



**FY2016-2017  
ANNUAL UPDATE  
& FY2017-2020  
INTEGRATED PLAN**



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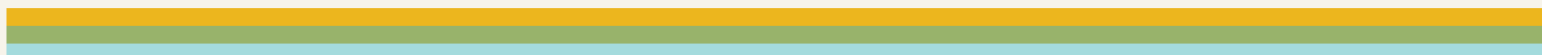


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## MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Solano

- Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director	Program Lead
Name: Halsey Simmons, MFT	Name: Tracy Lacey, LMFT
Telephone Number: 707-784-8041	Telephone Number: 707-784-8213
E-mail: HSimmons@solanocounty.com	E-mail: TCLacey@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	


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

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

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.

Halsey Simmons, MFT  
 Local Mental Health Director (PRINT)

  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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Halsey Simmons, MFT  
 Local Mental Health Director (PRINT)

  
 \_\_\_\_\_  
 Signature Date

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Solano


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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Halsey Simmons, MFT	Name: Simona P. Sholtens
Telephone Number: 707-784-8041	Telephone Number: 707-784-6280
E-mail: HSimmons@solanocounty.com	E-mail: SJPadilla@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

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

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

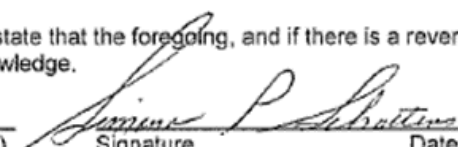
Halsey Simmons, MFT  
Local Mental Health Director (PRINT)

 11/15/16  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/18/15 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2016, 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.

Simona P. Scholtens  
County Auditor Controller / City Financial Officer (PRINT)

 11/28/16  
Signature Date

<sup>1</sup> 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)

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 Annual Revenue and Expenditure Report

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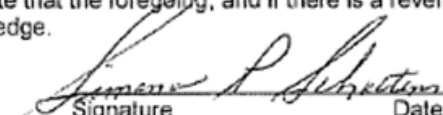
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 Local Mental Health Director (PRINT)

  
 Signature Date 11/15/16

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Simona P. Scholtens  
 County Auditor Controller / City Financial Officer (PRINT)

  
 Signature Date 11/28/16

<sup>1</sup> 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)



## Solano County

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

### Meeting Minutes - Action Only Board of Supervisors

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

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

*Monica Brown (Dist. 2)  
(707) 784-3031*

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

*Skip Thomson (Dist. 5)  
(707) 784-6130*

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Tuesday, January 24, 2017

10:00 AM

Board of Supervisors Chambers

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18

[16-996](#)

Consider approval of the Mental Health Services Act (MHSA) FY2016/17 Annual Update for services rendered in FY2015/16 and the Three Year Integrated Plan for Fiscal Years 2017/18 through 2019/20

On motion of Supervisor Thomson, seconded by Supervisor Brown, the Board approved the Mental Health Services Act (MHSA) FY2016/17 Annual Update for services rendered in FY2015/16 and the Three Year Integrated Plan for Fiscal Years 2017/18 through 2019/20. So ordered by 5-0 vote.



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Hi!

It seems like yesterday when our last 3-year Mental Health Services Act plan was crafted and approved March 25, 2014. We have been exceptionally busy in trying to deliver on the promises we made to ourselves and others, and time slipped by quickly. In the interval between these two plans, much industry and willpower went into the delivery of an array of excellent services and programs. In this last planning process, stakeholders and county representatives worked to ensure continuity in programming, maximum benefit to our community, and a fair distribution of MHSA funding throughout different mental health program areas. As some of you know, Mayor (Formerly Senator) Steinberg proposed and successfully lobbied for the passage of 'No Place Like Home', a law that will divert MHSA funding from counties to fund capital facilities dedicated to housing severely mentally ill adults and severely emotionally disturbed children and their families. This development was relatively rapid, but changed the County MHSA planning process from one of modest expansion, to one of preservation and quality improvement. Adding to uncertainty are the forecasts that were made regarding the so-called 'Millionaire' tax over the course of the next few years, which suggest a flattening or even a decline. The mission of Proposition 63 was to help reform and transform the mental health system of care to better serve all individuals across the lifespan, from infants to older adults. Despite these sobering developments, local stakeholders recommended the continuation of such programs as our Crisis Stabilization Unit, Crisis Aftercare Services, Full Service Partnership Programs, School-based Services, and many of our Prevention and Early Intervention programs, while also recommending the augmentation of existing contracts to provide expanded services and the start-up of several new programs on a very modest basis.



hello!



This new Three-Year Integrated Plan represents a comprehensive, inclusive stakeholder process in which balances were struck between many different causes and priorities pertaining to the mental health needs of our community.

Consideration was given to the stage of development of programs, their significance for the system of care, and the potential benefits and costs were the programs to be changed or de-funded in favor of a newer proposal. This plan represents not only a recommitment to many programs that have clear and lasting value, but also an appraisal that some programs that may not have been implemented as quickly as we would have liked, nonetheless merited continuation and re-funding to have a fair chance at success.

I would like to acknowledge the tremendous contributions of the stakeholders that participated in this process, the Steering Committee members, the staff that worked so hard to ensure a solid planning process, but most importantly, our adult and child community members who inspire us to get things done and done well. This is the Mental Health Services Act: changing lives by transforming systems.

Sincerely,

Halsey Simmons, LMFT

Solano County Behavioral Health Director



# Introduction

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## Purpose of This Document

The purpose of this document is twofold: to provide Solano County stakeholders an overview of the direction of mental health services in Solano County for the next *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* as determined during the community planning process, and to provide the *Annual Update for Fiscal Year 2016/17*.

The *Mental Health Services Act Three-Year Integrated Plan for Fiscal Years 2014/15 through 2016/17* was approved by the Board of Supervisors on March 25, 2014. The Solano County *Annual Update for Fiscal Year 2016/17* provides a comprehensive summary of the progress that has been made during fiscal year (FY) 2015/16 and highlights the changes that will be made during the third and final year of this current plan.

## 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 results in staggering public costs for health care, psychiatric hospitalization, incarceration, homeless services, and other public services.

# Introduction (cont.)

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In November 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% increase in personal income taxes for individuals with incomes over \$1 million to expand mental health services. MHSA, which was implemented in 2005, was written in partnership with individuals and their families whose lives are affected by mental illness and community leaders. MHSA calls for each county to create a state-of-the-art, culturally competent continuum of care that promote wellness and recovery for all age groups from birth to the end of life. Much of the funding is distributed to county mental health programs upon approvals of their plans. MHSA provides funding to expand community mental health services via five different components:

- **Prevention & Early Intervention (PEI)**

PEI funds are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services to avert mental health crises and the development of more severe disabling mental illnesses. Suicide Prevention activities are funded through PEI funding. Approximately 20% of MHSA funding is directed to PEI programming and at least 51% of that funding must be used for programs and services dedicated to children and youth under the age of twenty-five.

- **Community Services & Supports (CSS)**

CSS is the largest funding component of MHSA and is intended to expand and transform services for children, youth, adults and older adults living with serious mental illness with an emphasis on culturally competent and recovery oriented services. Additionally, CSS funding focuses on client and family driven services, community collaboration and integration of services.

# Introduction (cont.)

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- **Community Services & Supports (CSS) cont.**

CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming CSS includes General Systems Development service strategies, which are used to enhance the system of care, and Outreach and Engagement service strategies to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers.

- **Innovation (INN)**

INN funds 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 unserved and underserved groups, to improve the quality of services, demonstrate better outcomes and to promote interagency collaboration.

- **Workforce Education & Training (WET)**

WET funds are used to develop and grow a diverse, linguistically and culturally competent mental health workforce which includes the training of existing providers, increasing the diversity of individuals entering the mental health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding. Once WET funding is exhausted CSS funds can be used to fund particular projects that are intended to develop and grow the workforce provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

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- **Capital Facilities & Technology Needs (CFTN)**

CFTN funds are used to develop or improve buildings used for the delivery of MHSA services and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for clients and their families. Similar to the WET funding, CFTN funds were only made available for the first 10 years of MHSA funding. Once CFTN funding is exhausted 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 Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

# Introduction (cont.)

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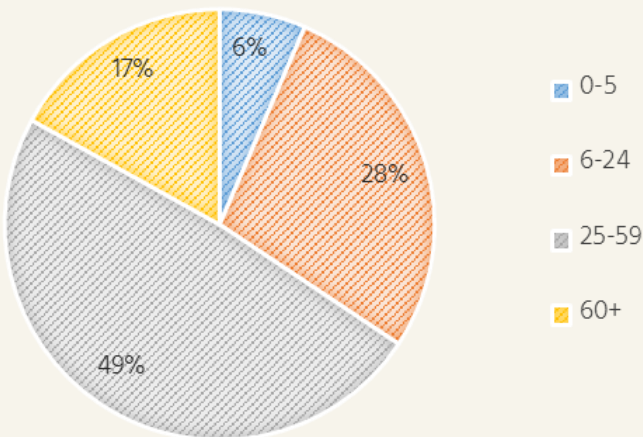
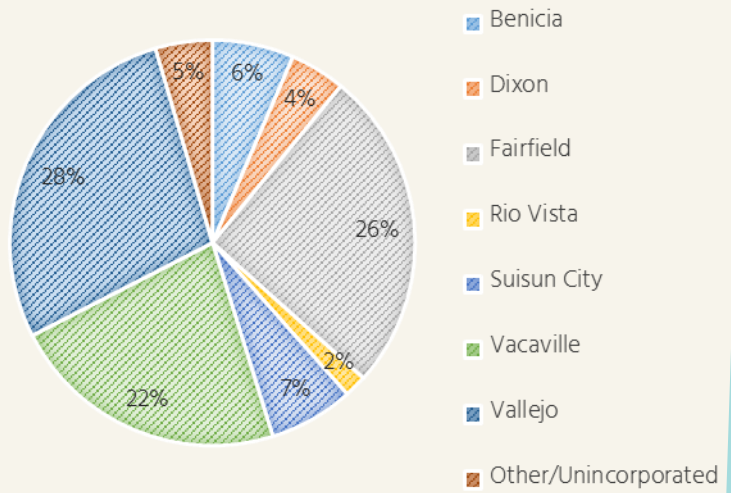
## Mental Health Service Act Vision & Core Values

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



# Solano County Demographics

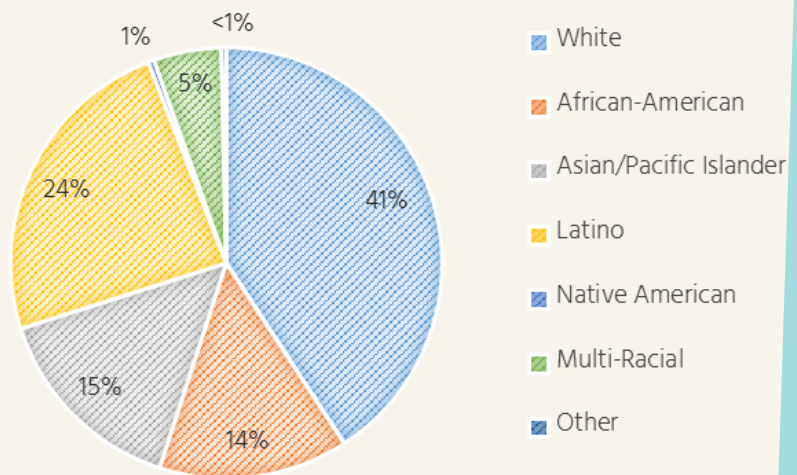
Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. It serves seven jurisdictions – Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo.



In 2010, the United States Census Bureau reported that Solano County has a total population of 413,344 residents, and of this amount half are female (50.1%) and half are male (49.9%). Children ages 0-5 comprise 6% of residents, and over a quarter (28%) are school age or transition-age youth (6-24). Adults ages 25-59 represent nearly half

the County-wide population (49%), and older adults ages 60 and over account for nearly one-fifth (17%).

Approximately two out of five residents are White (41%), more than one out of five residents are Latino/Hispanic (24%), one out of seven are Asian/Pacific Islander (15%) or African American (14%); and the remaining residents identified as multiracial/other (5%) or American Indian/Alaskan Native (<1%).



# Community Planning Process

## Stakeholder and Community Planning Meetings

The Community Planning Process for the new Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20 and the Annual Update for Fiscal Year 2016/17 was conducted over four months, from August 2016 through November 2016 and included five stakeholder community planning meetings. These meetings included representation from consumers, family members, mental health and physical health providers, law enforcement, community organizations, the faith-based community, veterans, and representatives from the County's unserved and underserved Latino, Filipino and the LGBTQ communities.

	<i>Community Based Provider</i>	<i>Community Member</i>	<i>Consumer/Client</i>	<i>Education/School</i>	<i>Faith Based Provider*</i>	<i>Family Member/Loved One</i>	<i>Health Care Provider</i>	<i>Law Enforcement</i>	<i>Mental Health Provider</i>	<i>Solano County</i>	<i>No Answer</i>
<b>Stakeholders Meetings</b>											
August 29, 2016 Opening Session	22	6	8	5		4	11	1	10	20	2
September 12, 2016 Breakout 1-Fairfield	5	1	4	1		2			6	7	1
September 14, 2016 Breakout 2-Vacaville	5	1	4			11	1			9	
September 15, 2016 Breakout 3-Vallejo	5	3		1		1	1		1	9	3
September 27, 2016 Closing Session	8		5	1		1	8	1	2	8	

\*Faith-based providers did attend all of the Stakeholder Community Planning Process meetings, however they did not identify as such on our sign-in sheets.

# Community Planning Process

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Community planning meetings were advertised through the following avenues: email announcements to over 350 community stakeholders; meeting fliers printed in English, Spanish and Tagalog that were posted in County and Contractor clinic lobbies; articles and advertisements were run in the local newspapers/magazines in Solano County's major cities including a newspaper printed in Spanish and several magazines that target the County's Filipino community; posts on the Solano County website; and announcements at public meetings.

The SCBH MHSA Unit facilitated the community meetings with support from members of the Mental Health Administration. The MHSA Opening Stakeholder meeting included a review of outcomes and program performance for the programs/contractors providing services during FY 2015/16 and small breakout groups were used to elicit stakeholder feedback regarding the Annual Update report and gaps in the mental health system.

In addition to the Opening Stakeholder meeting, regional community planning meetings were held in the 3 major cities, Vallejo, Fairfield, and Vacaville. Each regional community planning session thereafter included a short overview of the MHSA funding streams, highlights of the successes and challenges for FY 2015/16, followed by an open space activity 'Graffiti Wall' used to elicit feedback from stakeholders regarding their perception of services in the community and to provide new ideas and/or identify gaps within the system.

# Community Planning Process (cont.)

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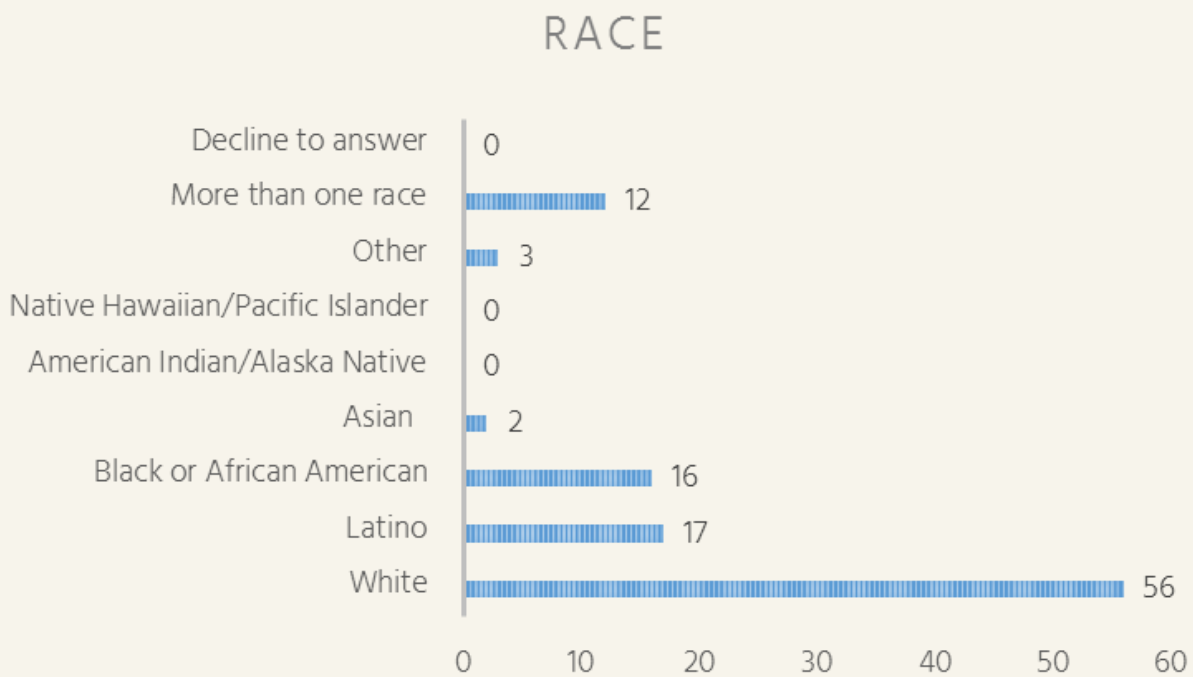
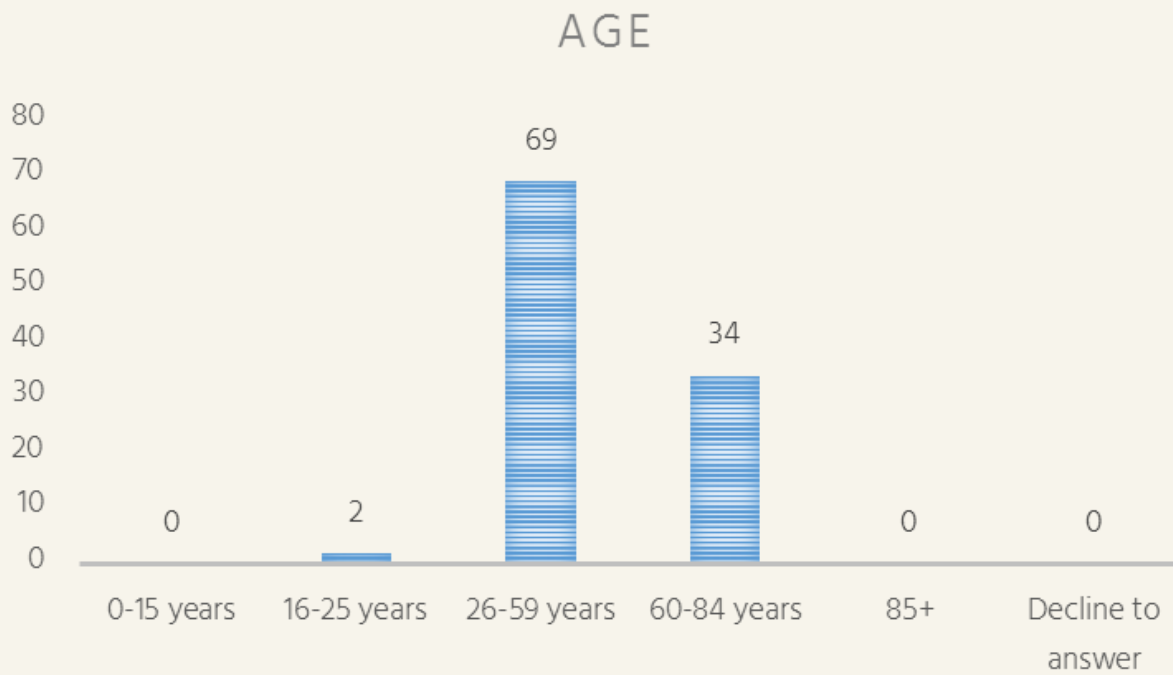
## New This Year

Solano County Behavioral Health (SCBH) secured equipment to offer translation services for Spanish and Tagalog speaking individuals at each community stakeholder meeting. Meeting materials which included meeting fliers, agendas, evaluations, and demographic sheets, were translated as were all questions that were used to elicit information from community stakeholders. The County's Latino and Filipino Outreach Coordinators circulated the meeting fliers which were translated into Spanish and Tagalog, announcing meetings to key community partners representing these specific underserved communities. In spite of efforts to provide translation services there were no requests to provide translation services at any of the community meetings.

Stakeholder demographic forms (see Appendix) were collected at each meeting and included the following elements: city of residence, age range, race, ethnicity, language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, disability, and affiliation with particular identified groups: LGBTQ, involvement with legal system, and foster care youth. After reviewing the demographics collected it was apparent that while an effort was made to collect this information some individuals did not turn in the form and/or did not complete all of the fields on the form.

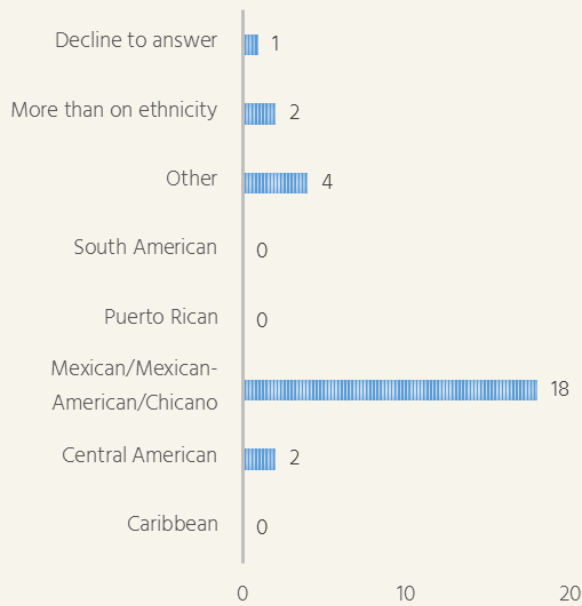
# Community Planning Process (cont.)

The following charts and tables represent the overall findings regarding the stakeholder demographics collected during the Community Planning Process.

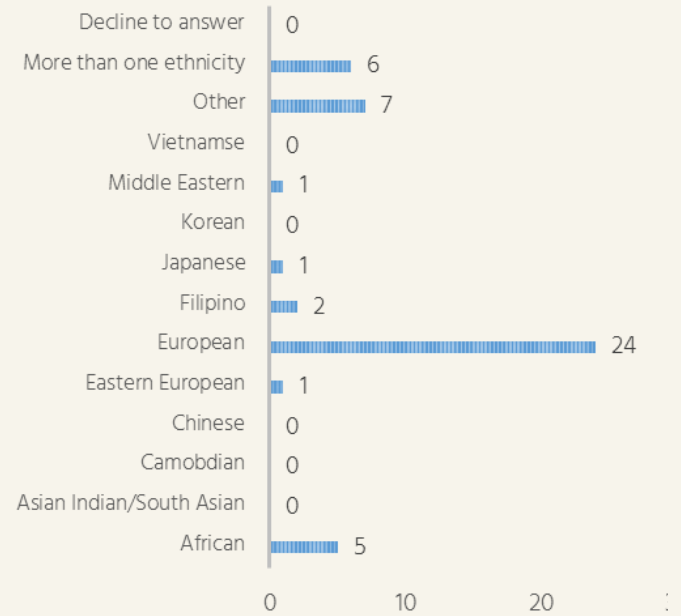


# Community Planning Process (cont.)

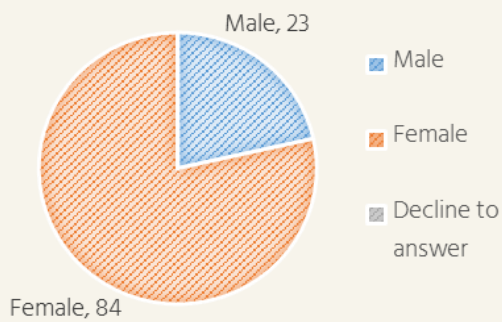
## HISPANIC OR LATINO



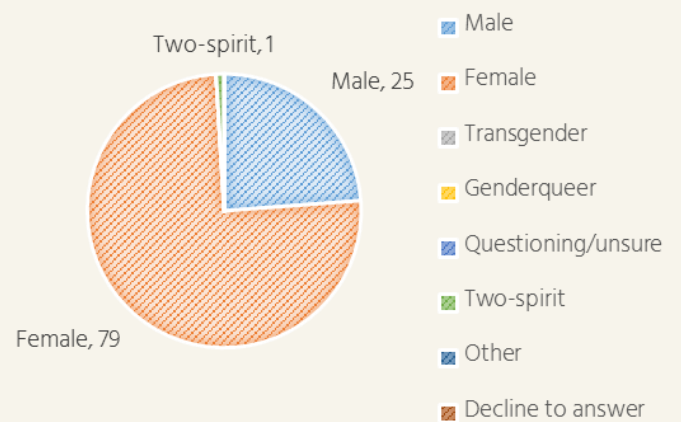
## NON-HISPANIC OR NON-LATINO



## GENDER ASSIGNED AT BIRTH

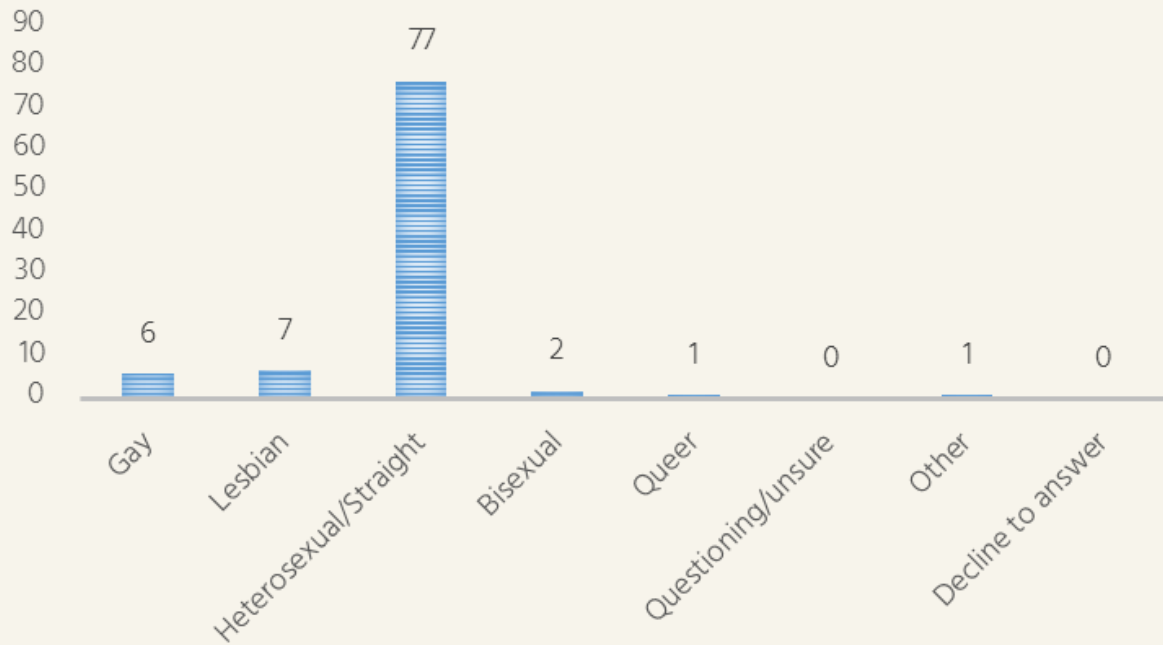


## CURRENT GENDER IDENTITY

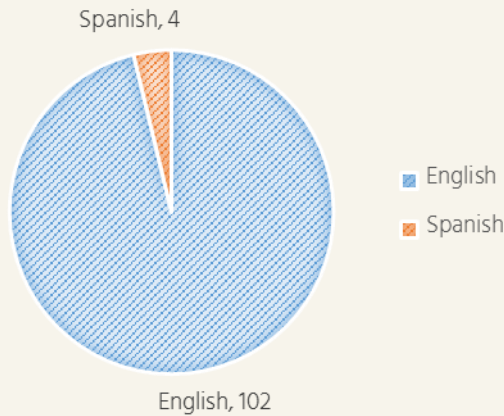


# Community Planning Process (cont.)

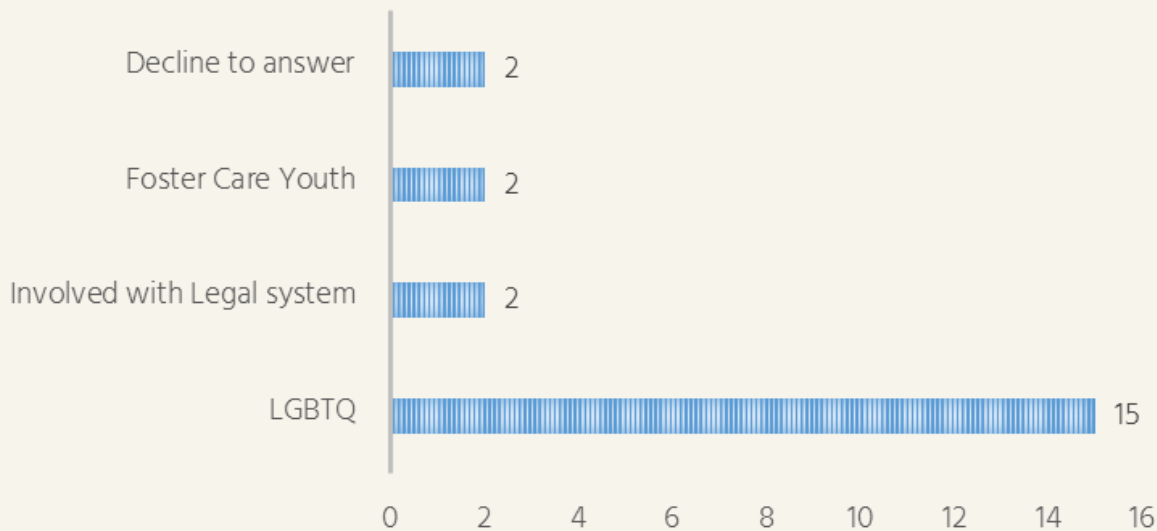
## SEXUAL ORIENTATION



## PRIMARY LANGUAGE

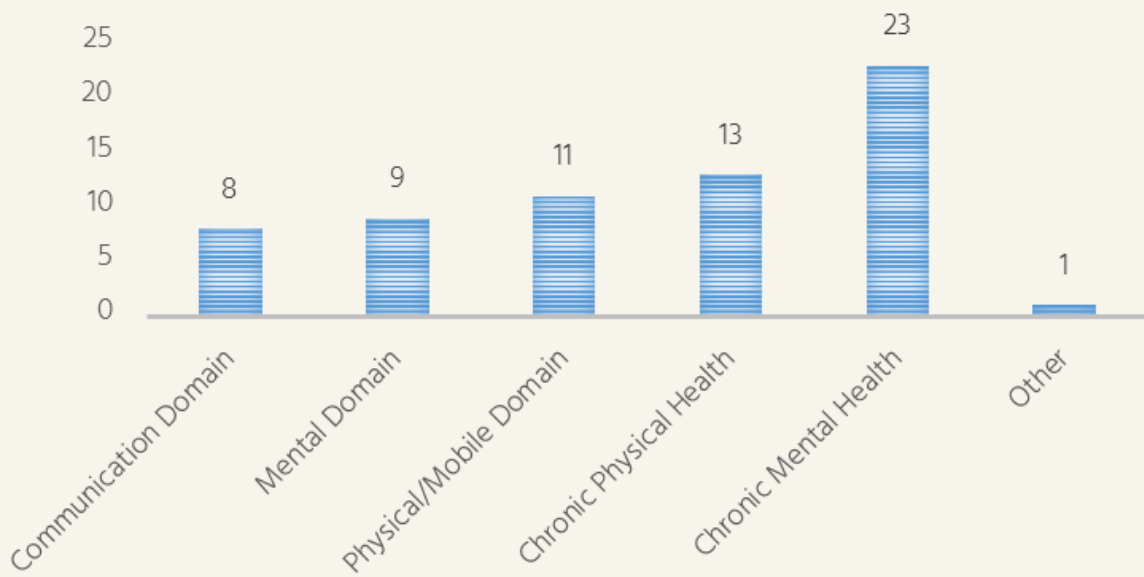


## GROUP IDENTIFICATIONS

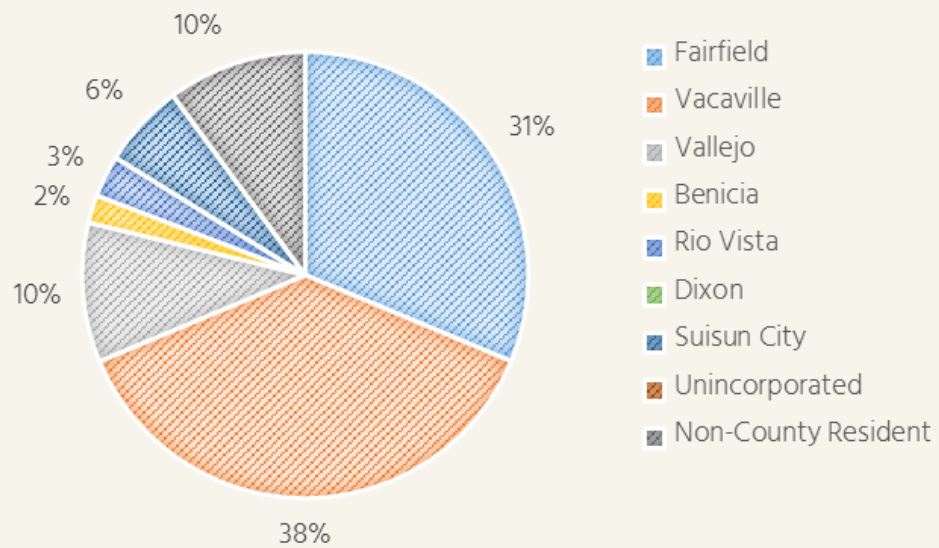


# Community Planning Process (cont.)

## OF THOSE IDENTIFYING A DISABILITY



## CITY OF RESIDENCE





# Community Planning Process (cont.)

In charting the demographic information collected via the Community Planning Process, important trends were identified that informed our current process. In regards to race, Caucasians represented the majority of the process participants with 52.8 %. While Latinos and Asians represented 31% of the participants, African Americans were clearly under-represented, with only 1.8% identifying as African American on the survey tool. Of note, observationally there were far more African Americans present than was endorsed on the demographic survey. Researching alternative collection methods or ways to present the demographic survey to ensure inclusion of all participants will take place for the future.

Within the age categories, the primary age group that participated was those between the ages of 26-59. There was a low turn-out for youth and Transitional Aged Youth, with only 1.9% representation. In regards to current gender identity, females represented 75% of those who attended the community meetings. Aside from one 2-Spirit identified individual, the remaining participants identified themselves as male. There was strong representation in regards to both Sexual Orientation and Disability Identification. 17% of participants who completed the survey identified as LGBTQ. 35% of participants stated that they had a disability. Of those individuals, 46% stated that they had a chronic mental health condition. Targeted outreach to these populations in an effort to have them in attendance was a clear success.

Lastly, the MHSA demographic survey sought to identify participants' city of residence. Upon review of the stakeholder demographics gathered during the various community meetings it was noted that the Dixon, Vallejo and Rio Vista communities were not well represented. Only 10% of the participants endorsed residing in Vallejo in spite of having 32 participants attend the community meeting held in Vallejo. 0% of the participants endorsed residing in Dixon. Additional factors to consider are that not every meeting participant submitted the demographic survey form and the question on the demographic survey form pulled for city of residence and did not pull for city in which individuals work.

# Community Planning Process (cont.)

Vallejo is the city with the largest population and while Dixon represents just 4% of the County's population, SCBH understood the importance in soliciting feedback from as many communities as possible. Thus, an additional survey capture tool was created and disseminated via an e-mail distribution list in an effort to elicit additional feedback. Upon review of the email survey results it was found that the demographics remained the same; the majority of respondents were heterosexual, middle-aged women. There was an increase in responses from the Vallejo and Rio Vista communities, however unfortunately there were no responses from the Dixon community (see table below). This finding will be used to improve the stakeholder engagement process in the future and concerted efforts will be made to reach all communities.

In What Solano County City do you Live or Work?		
Answer Options	Response Percent	Response Count
Fairfield	37.8%	31
Vallejo	23.2%	19
Vacaville	15.9%	13
Rio Vista	4.9%	4
Benicia	3.7%	3
Suisun	2.4%	2
Dixon	1.2%	1
Unincorporated	1.2%	1
Other (please specify)	9.8%	8
	<b>answered question</b>	<b>82</b>
	<b>skipped question</b>	<b>0</b>

# Community Planning Process (cont.)

## MHSA Steering Committee

A new Steering Committee was convened during the community planning process and efforts were made to include representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County’s unserved/underserved Latino, Filipino and the LGBTQ communities. Not all of the stakeholders invited to participate in the Steering Committee were able to participate in the targeted meetings focused on developing the next MHSA 3-Year Plan, however efforts will be made to engage them in the future. The following table represents the stakeholders who participated in the planning focused meetings:

	<i>Community Based Provider</i>	<i>Community Member</i>	<i>Consumer/Client</i>	<i>Education/School</i>	<i>Faith Based Provider</i>	<i>Family Member/Loved One</i>	<i>Health Care Provider</i>	<i>Law Enforcement</i>	<i>Mental Health Provider</i>	<i>Solano County</i>	<i>No Answer</i>
<b>Steering Committee Meetings</b>											
September 26, 2016-1st	4		1	2			1		2		8
October 5, 2016-2nd	3	1	3	1		3	1	1	4		6

SCBH utilized the demographic survey form that had been used throughout the stakeholder process in order to identify the demographic breakdown of the Steering Committee. Of the 23 individuals who participated in the Steering Committee process 10 demographic surveys were collected. Of those that responded 80% were between the ages of 26-59, 20% were over 60 years old. 40% identified their current gender identity as male and 60% identified as female. 100% identified English as their primary language. 80% identified as Caucasian, 10% as Black/African American, 10% as Filipino and. Regarding LGBTQ status 70% identified as heterosexual, 10% as lesbian, 20% as bisexual.

# Community Planning Process (cont.)

Two lengthy planning meetings were held in September and again in October in order to review the feedback gathered during the community stakeholder process and to prioritize the expansion of existing programs and/or development of new programming. The SCBH MHSA unit created a tool *Mental Health Service At a Glance* (see Appendix) which lists mental health programs/services currently funded by MHSA as well as programs/services provided by Solano County Mental Health through other funding sources laid out using the same age and specialty population categories used during the community breakout sessions. Two additional categories were added; “Services/Supports for All Ages” and “Housing Needs”. Additionally the tool included the top 6 needs identified per category as identified by the stakeholders. Finally information was provided regarding various new legal mandates the county mental health system will need to address in the years to come; e.g. the Continuum of Care Reform for foster youth, No Place Like Home, and Laura’s Law. The committee was informed that due to funding constraints the County may not be able to fund all of the identified needs, and in some cases pending the scope of the need may have to fund smaller projects or expand existing projects rather than implementing large new programs.

The decision-making process included discussion of the needs identified by the community stakeholders for each category to ensure that the committee members understood what the need was. In certain circumstances the committee voted to collapse multiple identified needs into one item when it made sense to do so. The committee members, excluding County staff, were then asked to individually and anonymously vote for two items for each category ranking them as their first choice and second choice. Following the in-person meetings an electronic survey was distributed to each committee member in order to determine the final rankings. The final result of the survey (see Appendix) was then analyzed and the identified needs were categorized by the appropriate MHSA funding component fit and considerations were made regarding expansion of existing programming or development of new programming.

# Community Planning Process (cont.)

The following items are the top five priorities and plans for implementation:

1. Mobile Crisis/Community-Based Crisis Intervention:
  - Starting in FY 2016/17 MHSA funds will be used to: provide a clinician who will provide crisis evaluations at local emergency rooms; and pay for ambulance transport to the Crisis Stabilization Unit. Starting in FY 2017/18 a mobile crisis program will be implemented following an RFP procurement process.
2. Increase School-Based Services (individual and group support):
  - Existing contractors will be awarded additional funding in order to increase student workshops/groups, increase individual treatment support, and to provide outreach and support to LGBTQ students.
3. Expansion of Wellness & Recovery Programs:
  - Starting FY 2016/17 SCBH will increase funding for the two current Wellness & Recovery Center (WRC) programs in an effort to increase consumer peer support for SMI adults. This expansion will include an after hour “friend” phone service. While this will not be a full-fledged warm-line efforts will be made to provide support for consumers that may have a need after the regular center hours.
4. Housing Access, Development & Support for SMI Adults:
  - Heather House shelter beds used by the Homeless Mentally Ill FSP program will be increased from 4 to 6.
  - Starting FY 2016/17, fourteen new transitional housing units will be available which will include a peer support component.
5. Pregnancy and Post-Partum Maternal Support:
  - Starting in FY 2017/18, MHSA funding will be used to hire a clinician to work with the Public Health’s Maternal, Child, and Adolescent Health Bureau.

Additional items that the Steering Committee endorsed include transferring CSS funding to pay for continued WET and CFNT projects once those funding components are fully expended which will take place during FY2017/20.

# Community Planning Process (cont.)

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## Local Review Process

The draft of the new *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* was posted on the Solano County MHSA web page (<http://www.solanocounty.com/depts/mhs/default.asp>) on November 18, 2016. In addition, the Mental Health Services Act (MHSA) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via e-mail to over 350 community stakeholders, to county behavioral health staff, and via posting at the mental health clinics in Vacaville, Fairfield, and Vallejo, and at the MHSA Wellness & Recovery Centers.

The 30-Day Public Comment period was from November 18, 2016 – December 17, 2016. Public Comment forms were posted on the website and made available at local stakeholder meetings.

During the Solano County local Mental Health Advisory Board (MHAB) held on December 20, 2016 the final draft of the *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* was presented to the Solano County MHAB for their recommendation that the document be forwarded to the Solano County Board of Supervisors (BOS). The MHAB did recommend the forwarding of the new plan to the BOS.

The *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* was presented to the Solano County Board of Supervisors on January 10, 2017.

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SOLANO COUNTY BEHAVIORAL HEALTH - MENTAL HEALTH SERVICES ACT

# Three-Year Integrated Program & Expenditure Plan

Fiscal Years 2017/2020

# MHSA Three-Year Program & Expenditure Plan

Fiscal Years 2017/18 through 2019/20

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The *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for FY 2017/18 through 2019/20* describes a

vision for mental health services in Solano County, characterized by services that span the lifespan of our consumers from early childhood through the older adult years and trace a continuum of services including prevention activities, early intervention services, treatment and recovery-oriented services.

In addition to the core values of MHSA, the *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* also emphasizes Solano's commitment to:

- Targeted outreach and access services to unserved/underserved communities, particularly the Latino, Filipino and LGBTQ communities.
- Providing mental health treatment services that are effective and, when appropriate, utilize Evidenced-Based Practices.
- Collaborating with public and private agencies across systems, so that clients and families experience an integrated service experience
- Ensuring accountability regarding the use of MHSA funding which includes enhanced data collection and program oversight.
- Leveraging, or leveraging to a greater degree, MHSA dollars with other funding sources such as Medi-cal, which, when matched with federal dollars, allow us to serve more County residents. Solano County is committed to assist those with private insurance to link to services covered by their insurance.

# MHSA Three-Year Program & Expenditure Plan Fiscal

Years 2017/18 through 2019/20

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In the pages to follow, we describe the programs for each age group funded by MHSA which includes, prevention, early intervention, intensive treatment, and recovery services, as well as service development activities to improve the system as a whole. Given SCBH has worked diligently to develop strong and comprehensive programming funded by MHSA, many of the existing program and service components will remain intact. That being said, while the stakeholders and the County are in support of maintaining several foundational elements of the MHSA programming it may be that there will be changes in terms of the providers delivering particular programs or services under the current *Mental Health Services Act Three-Year Integrated Plan for Fiscal Years 2014/15 through 2016/17*. This will be determined by the County procurement process following the adoption of the plan by the Solano County Board of Supervisors. As such please note that throughout the body of the new plan you will see references to “Contractor” rather than the name of the agency to provide the service.

This proposed Three Year Program and Expenditure Plan was developed based on fiscal projections that may be subject to change in the future. Many programmatic and fiscal policies in the Behavioral Health arena are still being discussed at both the state and federal levels. The impacts of these potential future changes could alter fiscal projections. The County continues to monitor these changes and may need to make future adjustments to this Plan if funding does not materialize as anticipated.



The background is a complex abstract composition of overlapping, hand-drawn shapes in various colors including yellow, green, purple, pink, blue, and grey. The shapes are layered, creating a sense of depth and movement. A horizontal dotted orange line is positioned below the main title text.

# Prevention & Early Intervention

# Prevention & Early Intervention



Prevention and Early Intervention (PEI) strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling and to improve timely access to services—in particular to traditionally unserved and underserved communities. *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* outlines the implementation of three PEI strategies:

- **Community-Wide Prevention** – outreach and education programs to decrease stigma, provide suicide prevention strategies and increase access to mental health services;
- **Targeted Prevention** – stigma reduction and targeted activities or services to specific age groups, unserved/underserved, or at-risk communities in order to prevent the development of mental health conditions, identify a mental health condition in its early stages and in some cases, make referrals to appropriate services.
- **Early Intervention & Treatment** – will include short-term treatment interventions to lessen the severity and duration of mental illness.

## New

In October of 2015 new PEI regulations were passed requiring an expansion of demographics collected by PEI programs to include: age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, and disabilities. PEI programs are now required to collect the demographic information for both individuals who receive early intervention services, as well as individuals who they provided training and education for. Additionally the new regulations imposed requirements to better track access and linkage services.

# Prevention & Early Intervention

The new PEI requirements have been challenging to implement in terms of data collection systems and current workflows. Having said that, the PEI programs were open and responsive to the changes. SCBH will continue to work closely with the PEI programs to implement these requirements and will provide technical support as needed.

## Community-Wide Prevention Strategies

Community-wide prevention efforts are designed to educate the broader community on how to identify the signs of mental illness; how to access resources for early detection and treatment; and to reduce mental illness stigma and discrimination. In FY 2017/20 Solano County will continue to coordinate local community-wide prevention activities in the areas of suicide prevention, stigma and discrimination reduction, and increased access for unserved/underserved populations.

Solano County will continue to designate a portion of PEI funding to support the statewide suicide prevention campaign administered by the California Mental Health Services Authority (CalMHSA). CalMHSA has developed the “Know the Signs” Suicide Prevention and the “Each Mind Matters” Mental Health Awareness campaigns, associated campaign websites, suicide prevention and stigma reduction outreach and education written materials, and trainings tailored to equip individuals to intervene when they encounter suicidal individuals. The CalMHSA website is [www.suicideispreventable.org](http://www.suicideispreventable.org). SCBH and several partnering community-based organizations will continue to distribute materials received from CalMHSA.



# Prevention & Early Intervention

## Community-Wide Prevention Strategies

### *Suicide Prevention Activities & Services*

The County will continue to regionally promote the National Suicide Prevention Lifeline (1-800-273-8255), suicide prevention materials, and will continue to fund suicide prevention trainings for mental health providers, community partners, and the public. Trainings are provided by County and Contractor staff. Trainings and workshops will include :

- **safeTALK** – A half-day training for individuals age 15 and older—regardless of prior experience or training—to become suicide-alert helpers. Those trained in safeTalk will be able to identify the warning signs of suicidal behaviors in others and help connect individuals with appropriate intervention services.
- **Applied Suicide Intervention Skills Training (ASIST)** – An evidence-based model for suicide prevention is a two-day course designed to train individuals over 16 years old—regardless of prior experience or training—who want to be able to provide “suicide first aid”. The ASIST model teaches effective intervention skills while helping build suicide prevention networks in the community. Those trained in the model will have the ability to recognize and review risk, and to intervene to prevent the immediate risk of suicide.
- **National Suicide Prevention Week Proclamations & Resolutions** – SCBH will make an effort to collaborate with each city in Solano County and the Board of Supervisors to secure proclamations and/or resolutions to promote suicide prevention awareness.





# Prevention & Early Intervention

## Community-Wide Prevention Strategies

- **CalMHSa Know the Signs Toolkits** –SCBH will continue to partner with the Solano County Office of Education to distribute “Suicide Prevention Know the Signs (KTS) Toolkits” during National Suicide Prevention Week.
- **CalMHSa Each Mind Matters “Directing the Change” Film Competition** – Efforts will be made to promote the “Directing the Change” film competition.

### Suicide Prevention Committee

The Solano County Suicide Prevention Committee, which is comprised of representatives from county agencies, community-based organizations, law enforcement, hospitals, school districts, consumer survivors, and family members impacted by suicide, will facilitate and support the creation and implementation of a County-Wide Strategic Suicide Prevention Plan. The plan will include prevention, intervention and “post-vention” strategies tailored to meet the needs of the local community.

### Suicide Prevention Efforts with Community Partners

SCBH will continue to partner with a Local Education Agency (LEA), Solano County Office of Education (SCOE) in order to provide suicide prevention materials to the County’s school districts for distribution to students and school staff.

During FY 2016/17, with the support of the Suicide Prevention Committee, SCMH partnered with the Solano County Sheriff’s Department to embark on a campaign with the local gun shops and shooting ranges to provide suicide prevention materials with a goal to decrease the number of suicides by firearm. SCBH anticipates continuing this program through the next Three-Year Plan.

# Prevention & Early Intervention

## Community-Wide Prevention Strategies

### *Stigma and Discrimination Reduction*

Stigma and discrimination against mental illness often prevents or delays people from seeking mental health services. Solano County has developed several programs and services to reach individuals and families to reduce stigma and increase access to services, including outreach to unserved/underserved communities. SCBH will continue to promote and distribute stigma reduction and education materials to the community and will promote the CalMHSA Each Mind Matters “May is Mental Health Month Awareness” campaign and will support community-based agencies to do the same.



# Prevention & Early Intervention

## Community-Wide Prevention Strategies

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### Community Trainings and Support

In FY 2017/20 Solano County will continue to coordinate and provide community trainings on recognizing the signs of mental illness and how to support individuals in accessing mental health services. Trainings and workshops will include, but will not be limited to:

- **Mental Health First Aid (MHFA)** – An 8 hour course that teaches the signs of mental illness and substance use disorders. Training participants will learn skills needed to provide support to someone who may be developing a mental health or substance use problem, or experiencing a crisis. There is a portion of the training focused on recognizing the signs of suicide, thus this curriculum further supports the County's suicide prevention efforts. This training has historically been offered by one County provider who was trained to provide MHFA and is certified to offer the trainings' Spanish and youth curriculums. During FY 2016/17 two additional providers, one County staff and one Contractor staff, will be trained to provide this community training. At least one of the providers will be bilingual so SCBH can increase the number of trainings in Spanish, and one provider will be trained in the MHFA curriculum targeting older adults.
- **Stanford University's Healthier Living Program** – A series of classes focused on effective and enjoyable approaches to physical and mental well-being. This particular community training will be utilized to engage the Filipino community in mental health stigma reduction.

# Prevention & Early Intervention

## Community-Wide Prevention Strategies

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### Family and Peer Support Program—National Alliance on Mental Illness (NAMI)

This program provides support and advocacy to individuals with mental illness and their family members through workshops and trainings to the local community which reduce stigma and the discrimination of the mentally ill. Solano County has elected to continue to implement the NAMI Family and Peer Support Program for FY 2017/20 . NAMI is uniquely qualified to provide the following evidence-based practices:

### Prevention Strategies (100% of available PEI funds ) include:

- **Peer-to-Peer Program** – ten two-hour sessions free of charge to individuals navigating their own mental health challenges for the first time, or who need ongoing support to stay on track with their wellness and recovery goals.
- **Family-to-Family Program** – a twelve-session program providing critical information and strategies related to caregiving and advocating for loved ones. This program was designated an evidence-based practice in 2013 by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Mental Health Promotion** - supports the development and strengthening of the local chapter of NAMI in Solano to provide more public awareness campaigns, advocacy for the rights of the mentally ill, and to obtain ‘train-the-trainer’ training to administer the two programs described above.
- ***New in FY 17/20: In-Service Presentations for Local Schools*** –to educate school personnel, students, and parents about mental health in an effort to reduce stigma and increase access to services.

Projected Number of Participants Receiving Prevention Services per Year: 121

Projected Cost per Person per Year: \$326

# Prevention & Early Intervention

## Targeted Prevention Strategies

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Solano County's targeted prevention programs will work with specific communities as identified by the stakeholders to provide stigma reduction and targeted activities or services to specific age groups or unserved/underserved communities, or to communities whereby mental health services are only accessed at the highest level; crisis services, inpatient hospitalizations, or when an individual becomes involved with the legal justice system. These activities are intended to prevent the development of a mental health condition, identify a mental health condition in its early stages, and in some cases, make referrals to appropriate services.

### Mental Health and Spirituality Initiative

In FY 2013/14, the CalMHSA Stigma and Discrimination Reduction-Mental Health and Spirituality Initiative was launched in Solano County to develop a partnership with the African American faith community to increase understanding, collaboration, and recognition of the important role that spirituality can take in the recovery process. The goal of the project was to create mental health friendly communities to support individuals with mental illness and their families. This initiative has been successful with the African American community and was identified during the community stakeholder process as a strategy for reducing stigma and increasing access for the County's traditionally unserved/underserved populations; the Latino and Filipino communities. SCBH operates both Latino and Filipino outreach programs that have made efforts to engage the faith community with varying degrees of success. Over the course of this next 3-year plan SCBH will explore how to incorporate techniques utilized within the African American community to reach unserved/underserved communities in Solano County.

# Prevention & Early Intervention

## Targeted Prevention Strategies

### African American Faith Based Initiative (AAFBI)—Contractors

SCBH has elected to continue the AAFBI project for local residents and will increase the funding for the project in order to establish additional mental-health friendly communities by expanding to additional African American churches within the County.



**Prevention Strategies** (100% of available PEI funds) include:

- **Workshops** – with local faith leaders and congregations on the signs and symptoms of mental illness, and how to access local mental health services.
- **Provider Trainings** – with local mental health providers about the importance of spirituality in a consumer's road to recovery and wellness.
- **Development of Support Structures** – within local faith centers for individuals with mental illness and their families
- **Develop and Maintain Partnerships** – with local faith centers and the National Alliance on Mental Illness (NAMI) Solano Chapter for the implementation of neighborhood mental health awareness and stigma reduction events.

Projected Number of Participants Receiving Prevention Services per Year: 152

Projected Cost per Person per Year: \$442

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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

- Serve low-income communities throughout the County;
- Serve unserved/underserved populations including but not limited to: the Latino, Filipino, and LGBTQ communities;
- Increase accessibility to communities by providing services in schools, in the home, or in settings where people congregate, such as childcare settings, churches, or local senior centers;
- Identify and assess individuals showing signs of mental illness using standardized tools;
- Ensure that consumers who need more intensive treatment have access to and are linked to those services and track linkages to alternate care;
- Use evidence-based practices, when available, to provide short-term early intervention treatment;
- Use standardized protocols to collect and report out required demographic information and outcomes of treatment;
- Leverage alternate funding, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Specialty Medical or Medicare, or other funding sources when possible in order to expand PEI dollars in order to serve more individuals.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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Below are descriptions of the programs providing both targeted prevention and early intervention services that will be funded with Prevention and Early Intervention funds in FY 2017/20.

### Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Outreach and Access Program

In May 2015 Solano County partnered with a local LGBTQ Center and a community-based LGBTQ organization to develop a community-based social support program designed to decrease stigma, isolation, depression and suicidal ideation among members of the LGBTQ community residing in Solano County. A clinician is co-located at the local LGBTQ Center to provide preventative services including brief counseling and linkages to resources and services including referrals to higher level mental health services. The larger of the two agencies provides technical support to the local LGBTQ Center. The LGBTQ community is considered one of the County's unserved/underserved populations and as such SCBH and the stakeholders support the continuation of a program providing culturally appropriate prevention and early intervention treatment services to LGBTQ individuals including youth through older adults residing in Solano County.

### Prevention Strategies (80% of available PEI funds ) include:

- **Outreach Efforts** – to include use of monthly newsletters, social media, and presentations in the community to increase awareness of supports available for LGBTQ community members.
- **Social & Support Groups** – to include stigma reduction, psycho-educational activities and recreational social activities targeted to decrease isolation within the LGBTQ community including specific groups targeting transgendered individuals, youth, and older adults.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

- **Provision of Community Trainings** –focused on stigma reduction and cultural competency skills/interventions to use when working with the LGBTQ community.
- ***New:* Provision of “Welcoming Schools” Model** – specific outreach efforts to local schools in order to increase awareness and access to culturally appropriate services for LGBTQ students .

### Early Intervention and Treatment Strategies (20% of available PEI funds) include:

A registered or licensed therapist will be co-located for 1-2 days per week in the center to provide brief treatment and linkages to care. Strategies include:

- **Assessments** – using validated assessment tools to determine each individual’s need.
- **Brief Individual Counseling** – using solution-focused treatment in order to provide support to individuals who are considered mild to moderate in terms of mental health needs.

Linkages and Referrals –will be made for any services individuals who need additional services including those that will require more intensive or longer treatment in order to ensure they receive appropriate services in a timely fashion.

Provider will track linkages made.

Projected Number of Participants Receiving Prevention Services per Year: 200

Projected Cost per Person per Year: \$242

Projected Number of Consumers Receiving Early Intervention Treatment per Year: 20

Cost per Consumer per Year: \$606

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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### New: Pregnant & Postpartum Maternal Support—County

MHSA will enhance the efforts of Solano County Public Health's Maternal, Child and Adolescent Health Bureau home visiting programs which include: Black Infant Health, Healthy Families American and Nurse Family Partnership. MHSA funds will be used to provide a mental health clinician who will be co-located with the Public Health nurses and social workers who conduct home visiting services. The clinician will be utilized to screen for mental health conditions during pregnancy and postpartum, and provide linkage to services to ensure the women receive appropriate levels of mental health treatment. In some cases, the mental health clinician may provide early intervention services to include crisis and/or counseling services for women who are deemed high risk due to serious mental health and/or co-occurring substance abuse conditions.

Projected cost of the program: \$150,000

### Early Childhood-Partnership for Early Access for Kids (PEAK) Program—(Ages 0-5)

Solano County Mental Health and First 5 Solano will continue to partner to ensure that prevention and early intervention services are available to children ages 0-5 and their families. The program is jointly funded by MHSA and First 5 Solano. This partnership is an example of leveraging funding sources, MHSA with First 5 dollars, in order to expand the services to this target population. First 5 administers the contracts with several community-based direct service providers who specialize in working with children ages 0-5 and their families. The program targets families who are living in low-income, high-risk neighborhoods, including Spanish and Tagalog-speaking parents; children in the child welfare system; and those in families struggling with parental mental illness, domestic violence, substance abuse, or parental depression. Services are provided in the home setting when possible or in the office, pending the needs of the child and family. Additionally the PEAK collaborative provides parent education trainings and community trainings to both mental health and physical health providers.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

Prevention Strategies (90% of available PEI funds ) include:

- **Parent, Caregiver and Provider Education & Trainings** – are provided on child development, parenting skills, the early identification of children at risk of emotional disturbance, the use of the Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional Questionnaire screening tools, community resources available to meet the needs of children ages 0-5, and parent coaching.
- **In-Person Screenings** – are conducted in the home environment with the child and caretaker whenever possible using several validated screening tools.

Early Intervention Treatment Strategies (10% of available PEI funds ) include:

The early intervention treatment services will only be provided to clients who are not eligible for Medi-cal due to having private insurance as these specialized treatment services are not typically available through private insurance plans.\*

- **Assessment**–of the child’s personal-social domain, self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interactions with people
- **Short-term Treatment**–for up to 4 months will be provided focusing on the parent/child dyad, trauma, depression, lack of attachment and mood or sensory dysregulation.

Linkages and Referrals–will be made for any children and families who need additional services including those that will require more intensive or longer treatment in order to ensure they receive appropriate services in a timely fashion. Provider will track linkages made.

Projected Number of Children/Parents/Training Participants to Receive Prevention Service per Year: 1700

Projected Cost per Person per Year: \$171

Projected Number of Children + Parents/Caretakers to Receive Early Intervention Treatment services per Year: 20

Projected Cost per Child per Year: \$1,590

\*Please note that all Medi-cal eligible clients who are screened and determined to need further mental health assessment and treatment will be served by community-based contractors who specialize in working with 0-5 children via non-MHSA funded EPSDT contracts with the County. The leveraging of funding will allow for more children and families to be served.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

### School-Based Mental Health Services (Ages 6-18) - Contractor

The School-Based Program serves children and youth in grades K-12. The program will continue to be delivered by community-based organizations in cooperation with the Local Education Agency (LEA), and will provide school-based prevention services and mental health treatment services in selected school sites within the seven County School Districts and in the city of Rio Vista. Services will be provided in schools in low-income communities and those with the highest percentage of English language learners. Efforts will be made to reach unserved/underserved communities to include but not limited to: the Latino and Filipino communities with specific efforts to reach at-risk Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth who are at much greater risk of attempting suicide due to stigma and bullying. Additionally, program staff will have the knowledge and awareness to identify, screen and make appropriate referrals for youth at high-risk for commercial sexual exploitation.

During FY 15/16 SCBH entered into an inter-agency partnership in order to administer a Mentally Ill Offender Crime Reduction (MIOCR) grant received by Solano County Probation or Sherriff. This juvenile diversion inter-agency program between Solano County Behavioral Health and its contractor, Probation, the Fairfield Suisun Unified School District, and the Fairfield Police Department is geared to serve students who have been cited by police at select Fairfield schools and who have been identified as having a mental health condition. A solely dedicated clinician will be co-located at the Sullivan Center Inter-agency Campus in Fairfield. This clinician will be providing assessments, linkages to services and brief mental health treatment for youth who are deemed eligible for the diversion program. During the 2016 community stakeholder planning process the need for additional services in local schools was highlighted. Specifically stakeholders identified the need for student groups/workshops and increased support to address trauma, anger management and anti-bullying. As such increased funding will be awarded incrementally over the next 3 Year Plan to one or more of the contracted providers in order to expand services to meet identified needs.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

Prevention Strategies (30% of available MHSA funds) include:

- **Workshops/Groups for Children and Youth**—with topics to include but will not be limited to: anger management, anti-bullying, trauma, stress management, relational and cultural awareness, personal empowerment, and suicide prevention.
- **Workshops/Trainings for School Staff and Parents**—on mental health related topics, including but not limited to: identifying signs of mental illness, trauma informed care, positive reinforcement practices, stress management, and best practices for identifying and working with Commercially Sexually Exploited Children/Youth (CSEC);
- **Stigma Reduction Activities**— will be deployed including suicide prevention interventions for students, school staff and parents.

Early Intervention and Treatment Strategies (70% of available MHSA funds) include:

- **Assessments**— will include validated self-reporting screening tools and standardized assessment tools;
- **Short-term Treatment Services**— will be provided utilizing evidence-based practices and will be targeted to students with mental health conditions such as mood disorders (depression/bi-polar disorder), trauma related disorders or other mental health conditions causing impairment in functioning.

**Linkages and Referrals**—will be made for children/youth who need additional services including those that will require more intensive or longer treatment in order to ensure they receive appropriate services in a timely fashion. Providers will track linkages made.

Projected Number of Students/Teachers/Parents Receiving Prevention Services per Year: 1800

Projected Cost per Person per Year: \$280

Projected Number of Students Receiving Early Intervention Treatment per Year: 450

Projected Cost per Student per Year: \$2615

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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### Early Treatment Psychosis Program (Ages 12-25) - Contractor

The Early Psychosis Program is geared to serve children and youth ages 12-25, who are either exhibiting the early signs and symptoms of psychosis or have had a first episode of psychosis and are early in the development of a serious mental illness. This early intervention program will include a specialized screening, comprehensive assessments, and an evidence-based treatment model. The program will be provided by a community-based organization in collaboration with a research and training institution in order to provide technical support, training, supervision and consultation as related to the specialized assessment tools used and the evidenced-based practice treatment model.

### Targeted Prevention Strategies (20% of available PEI funds) include:

- **Outreach and Education** – in the identification of consumers who are exhibiting the early warning signs of a developing psychotic disorder. This will include outreach presentations for community agencies to include but not limited to: mental health providers, physical health/providers, the educational community, the Department of Rehabilitation, law enforcement, Child Welfare, and crisis service providers
- **Screenings** – will be conducted using a standardized practice in order to determine if the consumer is eligible to be assessed in order to determine eligibility for this evidenced-based targeted treatment.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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Early Intervention and Treatment Strategies (80% of available PEI funds) include:

- **Assessments** – include the use of state-of-the art comprehensive diagnostic tools to establish a diagnosis on the psychotic spectrum.
- **Treatment**–using evidence-based interventions such as individual therapy using Cognitive Behavioral Therapy for Psychosis (CBT-P) and the Multi-Family Group (MFG) model, medication management, case management, family support and psycho-education, crisis management, peer and family support groups, substance abuse management, and education/employment support.

Linkages and Referrals–will be made for consumers who need additional services including those that will require more intensive or longer treatment in order to ensure they receive appropriate services in a timely fashion. Provider will track linkages made.

Projected Number of Consumers/Presentation Participants Receiving Prevention Services per Year: 335

Projected Cost per Person: per Year \$358

Projected Number of Consumers Receiving Early Intervention Treatment per Year: 40

Projected Cost per Consumer per Year: \$11,988

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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### Prevention and Early Access Program for Seniors (PEAS) (Ages 60+) - Contractor

The PEAS Program, delivered by a community-based organization conducts community outreach, education and assessments for older adults who may have experienced a loss, are exhibiting signs of depression or anxiety, or who live with a mental illness and need support to continue to maintain their independence in the community. The program will make every effort to provide services to underserved consumers from low-income communities and unserved/underserved populations with particular attention to the Latino, Filipino and LGBTQ communities.

### Prevention Strategies (44% of available PEI funds) include:

- **Outreach Trainings & Community Education** – Trainings, workshops and mailings are offered to the general community on stigma reduction, recognizing the signs and symptoms of mental illness, trainings on unique geriatric mental health issues, suicide prevention, and local referral options for older adults, etc.
- **Gatekeepers** – is an evidence-based community education program which informs residents about the early signs that a senior may be at risk of experiencing a mental health challenge and what steps to take. A depression screening tool will be used during outreach events to identify individuals who may be at risk of mental health issues and efforts will be made to link them to appropriate resources. Outreach efforts to recruit Gatekeepers will include the Latino and Filipino communities.
- **The Navigator Program** – screens and provides light case management for seniors referred by Gatekeepers and others. An assessment, focusing primarily on anxiety and depression, helps pinpoint specific issues resulting in referrals to primary care and mental health services.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

Early Intervention and Treatment Strategies (56% of available PEI funds) include:

- **Brief Case Management** – in order to link older adults to services needed;
- **Short-term Treatment** –in order to provide support and prevent the development of a more severe mental health condition. Program staff will include peer providers to ensure that individuals in crisis can speak to someone who is able to understand what they are experiencing and to promote participation in their care.

Linkages and Referrals–will be made for any services needed including primary care and more intensive mental health services as determined by each consumer’s need. The program creates and maintains linkages with other local programs to ensure that older adults who need more intensive, urgent, or longer-term treatment receive appropriate and timely care. Provider will track linkages made.

Projected Number of Participants to Receive Prevention Services per Year: 453

Projected Cost per Person per Year: \$480

Projected Number of Older Adults to Receive Early Intervention Treatment per Year: 157

Projected cost per consumer per Year: \$1,764



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

### Peer Counseling for Homebound Seniors (Ages 60+) - Contractor

The screening and peer counseling for homebound seniors services, provided by a community-based organization, is a targeted prevention and early intervention program that recruits and trains community volunteers to provide peer counseling for older adults over the age of 60 residing throughout the County who are experiencing depression and the effects of loss. The program will make every effort to ensure that services are provided to unserved/underserved individuals from low-income communities, with particular attention to outreach to the Latino, Filipino and LGBTQ communities.

### Prevention Strategies (50% of available PEI funds) include:

- **Screenings** –will be conducted by phone or in-person via home visits in order to determine the focus of intervention;
- **“Buddy Calls” and Home Visitation** – will be provided by peer volunteers one to two times per week for enrolled seniors in order to prevent isolation and to provide additional support to seniors;

**Outreach & Community Education** – using various methods including but not limited

to: presentations at community meetings and events, partnerships with other community programs, church bulletins, email distribution lists, Facebook, flier distribution, radio announcements, and outreach to senior centers and known senior housing.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention Strategies

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Early Intervention and Treatment Strategies (50% of available PEI funds) include:

- **In-Person One-on-One Peer Counseling** – will be provided by peer volunteers matched with older adults who have been enrolled and are determined to need additional support;
- **In-Person Peer Counseling Groups** –10 week sessions will be provided for enrolled seniors;
- **Virtual Peer Counseling Groups “Senior Voices”** – will be provided through the use of phone conferencing, and focused on various topics for 10 week cycles.

Linkages and Referrals–will be made for any services needed including primary care and more intensive mental health services as determined by each consumer’s need. The program creates and maintains linkages with other local programs to ensure that older adults who need more intensive, urgent, or longer-term treatment receive appropriate and timely care. Provider will track linkages made.

Projected Number of Older Adults to Receive Prevention Services per Year: 250

Projected Cost per Person per Year: \$124

Projected Number of Older Adults to Receive Early Intervention Treatment per Year: 75

Projected cost per consumer per Year: \$413



A woman wearing a blue hoodie and a dark hijab is smiling in a garden. In the foreground, a hand is holding a green plant with small white flowers. The background is a lush garden with various plants and flowers.

# Community Services & Supports

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# Community Services & Supports



The Community Services and Supports (CSS) funding component is used to enhance the mental health service delivery system in order to provide treatment and recovery services for children and youth, transition-age youth, adults and older adults. Approximately 80% of all MHSAs funds are directed to these CSS services to improve the overall mental health system. The *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* outlines the implementation of CSS programming which consists of four components:

- **Full Service Partnerships (FSP)** – is a CSS service category of which 51% of the funding must be used by the County for the provision of intensive mental health and case management for children, youth and adults who are eligible;
- **General Systems Development (GSD)**– is a CSS service category geared to improve the County’s mental health service delivery system for all consumers and/or to pay for specified mental health services and supports for consumers and when appropriate their families;
- **Outreach and Engagement (O&E)** –is a CSS service category the County uses to reach, identify, and engage unserved/underserved individuals and communities in the mental health system in order to increase access to services and reduce disparities identified by the County;
- **Mental Health Services Act Housing Program** –is a CSS service category geared to provide funding for housing supports for children and youth who are seriously emotionally disturbed, and when appropriate their families, as well as persistently seriously mentally ill adults.

In addition to the programs and services referred to above, CSS funding will be used to continue to support the County’s Electronic Health Record which was previously funded by the MHSAs CFTN funding stream. CSS funding will also be utilized in order to continue efforts geared to the training and development of the mental health workforce and peer consumers which was previously funded by WET funding. SCBH will be transferring CSS funds to the prudent reserve to ensure that the mental health system and the programs funded by MHSAs can remain stable in the event that there is a significant economic downturn. The use of CSS funding for these purposes requires approval from the California Mental Health Services Oversight and Accountability Commission (MHSOAC).



COMMUNITY SERVICES & SUPPORTS

# FULL SERVICE PARTNERSHIPS

# Community Services & Supports

## Full Service Partnerships

Full Service Partnerships (FSP) Programs are delivered by both the County and community-based organizations to those individuals who are eligible. Individuals served by FSP programs have more severe mental health conditions; defined as; seriously emotionally disturbed (SED) children/youth or persistently seriously mentally ill (SMI) adults who are currently at risk of or have recently been at risk of hospitalization, out of home placement, homelessness, involvement with the juvenile/adult criminal justice system, incarceration or are part of an unserved/underserved population. FSP services involve a multidisciplinary approach including but not limited to: mental health clinicians, mental health specialists, peer/parent support counselors and a psychiatrist (when indicated), working collaboratively with the consumer and family. The FSP provider in collaboration with the consumer, and when appropriate the consumer's family, develops Individual Services & Supports Plans in order to provide a full spectrum of community services to assist consumers in achieving identified goals. Services are provided in homes, the community and the office setting pending the need of the consumer. FSP intensive services must be culturally and linguistically appropriate with a focus on the promotion of wellness, recovery and resiliency. All FSP Programs will make efforts to serve unserved/underserved individuals with particular attention to the Latino, Filipino and LGBTQ communities who are underserved in Solano County.





# Community Services & Supports

## Full Service Partnerships

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FSP intensive services may include the following:

- Individual Therapy
- Individual Rehab
- Family Therapy
- Group Rehab, Group Therapy or Collateral Groups for family members
- Collateral Support: psycho-education and support for family members, caretakers, and other identified support persons
- Intensive Case Management: referral and linkage to community resources
- Psychiatric Evaluation and Medication Management
- Nursing Services
- Crisis Intervention Services
- 24/7 support (in-person or phone support) by program staff or approved entities
- Program staff will have the knowledge and awareness to identify, screen and provide appropriate treatment to youth at high-risk for commercial sexual exploitation

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

In FY 2017/2020, Solano County will provide the Full Service Partnership programs described in the following pages.

# Community Services & Supports

## Full Service Partnerships

### Children's Full Service Partnership: 3 Regional Teams (Ages 6-18) County

SCBH operated FSP programming provides a continuum of services to children from birth through age 18 and their families. The Children's FSP Teams will serve children and youth who have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families or had multiple placement changes, experienced loss of school placements, etc. In addition to the FSP mental health services listed on page 52, the Children's FSP team actively reaches out to community partners to broaden available services and "out of the box" activities for consumers to normalize and enhance the child or youth's quality of life which includes but is not limited to: recreational activities, sports, etc.

Projected number of clients to be served per year: 130

Projected cost per client per year: \$19,320



# Community Services & Supports

## Full Service Partnerships

### New Program: Foster Care Treatment Unit Full Service Partnership (Ages 6-18) County



SCBH, with stakeholder approval, is transitioning the County-operated Foster Care Treatment Unit (FCTU) to an FSP model effective January 1, 2017 in order to align the level of services needed to serve children and youth ages 6 through 18 who have an active child welfare case and

may or may not have been removed from their birth families. In addition to the FSP mental health services listed on page 52, the FCTU FSP Team will work very closely with Child Welfare to support the Child Welfare Plan which is focused on reunifying children with their birth families and in cases where that is not possible, finding safe permanent homes for children.

Projected number of clients to be served per year: 100

Projected cost per client per year: \$14,771

# Community Services & Supports

## Full Service Partnerships

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### Transition Age Youth (TAY) Full Service Partnership (Ages 16-25) - Contractor

The Transition Age Youth (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 TAY FSP Program places an emphasis on recovery and wellness while providing an array of mental health services. In addition to the FSP mental health services listed on page 52, 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 TAY FSP Program works closely with another community-based organization that provides transitional housing for up to eight TAY consumers.

A Transition-Age Youth Collaborative has also been developed to enhance accessibility to resources and improve the quality of services available to youth.

Projected number of clients to be served per year: 17

Projected cost per client per year: \$23,048

# Community Services & Supports

## Full Services Partnerships

### Adult Full Service Partnership (Ages 18+) - County

The Adult FSP Program operated by SCBH serves seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The team focuses on supporting mental health consumers who have been placed in more restrictive out-of-county treatment facilities to return to a less restrictive level of care in Solano County. By moving consumers out of institutions and back into community settings, the team strives to improve their consumers' quality of life, supporting their recovery process, and working to address their needs at a local level. This also provides substantial economic savings to the county. In addition to the FSP mental health services listed on page 52, the SCBH Adult FSP Team assists consumers in finding meaningful roles in the community such as work, school, or social activities. The program has higher staff- to-consumer ratios to provide high-intensity, community-based services with the goal of reducing adverse events such as repeat hospitalizations, criminalization, out-of-county placements, and reliance on emergency systems for care.

Projected number of clients to be served per Year: 84

Projected cost per client per year: \$21,808

# Community Services & Supports

## Full Service Partnerships

### Adult & Older Adult Full Service Partnership Program (Ages 18+) - Contractor

Due to the volume of adults in need of FSP services, SCBH contracts with a community-based organization to provide additional adult FSP services. The Contractor Adult FSP Program adheres to the Assertive Community Treatment (ACT) model with a goal to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice. By providing the FSP mental health services listed on page 52, 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.



Projected number of clients to be served per year: 68

Projected cost per client per year: \$15,254

# Community Services & Supports

## Full Service Partnerships

### Homeless Full Service Partnership (Ages 18+) - Contractor

In FY 2016/17 the Homeless Mentally Ill (HMI) program was transitioned to an FSP model in order to better address the needs of the target population. The HMI 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 MHI 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. In addition to the FSP mental health services listed on page 52, the HMI FSP program will provide non-mental health services and supports to include emergency food, clothing and housing services. The program has a strong partnership with a local homeless shelter in which 4 beds are made available in order to place individuals who agree to housing. Efforts will be made to increase the available shelter beds from 4 to 6 during FY2017-18.

Projected number of clients to be served per year: 30

Projected cost per client per year: \$9,314

# Community Services & Supports

## Full Service Partnerships

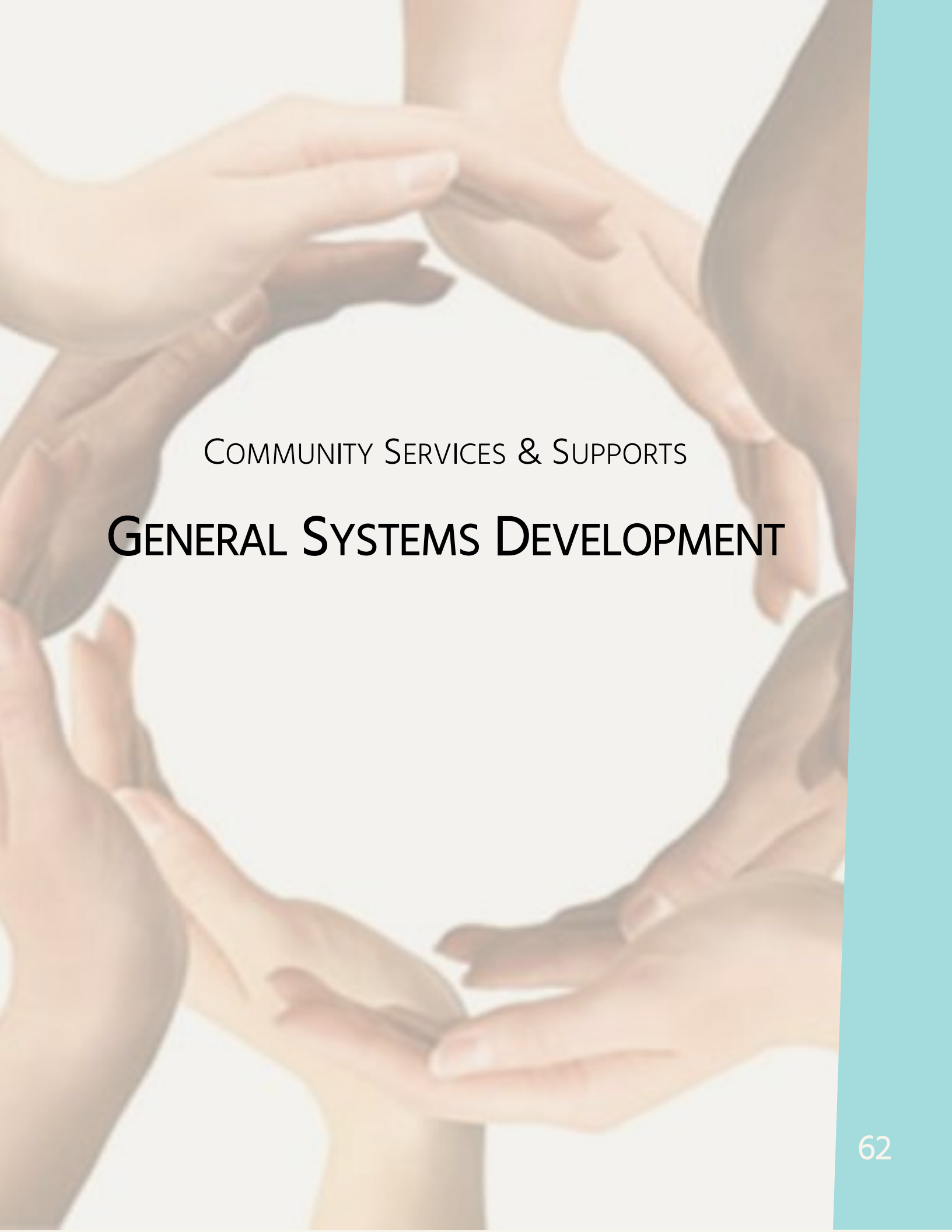
### Forensic Assessment Community Treatment (FACT) Full Service Partnership (Ages 18+) County

The FACT FSP Program, which is County operated, serves adults with serious and persistent mental illness who are currently involved with the criminal justice system and who have recently released from a local jail and/or are incarcerated and pending eminent release to the community. The goal of the program is to support consumers in creating a stable life, prevent recidivism, and promote wellness through independence, hope, personal empowerment, and resilience. In addition to the FSP mental health services listed on page 52, the FACT program: works closely with Probation and the Courts to stabilize mentally ill offenders; links consumers to intensive outpatient substance abuse treatment and/or residential substance abuse treatment when warranted; and works closely with partners providing the Cooperative Employment program. The FACT Program provides comprehensive group programming including the following curriculums/models: Moral Reconciliation Therapy (MRT), Helping Women Recover, Anger Management, Social Skills, Dialectical Behavior Therapy (DBT), and Wellness & Recovery Action Plan groups.

Projected number of clients to be served per year: 117

Projected cost per client per year: \$13,252





COMMUNITY SERVICES & SUPPORTS

# GENERAL SYSTEMS DEVELOPMENT

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# Community Services & Supports

## General Systems Development

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In FY 2017/20 CSS General Systems Development (GSD) strategies will continue existing program service components that provide significant support to the Solano County Behavioral Health system, including:

- Crisis Services and Supports
- Wellness and Recovery Programming
- Targeted System Supports
- Mentally Ill Offender Programming

# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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### Crisis Stabilization Unit—Contractor

The Crisis Stabilization Unit (CSU), operated by a community-based organization, is the County's provider for crisis stabilization services and urgent medication evaluation and management, providing linkages to a spectrum of crisis mental health services. Operating 24 hours a day, 7 days a week, consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU service is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals in a psychiatric emergency, providing assessment and emergency treatment and when their crisis has abated, linking those individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placement in order to ensure consumer and community safety. Overall CSU services reduce the incidence of suicide, harm to others, re-hospitalization and incarceration due to untreated mental illness.

Projected number of clients to be served per year: 1698

Projected cost per client per year: \$1,946

### Relapse Prevention and Crisis Aftercare—Contractor

The Relapse Prevention and Crisis Aftercare Program, operated by a community-based organization, 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. The program will provide up to 90 days of engagement and crisis after-care services. This program features a combination of peer-provided and professional services that may include: 1:1 peer support, structured wellness and recovery skills training, brief individual and group counseling, medication services and management, field outreach and transportation, telephone check-in and follow up, crisis prevention planning, mentorship, respite housing for 1-3 nights and other proven strategies to support individuals new to their recovery or needing a period of more intensive support.

Projected number of clients to be served per year: 117

Projected cost per client per year: \$7,717

# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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### *New:* Crisis Residential Treatment (CRT) Expansion—Contractor

During FY 2016/17 a new CRT facility was opened in the city of Vallejo and the building has the capacity for increased beds. Pending approval from the city of Vallejo regarding zoning issues, SCBH intends to use CSS funding to expand the current CRT capacity from 10 beds to 15 beds starting during FY 2016/17 and continue this into the next 3-Year MHS Plan FY 2017/20.

Projected annual cost: \$370,000

### Community-Based Crisis Services—Contractors

*New:* During FY 2017/20 SCBH will implement several initiatives to further support community members who are experiencing an acute crisis. Local stakeholders have communicated concerns regarding access to the Crisis Stabilization Unit (CSU) for Solano County residents who live in south and north county cities. As such SCBH will contract with an ambulance provider in order to safely transport individuals to a safe place for further evaluation and care.

SCBH also plans to implement a mobile crisis program which will be delivered by a community-based provider in partnership with local law enforcement, the CSU, local emergency room departments and SCBH. Trained crisis intervention specialists will conduct face-to-face crisis evaluations and interventions in the community including in the homes of individuals who are experiencing an acute crisis. Efforts will be made to stabilize individuals in the field and when that is not possible the mobile crisis team will arrange for the safe transport to the CSU or other appropriate crisis facility. The direct service provider will be determined via the County RFP procurement process.

Projected cost for Crisis Transport per year: Up to \$100,000

Projected cost for Mobile Crisis per year: \$516,667

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

A core value of MHSa is the focus on wellness and resiliency strategies to support the recovery of consumers who are receiving, or have received mental health treatment services. The “Wellness and Recovery” model promotes hope, personal empowerment, respect, social connections, self-responsibility, self-determination, and other concepts key to the recovery of consumers with mental illness. While wellness and recovery is woven into all of the MHSa programming there are specific programs that embody this value and the principal program activities are recovery oriented. MHSa funds will be used to continue the SCBH operated Wellness & Recovery Unit, the two Wellness & Recovery Centers and the Cooperative Employment Program. Starting in FY 2017/18, SCBH will fund a new consumer operated Peer Support Outreach & Warm-line Program.



# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

### Wellness & Recovery Unit—County

The SCBH operated Wellness & Recovery Unit was established to support, educate, and enhance the recovery-oriented principles and practices into the existing mental health system of care. This unit now consists of a Consumer Affairs Liaison, a Family Liaison, and several mental health specialists, two of which act in the role of Patient Rights Advocates. The Wellness & Recovery Unit provides the following services and supports to consumers and family members:

- Provides direction for wellness and recovery activities in the County;
- Acts as liaison and ombudsman for individuals with SMI as advocates;
- Provides regular consumer-run groups and meetings along with annual events and educational presentations to consumers, staff, and community providers;
- Provides regular family support groups;
- Staff members both participate in, and recruit consumers to engage in the MHSA planning and evaluation activities, the Consumer Family Advisory Committee (CFAC), Cultural Competency Committee, Quality Improvement Committee, and the Suicide Prevention Committee;
- Recruit for, and provide training for the Speakers Bureau;
- Develop housing resources to support Seriously Mentally Ill (SMI) individuals in finding and keeping safe housing within the community.

Projected number of consumers/family members to be served per year: 300

Projected cost per person per year: \$2,806

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

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### Wellness & Recovery Centers—Contractor

Wellness & Recovery Centers provide a safe and welcoming place for consumers who have a known mental illness. Staff members at the drop-in Wellness & Recovery Centers, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. They support consumers, building on their strengths, to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans, support groups, peer counseling and mentoring, employment preparation, workshops on self-management, health and life skills, 12-step support to address substance abuse, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided.

Moving forward greater emphasis will be placed on peer provided services, community engagement, opportunities for employment, and involvement in Speakers Bureau's aimed at the reduction of stigma and discrimination towards those who have mental illness.

Projected number of consumers (Caminar & COF) to be served per year: 430

Projected cost per consumer (Caminar & COF) per year: \$1,697



# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

### Cooperative Employment Program—State, County & Contractor

SCBH and the Greater East Bay District of the Department of Rehabilitation (DOR) have partnered to deliver this program, both leveraging staff resources and funding, in order to provide employment services to individuals with severe and persistent psychiatric disabilities. The goal of this cooperative 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 an eligibility assessment, development of an Individual Plan for Employment (IPE), case management, employment intake, employment preparation, job development and placement, follow-up, and employment retention. The program works with a community network including community-based providers, the Solano County Office of Education, Independent Living Resource centers, and the Department of Social Services.

Projected number of clients to be served per year: 125

Projected cost per client per year: \$2,054

# Community Services & Supports

## General Systems Development: Targeted Systems & Supports

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### Bi-Lingual Services for Children and Youth - County

In FY 2017/20 SCBH will continue to use MHSA funding to increase bi-lingual services, administered by SCBH Children's providers in an effort to improve mental health access to Latino and monolingual Spanish-speaking children and youth by supporting at least three bilingual providers to be assigned to any of the three County operated Children's regional clinics; Vallejo, Fairfield or Vacaville. The bi-lingual providers' caseloads will include at least 75% monolingual, bilingual, and bicultural consumers to whom they will provide clinical services tailored to meet the needs of Latino consumers and families. Additionally the bi-lingual providers will maintain relationships with other community programs and resources in order to ensure that Latino children and their families who need additional supports receive appropriate services.

Projected number of clients to be served per year: 50

Projected cost per client per year: \$20,056

### Adult Psychiatry Clinic "On Duty" Staff Support—County

Each of the three, SCBH operated, regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville provide primarily medication services to adults who have been diagnosed with a serious mental health condition. Each clinic employs a mental health specialist who is assigned the "On Duty" (OD) role, primarily focused on providing emergent case management for consumers to address basic needs such as food, clothing and shelter. OD staff provide linkages to insurance eligibility specialists as well as linking consumers to other vital resources such as Employment & Eligibility Services (CalFresh), local shelters, etc. In addition to case management activities the OD staff may provide crisis support in the clinics up to, and including referring consumers to the CSU.

Projected number of clients to be served per year: 595

Projected cost per client per year: \$1,588<sup>1</sup>

<sup>1</sup>This cost represents the projected number of consumers that the OD staff may serve per year that are active clients (admitted to the clinic). However, OD staff members often provide services for individuals who are not yet admitted to a clinic, therefore they will provide support for additional clients.

# Community Services & Supports

## General Systems Development: Targeted Systems & Supports

### CARE Clinic—Contractor

During the FY 2016/17 Annual Update process SCBH analyzed the MHSA services delivered across the age spectrum and identified that intensive FSP or WRAP level services were not being provided to children ages 0-5 as required by MHSA regulations. The provision of mental health services for children ages 0-5 requires specialized training in childhood development as well as mental health and often requires a multi-disciplinary approach. SCBH will explore leveraging funding with other community partners to provide intensive time-limited services to children who have been identified as having severe emotional and behavioral challenges that are compounded by trauma and developmental delays. The program will target children expelled from daycares/preschools and children involved with the child welfare system due to neglect, abuse, domestic violence, and parental substance abuse or mental health conditions. Intensive mental health services will be provided in a structured office setting by a multi-disciplinary team with a high staff to client ratio.

Projected number of children to be served per year: 40

Projected cost per client per year: \$10,000

### Foster Child Services & Supports—Contractor

With the Continuum of Care Reform (CCR) whereby children placed in residential facilities will be returned to the community and require high levels of EPSDT services; the expansion of the *Katie A.* legal to apply to non-Katie A subclass foster children, making all children potentially eligible for a similar intensive level of specialty mental health services; and the AB1299 statute that will result in Solano County becoming responsible to provide services to foster children and youth who are dependents of other counties but reside here in Solano County, EPSDT service utilization by all of our children's contractors is expected to rise steeply. A disproportionate number of these children will be children from underrepresented, underserved groups. As such, MHSA will provide funding to expand existing EPSDT contracts with community-based organizations who serve foster children/youth to assure appropriate system capacity. All MHSA funds used will be matched by federal financial participation.

Projected cost of program per year: \$610,000

# Community Services & Supports

## General Systems Development: Mentally Ill Offender Programming

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### Mentally Ill Offender Crime Reduction Program

The FY 2014/15 Solano County MHSA Mid-Year Adjustment provided funding to support a local partnership between Solano County Behavioral, Solano County Sheriff's Department, Solano County Probation, and a community-based organization to create and implement a diversion program for individuals with mental illness. The Mentally Ill Offender Crime Reduction (MIOCR) Program aims to divert adults with untreated mental illness from the criminal justice system into treatment and support services. The adult MIOCR Program officially began February 2016. The program has three components that target the local criminal justice population: in-custody assessment and discharge planning, re-entry, and diversion. All three components work to reduce mentally-ill offender bookings, the number of jail bed days for mentally ill individuals, and the recidivism rates for the County. The contracted mental health provider is responsible for the assessment, discharge planning and case management for up to 9 months in order to ensure that individuals are linked with ongoing services and to prevent further deterioration and or recidivism. When necessary, individuals can be placed in 1-3 nights of respite housing.

Projected number of clients to be served per year: 45

Projected cost per client per year: \$4,444

### Jail Liaison—County

The FY 2014/15 Solano County MHSA Mid-Year Adjustment provided funding to co-locate a clinician in the local jails in order to facilitate planning for services post-release for individuals with mental illness who are pending release to the community. Additionally the Jail Liaison conducts Welfare and Institution Code § 5150 evaluations in the jails. This SCBH operated program is intended to ensure that mentally ill offenders pending release are quickly linked to needed mental health services in order to promote wellness, increase community safety, reduce recidivism rates and to reduce other high cost crisis services for the County.

Projected number of clients to be served per year: 80

Projected cost per client per year: \$1982



COMMUNITY SERVICES & SUPPORTS  
**OUTREACH & ENGAGEMENT**

# Community Services & Supports

## Outreach & Engagement

SCBH will use CSS Outreach and Engagement (O&E) funds in order to conduct targeted outreach to engaged unserved/underserved individuals and communities in order to reduce disparities identified by the County. Currently the target populations within the county are the Latino, Filipino, LGBTQ communities and homeless mentally ill individuals. In FY 2017/20 CSS O&E funding will be used to support the County operated outreach team, as well as limited contractor operated outreach staff focused on increasing access and engagement with the Latino, Filipino, and LGBTQ communities and homeless individuals. In the following pages the outreach and engagement programs are outlined:

### Latino Outreach Program: Hispanic Outreach and Latino Access (HOLA)—County

The goal for the Hispanic Outreach and Latino Access (HOLA) program is designed to target the Latino community in order to decrease stigma and increase awareness regarding the mental health services available. Through outreach and the development of relationships with non-mental health organizations (churches, primary care, family resources centers, etc.) the HOLA program provides information and resources as they relate to mental health and the Latino community.



# Community Services & Supports

## Outreach & Engagement

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The HOLA Coordinator, who is a SCBH Clinician, provides a culturally and linguistically appropriate bridge for accessing mental health services. Outreach activities include but are not limited to:

- **Community Trainings** – Provides *Mental Health First Aid* trainings in Spanish and English;
- **Spanish-Speaking Support Groups** – Leads culturally and linguistically appropriate support groups;
- **Outreach Activities** – Attends school events in schools that have a higher percentage of English language learners, attends resource fairs and local community events;
- **Targeted Migrant Camp Outreach** – Provides presentations on mental health services available and trainings for migrant camp youth and parents.

The County HOLA Coordinator focuses half her time on outreach activities and half her time working in the Solano County Mental Health Access Call Center. A designated HOLA phone line (707) 784-8469 is routed directly to the HOLA Coordinator allowing this clinician to follow up with individuals engaged during outreach activities. Additionally this clinician fields Access calls coming in from monolingual Spanish-speaking individuals requesting services.

Projected number of clients to be served per year: 700

Projected cost per client per year: \$104

# Community Services & Supports

## Outreach & Engagement

### Filipino Outreach Program: KAAGAPAY—County

In May of 2015, Solano County launched the Filipino Outreach KAAGAPAY (English translation is “Reliable Companion”) Program following the FY 2014/15 Mid-Year Adjustment to address an identified need to increase access to the Filipino Community. The KAAGAPAY program’s goal is to educate and provide information to the Filipino community on holistic wellness including mental health topics and how to access local mental health services and programs. The half-time KAAGAPAY Coordinator establishes and brokers existing partnerships with mental health providers and non-mental health community- based organizations to increase outreach efforts to the Filipino community about current mental health services available.



Outreach activities include but are not limited to:

- **Partnered Outreach with Public Health** – Pharmacy, health fairs, and food bank outreach events;
- **Stanford University’s Healthier Living Program** – provides training focused on effective and enjoyable approaches to physical and mental well-being. This specific training was identified as a mechanism to engage the Filipino community which may be more open to talking about physical health than mental health;
- **Outreach Activities** –Attends school events, attends resource fairs and local community events;



# Community Services & Supports

## Outreach & Engagement

In addition to the outreach activities provided, the KAAGAPAY Coordinator occasionally is asked to provide translation and cultural brokering support for select individuals when they are initially accessing services. This has been a vital service given there is a lack of Tagalog-speaking providers for both County and community-based organizations.

Projected number of individuals to be served per year: 700

Projected cost per person per year: \$98



# Community Services & Supports

## Outreach & Engagement

### Homeless Outreach: Accessible Resources and Care for the Community (ARCH)—County

The ARCH Program, which was initially funded by a grant, was launched in January 2016 with a SCBH Clinician focused on addressing the needs of homeless mentally ill individuals with a goal of supporting individuals in accessing mental health treatment and linkage for other needed resources. The ARCH Coordinator conducted outreach efforts at local shelters, Wellness & Recovery Centers, community locations where the homeless population tends to congregate, and homeless encampments. Strong partnerships have been forged with local law enforcement and community partners serving the same population. The clinician will be funded by MESA going forward and will be primarily focused on outreach to homeless youth in Solano County who tend to be Commercially Sexually Exploited Children/Youth (CSEC) and/or LGBTQ youth. A Mental Health Specialist position, funded by a PATH grant, will partner with the clinician but will primarily focus on conducting outreach with homeless mentally ill adults in partnership with local law enforcement and other County Health & Social Services staff members.

Projected number of individuals to be served per year: TBD

Projected cost of program per year: \$144,243



A pair of hands is shown from a top-down perspective, cupped together to hold a small, white, crocheted house. The house has a gabled roof with a decorative scalloped edge, a rectangular doorway, and a small square window. The background is a soft, out-of-focus grey. The text is overlaid on the center of the image.

COMMUNITY SERVICES & SUPPORTS

# MHSA HOUSING

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# Community Services & Supports

## MHSA Housing

*H*omelessness is a significant issue impacting individuals not just in Solano County, but statewide. As such, new legislature, “No Place Like Home”, has been passed which will impact the local MHSA funding received by Counties. Preliminary information from the State estimates that for FY 2017/20, 1.1 million dollars of MHSA funding that would typically be distributed to Solano County will be held for the No Place Like Home initiative. Over the course of the next 3-5 years Solano County will have a better sense of exactly how this will impact our community. In the meantime, locally MHSA funding will be used to continue, and in some cases conservatively expand, the housing supports available to homeless mentally ill consumers or those at risk of homelessness. In FY 2017/20 Solano County will continue to fund several community-based agencies who provide respite, transitional or permanent housing.



# Community Services & Supports

## MHSA Housing

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### Supported Housing—Contractor

The Supported Housing program, administered by *Caminar for Mental Health*, a community-based organization, provides housing services for individuals who have been diagnosed with mental illness and are homeless or at risk of homelessness to live independently in the community of their choice. Housing options range from 30-day transitional programs to long-term permanent supportive housing utilizing MHSA Housing sites—Signature at Fairfield and Heritage Commons in Dixon—as well as numerous apartment complexes in Solano County.

- **Signature at Fairfield** is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes seven two-bedroom units reserved for families in which one member qualifies for MHSA CSS services, and three two-bedroom apartments shared by two unrelated adults who qualify for MHSA services.
- The **Heritage Commons** project in Dixon is a 65-apartment older adult project. Seven units are reserved for consumers over 55 years old or older who qualify for MHSA services through Community Supports and Services. The project began accepting applications in July 2013.

The focus is placed on providing stability using the Housing First Model, in conjunction with supportive treatment services in the areas of mental and physical health, substance abuse, education and employment. Participants pay a portion of their income towards their rent while the remainder is offset by a subsidy. Recovery-oriented housing case management and support services are typically offered on-site.

Projected number of clients to be served per year: 128

Projected cost per client per year: \$3,351

# Community Services & Supports

## MHSA Housing

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### Shelter Housing—Contractor

Heather House is a 24-bed homeless shelter facility located in Fairfield. It was established in 2001 under the leadership of the *Interfaith Council (IFC) of Solano County*. The goal is to move homeless consumers from the shelter to stable housing. Consumers live in a home-like setting and receive individualized case management to assist with their unique issues. MHSA provides funding for dedicated shelter beds that are exclusively utilized by the Homeless FSP program. During FY 2017/20 dedicated beds will increase from 4 beds to 6 beds.

Projected number of clients to be served per year: 10

Projected cost per client per year: \$22,776

### Additional Housing Supports

- SCBH has allocated MHSA funding to support efforts to step consumers down from inpatient facilities and Institutions of Mental Disease (IMD) to Augmented Board and Care (ABC) facilities when appropriate. Often consumers who have made progress in their recovery are not able to live independently and continue to need the structure of an ABC. Efforts are made to secure placements in ABC facilities that are closer to the Solano community in order to promote connections with natural support systems, family, friends, and others, all of which can help the recovery process.

Budget per year: \$250,000





# Innovation



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# Innovation

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In FY 2014/15, the Solano County Board of Supervisors and the California Mental Health Services Oversight and Accountability Committee (MHSOAC) approved the County's Innovation Component Plan to implement the *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*. The County has partnered with the University of California, Davis – Center for Reducing Health Disparities (CRHD) to implement the ICCTM project which aims to increase culturally competent and appropriate services for County-specific unserved and underserved populations with low mental health service utilization rates: the Latino, Filipino, and LGBTQ communities. The project includes the creation of a region-specific curriculum based on the National Enhanced Culturally and Linguistically Appropriate Standards (CLAS) and the local community's perspective on culturally competent practices that should be integrated into the current local mental health system to increase access to targeted populations. Long term goals for the project include the following:

- Reducing shame and stigma related to accessing mental health services, and increase timely access and improve outcomes of care;
- Build mental-health knowledgeable community alliances so that compassionate understanding and connection to services can occur from within one's own community;
- Increase cultural competence of service providers to create a stronger rapport and alliance with the consumers they serve.





# Workforce Education & Training

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# Workforce Education & Training



Solano County will continue to identify workforce development priorities to create a mental health system, which is prepared to meet the needs of those we serve and to ensure that it is culturally competent, consumer/family driven and promotes the transformation of mental health services using a strength-based approach that is inclusive of recovery, resilience, and wellness principles. The plan provides opportunities to recruit, train, and re-train public mental health staff to meet those mandates, and includes the training and employment of individuals who are consumers with lived experience.

For Solano County, personnel shortages remain a constant concern, in particular bilingual and psychiatry staffing. SCBH has identified the following needs related to WET:

- Bi-lingual and bicultural personnel to provide services to underserved populations;
- Training and support for peer and consumer providers;
- Training in evidence-based practices;
- Cultural competency training<sup>2</sup>
- Training for work with special populations, consumers with co-occurring substance abuse disorders, commercially sexually exploited children/youth (CSEC)
- Community training, including Crisis Intervention Training, to support providers, local law enforcement agencies, and community partners when addressing individuals with mental illness.

It is projected that in FY 2017/18 the WET funding received by Solano County will be exhausted. Provided the California Mental Health Services Oversight and Accountability Committee (MHSOAC) approves this plan, Solano County will transfer CSS funding, in the amount as allowed by statute, to continue to fund the continued workforce education and training efforts.

<sup>2</sup>Cultural Competency training will be provided via the Innovation Plan project.

# Workforce Education & Training

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## Internship Opportunities

SCBH will provide internship opportunities and stipends to students completing Master's level programs and Pre and Post-doctoral interns in the fields of psychology, counseling and social work. Stipends will be awarded to students providing services to the unserved/underserved communities in the County. The interns will be placed in County operated programs and will be provided clinical supervision and support. The Internship Program Coordinator will focus on bilingual/bicultural recruitment with the goal of building an on-going relationship with institutions of higher learning to build a culturally and linguistically competent workforce.

## Improve Mental Health Workforce Clinical Competence

The overall goal of this training plan is to increase overall and specific workforce competencies for providers throughout the public mental health workforce by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system.

In FY 2017/20, SCBH will provide training opportunities for both county and community-based providers in:

- Dialectical Behavioral Therapy (DBT);
- Training in the treatment of co-occurring mental health and substance abuse disorders;
- Motivational Interviewing;
- Evidence-based practices as determined by system needs.
- Risk assessment and intervention

# Workforce Education & Training

## Crisis Intervention Training

A two-day crisis intervention team (CIT) training, conducted by a community provider, was designed to increase first responders' knowledge and understanding about mental illness, and to help develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code § 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and how to de-escalate individuals in order to establish safety without physical intervention in a mental health crisis. It also includes sections on the types of mental illness, post-traumatic stress disorder and recognizing signs and symptoms of mental disorders among returning veterans, and on how to maintain officer safety in crisis situations. A concentrated

one-day CIT training curriculum was developed at the request of local law enforcement agencies. In FY 2017/20 SCBH will work closely with local law enforcement agencies to plan CIT trainings and efforts will be made to leverage training funds each local law enforcement agency has available.





# Workforce Education & Training

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## Trauma Focused Cognitive Behavioral Therapy

Since 2014, Solano County has made a concerted effort to provide clinicians with a comprehensive training in the evidence-based practice of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT.) The TF-CBT is a model of therapy that has been shown to be 80-85% effective in resolving a diagnosis of Post-Traumatic Stress Disorder in children aged 3-18. It is a short-term model that typically spans 12-20 sessions, with clinicians teaching the client and their family effective coping skills to aid them in being able to cognitively and emotionally process the traumatic events that were experienced. In FY 2017/20 SCBH plans to provide continued support for the cohorts that have completed the TF-CBT training in order to aid in maintaining the knowledge and expertise in providing TF-CBT to youth in need. Additionally SCBH will aim to provide TF-CBT training for at least one cohort per year for FY 2017/20.

## Mental Health Loan Assumption Program

In FY 2012/13, Solano County contracted with the CIBHS to participate in the statewide loan assumption program. The program repays mental health professionals a portion of the costs of educational loans through an innovative partnership between Solano County, the Office of Statewide Health Planning and Development and the Health Professions Education Foundation. MHLAP is targeted to mental health professionals who work in programs funded by County Mental Health, in hard to fill and retain positions, and are working with consumers from unserved/underserved communities. As a condition of the award, recipients must commit to a twelve-month service obligation. In FY 2017/20 SCBH will continue to participate in this program.

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# Capital Facilities & Technology Needs

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# Capital Facilities & Technology Needs

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FTN funds are used to develop or improve buildings used for the delivery of MHSA services, expand housing options for seriously mentally ill consumers and their families, and to improve the technological infrastructure for the mental health system such as electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families.

It is projected that in FY 2018/19 the CFTN funding received by Solano County will be exhausted. Provided the California Mental Health Services Oversight and Accountability Committee (MHSOAC) approves this plan, Solano County will transfer CSS funding, in the amount as allowed by statute, to continue to fund and maintain the efforts started with the CFTN funding particularly the ongoing support and maintenance of the County's Electronic Health Record.

## Capital Facilities

No new capital facility projects are anticipated at this time.

## Technology Needs

Solano County has implemented the Avatar Electronic Health Record (EHR) system provided by Netsmart Technologies.

- Phase One is completed and includes: Practice Management (admissions, diagnosis, and discharge records); Progress Notes; Financial Management; Appointment Scheduling, and Managed Services to authorize and pay for services provided by contractors.

# Capital Facilities & Technology Needs

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## Technology Needs (cont.)

- Phase Two is completed and includes: Clinician Workstation which includes Electronic Assessments and Treatment Plans; Addiction Severity Index and; Electronic Prescribing and Medication Management. Point-of-Service Document Imaging and Scanning; and Mobile access to system
- Phase Three is currently in the implementation process and will consist of: Point-of-Service Document Imaging and Scanning; and Mobile access to system; Electronic Submission of Laboratory Orders and receipt of results and; a Health Information Exchange (HIE) to provide data sharing with other County and medical records systems.

During FY 2016/17 SCBH is moving to vendor hosting which will allow greater accessibility of the Avatar system for our County staff and contract providers, also allowing dedicated County IT staff to direct time to assist with system improvements and report writing. These services will allow greater accountability, increased availability of medical information and improved coordination of care. Additionally efforts will be made to implement the use of Avatar forms that collect the data required for the Full Service Partnership programs which will then allow for the Avatar system to upload to the State ITWS system which would eliminate the requirement for staff to log into a different database system. Given challenges experienced with the State Data Collections & Reporting (DCR) system it would be ideal to have access to program performance data within the Avatar system.

In an effort to improve data reporting capabilities MHPA funds will be used to acquire the KPI Dashboard software which will provide mental health administration and management with accessible and meaningful data related to the mental health service provision and consumer-base profiles.



SOLANO COUNTY BEHAVIORAL HEALTH - MENTAL HEALTH SERVICES ACT

# Annual Update

Fiscal Year 2016/2017

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# MHSA Annual Update for FY2016/17

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*P*art Two of this document is the *FY 2016/17 Annual Update* to the *Mental Health Services Act Three-Year Integrated Plan for Fiscal Years 2014/15 through 2016/17*. In this section, programs updates will be provided for each program to include but not limited to: highlights and achievements, including performance outcomes; barriers and challenges; participant demographics; and changes made to the Plan or programs during FY 2015/16.



The background is a complex abstract composition of overlapping, hand-drawn shapes in various colors including yellow, green, purple, pink, blue, and grey. The shapes are layered, creating a sense of depth and movement. A horizontal dotted orange line is positioned below the text.

# Prevention & Early Intervention

# Prevention & Early Intervention

## Community-Wide Prevention

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### New

In October of 2015 new PEI regulations were passed requiring an expansion of demographics collected to include; age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, and disabilities. PEI programs are now required to collect the demographic information for both individuals who receive early intervention services, as well as individuals who they provide training and education for. Additionally the new regulations imposed requirements to better track access and linkage services. The new PEI requirements have been challenging to implement in terms of data collection systems and current workflows. Having said that, the PEI programs were open and responsive to the changes. SCBH will continue to work closely with the PEI programs to implement these requirements and will provide technical support as needed.

During FY 2015/16 Solano County continued to work with the California Mental Health Services Authority (CalMHSA) who spearheads the statewide effort in suicide prevention and stigma reduction. Additionally, SCBH outreach staff and several community-based organizations distributed materials received from CalMHSA. SCBH continued to support the regional National Suicide Prevention Lifeline, (1-800-273-8255) during FY 2015/16.

# Prevention & Early Intervention

## Community-Wide Prevention

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### Suicide Prevention Activities & Services

The following suicide prevention activities were conducted FY 2015/16:

- **safeTALK Trainings**—Four trainings were provided with a total of 73 participants attending the trainings.
- **Applied Suicide Intervention Skills Training (ASIST)** –Three trainings were provided with a total of 52 participants attending the trainings.
- **National Suicide Prevention Week Proclamations & Resolutions** – In September of 2015 two local cities: Vallejo and Benicia, the County Office of Education and the County of Solano, passed local proclamations/resolutions declaring September 7 -13, 2015 as Suicide Prevention Awareness Week.
- **CalMHSA Know the Signs Toolkits** –SCBH partnered with the Solano County Office of Education to distribute “Suicide Prevention Know the Signs (KTS) Toolkits” during National Suicide Prevention Week. KST Toolkits were delivered to 35 local middle and high schools.
- **CalMHSA Each Mind Matters Directing the Change Film Competition** – A local youth organization VacaValley Youth Video Association (VYVA), Inc. was awarded a regional award for participation in the 2016 CalMHSA – Each Mind Matters: 2016 Directing Change Program and Film Contest.
- **National Suicide Prevention Lifeline (Solano Friendship Line)** – 3131 calls were received on the Lifeline 1-800-273-TALK(8255).
- **Suicide Prevention Committee** – The Solano County Suicide Prevention Committee actively met throughout the year and began planning a campaign to create a County-wide Strategic Suicide Prevention Plan. The plan will include prevention, intervention and post-vention strategies tailored to meet the needs of the local community.

# Prevention & Early Intervention

## Community-Wide Prevention

### Stigma and Discrimination Reduction Activities

The following stigma reduction and outreach activities to reach traditionally unserved and underserved populations were conducted FY 2015/16:

- **Each Mind Matters May is Mental Health Awareness Month** –There were several events held to promote May is Mental Health Awareness Month including: the Solano County Mental Health Advisory Board sponsored art show kick off; distribution of stigma reduction swag gear, art show facilitated by the Caminar Wellness & Recovery Center; a county clinic “Green Ribbon Wall Challenge”; and “Photo Booth” activity geared to reduce stigma and discrimination against those with mental illness.



# Prevention & Early Intervention

## Community-Wide Prevention

### Community Trainings and Support

- **Mental Health First Aid (MHFA) Training**–3 MHFA trainings were provided in English and 2 trainings were provided in Spanish.
- **New FY 2016/17: Stanford University's Healthier Living Program** – A series of classes focused on effective and enjoyable approaches to physical and mental well-being will be offered during this next year. The County Filipino Outreach Coordinator was trained as a “train the trainer” in this curriculum and will be partnering with primary care in order to provide trainings for the community and will specifically be targeting the Filipino Community.



# Prevention & Early Intervention

## Community-Wide Prevention

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### Family and Peer Support Program—Contractor

*National Alliance on Mental Illness (NAMI) Solano County* provides support and advocacy to individuals with mental illness and their family members and engages in activities to bring more public awareness and advocacy for the rights of mentally ill consumers.

### *Highlights & Achievements – FY 2015/16*

- **Peer-to-Peer Program** – Two Peer-to-Peer classes were offered with a total of 69 individuals participating and 50% of the participants graduated the ten week course. The Fall class had over 50 individuals in attendance (typical class is capped at 25) and 35 of those individuals graduated from the class. Per NAMI this was the largest graduating class for the Peer-to-Peer course in Northern California.
  - ⇒ As a result of the abovementioned successful class, several participants signed up and were trained to be “Connection” support group facilitators and “In Our Own Voice” presenters.
  - ⇒ Isolated consumers who attended the class were connected to the Fairfield Wellness & Recovery Center.
- **Family-to-Family Program** - 52 individuals attended the Family-to-Family trainings.

### *Challenges & Barriers – FY 2015/16*

- Participants in the Family and Peer Support Programs found it difficult to navigate transportation to trainings.
- The “Parent and Teachers of Allies” training was not offered, in spite of efforts made to partner with other MHSA funded school-based programs.





# Prevention & Early Intervention

## Community-Wide Prevention

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### Family and Peer Support Program—Contractor (cont.)

#### *Demographic Data*

66% of the individuals served by NAMI were adults between the ages of 26-59, 23% were 60 and older, and less than 1% were between the ages 16-25. Regarding language, 90% of individuals served identified English as their primary, 4% identified Spanish, 1% each American Sign Language (ASL) and Tagalog while the remaining 4% did not identify a primary language. Two individuals were veterans, and one individual identified with a different gender identity than male, female, genderqueer, transgender or questioning. 63% of individuals served identified as female while 31% identified as male, and 6% declined to state gender identity. The following charts provide additional demographic data for the individuals served by this program :

Number of individuals who received a prevention service: 121

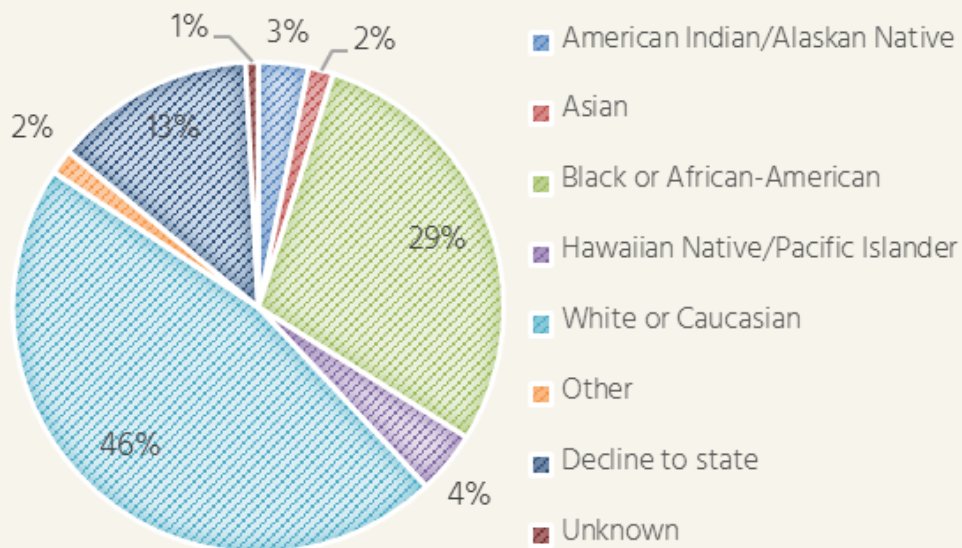
Cost per person: \$326

peer support

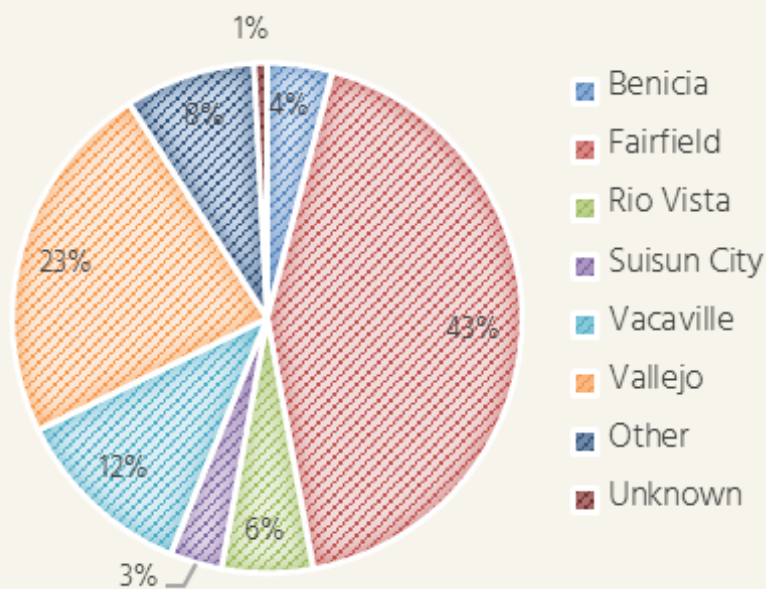
# Prevention & Early Intervention

## Community-Wide Prevention

### Family/Peer Support Program: Race



### Family/Peer Support Program: City of Residence



# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

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The three targeted prevention programs did not collect the PEI demographic information as it was unclear initially that this would be required for situations in which there was one contact; i.e. trainings, outreach events, etc. and as such SCBH had not implemented a reporting system for these programs for FY 15/16.

### Latino Outreach Program: Hispanic Outreach and Latino Access (HOLA)—County

The Hispanic Outreach and Latino Access (HOLA) program was initiated June 2014 following the FY 2014/15 Mid-Year Adjustment to address an identified need to increase access to the Latino Community that is considered underserved in Solano County. The HOLA Program, which is SCBH operated, is designed to decrease stigma and increase awareness regarding the mental health services available for the Latino community.

### *Highlights & Achievements– FY 2015/16*

- **Community Trainings** – Provided two *Mental Health First Aid* trainings in Spanish with a total of 31 participants.
- **Student Trainee Intern** – The HOLA Coordinator was able to recruit and provide supervision for a Master’s level student who was Spanish-speaking and was able to provide support for the HOLA outreach efforts during the academic year.
- **Migrant Camps** – Provided tailored mental health education and outreach activities for individuals and families living in the migrant camp communities.
- **Calls to Access/HOLA Line** – As a result of program outreach, a total of 301 calls were received by the County Access Line specifically to the HOLA coordinator during this fiscal year.

# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

### *Challenges & Barriers – FY 2015/16*

- The HOLA Program has been quite successful generating consumer referrals to the local mental health system; however there is still a need within the system for bilingual/bicultural mental health professionals. The regional bi-lingual mental health staffing shortage continues to present difficulties for monolingual Spanish-speaking individuals and families accessing mental health services. SCBH continues to actively recruit bi-cultural, Spanish-speaking mental health providers.
- The HOLA Coordinator has begun providing outreach and education activities for local Latino migrant populations, and has encountered an increased need for diverse support groups for this particular community. The demand for services for the migrant community supersedes the current capacity of the HOLA Program.

### *Changes in FY 2016/17*

The HOLA Program which was initially funded by PEI will be funded by CSS Outreach & Engagement starting July 1, 2016.

Number of individuals who received a prevention service: 697

Cost per person: \$105

# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

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### Filipino Outreach Program – KAAGAPAY

The Filipino Outreach program called KAAGAPAY (English translation is “Reliable Companion”) was launched following the FY 2014/15 Mid-Year Adjustment to address an identified need to increase access to the Filipino community. The KAAGAPAY program’s goal is to educate and provide information to Filipino community on holistic wellness including mental health topics and how to access local mental health services and programs for the Filipino community.

### *Highlights & Achievements – FY 2015/16*

- **Partnered Outreach with Public Health** – Activities included outreach at local pharmacies, food banks, etc. In March 2016, KAAGAPAY hosted “Kwentuhan” (sharing stories) on Hospice Care, Spirituality in Caregiving and Self Care Tips for Caregivers and 12 participants attended the presentation.
- **Community Trainings** – The KAAGAPAY Coordinator attended a week-long course in Stanford University’s Healthier Living Program to become a “train the trainer” in this model which is focused on effective and enjoyable approaches to physical and mental well-being. The KAAGAPAY Coordinator conducted 15 culturally specific presentations to our community partners with a total of 156 participants.
- **Outreach Activities** – Presentations and outreach to local businesses, churches, schools, etc. From July 1, 2015 through June 30, 2016, KAAGAPAY has reached out to 88 agencies.
- **Community Events** – KAAGAPAY participated at the “Pista Sa Nasyon” Filipino annual festival that celebrates the local Filipino Community in Solano County and approximately 200 mental health flyers and brochures were disseminated.

# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

- **Calls to Access** – As a result of the outreach efforts of the KAAGAPAY Coordinator, there were 40 calls directly received by the KAAGAPAY Coordinator during the fiscal year inquiring about access to mental health services.

### *Challenges & Barriers – FY 2015/16*

The KAAGAPAY Program has been successful generating consumer referrals to the local mental health system; however there is still a need within the system for bilingual/bicultural mental health professionals. The regional bi-lingual mental health staffing shortage continues to present difficulties for monolingual Tagalog-speaking individuals and families accessing mental health services. SCBH continues to actively recruit bi-cultural, Tagalog- speaking mental health providers.

### *Changes in FY 2016/17*

The KAAGAPAY Coordinator will be working closely with other community partners to host the first SCBH sponsored Wellness Fair for the local Filipino community in the City of Vallejo scheduled for October 2016.

The KAAGAPAY Program which was initially funded by PEI will be funded by CSS Outreach & Engagement starting July 1, 2016.

Total number of individuals who received a prevention service: 676

Cost per person: \$102



# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

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### African American Faith Based Initiative (AAFBI) – Contractors

The AAFBI Mental Health Friendly Communities project is delivered in partnership with three independent contractors and several faith-leaders, with a goal to create mental health friendly communities to support individuals with mental illness and their families at local African American faith communities.

### *Highlights & Achievements – FY 2015/16*

- Facilitated a kickoff re-launch of the program in December 2015 with 25 participants.
- Conducted four trainings with faith leaders and ministry support teams about how to identify signs of mental illness, and connecting individuals and families to local mental health resources in the community. 93 individuals attended the trainings.
- Conducted one workshop with County mental health staff, local mental health providers and community partners concerning the role spirituality plays in consumer recovery and identifying strategies to address barriers to access of mental health services for the African American community. 59 individuals attended the workshop.
- Conducted monthly calls with participating faith leaders to establish best practices for integrating a mental health support structure into participating congregations. Met with one particular faith community two separate times in order to orient them to the AAFBI project. 22 church members received this orientation.
- Served four local churches in FY 2015/16.



# Prevention & Early Intervention

## Targeted Prevention: Access & Outreach

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### *Challenges & Barriers – FY 2015/16*

There was a change in church leadership resulting in the loss of two faith-communities/churches that had been involved in the project.

### *Changes in FY 2016/17*

The program plans to expand to six faith centers, including one faith community that is welcoming to the LGBTQ community. The AAFBI project will partner with NAMI and participating churches to launch neighborhood projects to reduce stigma and increase access to mental health services in the community.

Number of unduplicated individuals who received a prevention service: 152

Cost per person: \$442

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Outreach and Access Program Formerly referred to as the “LGBTQ Welcoming Project”—Contractors

In FY 2014/15, Solano County partnered with the *Solano Pride Center*, a local LGBTQ Center and the *Rainbow Community Center (RCC) of Contra Costa County* to develop a community-based social support program designed to decrease isolation, depression and suicidal ideation among members of the LGBTQ community residing in Solano County.

### *Highlights & Achievements – FY 2015/16*

#### Prevention Strategy Outcomes:

- Outreach Efforts – resulted in:
  - ⇒ 175 new people were added to the Solano Pride Center email distribution list and Solano Pride Center now has 408 Facebook members, 30 new volunteers were recruited; and the program sponsored “Meetup Group” has 337 members.
  - ⇒ The Solano Pride Center participated with the drafting of the Resolution recognizing June as Pride Awareness Month which was passed by the Board of Supervisors.
  - ⇒ Conducted seven focus groups with the LGBTQ community to gather input for the countywide LGBTQ community needs assessment – 51 individuals participated in the focus groups.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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- Social & Support Groups – resulted in:
  - ⇒ 23 individuals attended peer support groups for the first time;
  - ⇒ 7 older adult attendees participating in an outreach event tailored towards the older adult population.
  - ⇒ 16 individuals regularly attended weekly youth support groups; and 26 youth attended outreach events.
  - ⇒ The Solano Pride Center hosted 12 community outreach and education events – 157 individuals attended special events such as Solano Pride - Open House, Movie Nights, and Pride Month activities.

### Early Intervention Treatment Strategy Outcomes

- Provision of Assessments and Short-Term Counseling – resulted in:
  - ⇒ From May 2015-June 2016 six (6) individuals were seen for assessments and counseling. The program reported that there were eight additional referrals for counseling that were not viable and two of which were linked to other services.
  - ⇒ The newly assigned intern has increased time at the Solano Pride Center from one half-day to two full days.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

### LGBTQ Outreach & Access Program (cont.)

#### *Additional Successes*

- In September 2015 the Solano Pride Center was able to secure a permanent physical space in a building shared/owned by another community-based organization.
- Solano Pride coordinated local response to the Orlando Nightclub Shooting - 150 people attended this community vigil and the Rainbow Flag was flown at half-staff along with the United States Flag and the California State Flag at the County Administration Center in memorial of the lives lost due to this tragic event. This was the first time the Rainbow Flag had been flown at a County building.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### *Challenges & Barriers – FY 2015/16*

- There were difficulties identifying an appropriate mental health provider to be co-located at the center. A new therapist intern was co-located in May of 2015 and has been well received by the Solano Pride Center staff and members.
- Data collection for outreach activities and clinical services provided by the intern was challenging. SCBH provided support related to data collection including tracking of outreach activities, referrals for counseling and clinical charting expectations.
- Insufficient referrals for counseling services impacted the number of individuals receiving counseling. Efforts are being made to ensure that the community and network of providers are aware of the services offered at the Solano Pride Center.
- The Solano Pride Center is primarily staffed by volunteers which has been difficult in regards to maintaining consistency.
- A Community Needs Assessment Report, creating a strategic plan regarding the implementation of social and support services for the LGBTQ community has not been completed to date and there was low attendance in focus groups conducted geared to inform the process and final report. SCBH is monitoring this closely and supporting both organizations to finalize the Community Needs Assessment Report.

### *Changes in FY 2016/17*

The County will be restructuring the contractual agreement to in order to update the scope of services and to support and further define the roles and responsibilities of each organization.

### New Service

The Solano Pride Center and the stakeholders have highlighted the need for more outreach in the schools. Solano Pride will hire a staff dedicated to the facilitation of the “Welcoming Schools” Model – specific outreach in order to increase awareness and access to culturally appropriate services when working with LGBTQ youth.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

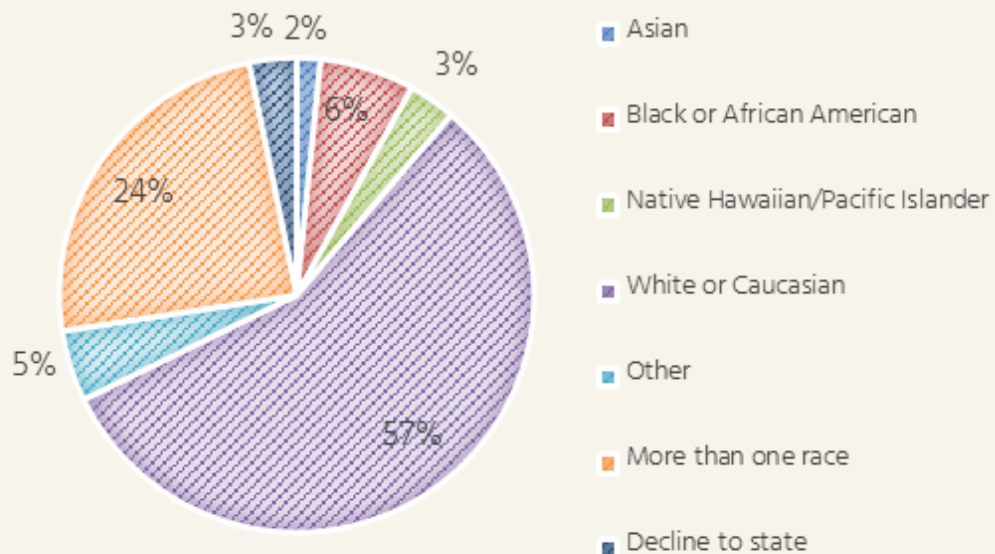
### LGBTQ Outreach & Access Program (cont.)

#### *Demographic Data*

44% of the individuals served by the program were adults between the ages of 26-59, 27% were between the ages of 16-25, 14% were 60 and over, 10% were between the ages of 0-15 and 5% did not identify their age. 98% of the individuals served identified English as their primary language. 17% of individuals served were veterans, and 39% of the program population identified having a physical disability.

The following charts provide additional demographic data for the individuals served by this program:

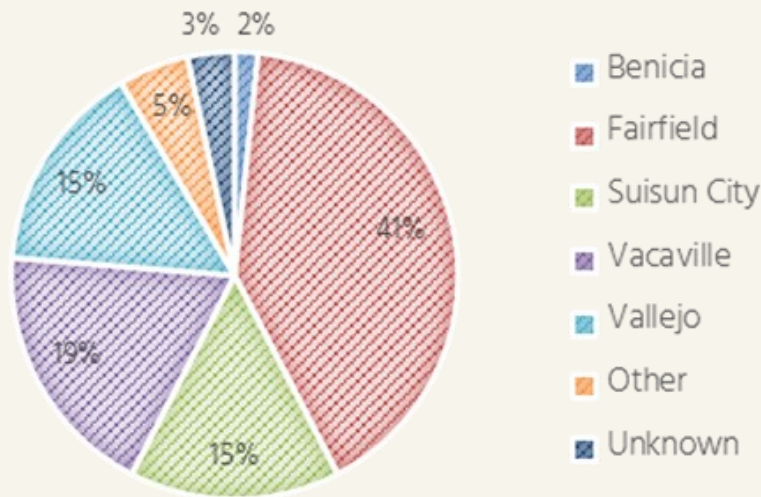
LGBTQ Outreach & Access - Race



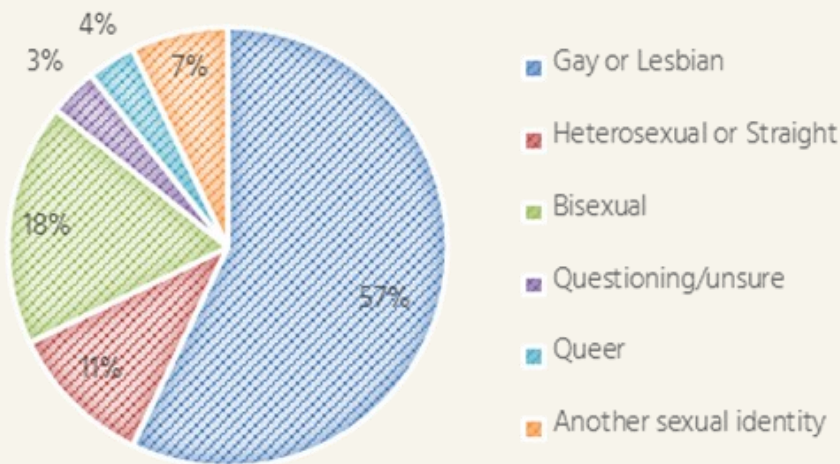
# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

### LGBTQ Outreach & Access - City of Residence



### LGBTQ Outreach & Access - Sexual Orientation



Number of individuals who received a prevention service: 157

Cost per person: \$347

Number of individuals who received an early intervention service: 6

Cost per person: \$1,010

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Early Childhood-Partnership for Early Access for Kids (PEAK) Program (Ages 0-5): Contractors

The PEAK Program which is funded by SCBH and First 5 Solano, was delivered by four community-based organizations. The PEAK program provides home-based or center-based prevention and early intervention services to children ages 0-5 and their families. During FY 2015/16 the four community-based organizations providing PEAK services included *Children's Nurturing Project (CNP)*, *Child Haven*, *EMQ Families First* (agency name changed to *Uplift Family Services* effective July 1, 2016), and *Solano Family Children's Services*.

### *Highlights & Achievements – FY 2015/16*

- A total of 1,336 individuals were served through the Early Childhood Program, including children and their families as well as providers attending community trainings.
- All PEAK providers have bilingual, bi-cultural staff to meet the needs of Latino population.
- One PEAK provider has bilingual/bi-cultural staff to meet the needs of the Filipino population.

### Prevention Strategy Outcomes

- **Parent and Caregiver and Provider Education & Trainings** – 336 parents and caregivers attended parenting and coaching classes.
- **In-Person Screenings** – A total of 344 children received the PEAK screening.
  - ⇒ 446 ASQ 3 screenings were completed
  - ⇒ 474 ASQ-SE screenings were completed



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Early Intervention Treatment Strategy Outcomes

- **Assessment:** A total of 82 children were screened and subsequently referred for further mental health assessment under the PEAK early intervention and treatment component of the program.
  - ⇒ The Child and Adolescent Needs and Strengths Assessment (CANS) was administered for 78 children.
- **Short-term Treatment:** 90 children with moderate to severe socio-emotional concerns received intensive short-term treatment services, more than double the amount of children treated in FY 2014/15.

### *Challenges & Barriers – FY 2015/16*

- There is a shortage of clinicians in Solano County who have expertise and experience working with children ages 0-5 and this is then compounded further when recruiting for bi-lingual and bicultural staff.
- Performance of PEAK providers - Two of the three PEAK providers were not able to meet contractual deliverables related to the number of individuals served by their organization. Factors contributing to the performance of the two PEAK providers included but were not limited to: clinical staff shortages, staff turnover, and for one of the providers, programmatic infrastructure deficiencies. Corrective action plans were administered to both organizations.
- Implementation of PEI regulations regarding the expanded demographic collection was challenging to implement into the PEAK database system and as a result new demographic reporting requirements were not included into the data capture system in a timely fashion, but will be included in FY 2016/17 reporting year.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### *Changes for FY 2016/17*

The Early Childhood Program will undergo significant restructuring in the upcoming Fiscal Year 2016/17 as agreed to by SCBH, First 5 Solano and the PEAK providers. The direct contracts between First 5 Solano and two PEAK providers were reduced both in scope and funding. One PEAK provider will continue to provide short-term treatment to non-Medi-Cal eligible children.

In August of 2016 the largest 0-5 provider, Children's Nurturing Project announced that the agency was closing and would no longer be able to provide services. SCBH, First 5 Solano, and the remaining three providers developed a plan to both transfer the existing consumers being served by CNP, and to transfer necessary service components to the three remaining providers. This was a challenging development, although the three remaining providers were exceptionally cooperative and accommodating in regards to taking cases and responsibilities on with very little notice.

The closure of CNP also impacted SCBH's capacity for the provision of EPSDT services for children ages 0-5, who would in some cases be referred for services from PEAK providers. As such, SCBH initiated a contract with a new 0-5 provider (qualifying via an RFP process) in order to provide the EPDST services that CNP would have provided otherwise.

SCBH and First 5 Solano will continue to work with PEAK providers to address staffing shortages and will devise strategies to ensure quality services are provided to this vulnerable target population.

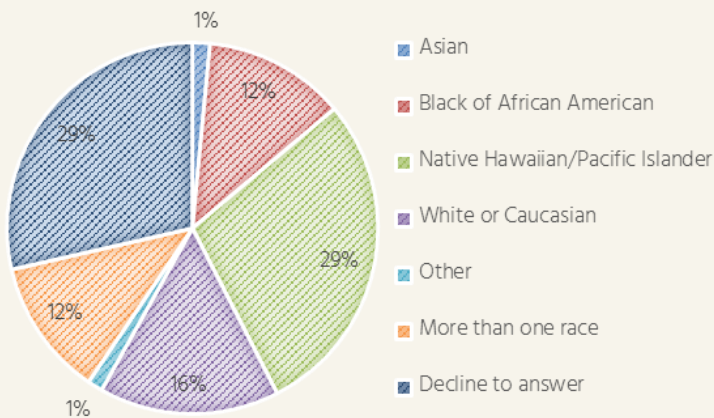
# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

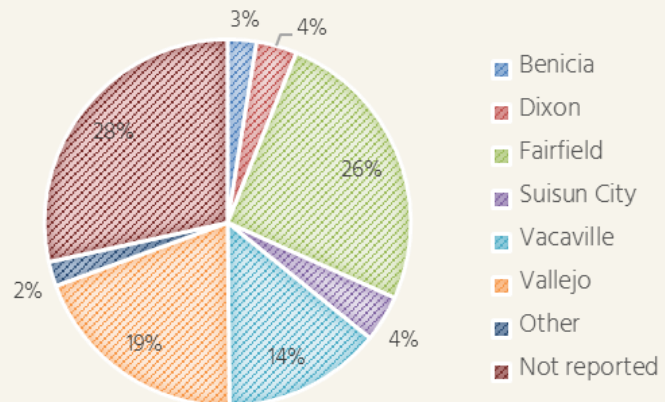
### Demographic Data

All of the children served in this program are between the ages of 0-5. 58% of individuals served were males and 42 % were females. 78% of the individuals served identified English as their primary language and 21% identified Spanish as their primary language. The following charts provide additional demographic data for the consumers served by this program :

Early Childhood: Race



Early Childhood - City of Residence



Number of individuals who received a prevention service: 1246

Cost per person: \$223

Number of individuals who received an early intervention service: 90

Cost per person: \$3,212

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

### School-Based Mental Health Services (Ages 6-18)—Contractors

The School-Based Mental Health Services program, formerly known as the “School-Age Youth Program”, served children and youth in grades K-12 providing prevention services and mental health treatment services in selected school sites across the county including in the city of Rio Vista. The program was delivered by two community-based organizations, *A Better Way* and *Children’s Nurturing Project (CNP)* (additional services were provided by CNP’s subcontractors which included *Rio Vista CARE, Inc.* and the *Solano County Office of Education*).

### *Highlights & Achievements– FY 2015/16*

#### **Prevention Strategy Outcomes**

- Workshops, Trainings, and Education of School Staff
  - ⇒ 239 individuals attended school staff trainings<sup>3</sup>
  - ⇒ A Better Way – Developed and facilitated 10 trainings and a newsletter for teachers at their 8 schools sites.
- Workshops, Trainings, and Education of Parents
  - ⇒ 1,186 individuals were reached by parent and community engagement activities;
  - ⇒ A Better Way – Developed and facilitated 7 parent trainings, 2 parent outreach events, and disseminated 4 newsletters.
- Workshops, Groups and Activities for Students
  - ⇒ 191 student development activities were conducted
  - ⇒ A Better Way—Developed and facilitate 10 student workshops and trainings
  - ⇒ A Better Way—Developed and facilitated a presentation “How Culture and Values Impact Us” for students , and engaged with the Youth Leadership Teams in schools to further support a positive school culture.
- Linkages - 88 students were linked to additional services including but not limited to: further school assessment services, community programs, and additional mental health

<sup>3</sup> Data for this deliverable from our other School-Age provider, Children’s Nurturing Project, could not be validated and is therefore not included.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Early Intervention Treatment Strategy Outcomes

- Assessments Conducted – 268 students referred to providers received a comprehensive assessment.
- Mental Health Treatment – 226 students received short-term early intervention treatment.

### Challenges & Barriers– FY 2015/16

- Both School-Based Program providers expressed difficulty with navigating school districts in order to provide school site trainings and workshops due to school staff compacted schedules.
- The mental health professional shortage for the Bay Area region continues to present a challenge for fully staffing both agencies to provide services for the School-Based Program, in particular bi-lingual and bicultural providers.
- During the course of the year it was determined that CNP, one of the two school-based program providers, was underperforming on contract deliverables and had reported conflicting data regarding the number of consumers served. A Corrective Action Plan was initiated in February of 2016 and SCBH worked closely with this provider to address the issues related to underperformance. SCBH monitored the program closely, however unfortunately CNP was not able to address the identified issues in a timely fashion and there continued to be challenges regarding underperformance related to number of students being seen and/or the provision of adequate services to address the needs of the students referred. In regards to confirming the data submitted by CNP, SCBH was able to reconcile data discrepancies related to the number of individuals served via the contract; however consumer PEI demographic data was not collected properly and was therefore not reconcilable.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### *Changes in FY 2016/17*

In June of 2016 SCBH elected to terminate the MHSA School-Based contract with Children's Nurturing Project (CNP) and determined a transition period of 3 months ending September 15, 2016. SCBH worked closely with CNP to transition the cases that were active and to identify children/youth that had been referred but not seen. In order to address the needs of the local educational community SCBH expanded the contract with A Better Way, the second school-based provider (qualifying per RFP process) who had been providing services for the Vallejo and Benicia School Districts. Additionally SCBH initiated direct contracts with Rio Vista CARE, Inc. to continue the provision of services in Rio Vista and with Solano County Office of Education (SCOE) to coordinate with the schools to determine the school site placements, referral processes and to support efforts to provide trainings for school staff and parents. During the 2016 community stakeholder planning process the need for additional services in local schools was highlighted. Specifically stakeholders identified the need for student groups/workshops and increased support to address trauma, anger management and anti-bullying. In 2017 the funding allocated to SCOE will be increased with the intent to expand student workshops/groups and trainings for school staff and parents in selected schools.

Recently, the Solano community stakeholders expressed a need to provide prevention and early intervention services to youth and families with mental illness who are served by the local juvenile justice system. During FY 15/16 SCBH entered into an inter-agency partnership in order to administer a Mentally Ill Offender Crime Reduction (MIOCR) grant received by Solano County Probation. This juvenile diversion inter-agency program between SCBH and its contractor, Probation, the Fairfield Suisun Unified School District, and the Fairfield Police Department is geared to serve students who have been cited by police at select Fairfield schools and who have been identified as having a mental health condition. The program, while being developed during FY 15/16 was not fully implemented until October of 2016. The existing school-based program contract was expanded in order to allocate a solely dedicated clinician to be co-located at the Sullivan Center Inter-agency Campus in Fairfield. This clinician will be providing assessments, linkages to services and brief mental health treatment for youth who are deemed eligible for the diversion program.

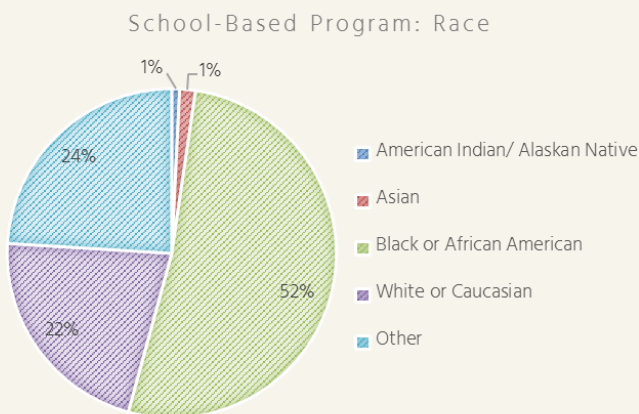
# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

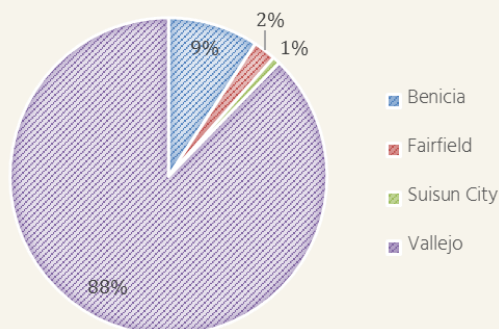
### Demographic Data

Due to inconsistent data reporting from the underperforming school-based contractor regarding the implementation of the 2015 PEI regulation reporting requirements, the FY 2015/16 demographic data sets are incomplete, and only include data provided by *A Better Way*. Of the students served 92% were between the ages of 0-15 and 8 % were between the ages of 16-18. 99% of the students identified English as their primary language, with 1% of consumers identifying Spanish as their primary language. Current gender identity and gender assigned at birth had the same statistical breakdown - 68% identified as male and 32% identified as female.

The following charts provide additional demographic data for the consumers served by this program:



School -Based Program: City of Residence



Number of individuals who received a prevention service: 1166

Cost per person: \$181

Number of individuals who received an early intervention service: 268

Cost per person: \$3,215

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

### Early Intervention in Psychosis Program (Ages 12-25)—Contractor

The Early Psychosis Program, entitled Supported Outreach and Access to Resources (SOAR), is geared to serve children and youth ages 12-25, who are either exhibiting the early signs and symptoms of psychosis or have had a first episode of psychosis and are early in the development of a major mental illness. This program is delivered by *Aldea Children & Family Services* in collaboration with a research and training institution, the *Regents of the University of California, on behalf of its Davis campus, Early Diagnosis and Preventative Treatment (EDAPT) Program*.

### *Highlights & Achievements – FY 2015/16*

#### **Prevention Strategy Outcomes**

- Outreach and Education – conducted 23 community outreach presentations provided to 239 participants.
- Screenings – of the 62 referrals received 38 individuals received an in-depth phone screening to further evaluate whether they met the criteria<sup>4</sup> to move to the assessment phase. 56% of individuals receiving an in-depth phone screening were then referred for a comprehensive assessment.
- The program hired a bi-lingual program coordinator to meet the needs of the Latino population served by the Early Psychosis Program.

#### **Early Intervention Treatment Strategy Outcomes**

- Assessments – 23 individuals received the comprehensive assessment and of those assessed 78% of individuals assessed received treatment.

<sup>4</sup>Criteria that may exclude individuals from being screened, having a comprehensive assessment or being accepted into the treatment program includes the following: not in age range (12-25), ill too long (individual has to be within 2 years of developing symptoms related to psychosis), or the individual does not have symptoms related to psychosis.



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Early Intervention Treatment Strategy Outcomes (cont.)

- Treatment – 18 individuals received the evidenced-based treatment model
  - ⇒ 38% of consumers in treatment who were assessed at the six-month mark using the Clinical Global Impression (CGI) assessment showed an overall decrease in severity of their illness.
- Implemented a transportation plan to assist consumers to reach appointments and treatment.

### UC Davis Technical and Training Outcomes

- Staff Training – 8 staff from Aldea were trained including; 1 licensed Clinical Supervisor, 1 Program Director, 1 Clinic Coordinator, 1 Psychiatrist, 3 Clinicians, and 1 Administrative Specialist.

### *Challenges & Barriers – FY 2015/16*

- Staff turnover within the Aldea program continues to impact the provider's ability to increase the number of individuals served through the current program.
- There have been challenges scheduling outreach and education activities to key referral agencies, which indirectly impacts the ability to receive appropriate referrals to the program.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### *Changes in FY 2016/17*

Recruitment of key staff for the program continues to be a top priority for the program, and there have been recent hires and changes in staff assignments for the program, which has shown promising results thus far. The provider has made key partnerships with other local agencies to increase outreach and education activities related to the Early Psychosis Program. An outreach strategy to key referral agencies has been developed and implementation is underway for FY 2016/17.

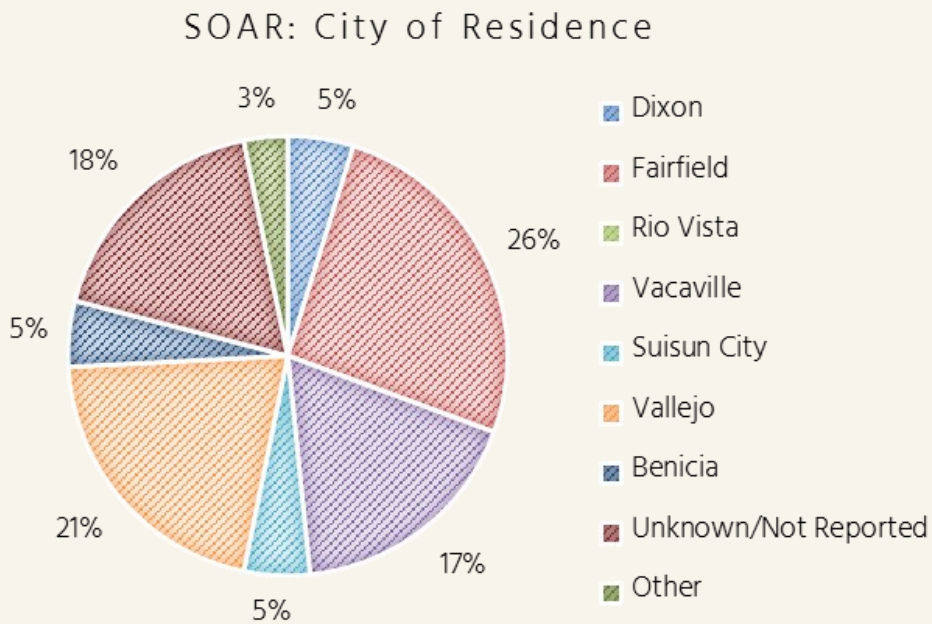
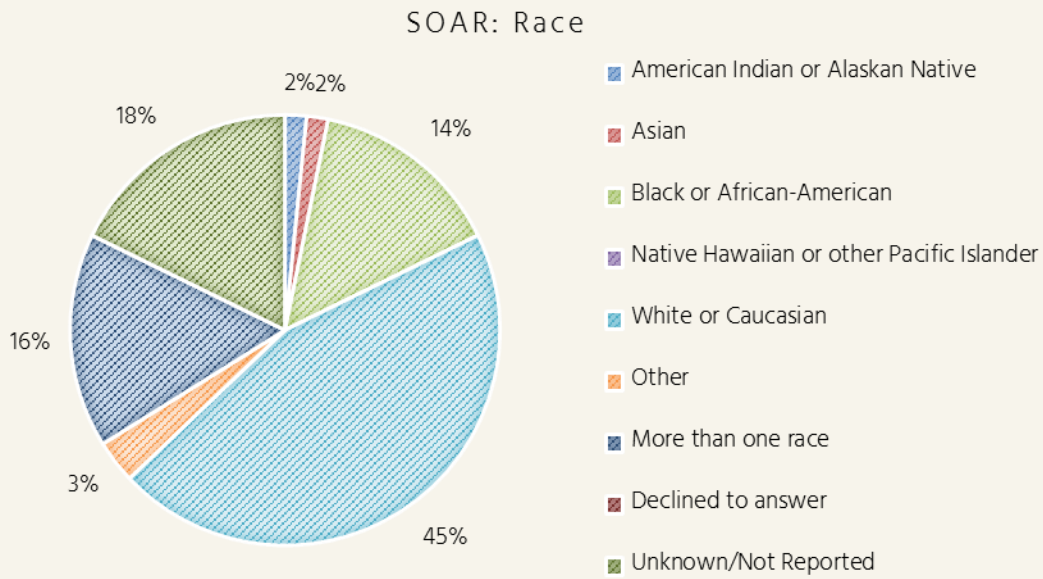
### *Demographic Data*

Of the consumers served 45% of individuals served were between the ages 12-15 and 55% were between the ages of 16-25. 97% of individuals served identified English as their primary language, with 3% of participants not reporting a primary language. For gender assigned at birth 66% of those served were male and 34% were female. Regarding "current gender identity" 31% identified as male, 13% as female, 3% as transgendered and 53% of individuals did not report current gender identity.

The following charts provide additional demographic data for the consumers served by this program:

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention



Number of individuals who received a prevention service: 277

Cost per person: \$277

Number of consumers who received an early intervention service: 23

Cost per person: \$13,363

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Behavioral Health/Primary Care Integration—County

Each of the three SCBH operated regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville provide primarily medication services to adults who have been diagnosed with a serious mental health condition. Each clinic employs a mental health specialist who is assigned the “On-Duty” (OD) role primarily focused on providing emergent case management for consumers to address basic needs such as food, clothing and shelter.

### *Highlights & Achievements – FY 2015/16*

- The Fairfield OD provided services to 193 consumers admitted to the clinic;
- The Vacaville OD provided services to 79 consumers admitted to the clinic;
- The Vallejo OD provided services to 323 consumers admitted to the clinic;
- OD staff have started to co-facilitate rehab groups.

### *Challenges & Barriers – FY 2015/16*

OD staff members often provide urgent brief case management services for clients who have not been admitted to the clinic therefore they cannot document these contacts in the electronic health record which impacted the data collection related client counts and PEI demographics. For FY 2016/17 SCBH MHSA will work with the clinics to establish a mechanism to track the individuals whom the OD staff make contact with that are not currently admitted to the clinics.

### *Changes in FY 2016/17*

Effective July 1, 2016 the Adult Psychiatry Clinic On-Duty staff expenses will be transferred from a Prevention and Early Intervention (PEI) funding to a Community Services & Supports: General Systems Development funding as their role within the clinics is better aligned with that funding source.

Number of individuals who had a service: 595<sup>5</sup>

Cost per person: \$489

<sup>5</sup>This is number only represents the clients served that have been admitted to the program and entered into the electronic health record.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Prevention and Early Access Program for Seniors (PEAS) (60+)—Contractor

The PEAS Program, delivered by community-based organization *Area Agency on Aging*, conducts community outreach, education, case management, assessments and short-term treatment for older adults over the age of 60.

### *Highlights & Achievements – FY 2015/16*

#### **Prevention Strategy Outcomes**

- Outreach Trainings & Community Education – over 3,700 individuals were reached through the outreach and training efforts including but not limited to:
  - ⇒ 2,880 individuals were reached by stigma reduction outreach activities.
  - ⇒ 33 stigma reduction trainings targeting the Latino community were provided.
  - ⇒ 177 individuals attended mental health education workshops.
  - ⇒ 125 individuals attended suicide prevention workshops (safeTALK or ASIST).
- Gatekeepers - 445 individuals were trained as Gatekeepers with the following additional achievements:
  - ⇒ 6 peer volunteers assisted in this program component.
  - ⇒ 20 individuals were trained by peer volunteers to be Gatekeepers.
  - ⇒ 56 representatives from the Latino community were trained to be Gatekeepers.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Prevention and Early Access Program for Seniors (cont)

#### *Highlights & Achievements – FY 2015/16 (cont.)*

**The Navigator Program** – this component of the program resulted in the following outcomes:

- 136 English-speaking older adults and 28 Spanish-speaking/Latino older adults were provided brief intervention case management.
- 368 older adults were linked to additional services, including but not limited to: medical care, mental health services, support groups, or suicide prevention services.

#### **Early Intervention Treatment Strategy Outcomes**

135 older adults received early intervention treatment services including but not limited to: brief case management, counseling, or support services and with positive results;

- 30 older adults received individual counseling services.
- Of the 89 older adults screened using the PHQ-9, 50 older adults were reassessed and 84% showed improvement (decrease in depression).
- Of the 89 older adults screened using the GAD-7, 50 older adults were reassessed and 76% showed improvement (decreased anxiety).
- Of the 88 older adults who completed the Quality of Life Survey at intake, 48 completed a follow up Quality of Life Survey at 12 months or discharge; 83% of consumers who completed the second quality of life survey demonstrated improvement.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Early Intervention Treatment Strategy Outcomes (cont.)

- 75 English-speaking older adults and 29 Spanish-speaking/Latino older adults received case management.
- 9 older adults participated in the Grandparents Raising Grandchildren Support Group and 4 older adults participated in a Mental Health Support Group.

### *Challenges & Barriers – FY 2015/16*

- Of the 20 older adults that were trained as peer volunteer Gatekeepers 14 volunteers left the program due to time constraints and lack of comfortability with providing presentations to other peers.
- Attendance fluctuated in PEAS support groups, and it was noted by PEAS staff that there was a marked hesitancy for some older adults to participate in treatment services.

### *Changes in FY 2016/17*

In addition to recruiting older adults to become peer volunteers for the Gatekeeper Program, the PEAS program will be utilizing peer volunteers in other parts of the program. PEAS staff will explore different methods for hosting support groups including but not limited to: having peers co-facilitate groups, and changing location and timeframes of groups offered. SCBH will continue to work with PEAS staff to increase access of services to unserved/underserved populations with particular attention to the Latino, Filipino, and LGBTQ communities.

# Prevention & Early Intervention

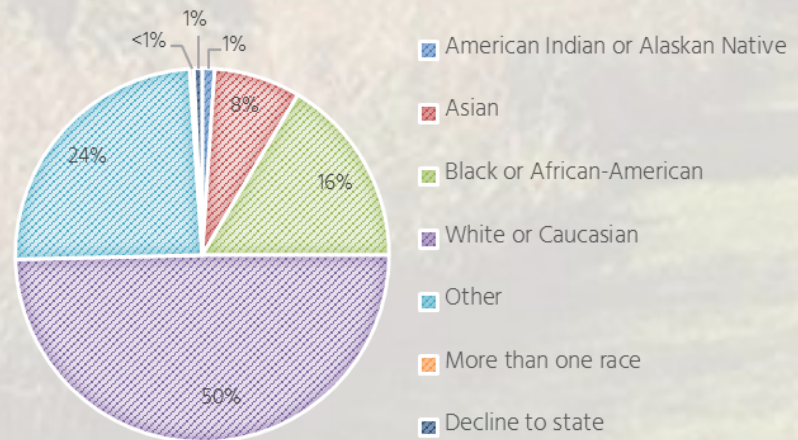
## Targeted Prevention & Early Intervention

### Prevention and Early Access Program for Seniors (cont)

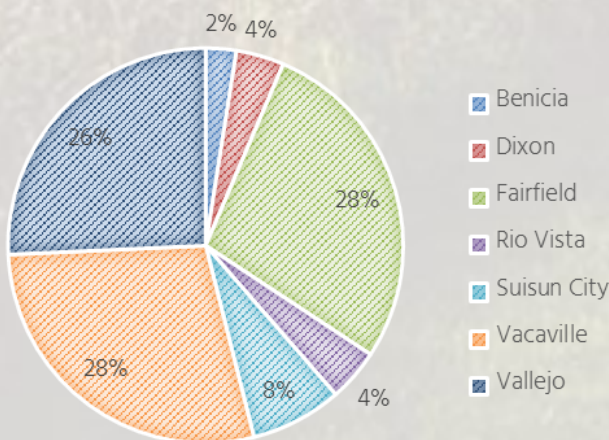
#### *Demographic Data*

All individuals served through the PEAS program are age 60 or over. Approximately 75% of individuals served through the PEAS program indicated English as their primary language, and 25% of individuals indicated Spanish as their primary language. The gender assigned at birth and current gender identity were the same with 31% identified as male and 69% as female. 10 consumers identified as a veteran. The following charts provide additional demographic data for the consumers served by this program:

PEAS Program: Race



PEAS Program: City of Residence



Number of unduplicated individuals who received a prevention service: 142

Cost per person: \$1,532

Number of individuals who received an early intervention service: 147

Cost per person: \$1,884



# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

### Peer Counseling for Homebound Seniors (60+)—Contractor

The Peer Counseling for Homebound Seniors Program operated by a community-based organization, *Faith In Action*, recruits and trains community volunteers to provide in-person/phone individual or group peer counseling for older adults throughout the county who are living with mental illness. One-on-one peer counseling and peer run group counseling is provided, as well as referrals for other services.

### *Highlights & Achievements— FY 2015/16*

#### Prevention Strategy Outcomes

- Screenings –249 older adults completed the Generalized Anxiety Disorder(GAD-7) screening tool;
- “Buddy Calls” and Home Visitation
  - ⇒ 90 older adults participated in the Phone Buddy Program resulting in 3,792 calls being placed.
  - ⇒ 83 older adults received home visits.
- Recruitment and Training of Peer Volunteers
  - ⇒ 51 people attended volunteer orientation for the peer counseling program;
  - ⇒ 8 people completed the in-depth peer counseling training, which included modules on mental health and aging, loneliness, depression, sadness, suicide prevention, addiction, listening skills, and cultural competency;
  - ⇒ 2 seniors who had been recipients of the program become volunteers themselves.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

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### Peer Counseling for Homebound Seniors (60+) - Contractor

#### *Highlights & Achievements (cont.)*

- Outreach Trainings & Community Education
  - ⇒ 400 informational fliers were distributed by Meals on Wheels community partner in an effort to conduct outreach to seniors
  - ⇒ The program has developed key collaborations with local organizations such as Meals on Wheels, and the Napa-Solano Area Agency on Aging to increase cross- referrals to the Peer Counseling Program.

#### **Early Intervention Treatment Strategy Outcomes**

- In-Person One-on-One, Group Peer Counseling and Virtual Peer Group Counseling
  - ⇒ 76 older adults received early intervention services including group peer counseling services, individual peer counseling sessions, and virtual group peer counseling sessions.
  - ⇒ 71 older adults who were receiving early intervention services completed a pre and post Geriatric Depression Scale (GDS) evaluation and 83% showed improvement.
  - ⇒ A Quality of Life Survey was developed and implemented with success.

#### *Challenges & Barriers– FY 2015/16*

- There were challenges with increasing attendance on a peer-led phone conference group call, “Senior Voices”, due to problems with the conference call service provider. Efforts will be made to address this by using advanced features to eliminate discrepancies occurring on the calls.
- Due to issues securing a consumer convenient location there were barriers to starting a peer group for the Suisun City older adult community.

# Prevention & Early Intervention

## Targeted Prevention & Early Intervention

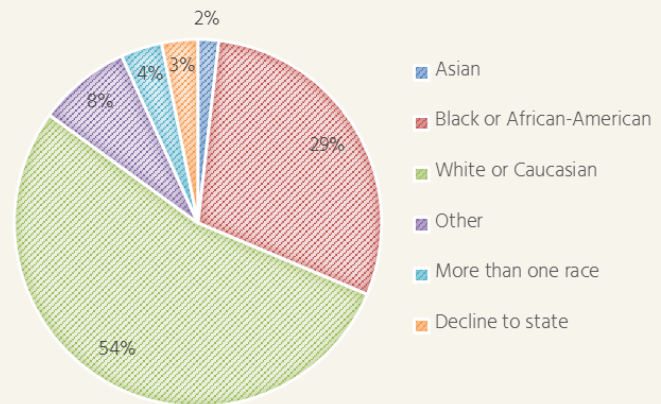
### *Changes in FY 2016/17*

There will be no significant changes to the program.

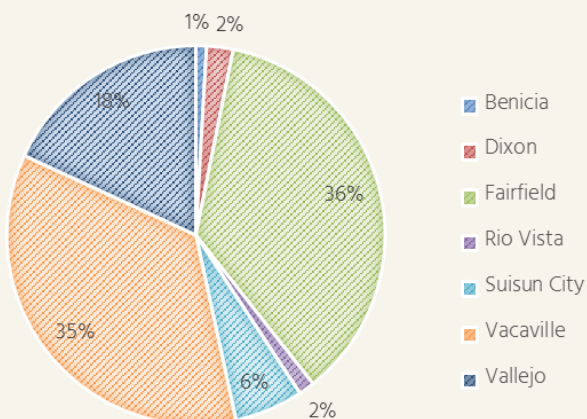
### *Demographic Data*

All individuals served by the program are ages 60 and over. The primary language for all individuals was English. Both demographic breakdowns of gender assigned at birth and current gender identity were the same; 11% identified as male, and 89% identified as female. Data related to disabilities and veteran status was not collected due to a delay of revising reporting instruments to capture this information. The following charts provide additional demographic data for the consumers served by this program:

Peer Counseling Program: Race



Peer Counseling Program: City of Residence



Number of individuals who received a prevention service: 249

Cost per person: \$125

Number of individuals who received an early intervention service: 76

Cost per person: \$408




A woman wearing a blue hoodie and a dark hijab is smiling in a garden. In the foreground, a hand is holding a green plant with small white flowers. The background is a lush garden with various plants and flowers.

# Community Services & Supports

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COMMUNITY SERVICES & SUPPORTS

# FULL SERVICE PARTNERSHIPS

# Community Services & Supports

## Full Service Partnerships

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In FY 2015/16, Solano County provided five Full Service Partnership (FSP) programs both through county operated programs and contract providers including the following programs: SCBH Children's FSP, Seneca TAY FSP, SCBH Adult FSP, Caminar Adult/Older Adult FSP, and the SCBH Adult Forensic FSP.

Please note that SCBH and the FSP programs have experienced significant challenges using the state's Data Collections & Reporting (DCR) system to input required FSP data which includes the tracking of hospitalizations, incarcerations, incidences of housing instability, and other key events impacting FSP consumers. In spite of reporting these issues, and requesting technical support from the State, these issues have not been resolved at the writing of this Annual Update. Due to the fact that not all of the data elements collected in the DCR are in the County's electronic health record (EHR), there are outcomes that will not be reported at this time. If the challenges with the DCR are able to be resolved during the 30-day public comment period, additional data will be added to the FSP Program outcomes.



# Community Services & Supports

## Full Service Partnerships

### Children's Full Service Partnership (Ages 5-18 )—County

The SCBH Children's FSP program provides intensive services to children and youth up to 18 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, or had multiple placement changes, loss of school placements, etc.

### *Highlights & Achievements – FY 2015/16*

- Provided intensive services for 128 unduplicated children/youth and their families.
- Graduation Ceremonies are held in May and November every year. A total of 11 children/youth graduated from the program and were able to step down to less intensive outpatient services.
- The program continues to have close partnerships with community agencies in an effort to not only normalize, but enhance the quality of life for the children, youth, and families that are enrolled in the program. For example, the enrollees have been able to successfully participate in a variety of sport tournaments through the Kroc Community Center, attended special camps through the Solano County Family Justice Center, participated in activities at the Vallejo Boys' and Girls' Club, and worked part-time at the Yippee Yogurt Foundation.
- The program provided a specially designed group for the female consumers and their mothers with emphasis on building positive body images and increasing self-esteem.
- A bi-lingual Spanish-speaking staff member was hired to meet the cultural and linguistic needs of Spanish-speaking children and families.

# Community Services & Supports

## Full Service Partnerships

### Children's Full Service Partnership (cont.)

#### *Highlights & Achievements (cont.)*

- The addition of a part-time child psychologist has been a valuable asset to the overall service delivery of the program. The psychological testing and consultation with the psychologist has assisted the direct treatment team in clinical planning and clarity of the diagnostic picture for more complex cases.

The following table represents the outcomes related to hospitalizations for the 128 consumers served during FY 2015/16:

% of Clients Hospitalized 1 Time	% of Clients Hospitalized 2 or more Times	% of Clients Incarcerated 1 Time	% of Clients Incarcerated 2 or More Times
12.50%	4%	Data not available	Data not available

#### *Changes in FY 2016-17*

The FSP programming for children and youth is operated by SCBH, and while historically operated out of the Fairfield Children's clinic, FSP services will now be offered out of the Vacaville and Vallejo Children's clinics. Children and youth from across the County have been provided FSP services, however the creation of regional teams will ensure that each of the larger cities have dedicated FSP Teams. The Vallejo FSP Team became effective on October 1, 2016 and the Vacaville FSP Team became effective on November 15, 2016.

The creation of regional FSP teams was made in preparation of several large statewide initiatives that will significantly impact each county. These initiatives include: the pending Continuum of Care Reform (CCR) whereby a legal statute is mandating the return of children and youth placed in residential facilities to the community; the expansion of the *Katie A.* legal statute to include all children being entitled to specialty mental health services; and changes whereby Solano County will now be responsible to provide services to foster children and youth who are dependents of other counties but reside in foster care or relative placements in Solano County. All of these changes will significantly impact Solano County's Children's System of Care and as such SCBH is anticipating and preparing to provide appropriate services to children and youth that will require more intensive mental health services.

# Community Services & Supports

## Full Service Partnerships

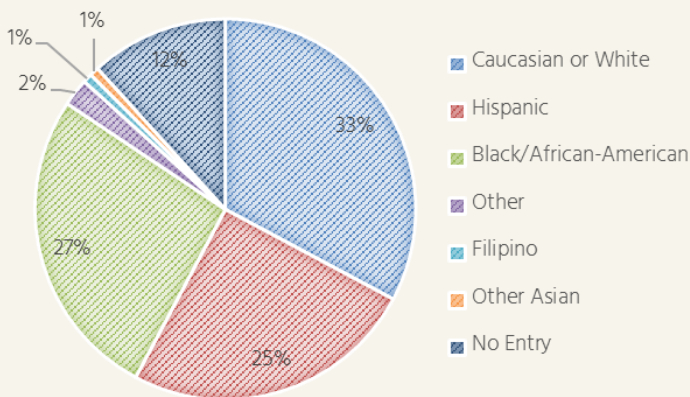
### *Changes in FY 2016-17 (cont.)*

Another significant change that will impact the SCBH Children's FSP team is the retirement of the program's Senior Mental Health Services Manager after 26 years with the County. Her leadership and institutional knowledge will be sorely missed. The recruitment for this position is underway.

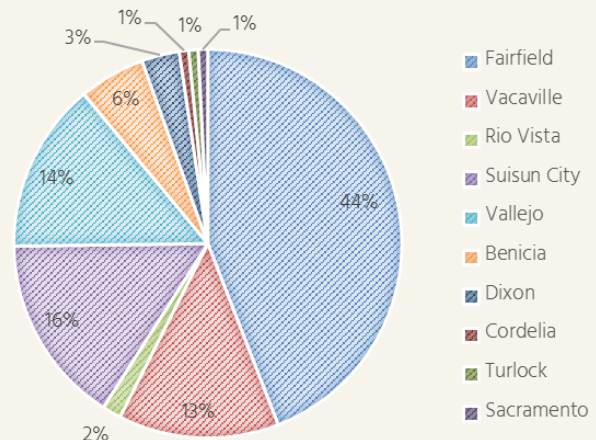
### *Demographic Data*

Of the 128 children/youth served 61% were male and 39% were female. 88% identified English as their primary language, while 9% identified their primary language Spanish and the remaining 3% represented American Sign Language (ASL), Cantonese, Other Asian, or no entry. The following charts provide additional demographic data for the consumers served by this program:

Children's FSP: Race



Children's FSP: City of Residence



Number of children (5-15) served: 105

Number of TAY (16-25) served: 23

Total number of clients served: 128

Cost per client: \$19,622

# Community Services & Supports

## Full Service Partnerships

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

The Transition Age Youth (TAY) FSP program, administered by *Seneca Family of Agencies*, a community-based organization, delivers intensive FSP strengths-based mental health services and support to high-need and high-risk transition age youth ages 16-25 with a goal to support them transitioning into independent living situations.

#### *Highlights & Achievements – FY 2015/16*

- Provided intensive services for 17 unduplicated TAY consumers.
- 100% of the consumers received vocational training or educational support.
- Seneca continues to have a strong partnership with First Place for Youth, a local community-based transitional housing program. 8 of the 14 Seneca TAY consumers are housed with the First Place for Youth program.
- In February 2016, the program launched a new monthly spoken word group called “Solano Speaks”. The group is targeted towards individuals who have little, to no experience writing poetry. Staff empower youth to reclaim their own stories through their words. The response has been overwhelmingly positive and the group will be expanded.
- In April 2016 the program implemented a bi-weekly young men's group called “The Barbershop”. The Barbershop allows young men to discuss issues including relationships, barriers to current success, culture, and overcoming difficult experiences. The young men attending the group have developed strong supportive relationships with each other and encourage one another to share resulting in powerful open dialogue.

# Community Services & Supports

## Full Service Partnerships

### *Highlights & Achievements (cont.)*

- Staff trainings have been provided on a variety of different topics: Suicide Prevention, Positive Sexuality, Transgender Youth, Permanency with Transition Aged Youth, Wrap Model, DSM- 5, Treatment for Commercially Sexually Exploited Children/Youth (CSEC), and ASAM (American Society of Addition Medicine) Addiction Treatment Training.
- Seneca implemented annual required trainings on cultural competency.

The following table represents the outcomes related to hospitalizations and incarcerations for the 17 consumers served during FY 2015/16:

% of Clients Hospitalized 1 or More Time	% of Clients Hospitalized 2 or More Times	% of Clients Incarcerated 1 Time
6%	6%	17%

### *Challenges & Barriers – FY 2015/16*

- Securing stable housing for youth served.
- Difficulty using the state DCR system to report FSP data.

### *Changes in FY 2016-17*

During this next year Seneca will be implementing a bi-lingual staff resource group to support the diverse needs and challenges faced by the bi-lingual staff.

# Community Services & Supports

## Full Service Partnerships

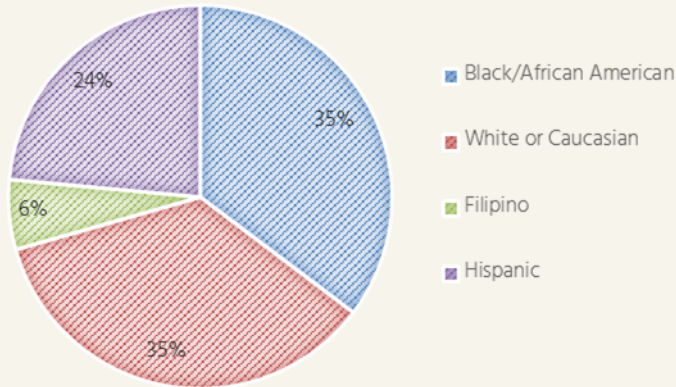
### Transition Age Youth (TAY) Full Service Partnership (Ages 16-25)—Contractor (cont.)

#### *Demographic Data*

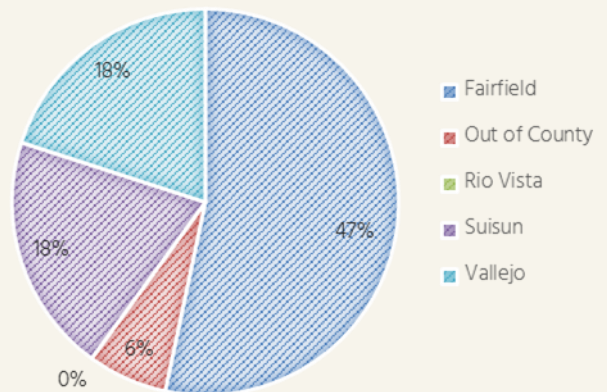
Of the 17 youth served 65% were male and 35% were female. 100% of the consumers served identified English as their primary language.

The following charts provide additional demographic data for the consumers served by this program:

TAY FSP: Race



TAY FSP: City of Residence



Number of TAY (16-25) clients served: 17

Cost per client: \$23,048

# Community Services & Supports

## Full Service Partnerships

### Adult Full Service Partnership (Ages 18+)—County

The Adult FSP Program operated by SCBH serves seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The team focuses on supporting mental health consumers who have been placed in more restrictive out-of-county treatment facilities to return to a less restrictive level of care in Solano County

### *Highlights & Achievements – FY 2015/16*

- Provided intensive services to 84 unduplicated consumers.
- 16 consumers were successfully stepped down from the program to lower levels of care.
- Program staff continued to support consumers living in a variety of living situations in the community, including independent living, Room & Board, clean and sober living placements, and licensed Board & Care operators.
- Expanded capacity for consumer housing through development of a strong relationship with experienced care provider in Sacramento County where up to 6 FSP consumers have been living.

The following table represents the outcomes related to hospitalizations and incarcerations for the 84 consumers served during FY 2015/16:

% of Clients Hospitalized 1 Time	% of Clients Hospitalized 2 or More Times	% of Clients Incarcerated 1 Time	% of Clients Incarcerated 2 or More Times
17%	8%	Data not Available	Data not Available

### *Challenges & Barriers – FY 2015/16*

- Lack of licensed Board & Care homes with adequate structure and support to care for our most vulnerable consumers.
- Lack of housing for SMI consumers in general.
- Lack of access to quality dual diagnosis residential treatment programs.
- Difficulty using the state DCR system to report FSP data.

# Community Services & Supports

## Full Service Partnerships

### Adult Full Service Partnership (cont.)

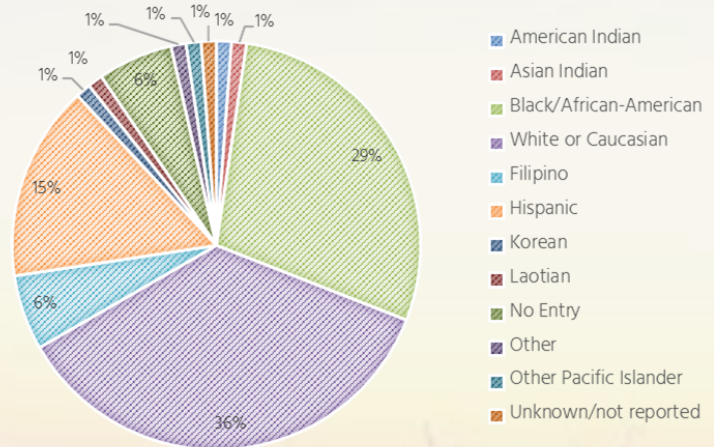
*Changes in FY 2016/17*

No changes reported.

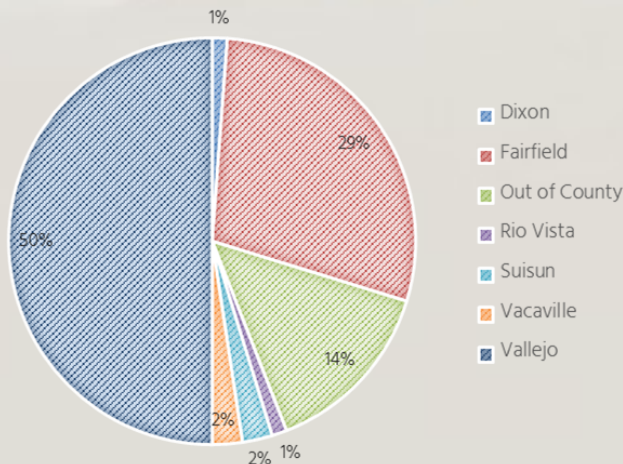
### *Demographic Data*

Of the 84 consumers served 64% were male and 36% were female. 95% identified English as their primary language while 1% identified primary language as American Sign Language (ASL), 1% identified primary language as Korean, 1% identified primary language as Laotian, and 1% identified primary language as a Filipino dialect. The following charts provide additional demographic data for the consumers served by this program:

Adult FSP (County): Race



Adult FSP(County): City of Residence



Number of TAY Adults (18-25) served: 11  
 Number of Adults (26-59) served: 64  
 Number of Older Adults (60+) served: 9

Total number of clients served: 84  
 Cost per client: \$21,808



# Community Services & Supports

## Full Service Partnerships

### Adult & Older Adult Full Service Partnership (Ages 18+)—Contractor

*Caminar for Mental Health*, a community-based organization, provided FSP services for adults and older adults using the Assertive Community Treatment (ACT) model with a goal to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice.

#### *Highlights & Achievements – FY 2015/16*

- Provided intensive services to 68 unduplicated consumers.
- Caminar hired a new Executive Director to oversee the Solano County programs.

The following table represents the outcomes related to hospitalizations and incarcerations for the 68 consumers served during FY 2015/16:

% of Clients Hospitalized 1 Time	% of Clients Hospitalized 2 or More Times	% of Clients Incarcerated 1 Time	% of Clients Incarcerated 2 or More Times
6%	<1%	Data not Available	Data not Available

#### *Challenges and Barriers – FY 2015/16*

- Provider has had difficulty securing consistent psychiatry support and as a result has had to use temporary doctors to provide medication services for consumers.
- Staff recruitment issues.
- Difficulty using the state DCR system to report FSP data.

#### *Changes in FY 2016/17*

The program is now moving towards using telepsychiatry to ensure a more consistent practitioner is available for medication management and support for consumers.

# Community Services & Supports

## Full Service Partnerships

### Adult & Older Adult Full Service Partnership (Ages 18+)—Contractor

#### *Demographic Data*

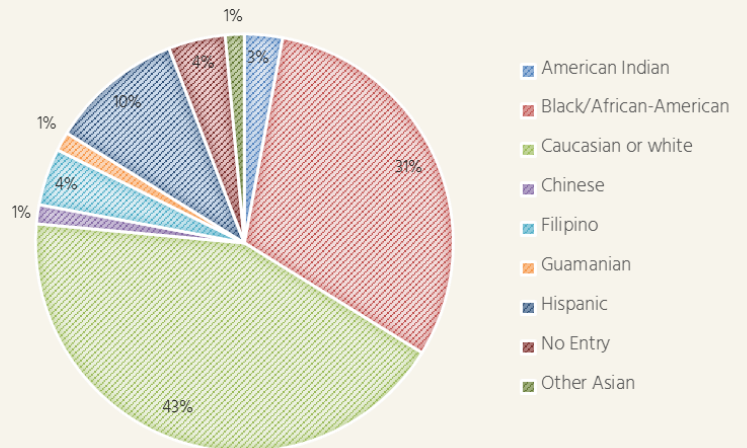
Of the 68 consumers served 43% were male and 57% were female. 94% identified English as their primary language while 1% identified primary language as American Sign Language (ASL), 1% identified primary language as Farsi, 1% identified primary language as a Filipino dialect and 1% declined to identify primary language.

The following charts provide additional demographic data for the consumers served by this program:

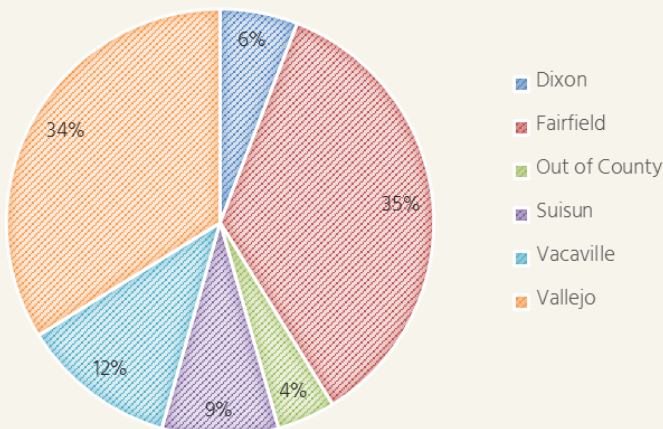
Number of TAY Adults (18-25) served: 3  
Number of Adults (26-59) served: 38  
Number of Older Adults (60+) served: 27

Total number of clients served: 68  
Cost per client: \$15,254

Adult & Older Adult FSP (Contractor): Race



Adult & Older Adult FSP (Contractor): City of Residence



# Community Services & Supports

## Full Service Partnerships

### Forensic Assessment Community Treatment (FACT) Full Service Partnership

#### (Ages 18+)—County

The FACT FSP Program serves adults with serious and persistent mental illness who are currently involved with the criminal justice system and who have recently been released from a local jail and/or are incarcerated and pending imminent release to the community.

#### *Highlights & Achievements – FY 2015/16*

- Provided intensive services to 117 unduplicated consumers involved with the criminal justice system.
- Therapeutic services increased 34% for FY 15/16 including an increase in individual therapy and groups.
- Reinitiated a 17 week women’s recovery group utilizing the *Helping Women Recover* curriculum and 2 of the 5 participants graduated from the group.
- Initiated a weekly Dialectical Behavior Therapy (DBT) Group with the goal of graduating at least 24 participants in this next year.
- 48% consumers were successfully discharged from the program and stepped down to lower levels of care.
- 19 of the consumers received vocational rehab services from the Cooperative Employment program. Additional consumers received vocational rehab services through the probation department.
- The program Supervisor has increased collaboration with Judges, Probation, the Public Defender’s Office and the District Attorney’s Office with the goal of increasing access for eligible mentally ill offenders including the pre-sentenced population in an effort to decrease the time consumers wait in custody for release to a treatment program.

# Community Services & Supports

## Full Service Partnerships

### FACT FSP (cont.)

The following table represents the outcomes related to hospitalizations and incarcerations for the 117 consumers served during FY 2015/16:

% of Clients Hospitalized 1 Time	% of Clients Hospitalized 2 or More Times	% of Clients Incarcerated 1 Time	% of Clients Incarcerated 2 or More Times
9%	2%	18%	7%

### *Challenges & Barriers – FY 2015/16*

- Lack of viable housing resources for SMI adults.
- Solano County does not currently have a Mental Health Court which would better assist in serving mentally ill offenders.
- Access to quality dual-diagnosis residential treatment programs, particularly for women.
- Difficulty using the state DCR system to report FSP data.

### *Changes in FY 2016/17*

The FACT program will be initiating a “Healthy Living” group to promote all consumers getting connected to their primary care physician, engaging in regular exercise, improved self-care and financial health.

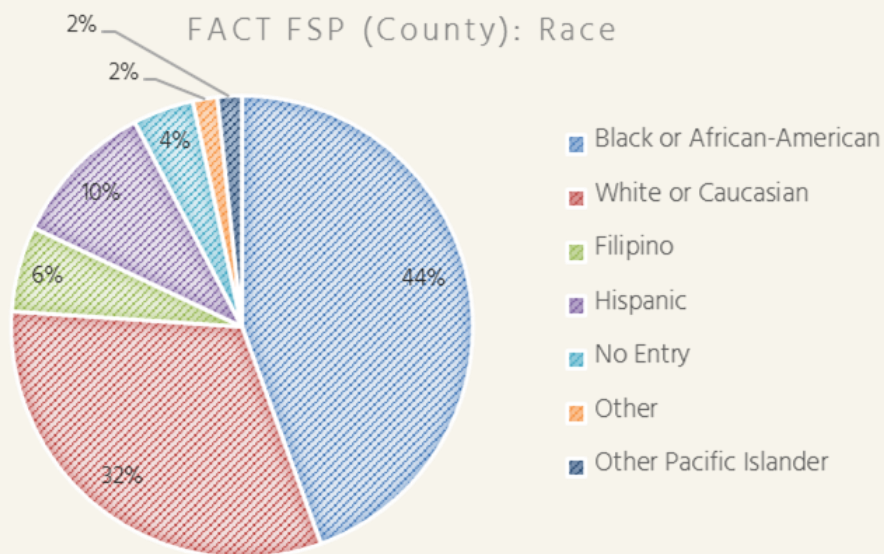
### *Demographic Data*

Of the 117 consumers served 64% were male and 36% were female. 99% identified English as their primary language while 1% identified primary language as Non-English.

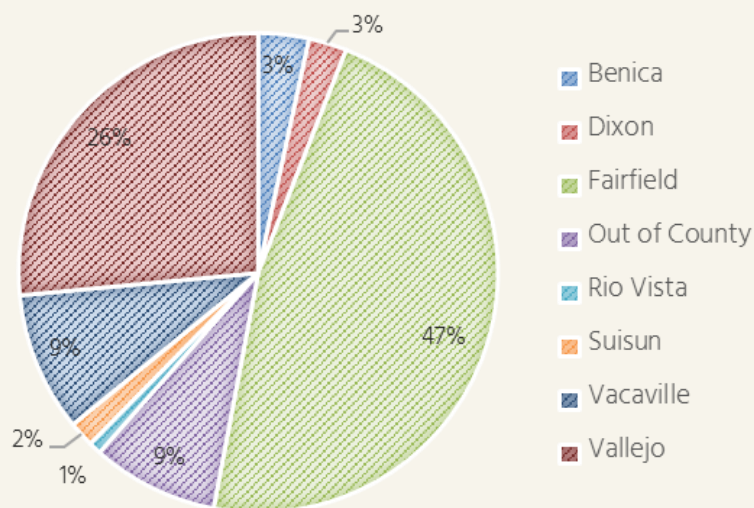
# Community Services & Supports

## Full Service Partnerships

The following charts provide additional demographic data for the consumers served by this program:



FACT FSP (County): City of Residence



Number of TAY Adults (18-25) served: 18  
Number of Adults (26-59) served: 95  
Number of Older Adults (60+) served: 4

Total number of clients served: 117  
Cost per client: \$13,252

# Community Services & Supports

## Full Service Partnerships

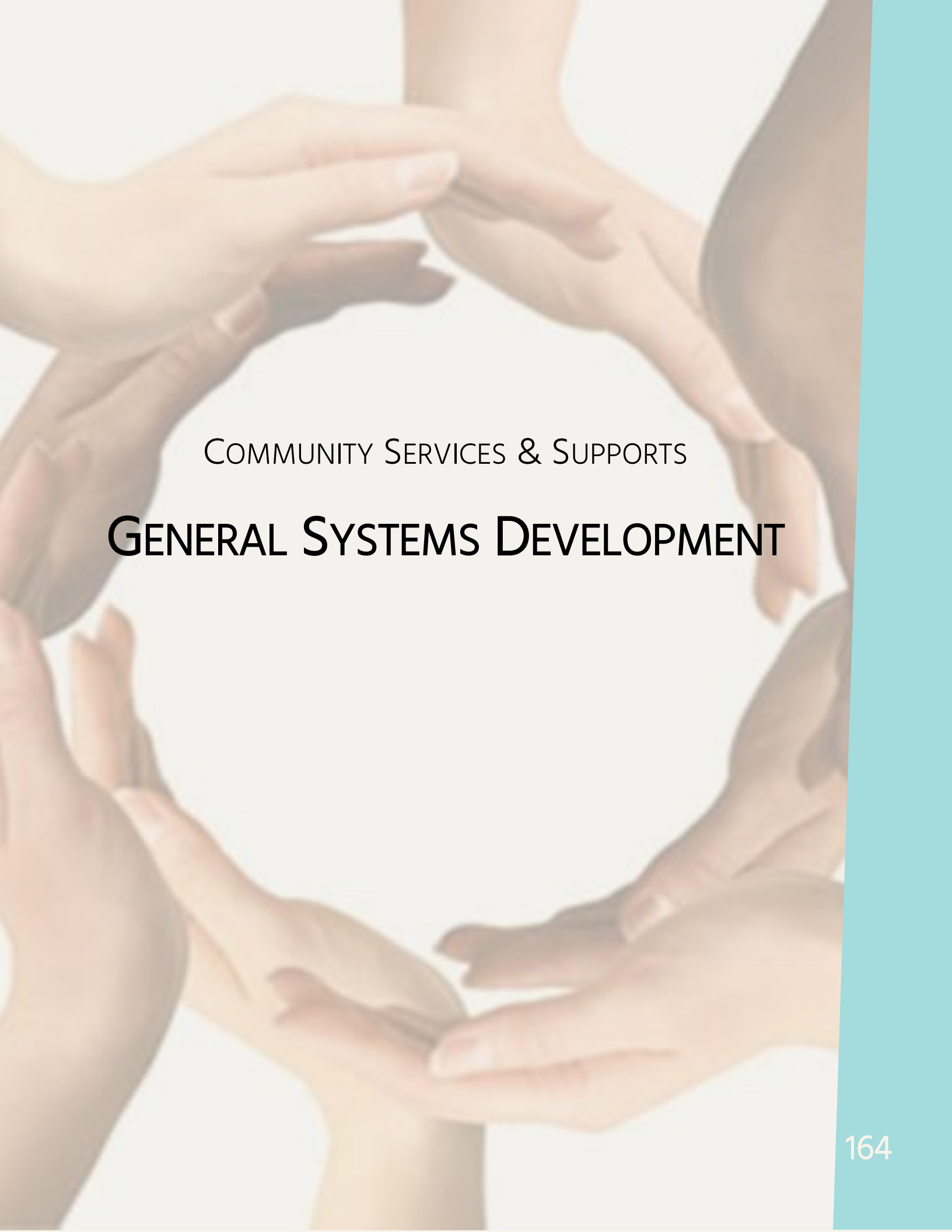
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### *New Program Coming: Foster Care Treatment Unit Full Service Partnership*

#### (Ages 6-18)—County

SCBH, with stakeholder approval, is transitioning the county operated Foster Care Treatment Unit (FCTU) to an FSP model as of January 1, 2017. This change is being made in order to better address the increasing needs of children and youth involved with the Child Welfare system, and to prepare for the state-wide initiatives referenced earlier; Continuum of Care Reform, expanded *Katie A.* and an increase in the number of dependents from other counties Solano County will now be responsible to serve. The FCTU FSP team will work with the more complex child welfare cases.

Projected cost of the program per year: \$688,390 (pro-rated for 6 months)



COMMUNITY SERVICES & SUPPORTS

# GENERAL SYSTEMS DEVELOPMENT

# Community Services & Supports

## General Systems Development

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In FY 2015/16 CSS General Systems Development (GSD) programming included the following programs: Crisis Stabilization Unit, Relapse Prevention Crisis Aftercare Program, Homeless Mentally Ill Program, Wellness & Recovery Programming, and the Cooperative Employment Program. Additionally GSD funding was directed to strategies which are not full-fledged programs but provide support to the overall mental health system which included: Increased Bi-lingual Services for Children, Foster Child and Family Services, support for the Mentally Ill Offender Crime Reduction (MIOCR) program and increased crisis support for local emergency rooms and jails.

### Crisis Services and Supports

#### Crisis Stabilization Unit—Contractor

The Crisis Stabilization Unit (CSU), operated by *Exodus Recovery, Inc.*, is the County's provider for crisis stabilization services and urgent medication evaluation services. Operating 24 hours a day, 7 days a week, consumers stay at the CSU for up to 23 hours while receiving comprehensive crisis services. The CSU has completed the second full year of operation in Solano County.

#### *Highlights & Achievements – FY 2015/16*

- The CSU served 1698 consumers who were experiencing a crisis.
- Amidst the shortage of mental health professionals, Exodus employed a full time psychiatrist and nurse practitioner and as a result have been able to offer 7 days a week, in-person coverage for medication evaluations.
- Exodus was able to expand psychiatry support via telepsychiatry, offered for two of the County Adult Psychiatry clinics that have had significant shortages in regards to prescribing professionals.



# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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- Exodus used an internal database to track consumers' admissions and discharge dispositions. The data collected assisted the program in ultimately reducing the number of admissions to local hospital emergency rooms, acute hospitalizations, and frequent admissions to the CSU. Additionally this data collection tool has assisted Exodus in tracking their efforts to link consumers to non-urgent mental health services.

### *Challenges & Barriers – FY 2015/16*

- Exodus does not have consistent bi-lingual staff and at times did not adequately address the linguistic needs of consumers.
- The community has identified that there are accessibility challenges for Solano County residents that live in cities other than Fairfield. SCBH and Exodus continue to partner with law enforcement from Vallejo and Vacaville, and a community EMS (ambulance) provider, to develop a system whereby consumers can be transported to the CSU via EMS. The process is currently under development and, once complete, will aim to reduce the number of consumers taken directly to local emergency departments by local law enforcement.

### *Changes in FY 2016/17*

The CSU will be expanding telepsychiatry to support the County when full time providers are ill or on vacation in both the Fairfield and Vacaville sites.

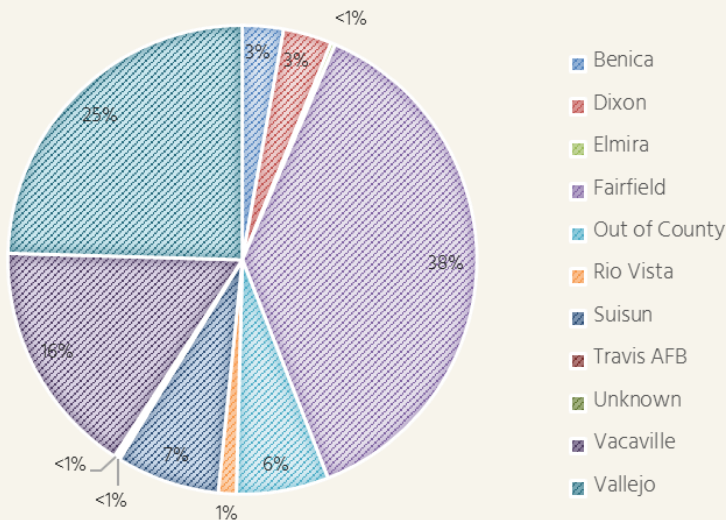
# Community Services & Supports

## General Systems Development: Crisis Services & Supports

### Demographic Data

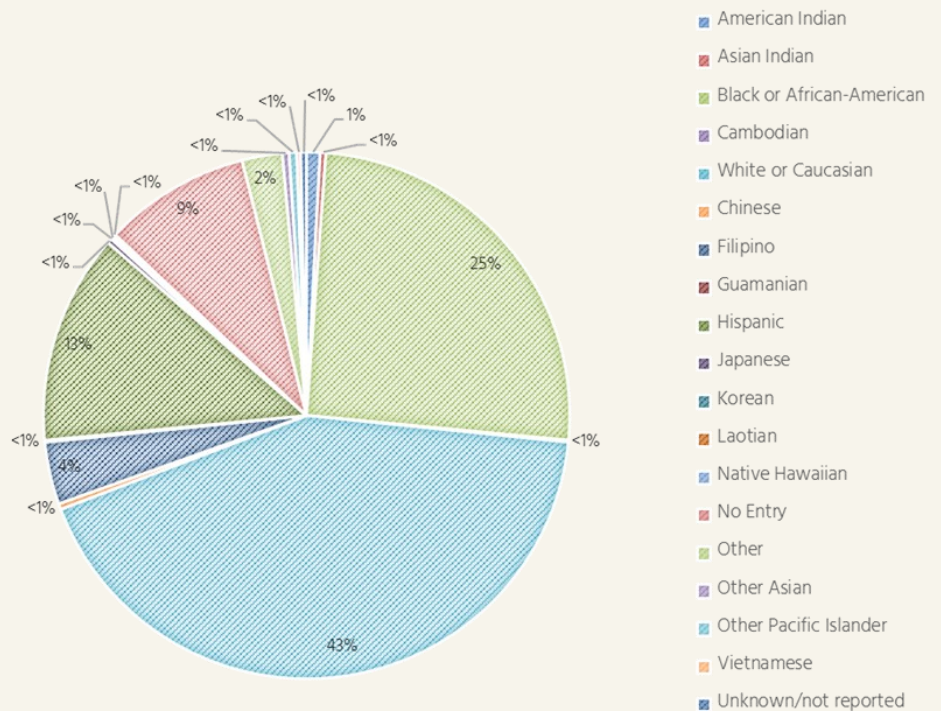
Of the 1698 consumers served at the CSU, 49% were males and 51% were female. 1601 of the consumers or 94% identified English as their primary language, 34 consumers, or 2% identified their primary language as Spanish and 8 consumers or <1% identified a Filipino dialect as their primary language. The following charts provide additional demographic data for the consumers served by this program:

CSU (Contractor): City of Residence



Total number of clients served: 1698  
 Cost per client: \$1,946

CSU (Contractor): Race



# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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### Relapse Prevention and Crisis Aftercare (Ages 18+)—Contractor

The Relapse Prevention and Crisis Aftercare Program, operated by community-based organization *Bay Area Community Services (BACS)*, serves adults who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the CSU or other emergency services. The program will provide up to 90 days of engagement and crisis after-care services.

### *Significant Funding Updates*

This program was initially funded as a Prevention and Early Intervention (PEI) program and was subsequently transferred to a Community Services and Supports (CSS): General Systems Development funded program on October 1, 2015. Since that time SCBH has evaluated the service delivery and population served, persistently seriously mentally ill adults, and determined that the program from its inception was better aligned with CSS services and as such Solano County has made fiscal adjustments back to the implementation of the program in August 2014 using CSS funding rather than PEI funding .

### *Highlights & Achievements – FY 2015/16*

- 117 consumers received crisis aftercare services.
- The program included a short-term respite component providing 1-3 nights of respite housing at their site for participants exiting inpatient or psychiatric emergency services.
- A new program manager was hired which provided stability and systemized processes for the organization.
- BACS has developed positive working relationships with several key partners including: the CSU, the SCBH Hospital Liaison Unit, and law enforcement.

# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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### *Challenges & Barriers – FY 2015/16*

- Staff and management turnover continues to be a barrier. The program has implemented recruitment and retention strategies that include having more job fairs to find qualified candidates and emphasize management training opportunities.
- There were challenges in regards to authorizations and billing, which in part had to do with the length of service provision. SCBH has provided additional training and support for the program in order to prevent issues in the future.

### *Changes in FY 2016/17*

BACS was able to purchase a property in Fairfield which will be used for both respite housing and short-term transitional housing.

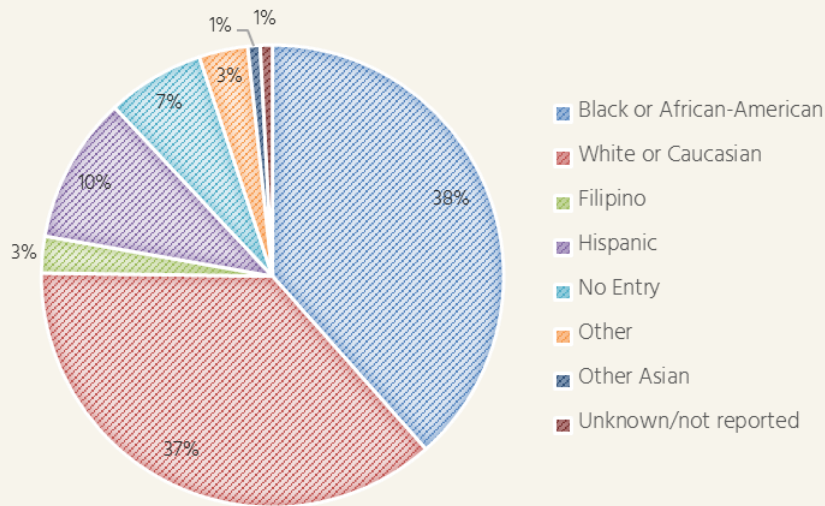
### *Demographic Data*

Of the 117 consumers served 39% were male and 61% were female. 97% of the consumers served identified English as their primary language. The following charts provide additional demographic data for the consumers served by this program:

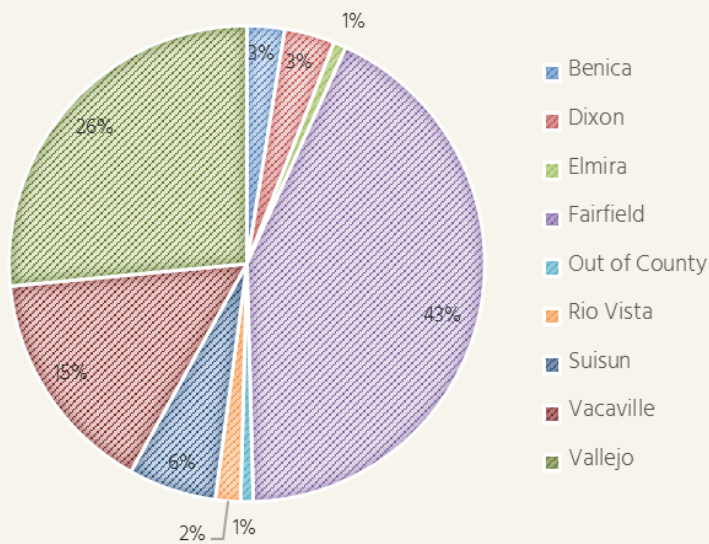
# Community Services & Supports

## General Systems Development: Crisis Services & Supports

Relapse Prevention & Aftercare (Contractor): Race



Relapse Prevention & Aftercare (Contractor): City of Residence



Total number of clients served: 117

Cost per client: \$7,717

# Community Services & Supports

## General Systems Development: Crisis Services & Supports

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### Crisis Evaluation & Support—County

*New in FY 2016-17*

During the FY 2014/15 Solano County MHSA Mid-Year Adjustment process funding was made available in order to fund a clinician position to provide crisis evaluations for the local emergency rooms and overflow for the jails.

The cost for this service expansion will be \$149,419 for FY 16/17.

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

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### Wellness & Recovery Unit—County

The County operated Wellness & Recovery Unit was established to support, educate, and enhance the recovery-oriented principles and practices into the existing mental health system of care.

#### *Highlights & Achievements – FY 2015/16*

- The Consumer Liaison has provided 1:1 support (phone or in-person) for 80 consumers.
- 9 trainings and educational presentations were provided to County and contract providers.
- 272 Consumer Support Groups were provided, 120 peer consumers attend support groups regularly. Consumer Groups are held weekly in Fairfield, Vacaville and Vallejo and monthly in Rio Vista.
- The program has increased the number of peer consumer volunteers from 4 consumers to 8 consumer volunteers working in various County clinics and supporting committees.
- 39 Family Support Groups were provided to a total of 96 attendees. Family Support Groups are held weekly in Fairfield, Vacaville and Vallejo and monthly in Rio Vista.
- Eleven members of the Speakers Bureau presented at four events this fiscal year: Masters and PhD Level Clinical Interns Introduction, Fairfield Lions' Club, Annual Food Bank Summit in Suisun and the May is Mental Health Month Kick-Off event. Each Speakers Bureau activity was well attended and gave the members the opportunity to tell their stories and all allow their voices to be heard.

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

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### *Challenges & Barriers – FY 2015/16*

- Scheduling the Family Support Groups was challenging as many of the family members schedules needed to be accommodated due to work and other commitments.
- Finding a centralized location in Vallejo for support groups was a challenge.
- The Clinician who ran the Family Support Groups retired in May, leaving a vacancy in the unit which will hopefully be filled the beginning of FY 2016-17.

### *Changes in FY 2016/17*

The Consumer Family Advisory Committee was reconvened in October 2016 and will be a forum for the consumer voice to be heard.

### *Demographic Data*

The Wellness & Recovery Unit does not enter services into the Avatar electronic health record and to date had not been asked to collect demographics on the consumers and family members they serve. SCBH will work with the program to determine what demographic data or general data could be collected and will support the program to implement a data collection system.

Total Consumers/Family Members served: 296<sup>6</sup>

Cost per person: \$2,843

<sup>6</sup>This count does not include the consumers that are served by the Patient's Rights Advocates serving consumers who are placed in inpatient facilities as to date these staff had not been asked to track the unduplicated count of consumers served.



# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

### Wellness & Recovery Centers (WRC)—Contractors

Wellness and Recovery Centers provide a safe and welcoming place for consumers who have a known mental illness. Staff members at the drop-in Wellness & Recovery Centers, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. The County has two Wellness and Recovery Centers, *Circle of Friends* located in Fairfield and *Caminar for Mental Health* operating out of Vallejo. The geographic location and diverse populations contribute to the makeup of each organization's highlights and achievements, as well as challenges and barriers.

### *Highlights & Achievements – FY 2015/16*

- Between the two WRC 432 consumers have been served.
- Circle of Friends – Networked with NAMI and was able to provide 26 graduates certification in Peer to Peer, a 6 week training course.
- Circle of Friends – Sent two Peer Ambassadors to the Memphis Alternatives Conference in October 2015.
- Caminar – Was able to expand their space and is able to facilitate smaller, more targeted groups, also allowing the center to host multiple groups at a time.
- Caminar – In May, as part of Mental Health Month, the center hosted the First Annual “Art Inspiration” at Vallejo City Hall. The Vallejo WRC staff collaborated with community Art partners – the Vallejo Arts Council and local artists – who volunteered their time. The showcase was displayed in Vallejo City Hall and the Library. The Annual Cammie Awards was held in Vallejo and three members of the Vallejo WRC center were honored for their contributions to the WRC center.

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

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### *Challenges & Barriers – FY 2015/16*

- Circle of Friends – Due to the location of the Fairfield WRC and the recent loss of a local shelter, the WRC program has been impacted by an increased number of individuals coming to the center which is challenging given the current space issues.
- Caminar – The Spanish-speaking group facilitator left the center in November and has not been replaced.
- Caminar – The LGBTQ group had minimal attendance. The consumers in this groups felt that the group was held in spaces that did not allow them to express themselves. The group will reconvene with the opening of the new space.
- Caminar – For July 2015-December 2015, prior to a new Executive Director being hired, the Caminar WRC was not accurately tracking the unduplicated count of consumers served.
- Data collection has been a challenge for both providers. As such SCBH has provided additional technical support.

### *Changes in FY 2016/17*

Circle of Friends conducted a pilot program to expand the WRC hours an additional 4 hours on the 1<sup>st</sup> and 3<sup>rd</sup> Saturday of the month. The pilot was a success and as of April 2016, the Fairfield WRC expanded their hours to every Saturday.

SCBH will increase funding for the two current Wellness & Recovery Center (WRC) programs in an effort to increase consumer peer support for SMI adults. This expansion will include an after hour “friend” phone service. While this will not be a full-fledged warm-line efforts will be made to provide support for consumers that may have a need after the regular center hours.

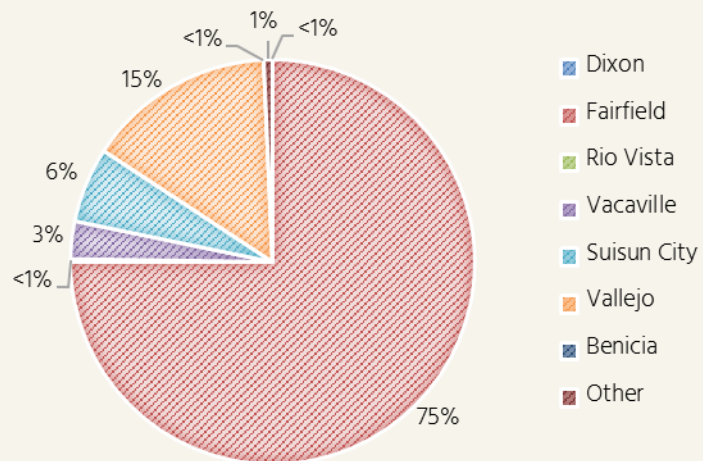
# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

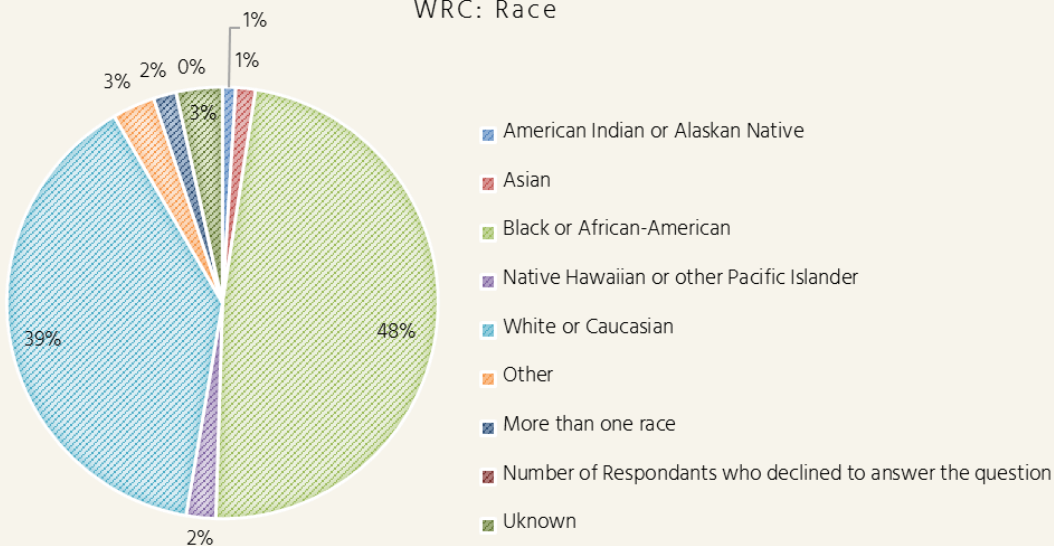
### Demographic Data

The Circle of Friends Fairfield WRC has served 371 consumers, of which 48% were male and 52% were female. 97% of the consumers served indicated that English was their primary language. The following charts provide additional demographic data for the consumers served by the Circle of Friends WRC program:

WRC: City of Residence



WRC: Race



Total number of clients served by both WRC: 432

Cost per client: \$1,551

# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

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### Cooperative Employment Program (CEP)—County, State, and Contractor

SCBH and the Greater East Bay District of the Department of Rehabilitation (DOR) have partnered to deliver this program both leveraging staff resources and funding in order to provide employment services to individuals with severe and persistent psychiatric disabilities. *Caminar for Mental Health: Jobs Plus Program*, a sub-contractor of the DOR, provides the direct job development services.

### *Highlights & Achievements – FY 2015/16*

- The Cooperative Employment Program (CEP) served 119 consumers.
- Approximately 85% of consumers served completed an Individual Plan for Employment.
- 36 consumers received job retention services.
- 37 consumers were successfully closed from the program with employment.

### *Challenges & Barriers – FY 2015/16*

- Staff turnover with DOR, the partner agency, significantly impacted the timely processing of applications and the employment authorization process.
- Staffing changes negatively impacted the workflow processes, and contributed to difficulties related to the partner agencies communicating effectively about CEP consumers' progress through the intake process.
- Inconsistent data collection practices among the partners.
- The consumer demographics indicated that the CEP is not reaching or being utilized by traditionally unserved/underserved communities.

### *Changes in FY 2016/17*

The County will work with current partner agencies to re-establish effective work flows for CEP and implement standardized reporting tools to collect quality data for reporting purposes and real-time program quality improvement efforts. Efforts will be made to work towards improved communication between partner agencies by revamping regularly scheduled meetings to troubleshoot issues when identified.

The County will continue to work with partner agencies to increase outreach to identified underserved populations in the County including but not limited to: Latino, Filipino, and LGBTQ communities.

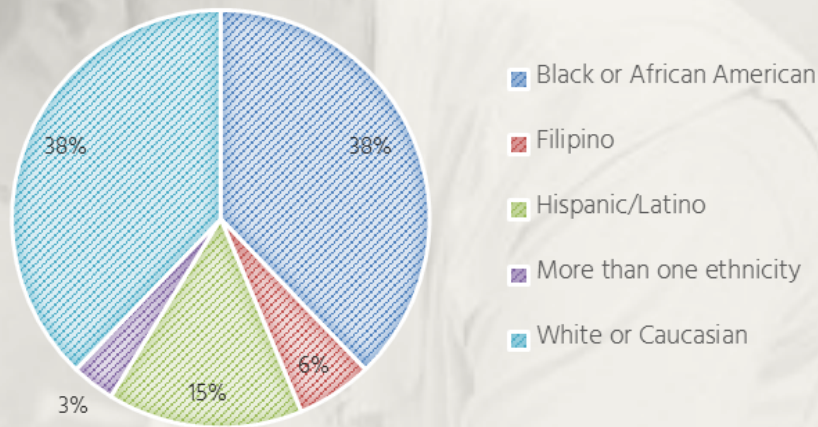
# Community Services & Supports

## General Systems Development: Wellness & Recovery Programming

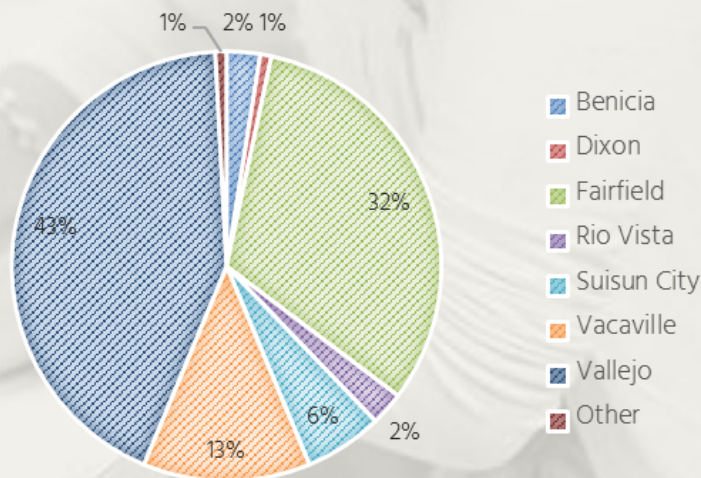
### Demographics

Of the 119 consumers served by the CEP 52% identified as male and 48% identified as female. Three consumers who were served were veterans, and the primary language for all consumers was English. The following charts provide additional demographic data for the consumers served by this program:

Cooperative Employment Program: Race



Cooperative Employment Program: City of Residence



Total number of clients served: 119

Cost per client: \$ 2,158

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### Mental Health Collaborative—Contractor

The Mental Health Collaborative (MHC) is a coalition of Solano County Behavioral Health and our community partners which include mental health providers, primary care, and other agencies that interface with the mental health system. The MHC is provided by a community-based organization, *Caminar for Mental Health*. The mission of the MHC is for mental health providers to work together to eliminate or reduce system barriers to individuals who receive mental health services in Solano County.

### *Highlights & Achievements – FY 2015/16*

- Two MHC meetings were held in the last half of the fiscal year.
- A Trauma Informed Care training was provided in June to raise awareness of the importance of considering trauma in the work done within the community.
- New program management started in October 2015. Since this time, there have been significant attempts to increase outreach to the members and develop meeting topics that meet the needs of the community at large.
- During the MHC meeting held in March 2016, the participants worked together to identify and create a resource list to address the issue of homelessness in our community, which was then distributed to the MHC partners.

### *Challenges & Barriers – FY 2015/16*

- Caminar had significant changes in regards to leadership and as a result the MHC meetings were not held quarterly per the contract scope.
- The MHC website was not kept up to date.

### *Changes in FY 2016/17*

Solano County Health & Social Services (H&SS) has hired several staff members who will be solely responsible to maintain the Network of Care site which will include mental health and substance abuse providers. As such SCBH will work with the contractor to amend the contract scope to remove the requirement to maintain the MHC website and will adjust funding associated with that deliverable. The mission and value of the MHC is important therefore starting FY 2017/18, the SCBH MHSU Unit will facilitate the quarterly MHC meetings.

Cost of the contract: \$7,713

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### Homeless Mentally Ill (HMI)—Contractor

The Homeless Mentally Ill program, operated by community-based provider *Caminar for Mental Health*, is focused on identifying homeless mentally ill consumers in local shelters, encampments or other venues in order to engage mentally ill homeless adults in mental health treatment, link them to housing, and to reduce rates of incarceration and hospitalization.

### *Significant Funding Updates*

This program was initially funded as a Prevention and Early Intervention (PEI) program and was subsequently transferred to a Community Services and Supports (CSS): General Systems Development funded program in October 1, 2015. Since that time SCBH has evaluated the program and the population it serves, persistently seriously mentally ill adults, and determined that the program from its inception was better aligned with CSS services and as such Solano County has made fiscal adjustments back to the implementation of the program in February 2015 using CSS funding rather than PEI funding. As of July 1, 2016 the HMI program will be transitioned to an CSS-FSP model. As the program has evolved it is apparent that the consumers served need intensive treatment and case management services including the additional supports, including unique funding, available to FSP programs.

### *Highlights & Achievements – FY 2015/16*

- The HMI Program screened 152 people to determine if they met criteria for the program, assessed 38 consumers and admitted 25 consumers for treatment.
- The program has a partnership with a local shelter allocating 4 beds for up to six months. The shelter beds are also MHSA-funded.

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### Homeless Mentally Ill (cont.)

#### *Highlights & Achievements – FY 2015/16 (cont.)*

- Program staff members have built strong relationships with local law enforcement and other community partners serving the same population.

#### *Challenges & Barriers – FY 2015/16*

- A continuous challenge has been locating consumers once the program has started the engagement process. Additionally, it takes numerous engagements before individuals are willing to formally engage with the HMI program. The program has equipped the case manager with a laptop to allow the case manager to provide assessments in the field.
- While the program has access to 4 local shelter beds, there is inadequate housing for SMI adults in Solano County.
- The provider had a challenge finding a peer with lived experience in homelessness who could pass the background check. A candidate was selected in June and will start the coming fiscal year.

#### *Changes in FY 2016/17*

Effective July 1, 2016, the HMI program was transitioned to a Full Service Partnership Program.



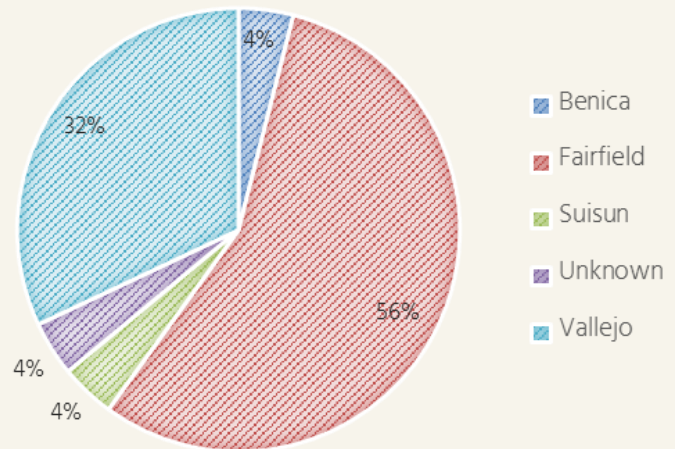
# Community Services & Supports

## General Systems Development: Targeted Services & Supports

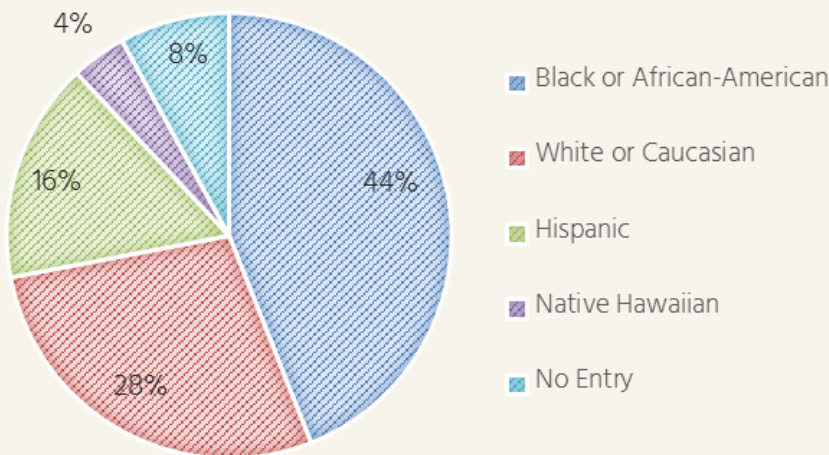
### *Demographic Data*

Of the 25 consumers who were admitted for mental health services 52% were male and 48% were female. 24 consumers or 96% identified English as their primary language while 1 consumer or 4% identified their primary language as Spanish. The following charts provide additional demographic data for the consumers served by this program:

HMI (Contractor): City of Residence



HMI (Contractor): Race



Total number of clients served: 38

Cost per client: \$7,353

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### Bi-Lingual Services for Children and Youth—County

There continues to be a pronounced need for staff who are bi-lingual Spanish-speaking. As such SCBH has utilized MHSA funding to increase our bilingual workforce. During FY 2015/16 there were two County direct service providers that were MHSA funded in order to expand our capacity to serve the Latino community. The bi-lingual providers served monolingual, bilingual, and bicultural consumers and provided support tailored to meet the needs of Latino consumers and their families.

#### *Highlights & Achievements – FY 2015/16*

- The number of consumers served by the MHSA funded bi-lingual staff increased from 17 consumers to 25 consumers served which represents a 32% increase in consumers and their families who received services from bi-lingual staff.

#### *Challenges & Barriers – FY 2015/16*

- The need for bilingual staff exceeds the capacity of the available bi-lingual staff and at times has resulted in Spanish-speaking children and their families having longer wait-list times for treatment services. Intake assessments are provided within the allotted state mandated time period utilizing the existing bilingual staff however their caseloads do not always permit them from continuing to serve the client/family.
- When bi-lingual staff are not available, programs utilize contracted interpreters which is not ideal.

#### *Changes in FY 2016/17*

In the coming fiscal year a third bi-lingual staff member will be funded by MHSA in order to continue to address the need for bi-lingual capacity.

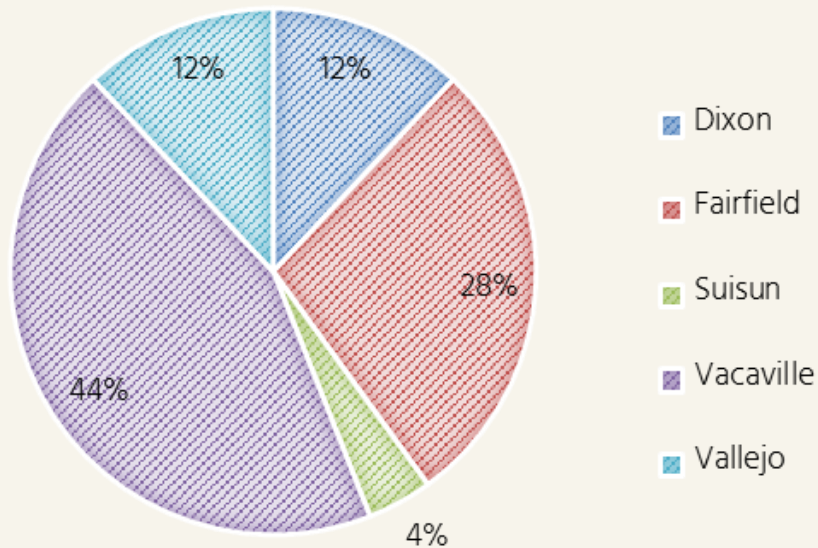
# Community Services & Supports

## General Systems Development: Targeted Services & Supports

### *Demographic Data*

Of the 25 consumers who received bi-lingual support services 48% were male and 52% were female. 68% were between the ages of 6-15 years old and 32% were considered transition age youth between the ages of 16-25 years old. The following charts provide additional demographic data for the consumers served by this program:

Bi-Lingual Services: City of Residence



Total number of clients served: 25

Cost per client: \$8,705

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### Foster Child and Family Services—County

The goal of the Foster Child and Family Services project is to allow children who have active child welfare cases and who have been identified as having mental health issues remain with their birth families when possible, or to support their success and stability in foster care placement. MHSA allocated funding for two clinician positions working in the Foster Care Treatment Unit, which is embedded with Child Welfare.

### *Highlights & Achievements – FY 2015/16*

- The MHSA-funded clinical staff served 16 foster youth and their families or caretakers.
- The program provided intensive mental health services for foster youth who were identified as Commercially Sexually Exploited Children/Youth (CSEC).

### *Challenges & Barriers – FY 2015/16*

- Due to staff turnover only one clinician position was funded for a portion of the fiscal year.
- Lack of foster care placement stability continued to be a challenge in terms of stabilizing the mental health of the clients served.

### *Changes in FY 2016/17*

Starting January 1, 2017 the entire Foster Care Treatment Unit will be transitioned to an FSP model. This change is being made in order to better address the increasing needs of children and youth involved with the Child Welfare system, and to prepare for the state-wide initiatives referenced earlier; Continuum of Care Reform, expanded *Katie A.* and an increase in the number of dependents from other counties Solano County will now be responsible to serve.

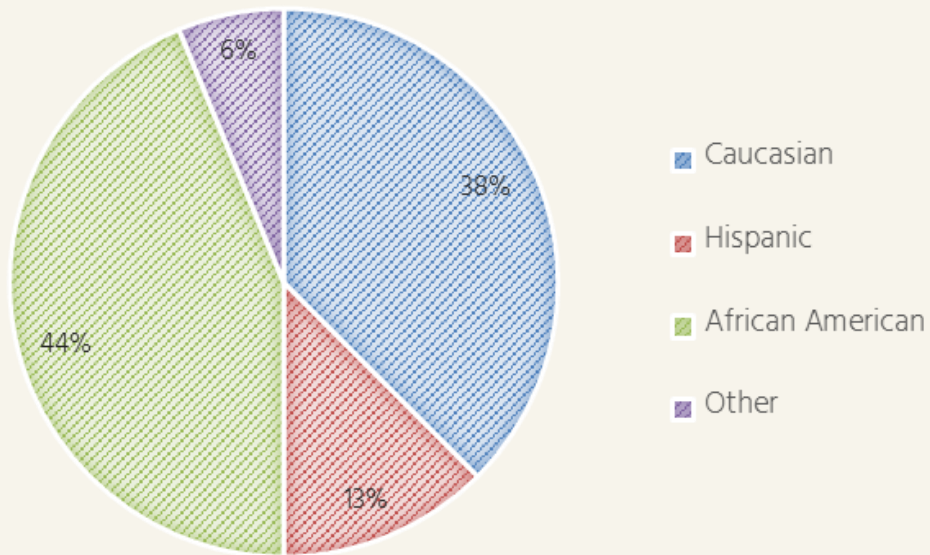
# Community Services & Supports

## General Systems Development: Targeted Services & Supports

### *Demographic Data*

Of the 16 foster youth served 31% were males while 69% were females. 100% identified English as their primary language. 69% were between the ages of 6-15 years old and 31% were considered transition age youth between the ages of 16-25 years old.

Foster Care Support: Race



Total number of clients served: 16

Cost per client: \$4,691

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

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### *New Program: CARE Clinic—Contractor*

During the FY 2016/17 Annual Update process SCBH analyzed the MHSA services delivered across the age spectrum and identified that intensive FSP or WRAP level services were not being provided to children ages 0-5 as required by MHSA regulations. The provision of mental health services for children ages 0-5 requires specialized training in childhood development as well as mental health and often requires a multi-disciplinary approach. As such, SCBH, will work with community partners to leverage funding to provide intensive time-limited services to children who have been identified as having severe emotional and behavioral challenges that are compounded by trauma and developmental delays. The program will target children expelled from daycares/preschools and children involved with the child welfare system due to neglect, abuse, domestic violence, and parental substance abuse or mental health conditions. Intensive mental health services will be provided in a structured office setting by a multi-disciplinary team with a high staff to client ratio. In order to develop the program a pilot with 6 children was initiated in October of 2016 using alternate funding.

Projected number of children to be served per year: 40

Projected cost per client per year: \$10,000

# Community Services & Supports

## General Systems Development: Targeted Services & Supports

### Revised: Expansion of EPSDT Targeting Latino and Filipino Communities

#### Transitioned to Foster Child Services & Supports—Contractor

With stakeholder approval, the FY 2014/15 Mid-Year Adjustment allocated funding to existing children/youth EPSDT contractors to increase access and engagement of the Solano County target populations that underutilize mental health services—the Latino and Filipino communities. In spite of the funding being allocated, contractors were not able to expend their existing EPSDT contract amount therefore the MHSA funding was not used.

With the Continuum of Care Reform (CCR) whereby children placed in residential facilities will be returned to the community and require high levels of EPSDT services; the expansion of the *Katie A.* legal to apply to non-Katie A subclass foster children, making all children potentially eligible for a similar intensive level of specialty mental health services; and the AB1299 statute that will result in Solano County becoming responsible to provide services to foster children and youth who are dependents of other counties but reside here in Solano County, EPSDT service utilization by all of our children's contractors is expected to rise steeply. A disproportionate number of these children will be children from underrepresented, underserved groups. As such FY 2016/17 will provide funding to expand existing EPSDT contracts with community-based organizations who serve foster children/youth to assure appropriate system capacity. All MHSA funds used will be matched by federal financial participation.

Projected cost FY 2016/17: \$305,000

# Community Services & Supports

## General Systems Development: Mentally Ill Offender Programming

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### Mentally Ill Offender Crime Reduction Program

The FY 2014/15 Solano County MHSA Mid- Year Adjustment provided funding to support a local partnership between SCBH, Solano County Sherriff's Department, Solano County Probation, and a local community-based organization to create and implement a diversion program for individuals with mental illness. The Mentally Ill Offender Crime Reduction (MIOCR) Program aims to divert individuals with untreated mental illness from the criminal justice system into treatment and support services. The adult MIOCR Program officially began February 2016.

### *Highlights & Achievements – FY 2015/16*

- 43 consumers have been served
  - ⇒ 28 re-entry consumers – six re-entry consumers have successfully completed the program, and are utilizing case management services from the community based mental health provider;

### *Challenges & Barriers – FY 2015/16*

- There was a delay to the implementation of the adult MIOCR Program due to the need to make significant changes to the local criminal justice system, including the examination of pre-booking and pre-trial procedures to accommodate diversion strategies.
- The program attempted to pilot a component in which police officers were accompanied by a mental health case manager from the partnering mental health provider when patrolling assigned areas in their vehicles. Changes in “ride-along” protocols with the City of Fairfield Police Department temporarily delayed the implementation of this particular strategy of the diversion component of the MIOCR program.
- Data collection was a barrier for the program due to the transient tendencies of this particular population.



# Community Services & Supports

## General Systems Development: Mentally Ill Offender Programming

### *Changes in FY 2016/17*

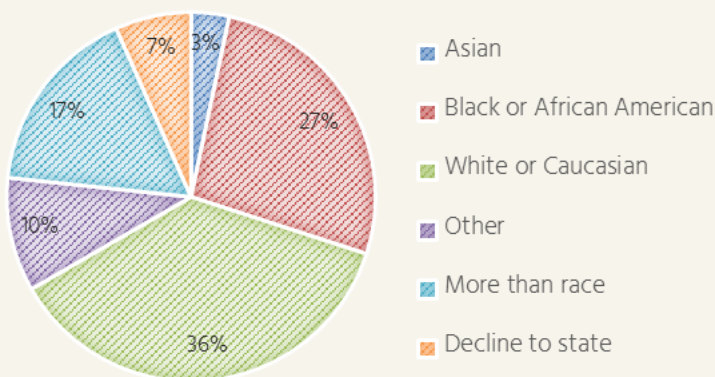
The MIOCR Program partners will be implementing the BSI assessment for all components of the program in FY 2016/17, and will be exploring options to improve data collection systems across the partner agencies to ensure data quality.

### *Demographic Data*

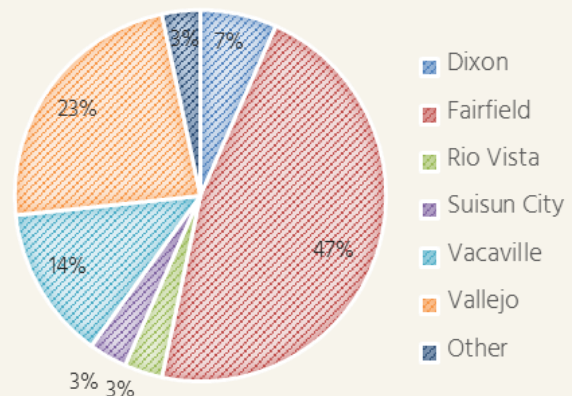
The data was collected for only 30 of the 43 consumers for reasons stated in the barriers and challenges section. For the consumers in which demographic data was collected 83% identified as male and 17% identified as female. The majority of individuals served were between the ages 26-59 (83%); with 17% between the ages 16-25 years old. 86% identified English as their primary language, 10% identified Spanish as their primary language, and 4% identified Arabic as their primary language. One consumer identified as a veteran.

The following charts provide additional demographic data for the consumers served by this program:

MIOCR Program: Race



MIOCR Program: City of Residence



Total number of clients served: 43

Cost per client: \$1,938

# Community Services & Supports

## General Systems Development: Mentally Ill Offender Programming

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### Jail Liaison: Mentally Ill Offenders—County

*New in FY 2016-17*

During the FY 2014/15 Solano County MHSA Mid-Year Adjustment process funding was made available to co-locate a clinician in the local jail facilities in order to facilitate planning for mental health services post-release for individuals with mental illness who are pending release to the community. Additionally the Jail Liaison conducts W&IC 5150 evaluations in the jails. This SCBH operated program is intended to ensure that mentally ill offenders are quickly linked to needed mental health services in order to promote wellness, increase community safety, reduce recidivism rates and to reduce other high cost crisis services for the County.

The planned jail liaison services were provided during FY 2015/16; however an alternate funding source was used to fund the position. Starting July 1, 2016 the position will be funded by MHSA CSS GSD funding.

Number of clients to be served: TBD

Projected cost for program: \$138,250

A pair of hands is shown from a top-down perspective, cupped together and holding a small, white, crocheted house. The house has a gabled roof with a decorative scalloped edge, a rectangular doorway, and a small square window. The background is a soft, out-of-focus grey. The text is overlaid on the center of the image.

COMMUNITY SERVICES & SUPPORTS

# MHSA HOUSING

# Community Services & Supports

## MHSA Housing

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### Mental Health Services Act Housing Programs

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

#### Supported Housing—Contractor

The MHSA Supported Housing program, operated by *Caminar for Mental Health* a community-based organization, provides housing services for individuals with psychiatric disabilities who are homeless or at risk of becoming homeless. The program provides services to consumers in the two MHSA Housing sites, Signature at Fairfield and Heritage Commons in Dixon, as well as numerous apartment complexes in Solano County.

#### *Highlights & Achievements – FY 2015/16*

- The program provided long-term housing for 106 consumers and transitional housing for 22 consumers.
- The program continues to maintain great relationships with landlords in the County to continue to provide homes for the consumers.

#### *Challenges & Barriers – FY 2015/16*

- Increasing rent prices in the area has made it difficult to find and maintain affordable housing. With the competitive housing market, fewer and fewer landlords are willing to rent to consumers at lower rates.

#### *Changes in FY 2016/17*

No changes reported.

Total number of clients served: 128

Cost per client: \$4,146

# Community Services & Supports

## MHSA Housing

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### Shelter Housing—Contractor

Heather House is a 24-bed homeless shelter facility located in Fairfield, California. It was established in 2001 under the leadership of the Interfaith Council (IFC) of Solano County. The goal is to move homeless consumers from the shelter to stable housing. Consumers live in a home-like setting and receive individualized case management to assist with their unique issues. Heather House collaborates with the Caminar Homeless Mentally Ill program. Heather House allots four beds for Caminar consumers for up to 6 months and may extend to 12 months.

### *Highlights & Achievements – FY 2015/16*

- The program served a total of 7 unduplicated consumers.
- Two consumers were able to find permanent employment when stabilized in housing.
- Heather House continues to ensure that they maintain diversity in their staffing, and also have support from a diverse Board.

### *Challenges & Barriers – FY 2015/16*

- Due to staffing changes with the Caminar partner program there were some challenges with communication and treatment planning meetings that had been held routinely were not scheduled consistently. Heather House hopes to reconvene these meetings as they were very helpful in ensuring consumers received comprehensive services from both organizations.

### *Changes in FY 2016/17*

SCBH hopes to increase the number of beds from four to six beds.

# Community Services & Supports

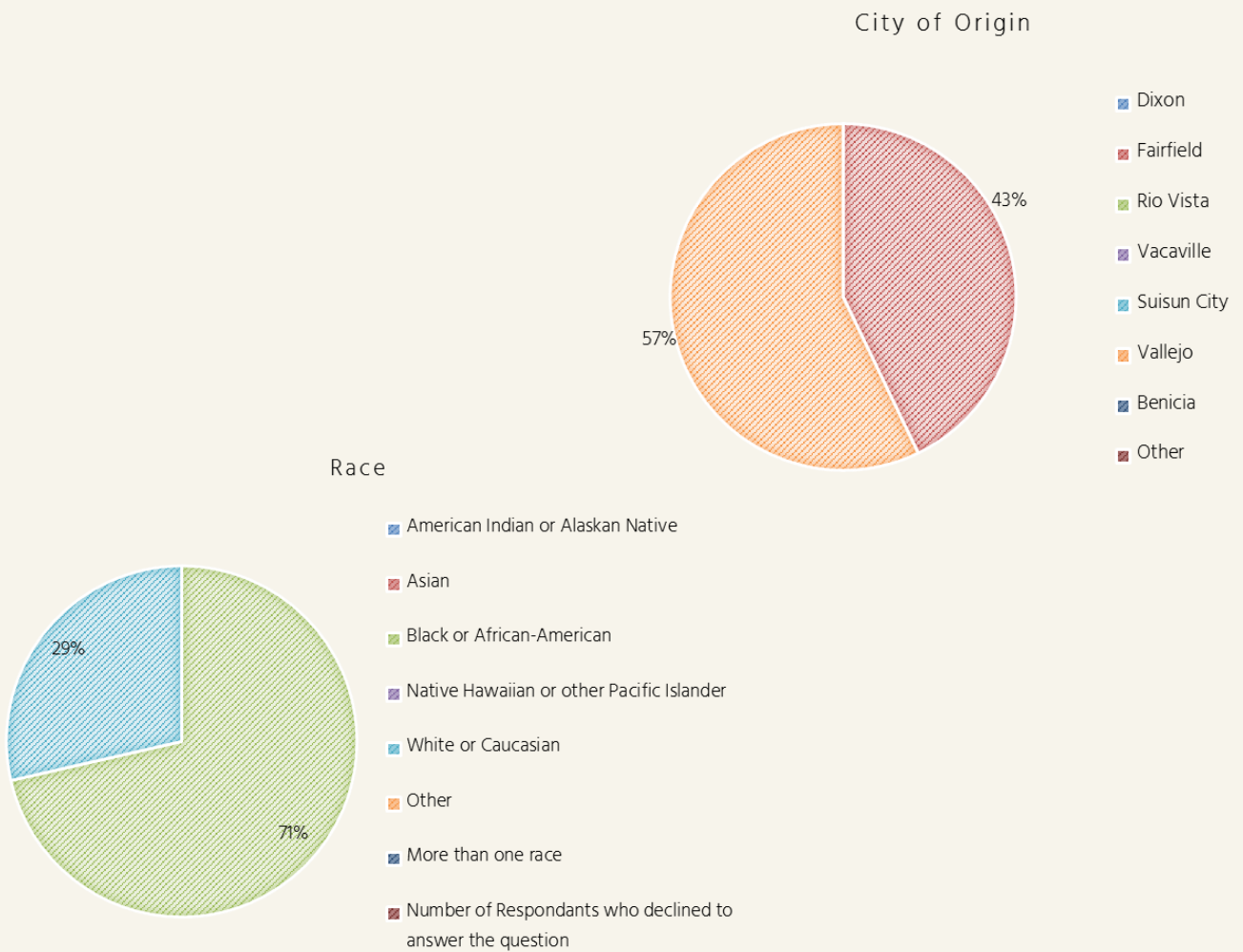
## MHSA Housing

### Shelter Housing (cont.)

#### *Demographic Data*

Of the 7 consumers served 57% were male and 43% were female. 100% identified English as their primary language.

The following charts provide additional demographic data for the consumers served by this program:



Total number of clients served: 7

Cost per client: \$ 8,578

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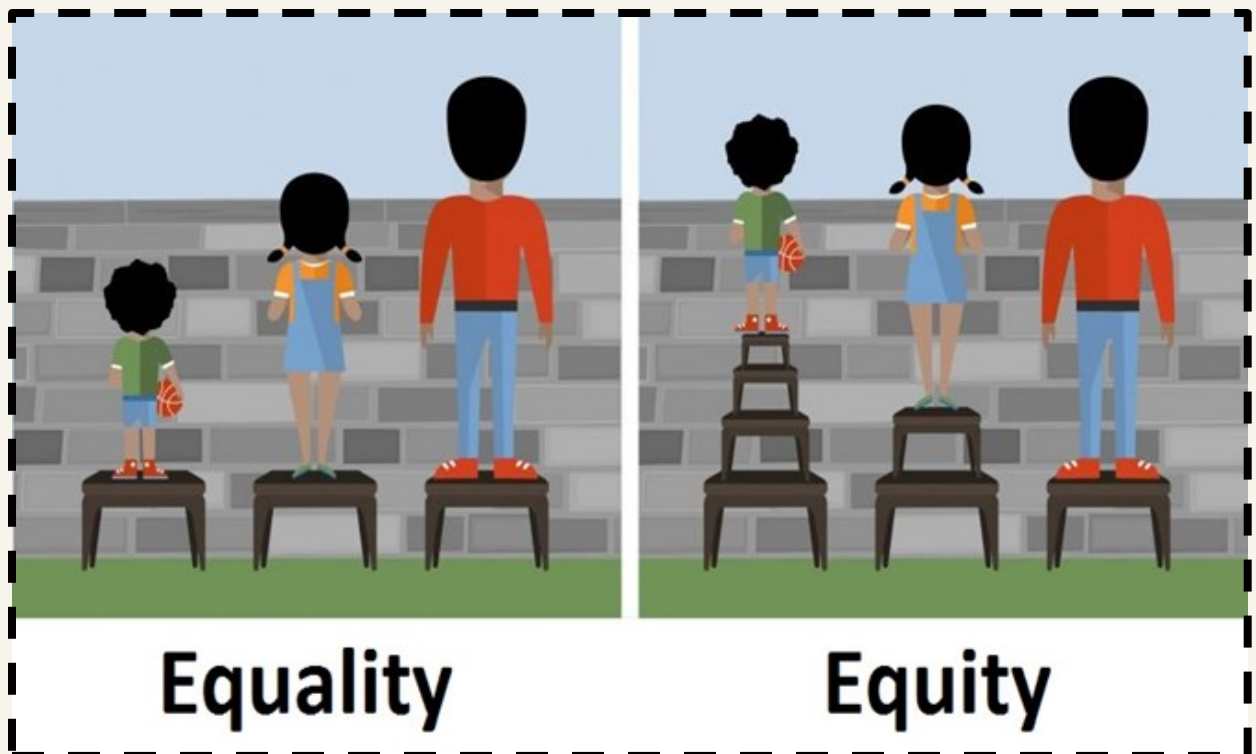
# Innovation



# Innovation



In FY 2014/15, the Solano County Board of Supervisors and the California Mental Health Services Oversight and Accountability Committee (MHSOAC) approved the County's Innovation Component Plan to implement the *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*. The County has partnered with the *University of California, Davis – Center for Reducing Health Disparities (CRHD)* to implement the ICCTM project which aims to increase culturally competent and appropriate services for County-specific unserved and underserved populations with low mental health service utilization rates: the Latino, Filipino, and LGBTQ communities. The project includes the creation of a region-specific curriculum based on the National Enhanced Culturally and Linguistically Appropriate Standards (CLAS) and the local community's perspective on cultural competent practices that should be integrated into the current local mental health system to increase access to targeted populations.



# Innovation

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## *Highlights & Achievements – FY 2015/16*

- U.C. Davis CHRD has begun implementing the first stage of the project, which includes the collection of baseline data related to service utilization rates for the targeted populations; informant interviews about the current procedures and practices of the local mental health system; and focus groups of community partners and the public regarding their experiences with the County's mental health system.
  - ⇒ 14 informant interviews and several focus groups have been conducted with 85 individuals participating.
  - ⇒ U.C. Davis CRHD has created a comprehensive survey that will be disseminated to over 30 community-based organizations and agencies that interface with the local mental health system.
- U.C. Davis CRHD has identified cultural brokers for the Filipino, Latino, and LGBTQ communities, and will work with the cultural brokers to create community asset maps for each targeted population.

## *Challenges & Barriers – FY 2015/16*

- There were challenges in navigating the County's and U.C. Davis' administrative and contract units, which delayed the implementation of the Innovation Project by six months.
- U.C. Davis- CHRD had difficulty hiring two project coordinators, however since that time have been able to fill one position and have utilized medical students as volunteers to assist with the remaining work until the second position can be filled.

# Innovation

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## *Changes in FY 2016/17*

U.C. Davis CRHD will be working with the County to conduct additional focus groups with members of each community to identify current perceptions and barriers and to outline strategies for going forward. Community forums will also be held to target those with lived experience and their families, in an effort to gain their ideas and perspectives. A baseline data report will be available in FY 2016/17. The information collected will ultimately be disseminated to each of the three cultural competency advisory workgroups to discuss the process and develop next steps. Based on all of the above outlined engagement activities, a diverse group of community stakeholders that represent and have extensive knowledge, both culturally and linguistically, will be in place to play a critical role in tailoring the CLAS Standards provider training curriculum to meet the needs of the target populations.

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# Workforce Education & Training

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# Workforce Education & Training

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WET funds are used to develop and grow a diverse, linguistically and culturally competent mental health workforce which includes the training of existing providers, increasing the diversity of individuals entering the mental health field, and promoting the training and employment of consumers and family members to further promote the MHS value of wellness and recovery.

## **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)—Contractor**

This fiscal year, Solano County made a continued effort to provide clinicians with a comprehensive training in the evidence-based practice of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT.) Through a contract with *California Institute for Behavioral Health Solutions (CIBHS)*, Solano County was able to provide trainings for new cohorts as well as booster training for existing cohorts. Additionally participating clinicians and supervisors from all of the cohorts have received on-going consultation support from an expert in the field of TF-CBT.

### *Highlights & Achievements – FY 2015/16*

- A booster training occurred in September of 2015 and 23 clinicians from the first cohort were able to attend. There was an additional half-day training for 8 supervisors.
- A 3<sup>rd</sup> cohort was trained in October of 2015 with 42 clinicians and 4 supervisors attending the training.
- In addition, MHS was able to fund the updated UCLA Trauma Index tool that conforms to the new DSM V criterion for Post-Traumatic Stress Disorder. This tool is key in assessing pre- and post- test measures of symptomology to capture efficacy of the treatment with clients.



# Workforce Education & Training

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- A total of 5 clinicians from Cohort One completed all the necessary components of the TF-CBT training and became certified in the model.
- At the end of the Fiscal Year, a total of 49 clients were being treated with TF-CBT.

## *Challenges & Barriers – FY 2015/16*

- Frequently the clients referred for this model were in foster care settings or had parents who were transient due to housing issues. Often clinicians would identify a youth as meeting the model criteria and begin treatment, only to have to terminate prematurely before all components were completed due to the client moving.
- During the course of the year a number of the clinicians trained in the model dropped out of the cohorts.

Total number of staff trained served: 69

Cost per staff: \$343

# Workforce Education & Training

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## Crisis Intervention Training (CIT)—Contractor

Through a contract with *California Institute for Behavioral Health Solutions (CIBHS)*, Solano County was able to provide CIT trainings for local law enforcement agencies. The CIT training curriculum was restructured to an intensive 8 hour overview to increase first responder's knowledge of mental illness and help develop skills and strategies to interact and intervene with individuals with mental illness. This abbreviated training was restructured to meet the availability of each law enforcement entity, as it was too challenging to have so many officers away from the field for training, and for such a lengthy amount of time.

### *Highlights & Achievements – FY 2015/16*

- A series of 16 sessions of the 8-hour CIT Overview Training Course was provided for the Solano County Sheriff and local law enforcement agencies.
  - ⇒ 355 peace officers from the Solano County Sheriff's Office and local Police Departments received the training.
  - ⇒ 241 CHP Officers received the training.
- The CIT was well received by State, County and local peace officers.

### *Challenges & Barriers – FY 2015/16*

- All training participants provided feedback that the training needed to be longer than the allotted 8 hours.

### *Changes in FY 2016/17*

Local law enforcement agencies have funding available for training therefore SCBH will work with those agencies to determine how to best leverage the funding to provide the training that first responders need. SCBH will work with local law enforcement to find a balance between the current training needs and the availability of each entity. The original CIT training model is 40 hours and CIBHS has developed a 16-hour model.

# Workforce Education & Training

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## Intern Stipends—County

During FY 2015/16 intern stipends were awarded to six student interns who represented a population underserved by the County. Three of the interns were post-doctoral candidates and three interns were first-year Master's Level interns. The interns provided an array of services, in our County clinics and in the community including:

- Individual, Group and Family Psychotherapy
- Intake Assessments
- Psychological Assessment/Testing
- Diagnosis
- Treatment Planning
- Crisis Evaluation and Intervention
- Psychoeducation
- Case Management
- Clinical Documentation and
- Consultation

### *Highlights & Achievements – FY 2015/16*

- All 6 interns represented diverse traditionally underserved communities.
- 3 of the 6 interns were bilingual.

### *Challenges & Barriers – FY 2015/16*

Due to initial challenges with securing MOUs with different educational communities SCBH was not able to recruit as many interns as anticipated.

### *Changes in FY 2016/17*

No changes reported.

Total number of interns who received a stipend: 6

Average cost per intern: \$6,000



# Capital Facilities & Technology Needs

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# Capital Facilities & Technology Needs



FTN funds are used to develop or improve buildings used for the delivery of MHA services and to improve the technological infrastructure for the mental health system such as electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families.

## Capital Facilities

In 2005 Solano County received \$3,868,400 from The MHA Housing Fund to complete two MHA permanent supported housing projects. In fiscal year 2014-15, there was approximately \$733,000 remaining in the MHA Housing fund. The County was able to request the remaining funds (June, 2015) and will be utilizing this funding to address the need for short-term transitional housing. *Bay Area Community Services*, a community-based organization has been selected to provide short-term, transitional housing services out of a property that has been purchased.

## Electronic Health Record—Contractor

SCBH has implemented the Avatar Electronic Health Record (EHR) system provided by Netsmart Technologies.

- Phase One is completed and includes: Practice Management (admissions, diagnosis, and discharge records); Progress Notes; Financial Management; Appointment Scheduling, and Managed Services to authorize and pay for services provided by contractors.
- Phase Two is completed and includes: Clinician Workstation which includes Electronic Assessments and Treatment Plans; Addiction Severity Index and; Electronic Prescribing and Medication Management.
- Phase Three is currently in the implementation process and will consist of: Point-of-Service Document Imaging and Scanning; and Mobile access to system; Electronic Submission of Laboratory Orders and receipt of results and; a Health Information Exchange (HIE) to provide data sharing with other County and medical records systems.

# Capital Facilities & Technology Needs

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## Technology Needs

### *Highlights & Achievements – FY 2015/16*

- The Avatar system currently has about 360 system users and 220 custom reports created and maintained, with several more in development.
- Workgroups for system community, planning, billing, reporting, and operations continue to meet and identify/analyze/review issues and possible solutions.

### *Challenges & Barriers – FY 2015/16*

- The Avatar IT department is currently down two staff which has been challenging in regards to getting the additional enhancements started and having the capacity to create new forms and reports needed by the system.

### *Changes in FY 2016/17*

SCBH is moving to vendor hosting which will allow greater accessibility of the Avatar system for our County staff and contract providers, also allowing dedicated County IT staff to direct time to assist with system improvements and report writing. These services will allow greater accountability, increased availability of medical information and improved coordination of care.





# Budget Worksheets

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# Budget Worksheet

## 3-Year Plan: Summary Worksheet

### FY 2017/18 Through FY 2019/20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Solano

Date: 11/16/16

	MHSA Funding					
	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
<b>A. Estimated FY 2017/18 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	15,170,932	4,509,523	2,722,484	243,156	214,804	2,756,881
2. Estimated New FY 2017/18 Funding	14,024,216	3,506,304	922,501	0	0	0
3. Transfer in FY 2017/18a/	(1,100,000)	0	0	600,000	500,000	0
4. Access Local Prudent Reserve in FY 2017/18	0	0	0	0	0	0
5. Estimated Available Funding for FY 2017/18	28,095,148	8,015,827	3,644,985	843,156	714,804	2,756,881
<b>B. Estimated FY 2017/18 MHSA Expenditures</b>	15,848,855	4,125,879	1,198,186	453,385	332,300	0
<b>C. Estimated FY 2018/19 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	12,246,293	3,889,948	2,446,799	389,771	382,504	2,756,881
2. Estimated New FY 2018/19 Funding	13,685,766	3,421,441	900,537	0	0	0
3. Transfer in FY 2018/19a/	(1,100,000)	0	0	600,000	500,000	0
4. Access Local Prudent Reserve in FY 2018/19	0	0	0	0	0	0
5. Estimated Available Funding for FY 2018/19	24,832,059	7,311,389	3,347,336	989,771	882,504	2,756,881
<b>D. Estimated FY 2018/19 MHSA Expenditures</b>	15,919,021	4,219,402	1,198,378	472,271	382,785	0
<b>E. Estimated FY 2019/20 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	8,913,038	3,091,987	2,148,958	517,500	499,719	2,756,881
2. Estimated New FY 2019/20 Funding	13,685,766	3,421,441	900,537	0	0	0
3. Transfer in FY 2019/20a/	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2019/20	0	0	0	0	0	0
5. Estimated Available Funding for FY 2019/20	22,598,804	6,513,428	3,049,495	517,500	499,719	2,756,881
<b>F. Estimated FY 2019/20 MHSA Expenditures</b>	16,344,868	4,151,953	1,198,555	491,568	436,666	0
<b>G. Estimated FY 2019/20 Unspent Fund Balance</b>	6,253,936	2,361,475	1,850,940	25,932	63,053	2,756,881

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	2,756,881
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	2,756,881
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	2,756,881
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	2,756,881

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

# Budget Worksheet

## 3-Year Plan: Funding Summary for FY17/18

### FY 2017/18 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 11/16/16

	MHSA Funding					
	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
<b>A. Estimated FY 2017/18 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	15,170,932	4,509,523	2,722,473	243,156	214,804	2,756,881
2. Estimated New FY 2017/18 Funding	14,024,216	3,506,304	922,501	0	0	0
3. Transfer in FY 2017/18a/	(1,100,000)	0	0	600,000	500,000	0
4. Access Local Prudent Reserve in FY 2017/18	0	0	0	0	0	0
5. Estimated Available Funding for FY 2017/18	28,095,148	8,015,827	3,644,974	843,156	714,804	2,756,881
<b>B. Estimated FY 2017/18 MHSA Expenditures</b>	15,848,855	4,125,879	1,198,186	453,385	332,300	0
<b>C. Estimated FY 2017/18 Unspent Fund Balance</b>	12,246,293	3,889,948	2,446,788	389,771	382,504	2,756,881

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	2,756,881
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	2,756,881

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CPTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

# Budget Worksheet

3-Year Plan: CSS Summary for FY17/18

## FY 2017/18 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	3,180,136	2,382,584	766,290		0	31,262
2. Adult Forensics FSP	1,778,009	1,048,109	727,700		0	2,200
3. Adult Homeless FSP	392,567	362,429	30,138		0	0
4. Children's FSPs	2,963,600	674,461	1,381,667		903,242	4,230
5. Foster Care Treatment Unit	1,398,553	631,685	560,515		206,353	0
6. TAY FSP	569,300	240,407	150,656		178,237	0
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19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	6,677,643	4,516,041	2,129,725		0	31,877
2. Mentally Ill Offender Programming	379,391	379,391	0		0	0
3. MHSA Housing Supports	775,421	775,421	0		0	0
4. Outreach & Engagement	450,149	450,149	0		0	0
5. Targeted System Supports	1,784,030	1,469,880	314,150		0	0
6. Wellness & Recovery Programming	2,163,891	2,066,300	2,917		0	94,674
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<b>CSS - Administration</b>	<b>1,040,888</b>	<b>851,996</b>	<b>188,890</b>		<b>0</b>	<b>0</b>
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	<b>23,553,578</b>	<b>15,848,855</b>	<b>6,252,648</b>	<b>0</b>	<b>1,287,832</b>	<b>164,243</b>
<b>FSP Programs as Percent of Total</b>	<b>64.9%</b>					

# Budget Worksheet

3-Year Plan: PEI Summary for FY17/18

FY 2017/18 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	177,149	177,149	0			
2. Targeted Prevention	101,177	101,177	0			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	3,889,859	3,681,912	207,947			
2.						
3.						
4.						
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10.						
<b>PEI Administration</b>	177,557	165,641	11,916			
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>4,345,742</b>	<b>4,125,879</b>	<b>219,863</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: INN Summary for FY17/18

FY 2017/18 Mental Health Services Act Annual Update  
Innovations (INN) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Innovation	1,206,087	1,198,186	7,901			
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20.						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	<b>1,206,087</b>	<b>1,198,186</b>	<b>7,901</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: WET Summary for FY17/18

FY 2017/18 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Education & Training	398,118	398,118				
2. Workforce Development & Recruitment	55,267	55,267				
3.						
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<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>453,385</b>	<b>453,385</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: CFTN Summary for FY17/18

**FY 2017/18 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Solano

Date: 11/16/16

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
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10.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support the entire Mental Health Plan						
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	702,781	332,300	370,481			
<b>Total CFTN Program Estimated Expenditures</b>	702,781	332,300	370,481	0	0	0



# Budget Worksheet

## 3-Year Plan: Funding Summary for FY18/19

### FY 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 11/16/16

	MHSA Funding					
	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
<b>A. Estimated FY 2018/19 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	12,246,293	3,889,948	2,446,788	389,771	382,504	2,756,881
2. Estimated New FY 2018/19 Funding	13,685,766	3,421,441	900,537	0	0	0
3. Transfer in FY 2018/19a/	(1,100,000)	0	0	600,000	500,000	0
4. Access Local Prudent Reserve in FY 2018/19	0	0	0	0	0	0
5. Estimated Available Funding for FY 2018/19	24,832,059	7,311,389	3,347,325	989,771	882,504	2,756,881
<b>B. Estimated FY 2018/19 MHSA Expenditures</b>	15,919,021	4,219,402	1,198,378	472,271	382,785	0
<b>C. Estimated FY 2018/19 Unspent Fund Balance</b>	8,913,038	3,091,987	2,148,947	517,500	499,719	2,756,881

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	2,756,881
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	2,756,881

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

# Budget Worksheet

3-Year Plan: CSS Summary for FY18/19

FY 2018/19 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	3,238,876	2,420,341	787,273		0	31,262
2. Adult Forensics FSP	1,837,041	1,085,441	749,400		0	2,200
3. Adult Homeless FSP	393,162	362,120	31,042		0	0
4. Children's FSPs	3,023,904	693,887	1,422,545		903,242	4,230
5. Foster Care Treatment Unit	1,404,921	621,315	577,253		206,353	0
6. TAY FSP	569,445	236,142	155,066		178,237	0
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19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	6,621,500	4,399,679	2,190,024		0	31,877
2. Mentally Ill Offender Programming	385,488	385,488	0		0	0
3. MHSA Housing Supports	776,596	776,596	0		0	0
4. Outreach & Engagement	465,074	465,074	0		0	0
5. Targeted System Supports	1,810,357	1,486,782	323,575		0	0
6. Wellness & Recovery Programming	2,195,307	2,097,716	2,917		0	94,674
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20.						
<b>CSS - Administration</b>	1,077,330	888,440	188,890			
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	23,799,062	15,919,021	6,427,906	0	1,287,832	164,243
<b>FSP Programs as Percent of Total</b>	65.8%					

# Budget Worksheet

3-Year Plan: PEI Summary for FY18/19

FY 2018/19 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	177,211	177,211				
2. Targeted Prevention	101,212	101,212				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	3,984,692	3,770,507	214,185			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Administration</b>	182,388	170,472	11,916			
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>4,445,503</b>	<b>4,219,402</b>	<b>226,101</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: INN Summary for FY18/19

**FY 2018/19 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Solano

Date: 11/16/16

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Innovation	1,206,279	1,198,378	7,901			
2.						
3.						
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17.						
18.						
19.						
20.						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	<b>1,206,279</b>	<b>1,198,378</b>	<b>7,901</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: WET Summary for FY18/19

FY 2018/19 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Education & Training	416,794	416,794				
2. Workforce Development & Recruitment	55,477	55,477				
3.						
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18.						
19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>472,271</b>	<b>472,271</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: CFTN Summary for FY18/19

**FY 2018/19 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Solano

Date: 11/16/16

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support the entire Mental Health Plan						
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	753,266	382,785	370,481			
<b>Total CFTN Program Estimated Expenditures</b>	753,266	382,785	370,481	0	0	0

# Budget Worksheet

## 3-Year Plan: Funding Summary for FY19/20

### FY 2019/20 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 11/16/16

	MHSA Funding					
	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
<b>A. Estimated FY 2019/20 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	8,913,038	3,091,987	2,148,947	517,500	499,719	2,756,881
2. Estimated New FY 2019/20 Funding	13,685,766	3,421,441	900,537	0	0	0
3. Transfer in FY 2019/20a/	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2019/20	0	0	0	0	0	0
5. Estimated Available Funding for FY 2019/20	22,598,804	6,513,428	3,049,484	517,500	499,719	2,756,881
<b>B. Estimated FY 2019/20 MHSA Expenditures</b>	16,344,868	4,151,953	1,198,555	491,568	436,666	0
<b>C. Estimated FY 2019/20 Unspent Fund Balance</b>	6,253,936	2,361,475	1,850,929	25,932	63,053	2,756,881

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	2,756,881
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	2,756,881

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CPTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

# Budget Worksheet

3-Year Plan: CSS Summary for FY19/20

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

County: Solano

Date: 11/16/16

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	3,298,411	2,458,263	808,886		0	31,262
2. Adult Forensics FSP	1,897,053	1,123,102	771,751		0	2,200
3. Adult Homeless FSP	393,660	361,686	31,974		0	0
4. Children's FSPs	3,125,298	753,177	1,464,649		903,242	4,230
5. Foster Care Treatment Unit	1,451,365	650,518	594,494		206,353	0
6. TAY FSP	569,573	231,728	159,608		178,237	0
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17.						
18.						
19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	6,842,074	4,558,064	2,252,133		0	31,877
2. Mentally Ill Offender Programming	391,674	391,674	0		0	0
3. MHSA Housing Supports	777,500	777,500	0		0	0
4. Outreach & Engagement	480,348	480,348	0		0	0
5. Targeted System Supports	1,837,148	1,503,866	333,282		0	0
6. Wellness & Recovery Programming	2,227,097	2,129,506	2,917		0	94,674
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19.						
20.						
<b>CSS - Administration</b>	1,114,246	925,356	188,890			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	24,405,526	16,344,868	6,608,583	0	1,287,832	164,243
<b>FSP Programs as Percent of Total</b>	65.7%					



# Budget Worksheet

3-Year Plan: PEI Summary for FY19/20

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

County: Solano

Date: 11/16/16

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	177,541	177,541				
2. Targeted Prevention	101,401	101,401				
3.						
4.						
5.						
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10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	3,919,282	3,698,671	220,611			
2.						
3.						
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10.						
<b>PEI Administration</b>	186,256	174,340	11,916			
<b>PEI Assigned Funds CalMHSA</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>4,384,480</b>	<b>4,151,953</b>	<b>232,527</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: INN Summary for FY19/20

**FY 2019/20 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Solano

Date: 11/16/16

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Innovation	1,206,456	1,198,555	7,901			
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16.						
17.						
18.						
19.						
20.						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	1,206,456	1,198,555	7,901	0	0	0

# Budget Worksheet

3-Year Plan: WET Summary for FY19/20

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

County: Solano

Date: 11/16/16

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Education & Training	435,872	435,872				
2. Workforce Development & Recruitment	55,696	55,696				
3.						
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17.						
18.						
19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>491,568</b>	<b>491,568</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

3-Year Plan: CFTN Summary for FY19/20

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

County: Solano

Date: 11/16/16

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support the entire Mental Health Plan						
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	807,147	436,666	370,481			
<b>Total CFTN Program Estimated Expenditures</b>	807,147	436,666	370,481	0	0	0

# Budget Worksheet

## Annual Update: Funding Summary

### FY 2016/17 Mental Health Services Act Annual Update Funding Summary

County: Solano

Date: 11/16/16

	MHSA Funding					
	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
<b>A. Estimated FY 2016/17 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	15,842,386	5,094,847	3,035,949	657,075	478,571	2,756,881
2. Estimated New FY 2016/17 Funding	13,441,163	3,360,540	884,563	0	0	0
3. Transfer in FY 2016/17a/	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2016/17	0	0	0	0	0	0
5. Estimated Available Funding for FY 2016/17	29,283,549	8,455,387	3,920,512	657,075	478,571	2,756,881
<b>B. Estimated FY 2016/17 MHSA Expenditures</b>	14,112,617	3,945,864	1,198,039	413,919	263,767	0
<b>C. Estimated FY 2016/17 Unspent Fund Balance</b>	15,170,932	4,509,523	2,722,473	243,156	214,804	2,756,881

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	2,756,881
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	2,756,881

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

# Budget Worksheet

## Annual Update: CSS Summary

### FY 2016/17 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	3,111,159	2,333,900	745,917		0	31,262
2. Adult Forensics FSP	1,708,728	999,896	706,632		0	2,200
3. Adult Homeless FSP	393,401	364,141	29,260		0	0
4. Children's FSPs	2,795,607	546,155	1,341,900		903,242	4,230
5. Foster Care Treatment Unit	688,389	45,637	436,399		206,353	0
6. TAY FSP	569,197	244,585	146,375		178,237	0
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13.						
14.						
15.						
16.						
17.						
18.						
19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	5,656,755	3,553,696	2,071,182		0	31,877
2. Mentally Ill Offender Programming	374,872	374,872	0		0	0
3. MHSA Housing Supports	672,161	672,161	0		0	0
4. Outreach & Engagement	437,360	437,360	0		0	0
5. Targeted System Supports	2,091,848	1,678,904	412,864		0	0
6. Wellness & Recovery Programming	2,140,554	2,042,963	2,917		0	94,674
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CSS - Administration	1,007,077	818,187	188,890		0	0
CSS MHSA Housing Program Assigned Funds						
<b>Total CSS Program Estimated Expenditures</b>	<b>21,647,109</b>	<b>14,112,617</b>	<b>6,082,417</b>	<b>0</b>	<b>1,287,832</b>	<b>164,243</b>
FSP Programs as Percent of Total	65.7%					

# Budget Worksheet

## Annual Update: PEI Summary

### FY 2016/17 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	187,606	187,606	0			
2. Targeted Prevention	101,217	101,217	0			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	3,709,610	3,507,720	201,890			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Administration</b>	161,237	149,321	11,916			
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	4,159,670	3,945,864	213,806	0	0	0

# Budget Worksheet

Annual Update: INN Summary

## FY 2016/17 Mental Health Services Act Annual Update Innovations (INN) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Innovation	1,205,940	1,198,039	7,901			
2.						
3.						
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8.						
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10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	<b>1,205,940</b>	<b>1,198,039</b>	<b>7,901</b>	<b>0</b>	<b>0</b>	<b>0</b>



# Budget Worksheet

Annual Update: WET Summary

FY 2016/17 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Education & Training	358,855	358,855				
2. Workforce Development & Recruitment	55,064	55,064				
3.						
4.						
5.						
6.						
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15.						
16.						
17.						
18.						
19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>413,919</b>	<b>413,919</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Budget Worksheet

Annual Update: CFTN Summary

## FY 2016/17 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 11/16/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support the entire Mental Health Plan						
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	634,248	263,767	370,481			
<b>Total CFTN Program Estimated Expenditures</b>	634,248	263,767	370,481	0	0	0

# Appendix

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# Appendix

## Stakeholder Planning Process Materials



### Be a part of the Community Planning Process for the next MHSA 3-Year Plan

Join us Monday, August 29, 2016

The Mental Health Services Act (MHSA) provided the first opportunity in many years to increase funding, personnel, and other resources to support county mental health programs. MHSA is a community-driven system and the MHSA Community Planning Process creates an opportunity for advocates and for individuals whose lives are affected by mental illness to provide input into the development of the mental health service delivery system.

**Join us on Monday August 29, 2016  
from 10:00 am—1:00 pm  
at the County Events Center,  
Conference Room A & B  
601 Texas Street, Fairfield**

Join us for a presentation of the MHSA Annual Update, and find out how to get involved in planning for future programming.

Space is limited so please RSVP to Joecilla San Nicolas Phone: 707-784-8320 or Email: SolanoMHSA@solanocounty.com

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

For more information about MHSA, please visit <http://www.solanocounty.com/depts/mhs/mhsa/default.asp>

**INFORMED CONSUMER & FAMILY  
MEMBER PARTICIPATION IS  
STRONGLY ENCOURAGED**



WELLNESS • RECOVERY • RESILIENCE

**Let your voice  
be heard!**

# Appendix

## Stakeholder Planning Process Materials



### Sea parte del proceso de la Planificación de la Comunidad Para el siguiente plan de 3 años

Lo esperamos el 29 de agosto, 2016

La Ley de Servicios de Salud Mental (MHSA) proporcionó la primera oportunidad en muchos años para aumentar los fondos, personal y otros recursos para apoyar los programas de salud mental del condado.

MHSA es un sistema guiado por la comunidad y el proceso de planificación de la comunidad MHSA crea una oportunidad para que los que abogan y para individuos cuyas vidas se ven afectadas por una enfermedad mental de proporcionar su opinión sobre el desarrollo del sistema de servicios de salud mental.

Únase con nosotros  
el **Lunes 29 de agosto, 2016**  
de **10:00 am—1:00 pm**  
en el **Centro de Eventos del Condado,**  
Cuartos de Conferencia A & B  
601 Texas Street, Fairfield

Únase a nosotros para una presentación del plan de MHSA, y averiguar cómo participar en la planificación de la programación futura.

El espacio es limitado así que por favor confirmar su asistencia a Mara León  
Teléfono: 707-784-8469 o  
E-mail: [MSLeon@solanocounty.com](mailto:MSLeon@solanocounty.com)

El Condado de Solano no discrimina a las personas con discapacidad. Si necesita una modificación por su discapacidad y desea participar en la reunión, por favor llame al 707-784-8469 con 24 horas de anticipación.

Para obtener más información acerca de la MHSA, por favor visite <http://www.solanocounty.com/depts/mhsa/mhsa/default.asp>

SE ANIMA LA PARTICIPACIÓN DE  
CONSUMIDORES INFORMADOS Y DE  
FAMILIARES



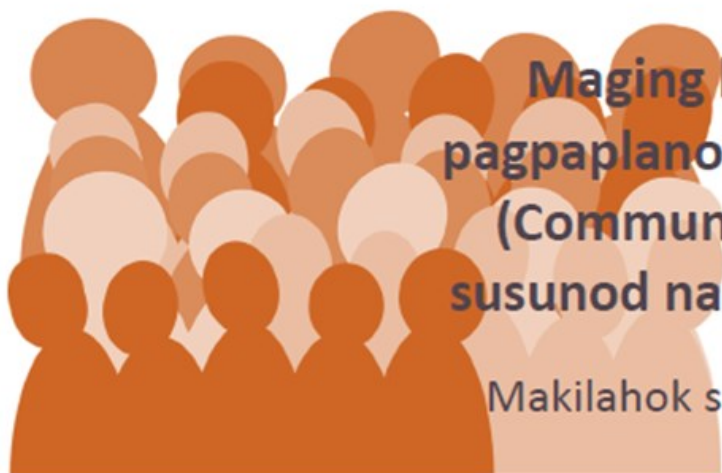
WELLNESS • RECOVERY • RESILIENCE



¡Deje que su voz  
sea escuchado!

# Appendix

## Stakeholder Planning Process Materials



### Maging bahagi sa proseso ng pagpapalano sa iyong komunidad (Community Planning) para sa susunod na “MHSA 3-Year Plan”

Makilahok sa Lunes, Agosto 29, 2016

Sa maraming taon, ang Mental Health Services Act (MHSA) ay nakapagbigay ng kauna-unahang oportunidad na maitaas and pondo, bilang ng staff at mga resources na sumusuporta sa mga programang pangkaisipan (Mental health) sa antas ng county. Ang MHSA ay isang sistema na nakikinig sa pangangailangan ng kanyang sinasakupan at layon na ang proseso ng pagpapalano (Community Planning) ay lumikha ng oportunidad para sa mga “advocates” at mga indibidwal na apektado ng sakit na pangkaisipan (Mental Illness) na maibahagi ang kanilang kuro-kuro sa pag-usad ng isang sistema na maghahatid ng epektibong serbisyo.

**Makilahok sa Lunes Agosto 29, 2016**  
mula **10:00 am—1:00 pm**  
sa **County Events Center,**  
Conference Rooms A & B  
601 Texas Street, Fairfield

Makinig sa presentasyon ng “MHSA Annual Update at alamin kung paano maging bahagi sa pagpapalano sa mga programa sa iyong komunidad sa hinaharap.

Limitado ang upuan. Maari lamang mag RSVP kay Roanne DeGuia-Samuels sa telepono 707-784-8112 o email: SolanoMHSA@solanocounty.com

Ang Solano County ay pantay ang tingin sa mga taong may kapansanan. Kung kailangang mo ng espesyal na akomodasyon para makilahok dito, tumawag sa 707-784-8320 24 oras bago nakatakda ang miting na ito.

Para sa karagdagang impormasyon tungkol sa MHSA, mangyaring bisitahin ang <http://www.solanocounty.com/depts/mhs/mhsa/default.asp>

**ANG PAGLAHOK NG ISANG KONSUMER O/AT ANG KANYANG PAMILYA AY HINIHIKAYAT.**



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**Makiisa. Makisali.**  
**Boses mo ay mahalaga**

# Appendix

## Stakeholder Planning Process Materials

Join Solano County Mental Health in our Community Planning meetings for the next 3-Year Mental Health Services Act (MHSA) Plan. MHSA supports County mental health programs, and is a community-driven system. The Community Planning Process creates an opportunity to provide input into the development of the mental health service delivery system.

Let your voice be heard!

### Opening Session:

Mon. 8/29/2016, 10am – 1pm

Solano County Events Center, 601 Texas Street, Fairfield, CA  
Conference Rooms A & B

### Fairfield Breakout

Mon. 9/12/2016

4pm – 7pm

Solano County H&SS  
2101 Courage Drive  
Fairfield, CA  
Multi-Purpose Room

### Vacaville Breakout

Wed. 9/14/2016

10:30am – 1:30pm

Solano County H&SS  
1119 E. Monte Vista  
Vacaville, CA  
Conference Room  
1-101

### Vallejo Breakout

Thurs. 9/15/2016

9am – 12pm

JFK Library  
505 Santa Clara Street,  
Vallejo, CA  
Joseph Room

### Closing Session

Tues. 9/27/2016, 9am – 12pm

Solano County Events Center, 601 Texas Street, Fairfield, CA  
Conference Room A & B

Space is limited, so please **RSVP to Joecilla San Nicolas** by email at [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) or by phone at 707-784-8320.

**INFORMED CONSUMER AND FAMILY MEMBER PARTICIPATION  
IS STRONGLY ENCOURAGED!**

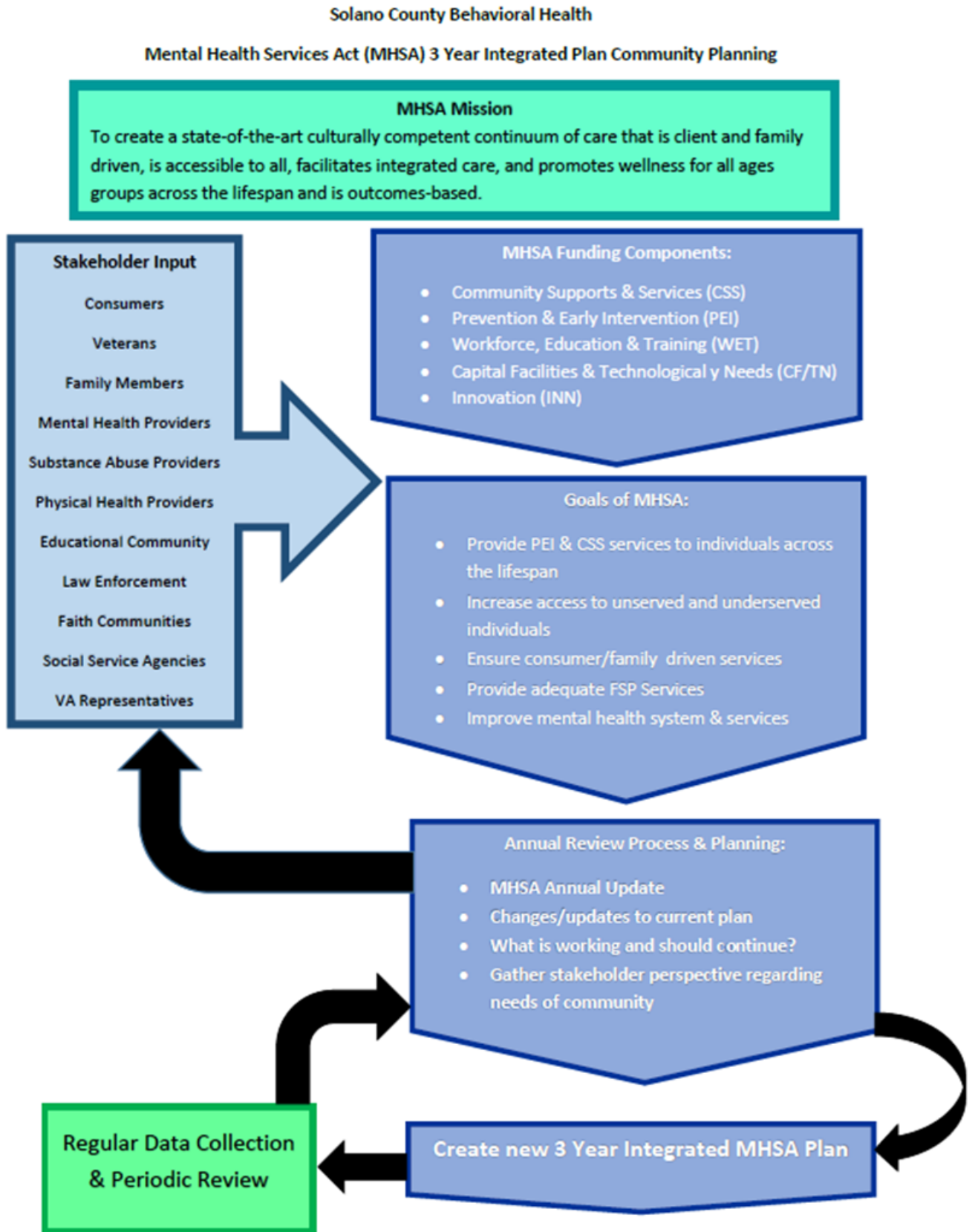
For more information about MHSA, please visit [www.solanocounty.com/depts/mhs/mhsa](http://www.solanocounty.com/depts/mhs/mhsa)



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# Appendix

## Stakeholder Planning Process Materials





# Appendix

## Stakeholder Planning Process Materials



### MHSA Stakeholder Process

#### Meeting Evaluation



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Today's Date: \_\_\_\_\_

Please answer the following questions regarding knowledge gained at today's training.

In regards to today's stakeholder meeting:	Agree	Disagree	Decline to Answer
I have an increased understanding of the MHSA Stakeholder Process and Three-Year Plan			
I have an increased understanding of current MHSA programs and their reported outcomes			
I felt the program agenda was constructed in a clear and productive manner			
I felt the format allowed for my voice to be heard and my opinions to be expressed			

Please write additional comments in the space below:

# Appendix

## Stakeholder Planning Process Materials



### MHSA Stakeholder Process



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### Evaluación de Junta

Fecha: \_\_\_\_\_

Por favor, conteste las siguientes preguntas con respecto a la información adquirido en el entrenamiento de hoy.

En respecto a la junta de hoy:	De Acuerdo	En Desacuerdo	Prefiero no responder
Tengo una mejor comprensión del proceso de MHSA y del Plan Trienal			
Sentí que la agenda del programa se construyó de forma clara y de manera productiva			
Sentí que el formato permitió que mi voz fuera escuchada y mis opiniones expresadas			
Se hicieron esfuerzos para abordar mis necesidades culturales y lingüísticas			

Por favor escriba comentarios adicionales en el siguiente espacio:

# Appendix

## Stakeholder Planning Process Materials



### MHSA Stakeholder Process

#### Ebalwasyon ng Miting



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Petsa: \_\_\_\_\_

Paki sagot ang sumusunod na katanungan hinggil sa kaalamanan na iyong natutunan ngayong araw:

Base sa Stakeholder's miting ngayong araw:	Sang-Ayon	Hindi Sang-Ayon	Ayokong Sagutin
Mas naging malawak ang aking pag-unawa sa proseso ng pagpapalano sa aking komunidad at ang "3-Year Plan."			
Sa aking palagay ang adyenda ng programa ay napausad ng malinaw, klaro at sa paraang produktibo.			
Sa aking palagay ang pormat ay nakapagbigay daan na marinig ang aking boses at mapahayag ang aking opinion.			
Sa aking palagay may pagsisikap na ang aking kultura at wika ay mabigyan konsiderasyon.			

Paki sulat ang iyong karagdagang komento sa ibaba:

# Appendix

## Stakeholder Planning Process Materials: Demographic Survey



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### Solano County Mental Health Services Act Program - Demographic Information

We appreciate your time in filling out this **OPTIONAL** demographic information form. This information will be used to assess the stakeholder representation related to the demographics of Solano County including underserved and underserved populations.

Date: \_\_\_\_\_ Name of Event or Meeting: \_\_\_\_\_ City of Residence \_\_\_\_\_

<b>Age</b> <input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60-84 yrs. <input type="checkbox"/> 85+ <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer	<b>Ethnicity – Non Hispanic or Non-Latino</b> <input type="checkbox"/> African <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____ <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> Decline to answer <b>Gender Assigned at Birth</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to answer	<b>Sexual Orientation</b> <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Question/unsure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to answer <b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Tagalog <input type="checkbox"/> Khmer <input type="checkbox"/> Hmong <input type="checkbox"/> Russian <input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____ <b>Veteran Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer <b>Do you identify with any of these groups? (mark all that apply)</b> <input type="checkbox"/> LGBTQ <input type="checkbox"/> Involved w/Legal System <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Decline to answer <b>Individual's disability</b> <input type="checkbox"/> No disability <input type="checkbox"/> I have a disability, including: (check all that apply) <input type="checkbox"/> Disability in the communication domain such as difficulty seeing, hearing or having speech understood, or other <input type="checkbox"/> Disability in the mental domain, not including mental illness (including learning disability, developmental disability, dementia, autism) <input type="checkbox"/> Disability in the physical/mobility domain <input type="checkbox"/> Chronic physical health condition <input type="checkbox"/> Chronic mental health condition <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer
<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> More than one race <input type="checkbox"/> Decline to answer	<b>Ethnicity - Hispanic or Latino</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other _____ <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> Decline to answer	
<b>Comments/Notes:</b> _____		



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### Solano County Mental Health Services Act Program – Información Demográfica

Apreciamos su tiempo en llenando esta forma **OPCIONAL** de información demográfica. Esta información será utilizada para evaluar la representación de las personas presentes con la información demográfica del Condado de Solano, incluyendo a las poblaciones desatendidas y no servidas en el condado.

Fecha: \_\_\_\_\_ Nombre del Evento o Junta: \_\_\_\_\_ Ciudad de Residencia \_\_\_\_\_

<b>Edad</b> <input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60-84 yrs. <input type="checkbox"/> 85+ <input type="checkbox"/> Desconocido <input type="checkbox"/> Prefiero no responder	<b>Etnicidad – No Hispana o No-Latino</b> <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 oriental <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro _____ <input type="checkbox"/> Mas de una etnicidad <input type="checkbox"/> Prefiero no responder <b>Género Asignado Al Nacer</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Prefirió no responder	<b>Orientación Sexual</b> <input type="checkbox"/> Gay <input type="checkbox"/> Lesbiana <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder <b>Lenguaje Preferido</b> <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Vietnamita <input type="checkbox"/> Cantonés <input type="checkbox"/> Mandarín <input type="checkbox"/> Tagalo <input type="checkbox"/> Khmer <input type="checkbox"/> Hmong <input type="checkbox"/> Ruso <input type="checkbox"/> Farsi <input type="checkbox"/> Árabe <input type="checkbox"/> Otro: _____ <b>Estatus Veterano</b> <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Prefiero no responder <b>¿ Se identifica con alguno de estos grupos? (marque todos que le correspondan)</b> <input type="checkbox"/> LGBTQ <input type="checkbox"/> Involucrado con el Sistema Legal <input type="checkbox"/> Jóvenes en Cuidado Tutelar (Foster Care) <input type="checkbox"/> Prefiero no responder <b>Discapacidades del Individuo</b> <input type="checkbox"/> Ninguna Deseabilidad <input type="checkbox"/> Tengo una discapacidad, incluyendo: (marque todos que le correspondan) <input type="checkbox"/> Discapacidad de comunicación, tales como dificultad para ver, oír o dificultad del habla, u otro. <input type="checkbox"/> Discapacidad en el dominio mental, sin incluir la enfermedades mentales (incluyendo trastornos del aprendizaje, discapacidades del desarrollo, la demencia, el autismo) <input type="checkbox"/> Discapacidad en el dominio físico/movilidad <input type="checkbox"/> Condición crónica de salud física (por ejemplo: Fibromialgia) <input type="checkbox"/> Condición crónica de salud mental ( depresión, ansiedad, estrés-traumático) <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder
<b>Raza</b> <input type="checkbox"/> Blanca <input type="checkbox"/> Latino <input type="checkbox"/> Negra/ Afro Americana <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Nativo Hawaiano/ Isla Pacifica <input type="checkbox"/> Otro _____ <input type="checkbox"/> Más de una raza <input type="checkbox"/> Prefiero no responder	<b>Etnicidad - Hispana o Latino</b> <input type="checkbox"/> Caribeña/Cubano <input type="checkbox"/> Centro Americano <input type="checkbox"/> Mexicano/Mexicano-Americano/Chicano <input type="checkbox"/> Puertorriqueño <input type="checkbox"/> Sur Americano <input type="checkbox"/> Otro _____ <input type="checkbox"/> Mas de una etnicidad <input type="checkbox"/> Prefiero no responder	
<b>Comentarios/Notas:</b> _____		

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Early Childhood (ages 0-5)

#### MHSA Funded Programs

**\*First 5 & MHSA MOU Partnership for Early Access for Kids (PEAK) Collaborative:**  
3 Contractors provide services to children ages 0-5: Help Me Grow Line (Access for children 0-5), screenings for all referred and assessment & short-term treatment for privately insured clients, parent/Community training. Medi-cal eligible clients receive assessment and treatment through separate contracts (see below). Screening, assessment and treatment services are primarily delivered in the home setting. *Child Haven, Uplift Family Services & Solano Family Childcare Services.* Had included *Children's Nurturing Project (CNP)* through 8/30/16.

#### Additional Services Not MHSA Funded

**\*3 Contractor Outpatient Clinics:** Serve children age 0-5yro: assessment, treatment, case management, parent education & support primarily provided in the home setting.

**\*1 Contractor agency provides therapeutic visitation:** Serves children in foster care system that have been removed from birth families. Primary service is visitation and provider collaborates with primary mental health provider which is one of 3 contractors providing treatment referred to above.

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Pregnancy and Post-Partum Maternal Support
2. Increased Language Capacity in Service Provision
3. WRAP/FSP Type Services for High Acuity Cases
4. Trauma Training

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### School Age (6-18)

#### MHSA Funded Programs

\*2 Contractor Operated School-Based Programs: *A Better Way* & *Rio Vista Care* provide services to children ages 5-18: screening, assessment, treatment, light case management, and trainings for parents/school staff across all school districts within the County including several schools in Rio Vista. This program includes one solely dedicated clinician to support the Mentally Ill Offender Crime Reduction (MIOCR) interagency project with Juvenile Probation, Fairfield Police Dept., Fairfield Suisun School District, and Mental Health to provide mental health services for youth involved in the MIOCR diversion program. \*1 additional Contractor, *Solano County Office of Education*, provides support/coordination with school districts. Had included CNP through 8/30/16.

\*3 County Operated Regional Full Service Partnership (FSP) teams: Provide intensive mental health and case management to seriously emotionally disturbed (SED) children/youth. Services include community and social integration services, family support and education, assistance with housing, and recreational/educational services. \*Contractor TAY FSP provider serves youth ages 16+

\*2 County staff working in the Foster Care Treatment Unit (FCTU) are MHSA funded. Provide assessment, treatment, and case management to children in the foster care system.

\*2 Contractor Operated Early Psychosis Program: *Aldea Children & Family Services* in partnership with *UC Davis* provides specialized services for clients 12-24; screening, assessment, evidenced based treatment, medication, case management, vocational rehab, etc.

\*2 County Spanish-Speaking bilingual staff funded by MHSA to expand services to the Latino community.

#### Additional Services Not MHSA Funded

\*4 County Operated Regional Youth Outpatient Clinics (includes FCTU) & 4 Contractor Outpatient Youth Clinics County and Contractors serve children/youth providing: assessment, treatment, case management, medication (medication provided by 3 County clinics & 1 Contractor). 1 Contractor provides the following intensive services for SED youth: Therapeutic Behavioral Services (TBS) & Wraparound services (WRAP).

\*2 Contractor Operated Day Treatment Programs: Day treatment programs used when a child/youth is not able to remain in a mainstream school setting.

\*Residential contracts/MOUs with 8 Contractors: Only used when a child/youth requires an out of home placement. Programs provide intensive mental health services.

\*1 County staff assigned to Hospital Liaison Unit: Monitor any child/youth hospitalized which includes linkage and discharge planning.

\*County Funded: Inpatient Hospitalizations.

\*Network of Care: Private therapists in the community providing brief (10 sessions) of therapy.

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Increase in Providers
2. Increase in # of Clinicians providing school-based services
3. Increase in Individual Support (for multiple issues including trauma, anger mgmt., bullying)
4. Training/Implementation of Social Emotional Learning
5. Commercially Sexually Exploited Children (CSEC) Services
6. Increase in Mental Health Groups offered in schools

\*Continuum of Care Reform (CCR) and transition of existing County Outpatient staff to FSP model

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Transitional Aged Youth (TAY) (16-25)

#### MHSA Funded Programs

\*1 Contractor Operated TAY FSP: *Seneca* provides intensive mental health and case management to SED youth 16-25; 14 slots total. Sub-contractor provides housing for 8 TAY FSP clients.

\*3 County Operated Regional Full Service Partnership (FSP) teams: Provide intensive mental health and case management to seriously emotionally disturbed (SED) youth. Services include community and social integration services, family support and education, assistance with housing, and recreational/educational services.

\*1 County Operated Forensic Full Service Partnership (FSP): Provides intensive mental health and case management to SMI consumers who are involved with the criminal justice system. Can serve consumers ages 18-25 under TAY age range.

\*2 Contractor Operated Early Psychosis Program: *Aldea Children & Family Services* in partnership with *UC Davis* provides specialized services clients 12-24; screening, assessment, evidenced based treatment, medication, case management, vocational rehab, etc.

\*2 County staff working in the Foster Care Treatment Unit (FCTU) are MHSA funded. Provide assessment, treatment, and case management to children in the foster care system.

\*2 County Spanish-Speaking bilingual staff funded by MHSA to expand services to the Latino community.

#### Additional Services Not MHSA Funded

\*4 County Operated Regional Youth Outpatient Clinics (includes FCTU) & 4 Contractor Outpatient Youth Clinics County and Contractors serve children/youth providing: assessment, treatment, case management, medication (medication provided by 3 County clinics & 1 Contractor). 1 Contractor provides the following intensive services for SED youth: Therapeutic Behavioral Services (TBS) & Wraparound services (WRAP).

\*2 Contractor Operated Day Treatment Programs: Day treatment programs used when a child/youth is not able to remain in a mainstream school setting.

\*Residential contracts/MOUs with 8 Contractors: Only used when a child/youth requires an out of home placement. Programs provide intensive mental health services.

\*1 County staff assigned to Hospital Liaison Unit: Monitor any child/youth hospitalized which includes linkage and discharge planning.

\*County Funded: Inpatient Hospitalizations.

\*Network of Care: Private therapists in the community providing brief (10 sessions) of therapy.

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Housing/Youth Shelter (for At-Risk/CSEC/LGBTQ)
2. Volunteer Stipends for TAY Youth
3. Teen Drop-in Center with Mental Health Focus
4. Suicide Prevention in Schools
5. Transportation Assistance

\*Continuum of Care Reform (CCR) and transition of existing County Outpatient staff to FSP model

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Adults (18-59)

#### MHSA Funded Programs

\*1 Contractor Operated FSP: *Caminar* provides intensive mental health and case management to seriously mentally ill (SMI) adults ages 18-59yro, 36 slots total.

\*1 Contractor Operated FSP specifically focused on homeless SMI adults: *Caminar* provides intensive mental health and case management to homeless SMI adults ages 18yro plus, 36 slots total. A different Contractor Operated shelter: *Heather House* provides 4 beds for consumers served by the homeless FSP program.

\*1 County FSP: Provides intensive mental health and case management to SMI adults ages 18+. Average 45 slots (includes TAY & older adults).

\*1 County Operated Forensic Full Service Partnership (FSP): Provides intensive mental health and case management to SMI consumers ages 18+ who are involved with the criminal justice system. Average 60 slots (includes TAY & older adults).

\*1 Contractor Operated TAY FSP: *Seneca* provides intensive mental health and case management to TAY youth 16-25; 14 slots total.

\*2 Contractor Operated Early Psychosis Program: *Aldea Children & Family Services* in partnership with *UC Davis* provides specialized services clients 12-24; screening, assessment, evidenced based treatment, medication, case management, vocational rehab, etc.

\*1 Contractor Operated Crisis Aftercare Program: *Bay Area Community Services (BACS)* provides brief but intensive case management, rehab, peer support, and medication services for consumers ages 18+ for up to 90 days while linking consumers to ongoing provider. Additionally provides 1-3 nights of respite housing for 4 consumers at one time and will be providing transitional housing for up to 14-20 consumers for 3-12 months (Mid-Year Adjustment FY14/15 and CalHFA unencumbered funds).

\*Sherriff Dept. & MHSA MOU for a Contractor Operated Jail Reentry Program: *BACS* provides assessment, case management and brief treatment for mentally ill offenders being released from local jails. Emergency respite housing is available.

\*3 County staff identified as the "On-Duty Staff" located in each of the 3 County Operated regional adult psychiatry clinics are MHSA funded.

\*2 Contractor Run Wellness & Recovery Centers (Vallejo & Fairfield) *Caminar* & *Circle of Friends* provide wellness centers that provide WRAP groups, groups, vocational support services, etc.

\*1 County Operated Wellness & Recovery Unit: Consumer and family liaison staff, patient rights staff, and clinician assigned to the Department of Rehabilitation (DOR) contract assisting consumers to return to work.

\*State Department of Rehab, County & Contractor Partnership: DOR, County and *Caminar* provide vocational rehab services to assist consumers to return to work.

\*1 Contractor Operated Supportive Housing program: *Caminar* provides permanent housing for SMI adults and families with SED children as well as short term transitional housing.

\*MHSA funding leveraged to pay for: Augmented Board & Care Placements for SMI adults stepping down from inpatient or sub-acute placements & Dual Diagnosis Placements for consumers with co-occurring mental illness and substance abuse disorders.

\*PENDING: 5 additional Crisis Residential Treatment (CRT) beds, Jail Liaison clinician position (per Mid-year Adjustment FY14/15), Community Crisis Clinician to provide 5150 crisis evaluations at local emergency rooms and jails (per Mid-year Adjustment FY14/15).



# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Adults (18-59) Continued

#### Additional Services Not MHSA Funded

- \*3 County Operated Regional Outpatient Adult Psychiatry Clinics: Provides medication evaluation and ongoing services, nursing evaluations for adults. Light case management, groups, brief 1:1 therapy for some client.
- \*2 Contractor Outpatient Clinics/Programs: Serves adults 18+: assessment, treatment, case management, 140 slots total.
- \*2 County Operated Programs focused on consumers in inpatient or sub-acute facilities: Services include assessment, case management and linkage.
- \*1 Clinician Co-located in Probation: Provides screening, assessment and treatment for probationers assigned to a specialized mental health caseload unit.
- \*Network of Care: Private therapists in the community providing brief (10 sessions) of therapy.
- \*County Funded: Inpatient Hospitalization, Placements in Sub-Acute Facilities, Dual Diagnosis Programs.
- \*Supplemental funding for placements: Patches for additional care for consumers in board and care or room and board placements.
- \*Crisis Residential Treatment (CRT) facility: Short-term residential treatment for up to 14 days for adults 18+ who do not meet the criteria for hospitalization but would benefit from 24/7 support in order to stabilize after a crisis. 10 beds total

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Housing
2. Increased Staffing and Services for SMI adults
3. Increase in consumer led/driven Wellness Recovery Centers across county (expand Fairfield location and have location in Vacaville)
4. Consumer Stipends and Paid Positions
5. Increased CIT for First Responders
6. Mobile Crisis Unit
7. Increase Homeless Outreach and Services
8. Consumer Run Warm Line/Crisis Line (warm line could connect to crisis)
9. Post-Partum Support
10. Re-Entry Services and Assistance for mentally ill consumers released from the jails

\*Mental Health Court/Laura's Law

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Older Adults 60+

#### MHSA Funded Programs

\*1 Contractor Operated FSP: *Caminar* provides intensive mental health and case management to seriously mentally ill (SMI) adults ages 60+, 19 slots total.

\*1 Contractor Operated FSP specifically focused on homeless SMI adults: *Caminar* provides intensive mental health and case management to homeless SMI adults ages 18+ plus, 36 slots total. A different Contractor Operated shelter: *Heather House* provides 4 beds for consumers served by the homeless FSP program.

\*1 County FSP: Provides intensive mental health and case management to SMI adults ages 18+. Average 45 slots (includes TAY & older adults).

\*1 County Operated Forensic Full Service Partnership (FSP): Provides intensive mental health and case management to SMI consumers ages 18+ who are involved with the criminal justice system. Average 60 slots (includes TAY & older adults).

\*Contractor Operated Early Intervention Program: *Area Agency on Aging* provides outreach, screening, linkage, case management, short-term treatment and community trainings.

\* Contractor Operated Early Intervention Program: *Faith In Action* provides outreach, phone and in-person peer support including individual and support groups.

\*1 Contractor Operated Early Psychosis Program: *Aldea Children & Family Services* provides specialized services clients 12-24; screening, assessment, evidenced based treatment, medication, case management, vocational rehab, etc.

\*1 Contractor Operated Crisis Aftercare Program: *Bay Area Community Services (BACS)* provides brief but intensive case management, rehab, peer support, and medication services for consumers ages 18+ for up to 90 days while linking consumers to ongoing provider. Additionally provides 1-3 nights of respite housing for 4 consumers at one time and will be providing transitional housing for up to 14-20 consumers for 3-12 months (Mid-Year Adjustment FY14/15 and CalHFA unencumbered funds).

\*Sherriff Dept. & MHSA MOU for a Contractor Operated Jail Reentry Program: *BACS* provides assessment, case management and brief treatment for mentally ill offenders being released from local jails. Emergency respite housing is available.

\*3 County staff identified as the "On-Duty Staff" located in each of the 3 County Operated regional adult psychiatry clinics are MHSA funded.

\*2 Contractor Run Wellness & Recovery Centers (Vallejo & Fairfield) *Caminar* & *Circle of Friends* provide wellness centers that provide WRAP groups, groups, vocational support services, etc.

\*1 County Operated Wellness & Recovery Unit: Consumer and family liaison staff, patient rights staff, and clinician assigned to the Department of Rehabilitation (DOR) contract assisting consumers to return to work.

\*State Department of Rehab, County & Contractor Partnership: DOR, County and *Caminar* provide vocational rehab services to assist consumers to return to work.

\*1 Contractor Operated Supportive Housing program: *Caminar* provides permanent housing for SMI adults and families with SED children as well as short term transitional housing.

\*MHSA funding leveraged to pay for: Augmented Board & Care Placements for SMI adults stepping down from inpatient or sub-acute placements & Dual Diagnosis Placements for consumers with co-occurring mental illness and substance abuse disorders.

\*PENDING: 5 additional Crisis Residential Treatment (CRT) beds, Jail Liaison clinician position (per Mid-year Adjustment FY14/15), Community Crisis Clinician to provide 5150 crisis evaluations at local emergency rooms and jails (per Mid-year Adjustment FY14/15).

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Older Adults 60+ Continued

#### Additional Services Not MHSA Funded

- \*3 County Operated Regional Outpatient Adult Psychiatry Clinics: Provides medication evaluation and ongoing services, nursing evaluations for adults. Light case management, groups, brief 1:1 therapy for some consumers.
- \*2 Contractor Outpatient Clinics/Programs: Serves adults 18+: assessment, treatment, case management, 140 slots total.
- \*2 County Operated Programs focused on consumers in inpatient or sub-acute facilities: Services include assessment, case management and linkage.
- \*1 Clinician Co-located in Probation: Provides screening, assessment and treatment for probationers assigned to a specialized mental health caseload unit.
- \*Network of Care: Private therapists in the community providing brief (10 sessions) of therapy.
- \*County Funded: Inpatient Hospitalization, Placements in Sub-Acute Facilities, Dual Diagnosis Programs.
- \*Supplemental funding for placements: Patches for additional care for consumers in board and care or room and board placements.
- \*Crisis Residential Treatment (CRT) facility: Short-term residential treatment for up to 14 days for adults 18+ who do not meet the criteria for hospitalization but would benefit from 24/7 support in order to stabilize after a crisis. 10 beds total

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Consumer Run Warm Line/Crisis Line (warm line could connect to crisis)
2. Transportation Assistance
3. Creative Art Therapies (Recommend County-Wide at Wellness & Recovery Centers)
4. Outreach and Training Specific to Older Adults (including LGBTQ)
5. Services via Tech (Skype)
6. Drop-In Center specific to SMI Seniors or WRC expansion to this pop.

\*Mental Health Court/Laura's Law

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Services/Support for All Ages

#### MHSA Funded Programs

**\*1 Contractor Operated Crisis Stabilization Unit (CSU):** *Exodus* provides crisis evaluation and support for consumers placed on 5150 or consumers who self-present as risk of harm to self, other or gravely disabled. Provide an urgent medication clinic and telepsychiatry services.

**\*1 Contractor Consumer & Family Support Program:** *NAMI* provides support groups, training and stigma reduction activities.

**\*1 Contractor:** *UC Davis* Innovation funded Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration project which is focused on reducing health disparities for unserved and underserved communities of which the Latino, Filipino and LGBTQ communities are target special populations. The project will include cultural competency training developed in concert with unserved/underserved communities.

**\*1 Contractor focused on Workforce Education Training (WET):** *CIBHS* provides TF-CBT training, CIT training for law enforcement and administers intern stipends for interns placed in County programs.

**\*1 Contractor facilitates the Mental Health Collaborative:** *Caminar* organizes and schedules quarterly meetings with mental health and other community providers to promote collaboration.

**\*1 Contractor for Technological Needs:** *Netsmart Avatar* provides the platform and support for the electronic health record used by the County for clinical charting and billing. Contractors enter services to be billed to the State.

**\*1 Contractor Stigma Reduction & Suicide Prevention:** *CalMHSA* provides tech support and materials.

#### Identified Needs: Stakeholder Process

1. Housing
2. Better Communication/Collaboration between providers
3. Better access and services for SMI Adults
4. Better Communication regarding services and resources
5. More consumer operated/driven services
6. Transportation Assistance
7. Better access to unserved & underserved populations
8. Integration of services including substance abuse
9. Increased training on cultural competency for providers, first responders, and physical health
10. Staff retention
11. Hiring consumers

\*Netsmart Amendment needed

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### LGBTQ Community

#### MHSA Funded Programs

**\*2 Contractor Operated LGBTQ Community Center:** *Solano Pride with Rainbow Community Center* provide support/social groups for the LGBTQ community of all ages, linkages to services and brief counseling.

**\*1 Contractor:** *UC Davis Innovation* funded Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration project which is focused on reducing health disparities for unserved and underserved communities of which the Latino, Filipino and LGBTQ communities are target special populations. The project will include cultural competency training developed in concert with unserved/underserved communities.

**\*All MHSA & County funded programs are expected to provide services to the LGBTQ community.**

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Outreach/Partnering/Training with Educational Community
2. Increase youth programming for LGBTQ community across county
3. System-Wide Training on LGBTQ community needs
4. Faith-Based Specific Collateral Work
5. Increase Awareness and Access for LGBTQ community
6. CSEC Services
7. Support to LGBTQ Seniors

### Latino Community

#### MHSA Funded Programs

**\*County Operated Hispanic Outreach & Latino Access (HOLA):** Clinician conducts outreach activities and trainings in the community particularly targeting the Latino community which is an identified underserved community in Solano County. Takes Spanish-speaking calls on the Access line.

**\*2 County Spanish-Speaking bilingual children's staff** funded by MHSA to expand services to the Latino community.

**\*1 Contractor:** *UC Davis Innovation* funded Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration project which is focused on reducing health disparities for unserved and underserved communities of which the Latino, Filipino and LGBTQ communities are target special populations. The project will include cultural competency training developed in concert with unserved/underserved communities.

**\*All MHSA & County funded programs are expected to provide services to the Latino community and would be encouraged to use translation services as needed. Spanish is Solano County's threshold language.**

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Increase Spanish Language Capacity at Wellness & Recovery Centers
2. Increase Services and Bilingual Providers/Clinicians
3. More Spanish Speaking Family Groups
4. Increase Services to Rural Areas and Migrant Camps
5. Outreach to Faith-Based Organizations

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Filipino Community

#### MHSA Funded Programs

**\*County Operated Filipino Outreach (Kaagapay)** Clinician conducts outreach activities and trainings in the community particularly targeting the Filipino community which is an identified underserved community in Solano County.

**\*1 Contractor:** UC Davis Innovation funded Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration project which is focused on reducing health disparities for unserved and underserved communities of which the Latino, Filipino and LGBTQ communities are target special populations. The project will include cultural competency training developed in concert with unserved/underserved communities.

**\*All MHSA & County funded programs are expected to provide services to the Filipino community and would be encouraged to use translation services as needed.**

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Increase Services and Tagalog Speaking Providers/Clinicians
2. Increase engagement and outreach to Filipino community
3. System-wide training on working with the Filipino community
4. Outreach to Faith-Based Organizations

### African American Community

#### MHSA Funded Program

**\*3 Contractors Implementing the African American Faith-Based Initiative (AAFBI):** Provide support and training for clergy in order to recognize mental health conditions, reduce stigma, and referral. Clergy provide faith-based counseling.

**\*1 Contractor:** UC Davis Innovation funded Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration project which is focused on reducing health disparities for unserved and underserved communities. The project will include cultural competency training developed in concert with unserved/underserved communities.

#### Identified Needs: Stakeholder Process (listed in order ranked)

1. Training/Engagement with the Faith Based Community (expand AAFBI)
2. Prenatal and Maternal Care: Black Infant Health Program
3. Restorative Justice and Re-entry services
4. Increase Outreach and Services to homeless
5. "Beats, Rhymes and Life": Hip Hop therapy for youth

# Appendix

## Steering Committee Materials: *Mental Health Services At a Glance*

### Housing Needs

#### MHSA Funded Programs

\*County & Contractor FSP Programs (Child/Youth, TAY, Adult & Older Adult): FSP programs use flex funding to pay for emergency housing for FSP clients; brief hotel stays, pay rent on emergency basis.

\*Contractor Operated TAY FSP has a sub-contractor *First Place for Youth* who provides housing for up to 8 of 14 clients per year.

\*Contractor Operated Supportive Housing Program: *Caminar* provides permanent housing for SMI adults and families with SED children as well as short term transitional housing.

\*Contractor Operated Shelter: *Heather House* provides 4 beds for FSP program focused on homeless population.

\*Contractor Operated Crisis Aftercare program: *BACS* Provides 1-3 nights of respite housing for 4 consumers at one time and will be providing transitional housing for up to 14-20 consumers for 3-12 months (Mid-Year Adjustment FY14/15 and CalHFA unencumbered funds).

\*MHSA funding leveraged to pay for: Augmented Board & Care Placements for SMI adults stepping down from inpatient or sub-acute placements & Dual Diagnosis Placements for consumers with co-occurring mental illness and substance abuse disorders.

\*1 County Clinician tasked with outreach to homeless youth (CSEC, LGBTQ) and homeless or at risk homeless families

#### Additional Services Not MHSA Funded

\*County Funded: Placements in Sub-Acute Facilities & Dual Diagnosis Programs.

\*Supplemental funding for placements: Patches for additional care for consumers in board and care or room and board placements.

\*1 County Mental Health Specialist tasked with outreach to the homeless population: Provide screening and linkage and will work closely with local law enforcement (currently vacant but in process of onboarding staff).

#### Identified Needs: Stakeholder Process

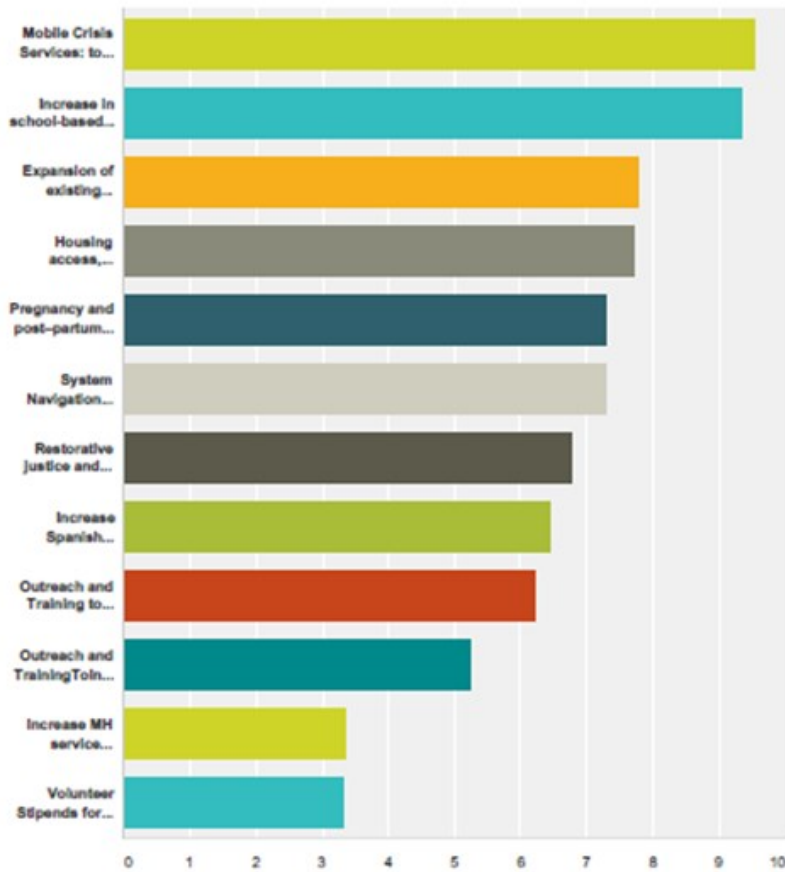
1. Housing in general
2. Housing for SMI Adults
3. Housing/Youth Shelter (for At-Risk/CSEC/LGBTQ) \*MHSA funding for mental health services to augment a shelter program

# Appendix

## Steering Committee Survey Results

**Q1 Top Priorities (from First Round)** Please rank the following service and program development areas from '1' to '10' for the 3-year MHSA Plan extending from July 1st, 2017 through June 30th, 2020, with '1' representing your highest priority, '2' your next highest priority, and so on. Please also remember that as a Steering Committee member, your choices must reflect stakeholder priorities first and your own secondarily. These priorities were culled and collected as a result of extensive community participation and surveying. These areas were identified, collected and summarized to you previously through the MHSA Steering Committee meetings. If funded, the proposed area will only address the needs of the group indicated in parentheses and not others.

Answered: 14 Skipped: 0



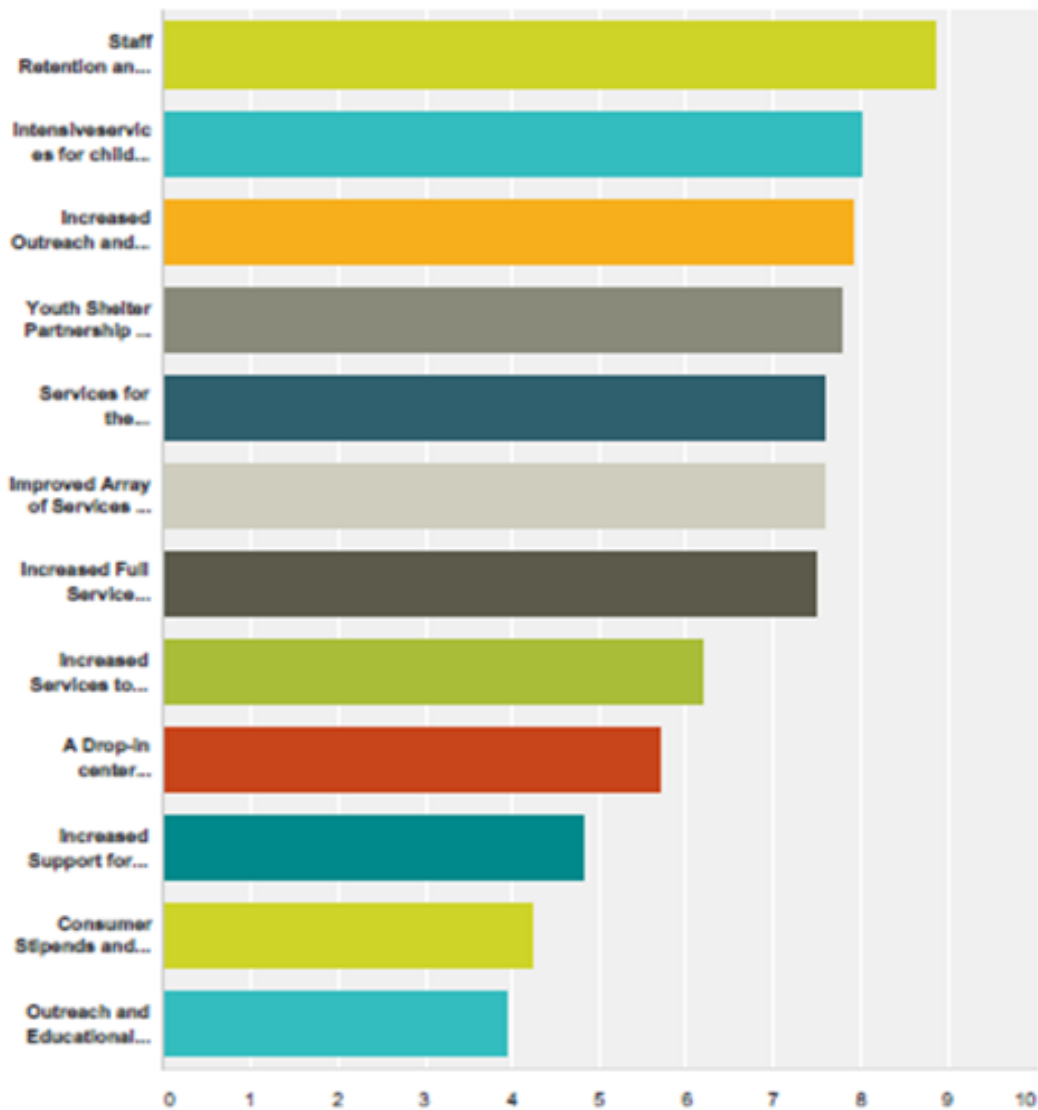


# Appendix

## Steering Committee Survey Results

**Q2 Top Priorities (from Second Round) For each major category (age/underserved) , a secondary priority was identified by the Steering Committee, as detailed below. Although unlikely, it might happen that a secondary priority can be funded, or implemented. In the event this occurs, please rank your next highest priorities across all ages and under-served groups.**

Answered: 14 Skipped: 0

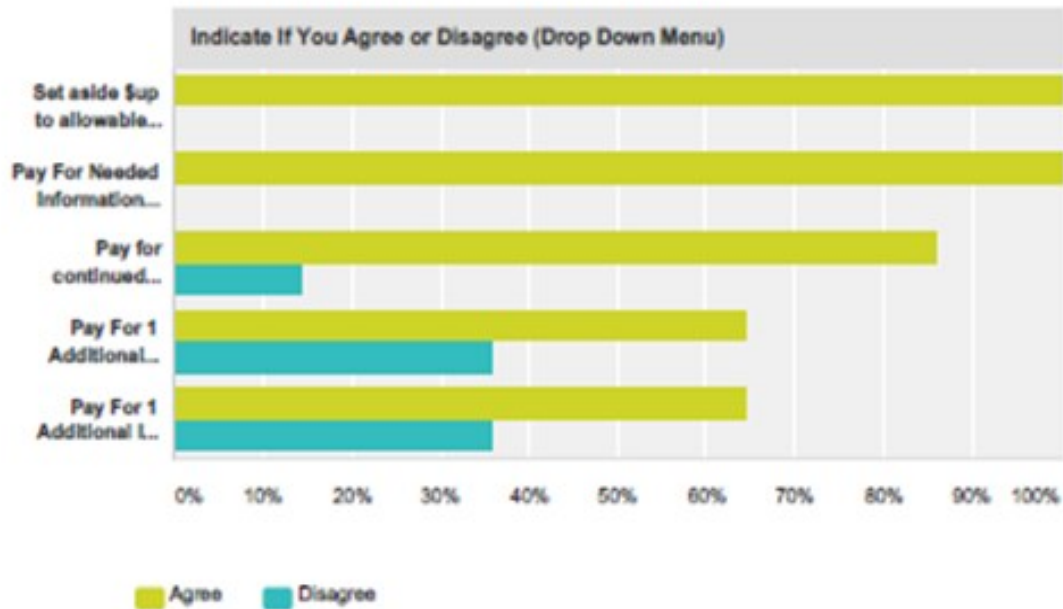


# Appendix

## Steering Committee Survey Results

### Q3 Infrastructure Requests. Please Indicate if you agree with the use of funds as follows (Note: Approval to move forward will be determined by 50% plus one of raters marking 'agree' per item rated)

Answered: 14 Skipped: 0



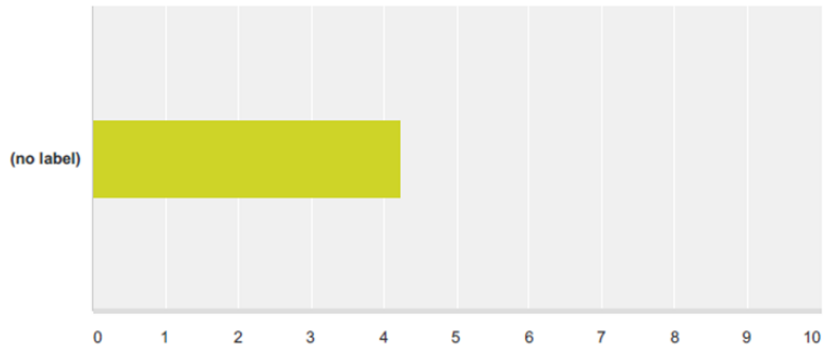
Indicate If You Agree or Disagree (Drop Down Menu)			
	Agree	Disagree	Total
Set aside \$up to allowable cap in prudent reserves in case of economic downturn and decreased Prop 63 funds	100.00% 14	0.00% 0	14
Pay For Needed Information Technology required upgrades and user licenses (Electronic Health Record used for charting and billing)out of CSScomponent as allowed by MHSA statutes	100.00% 14	0.00% 0	14
Pay for continued workforce and education training out of CSScomponent as allowed by MHSA statutes	85.71% 12	14.29% 2	14
Pay For 1 Additional MHSASTaff To Provide Support with Program Development, Contracting, and Increasingly Complex Administrative and Performance Requirements from Mental Health Oversight and Accountability Commission. (~150,000/year)	64.29% 9	35.71% 5	14
Pay For 1 Additional IT Staff member to support increased data necessary to evaluate and monitor system transformation goals and improve system transparency in terms of access, utilization, performance, resource allocation, etc. (~150,000/year)	64.29% 9	35.71% 5	14

# Appendix

## Steering Committee Survey Results

### Q4 I feel this process was fair and equitable, and I felt heard and respected

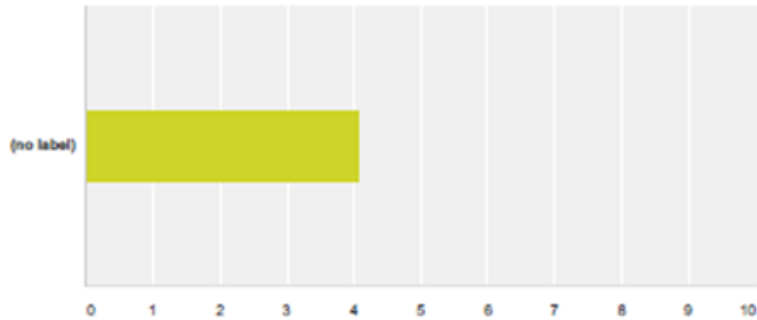
Answered: 13 Skipped: 1



	Not at all	Slightly	Somewhat	very	Very much	Total	Weighted Average
(no label)	0.00% 0	0.00% 0	7.69% 1	61.54% 8	30.77% 4	13	4.23

### Q5 I was given enough tools and information to participate and represent the community stakeholder feedback

Answered: 14 Skipped: 0



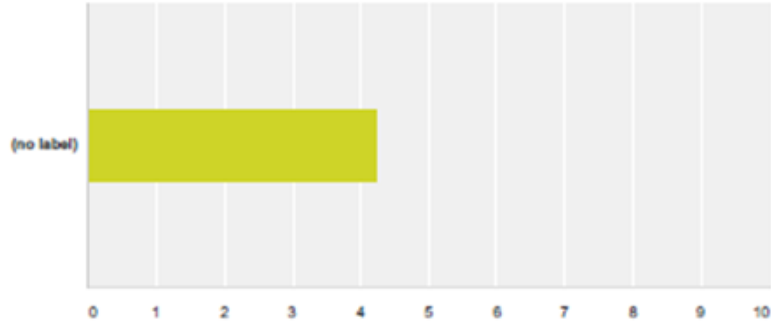
	Not at all	Slightly	Somewhat	very	Very much	Total	Weighted Average
(no label)	0.00% 0	0.00% 0	7.14% 1	78.57% 11	14.29% 2	14	4.07

# Appendix

## Steering Committee Survey Results

### Q6 I Am Interested In Remaining On The Steering Committee for the Next 3-Year Period

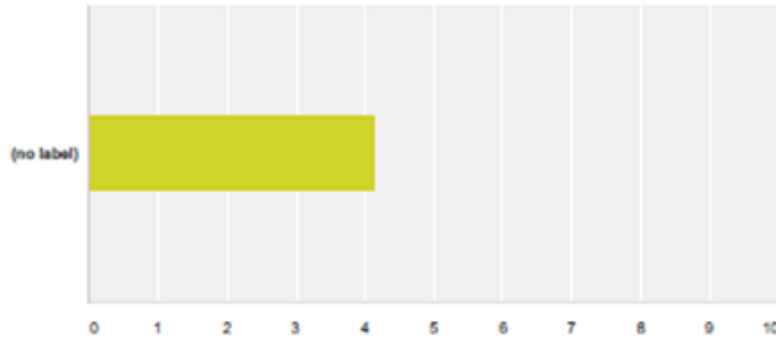
Answered: 14 Skipped: 0



	Not at all	Slightly	Somewhat	very	Very much	Total	Weighted Average
(no label)	7.14%	0.00%	7.14%	35.71%	50.00%	14	4.21
	1	0	1	5	7		

### Q7 I Understood The Information Presented To Me

Answered: 14 Skipped: 0



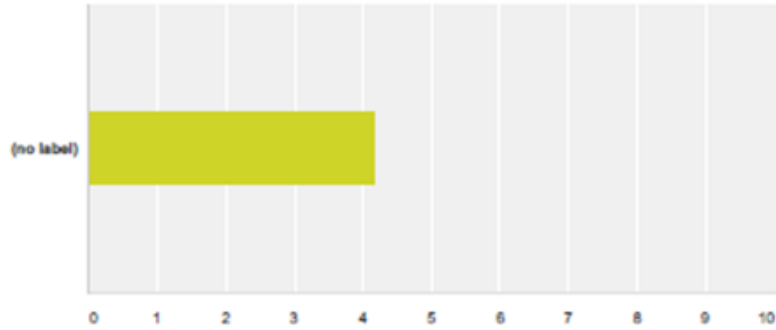
	Not at all	Slightly	Somewhat	Very	Very much	Total	Weighted Average
(no label)	0.00%	0.00%	14.29%	57.14%	28.57%	14	4.14
	0	0	2	8	4		

# Appendix

## Steering Committee Survey Results

### Q8 I Believe The Steering Committee Worked Well

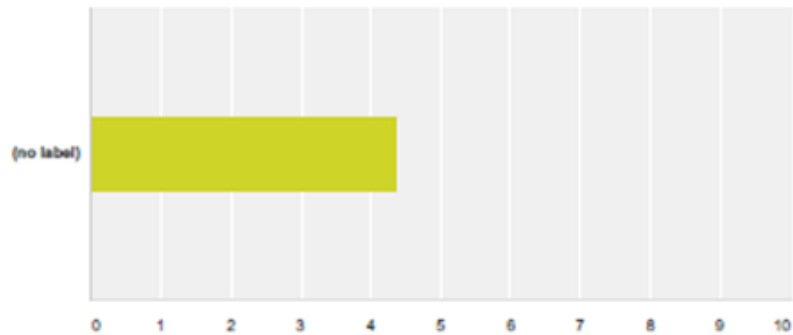
Answered: 13 Skipped: 1



	Not at all	Slightly	Somewhat	Very	Very much	Total	Weighted Average
(no label)	0.00% 0	0.00% 0	7.69% 1	69.23% 9	23.08% 3	13	4.15

### Q9 The Service Priority Lists (Rounds 1 & 2) Match The Service Priorities Identified By The Steering Committee's Work

Answered: 14 Skipped: 0



	Not at all	Slightly	Somewhat	Very	Very much	Total	Weighted Average
(no label)	0.00% 0	0.00% 0	14.29% 2	35.71% 5	50.00% 7	14	4.36

# Appendix

## Public Comments

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The following public comments were received during the 30-day public comment period.

### **Public Comment Received 11/29/16**

I apologize but is there no proposed change to the school-based programs for the new contract? I see that the CNP [Children's Nurturing Project] contract is ended and A Better Way [contract] expanded but for the upcoming years I do not see an additional contractor for services other than A Better Way?

### **County Response**

You are correct that the CNP contract was terminated and the A Better Way contract was expanded. In addition to those changes, Solano County Behavioral Health (SCBH) also entered into direct contracts with both: Rio Vista Care, Inc. to serve students in the Rio Vista community; and Solano County Office of Education (SCOE) to act as a liaison for SCBH and the school-based contractors to determine which school sites clinicians will be placed in and to assist with determining the referral process. Additionally SCOE will provide trainings for school personnel and parents and will facilitate prevention workshops for students. We built in moderate increases for the school-based programming over the next MHSA 3-Year Plan and will award the increased funding to providers with whom we have contracts with.

### **Public Comment Received 12/04/16**

How soon do you foresee the Mobile Crisis Team being put in place & operating?

### **County Response**

This is a new program service of which SCBH will need to adhere to the County procurement process including an RFP process which we anticipate to be released in March or April of 2017. SCBH anticipates the program being implemented sometime during fiscal year 2017/2018.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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### **Mental Health Advisory Board (MHAB) Meeting: Public Hearing held 12/20/16**

The following comments or questions were received during the public hearing held at the local Mental Health Advisory Board following a power point presentation that included information about the Annual Update FY 2016/17 and the proposed changes/new programs to be included in the new MHSA Three-Year Integrated Plan FY 2017/18-2019/20. The County responses listed here include the verbal response provided during the hearing as well as an expansion of information to fully address the comments/questions raised.

- **MHAB Member Comment**

How long have you been in contract with BACS [Bay Area Community Services]?

**County Response**

SCBH has been in contract with BACS since 8/01/2014 to provide the Relapse Prevention and Crisis Aftercare service outlined in the Community Services and Supports section of the plan.

- **MHAB Member Comment**

Did you encounter resistance from the school districts to have the Mental Health Department and A Better Way [contractor] in the schools? The three schools that I visited had no idea about A Better Way [services]. So that tells me that they're not visible.

**County Response**

SCBH partnered with SCOE and the school districts to offer the MHSA funded school-based services. We targeted primarily Title 1 schools in order to ensure that the MHSA services were offered in school sites that represent students from unserved/underserved communities. The school districts were receptive to services and worked collaboratively to identify selected sites to co-locate clinicians. The MHSA funded school-based contractors are not co-located at each school across the County. Each school district has hired their own staff to deliver mental health services in the schools which is new this year. As such, the County worked with each school district to select a limited number of school sites that they identified as having needs that would be unmet by their own staff and/or would need additional support above and beyond what the school district could provide. Additionally each school district has identified a referral process whereby students can be referred for the MHSA funded school-based mental health services. Typically students who are identified for Student Study Teams (SST) are referred to the MHSA funded school-based mental health services, therefore the services are not necessarily made available to each student.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Comment**

There is a huge focus on innovation. I'm excited to be hearing about what that innovation process looks like. As far as Avatar [the County's electronic health record], are the local emergency departments going to have access to that [system] to ensure continuity of care?

**County Response**

We will be sharing information using the Health Information Exchange (HIE) platform which will allow for the sharing of limited information, however the local emergency rooms will not have full access to Avatar.

- **MHAB Member Comment**

Regarding [the presentation on] mobile crisis [model], was there a rationale for going to Arizona as opposed to going to one of our local counties that already has mobile crisis?

**County Response**

This model was identified by the Fairfield Police Department (FPD) after members of the FPD attended a national Crisis Intervention Training (CIT) conference and participated in a session whereby this model was presented. Their feedback was that they had previously been exposed to a lot of models and this particular model really stood out to them as being a successful model that could be implemented in our community. The FPD partnered with SCBH to organize the presentation that was held in Fairfield and all local law enforcement departments were invited to attend. Additionally this mobile crisis model has reported that 75% of crisis calls resulted in individuals being stabilized in the community which significantly decreased the utilization of local emergency rooms, crisis stabilization units and inpatient facilities.

- **MHAB Member Follow-up Comment**

I've heard good things about the Arizona program.



# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Comment**

The “No Place Like Home” initiative basically is that the County writes the grant and then contracts to have something built. What funds will maintain that facility and how does that all work?

**County Response**

The county will be partnering with cities and local agencies to apply for the competitive grant that if awarded to Solano County will be used to provide affordable housing to the target population of homeless individuals or individuals who are at risk of homelessness and who are living with serious mental illness. The housing does not have to be new developments and can instead include rehabbing existing sites. The County must commit to provide 20 years of supportive services to include mental health services and the coordination of referrals to other services. The grant will fund a portion of this and then SCBH will fund the rest. It is possible that MHSA funds will be used as the local match in the event that we become a grantee. Given the competitive nature of “No Place Like Home” grant process there is no guarantee that the County will be awarded the funds.

- **MHAB Member Comment**

What happened to the prepaid beds at the Mission Solano? Is it possible for us as a Board to find out what happened with Mission Solano?

**County Response**

MHSA funding is not being used to pay for the Mission Solano prepaid shelter beds. Rather funding from Health and Social Services was allocated to the Mission Solano project. SCBH agreed to report back to the MHAB the status of the Mission Solano project at a later date.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Comment**

I liked all the data that was collected. I know it takes a lot of dedication and time. I, also, like all the outreach you've done to the Arizona program. I'm happy with how it's looking.

### **County Response**

Thank you for the acknowledgement of the good work that the MHSA funded programs are doing in our community to better the lives of those living with mental illness as well as the preventative work being done to combat stigma and to reach our unserved/underserved communities.

- **MHAB Member Comment**

Sometimes when folks are in jail they lose their benefits for 60 days. Some are released from jail at night. They don't have a place to go and they have no money. Even the prison system has a transitional program for early release that provides housing and other support. Do we have anything in our plan for something like that?

### **County Response**

Currently MHSA funding is being used to leverage a Mentally Ill Offender Crime Reduction (MIOCR) grant that the Solano County Sheriff Department was awarded. The MHSA funding supports a reentry program which includes the provision of assessment, treatment and case management post-release for individuals identified as having a mental health condition. The program follows individuals and helps them get their benefits reinstated. Additionally the County - operated adult forensic Full Service Partnership (FSP) program serves individuals with planned releases from local jails. This program provides intensive treatment and case management which includes assisting individuals in getting their SSI reinstated, linkage to substance abuse treatment, vocational rehab services, etc. Additionally FSP programs have access to additional funding allocated to consumer supports which can be used to pay for housing for consumers who are homeless or at risk of becoming homeless.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Follow-up Comment**

There are folks that come to us [Circle of Friends] that have been bailed out in the last 24 hours that are homeless. I'm dropping them off at churches. They don't have any place to go and no money for a hotel.

**County Response**

The MIOCR program, funded in part by MHSA, is serving a portion of those individuals—though a small percentage—and unfortunately there were other priorities identified during the community stakeholder process therefore the funding for the MIOCR project was not increased. The County highlighted the importance of attending future MHSA community stakeholder meetings to identify the need to expand services for the adult forensic population.

- **MHAB Member Follow-up Comment**

Is the reentry program money serving the AB109 [population] or are they one and the same?

**County Response**

There may be some individuals who are AB109 early release status served by the MIOCR program and the MHSA funded County-operated adult forensic FSP serves the AB109 population.

- **MHAB Member Comment**

They have the judicial system for the veterans [Veteran's Court] and I know they are working on the mentally ill aspect [Mental Health Court]. Are you working on that in the [MHSA] plan?

**County Response**

SCBH administration and management level staff are participating in the planning for the new Mental Health Court grant project. MHSA is not currently funding the Mental Health Court initiative.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Comment**

The [MHSA] plan is very well written. You state very clearly that you want evidence-based programs, but I don't see a lot of outcomes. We put money into programs that sound good and feel good and sound like they should do what we want them to do, so maybe in the plan we should be setting up expectations for what we want to see. Then when we look at it next year we can tell if we were successful. I think we all want us to spend money on the programs that are proven effective. I would like to see the inclusion of more expectations and outcomes.

### **County Response**

The Annual Update FY 2016/17 is a review of services rendered during FY 2015/16. There are a number of the MHSA funded programs that do utilize evidenced-based models and/or utilize measures to monitor progress in treatment. In the Annual Update report performance outcomes are included for those contractors that had consistent data collection/reporting systems, however in the future SCBH will make efforts to include more of that information in the power point presentation. The SCBH MHSA unit continues to make efforts to move towards more performance-based contracting including—when appropriate—requiring the use of evidence-based treatment models. Additionally the SCBH MHSA Unit is working collaboratively with our county-operated and contractor-operated MHSA funded programs to identify 2-3 meaningful key measureable performance deliverables that can be tracked and reported out.

Currently on a monthly basis contractors report to the SCBH MHSA Unit numbers served based on the scope of the contract and on biannual and annual basis programs report information regarding the impact of the program services. That being said, an area of improvement is ensuring that all MHSA vendor contracts include specific language related to tangible deliverables around performance outcomes. SCBH is currently collaborating with our vendors to amend contracts to better identify the performance measures and data collection/reporting cycles. Additionally we are providing technical support to our contractors—particularly the smaller organizations—to ensure that they have an internal mechanism to track and report out deliverables routinely.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Comment**

As far as the schools, I come to this board as a consumer, as a parent of children with mental health disabilities and I know of none of these programs in Vacaville. This is the first time I have heard about some of these programs. I have not been made aware of them through the school that my child attends. It should be a goal to be more visible in the schools.

### **County Response**

To reiterate each school district has identified a referral process whereby students can be referred for the MHSA funded school-based mental health services. Typically students who are identified for Student Study Teams (SST) are referred to the MHSA funded school-based mental health services, therefore the services are not necessarily made available to each student. The County is working with the school districts to provide some general information about the MHSA funded school-based mental health services and stigma reduction efforts that could be disseminated to the parents with standard mailers that go out.

- **MHAB Member Comment**

I really appreciate that the mobile crisis issue is being addressed, but can we put some data to it? I would like to know how many days you are going to effect by in the emergency departments with your mobile crisis. Can we get how many avoidable days we've created by implementing this new mobile crisis program?

### **County Response**

SCBH has a goal to utilize the mobile crisis program to stabilize individuals in the field and anticipate that this will decrease the use of local emergency departments (ED), the crisis stabilization unit (CSU) and inpatient facilities. Additionally the MHSA Annual Update and new Three-Year Plan includes funding for law enforcement—particularly in Southern and Northern Solano County—to request ambulance transport to the CSU to avoid taking individuals to EDs. To reiterate the model we hope to implement has a high success rate, 75% of crisis calls resulted in individuals being stabilized in the community. That being said, the mobile crisis service will not be a 24/7 service but rather will be a 12-16 hour shift based off highest utilization of law enforcement responding to situations involving individuals experiencing a mental health crisis.

# Appendix

## Public Comments—Public Hearing 12/20/2016

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- **MHAB Member Follow-up Comment**

I know that there is a finite amount of resources so can we get measurement that what you're doing is having the desired effect? Can that information get reported to us?

**County Response**

SCBH will track data related to ED, CSU and inpatient utilization for at least 3 months prior to initiating the intervention of mobile crisis so we can measure the impact of this new service. SCBH can report back the findings to this MHAB.

- **MHAB Member Comment**

I think that these individual providers should be coming up with the evidence of what they said they were going to do and the outcomes. Maybe they could come to this meeting and report on what they plan to do and their deliverables.

**County Response**

SCBH is currently collaborating with our vendors to amend contracts to better identify the performance measures and data collection/reporting cycles. SCBH is in the process of conducting quarterly snapshots of contract performance to enhance our contract management process. SCBH will encourage our MHSA contractors and county-operated programs to include a report out performance outcomes when they are invited to present to the MHAB.

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