveys collected for 776 individuals):

City of Residence



Race



Demographics			Total Individuals Demo Collected:	
	Direct	Outreach	Direct	Outreach
Age			776	2282
0-15	21%	64%		
16-25	14%	5%		
26-59	58%	30%		
60+	6%	1%		
Prefer not to answer	1%	0%		
Race				
American Indian/Alaskan Native	1%	1%		
Asian	4%	4%		
Black or African-American	17%	17%		
Native Hawaiian/Pacific Islander	1%	1%		
Other	12%	3%		
Prefer not to answer	10%	18%		
White/Caucasian	39%	53%		
More than one race	15%	3%		
Gender At Birth				
Male	21%	42%		
Female	78%	57%		
Prefer not to answer	1%	0%		
Sexual Orientation				
Gay	1%	0%		
Bisexual	1%	1%		
Heterosexual/straight	71%	98%		
Lesbian	0%	0%		
Other	5%	0%		
Prefer not to answer	22%	1%		
Queer	0%	0%		
Questioning/unsure	0%	0%		
Veteran Status/Military Services				
Veteran	0%	1%		
Active military	1%	0%		
Not a veteran or not active military	99%	99%		
Primary Language (1st Language)				
American Sign Language (ASL)	0%	0%		
English	73%	70%		
Ilocano	0%	0%		
Other	1%	2%		
Prefer not to answer	3%	0%		
Spanish	22%	27%		
Tagalog	0%	0%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	0%		
English	68%	74%		
Tagalog	0%	0%		
Other	5%	2%		
Spanish	27%	25%		
Identify with any of these groups?				
LGBTQ				
Adult/juvenile justice involved				
Foster care youth				
All of above				
LGBTQ & justice involved				
LGBTQ & foster care youth				
Justice involved & foster care youth				
Not applicable/not identify				
Prefer not to answer	N/A	N/A		
Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event).				
Ethnicity				
Caribbean	0%	0%		
Central American	2%	5%		
Mexican/Mexican-American/Chicano	30%	35%		
Other Hispanic/Latino	8%	5%		
Puerto Rican	0%	0%		
South American	0%	1%		
African	6%	13%		
Asian Indian/South Asian	2%	2%		
Cambodian	0%	0%		
Chinese	0%	1%		
Eastern European	8%	1%		
European	5%	11%		
Filipino	1%	1%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	0%	1%		
Other Non-Hispanic/Latino	14%	10%		
Vietnamese	0%	0%		
Prefer not to answer	7%	1%		
More than one ethnicity	13%	11%		
Current Gender Identity				
Male	21%	43%		
Female	78%	57%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	1%	0%		
Questioning/unsure	0%	0%		
Transgender	0%	0%		
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months	7%			
6-12 months	2%			
1-4 years	1%			
5-9 years	0%			
Over 10 years ago	0%			
Prefer not to answer	2%			
Do not have MH symptoms	73%			
Unknown/not reported	15%	NA		
City of Residence				
Benicia	2%	1%		
Dixon	0%	4%		
Fairfield	23%	40%		
Non-County Resident	3%	2%		
Rio Vista	2%	1%		
Suisun City	3%	8%		
Unincorporated	1%	1%		
Unknown/Not Reported	1%	0%		
Vacaville	12%	19%		
Vallejo	54%	24%		
Disability				
Difficulty seeing	1%	0%		
Difficulty hearing/having speech understood	1%	1%		
Other communication disability	1%	0%		
Cognitive impairment	1%	4%		
Physical/mobility	1%	0%		
Chronic physical health condition	2%	0%		
No disability	86%	87%		
Other disability	0%	3%		
Prefer not to answer	9%	5%		

Highlights & Achievements

- In FY2022/23, 22 new practitioners representing 6 community partners that were trained and received accreditation across multiple levels of Triple P interventions.
- Acknowledgement of Positive Parenting Awareness Month in January 2023 at the California State Assembly and the Solano County Board of Supervisors meeting.
- Community Partners, such as Child Welfare Services and the county Courts have continued to recognize Triple P as a parenting education strategy for families they serve and have referred several of them to the Triple P providers.
- 98% of parents felt that Triple P helped them address specific challenges with their children and even helped improve relationships with other family members.
- Universal Child Developmental Screenings (ASQ & ASQ-SE2) were provided to 818 unduplicated individuals. Of those individuals, 349 children were identified as “at-risk” and 91% were referred to appropriate resources for further follow up.
- Help Me Grow Solano continued to see an increase in calls and provide resources to families accessing the HMG call line receiving 2,186 calls in FY2022/23. HMG Solano continued implementation of an online ASQ screening tool and completed 360 electronic screenings.

Challenges & Barriers

- Early in the fiscal year, one community partner chose to terminate provision of Triple P services in Solano County. In this instance, staffing challenges precluded this partner from being able to provide the targeted number of workshops agreed upon in their contract.
- Although provided completed more than the annual goal for developmental screenings, some families did not return for their child’s next scheduled screening after initial assessment often stating they are too busy to return or they did not feel their child needed further screening due to support provided from other providers (i.e. pediatric visit).
- HMG Solano received more requests for referrals related to housing and homelessness but there were limited resources to connect families to due to shortage of housing resources in the community.

Equity Efforts in FY 2022/23

The organizations contracted by the First 5 Solano Commission funded under this collaborative, have continued to work towards ensuring culturally competent and linguistically appropriate services. In each of the programs, providers have attempted to maintain a minimum of one bi-lingual staff and to offer services (such as Triple P group workshops) to non-English speaking parents.

Changes or Updates Planned for FY 2022/23

No planned changes identified at this time.

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

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

Description of Strategy:

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

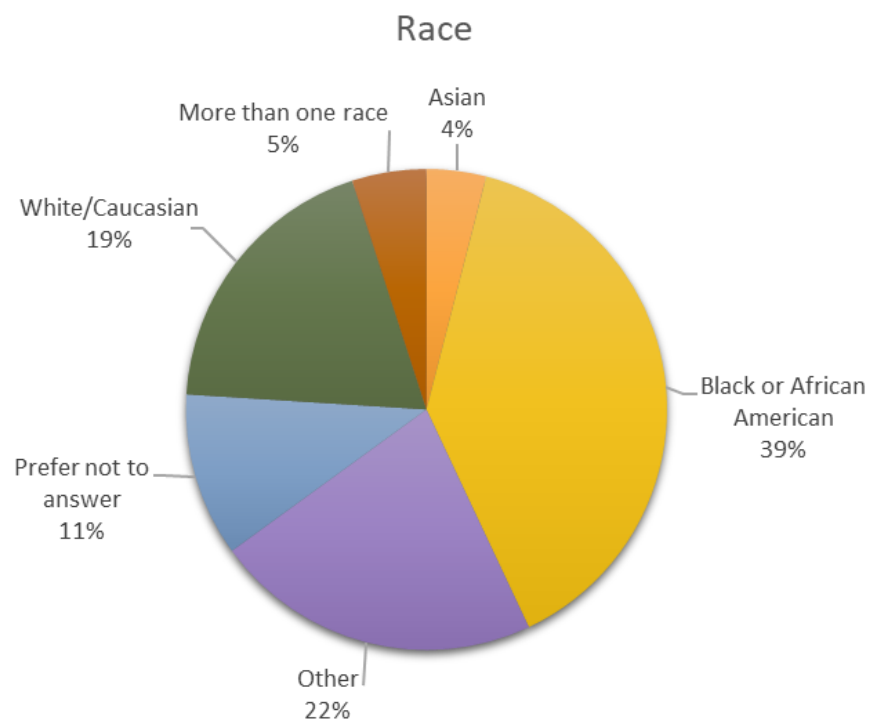
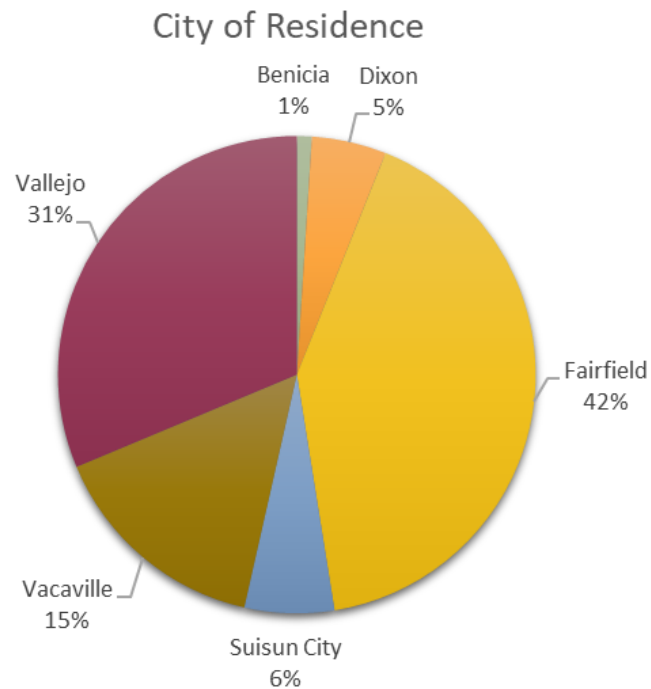
Performance Measures	
Prevention Activities Unduplicated Individuals Served: 81	
Strategy Indicators	Annual Outcomes
Provide mental health screening for a minimum of 95 unduplicated individuals.	A total of 81 consumers received screening services.
Early Intervention Activities Unduplicated Individual Served: 81	
Strategy Indicators	Annual Outcomes
Mothers and Babies (MB) One-to-One intervention and/or Group intervention: 28 unduplicated individuals will receive up to 9 intervention sessions as needed per consumer.	A total of 18 unduplicated individuals received the MB One-to-One intervention and a total of 62 sessions were provided.
Brief Perinatal MH Services/Crisis Intervention: Provide brief intervention activities (6-8 sessions of in-home mental health therapy and crisis support) to 77 unduplicated consumers.	A total of 63 unduplicated consumers received brief intervention services.
70% of MB participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale (EPDS)</i> .	Thirteen consumers completed the EPDS and of those 75% (3) reported a decrease in depression and/or anxiety based on the EPDS.
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale (PSS)</i> .	Thirteen consumers completed the PSS and of those 75% (4) reported a decrease in perceived stress levels as measured by the PSS.
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	0 referrals made
Referrals made to the Solano County BHP.	0 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities*	\$565
Cost per person for early intervention activities*	\$3,199
MOU Amount FY 2022/23: \$325,000 MHSAs funds and \$256,092 Public Health Funds	Total Expenditures FY 2022/23: \$304,844 MHSAs funds
Budgeted Amount for FY 2023/24: \$341,429 MHSAs funds	

*Cost per person reflects MHSAs funding only.

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

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

Demographic Breakdown of Direct Services (demographic surveys collected for 81 individuals):



Program Name:			Total Individuals Demo Collected:		
			Direct	Outreach	
			81	0	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%	#DIV/0!	Caribbean	0%	#DIV/0!
16-25	40%	#DIV/0!	Central American	1%	#DIV/0!
26-59	60%	#DIV/0!	Mexican/Mexican-American/Chicano	30%	#DIV/0!
60+	0%	#DIV/0!	Other Hispanic/Latino	0%	#DIV/0!
Prefer not to answer	0%	#DIV/0!	Puerto Rican	0%	#DIV/0!
Race			South American	1%	#DIV/0!
American Indian/Alaskan Native	0%	#DIV/0!	African	34%	#DIV/0!
Asian	4%	#DIV/0!	Asian Indian/South Asian	0%	#DIV/0!
Black or African-American	40%	#DIV/0!	Cambodian	0%	#DIV/0!
Native Hawaiian/Pacific Islander	0%	#DIV/0!	Chinese	0%	#DIV/0!
Other	22%	#DIV/0!	Eastern European	0%	#DIV/0!
Prefer not to answer	11%	#DIV/0!	European	10%	#DIV/0!
White/Caucasian	19%	#DIV/0!	Filipino	3%	#DIV/0!
More than one race	5%	#DIV/0!	Japanese	0%	#DIV/0!
Gender At Birth			Korean	0%	#DIV/0!
Male	0%	#DIV/0!	Middle Eastern	0%	#DIV/0!
Female	100%	#DIV/0!	Other Non-Hispanic/Latino	0%	#DIV/0!
Prefer not to answer	0%	#DIV/0!	Vietnamese	0%	#DIV/0!
Current Gender Identity			Prefer not to answer	16%	#DIV/0!
Male	0%	#DIV/0!	More than one ethnicity	5%	#DIV/0!
Female	98%	#DIV/0!	Mental Health Symptoms Onset		
Genderqueer	0%	#DIV/0!	Less than 6 months	16%	NA
Other	0%	#DIV/0!	6-12 months	38%	
Prefer not to answer	2%	#DIV/0!	1-4 years	24%	
Questioning/unsure	0%	#DIV/0!	5-9 years	9%	
Transgender	0%	#DIV/0!	Over 10 years ago	9%	
Sexual Orientation			Prefer not to answer	1%	
Gay	0%	#DIV/0!	Do not have MH symptoms	0%	
Bisexual	7%	#DIV/0!	Unknown/not reported	4%	
Heterosexual/straight	84%	#DIV/0!	Preferred Language (Used Daily)		
Lesbian	0%	#DIV/0!	American Sign Language (ASL)	0%	#DIV/0!
Other	0%	#DIV/0!	English	78%	#DIV/0!
Prefer not to answer	9%	#DIV/0!	Other	0%	#DIV/0!
Queer	0%	#DIV/0!	Spanish	23%	#DIV/0!
Questioning/unsure	0%	#DIV/0!	Tagalog	0%	#DIV/0!
Primary Language (1st Language)	Direct	Outreach	Disability		
American Sign Language (ASL)	0%	#DIV/0!	Difficulty seeing	1%	#DIV/0!
English	75%	#DIV/0!	Hearing/speech	1%	#DIV/0!
Ilocano	0%	#DIV/0!	Other communication disability	1%	#DIV/0!
Other	0%	#DIV/0!	Cognitive impairment	6%	#DIV/0!
Prefer not to answer	1%	#DIV/0!	Physical/mobility	0%	#DIV/0!
Spanish	24%	#DIV/0!	Chronic physical health condition	5%	#DIV/0!
Tagalog	0%	#DIV/0!	No disability	79%	#DIV/0!
City of Residence			Other disability	3%	#DIV/0!
Benicia	1%	#DIV/0!	Prefer not to answer	3%	#DIV/0!
Dixon	5%	#DIV/0!	Veteran Status/Military Services		
Fairfield	41%	#DIV/0!	Veteran	0%	#DIV/0!
Non-County Resident	0%	#DIV/0!	Active military	1%	#DIV/0!
Rio Vista	0%	#DIV/0!	Not a veteran/active military/NA	99%	#DIV/0!
Suisun City	6%	#DIV/0!	Special Cultural Considerations:		
Unincorporated	1%	#DIV/0!			
Unknown/Not Reported	0%	#DIV/0!			
Vacaville	15%	#DIV/0!			
Vallejo	31%	#DIV/0!			

Highlights & Achievements

- Added a bilingual Spanish Mental Health Clinician, which helped provide equitable access with in-home and virtual services for Spanish speaking consumers.
- Provided mental health services to 63 consumers and screened 81 individuals
- Offered flexible in-home therapy and consistent referrals to community resources.
- Consumers reported reduced maternal depression, anxiety, and stress.
- Participated in Mental Health Awareness Month activities.
- Developed Solano County Board resolution for World Maternal Mental Health Day
- Increased awareness via social media and shared resources with community partners.

Challenges & Barriers

- The continued impacts of the COVID-19 pandemic including housing and financial stress.
- High social service needs diverted focused from mental health to basic needs and crisis interventions.
- Social Worker III vacancy delayed new services.
- Cancelled Spanish Mothers and Babies groups due to low attendance.
- Limited staffing hindered group facilitation.

Equity Efforts in FY 2022/23

The PPMS team has diverse staff providing culturally and linguistically appropriate services. The program continues to offer Spanish speaking mothers and babies group. The team added a bilingual and bicultural mental health clinician. Staff also attended various trainings on diversity, disparities, and best practices in maternal mental health.

Changes or Updates Planned for FY 2023/24

For FY 2023/24 a second mental health clinician will be added to the MCAH team, who is also bi-cultural and bilingual English/Spanish speaking. The budget was increased to support increased staff and support program expenses.

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

Agency Name: Solano Pride Center

Description of Program:

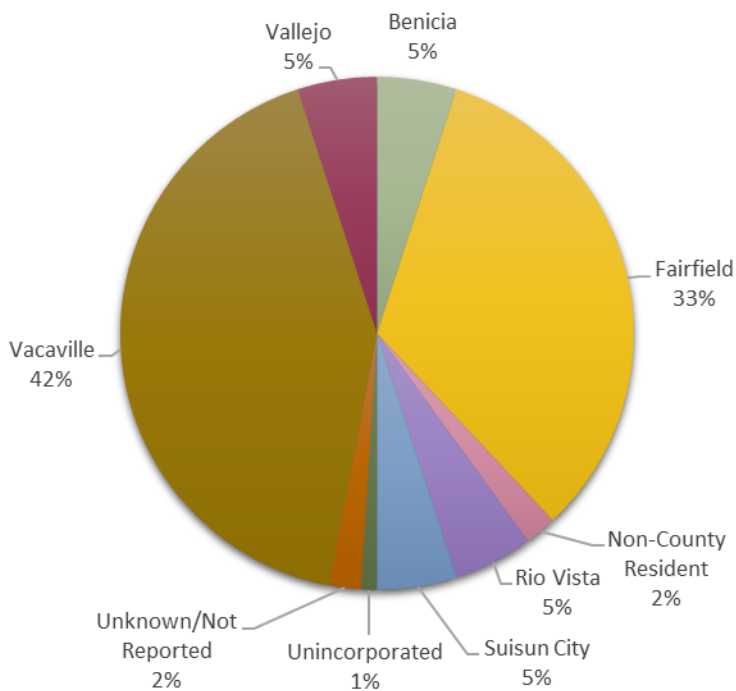
Solano Pride Center is a community-based organization that provides a social support program designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ+ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one’s identity. The program provides education to the community, social/support groups for LGBTQ individuals, and brief counseling for LGBTQ consumers with mild to moderate mental health conditions.

Program Performance Measures	
Prevention Activities Individuals Served: 650 (may not be unduplicated)	
Program Indicators	Annual Outcome
Reach an annual minimum of 500 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 46 outreach and education activities were offered with a total of 650 participants.
Collaborate with 15 Solano County schools to engage in the “Welcoming Schools” program to provide education and trainings in the schools to promote LBGTQ+ inclusive schools and prevent bullying.	Collaborated with 6 local schools.
Reach an annual minimum of 90 unduplicated consumers through social activities and support groups.	A total of 49 unduplicated consumers were served.
A minimum of 75% of individuals receiving social/support group prevention services shall demonstrate improved functioning on the <i>Quality of Life (QoL) Scale</i> by endorsing feeling supported and learning new tools as a result of the groups.	A total of 43 unduplicated consumers completed the <i>QoL</i> tool and 100% (32) reported feeling supported and learning tools as a result of the groups.
Early Intervention Activities Unduplicated Individuals Served: 26	
Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 55 unduplicated consumers.	A total of 32 unduplicated consumers received two or more counseling sessions.
75% of consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> administered at intake and discharge as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	A total of 81% (23) of consumers who completed a follow-up <i>QoL</i> during the reporting period showed improvement in functioning.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County BHP.	1 referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	0
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	\$255
Cost per person for early intervention activities	\$3,003
Contract Amount FY 2022/23: \$250,000	Total Expenditures FY 2022/23: \$243,998
Budgeted Amount for FY 2023/24: \$262,500	

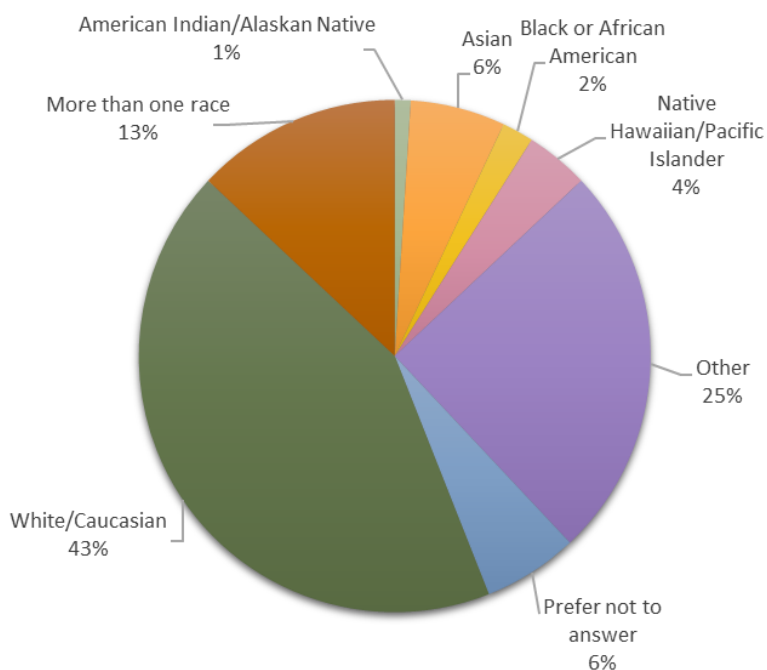
The following charts and table provide demographic data for the individuals who were served by the **LGBTQ+ Outreach & Access Program**:

Demographic Breakdown of Outreach/Training Services (demographic surveys collected for 129 individuals):

Outreach & Training by City of Residence

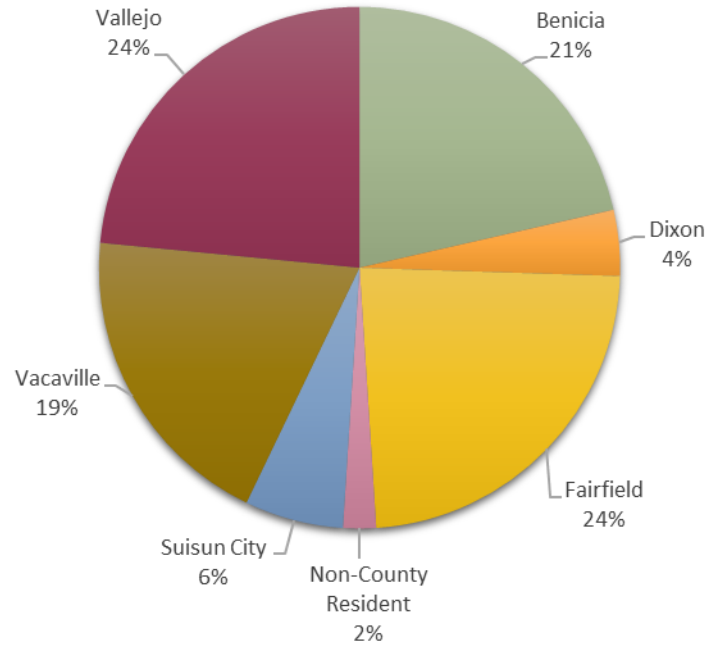


Outreach & Training by Race

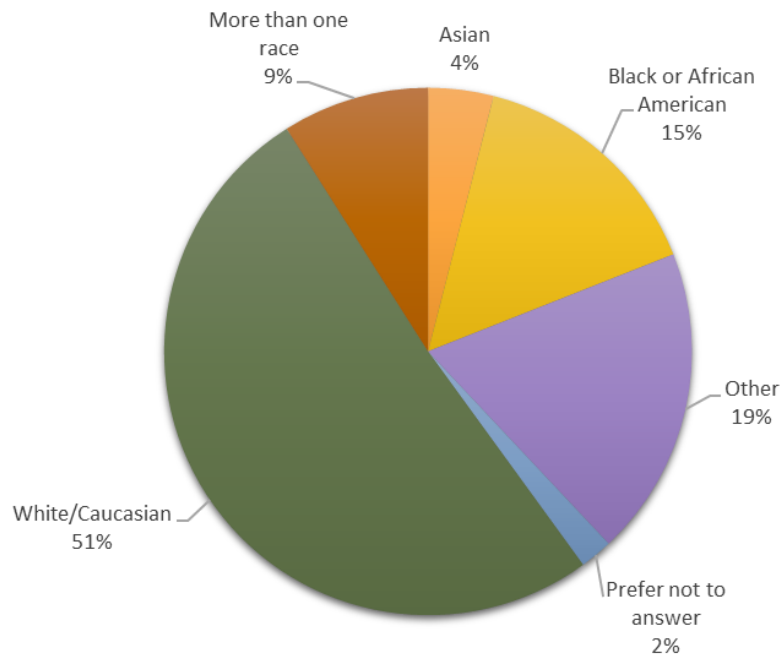


Demographic Breakdown of Direct Services (demographic surveys collected for 47 individuals):

Direct Service Recipients by City of Residence



Direct Service Recipients by Race



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			47	129	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	17%	38%	Caribbean	0%	0%
16-25	38%	23%	Central American	2%	3%
26-59	38%	29%	American/Chicano	23%	22%
60+	6%	8%	Other Hispanic/Latino	0%	2%
Prefer not to answer	0%	2%	Puerto Rican	2%	1%
Race			South American	4%	1%
American Indian/Alaskan Native	0%	1%	African	11%	5%
Asian	4%	6%	Asian Indian/South Asian	0%	1%
Black or African-American	15%	4%	Cambodian	0%	1%
Native Hawaiian/Pacific Islander	0%	2%	Chinese	0%	0%
Other	19%	25%	Eastern European	2%	2%
Prefer not to answer	2%	6%	European	13%	9%
White/Caucasian	51%	43%	Filipino	4%	5%
More than one race	9%	13%	Japanese	0%	0%
Gender At Birth			Korean	2%	0%
Male	38%	35%	Middle Eastern	4%	2%
Female	53%	53%	Other Non-Hispanic/Latino	0%	2%
Prefer not to answer	9%	12%	Vietnamese	0%	0%
Sexual Orientation			Prefer not to answer	28%	40%
Gay	15%	7%	More than one ethnicity	4%	6%
Bisexual	23%	21%	Current Gender Identity		
Heterosexual/straight	19%	20%	Male	28%	30%
Lesbian	11%	5%	Female	28%	33%
Other	13%	12%	Genderqueer	4%	5%
Prefer not to answer	2%	16%	Other	6%	9%
Queer	13%	10%	Prefer not to answer	4%	4%
Questioning/unsure	4%	10%	Questioning/unsure	4%	5%
Veteran Status/Military Services			Transgender	26%	15%
Veteran	2%	3%	Mental Health Symptoms Onset		
Active military	0%	1%	Less than 6 months	0%	
Not a veteran/active military/NA	98%	96%	6-12 months	0%	
Primary Language (1st Language)			1-4 years	0%	
American Sign Language (ASL)	0%	0%	5-9 years	0%	
English	100%	91%	Over 10 years ago	0%	
Ilocano	0%	0%	Prefer not to answer	0%	
Other	0%	0%	Do not have MH symptoms	0%	
Prefer not to answer	0%	1%	Unknown/not reported	100%	NA
Spanish	0%	8%	City of Residence		
Tagalog	0%	0%	Benicia	21%	5%
Preferred Language (Used Daily)			Dixon	4%	0%
American Sign Language (ASL)	0%	1%	Fairfield	23%	33%
English	100%	96%	Non-County Resident	2%	5%
Other	0%	0%	Rio Vista	0%	2%
Spanish	0%	3%	Suisun City	6%	5%
Tagalog	0%	0%	Unincorporated	0%	1%
Demo info by service type:			Unknown/Not Reported	0%	2%
<u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	19%	42%
<u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	23%	5%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability		
Significant cultural considerations:			Difficulty seeing	2%	9%
1. Increased representation of various groups in race.			Hearing/speech	4%	1%
2. Diverse demographic across prevention and early intervention services.			Other communication disability	0%	3%
3. No request for translation services but do offer.			Cognitive impairment	0%	4%
4. Trans nonbinary caseload increased.			Physical/mobility	2%	3%
5. True and consist gender reporting.			Chronic physical health condition	0%	4%
6. Low demand for use of Language Link.			No disability	83%	61%
			Other disability	9%	3%
			Prefer not to answer	0%	0%

Highlights & Achievements

- Transgender nonbinary support group has been growing.
- Rainbow Senior collaboration with Faith in Action has good outcome.
- Solano Pride is serving as a gender affirming resource for the greater Bay Area counties.

Challenges & Barriers

Referrals have been coming through various outreach efforts and organizations but not consistent.

Equity Efforts in FY 2022/23

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

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

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

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

This particular MHSA funded program is delivered by four different community partners.

New Strategy Starting FY 2022/23

Agency Name: Solano County Office of Education (SCOE) - School Based Mobile Crisis

Description of Program:

SCBH funds one mental health clinician for the Solano County Office of Education (SCOE) School Based Mobile Crisis program. The program provides local education agencies (LEAs) school districts and schools sites with school based direct mental health services for students including screenings, assessment, and crisis intervention. In addition, the program provides training and technical assistance on suicide prevention, screening for mental health, crisis protocols, etc.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 0	
Program Indicators	Annual Outcomes
Provide training and technical assistance on suicide prevention, screening for mental health, and crisis protocols.	0 trainings were provided during the fiscal year.
Early Intervention Activities Unduplicated Individual Served: 71	
Program Indicators	Annual Outcomes
Provide crisis intervention services for 50 unduplicated students.	A total of 71 students received crisis intervention services.
Complete screenings for students identified to be at risk of dropping out.	A total of 2 students at risk of dropping out were assessed.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Information is unavailable at this time.
Referrals made to the Solano County BHP.	Information is unavailable at this time.
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Information is unavailable at this time.
Timely access to services: the average interval between referral and participation in services to which referred.	Average days: N/A
Financial Report	
Cost per person for prevention activities	\$0.00
Cost per person for early intervention activities	\$1,795
Contract Amount FY 2022/23: \$143,656	Total Expenditures FY 2022/23: \$127,443.06
Budgeted Amount for FY 2023/24: \$184,230	

No demographic data available for this strategy at this time.

Changes or Updates Planned for FY 2023/24

No planned changed identified at this time.

Agency Name: A Better Way (ABW)

Description of Program:

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

Program Performance Measures

Prevention Activities
Unduplicated Individuals Served: 188

Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 400 school personnel, parents/caretakers, and students.	A total of 188 individuals received a prevention service.
Provide 9 trainings/consultation services for school personnel in participating school districts.	A total of 1 training was provided with a total of 40 participants.
Provide 5 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 2 trainings were provided with a total of 17 participants.
Schedule a minimum of 28-33 student workshops in total for the 2022/23 school year	A total of 24 workshops were provided with a total of 134 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.	A total of 143 participants were administered both a pre/post survey and of those 100% (143) showed increased knowledge in the training/workshop topic.

Early Intervention Activities
Unduplicated Individual Served: 121

Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 215 students.	A total of 86 youth received an assessment.
Provide brief counseling for 3-5 months for students as needed.	A total of 137 youth received treatment services. <i>A number of the youth receiving counseling were carryovers from the prior school year.</i>
At least 75% of the children/youth who receive mental health treatment services will show improvement on a <i>Quality of Life Scale</i> or other measure.	Of the 137 students receiving counseling services, 153 students were administered both a pre/post measure during the reporting period and of those 62% (52) showed improvement in symptoms.

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	5 referrals made
Referrals made to the Solano County BHP.	2 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	0 individual were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Average days: N/A

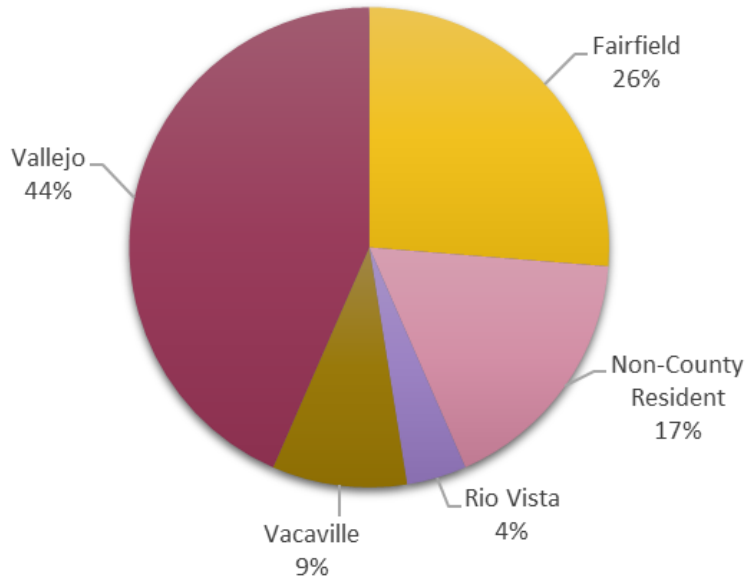
Financial Report

Cost per person for prevention activities	\$ 337
Cost per person for early intervention activities	\$8,195
Contract Amount FY 2022/23: \$1,800,000	Total Expenditures FY 2022/23: \$1,054,834
Budgeted Amount for FY 2023/24: \$1,900,000	

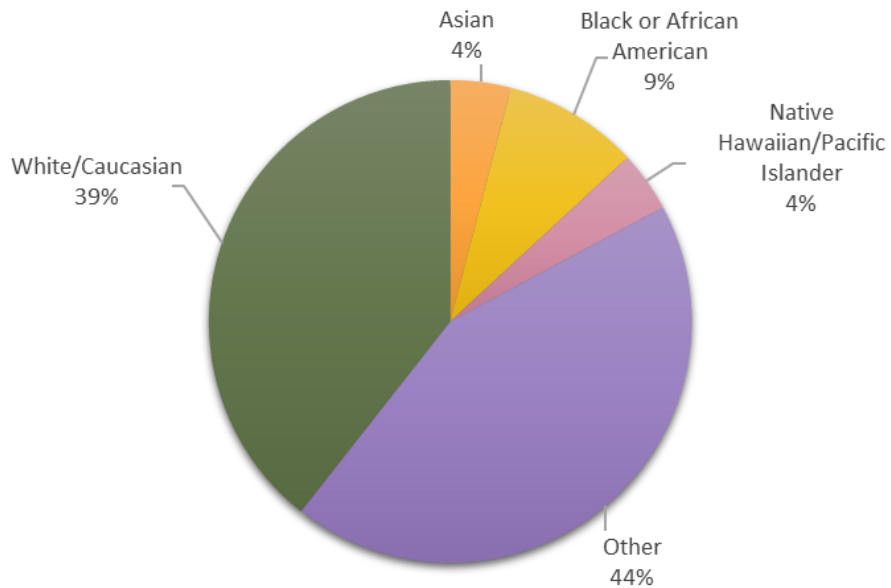
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by A Better Way**:

Demographic Breakdown of Training Services (demographic surveys collected for 23 individuals):

Training Participants by Race

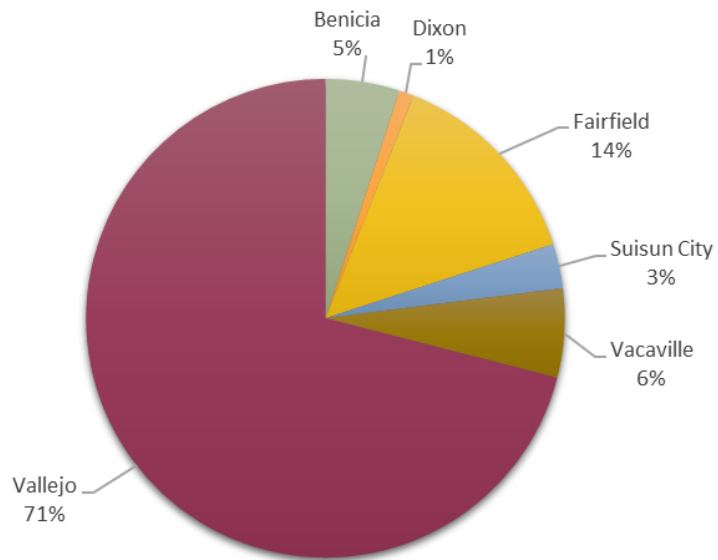


Training Participants by Race

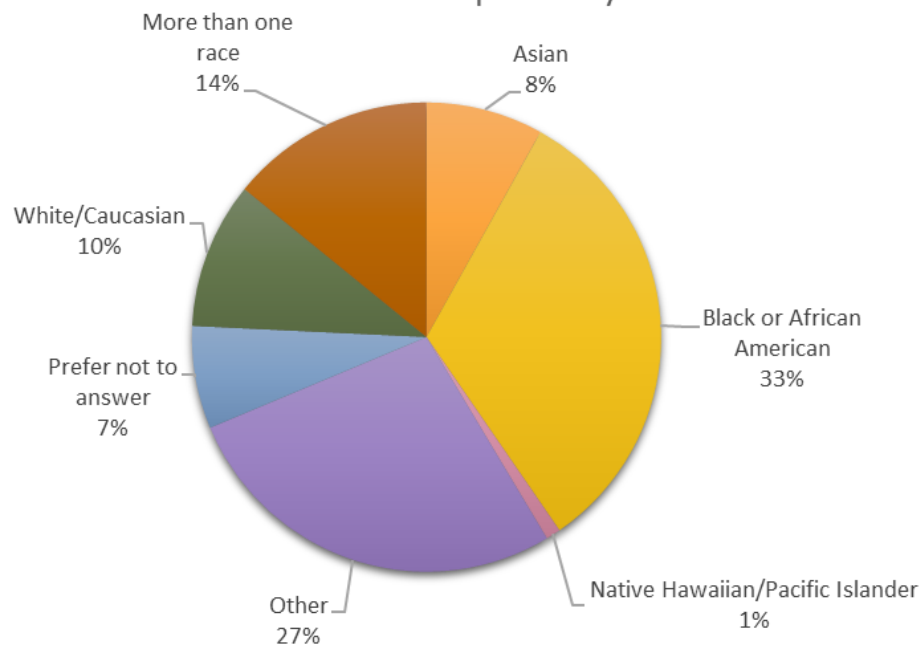


Demographic Breakdown of Direct Services (demographic surveys collected for 231 individuals who participated in student workshops and/or individual therapy):

Direct Service Recipients by Race



Direct Service Recipients by Race



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
Age	Direct	Outreach	231	23
0-15	85%	4%	Ethnicity	Direct
16-25	15%	4%	Caribbean	0%
26-59	0%	78%	Central American	0%
60+	0%	13%	American/Chicano	23%
Prefer not to answer	0%	0%	Other Hispanic/Latino	3%
Race			Puerto Rican	0%
American Indian/Alaskan Native	0%	0%	South American	0%
Asian	8%	4%	African	32%
Black or African-American	32%	9%	Asian Indian/South Asian	0%
Native Hawaiian/Pacific Islander	1%	4%	Cambodian	0%
Other	27%	43%	Chinese	0%
Prefer not to answer	7%	0%	Eastern European	0%
White/Caucasian	10%	39%	European	11%
More than one race	14%	0%	Filipino	9%
Gender At Birth			Japanese	0%
Male	45%	30%	Korean	0%
Female	55%	70%	Middle Eastern	0%
Prefer not to answer	0%	0%	Other Non-Hispanic/Latino	0%
Sexual Orientation			Vietnamese	0%
Gay	0%	0%	Prefer not to answer	7%
Bisexual	1%	4%	More than one ethnicity	14%
Heterosexual/straight	86%	87%	Current Gender Identity	
Lesbian	0%	4%	Male	45%
Other	0%	0%	Female	54%
Prefer not to answer	10%	4%	Genderqueer	0%
Queer	1%	0%	Other	0%
Questioning/unsure	1%	0%	Prefer not to answer	0%
Veteran Status/Military Services			Questioning/unsure	0%
Veteran	0%	0%	Transgender	0%
Active military	0%	0%	Mental Health Symptoms Onset	
Not a veteran/active military/NA	100%	100%	Less than 6 months	7%
Primary Language (1st Language)			6-12 months	6%
American Sign Language (ASL)	0%	0%	1-4 years	19%
English	98%	74%	5-9 years	2%
Ilocano	0%	0%	Over 10 years ago	1%
Other	0%	4%	Prefer not to answer	2%
Prefer not to answer	0%	0%	Do not have MH symptoms	3%
Spanish	1%	22%	Unknown/not reported	58%
Tagalog	1%	0%	City of Residence	
Preferred Language (Used Daily)			Benicia	5%
American Sign Language (ASL)	0%	0%	Dixon	1%
English	100%	83%	Fairfield	14%
Other	0%	0%	Non-County Resident	0%
Spanish	0%	17%	Rio Vista	0%
Tagalog	0%	0%	Suisun City	3%
Demo info by service type:			Unincorporated	0%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Unknown/Not Reported	0%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vacaville	6%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Vallejo	71%
Significant cultural considerations:			Disability	
1. Sexual orientation reporting appears to be concentrated.			Difficulty seeing	0%
2. High number of unknow/not reported for MH Sxs Onset.			Hearing/speech	1%
3. Gradually capturing more actual reflection of sexual orientation.			Other communication disability	0%
			Cognitive impairment	0%
			Physical/mobility	0%
			Chronic physical health condition	0%
			No disability	99%
			Other disability	0%
			Prefer not to answer	0%

Highlights & Achievements

- The school-based staff were able to return to school sites and be co-located full time. A Better Way returned to serving students on site and providing in person support with co-location to schools, group workshops, back to school nights, and teacher trainings.
- With support of the Program Director there was continued collaboration with school sites and personnel to support with continued flow of referrals, understanding of mental health supports and referral needs.
- A note to highlight is that we started this fiscal year with less than full staffing and lost senior staff this year. That said, our staff rallied to support their schools, provide trainings to parents and schools and were able to provide a remarkable 24 student workshops with 3.2 FTE staffing.

Challenges & Barriers

- Hiring has been a challenge especially in filling the supervisor position.
- One of the newer challenges for this year was the adjustment of school allocations to serve in a more equitable fashion due to the staffing challenges and current staffing crisis in the mental health field. Clinicians reported challenges with being co-located across schools due to co-location of up to 4 school sites which is a change from previous years and learning to build relationships across sites as well as collaborating with more schools.
- Parents were not as motivated to have students engage in therapy as compared to peak COVID times with current continued low parent participation and declining of services.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

Agency Name: Rio Vista CARE, Inc .

Description of Program:

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

Program Performance Measures

**Prevention Activities
Unduplicated Individuals Served: 258**

Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 85 students, school personnel and parents.	A total of 258 individuals received a prevention service.
Provide a minimum of three trainings for school personnel at each assigned school site.	A total of 9 trainings were provided with a total of 71 participants.
Provide a minimum of two trainings for parents/caretakers at each assigned school site.	4 virtual districtwide trainings were provided with a total of 16 participants.
Provide a minimum of three student workshops at each assigned school site.	A total of 22 workshops were provided for a total of 162 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 82 participants were administered both a pre/post survey and of those 95% (78) demonstrated increased knowledge.
75% of student workshop participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 151 post surveys were collected from students and of those 91% (138) demonstrated increased knowledge on the workshop topic.

**Early Intervention Activities
Unduplicated Individual Served: 38**

Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 35 students.	A total of 35 youth received an assessment.
Provide brief counseling treatment services for a minimum of 24 children/youth.	A total of 23 youth received treatment services.
At least 75% of the students who receive short-term mental health treatment will show improvement in overall score on an assessment tool which may include the <i>Quality of Life (QoL) Scale</i> or the <i>Child and Adolescent Needs and Strengths (CANS)</i> tool.	A total of 23 students received brief treatment services. Of those, 22 completed the pre/post outcome measure during the reporting period, with 95% (21) having shown improvement in functioning and symptoms.

Linkage Services

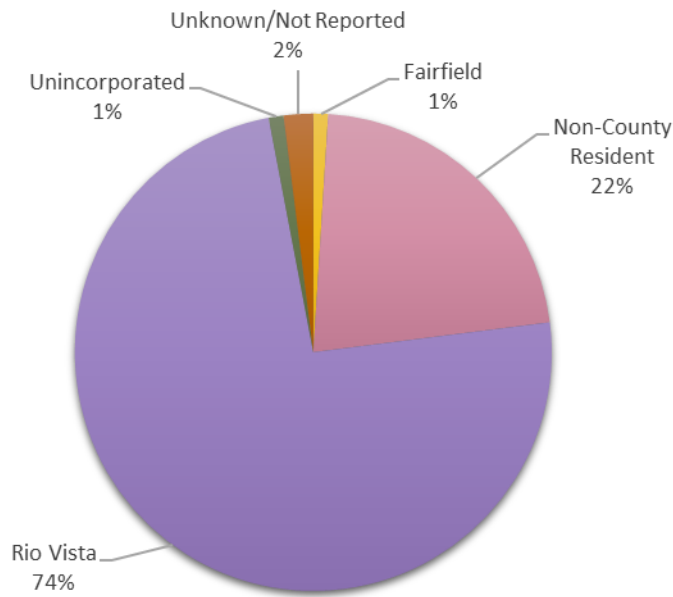
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	8 referrals made
Referrals made to the Solano County BHP.	8 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	8 individuals were successfully linked
Timely access to services: the average interval between referral and	Average of 12.25 days

Financial Report	
Cost per person for prevention activities	\$48
Cost per person for early intervention activities	\$2,904
Contract Amount FY 2022/23: \$160,000	Total Expenditures FY 2022/23: \$122,598
Budgeted Amount for FY 2023/24: \$160,733	

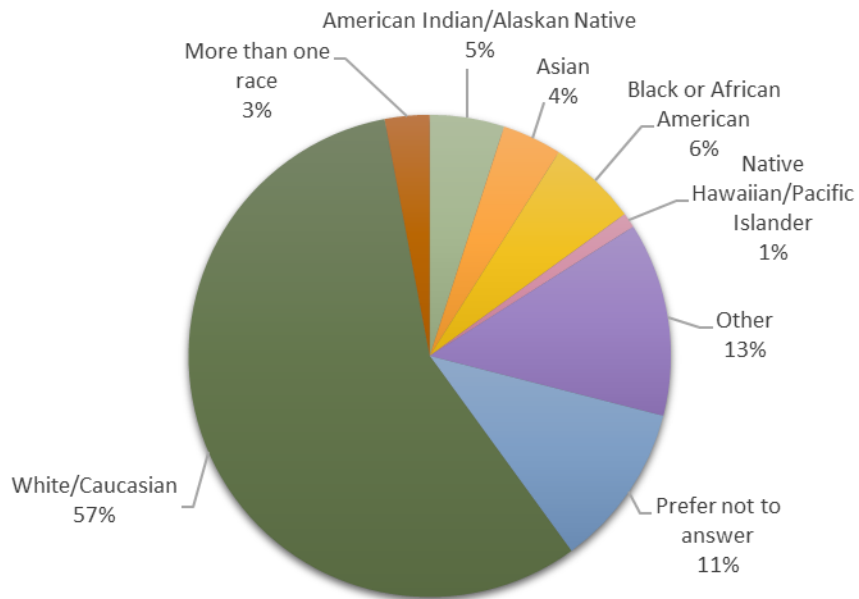
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by Rio Vista CARE:**

Demographic Breakdown of Training Services (demographic surveys collected for 238 individuals):

Training Recipients by City of Residence

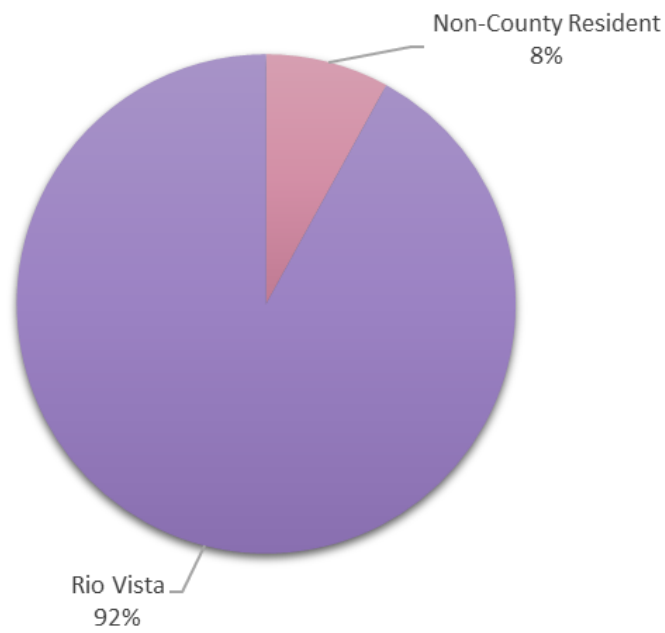


Training Participants by Race

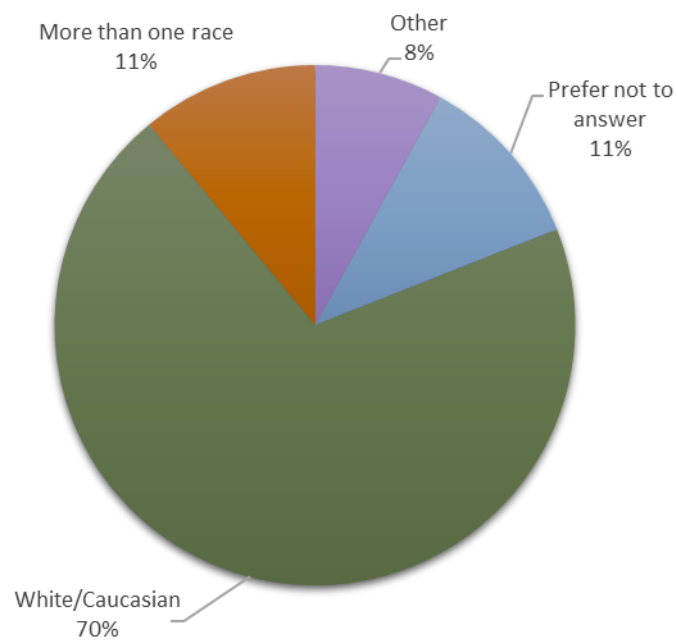


Demographic Breakdown of Direct Services (demographic surveys collected for 37 individuals who participated in student workshops and/or individual therapy):

Direct Service by City of Residence



Direct Service by Race



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
Age	Direct	Outreach		
0-15	78%	49%		
16-25	22%	17%		
26-59	0%	25%		
60+	0%	3%		
Prefer not to answer	0%	6%		
Race				
American Indian/Alaskan Native	0%	5%		
Asian	0%	4%		
Black or African-American	0%	6%		
Native Hawaiian/Pacific Islander	0%	1%		
Other	8%	13%		
Prefer not to answer	11%	11%		
White/Caucasian	70%	57%		
More than one race	11%	3%		
Gender At Birth				
Male	59%	45%		
Female	41%	47%		
Prefer not to answer	0%	7%		
Sexual Orientation				
Gay	0%	2%		
Bisexual	3%	2%		
Heterosexual/straight	84%	52%		
Lesbian	0%	1%		
Other	0%	0%		
Prefer not to answer	11%	44%		
Queer	0%	0%		
Questioning/unsure	3%	0%		
Veteran Status/Military Services				
Veteran	0%	0%		
Active military	0%	1%		
Not a veteran/active military/NA	100%	99%		
Primary Language (1st Language)				
American Sign Language (ASL)	0%	0%		
English	95%	87%		
Ilocano	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	6%		
Spanish	5%	6%		
Tagalog	0%	1%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	0%		
English	97%	92%		
Other	0%	5%		
Spanish	3%	2%		
Tagalog	0%	0%		
Demo info by service type: <u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop. <u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%. Significant cultural considerations: 1. The racial service percentage is in line with Rio Vista Care's population. 2. More students are sharing a mix of sexual orientation. 3. DHW-students grades 1-4 challenged reporting demographic: gender/identity, ethnicity, living region etc.				
Ethnicity	Direct	Outreach		
Caribbean	0%	0%		
Central American	0%	1%		
American/Chicano	27%	16%		
Other Hispanic/Latino	3%	9%		
Puerto Rican	3%	2%		
South American	0%	0%		
African	0%	3%		
Asian Indian/South Asian	0%	1%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	3%		
European	3%	8%		
Filipino	0%	4%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	0%	0%		
Other Non-Hispanic/Latino	38%	16%		
Vietnamese	0%	0%		
Prefer not to answer	22%	31%		
More than one ethnicity	5%	6%		
Current Gender Identity				
Male	59%	35%		
Female	38%	35%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	3%	30%		
Questioning/unsure	0%	0%		
Transgender	0%	0%		
Mental Health Symptoms Onset				
Less than 6 months	19%			
6-12 months	11%			
1-4 years	19%			
5-9 years	3%			
Over 10 years ago	3%			
Prefer not to answer	11%			
Do not have MH symptoms	8%			
Unknown/not reported	25%	NA		
City of Residence				
Benicia	0%	0%		
Dixon	0%	0%		
Fairfield	0%	1%		
Non-County Resident	8%	22%		
Rio Vista	92%	74%		
Suisun City	0%	0%		
Unincorporated	0%	2%		
Unknown/Not Reported	0%	1%		
Vacaville	0%	0%		
Vallejo	0%	0%		
Disability				
Difficulty seeing	3%	0%		
Hearing/speech	3%	0%		
Other communication disability	0%	0%		
Cognitive impairment	0%	0%		
Physical/mobility	0%	0%		
Chronic physical health condition	0%	1%		
No disability	95%	55%		
Other disability	0%	0%		
Prefer not to answer	0%	42%		

Highlights & Achievements

- MHSA clinician Built some very good and strong relationships with the school personnel, making access to being able to attend staff meetings and student workshops at school locations.
- During the fiscal year MHSA Clinician was able to maintain a steady and full case load, while completing full assessments and referral.
- Rio vista CARE became partners with a non-profit organization, 1st step, a resource for youth around SI and mental health services. This partnership was with 1st step, school superintendent, city youth center, and school personnel and school board.

Challenges & Barriers

- Rio Vista CARE noticed that some of the junior high and high school youth did not have a place to go with positive influence after school. Rio Vista CARE applied for a grant through Kaiser to have an afterschool program with groups, homework assistance, resume building, job search, vocational school research and applied for the grant for the next FY as well.
- The program had challenges with connecting with parents for parent training. A MHSA clinician continues to build rapport with school to help with parent connections.
- The program also met with another agency referred by county to collaborate idea about connecting to parents.

Equity Efforts in FY 2022/23

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

Changes or Updates Planned for FY 2023/24

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

Agency Name : Solano County Office of Education (SCOE)

Description of Program:

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

Program Performance Measures

Prevention Activities
Individuals Served: 1,701 (may not be unduplicated)

Program Indicators	Annual Outcome
Provide a minimum of 20 trainings for school personnel for participating school districts.	A total of 23 trainings were provided with a total of <u>372</u> participants.
Provide a minimum of 8 trainings/ engagement activities for parents/caregivers for participating school districts.	A total of 9 parent/caregiver trainings were provided with a total of 66 participants.
Provide 10 trainings (<i>ASIST</i> trainings, <i>safeTALK</i> trainings, <i>Youth MHFA</i>) for school personnel, parents, students, and community partners.	A total of 15 trainings were provided for 412 participants. <ul style="list-style-type: none"> • 1 <i>ASIST</i>— 13 participants • 4 <i>safeTALK</i>— 29 participants • 1 <i>Youth MHFA</i>—lack of enrollment, cancelled • 89Other Suicide/Stigma Reduction Trainings—370 participants
Provide a minimum of 30 student workshops for participating school districts.	A total of 44 student workshops were provided with a total of 1024 students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post training surveys.	A total of 1301 post surveys were collected and of those 96% (1247) participants surveyed demonstrated an increase in knowledge. <ul style="list-style-type: none"> • Of the 372 school personnel trained 156 completed a post survey and of those 96% (149) demonstrated an increase in knowledge in the training topic. • Of the 66 parents or caretakers trained 17 completed a post survey and of those 94% (16) of demonstrated an increase in knowledge in the training topic. • Of the 1024 students who participated in a workshop 843 completed a post survey and of those 98% (824) increased knowledge in the workshop topic. • Of the 412 individuals who participated in suicide prevention training 285 completed a post survey and of those 91% (258) demonstrated an increase in knowledge in the training topic.

Early Intervention Activities
Unduplicated Individual Served: N/A

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

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	0 referrals made
Referrals made to the Solano County BHP.	0 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A

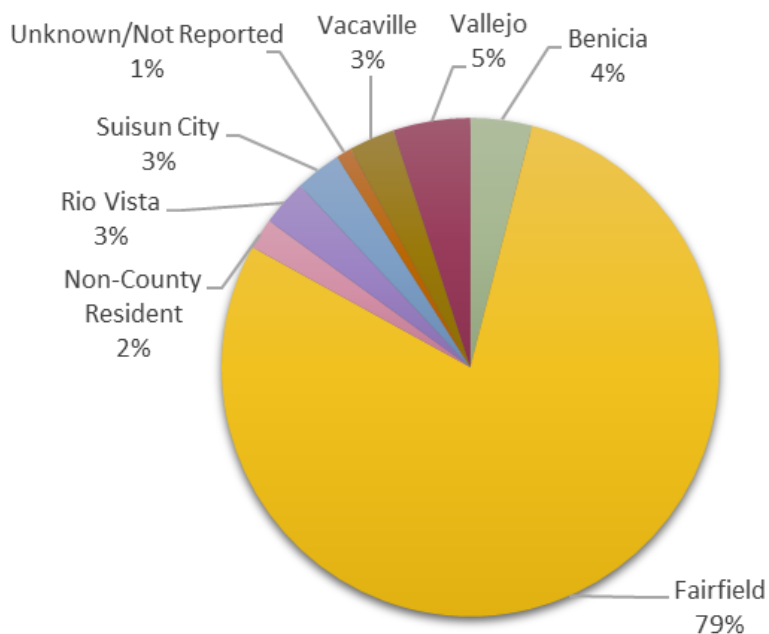
Financial Report

Cost per person for prevention activities	\$247
Contract Amount FY 2022/23: \$429,196	Total Expenditures FY 2022/23:\$420,620
Budgeted Amount for FY 2023/24: \$450,656	

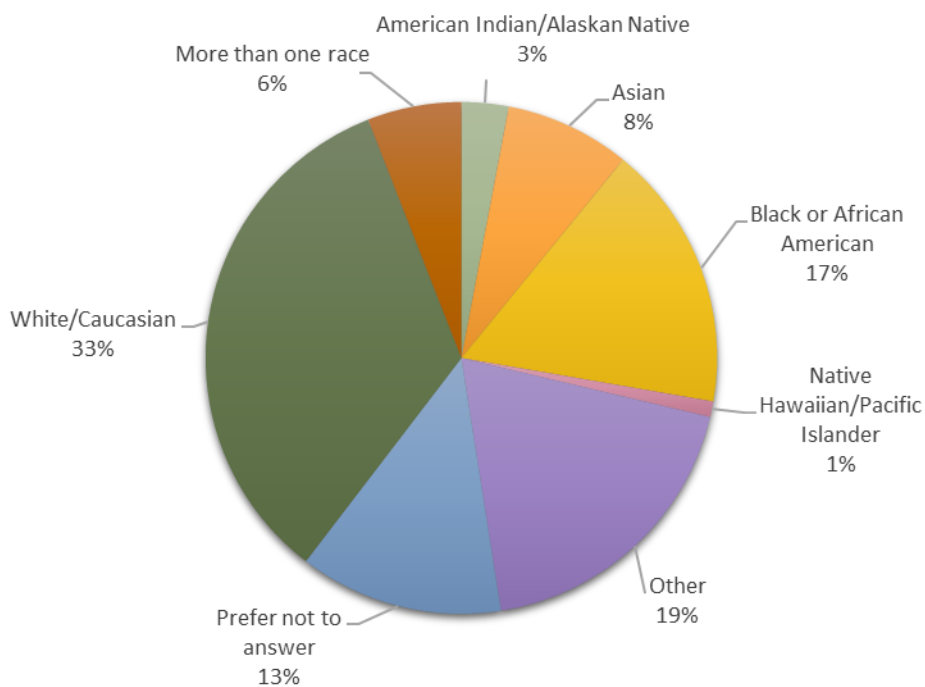
The following charts and table provide demographic data for the individuals who were served by **School-Based Mental Health Services program delivered by SCOE**:

Demographic Breakdown of Training/Workshop Services (demographic surveys collected for 518 individuals):

Training & Workshop by City of Residence



Training & Workshop Participants by Race



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			0	518
Age	Direct	Outreach	Ethnicity	Direct
0-15		71%	Caribbean	0%
16-25		12%	Central American	4%
26-59		15%	American/Chicano	15%
60+		1%	Other Hispanic/Latino	3%
Prefer not to answer	NA	1%	Puerto Rican	1%
Race			South American	1%
American Indian/Alaskan Native		3%	African	7%
Asian		15%	Asian Indian/South Asian	2%
Black or African-American		12%	Cambodian	0%
Native Hawaiian/Pacific Islander		1%	Chinese	0%
Other		28%	Eastern European	1%
Prefer not to answer		9%	European	7%
White/Caucasian		21%	Filipino	13%
More than one race	NA	10%	Japanese	0%
Gender At Birth			Korean	1%
Male		41%	Middle Eastern	0%
Female		56%	Other Non-Hispanic/Latino	6%
Prefer not to answer	NA	3%	Vietnamese	1%
Sexual Orientation			Prefer not to answer	17%
Gay		1%	More than one ethnicity	20%
Bisexual		8%	Current Gender Identity	
Heterosexual/straight		70%	Male	40%
Lesbian		1%	Female	51%
Other		4%	Genderqueer	0%
Prefer not to answer		10%	Other	1%
Queer		0%	Prefer not to answer	3%
Questioning/unsure	NA	5%	Questioning/unsure	2%
Veteran Status/Military Services			Transgender	2%
Veteran		0%	Mental Health Symptoms Onset	
Active military		0%	Less than 6 months	
Not a veteran/active military/NA	NA	100%	6-12 months	
Primary Language (1st Language)			1-4 years	
American Sign Language (ASL)		0%	5-9 years	
English		92%	Over 10 years ago	
Ilocano		0%	Prefer not to answer	
Other		2%	Do not have MH symptoms	
Prefer not to answer		1%	Unknown/not reported	NA
Spanish		5%	City of Residence	
Tagalog	NA	1%	Benicia	4%
Preferred Language (Used Daily)			Dixon	0%
American Sign Language (ASL)		0%	Fairfield	79%
English		91%	Non-County Resident	2%
Other		1%	Rio Vista	3%
Spanish		6%	Suisun City	3%
Tagalog	NA	1%	Unincorporated	0%
Demo info by service type:			Unknown/Not Reported	1%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	3%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	5%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability	
Significant cultural considerations:			Difficulty seeing	1%
1. Increased teacher demographic diversity.			Hearing/speech	0%
			Other communication disability	0%
			Cognitive impairment	1%
			Physical/mobility	0%
			Chronic physical health condition	1%
			No disability	82%
			Other disability	4%
			Prefer not to answer	10%

Highlights & Achievements

- SCOE was able to exceed the deliverable of providing a minimum of 20 trainings to school personnel throughout all participating school districts. One of the reasons for the success of this milestone has to do with the well-established relationships we have formed with the school districts. There was good communication between SCOE and the district Mental Health leads which included a clear procedure around identifying and scheduling trainings.
- SCOE provided trainings to school personnel that were culturally diverse, focusing on relevant Social and Emotional learning topics that they asked for support on such as “Identity and Cultural Dimensions,” “Introduction to Wellness Centers,” “Coming Out of the Gender Closet: supporting students on the trans spectrum,” “Mental Health 101,” “Understanding Trauma: An informed approach to working with students with trauma histories,” “Supporting LGBTQ+ Students” and many more.
- SCOE staff were able to provide these trainings at various school sites across districts and also at SCOE’s Golden Hills Community School location. When trainings were provided at Golden Hills, they were offered to all districts as well as many trainings offered via Zoom. Being able to offer trainings across districts allowed more participants to attend and had the capacity to reach a more varied population than if only offered to one district.
- There was a great need across districts for caregivers to receive support in bullying awareness as well as cyberbullying and online safety, especially related to the mental health of their children. SCOE was able to provide 4 distinct trainings focusing on the topic of bullying and cyberbullying. Other topics that were identified as needs for the community were how to support LGBT youth, mental health awareness, and suicide prevention. SCOE was able to provide training in all of these topics and the feedback received from the demographic questionnaires was that they wanted to have additional future training opportunities in these areas.

Challenges & Barriers

- When the challenge of limited enrollment was identified due to the length of the training, our team brainstormed other training opportunities to meet the needs of our community. In addition, other feedback was that the current Suicide Prevention Trainings were not culturally responsive. To that end, SCOE was able to identify another training opportunity that is both evidence based and culturally responsive to the needs of our Solano County community. SCOE is training our Mental Health and Wellness Clinicians in this new training model called, Be Sensitive, Be Brave. Once trained, they will be able to provide training in this model.
- A second challenge identified was in scheduling parent/caregiver training due to a lack of registration and likely time constraints for parents as these would need to be scheduled after work hours. Although SCOE was able to exceed the deliverable of completing 8 caregiver trainings (completed 9), it was a challenge in that we had to scramble in the last few months to coordinate with our district leads and schedule them. One solution that we had proposed was in our quarter 3 meeting was to implement a quarterly training calendar offering core topics throughout the year to attract parent participation and to have multi-district trainings. SCOE is happy to report that we have been able to hire a training coordinator to assist in scheduling and managing our trainings both to caregivers and to school personnel.

Equity Efforts in FY 2022/23

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

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

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

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

Agency Name: Aldea Children & Family Services

Description of Program:

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

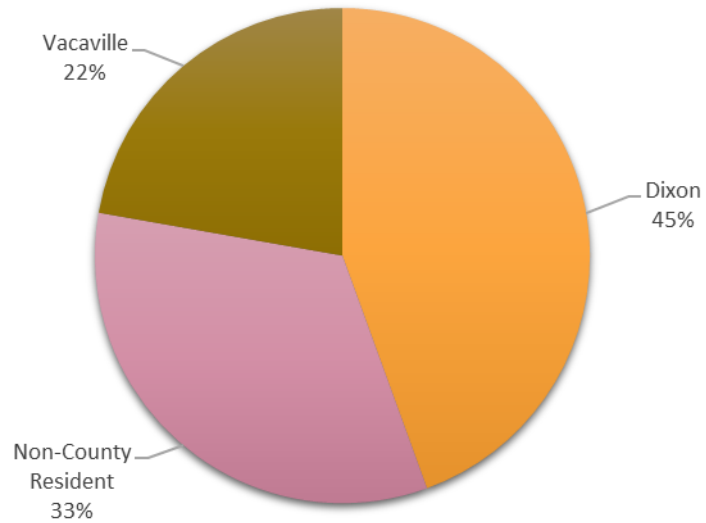
Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 329	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 225 individuals.	A total of 329 individuals reached.
Conduct a minimum of 54 screenings to individuals referred to SOAR.	31 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities Unduplicated Individual Served: 16	
Program Indicators	Annual Outcomes
Provide mental health treatment services for 33 unduplicated consumers.	16 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	0% (0) of individual received education support and/or referral to educational institution and/or employment support program.
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	0% (0) of consumers served had a psychiatric hospitalization episode for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the Modified Colorado Symptom Index (MCSI) at the 6- month mark; and by the 12-month mark 50% of the consumers enrolled will demonstrate improvement on the MCSI.	Of the 3 consumers opened for 6 months, 0% (0) demonstrated improvement regarding overall symptom severity on the MCSI. Of the 6 consumers opened for 12 months, 0% (0) demonstrated improvement regarding overall symptom severity on the MCSI.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	0 referral made
Referrals made to the Solano County BHP.	1 referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	1 individual was successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 1 individuals linked it took 25 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$ 523
Cost per person for early intervention activities*	\$60,904
Contract Amount FY 2022/23: \$1,249,430	Total Expenditures FY 2022/23: \$1,162,638 \$1,031,182 in MHSA PEI funds, \$115,252 in MHBG and \$16,204 in MHSA INN (reported in the INN section)
Budgeted Amount for FY 2023/24: \$1,299,611 of which \$1,096,729 is MHSA PEI funding	

*Cost per person reflects only MHSA PEI and MHBG funds

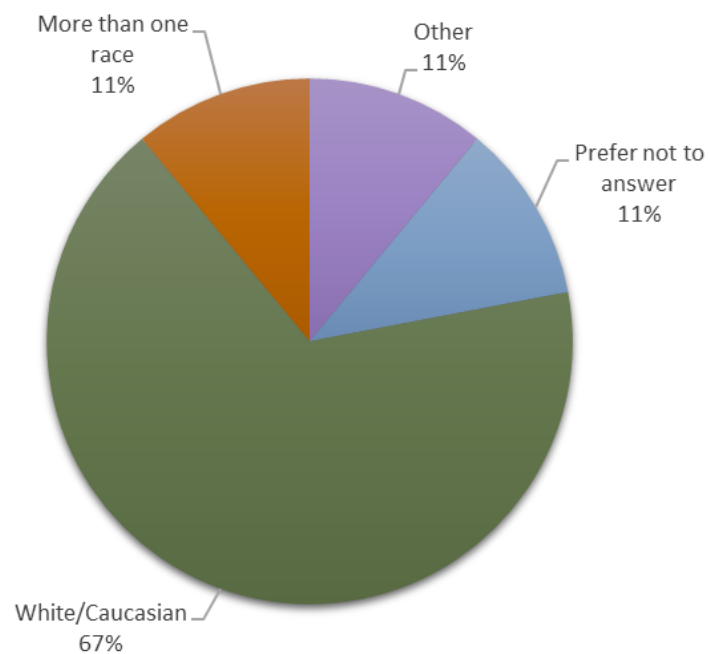
The following charts and table provide demographic data for the individuals who were served by the **EP Treatment Program**:

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 9 individuals):

Outreach & Training Participants by City of Residence

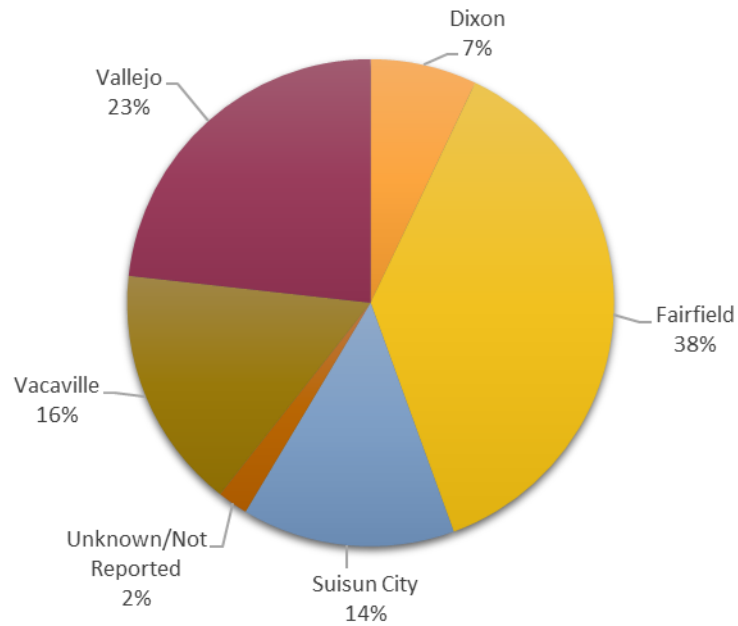


Outreach & Training Participants by Race

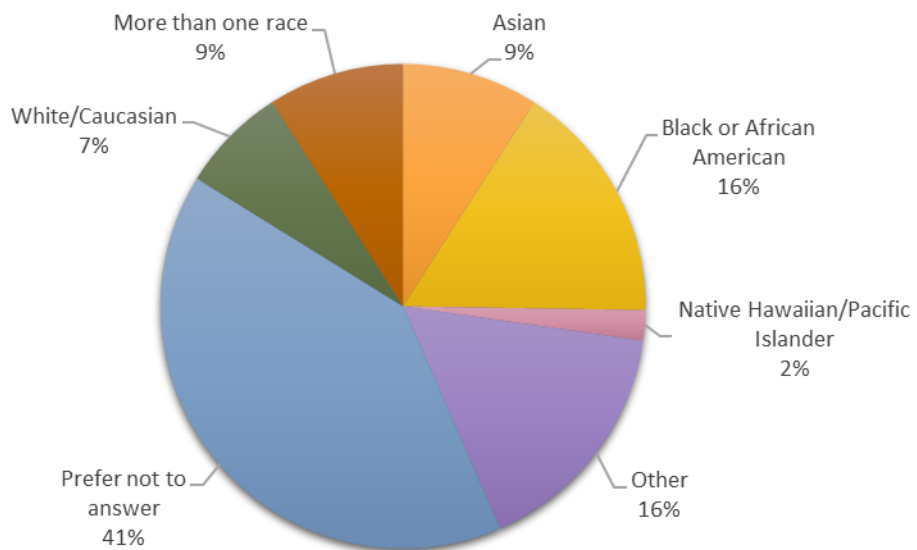


Demographic Breakdown of Direct Services (demographic surveys collected for 43 individuals includes screenings and treatment):

Direct Service Recipients by Race



Direct Service Recipients by Race



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			43	9
Age	Direct	Outreach	Ethnicity	Direct
0-15	33%	0%	Caribbean	0%
16-25	60%	11%	Central American	5%
26-59	7%	89%	American/Chicano	44%
60+	0%	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	0%	Puerto Rican	0%
Race			South American	0%
American Indian/Alaskan Native	0%	0%	African	7%
Asian	9%	0%	Asian Indian/South Asian	2%
Black or African-American	16%	0%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	0%	Chinese	0%
Other	16%	11%	Eastern European	0%
Prefer not to answer	40%	11%	European	2%
White/Caucasian	7%	67%	Filipino	7%
More than one race	9%	11%	Japanese	0%
Gender At Birth			Korean	0%
Male	49%	0%	Middle Eastern	2%
Female	51%	89%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	11%	Vietnamese	0%
Sexual Orientation			Prefer not to answer	19%
Gay	0%	0%	More than one ethnicity	12%
Bisexual	21%	0%	Current Gender Identity	
Heterosexual/straight	51%	89%	Male	49%
Lesbian	5%	0%	Female	37%
Other	9%	0%	Genderqueer	2%
Prefer not to answer	7%	11%	Other	5%
Queer	0%	0%	Prefer not to answer	0%
Questioning/unsure	7%	0%	Questioning/unsure	7%
Veteran Status/Military Services			Transgender	0%
Veteran	0%	11%	Mental Health Symptoms Onset	
Active military	0%	0%	Less than 6 months	14%
Not a veteran/active military/NA	100%	89%	6-12 months	23%
Primary Language (1st Language)			1-4 years	49%
American Sign Language (ASL)	0%	0%	5-9 years	12%
English	81%	78%	Over 10 years ago	0%
Ilocano	0%	0%	Prefer not to answer	2%
Other	5%	0%	Do not have MH symptoms	0%
Prefer not to answer	2%	0%	Unknown/not reported	0%
Spanish	12%	22%	City of Residence	
Tagalog	0%	0%	Benicia	0%
Preferred Language (Used Daily)			Dixon	7%
American Sign Language (ASL)	0%	0%	Fairfield	37%
English	98%	89%	Non-County Resident	0%
Other	2%	0%	Rio Vista	0%
Spanish	0%	11%	Suisun City	14%
Tagalog	0%	0%	Unincorporated	0%
Demo info by service type:			Unknown/Not Reported	2%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	16%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	23%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability	
Significant cultural considerations:			Difficulty seeing	0%
1. High number of prefer not to answer for race due to Latinx not identifying with any group.			Hearing/speech	0%
2.			Other communication disability	2%
3.			Cognitive impairment	2%
			Physical/mobility	0%
			Chronic physical health condition	0%
			No disability	93%
			Other disability	2%
			Prefer not to answer	0%
				11%

Highlights & Achievements

- Aldea continued to refer SOAR clients to the Caminar Jobs Plus program and implement inclusion of a Caminar representative in their collaborative team meeting once per month.
- Aldea SOAR hired a bilingual therapist during this FY who accepted full time hire into SOAR at the conclusion of his Aldea Counseling Services Internship. The program hired their first bilingual Peer Case Manager into the program and navigated complex challenges of managing peer staff successfully.
- The SOAR program provided virtual client/family support groups with a mix from 3 counties which allowed for increased participants and sharing of staff to facilitate groups.
- Aldea SOAR majorly participated in and contributed to the EPI-CAL TTA. On 9/22/22, Aldea SOAR partnered with UC Davis and joined in presenting at the MHSOAC “Epi-Cal Update: California’s Statewide Early Psychosis Learning Health Care Network and TTA Center”. Additionally, Aldea SOAR staff partnered with UC Davis during this FY to transition from the Canvas learning platform to Cornerstone on Demand. During this FY, Aldea also continued the Beehive survey data platform implementation and provided feedback/consultation to the TTA on Beehive optimization.

Challenges & Barriers

- There continued to be staff retention challenges post COVID due to lack of qualified therapists and licensed leadership level staff. The length of time to train clinicians specific to the SOAR CSC model to do work independently can be cumbersome. When a member of staff who is fully trained leaves it is very challenging. This was addressed with additional Supervisor support and consultation to discuss barriers. SOAR Leadership placed concerted efforts into screening candidates and applicants to the program.
- SOAR continues to plan re-implementation of in person Multi-Family Group. This can be challenging as it is required to be in person and includes multiple staff, clients, and families in the same room. Our aim is to continue planning logistics and staffing for these groups.
- In the post COVID era, outreach and in person tabling events continued to be low. Though Aldea exceeded the program goal to reach 225 participants (total reached = 329), outreach will continue to be a high priority for SOAR to educate our community partners about our program/referral process etc.

Equity Efforts in FY 2022/23

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

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

- LGBTQ+ Best Practices
 - Self-Regulation and Mindfulness Practices for System Involved Youth
 - LGBTQ en Espanol- Mejores Practicas
 - Supporting Transgender and Gender Creative Youth 11 & Under in Social Systems
- Staff were also provided with booklets, in both English and Spanish on Raising Healthy and Happy LGBT and Gender Non-Conforming Children for distribution to parents/caregivers.

Changes or Updates Planned for FY 2023/24

No planned changes identified at this time.

Agency Name: UC Davis Behavioral Health Center of Excellence

Description of Program:

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

Program Performance Measures	
Unduplicated Individuals Trained: 3 Services From July 2022-2023	
Assessment Training: Trainees will reach a minimum of 80% diagnostic agreement on the <i>Structural Clinical Interview for DSM Disorders</i> (SCID) and <i>SIPS</i> and <i>ICCs</i> indicating average concordance of .80 on rating scales.	100% (3) staff trained in program assessments met the threshold of diagnostic agreement.
Trainers shall be rated by trainees with an overall rating of “excellent” or “good” collectively on trainer performance evaluations. 1) Trainer One 2) Trainer Two 3) Trainer Three	A total of 3 new (unduplicated) staff members were trained in evidence-based early psychosis CSC model. Ratings for trainers: NA (there was no completed evaluation)
Services From February 2023-June 2023	
Bi-weekly consultation for medication management This service was provided form Feb 2023 to June 2023 due to contract amendment.	Consultations were provided at 50% (5).
Financial Report	
Contract Amount FY 2022/23: \$59,677	Total Expenditures FY 2022/23: \$50,347

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

Highlights & Achievements

During this period, UC Davis continued to support the Solano SOAR program through ongoing consultation. Due to a new contract with the state to provide TTA to early psychosis programs, UCD began the transition of SOAR’s team to these broader TA activities starting in Fall 2022. In this larger statewide context, Solano SOAR has stood out amongst other EP programs as a team with a solid understanding of EP practices and consistent ability to implement them in a community setting. They are often seen as one of our “star programs” by TTA trainers. UCD continued to provide monthly consultation to the medication support staff.

Challenges & Barriers

- In January 2023, one trainer left UCD, which reduced our training capacity. To address this, UCD continued to move SOAR into our larger training efforts for the state in order to support their ongoing growth and development.
- Contract was amended and made effective February 1, 2023 to have UCD provide bi-weekly consultation to the Aldea SOAR program. Hence, the performance measure was changed to track consultation provided from February 1, 2023 through June 30, 2023.

Changes or Updates Planned for FY 2023/24

Solano County and UCD did not renew the contract as UCD received funding from the state to continue the training, consultation, and evaluation the services with the partner community-based organizations.

Older Adult Programming

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

Agency Name: Choice in Aging

Description of Program:

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

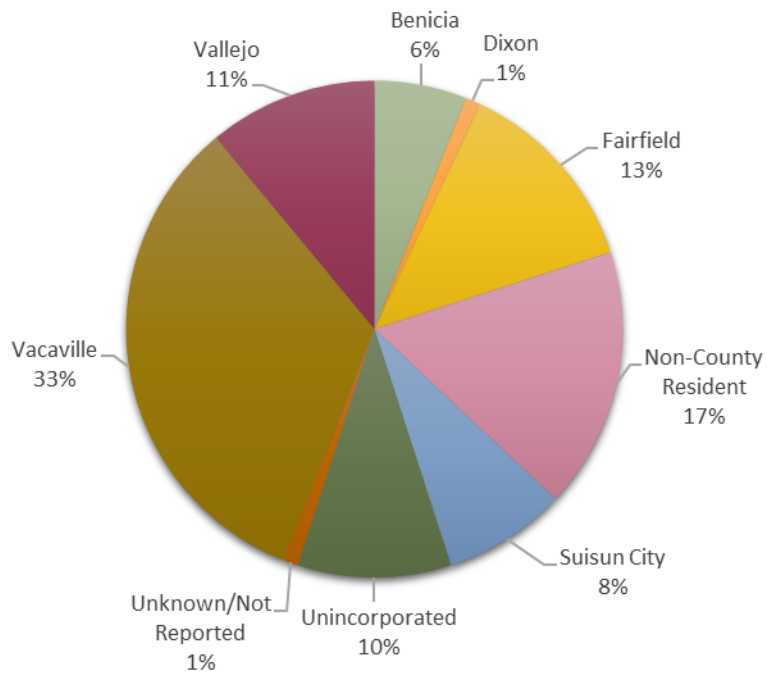
Program Performance Measures	
Prevention Activities	
169 Unduplicated Direct Service Recipients & 303 Individuals Reached via Outreach Efforts (may not be unduplicated)	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities.	A total of 270 individuals were reached.
Provide 5 suicide prevention trainings.	3 suicide prevention training was provided with a total of 23 participants.
Provide an initial screening for a minimum of 150 older adults.	A total of 145 unduplicated older adults received a screening.
Provide 3 mental health education trainings/workshops.	A total of 11 trainings/workshops were provided with a total of 199 participants.
Provide brief preventative case management for 45-60 business days for a minimum of 120 older adults.	A total of 113 unduplicated older adults received brief case management services.
Provide minimum of 1 Mental Health First Aid training	0 were provided during the fiscal year.
75% of training participants increased knowledge on training topic	N/A
Early Intervention Activities	
Unduplicated Individuals Served: 93	
Program Indicators	Annual Outcomes
Provide counseling services for 40 unduplicated older adult consumers; consumers shall receive two or more counseling sessions.	A total of 42 unduplicated older adults were served.
Provide comprehensive case management services to 80 unduplicated consumers.	A total of 51 unduplicated older adults were served.
75% of consumers shall demonstrate improvement in symptoms based on pre and post assessment, on at least one measurement in <i>Geriatric Anxiety Disorder (GAD)-7</i> , <i>Patient Health Questionnaire (PHQ)-9</i> , or <i>Quality of Life (QoL) Scale</i> .	Consumers receiving counseling and/or case management completed pre/post assessments during the reporting period with the following results: -GAD-7: 75% (24) -PHQ-9: 79% (24) -QoL Scale: 58% (19)
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	31 referrals made
Referrals made to the Solano County BHP.	5 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	2
Timely access to services: the average interval between referral and participation in services to which referred.	The two individuals referred were reconnected to services that were already active.
Financial Report	
Cost per person for prevention activities*	\$1,259
Cost per person for early intervention activities	\$3,577
Contract Amount FY 2022/23: \$591,990	\$545,409
Budgeted Amount for FY 2023/24: \$621,589	

*The cost per person does not include outreach tabling events

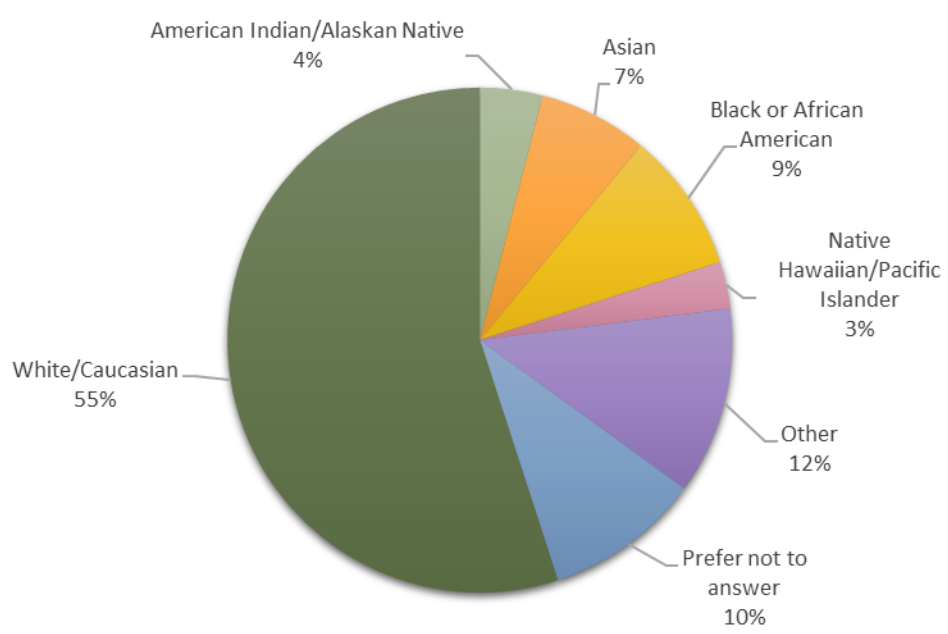
The following charts and table provide demographic data for the individuals who were served by the **Older Adult Case Management & Treatment Program**:

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 72 individuals):

Outreach & Training by City of Residence

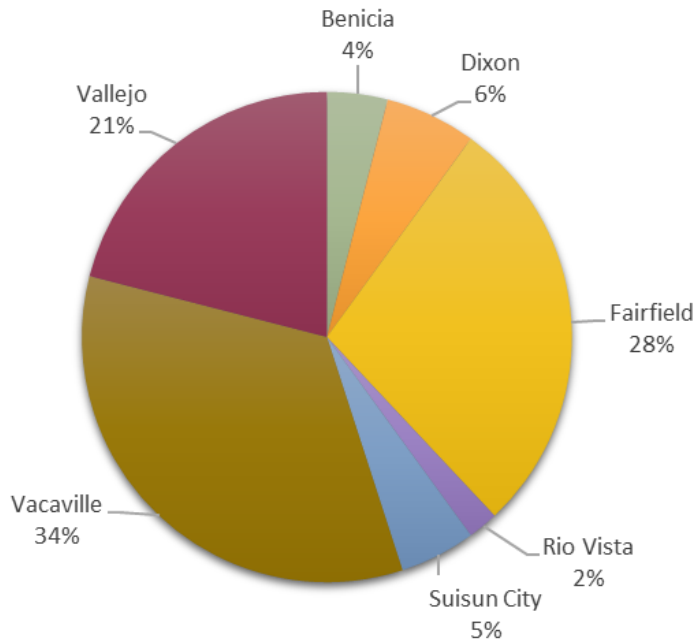


Outreach & Training by Race

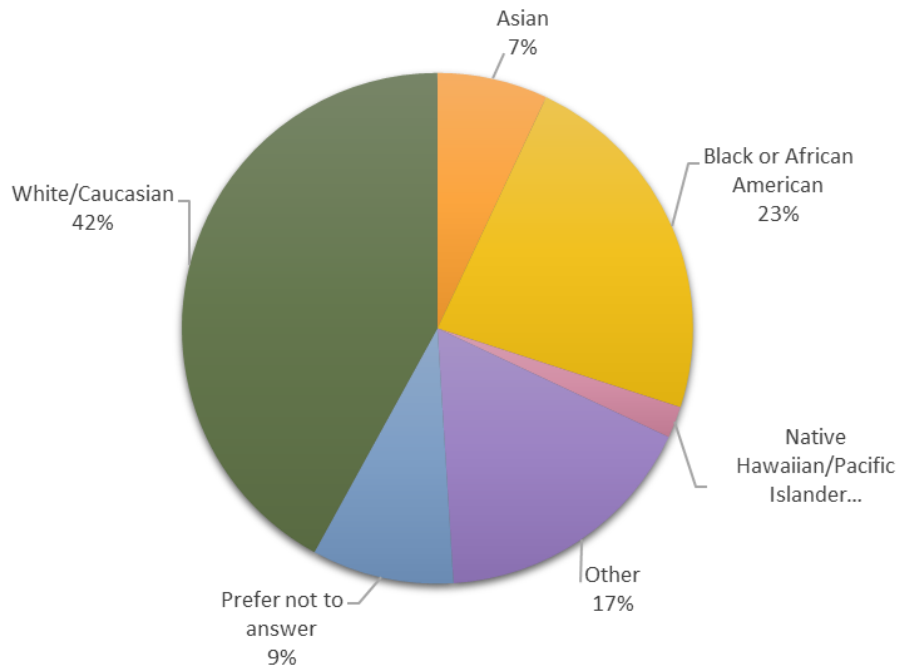


Demographic Breakdown of Direct Services (demographic surveys collected for 164 individuals):

Direct Service by City of Residence



Direct Service by Race



Program Name:			Total Individuals Demo Collected:		
			Direct	Outreach	
			164	72	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%	0%	Caribbean	0%	0%
16-25	0%	6%	Central American	3%	1%
26-59	0%	71%	Mexican/Mexican-American/Chicano	7%	14%
60+	100%	22%	Other Hispanic/Latino	2%	4%
Prefer not to answer	0%	1%	Puerto Rican	1%	0%
Race			South American	0%	0%
American Indian/Alaskan Native	0%	4%	African	23%	6%
Asian	7%	7%	Asian Indian/South Asian	0%	0%
Black or African-American	23%	9%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	2%	3%	Chinese	1%	1%
Other	17%	12%	Eastern European	0%	3%
Prefer not to answer	9%	10%	European	12%	17%
White/Caucasian	41%	54%	Filipino	4%	7%
More than one race	0%	0%	Japanese	0%	0%
Gender At Birth			Korean	0%	0%
Male	34%	39%	Middle Eastern	1%	0%
Female	66%	60%	Other Non-Hispanic/Latino	30%	1%
Prefer not to answer	0%	1%	Vietnamese	1%	0%
Sexual Orientation			Prefer not to answer	16%	1%
Gay	0%	3%	More than one ethnicity	0%	44%
Bisexual	0%	0%	Current Gender Identity		
Heterosexual/straight	86%	83%	Male	32%	39%
Lesbian	0%	0%	Female	64%	58%
Other	0%	0%	Genderqueer	0%	0%
Prefer not to answer	14%	14%	Other	0%	0%
Queer	0%	0%	Prefer not to answer	4%	3%
Questioning/unsure	0%	0%	Questioning/unsure	0%	0%
Veteran Status/Military Services			Transgender	0%	0%
Veteran	5%	8%	Mental Health Symptoms Onset		
Active military	0%	0%	Less than 6 months	12%	
Not a veteran/active military/NA	95%	92%	6-12 months	5%	
Primary Language (1st Language)			1-4 years	27%	
American Sign Language (ASL)	0%	0%	5-9 years	6%	
English	80%	93%	Over 10 years ago	7%	
Ilocano	0%	0%	Prefer not to answer	0%	
Other	3%	1%	Do not have MH symptoms	1%	
Prefer not to answer	3%	1%	Unknown/not reported	43%	NA
Spanish	10%	4%	City of Residence		
Tagalog	4%	0%	Benicia	4%	6%
Preferred Language (Used Daily)			Dixon	6%	1%
American Sign Language (ASL)	0%	0%	Fairfield	28%	13%
English	87%	93%	Non-County Resident	0%	17%
Other	2%	1%	Rio Vista	2%	0%
Spanish	10%	6%	Suisun City	5%	8%
Tagalog	1%	0%	Unincorporated	0%	1%
Identify with any of these groups?			Unknown/Not Reported	0%	10%
LGBTQ			Vacaville	34%	33%
Adult/juvenile justice involved			Vallejo	21%	11%
Foster care youth			Disability		
All of above			Difficulty seeing	2%	0%
LGBTQ & justice involved			Hearing/speech	2%	1%
LGBTQ & foster care youth			Other communication disability	0%	0%
Justice involved & foster care youth			Cognitive impairment	4%	1%
Not applicable/not identify			Physical/mobility	24%	4%
Prefer not to answer	N/A	N/A	Chronic physical health condition	40%	1%
Demo info by service type:			No disability	2%	73%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	16%	1%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	10%	18%

Highlights & Achievements

- Applied for and received the 2022 COVID Social Safety Net Grant from the Solano Community Foundation which was used to expand outreach/education and client support for underserved communities (BIPOC, Spanish speaking).
- Began process in partnership with SCBH to implement Be Sensitive Be Brave Suicide Prevention and Mental Health trainings with older adults and providers.

Challenges & Barriers

- Due to limited capacity as a small organization and key staff out on protected leave, participants have been subjected to long waitlist for services.
- Organization has undergone significant changes to its leadership overseeing program support.
- Several staff were unable to maintain training certifications for evidenced based trainings that require in person facilitation due to COVID-19 when participants were reluctant to attending in-person trainings.

Equity Efforts in FY 2022/23

The Choice in Aging (CIA) program has a culturally and linguistically diverse workforce. CIA also regularly ensures staff meet county behavioral health's cultural competency training requirements on an annual basis. Staff are also trained on how to utilize Language Link to better serve monolingual non-English speaking consumers.

Changes or Updates Planned for FY 2023/24

There were no planned changes identified at this time.

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

Agency Name: Faith in Action

Description of Program:

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

Program Performance Measures

Prevention Activities

93 Unduplicated Direct Service Recipients & 345 Individuals Reached via Outreach Efforts (may not be unduplicated)

Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 300 unduplicated individuals to include older adult consumers and community partners.	A total of 438 individuals were reached.
Conduct 10 outreach and engagement activities.	A total of 23 outreach/engagement event provided, which reached 345 individuals.
Serve 120 unduplicated older adults with a minimum of 4,000 reassurance calls.	Served 93 unduplicated older adults with 3,382 reassurance calls.
Serve 50 unduplicated homebound older adults with a minimum of 1,000 home visiting hours.	Provided home visiting to a total of 5 unduplicated older adults for a total of 179 hours. <i>Since COVID-19, the majority of the senior volunteers and senior participants were not comfortable with home visiting.</i>

Early Intervention Activities

Unduplicated Individual Served: 55

Program Indicators	Annual Outcomes
Provide peer counseling for a minimum of 40 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 59 unduplicated older adults were served.
75% of the older adults participating in 1:1 counseling services will demonstrate an overall improved score on the <i>Geriatric Depression Scale (GDS)</i>	Of the 9 older adults who completed a pre/post <i>GDS</i> measure during the reporting period, 80% (4) demonstrated improvement in symptoms and functioning.
75% of older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50% of the <i>Quality of Life (QoL) Scale</i> domains.	Of the 14 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 91% (91) of demonstrated improvement in functioning.

Linkage Services

Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	0 referrals made
Referrals made to the Solano County BHP.	0 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A

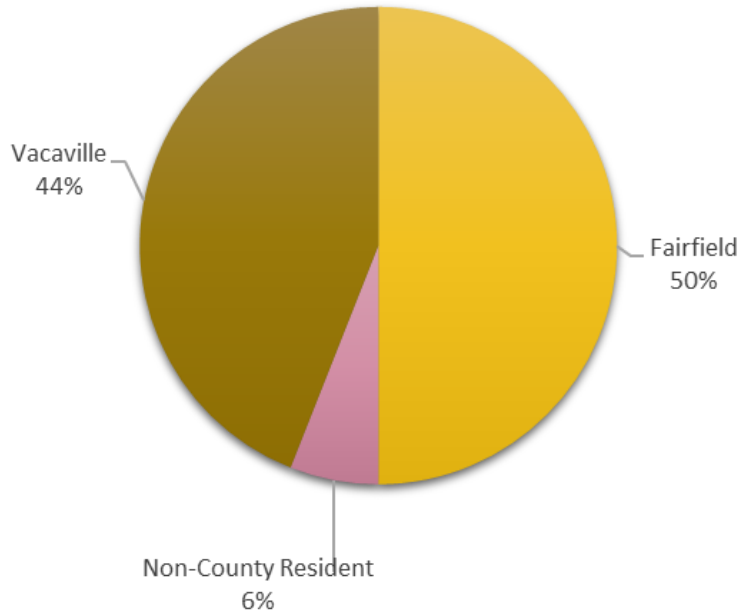
Financial Report

Cost per person for prevention activities*	\$1,262
Cost per person for early intervention activities	\$750
Contract Amount FY 2022/23: \$160,000	Total Expenditures FY 2022/23: \$158,562
Budgeted Amount for FY 2023/24: \$162,009	

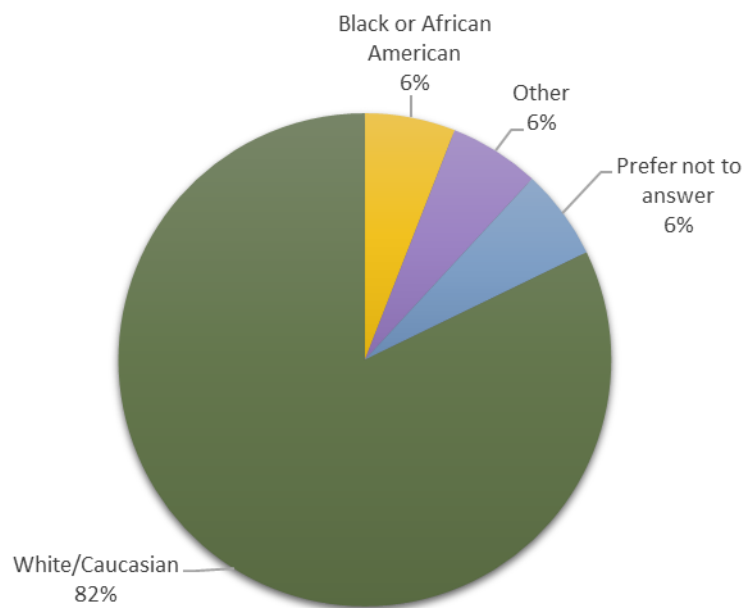
*The cost per person does not include outreach tabling events

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

Outreach & Training by City of Residence

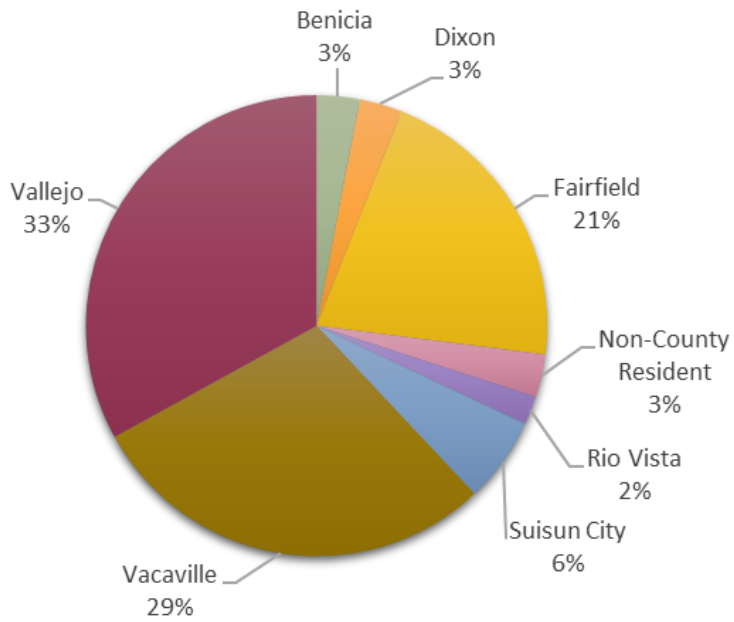


Outreach & Training by Race

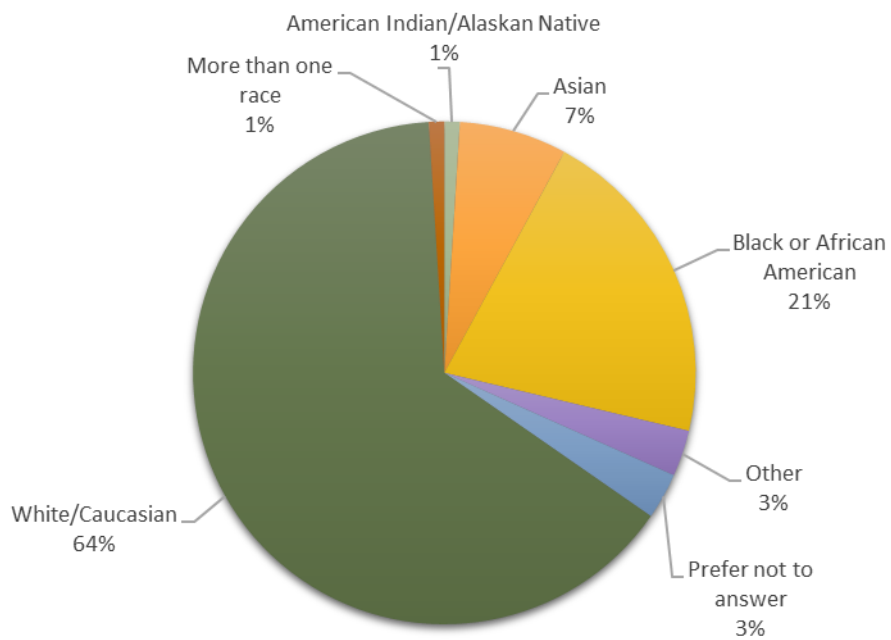


Demographic Breakdown of Direct Services (demographic surveys collected for 159 individuals):

Direct Services by City of Residence



Direct Service by Race



Program Name:			Total Individuals Demo Collected:		
			Direct	Outreach	
			159	18	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%	0%	Caribbean	0%	0%
16-25	0%	0%	Central American	0%	0%
26-59	0%	17%	Mexican/Mexican-American/Chicano	4%	6%
60+	100%	83%	Other Hispanic/Latino	0%	6%
Prefer not to answer	0%	0%	Puerto Rican	0%	0%
Race			South American	2%	0%
American Indian/Alaskan Native	1%	0%	African	94%	0%
Asian	7%	0%	Asian Indian/South Asian	0%	0%
Black or African-American	21%	6%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	0%	0%	Chinese	0%	0%
Other	3%	6%	Eastern European	0%	0%
Prefer not to answer	3%	6%	European	1%	28%
White/Caucasian	65%	83%	Filipino	6%	0%
More than one race	0%	0%	Japanese	7%	0%
Gender At Birth			Korean	0%	0%
Male	19%	83%	Middle Eastern	0%	6%
Female	81%	17%	Other Non-Hispanic/Latino	0%	0%
Prefer not to answer	1%	0%	Vietnamese	5%	0%
Sexual Orientation			Prefer not to answer	0%	6%
Gay	8%	0%	More than one ethnicity	0%	50%
Bisexual	2%	0%	Current Gender Identity		
Heterosexual/straight	77%	78%	Male	19%	83%
Lesbian	6%	0%	Female	81%	17%
Other	0%	0%	Genderqueer	0%	0%
Prefer not to answer	7%	22%	Other	0%	0%
Queer	0%	0%	Prefer not to answer	1%	0%
Questioning/unsure	0%	0%	Questioning/unsure	0%	0%
Veteran Status/Military Services			Transgender	0%	0%
Veteran	13%	50%	Mental Health Symptoms Onset		
Active military	0%	0%	Less than 6 months	4%	
Not a veteran/active military/NA	87%	50%	6-12 months	7%	
Primary Language (1st Language)			1-4 years	23%	
American Sign Language (ASL)	0%	0%	5-9 years	8%	
English	97%	100%	Over 10 years ago	3%	
Ilocano	0%	0%	Prefer not to answer	32%	
Other	0%	0%	Do not have MH symptoms	20%	
Prefer not to answer	0%	0%	Unknown/not reported	2%	NA
Spanish	3%	0%	City of Residence		
Tagalog	0%	0%	Benicia	3%	0%
Preferred Language (Used Daily)			Dixon	3%	0%
American Sign Language (ASL)	0%	0%	Fairfield	21%	50%
English	99%	100%	Non-County Resident	3%	6%
Other	0%	0%	Rio Vista	2%	0%
Spanish	1%	0%	Suisun City	6%	0%
Tagalog	0%	0%	Unincorporated	0%	0%
Identify with any of these groups?			Unknown/Not Reported	0%	0%
LGBTQ			Vacaville	29%	44%
Adult/juvenile justice involved			Vallejo	33%	0%
Foster care youth			Disability		
All of above			Difficulty seeing	4%	0%
LGBTQ & justice involved			Hearing/speech	6%	0%
LGBTQ & foster care youth			Other communication disability	1%	0%
Justice involved & foster care youth			Cognitive impairment	1%	0%
Not applicable/not identify			Physical/mobility	30%	11%
Prefer not to answer	N/A	N/A	Chronic physical health condition	28%	0%
			No disability	20%	89%
			Other disability	4%	0%
			Prefer not to answer	6%	0%
Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event).					

Highlights & Achievements

- The joint project with the Solano Pride Center, (Rainbow Seniors LGBTQ support group), continued via Zoom and during regularly scheduled in person luncheons at the Pride Center. This support group for LGBTQ+ seniors, is the only one within Solano County has proven to be invaluable, allowing for a safe place where all felt they could be themselves without judgment.
- Increased outreach activities by engaging in more community resource fairs, group/club meetings, and community presentations including the “Up Bay PRIDE Festival in Benicia, Sons in Retirement group in Fairfield, and the Joseph Nelson Senior Resource Fair in Suisun City. Additionally, Faith in Action was featured in local Fairfield Daily Republic Newspaper’s Senior Magazine quarterly throughout the fiscal year.
- After a hiatus of three years, the agency was successfully able to re-start its in person Caring and Sharing support group at the Florence Douglas Senior Center in Vallejo.

Challenges & Barriers

- Many of the volunteers have expressed feeling anxious about entering homes since COVID-19 and emerging Respiratory Syncytial Virus (RSV) concerns throughout the community which has resulted in low home visiting hours.
- The program continues to struggle to recruit male and bilingual volunteers to help support male seniors and also to facilitate non-English speaking support groups.

Equity Efforts in FY 2022/23

Faith in Action continues to maintain a diverse staff and volunteer base in the areas of Race/Ethnicity, Gender, and sexual orientation. In communicating with the public it is put forward that Faith in Action values DIVERSITY. Whatever your race, ethnicity, religion, country of origin, language, abilities, sexual orientation, or gender, you are welcome here. Agency service and recruitment flyers have been translated in Spanish, Tagalog, and Vietnamese. The agency co-facilitates the LGBTQ Senior group with the Solano Pride Center, and a member of the agency staff participates in the bi-monthly meeting of MHSA’s Diversity and Equity committee. Faith in Action also maintains a Title VI plan and has translated grievance protocols into Spanish, Tagalog, Vietnamese and Chinese for care recipients who feel that they are not being treated equitably.

Changes or Updates Planned for FY 2023/24

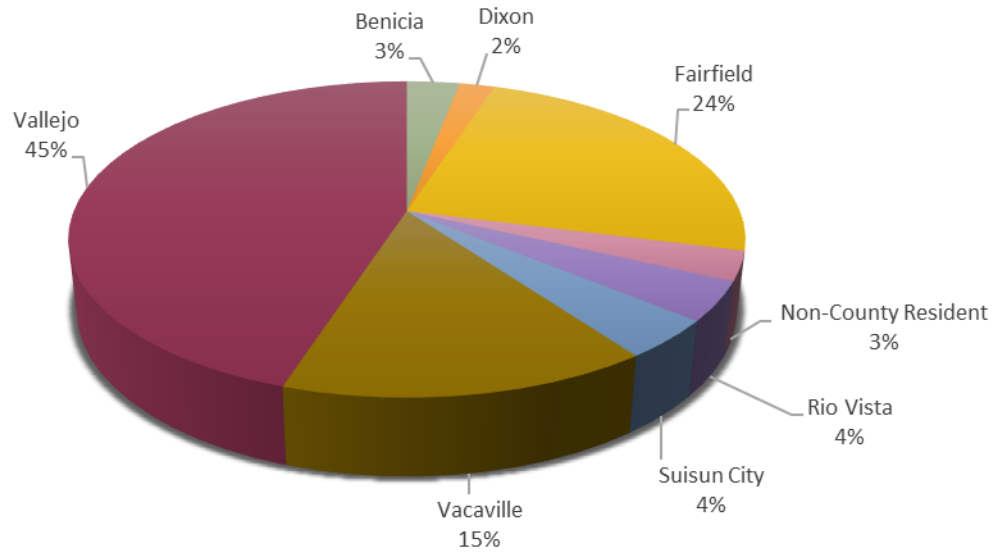
The community continues to endorse services for Solano County seniors. There are no programmatic changes planned at this time.

PEI Annual Report Summary

The PEI funded programs continue to work collaboratively with SCBH to adhere to the PEI regulations regarding the tracking of demographics of individuals served, linkages to services and duration of untreated illness. SCBH has provided a self-reporting demographic form *Solano County Mental Health Services Act Program-Demographic Information* in English and Spanish that providers can use with individuals that they serve. During FY 2020/21 SCBH provided a uniform referral/linkage form in English and Spanish for all PEI programs to utilize when referring to ongoing or higher-level mental health treatment services. This uniform form was developed in response to challenges PEI programs had regarding the collection of adequate linkage information (dates, full names, and dates of birth) which would allow SCBH to verify in the electronic health record whether an individual was linked and the timeliness of that linkage. The SCBH MHSa team continues to provide technical assistance for PEI programs related to data collection and reporting practices.

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

PEI Direct Services by City of Residence



PEI Direct Services by Race



INNOVATION (INN) PROJECTS

Innovation (INN) projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved marginalized groups: to improve the quality of services: demonstrate better outcomes: and to promote interagency collaboration. During FY 2022/23 SCBH had one active INN project which is described below.

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

Project Description	
<p>The Early Psychosis Learning Health Care Network (EP LHCN) is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary, and multiple California counties including Solano, San Diego, Sonoma, Los Angeles, Orange, Stanislaus, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the U.S.</p>	
Project Indicators	
<p>Long Term Project Goals:</p> <ul style="list-style-type: none"> • Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment • Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes • Improve consumer outcomes • Decrease per capita costs • Share best practices and models of care for EP programs <p>Project Outcomes for FY 2022/23:</p> <ul style="list-style-type: none"> • Continued Advisory Committee • Fidelity Assessment for EP program/s • Continued use of Beehive app • Ongoing data collection from Counties on feasibility and acceptability of LHCN app in all EP programs including cost and utilization <p>For a more thorough report of the progress made regarding the multi-county EP LHCN Innovation Project during FY 2022/23 please use this link.</p>	
Funding	
<p>Budget for FY 2022/23: UCD BHCE contract \$14,530 and Aldea contract \$16,656</p>	<p>Total Expenditures FY 2022/23: UCD BHCE contract \$14,530 and Aldea contract \$16,204</p>
<p>Cost per Person: N/A this is a system improvement project and not a direct service project</p>	<p>Budget for FY 2023/24: UCD BHCE contract \$17,834 and Aldea contract \$9,250</p>

Innovation Projects Planned for FY 2023/24

During fiscal year 2021-2022, SCBH initiated the Community Program Planning (CPP) process to develop a new Innovation project. Initially, one project focused on suicide prevention and postvention support for suicide survivors was identified, and SCBH began drafting a Plan for local review and approval before submission to the state. This project aimed to include a designated Clinician available upon request by local law enforcement and the Coroner's Office to provide postvention support to families affected by suicide. The support envisioned included connecting survivors to mental health services, support groups, and a survivor peer mentor network developed through the Innovation project. Additionally, the project aimed to establish a process for the Clinician to conduct in-depth investigations into the psychosocial environment of individuals who died by suicide, to better understand the circumstances leading to their deaths, and collect expanded data, including sexual orientation and gender identity/expression (SOGIE) information, which had not previously been collected in Solano County. This information was intended to help identify areas for preventative efforts.

However, as a result of receiving a new grant from the California Department of Public Health focused on improving suicide prevention and postvention supports for youth within the local community, this original plan will need to be revised. SCBH plans to utilize feedback gathered from the CPP meetings to identify a new strategy for a new Innovation project during fiscal year 2023-24.

Updates on Previous Innovation Projects

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

The Solano County Behavioral Health (SCBH) Interdisciplinary Cultural Collaboration Transformation Model Learning Collaborative, in partnership with UC Davis and supported by the Mental Health Services Oversight and Accountability Commission (MHSOAC), conducted a comprehensive statewide training initiative. This program included 11 training sessions during the 2022-23 fiscal year that were designed to enhance cultural competency and interdisciplinary collaboration in mental health services. The collaborative effort was divided into two separate cohorts to maximize the effectiveness of the training and ensure tailored learning experiences.

Key components of the training sessions included:

1. **Cultural Humility Workshops:** Sessions that addressed cultural awareness, sensitivity, and competency in mental health practices, emphasizing the importance of understanding diverse cultural backgrounds and their impact on mental health.
2. **Interdisciplinary Collaboration Training:** Workshops that promoted teamwork across different disciplines within behavioral health, fostering better communication and cooperation among professionals to improve patient outcomes.
3. **Transformation Model Implementation:** Guidance on implementing the Cultural Collaboration Transformation Model within local mental health services, aiming to create more inclusive and effective behavioral health systems.

Throughout the training sessions, participants engaged in interactive activities, case studies, and group discussions to apply the concepts learned. The collaborative also included evaluation components to assess the impact of the training and gather feedback for continuous improvement.

The partnership with UC Davis and the support from MHSOAC were instrumental in the success of this initiative, providing expertise, resources, and a framework for ongoing development in cultural competency and interdisciplinary collaboration in Solano County's behavioral health services.

This project received notable recognition and several awards for its innovative approach and impact on the community. The collaborative was honored with the Excellence in Cultural Competency Award by the California Behavioral Health Directors Association, highlighting its significant contributions to enhancing cultural awareness and sensitivity in mental health services. Additionally, the project was featured in multiple professional publications, including the Journal of Cultural Psychiatry and the Behavioral Health Journal, which detailed the methodologies, outcomes, and best practices derived from the training sessions.

The success and recognition of the SCBH Interdisciplinary Cultural Collaboration Transformation Model Learning Collaborative underscore its importance as a model for other counties and organizations seeking to improve cultural competency and interdisciplinary collaboration in behavioral health. The awards and publications further validate the project's effectiveness and its role in advancing mental health services statewide.

WORKFORCE EDUCATION AND TRAINING (WET) STRATEGIES

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

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

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

Name of Strategy: Workforce and Community Training & Technical Assistance

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

Description of Strategy:

Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public 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

Diversity Equity topics

- Crisis Intervention Team (CIT) training expansion for first responders
- Conference and workshop planning and support for staff and contractor skill development

Strategy Performance Measures

Strategy Indicators	Annual Outcome
Provide trainings for the SCBH system of care	<p>Managing Traumatic Stress Train the Trainer: 3-day training provided for selected staff members to provide two times per year to all staff regarding managing traumatic stress including vicarious trauma, sanctuary trauma and trauma exposure. Topics of self care and resiliency to support well-being.</p> <p>Harm Reduction Therapy Center- Harm reduction and Motivational Interviewing training: Provided for staff related to the tools and framework of harm reduction in motivational interviewing 44 for MI training, 46 for Harm</p> <p>Professional Assault Crisis Training (ProACT) – provided continued manuals to maintain internal trainings. Six trainings were provided with a total of 69 attendees.</p> <p>Transitions to Independence Process (TIP) Site Based Trainer (SBT) Round 2 Training (no cost occurred 2022-2023) – continued internal training.</p> <p>Trauma in the Trenches – provided by Dr. Kenneth Hardy for 171 individuals .</p> <p>The Eating Disorder Center: Two trainings provided to staff related to treating eating disorders. Included lifetime access to treatment resources for families and children. 46</p> <p>Palo Alto University Short Term Assessment of Risk and Treatability START tool: 60 self paced training token purchased for the adult system of care to support assessment of risk for clients.</p> <p>DBT social skills training- Therapy Centers of Susan Landes: Training on utilization of Dialectical Behavioral Therapy for treatment. 85 participants</p> <p>National Latino Behavioral Health Association Interpreter training: Provided to bilingual staff that engage in interpretation in their employment.</p> <p>1Degree of Separation: To honor May is Mental Health month three educational comedy shows were performed across Solano County for staff and the community addressing mental health stigma, suicide and wellness.</p> <p>Peers Envisioning and Engaging in Recovery Services (PEERS) WRAP 1&2- 3 -day/5 day training provided for staff and peers for utilizing the WRAP group intervention with clients.</p> <p>Coaching Sessions for Promoting Cultural Sensitivity in Clinical Supervision – 11 sessions provided by Dr. Hardy over the course of FY 2022/23 The 3rd cohort of supervisors attended a 2-day training occurring in January and again in May with 35 attendees.</p>

Financial Report

Budgeted Amount FY 2022/23 **\$160,400**

Total Expenditures FY 2022/23: **\$153,508.06**

Below are brief descriptions of the trainings that SCBH funded in FY 2022/23.

Managing Traumatic Stress Train the Trainer

The Traumatic Stress Management training will educate human service professionals on the impact of trauma exposure and allow for anticipatory coping and normalization of stress reactions. Even more importantly, this training will increase the likelihood that staff will be better equipped to identify early warning signs, which can minimize the impact, improve resilience, enhance healthy coping, and prevent the negative effects of cumulative stress. Addressing traumatic stress can positively impact the quality of work, job satisfaction, and overall well-being for those who work in human service professions. This training supports the system in having individuals who can provide ongoing support to address an ongoing need to manage stress that continue to be present in the workforce. Solano County Behavioral Health were able to train 7 staff members across the system to provide for this important initiative to increase improvement in self care.

Harm Reduction Therapy Center

For over three decades, HRTC's staff has trained mental health, substance misuse and medical professionals; paraprofessional case managers and housing counselors; peer counselors; and support staff of hundreds of different agencies, both in the United States and abroad. The combination workshop provides an introduction to the use of Motivational Interviewing and Harm Reduction in the treatment of clients facing concerns around certain behaviors which may be impacting their health and well-being. Motivational Interviewing helps the client explore their ambivalence, create awareness to their relationship to these behaviors and build intrinsic motivation for change. The practice of Harm Reduction Psychotherapy requires a paradigm shift between traditional drug treatments which requires individuals to be fully abstinent of all substances before entering into a therapeutic alliance. These combination training was offered to staff and community partners to further develop and enhance their ability support people with co-occurring issues.

Professional Assault Crisis Training (Pro-ACT)

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

Transition to Independence Process (TIP) Model

TIP is a best-practice model that is focused on preparing and supporting youth and young adults in their movement into employment, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning. During FY 2020/21 four providers—two from SCBH and two from a CBO partner—were identified to be trained as Site Based Trainers (SBT) to better facilitate training future FSP providers in an effort to sustain the TIP model long-term. The SBT training required two rounds of the modules to enable the four SBTs to learn, practice, and present the complete modules prior to receiving the certificate of completion. The first round commenced in FY2020/21 and concluded in July 2021. The second round of the TIP SBT training was completed in three sessions during the FY2021/22. Due to COVID-19 the TIP SBT trainings were done virtually for both rounds, participants discussed and practiced specific examples that demonstrated the importance of providing developmentally appropriate, trauma-informed, and appealing supports and services to youth and their identified support system.

Trauma in the Trenches

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

The Eating Disorder Center

SCBH continues to recognize the need and services to address our growing population in specialty mental health services. Eating Disorders affect everyone – people of all shapes and sizes, races, and ethnicities, gender identities, sexual orientations, religious and secular beliefs, and across socioeconomic backgrounds. These 1 day training focused on developing staff skills to diagnose Anorexia Nervosa, Bulimia Nervosa, and binge-eating disorder and to provide targeted interventions for treating these disorders. SCBH was able to train 46 staff in our adult and youth system of care.

Palo Alto University Short Term Assessment of Risk & Treatability (START)

START is a 20-item structured professional judgement guide developed to inform case decisions and treatment planning for persons with behavioral health and/or criminogenic needs, and specifically those who may pose a risk of violence to self or others. START provides for the differential coding of clinically-relevant strengths and vulnerabilities to inform the assessment and management of violence and related risks (suicide, self-harm, substance abuse, victimization, etc.). The course content will be anchored in relevant theoretical frameworks, such as the Risk-Need-Responsivity (RNR) model, and will be delivered using a case-based approach. Staff through the use of self Asynchronous trainings will learn the development, design, and format of START, and results of existing and ongoing research. Participants in the Asynchronous program will learn how to complete START assessments for community mental health clients, as well as foundational information regarding the use of START assessments to improve clinical outcomes. SCBH acquired 60 asynchronous slots for the adult system of care and community providers to have ongoing training to meet demands for an ever expanding process to assess risks for consumers needed appropriate levels of care.

Dialectical Behavioral Therapy

Dialectical Behavioral Therapy (DBT) was initially developed by Marsha Linehan in the early 1990's to help clients that were suicidal or intentionally self-injuring. However, it has been shown to be effective with other impulse control disorders including substance abuse. Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others. Dr Susan Landes provided an introductory course for skills training for individual DBT therapy and group therapy. Session one focused on how individual sessions is to generalize the skills into everyday life and session two focused on how to effectively run a group to practice these skills. The individual skill development on Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotion Regulation had 59 attendees. While the learning to run an effective DBT group for clinical staff had 26 SCBH and contract providers.

National Latino Behavioral Health Association Interpreter Training

As Part of providing culturally sensitive and appropriate care, SCBH works towards the Culturally and Linguistic Appropriate Services (CLAS) Standards. The community being served in Solano is diverse and required ongoing training to support providers in being able to provide bi-lingual care or utilize interpreter services effectively. This system wide training were offered in 2 different focuses for SCBH and contract providers. One 2 day training were for bilingual staff which included, reception and front desk staff, mental health specialists, clinicians, case managers, peer specialists, and others who may be called upon to use their bilingual skills to interpret for consumers in mental health settings. The second training is designed for English-speaking staff, including MH Specialists, clinicians, case managers, peer specialists, nurses, doctors, clerical staff, and others who utilize interpreters in order to provide BH services. There were 9 who attended the English-speaking portion and 21 for providers who are bilingual.

1Degree of Separation

SCBH incorporated an event for staff and the community as part of training, education, outreach, and wellness for the Solano County during May is mental health month. 1Degree had their events in Vallejo, Fairfield, and Vacaville to bring dialogue, awareness, and acceptance for those suffering from depression through laughter and vulnerability. One Degree is a comedy show and suicide prevention program aimed at ending the stigma of mental illness. As an army of comedians, they hope to kill the stigma of depression and share stories of hope, happiness and triumph.

Peers Envisioning and Engaging in Recovery Services (PEERS) WRAP 1&2

Peers provide lived experience and support to consumers that is unique to a participants recovery. Seminar I and II WRAP training was provided to SCBH staff and community partners to support the diverse level of needs in our system. Individuals were required to complete the Seminar I, 3-day workshop which lays a broad foundation for building a peer workforce prior to Seminar II. Participants in these workshops have the opportunity to learn how to develop their WRAP® as a personalized system to achieve their own wellness goals. Seminar II WRAP® is five (5) intensive days that prepares participants to facilitate WRAP® groups and equips them with the skills and materials to facilitate groups in their community and organization. This training provides an environment based on experiential, mutual learning and self-determination. SCBH and community partners were able to train 10 Seminar I and 8 Seminar II participants to provide WRAP groups in the system.

Promoting Cultural Sensitivity in Clinical Supervision Consultation Sessions

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

Crisis Intervention Team (CIT) Training

SCBH has allocated funding to provide CIT training for law enforcement for the last 8-9 years. The training has ranged from 40-hours to an 8-hour CIT Intro training developed at the request of local law enforcement departments in order to ensure that each peace officer was able to receive an overview of CIT to better serve the community as well as to meet a mandate for crisis intervention training required every two years. SCBH has partnered with the Fairfield Police Department, the Sheriff’s Office, and NAMI Solano to develop a 40-hour CIT curriculum using the Memphis CIT model as a framework while customizing the training to meet Solano County’s needs. Two 40 hour trainings were provided and attended by law enforcement from Solano County Sheriff, Travis Air Force, Fairfield, Vallejo, Napa, Suisun and Benicia training a total of 41 law enforcement. SCBH hopes to expand the CIT training to local fire departments and paramedic first responders.

Changes or Updates Planned for FY 2023/24

SCBH will continue to fund trainings and supports necessary to build the workforce’s competencies and to implement EBPs. In 2023/2024 Fidelity trainings will be scheduled and continued support will be provided to the following EBP models Individual Placement and Support (IPS) employment model, Assertive Community Treatment (ACT), EMDR, Dialectical Behavioral Therapy, Harm reduction, motivational interviewing and TIP.

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

Description of Strategy:

Annually SCBH provides stipends for master’s level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a community-based organization.	
# of Providers Provided Stipend: 6	
Financial Report	
Budgeted Amount FY 2022/23: \$50,000	Total Expenditures FY 202223 \$15,964

Changes or Updates Planned for FY 2023/24

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 program will support masters level and doctoral level clinicians with hopes to incorporate BA and AA student in the future. The program also supports onboarding for rotations for medical students and Nurse Practitioners. 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. With the internship expansion funds through ARPA, more internships stipend funding will be added for Masters students and for the doctoral students that is more comparative to regional stipend amounts.

Name of Strategy: Financial Incentives—County

Description of Strategy:

Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service.

of Providers Provided Stipend: 0

Financial Report

Budget for FY 2022/23: **\$50,000**

Total Expenditures FY 2022/23: **\$0**

Changes or Updates Planned for FY 2022/23

Based on community and staff feedback, this strategy will be amended to include clinical direct service staff recruitment and retention bonus supports as funding is available.

Name of Strategy: Loan Assumption Program (**Renamed Workforce Staffing Strategy**)

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

Description of Strategy:

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.

Cohort two launched and applicants for rewards were identified in May 2023. 28 were identified to receive loan repayment. Final approval and disbursement will be reported for next plan year.

of Providers Provided Loan Repayment: 0

Financial Report

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

Total Expenditures FY 2022/23: **\$0**

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CF/TN) INITIATIVES

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

Capital Facilities FY 2022/23: No MHSA funding was utilized to support any capital facility projects.

New Strategy starting in fiscal year 2023-24

Name of Strategy: Service Level Tools & Data Analytics

Name of Agency: Opeeka

Description of Strategy:

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 for fiscal year 2023-24: \$150,000	Estimated Cost per Person: N/A this is a system improvement strategy and not a direct service project
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Changes or Updates Planned for FY 2023/24

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

- Transparency and accessibility to information related to consumer data’ e.g., health information exchange and ability for consumers to complete self-reporting tools electronically rather than on paper, etc.
- Apps and/or equipment to reduce barriers to data entry and client health portals for better access to their healthcare plans.
- Streamlining collection of MHSA data for the provider entry process and data analytics.

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 5/16/24

	MHSA Funding Revised Estimate					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. FY 2023/24 Funding						
1. Unspent Funds from Prior Fiscal Years	14,148,482	5,716,066	4,183,516	0	10,581	5,737,826
2. New FY 2023/24 Funding	28,378,319	7,162,504	1,968,046	0	330	0
3. Transfers in FY 2023/24	(1,009,829)	0	0	870,740	139,089	0
4. Access Local Prudent Reserve in FY 2023/24						
5. Available Funding for FY 2023/24	41,516,972	12,878,570	6,151,562	870,740	150,000	5,737,826
B. FY 2023/24 MHSA Expenditures	30,133,428	10,480,513	1,856,939	870,740	150,000	0
C. FY 2023/24 Unspent Fund Balance	11,383,544	2,398,057	4,294,623	0	0	5,737,826

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2023	5,737,826
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Local Prudent Reserve Balance on June 30, 2024	5,737,826

Pursuant to Welfare and Institutions Code Section 5802(b), Counties may use a portion of their CFS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CFS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 5/16/24

	Fiscal Year 2023/24 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. SCBH Child/Youth Full Service Partnership (FSP)	3,302,455	1,103,756	2,198,699	0	0	0
2. SCBH Foster Care Treatment Unit (FCTU) Full Service Partnership (FSP)	2,753,803	1,184,221	1,569,574	0	0	225,608
3. Transition Age Youth (TAY) Full Service Partnership (Ages 16-25)	1,699,445	1,298,894	400,621	0	0	530
4. SCBH Adult Assertive Community Treatment (ACT) FSP	2,654,079	1,183,904	1,467,826	0	0	2,349
5. Contractor Adult HOME (homeless) Full Service Partnership (FSP)	1,207,352	854,976	346,770	0	0	5,586
6. Contractor Adult Full Service Partnership (FSP)	2,213,460	1,783,570	422,425	0	0	7,465
Non-FSP Programs						
1. Crisis Stabilization Unit (CSU)	4,872,951	3,136,160	1,634,686	0	0	102,085
2. Crisis Aftercare & Recovery Engagement (CARE)	843,952	690,444	158,548	0	0	0
3. Forensic Triage Team (FTT)	1,390,352	1,347,607	42,725	0	0	0
5. Adult Community Case Management (CCM)	2,173,989	1,962,509	200,007	0	0	11,473
6. Centralized Assessment Team (CAT)	1,155,278	762,144	398,134	0	0	0
7. Adult Coordination Team	1,171,001	1,047,530	123,472	0	0	0
8. CARE Clinic	340,696	340,696	0	0	0	0
9. Katie A. Services (KAS) Program	300,000	129,767	170,233	0	0	0
10. Therapeutic Foster Care Services	0	0	0	0	0	0
11. Child Family Team (CFT) Initiative	246,758	218,311	28,447	0	0	0
13. Expanded Bilingual Services	342,448	129,726	212,722	0	0	0
14. Jail Release Re-entry Program	283,781	283,781	0	0	0	0
15. Wellness Recovery Unit (WRIU)	1,088,548	1,088,548	0	0	0	0
16. Wellness Recovery Centers (WRC)	1,097,144	1,097,144	0	0	0	0
17. Employment Services & Support	972,921	972,921	0	0	0	0
18. Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach	263,223	243,223	0	0	0	20,000
19. Augmented Board and Care (ABC) Step Downs	250,000	250,000	0	0	0	0
20. Co-occurring Disorder Treatment Program	0	0	0	0	0	0
21. Patients' Benefits Specialists (PBS)	143,055	143,055	0	0	0	0
22. Transitional Housing	3,333,354	3,333,354	0	0	0	0
23. Shelter Solano	852,007	852,007	0	0	0	0
24. Bridge Transitional Housing	726,101	726,101	0	0	0	0
25. Supported Housing	811,981	811,981	0	0	0	0
CSS - Administration	3,837,537	3,157,099	680,438	0	0	0
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Actual Expenditures	40,352,651	30,133,428	9,824,127	0	0	375,096
FSP Programs as Percent of Total	34%					

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 5/16/24

	Fiscal Year 2023/24 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Reassignment	Behavioral Health Subaccount	Other Funding
Prevention						
1. CalMHSA Community-wide Prevention Efforts	50,000	50,000	0	0	0	0
2. School-Based Mental Health Services -A Better Way	2,010,667	1,881,797	128,870	0	0	0
3. School-Based Mental Health Services - Rio Vista Care	176,875	150,906	25,969	0	0	0
4. School-Based Mental Health Services - SCDE	683,622	683,622	0	0	0	0
5. Older Adult Peer-to-Peer Program	178,497	178,497	0	0	0	0
Early Intervention						
6. Pregnant and Postpartum Maternal Support (PPMS)	362,763	362,763	0	0	0	0
7. LGBTQ+ Outreach and Access Program	278,902	278,902	0	0	0	0
6. Early Psychosis (EP) Treatment Program - Aldea	555,539	491,630	63,709	0	0	0
7. Early Psychosis (EP) Treatment Program - UC Davis	106,248	106,248	0	0	0	0
8. Older Adult Case Management & Treatment	660,428	660,428	0	0	0	0
Stigma Reduction						
9. Family and Peer Support Program	382,449	382,449	0	0	0	0
10. African American Faith-Based Initiative	225,130	225,130	0	0	0	0
11. Hispanic Outreach and Latino Access (HOLA)/KAAOAPAY - Filipino Asian American/Pa	450,259	450,259	0	0	0	0
Suicide Prevention						
13. Suicide Prevention Crisis Call Center	45,000	45,000	0	0	0	0
14. Crisis Transport - Medic Ambulance	185,306	185,306	0	0	0	0
15. Community Based Mobile Crisis	3,492,450	3,486,218	0	0	0	6,232
Access						
16. Early Childhood Services	628,518	628,518	0	0	0	0
PEI Administration	232,639	232,639				
PEI Assigned Funds						
Total PEI Program Actual Expenditures	10,708,293	10,480,513	218,548	0	0	6,232

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Innovations (INN) Funding

County: Solano

Date: 5/15/24

	Fiscal Year 2023/24 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
1. Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)	0	0				
2. Early Psychosis Learning Health Care Network (EP LHCN)	25,672	25,672				
3. New Project (TBD)	1,813,771	1,813,771				
INN Administration	23,917	17,496	6,421			
Total INN Program Actual Expenditures	1,863,360	1,856,939	6,421	0	0	0

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Workforce, Education and Training (WET) Funding

County: Solano

Date: 5/16/24

	Fiscal Year 2023/24 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Medi-Cal FFP	1991 Reassignment	Behavioral Health Subaccount	Other Funding
WET Programs						
1. Workforce Staffing	481,481	481,481				
2. Workforce and Community Training/Technical Assistance	323,039	323,039				
3. Mental Health Career Pathways	0					
4. Residency/Internship	50,000	50,000				
5. Financial Incentive	0					
WET Administration	16,220	16,220	0			
Total WET Program Actual Expenditures	870,740	870,740	0	0	0	0

FY 2023/24 BUDGET WORKSHEETS

Fiscal Year 2023/24 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 5/16/24

	Fiscal Year 2023/24 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
1. Opeeka Software for data collection and outcomes monitoring	150,000	150,000	0	0	0	0
CFTN Administration	0	0	0	0	0	0
Total CFTN Program Actual Expenditures	150,000	150,000	0	0	0	0

PUBLIC COMMENT

PUBLIC COMMENT

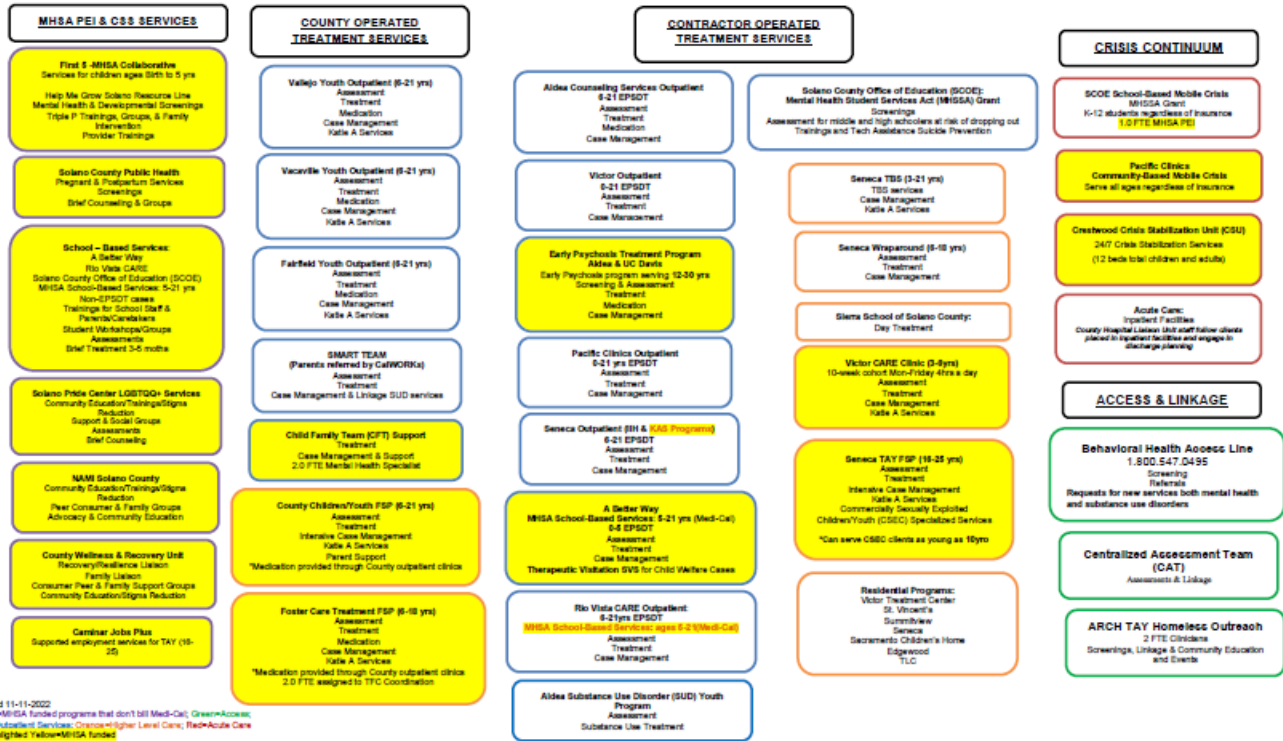
REFERENCES

1. Solano County Website. SCBH DEI Annual Report 2024. Retrieved from: [SCBHDEAnnualUpdateCY2024Final.pdf \(solanocounty.com\)](#)
2. Solano County Website. (2023, December 19). County of Solano 2022 Annual Report. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36119>
3. Solano County Website. (2023, December 19) Solano County Statistical Profile FY2022/23. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36948>
4. Solano County Website. (2023, December 19) Solano County Statistical Profile FY2022/23. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36948>
5. Solano County Website. SCBH DEI Annual Report 2024. Retrieved from: [SCBHDEAnnualUpdateCY2024Final.pdf \(solanocounty.com\)](#)
6. Solano County Website. SCBH DEI Annual Report 2024. Retrieved from: [SCBHDEAnnualUpdateCY2024Final.pdf \(solanocounty.com\)](#)
7. Solano County Website. SCBH DEI Annual Report 2024. Retrieved from: [SCBHDEAnnualUpdateCY2024Final.pdf \(solanocounty.com\)](#)
8. Solano County Website. SCBH DEI Annual Report 2024. Retrieved from: [SCBHDEAnnualUpdateCY2024Final.pdf \(solanocounty.com\)](#)

APPENDIX

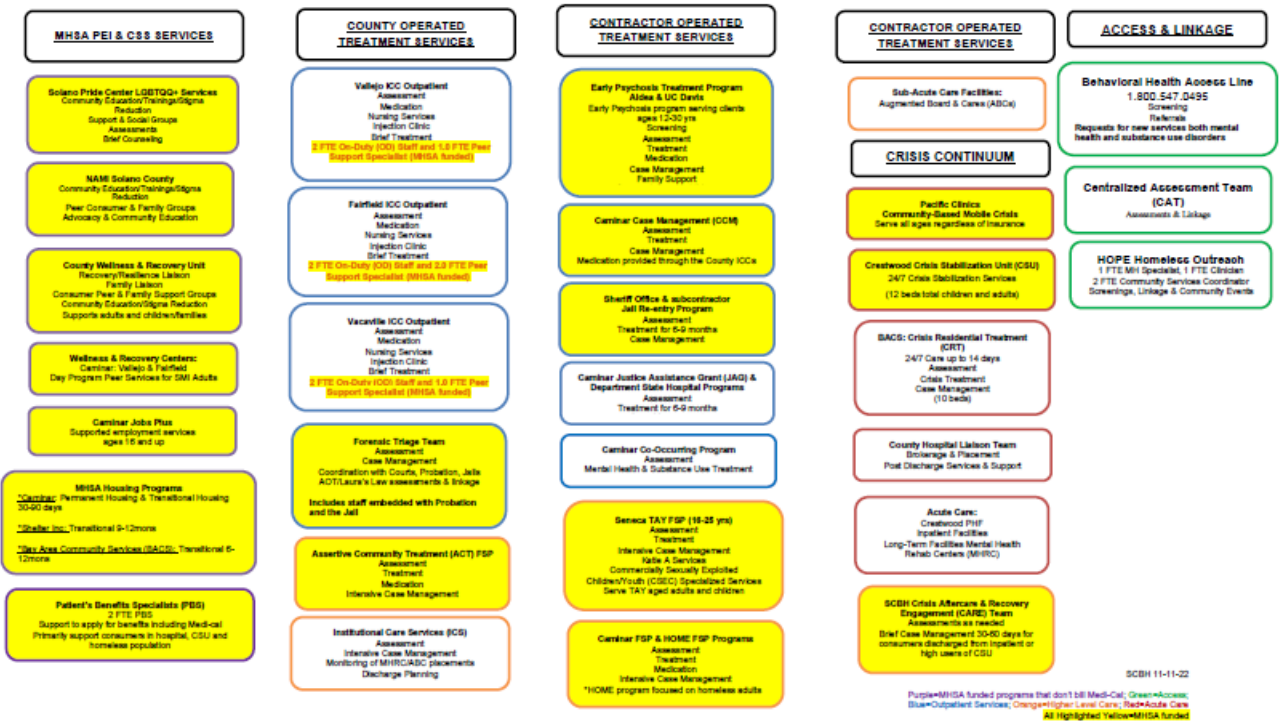
APPENDIX

Solano County Behavioral Health: Children's System of Care



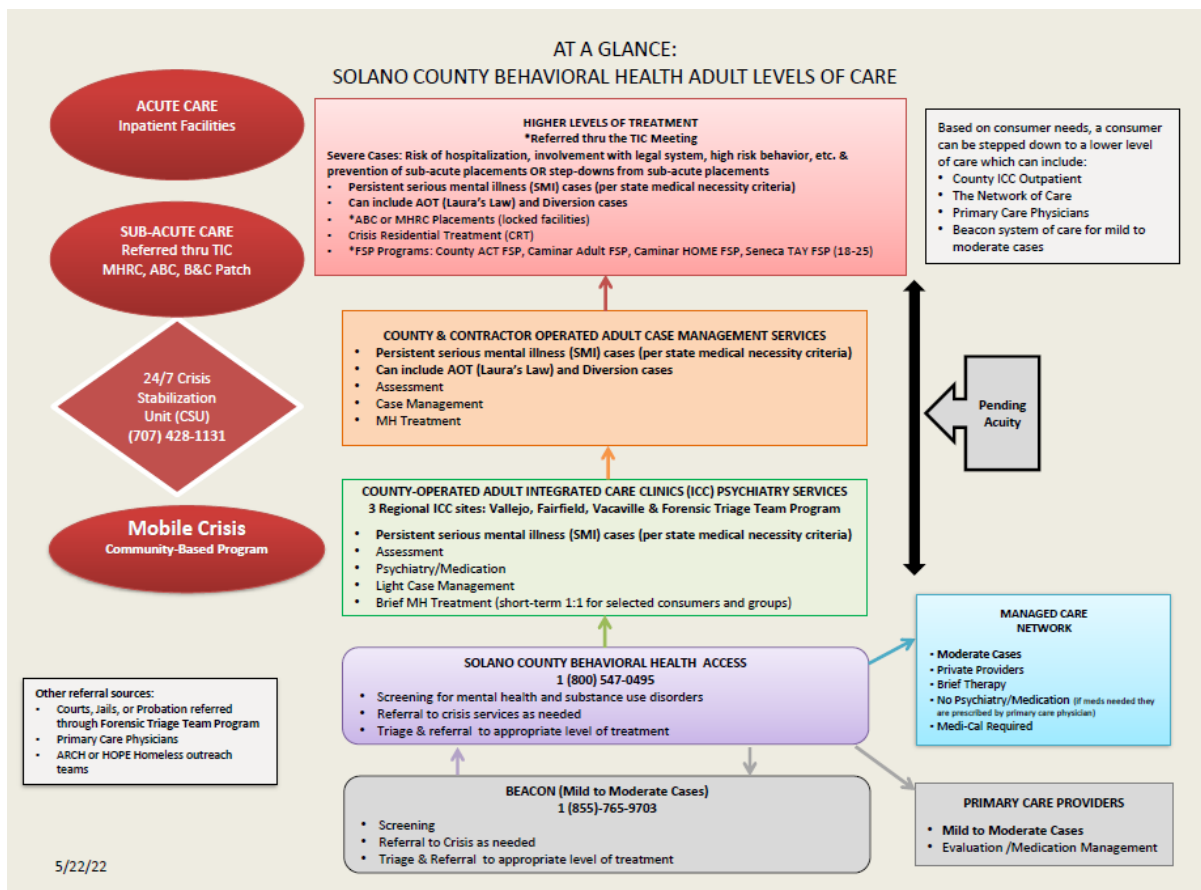
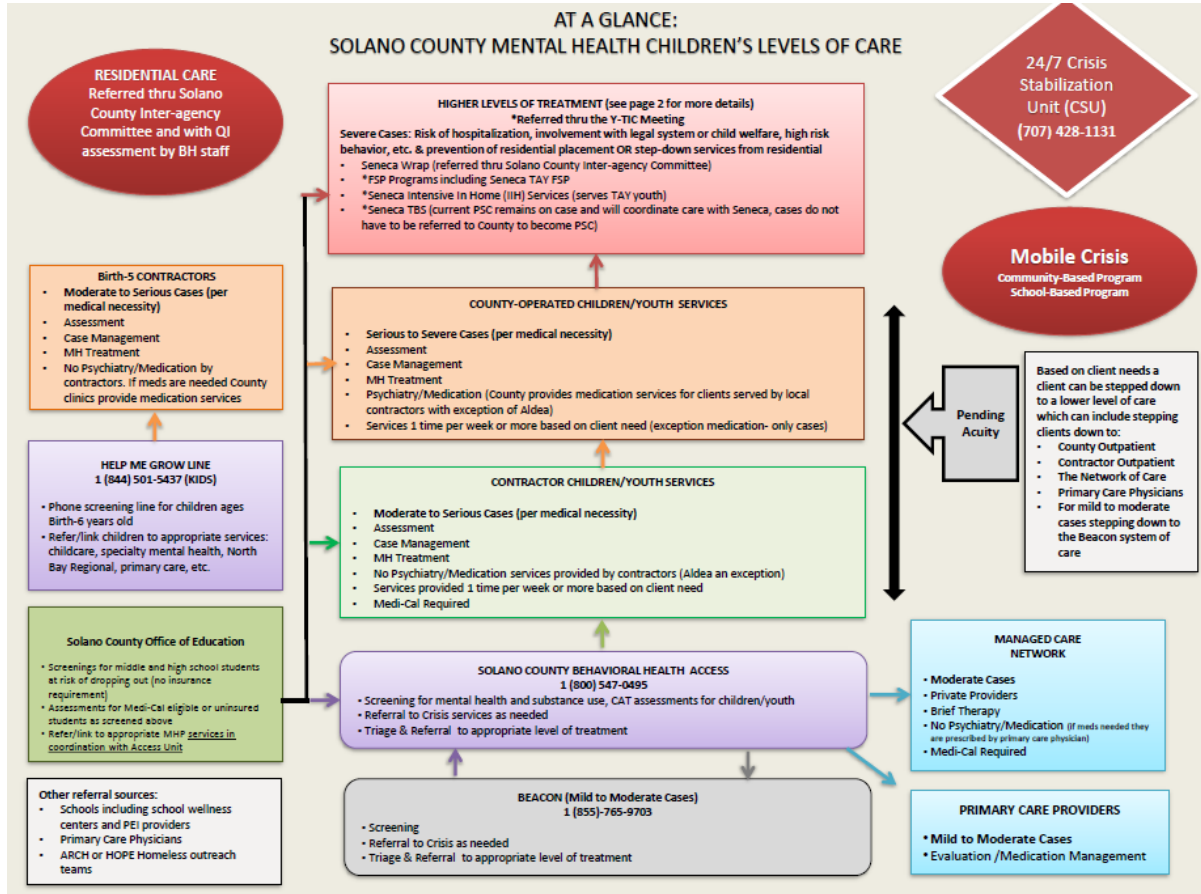
Revised 11-11-2022
 Purple=MHSA funded programs that don't bill Medi-Cal; Green=Access;
 Blue=Outpatient Services; Orange=Higher Level Care; Red=Acute Care
 All Highlighted Yellow=MHSA funded

Solano County Behavioral Health: Adult System of Care




Purple=MHSA funded programs that don't bill Medi-Cal; Green=Access;
 Blue=Outpatient Services; Orange=Higher Level Care; Red=Acute Care
 All Highlighted Yellow=MHSA funded

APPENDIX



APPENDIX

Solano County Behavioral Health System of Care:




Who We Serve

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

Services the County is Responsible to Fund

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

Funding Sources



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

MENTAL HEALTH SERVICES ACT:


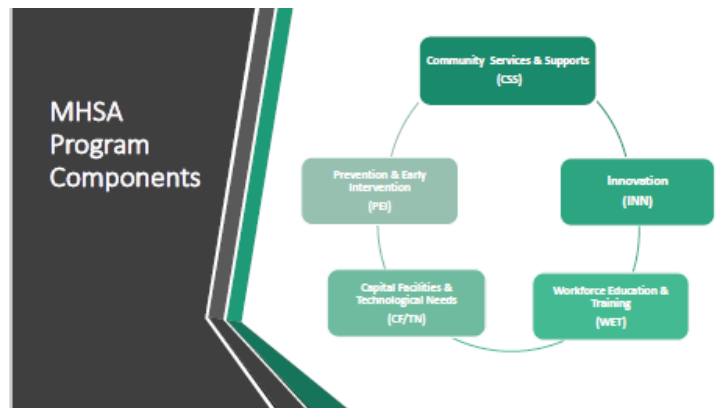
In 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

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

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

MHSA Mission & Values

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

APPENDIX

PEI Component

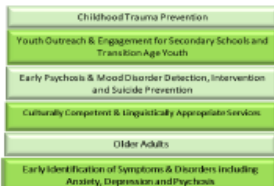
- 19% of the total funds received annually **must** be allocated to PEI and cannot be transferred to other components
- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention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

Mandated PEI approaches per Act



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

Mandated PEI priorities per SB1004

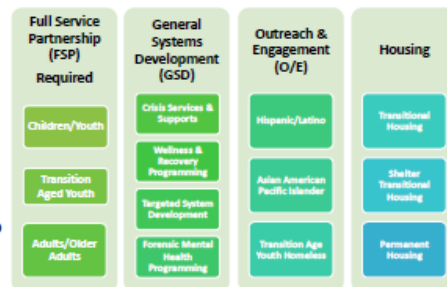


CSS Component

76% of the total funds received annually are CSS funds

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

Sub-Components of CSS



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

Innovation (INN) Component



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

These funds are unique in that the following are mandates:

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

Innovation stakeholder meetings coming soon

Workforce Education & Training (WET)

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

Capital Facilities & Technological Needs (CF/TN)

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

Prudent Reserve

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

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



Accessing Services

Solano BH Access: Mental Health & Substance Use Services

APPENDIX


MENTAL HEALTH SERVICES: County Mental Health Plan (MHP)

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

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

Behavioral Health Access Line


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






Access Line Hours

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



Access Timeliness

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




Centralized Assessment Team (CAT) <18

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



Adult Open Access

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



Forensic Triage

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

SUBSTANCE USE SERVICES: Regional Model

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

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

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

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

Behavioral Health Access



System of Care

Teams & Program Descriptions

Solano BH Teams/Service Programs – Children & Youth

Acute & Residential Care

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

Children's System serves ages 0-21yrs

Specialty

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

Specialty

- In Home Behavioral Support & Therapeutic Behavioral Support
- Wraparound Services
- Therapy Day School
- Walk-in to Work (SMART) team
- ODS Outpatient
- TEF Homeless Outreach
- Special Health Care Services and (SHCS) PEP (includes School Based Middle Child)

Outpatient Clinics

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

Prevention & Early Intervention

- The Collaborative
- Prevent & Promote Services (Solano County Public Health)
- MHSA School Based Services (includes support for all other School Based Clinics)

Orange = MHSA funded

APPENDIX

Mobile Crisis Programming

Community-Based Mobile Crisis



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

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

Mental Health Services Act (MHSA) funded

School-Based Mobile Crisis

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

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

Mental Health Student Services Act (MHSSA) grant funded

Crisis Hotlines & Suicide Prevention

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



LGBTQ+ Crisis Hotlines & Suicide Prevention

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



Housing & Homeless Outreach



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

Team Goals:

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

7 County staff provide outreach and linkage

Youth Focused

- ▶ **Mental Health Clinician:** Focused on homeless transition aged youth (TAY)

Contact Info: youthARC19@solanocounty.com

Adult and General Population Focused

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

Contact Info: housing@solanocounty.com

Countywide Homeless & Housing Coordination

Solano Resource Connect
707.652.7311 or email lrn@strc.org
<http://www.resourceconnectsolano.org/>

BH Funded Housing Supports

Campan Bridge Housing 30-90 Days MHSA Funded: 12 beds with on-site peer support	Campan Gateway 30-90 Day Transitional Housing MHSA Funded: One 2 bedroom unit with 4 beds	BACS 6-12 Month Transitional Housing MHSA Funded: Eight 3 bedroom units for a total of 24 beds, 4 beds for H&SS consumers who are survivors of IPV of partner.	Shelter Solano 9-12 Month MHSA Funded: 15 beds Prog 47 Funded: 60 beds (also at Opportunity House)
Room & Boards MHSA and Core Funded: Rent and security to prevent homelessness for SMI consumers as they obtain their own housing or SS funding Prog 47: 50 housing units in 1000 sqmeters	Board & Care MHSA and Core Funded: RCIN will pay for services to support housing costs for SMI consumers	Campan Permanent Housing 46 units	CRITERIA FOR PERMANENT HOUSING -Persistent Serious Mental Illness (SMI) -History of Inpatient Hospitalization -Individual is ready to live independently -Does not require 24/7 care -No Sex Offender if MHSA funded MHSA funds can only be used to pay for housing for individuals with persistent serious mental illness.

\$2.5M or 8% of the MHSA CSS funds are being used to prevent homelessness

APPENDIX



QUESTIONS



Culture Matters

Culturally and Linguistically Responsive Services

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?vh=28&id=43>

SCBH Culturally Responsive Strategies

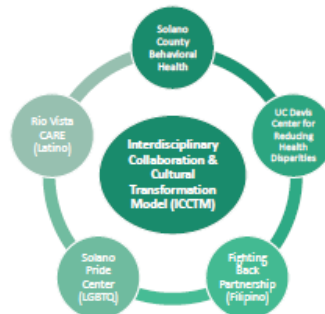
- Trainings Provided During Last 3 Years**
 - Cultural Competency 101 and 102
 - LGBTQ+ Cultural Competence & Clinical Considerations (also for reception staff)
 - Advancing Racial Equity (ARE)
 - Gender Diversity – The Transgender Experience
 - 3 CLAS Training Cohorts – MHSa Innovation Plan
 - Behavioral 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**
 - HSSG Community In Action for Racial Equity (CARE) Team
 - Equity Collaborative



MHSA Innovation Projects

Current Project Overviews & Updates

MHSA Innovation Project



- 3 target unserved/underserved communities identified as: Latino, Filipino and LGBTQ+
- Fourteen (14) QJ Action Plans developed by multi-sector partners and are focused on:
 - Workforce development
 - Community engagement
 - Training

APPENDIX



MENTAL HEALTH SERVICES ACT COMMUNITY PLANNING MEETING FOR THE FY 2023/24 ANNUAL UPDATE

The Mental Health Services Act (MHSA) is a community-driven system and the MHSA Community Planning Process creates an opportunity for advocates and for individuals whose lives are affected by mental illness to provide input into the development of the behavioral health service delivery system.

Meetings will be held in-person and virtually via Zoom. Virtual meetings will be recorded.

Please register separately for each meeting you plan to attend. For the in-person meeting, please email SolanoMHSA@solanocounty.com to RSVP. For the virtual meeting, click on the meeting date to register via Zoom.

JUNE 10, 2024

675 TEXAS STREET

MULTI-PURPOSE ROOM 1600-1620

FAIRFIELD, CA 94533

10:00 AM - 11:30 AM

VIRTUAL MEETING

CLICK HERE TO REGISTER ON

ZOOM

4:30 PM - 6:00 PM

Meeting links for virtual meeting will be sent 2 days before the meeting date. Meetings will be held in English, however efforts will be made to facilitate small breakout groups in Spanish and Tagalog, provided that need is identified per the participant registration.

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



APPENDIX

MENTAL HEALTH SERVICES ACT REUNIONES PARA LA PLANIFICACIÓN DE PROGRAMAS COMUNITARIOS

PARA LOS AÑOS FISCAL 2023/24



La Ley de Servicios de Salud Mental (MHSa) es un sistema guiado por la comunidad y el proceso de planificación para el MHSa con la comunidad crea una oportunidad para que los que abogan y para individuos que sus vidas están afectadas por su salud mental a dar su opinión sobre el desarrollo del sistema de servicios de salud mental.

Reuniones serán en persona y virtual en Zoom. Las reuniones virtuales serán grabadas. Por favor regístrese para cada fecha en la que planea asistir a la reunión.

Para Reuniones en persona, envíe un correo electrónico a SolanoMHSa@solanocounty.com para registrarse. Para las Reuniones virtual, haga clic en la fecha preferida para registrarse.

JUNE 10, 2024

**675 TEXAS STREET
MULTI-PURPOSE ROOM 1600-1620
FAIRFIELD, CA 94533
10:00 AM - 11:30 AM**

**VIRTUAL MEETING
CLICK HERE TO REGISTER ON
ZOOM
4:30 PM - 6:00 PM**

Los enlaces de cada reunión virtual se enviarán dos días antes de la reunión. Esta reunión se llevará a cabo en inglés, sin embargo, se harán esfuerzos para facilitar pequeños grupos de ruptura en español y tagalo, siempre que esa necesidad se identifique por el registro del participante.

El Condado de Solano no discrimina a las personas con discapacidades. Si necesita una modificación, por favor llame al 707-784-8320 con 24 horas de anticipación



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MENTAL HEALTH SERVICES ACT COMMUNITY PLANNING MEETING

FOR THE FY 2023/24 ANNUAL UPDATE



Ang Mental Health Services Act (MHSA) ay isang sistema na nakatuon sa pangangailangan ng ating komunidad at ang MHSA Community Planning Process ay ang pagkakataon ng mga kampeon ng Mental Health at mga indibidwal na naapektuhan ng mental illness na ibahagi ang kanilang kaalaman at karanasan para sa ikauunlad ng Behavioral Health delivery system.

Gaganapin ang mga meetings sa personal at sa Zoom. Ang Zoom meeting ay rekorded. Para magparehistro sa personal, i-email ang SolanoMHSA@solanocounty.com para ikumpirma ang pagdalo. Para magparehistro sa Zoom meeting, i-click ang link ng virtual meeting at punan ang form.

JUNE 10, 2024

675 TEXAS STREET

MULTI-PURPOSE ROOM 1600-1620

FAIRFIELD, CA 94533

10:00 AM - 11:30 AM

VIRTUAL MEETING

CLICK HERE TO REGISTER ON

ZOOM

4:30 PM - 6:00 PM

Ang meeting links para sa Zoom ay ipapadala sa iyong email dalawang araw bago ang meeting. Ang mga meeting ay sa ingles pero susubukan naming tulungan ang mga indibidwal na nangangailangan ng tagasalin sa Tagalog, basta tukuyin ito sa form.

Ang Solano County ay walang diskriminasyon sa mga taong may kapansanan. Kung kinakailangan mo ng tulong, pakiusap tumawag sa numero 707-784-8320 bente kwatro oras bago ang takdang pagpupulong na iyong nais daluhan.



APPENDIX

Mental Health Services Act FY 23-24 Annual Update

Community Planning / Stakeholder Meeting



Demographic Survey

Spanish



English



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Land Acknowledgement

We acknowledge the land on which we are gathered. For thousands of years, this land has been the home of the Native American tribes of the Suisun, the Patwin of the Wintun tribes, Miwuk, Karink Ohlone, Yocha Dehe, and the countless other California tribes that are the original stewards of this land. We honor Solano County's ancestral grounds. We recognize the history of genocide and continued inequities experienced by the Native American People in Solano County. The forced cessation of Native Americans on this land is an open wound. We would like to acknowledge the displacement and lost lives due to colonization and ongoing disparities. We honor those who have passed and those who continue to maintain the traditions of this vibrant culture that benefit us today.

Pronunciation Guide: Suisun - Sui-SOON-ee; Patwin - PUT-win; Wintun - Win-TUN; Miwuk - ME-wuk; Karink Ohlone - Kar-KEEN Oh-lone-EE; Yocha Dehe - Yo-CHA De-HEE.



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 under-represented 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.

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Agenda

- Introductions
- Overview of MHSA
- MHSA Requirements
- Solano MHSA Fiscal Year 2023/24 Program Planning



Mental Health Services Act

- **November 2004:**
 - CA voters passed Proposition 63
 - Created the Mental Health Services Act (MHSA)
 - Effective January 1, 2005
 - Expanded mental health services and community-based service delivery
 - Provided a broad continuum of supportive and prevention services; early intervention services; housing support; infrastructure; technology upgrades; and training
 - Promoted a "whatever it takes" approach for consumers with the highest-needs
- **MHSA Vision Statement:**
 - "To create a state-of-the-art, culturally-competent system that promotes recovery and wellness for adults and older adults with severe mental illnesses and resiliency for children with serious emotional disorder, and their families"

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Mental Health Services Act

- In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.
- MHSA funds approximately 30% of the County's mental health programs.
- Requires each county to create a MHSA Plan every 3 years in order to provide a culturally responsive continuum of care that promotes wellness and recovery.
- MHSA values include:



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Mental Health Services Act FY 23-24 Annual Update

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What year did Proposition 63 pass?

Pop Quiz



Upcoming Changes to MHSA

- March 2024:
 - CA voters passed Proposition 1
 - Effective January 1, 2025
 - Renames MHSA to the Behavioral Health Services Act (BHSA) Effective January 1, 2025
 - Funding component changes do not take into effect until 2026
 - Expands original MHSA to include SUD services and additional housing interventions
 - Reduces local funding to support statewide initiatives and oversight
- Waiting on guidance from state for implementing BHSA
- Using the term "MHSA" until the next FY 2024/25 Annual Update

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Mental Health Services Act FY 23-24 Annual Update



Guiding Principles of MHSA

- Improves access to services
- Targets unserved and underserved persons
- Expands mental health services for Children, Transition Age Youth, Adults, and Older Adults
- Creates an integrated array of services
- Promotes community collaboration
- Ensures cultural diversity, equity, and inclusion
- Promotes services that utilize best practices and professional standards

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Mental Health Services Act FY 23-24 Annual Update



What is one of the guiding principles of MHSA?

Pop Quiz

MHSA Planning Requirements

- Solano County Behavioral Health (SCBH) must develop the following for MHSA:
 - Three-Year Program and Expenditure Plans (planning for the next 3 FYs)
 - Annual Updates (to the current Three-Year Plan; allows for program changes)
 - Annual Revenue and Expenditure Reports (fiscal reporting to the state)
- Plans and Annual Updates
 - Developed by SCBH
 - Informed by the Community Program Planning Process (CPPP) facilitated by SCBH

CPP Meetings

30-Day Public Comment Period

Public Hearings

Committees

Response to Public Comment

Board of Supervisors

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Community Program Planning Process

- MHSAs require a Community Program Planning Process (CPPP) that includes:
 - Community Collaboration - working together with clients and/or families, other community members, organizations, and businesses to share information and resources to achieve a shared vision and goals
 - Stakeholder Engagement - conducting community meetings, focus groups, and surveys to facilitate community participation and input from diverse groups of individuals

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MHSA Stakeholders

- Community / General Public
- Clients and their Family Members
- SCBH Staff
- Community / Contract Providers
- Partner Agencies
- All Groups (Ages, Races/Ethnicities, Gender Identities, etc.)

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Which groups of people are considered MHSA stakeholders?

Pop Quiz

MHSA Funding Components

- MHSAs have 5 funding components, each with its own area of focus:
 - Community Services and Supports (CSS), including Housing Supports
 - Prevention and Early Intervention (PEI)
 - Innovation (INN)
 - Workforce Education and Training (WET)
 - Capital Facilities and Technological Needs (CFTN)

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State Allocation of Current MHSA Funding Categories

- **Community Services and Supports (CSS) - 76% (Majority to FSPs)**
 - General Core Services
 - ✓ Outpatient Treatment
 - ✓ Crisis Intervention
 - ✓ Wellness Centers
 - ✓ Housing Services
 - Full-Service Partnerships (FSPs)
- **Prevention and Early Intervention (PEI) - 19%**
 - School-based Services
 - Outreach to Older Adults
 - Suicide Prevention
- **Innovation (INN) - 5%**
 - Funds activities that increase access, increase quality, and promote interagency collaboration
 - Must be approved by the CA Mental Health Services Oversight Accountability Commission (MHSOAC)
- **Workforce Education and Training (WET) - 0%**
 - No funds set aside, can be funded from CSS
 - Workforce, Internships, and Training
- **Capital Facilities/Technology Needs (CFTN) - 0%**
 - No funds set aside, can be funded from CSS
 - Funds necessary upgrades to county facilities and technology systems used for MHSA staffing, service delivery, and meeting client needs.

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How many funding components does MHSAs have?

Pop Quiz



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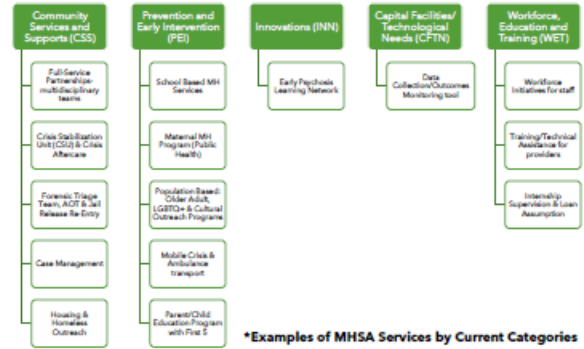
Key Elements of Current Solano MSHA Programs

- Focus on children, youth, and families
- Collaboration with schools
- Transition Age Youth (TAY) activities
- Suicide Prevention activities
- Increased in-home and community-based services
- Collaboration with Diversity, Equity, and Inclusion (DEI) principles and activities
- Wellness activities

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MHSA FY 2023/24 Planning Activities

- Community Program Planning (CPP) Activities for MHSA FY 2023/24 Annual Update
 - June 10th 10am-11:30am at 675 Texas Street Fairfield, CA 94533
 - June 10th 4:00pm-6pm via Zoom
 - June 11th 1:00pm-2:00pm (SCBH All Staff Meeting)
 - June 18th 3:30pm-5:00pm (Behavioral Health Advisory Board)



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MHSA Key Issues Survey



9/4/2023

Presentation Title

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Thank you

Eugene Durrah, LCSW
 Equity Services Manager
 Kristine Lalic
 MSHA Project Manager

SolanoMHA@SolanoCounty.com

<https://www.solanocounty.com/depts/bh/mha/>

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SOLANO COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Key Issues Survey (Facilitator Questions)

1. What are key mental health issues impacting children ages 0-15 and families?
2. What are key mental health issues impacting transition age youth (TAY) (ages 16-25)?
3. What are key mental health issues impacting Adults and Older Adults?
4. In thinking about your experience with the Solano County Behavioral Health and its contractors what is working and/or the strengths of the system?
5. Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health program of Solano County?
6. What barriers make it harder for individuals and family member(s) with behavioral health challenges to access needed services?
7. Solano County Behavioral Health has experienced significant challenges recruiting and retaining staff since the COVID-19 pandemic, what are your recommendations to help recruit and retain staff within the system of care?
8. Do you have additional comments or concerns?

APPENDIX

SOLANO COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Key Issues Survey

Solano County Behavioral Health is asking for feedback on the need for services funded by the Mental Health Services Act (MHSA). Please provide us with information on the essential treatment issues for children and families, youth, adults, and older adults who need Behavioral Health services. Your responses will be confidential.

Please rate the following issues for each age group as Essential, Important, or Low Priority. This information will help us to strengthen Behavioral Health services in our community. Thank you for your help!

Section 1: Child (ages 0-15) and Family Issues

Issue	Essential	Important	Low Priority
Anxiety / Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Behaviors / Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Risk Behaviors (e.g., vandalism; fighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying (including through social media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use / Overdoses (e.g., fentanyl; amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g., trouble paying rent; unsafe conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Relationships and Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills and Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please specify):</i>			

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Section 2: Transition Age Youth (TAY) (ages 16-25) Issues

Issue	Essential	Important	Low Priority
Anxiety / Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Behaviors / Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Risk Behaviors (e.g., vandalism; fighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying (including through social media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerning Behaviors (e.g., hearing voices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use / Overdoses (e.g., fentanyl; amphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health (e.g., healthy behaviors; body image; sexual health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Connections (e.g., friends; activities; isolation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment / Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Skills (e.g., benefits; budgeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g., trouble paying rent; unsafe conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Relationships and Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills and Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please specify)</i> :			

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Section 3: Adult and Older Adult Issues

Issue	Essential	Important	Low Priority
Anxiety / Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerning Behaviors (e.g., hearing voices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Services (e.g., psychiatric hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use / Overdoses (e.g., fentanyl; prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health (e.g., nutrition; medication compliance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and Community Connections (e.g., isolation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment / Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Skills (e.g., benefits; budgeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g., trouble paying rent; unsafe conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice Involvement (e.g., probation; parole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Relationships and Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills and Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please specify):</i>			

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Section 4: Additional Information

- a) In thinking about your experience with the Solano County Behavioral Health and its contractors what is working and/or the strengths of the system?

- b) Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health program of Solano County?

- c) What barriers make it harder for individuals and family member(s) with behavioral health challenges to access needed services? *(Please select all that apply.)*

- Hard to find information on where to go for help
- Do not want help
- Embarrassed to ask for help
- Stigma about mental health
- Isolation or unable to leave home
- Appointment time not convenient; no appointments offered in the evening
- Long wait time to get an appointment
- Services are not close to my home
- Lack of providers that represent my culture
- Lack of providers that speak my preferred language
- Resources (e.g., financial; transportation)
- Safety concerns
- Immigration status
- Other (please specify):

- d) Solano County Behavioral Health has experienced significant challenges recruiting and retaining staff since the COVID-19 pandemic, what are your recommendations to help recruit and retain staff within the system of care?

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e) Do you have additional comments or concerns?

Section 5: Information about Yourself

f) What is your role in the community?

- Youth client
- Adult client
- Family member
- Community member
- School personnel
- Law enforcement
- Court staff
- Social Services and/or Child Welfare Services staff
- Probation/Parole staff
- Behavioral Health staff
- Healthcare provider
- Other (please specify): _____

g) How do you get your information about local services and resources? *(Please select all that apply.)*

- Email
- Text
- Social media (Facebook; Instagram)
- Newspapers; flyers; television; radio
- Word of mouth
- Other (please specify): _____

Thank you for your participation!

APPENDIX



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



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

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

APPENDIX



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



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

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

APPENDIX



MINDFULNESS • RESILIENCE • WELLNESS

THE 10 COMMANDMENTS OF GUN SAFETY

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




get in touch

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

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

Mental Health Access
(800) 547-0495

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

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

APPENDIX



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

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



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



8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.

9. **Never handle a firearm if you are angry or depressed.**

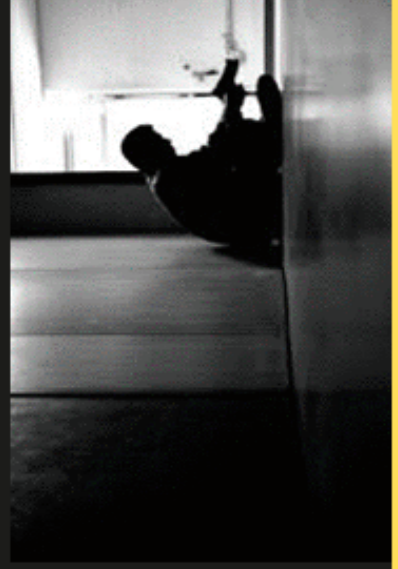


THE 10TH COMMANDMENT

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

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

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



APPENDIX

APR 25	<h2>MAY IS MENTAL HEALTH MONTH PROCLAMATION</h2> <p>9:00 AM BOARD OF SUPERVISORS CHAMBERS - 675 TEXAS ST, FAIRFIELD Presentation at the Solano County Board of Supervisor's Meeting. Community members can view the meeting here: https://www.solanocounty.com/depts/bos/meetings/videos.asp</p>	
MAY 1	<h2>PEER ARTWORK EXHIBIT HOSTED BY SOLANO BH</h2> <p>Artwork created by peers will be displayed in Solano County Behavioral Health clinic lobbies in Vallejo, Fairfield, and Vacaville. For more information contact: wru@solanocounty.com</p>	
MAY 3	<h2>TRANSPORTATION TRAINING</h2> <p>FROM 10:00 AM TO 11:00 AM Solano Mobility will provide training about transportation options for Vallejo Adult Wellness Center participants. For more information contact: MLopez@caminar.org</p>	
MAY 4	<h2>JUNTOS EN LA COMUNIDAD</h2> <p>REDUCING MENTAL HEALTH STIGMA IN THE LATINX COMMUNITY 5 PM - 6 PM 436 DEL SUR ST. VALLEJO, CA. RM 21 WELLNESS CENTER For years mental health has been stigmatized in the Latinx community. Solano County Office of Education invites community members to participate in a group discussion that will help educate, empower, and build community with each other. For more information contact: AAlidaco@solanocoe.net</p>	
MAY 6	<h2>"NAMI WALKS" NORTHERN CALIFORNIA</h2> <p>8:00 AM-NOON WILLIAM LAND PARK, 1701 SUTTERVILLE ROAD, SACRAMENTO NAMI of Solano County will be participating in the 2023 NAMI Walks in Northern California and invites all community members to join. This year's theme is ALL TOGETHER - FOR MENTAL HEALTH FOR ALL. For more information contact: nicollette@namisolanocounty.org</p>	
MAY 8-12	<h2>CHILDREN'S ART EXPO HOSTED BY SOLANO BH</h2> <p>2101 COURAGE ST. FAIRFIELD Community members are invited to the Fairfield Children's Mental Health Clinic on Beck Ave. to share anonymous artwork, poems, paintings, letters, rock paintings, and participate in a sidewalk chalk mural that will feature images and quotes encouraging Mental Wellness and Resiliency. For more information contact: BJPrerez@SolanoCounty.com</p>	
MAY 11	<h2>SELF-CARE THROUGH ART</h2> <p>1PM-2PM 436 DEL SUR ST. VALLEJO, CA. RM 21 WELLNESS CENTER Solano County Office of Education and Promoting Adult Therapeutic Health (P.A.T.H.) invites you to join a one hour in-person workshop to destress and learn about self-care, mental health, and the therapeutic benefits of art. Admission is free. For more information contact: Btaber@solanocoe.net</p>	
MAY 13, 18	<h2>"ENDING THE SILENCE" BY NAMI SOLANO</h2> <p>AT PARTICIPATING SCHOOLS NAMI is partnering with Solano County Office of Education to present talks about mental health stigma reduction in schools. For more information and schools participating contact: nicollette@namisolanocounty.org</p>	
MAY 21	<h2>NAMI PEER ART SHOW</h2> <p>10AM - 4PM 4949 SUISUN VALLEY ROAD, FAIRFIELD NAMI Solano will be hosting a Peer Art Show and invites community members to enjoy a day filled with live music, food, films and presentations. For more information contact: namianitacaitin@gmail.com</p>	

2023 MENTAL HEALTH MONTH EVENT CALENDAR



FOR MORE INFORMATION:



@SOLANOCOUNTYBH

SOLANO COUNTY BEHAVIORAL HEALTH
 275 BECK AVENUE, FAIRFIELD, CA 94533
 PHONE: 707-784-8320
 SOLANOCOUNTY.COM/DEPTS/BH

APPENDIX



MAY 22

TRANSPORTATION TRAINING

10:00 AM - 11:00 AM

Solano Mobility will provide training about transportation options for Fairfield Adult Wellness Center participants. For more information: DovelynM@caminar.org



MAY 23

COMMUNITY RESOURCE FAIR

10:00 AM - 3:00 PM | 900 6TH STREET VALLEJO

Emmanuel Arms Community Inc. will be hosting a free Community Resource Fair that will offer resources for veterans, employment opportunities, child care, housing help, mental health and substance use services, and much more! For more information contact: 707-642-2391



MAY 23

COMMUNITY INCLUSION TRAINING HOSTED BY SOLANO BH

9:00 AM - 3:00 PM | COUNTY EVENT CENTER, 601 TEXAS ST, FAIRFIELD

Dr. Mark Salzer of Temple University will be training direct service staff to relay fundamental beliefs and research based practices that are required for making community inclusion a reality for people with serious mental illnesses.

Registration opens May 1, 2023 here: www.surveymonkey.com/r/commInclusionTrainingREGMay2023



MAY 24

COMMUNITY COMEDY SHOWS HOSTED BY SOLANO BH

1Degree of Separation will be providing two community shows aimed at ending the stigma of mental illness. The show is followed by a panel discussion with the audience. SHOWS ARE FAMILY FRIENDLY AND FREE TO THE PUBLIC!

For more information contact: wru@solanocounty.com

Learn more about the show here: www.1degreeofseparation.life



JFK LIBRARY

4:00 PM - 5:30 PM | MAY 24
505 SANTA CLARA ST. VALLEJO, CA



FAIRFIELD LIBRARY

6:30PM - 8PM | MAY 24
1150 KENTUCKY ST, FAIRFIELD, CA

