

FY2024/25 ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

SOLANO HEALTH & SOCIAL SERVICES DEPARTMENT
SOLANO COUNTY BEHAVIORAL HEALTH DIVISION

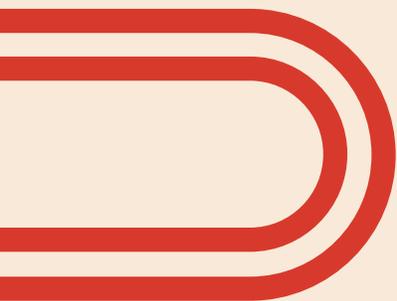


WELLNESS • RECOVERY • RESILIENCE

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BOS Minute Order

MESSAGE FROM THE DIRECTOR

Solano County, like many communities across California, continues to navigate a growing mental health crisis influenced by a range of social, economic, and global stressors. The Mental Health Services Act (MHSA) remains a vital framework for ensuring that our community receives equitable, accessible, and culturally responsive mental health care. As individuals and as a system, it is essential that we continue to recognize the signs of stress, support one another, and foster a wellness centered approach across all levels of care.

Despite the challenges, Solano County Behavioral Health remains committed to advancing systemwide MHSA goals. Over the past year, our teams have worked diligently to expand prevention and early intervention programs, strengthen peer support services, and increase outreach efforts in historically underserved communities. One of our most significant accomplishments has been the full-scale relaunch and 24/7 operation of our Mobile Crisis Services, including a community line to support real-time responses to behavioral health crisis.

We are also preparing for the upcoming implementation of California's Behavioral Health Transformation through Proposition 1. In the coming months, we will be working to understand how these changes will impact our local system of care and we will be identifying opportunities to align our services with state-level priorities. As this work progresses, we are committed to keeping community members informed and engaged, ensuring transparency and collaboration every step of the way.

I encourage every one of us to continue prioritizing mental health – both individually and collectively. Solano County Behavioral Health provides a wide range of services that support community wellness, including therapy, peer support, suicide prevention, and housing supports. When we care for ourselves, we strengthen our ability to serve others and to build a more resilient and connected Solano County.

Let us continue fostering open dialogue about mental health, promoting seeking help as a sign of strength, and working together to ensure that no one is left behind. Thank you for your ongoing dedication to this mission and for the role you play in uplifting our community.

Sincerely,

Jennifer Mullane

Jennifer Mullane, LPCC, M-RAS
Chief Deputy, Behavioral Health Division
Solano County Health & Social Services Department

LAND ACKNOWLEDGEMENT



We should take a moment to acknowledge the land on which we are gathered. For thousands of years, this land has been the home of the Native American tribes of the Suisune, the Patwin of the Wintun tribes, Miwuk, Karkin Ohlone, Yoche Dehe, and the countless other California tribes that are the original stewards of this land. We honor Solano County's ancestral grounds.

We recognize the history of genocide and continued inequities experienced by the Native American People in Solano County. The forced cessation of Native Americans on this land is an open wound. We would like to acknowledge the displacement and lost lives due to colonization and ongoing disparities. We honor those who have passed and those who continue to maintain the traditions of this vibrant culture that benefit us today.

Pronunciation guide:

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

INTRODUCTION

Inclusion Statement

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

INTRODUCTION

About SCBH

Mission Statement

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

Vision Statement

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

Core Values

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

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

Purpose of The Annual Update

The purpose of this document is to provide the SCBH Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024-2025, which is a review of services and programs rendered during Fiscal Year 2023-24, including Community Services and Supports (CSS) program/strategies, Prevention and Early Intervention (PEI) programs/strategies, Innovation projects, Workforce Education and Training (WET) initiatives, and Capital Facility/Technology Needs (CF/TN) projects.

Important Definitions

- **Mental illness:** Health condition that involves changes in emotion, thinking or behavior (or a combination of these); can be associated with distress and/or problems functioning in social, work or family activities (American Psychiatric Association, 2022)
- **Any mental illness (AMI):** Categorization for adults 18 and older who currently have, or at any time in the past year have had, a diagnosable mental, behavioral, or emotional disorder, regardless of the level of impairment in carrying out major life activities (California Health Care Foundation, 2022)
- **Serious mental illness (SMI):** Categorization for adults 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral or emotional disorder resulting in functional impairment that interferes with or limits major life activities (California Health Care Foundation, 2022; Substance Abuse and Mental Health Services Administration, 2024)
 - SMIs include conditions like bipolar disorder, major depressive disorder, and schizophrenia (Substance Abuse and Mental Health Services Administration, 2024)
- **Serious emotional disturbance (SED):** Categorization for individuals under the age of 18 who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities (Substance Abuse and Mental Health Services Administration, 2024)

Mental Health Affects Everyone

Mental health is an important part of overall health and well-being, yet mental illness affects millions of people and their families nationwide.

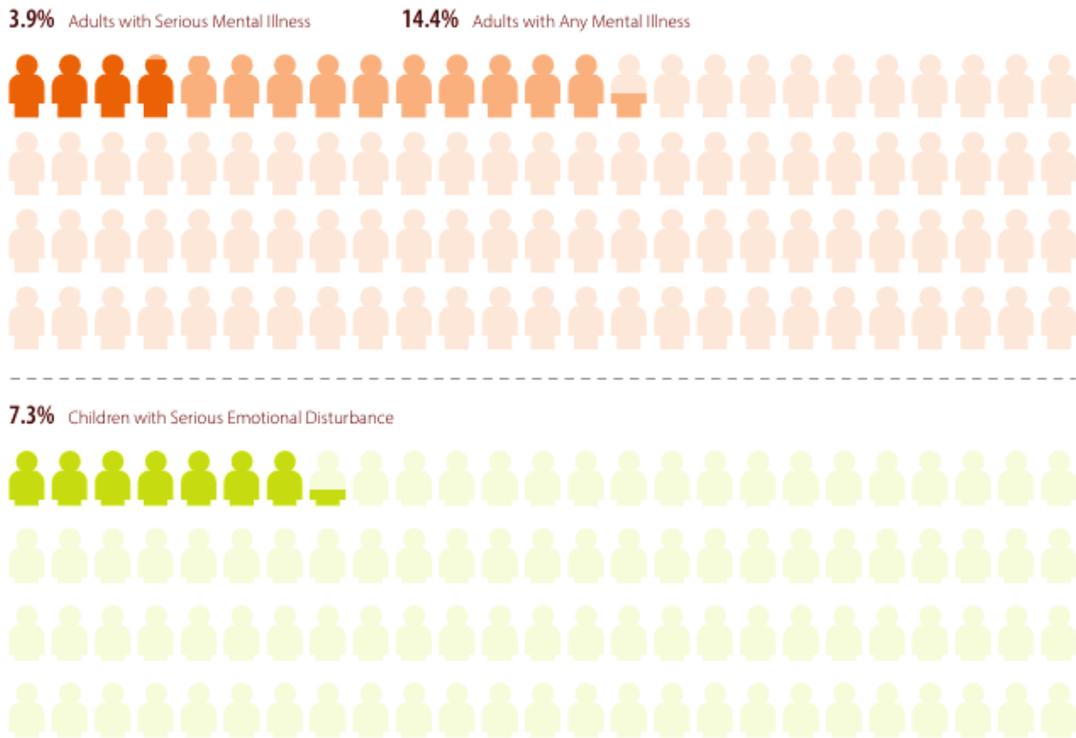
According to the California Health Care Foundation's 2022 Mental Health Almanac, mental illnesses are among the most common health conditions faced by Californians:

- Nearly one in seven California adults experience a mental illness;
- One in twenty-six California adults experience a serious mental illness that makes it difficult to carry out daily activities; and
- One in fourteen children has an emotional disturbance that limits functioning in family, school, or community activities.

Incidence of Mental Illness

Adults and Children, California, 2019

PERCENTAGE OF POPULATION



California Health Care Foundation, *Mental Health Almanac*, 2022

Mental illness causes devastating personal suffering among individual and their families, and imposes financial burdens on taxpayers, state, and county services. Unrecognized, untreated, or inadequately treated mental illness can result in the development of disabling mental health conditions, an increase in suicide deaths, and staggering public costs related to health care, psychiatric hospitalizations, incarceration, homelessness, and other public services.

About Proposition 63 – Mental Health Services Act

In November 2004, California voters passed Proposition 63 (or Prop 63), the landmark Mental Health Services Act (MHSA), imposing a 1 percent tax on annual personal incomes in excess of \$1,000,000 to transform how mental health services were being delivered throughout the State. Moving away from a crisis-driven system of care, Prop 63 provides the funding and frameworks to focus on prevention, early intervention, and wellness, and to expand services to previously underserved populations and diverse, often marginalized communities.

MHSA calls for each county to create a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery for all age groups from birth to the end of life. MHSA was written in partnership between community leaders, advocates, individuals affected by mental illness, and their families. Under MHSA, which was implemented in 2005 and was superseded by another proposition most recently in March 2024, funds were distributed to counties to expend pursuant to a local Mental Health Plan for specific purposes.

The five MHSA components included the following:

1. Community Services & Supports (CSS)

CSS is the largest funding component of MHSA (representing 76 percent of the annual allocation) and intends to expand and transform services for children, youth, adults, and older adults living with serious mental health conditions, with an emphasis on culturally responsive and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration, and the integration of services.

CSS services included Full Service Partnership (FSP) programs, of which 51 percent of the CSS funding is mandated. CSS component also includes General Systems Development (GSD) programming, which enhances the behavioral health system of care, and Outreach and Engagement activities to increase access of mental health services to unserved/underserved communities in Solano. CSS funds are also used to fund housing support services for mental health consumers with serious mental health conditions.

Up to 5 percent of the annual CSS funding can be used to support a robust Community Program Planning Process (CPPP) involving community members. Additionally, up to twenty percent of CSS funding can be transferred to support initiatives related to workforce development, building infrastructure, and/or the Prudent Reserve account; up to 20 percent of the annual CSS funding are allowable towards transfers of these nature.

2. Prevention & Early Intervention (PEI)

PEI funds (representing 19% of the annual allocation) are intended to reduce stigma and discrimination associated with mental illness and provided preventative and early intervention services for individuals with mild to moderate mental health conditions in an effort to avert mental health crises and the development of more severe disabling mental illnesses. Countywide stigma reduction and suicide prevention activities are also funded through PEI funding.

51 percent of the PEI funding must be used for programs and services dedicated to children and youth under the age of twenty-five. An Annual PEI Report and a PEI Three-Year Analysis Report are mandated, per PEI regulations amended in 2016 and 2018.

3. Innovation (INN)

INN funds (representing 5 percent of the annual allocation) are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to contribute to increasing access to underserved groups, to improve the quality of services, to demonstrate better outcomes, to promote interagency collaboration and the sharing of lessons learned.

Each INN project requires a separate CPP process, a separate Plan, and must be approved by the state Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the project commencing. Additionally, an annual INN report is required for each project and at the end of the project, a comprehensive evaluation must be made available to the public and submitted to the state. INN projects generally run for three years and can run up to five years, with special approval from the MHSOAC.

The MHSOAC was renamed the Commission for Behavioral Health (CBH) in January 2025, following the 2024 passing of Proposition 1 Behavioral Health Services Act.

4. Workforce Education & Training (WET)

WET funds are used to develop and grow a diverse, linguistically, and culturally responsive mental health workforce. The focus includes the training of existing providers in evidence-based practices and best practices models; increasing the diversity of individuals entering the mental health field; training community partners that serve a shared consumer population; and promoting the training and employment of consumers and family members to further promote the value of wellness and recovery. WET funds were only made available for the first ten years of MHSA funding, therefore there has been no new WET funding since 2014. With the community's endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the

workforce, provided the current MHSA Three-Year Plan or Annual Update includes content addressing an identified need and how the funds will be used.

5. Capital Facilities & Technological Needs (CF/TN)

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

Prudent Reserve

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

MHSA Core Values

- Community collaboration and involvement, including consumers and family members, to develop a shared vision for behavioral health services.
- Provision of services that are culturally and linguistically responsive, and effectively serve all consumers, including those from unserved or underserved communities.
- Community education to combat stigma and to reduce suicide risk.
- Consumer and family driven programs that empower individuals in their 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.

Overview of Proposition 1 - Behavioral Health Services Act

In March 2024, California voters passed Proposition 1 (or Prop 1), establishing the Behavioral Health Services Act (BHSA) on the foundation of the state's landmark Prop 63 Mental Health Services Act, which passed in 2004.

Prop 1 impacts how Californians access mental health services and substance use disorder treatment in their communities. Prop 1 reforms the funding for behavioral health care services to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. Additionally, Prop 1 enhances accountability and transparency, and increases the capacity of behavioral health care facilities to serve consumers.

Two legislative bills created the language included in Prop 1:

- [Senate Bill 326](#) (SB326): Initiates restructuring of the Mental Health Services Act to Behavioral Health Services Act, altering the framework for funding allocation; and
- [Assembly Bill 531](#) (AB531): The Behavioral Health Bond Act facilities additional housing to expand behavioral health treatment beds and housing options.

Eligibility Criteria & Priority Populations

The eligibility criteria for BHSA services includes those who:¹

- Meet Medi-Cal specialty mental health services (SMHS) access criteria and implemented in SMHS guidance (includes individuals 21-25 years of age who meet this criteria), or
- Meet SMHS access criteria and implemented in Department Health Care Services (DHCS) guidance (only applies to individuals 26 years of age or older) or
- Have at least one diagnosis of a moderate or severe substance use disorder from the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for substance-related and addictive disorders, with exception of tobacco-related disorders and non-substance-related disorders.

While counties must prioritize populations listed below, access to BHSA services is not limited to these priority populations:

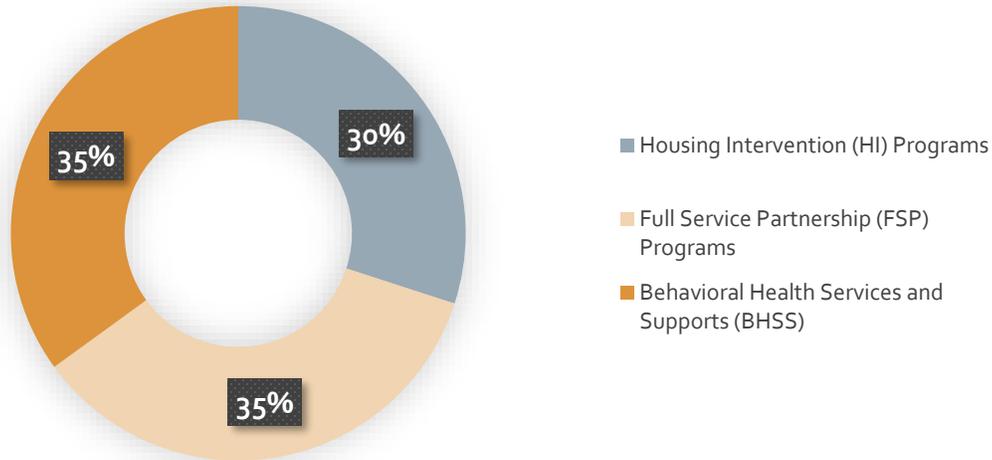
- Chronically homeless or experiencing homelessness or at risk of homelessness
- In, or at risk of being in, the justice system
- Re-entering the community from a youth correctional facility, state prison, or county jail
- In the child welfare system pursuant to Welfare & Institutions Code sections
- At risk of institutionalization
- At risk of conservatorship

¹ BHSA eligible populations are not required to be enrolled in the Medi-Cal program to receive services.

BHSA Funding Categories

The new BHSA components are as follows:

BHSA Funding Allocations



Housing Intervention (HI) Programs

50 percent of the HI funds will be directed towards housing interventions for people who are chronically homeless, with a focus on encampments. No more than 25% of funds will be used for capital development projects.

Full Service Partnership (FSP) Programs

There are no sub-allocations for the FSP allocation. Funds may only be used towards individuals enrolled in a FSP program.

Behavioral Health Services and Supports (BHSS)

At least 51 percent of the BHSS funds will be used exclusively for early intervention programs. The notable shifts in the behavioral health funding as a result of BHSA benefit the following High Need Priority Populations:

- Serious mental health and substance use disorder treatment
- Those who are at risk of or are experiencing justice and system involvement, homelessness, and institutionalization, and
- Early intervention for children, families, and youth with mental health conditions or substance use disorders

Behavioral Health Infrastructure Bond Act of 2023

Prop 1 authorizes a statewide Behavioral Health Infrastructure Bond Act of 2023 (or Behavioral Health Bond) to create mental health and substance use treatment beds, and housing with supportive services for unhoused Californians with behavioral health challenges.

The Behavioral Health Bond authorizes \$6.38 billion in bonds to finance behavioral health treatment beds, supportive housing, community sites, and funding for housing Veterans with behavioral health needs:

- \$4.4 billion will be administered by the Department of Health Care Services of California for grants to public and private entities for behavioral health treatment and residential settings.
 - \$1.5 billion of the funds will be awarded to counties, cities, and tribal entities, with \$30 million set aside for tribes.
- The remaining \$1.98 billion will be administered by the California Department of Housing and Community Development to support permanent supportive housing for individuals at risk of or experiencing homelessness and behavioral health challenges.
 - Of this amount, \$1.065 billion will be dedicated towards Veterans.
- These efforts will leverage effective existing programs, including the Behavioral Health Continuum Infrastructure Program, Project Homekey, and Veterans Housing and Homeless Prevention Program.

BHSA Changes to MHSA

Changes to the following are hallmarks of the new BHSA guidance:²

1. Population-based prevention programming,
2. Workforce investments to expand a culturally competent behavioral health workforce, and
3. Oversight and monitoring to increase transparency.

MHSA Three-Year Plans are replaced by BHSA Integrated Plans, which report planned activities and projected expenditures for all county behavioral health department services provided under the following funding sources, services, and programs:

- Bronzan-McCorquodale Act (1991 Realignment),
- 2011 Realignment
- Medi-Cal behavioral health programs (including Specialty Mental Health Services, Drug Medi-Cal, and Drug Medi-Cal Organized Delivery System),
- Federal block grants (including Community Mental Health Services Block Grant or MHBG, Substance Use Prevention, Treatment, and Recovery Services Block Grant or SUBG, and Projects for Assistance in Transition from Homelessness or PATH),
- BHSA funds, and
- Any federal, state, or local funding directed towards county behavioral health department services (including commercial/private insurance, opioid settlement funding, County General Fund, grant revenue, other.)

² BHSA does not support local population-based prevention programming and involuntary treatment.

SOLANO COUNTY DEMOGRAPHICS



Solano County is located along Interstate 80 between San Francisco and Sacramento. As one of the State's original 27 counties, Solano County is rich in history and offers many resources to the public and the business community. In addition to the unincorporated area, the County serves seven cities: Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo. Solano County is comprised of 913 total square miles.

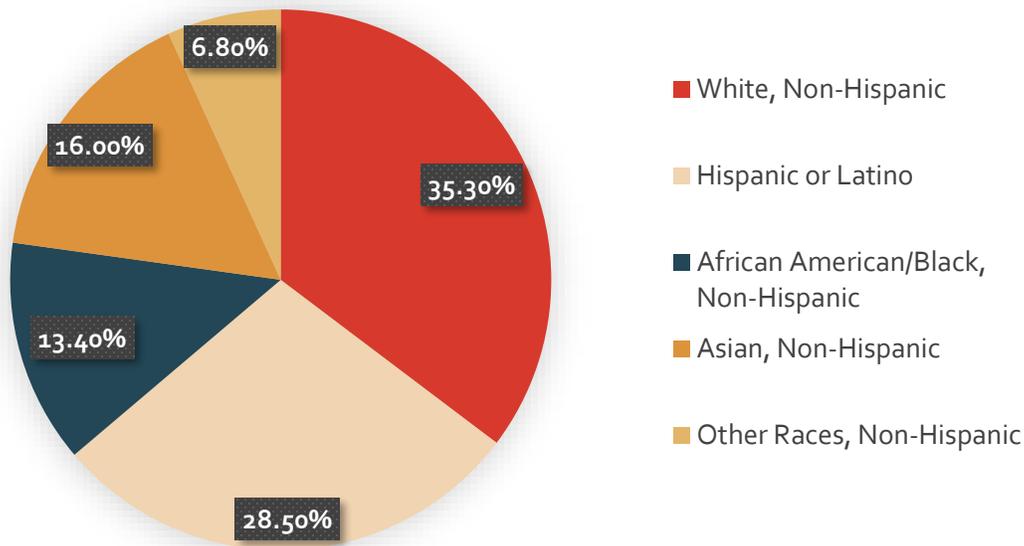
SOLANO COUNTY DEMOGRAPHICS

Population

Located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento, Solano County is home to an estimated 446,426 residents and ranks 19th in terms of population size. Population changes from 2023 to 2024 indicates a moderate increase of 920 residents or 0.2% of the County’s total population. 96 percent of residents live within the County’s seven cities: Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo.³

Solano County is rich in its diverse variety of cultures and landscapes. It is home to some of the nation’s most diverse cities within its borders (Vallejo #1 and Fairfield #8).⁴

Solano County Population, 2024 Year-End Estimates



Source: Solano County FY2024/25 Recommended Budget, Solano County Statistical Profile

Population by City

In 2024, the three most populated cities in Solano County were Vallejo (121,558 residents), Fairfield (120,339 residents), and Vacaville (102,173 residents).

³ Solano County Statistical Profile. (2025, March 17). Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=43023>

⁴ Niche’s 2025 Most Diverse Cities in America (2025, March 24). Retrieved from <https://www.niche.com/places-to-live/search/most-diverse-cities/>

The cities of Vacaville (901), Dixon (343), Fairfield (303), and Suisun City (297) demonstrated the greatest increases in population size from 2023 to 2024, while Vallejo (-662) and Benicia (-222) demonstrated the greatest reductions in this same timeframe. A review of population change data from 2000 to 2020 and 2023 to 2024 indicates that the rate of growth nearly doubled between 2010 and 2020 when compared to 2000 to 2010, and then showed a very low increase between 2023 and 2024.³

Age Groups

In Solano County, the number of young and working adults closely mirrors the national average. Approximately 22 percent of all people living in Solano County are minors below 18 years of age. More than half (61.5 percent) are residents between ages 18 and 64 years of age. Individuals aged 65 years and older represent 16.5 percent of the total population.

Age Groups by Employment Status

Solano Count Estimated Population Change by Decade and 2024 Snapshot

Age Demographic	2020	2024	2030	2060
Younger (19 or Younger)	109,466	103,750	100,513	103,361
Working Age (20 to 64)	266,283	252,763	250,490	288,383
Retiree (65 and older)	76,346	86,166	100,277	120,421
TOTAL POPULATION	452,095	442,679	451,280 (Projected)	512,165

Source: Solano County FY2024/25 Recommended Budget, Solano County Statistical Profile

When comparing 2020 to 2030, the retiree population is projected to increase by 31.3 percent. This estimate is coupled with a 5.9 percent reduction in the working age population and an 8 percent reduction in the younger age group.

When comparing 2030 to 2060, the retiree population is projected to increase by another 20 percent. This estimate is coupled with an 15 percent increase in the working age population and 2.8 percent reduction in the younger age group.

The median age is expected to increase from 37.7 percent in 2020 to 42.8 percent in 2060. Additionally, the aging population will affect the services and needs placed on the County, including statewide and regional planning efforts for the older and aging populations.

Education

26.4 percent of Solano County residents aged 25 years and older have attended some college. 29.8 percent of residents aged 25 and older have earned either an associate and/or a bachelor’s degree. 8.9 percent of residents aged 25 and older have a graduate degree.⁵

Primary Languages Spoken in Solano County

The majority of Solano County residents are multilingual and speak only English. Spanish is considered a threshold language, while Tagalog (Filipino) is a sub-threshold language in the County.

Language Spoken at Home in Solano County	Percent of Total Population
English only	66.2
Spanish	18.6
Asian or Pacific Islander Language	10.9
Other Indo-European Languages	3.6
Other Languages	0.7

Source: United States Census Bureau Solano County 2022

Employment

Prior to March 2020, the unemployment rate in Solano County was relatively stable, ranging from 4.1 percent and 4.6 percent, which is a level considered “full employment” by most economics.³

Most counties were impacted economically by the COVID-19 pandemic health emergency, Solano County included. In April 2020, at the start of the COVID-19 health emergency, the unemployment rate reached an all-time high, peaking at 15.7 percent.

⁵ U.S. Census Bureau, American Community Survey 2018-2022. (2025, March 24). Retrieved from: <https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2022/5-year.html>

In March 2021, the unemployment rate was 7.8 percent, indicating a significant decrease from the previous year. In late February 2023, the health emergency was terminated by the Governor. The unemployment rate was 4.8 percent in 2023, and 5.3 percent in 2024.³

Unemployment Rates (%)	2020	2021	2022	2023	2024
California	5.6%	8.2%	4.2%	4.8%	5.3%
Solano County	5.0%	7.8%	4.6%	4.8%	5.3%
Benicia	3.6%	5.5%	2.8%	3.4%	4.1%
Dixon	5.0%	7.4%	4.5%	3.6%	3.9%
Fairfield	4.8%	7.4%	4.2%	4.6%	5.2%
Rio Vista*	5.0%	9.6%	8.5%	12.2%	13.3%
Suisun City	4.8%	7.5%	4.5%	4.4%	4.8%
Vacaville	4.2%	7.4%	3.8%	4.2%	4.6%
Vallejo	5.1%	8.8%	4.9%	5.0%	5.6%

* The California Employment Development Department reports that the total number of labor force is 3,400, and the total number employed is 3,000. Due to a small population size, there is more variability associated with any estimates being made.

Source: California Employment Development Department, March 2020 to March 2024; 2024 numbers are preliminary

The U.S. Census Bureau reports that the following occupations for Solano County’s workforce, for individuals aged 16 years old and over:⁶

Civilian employed population 16 years and over	Number	Percent
Management, business, sciences, and other arts	73,352	35.1%
Service occupations	41,068	19.6%
Sales and office occupations	45,175	21.6%
Natural resources, construction, and maintenance occupations	21,517	10.3%
Production, transportation, and material moving occupations	28,129	13.4%

The top three industries are as follows: 1. Educational services, and health care and social assistance (22.7 percent), 2. Retail trade (11.7 percent), and 3. Professional, scientific, and management and administrative and waste management services (11 percent).

⁶ U.S. Census Bureau, American Community Survey 2019-2023. (2025, March 25). Retrieved from: <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2023/report.php>

Influx and Outflux of Commuters

The U.S. Census Bureau also reports that only 24.4 percent of those who are employed in Solano County also live within Solano County's borders. 49.5 percent of employed residents commute outside of the County. Finally, 26.1 percent of the workforce live outside of the County.³

Median Household Income

Median Household Income (MHI) is a good indicator of how typical households generate and use income. Per the U.S. Census Bureau, 2024 statistics indicate Solano County ranked as the sixth highest county in MHI, compared to other benchmark counties. 2022 data indicates that Solano County outperformed the State of California's MHI of \$91,905 by \$5,132 (or 5.6 percent).³

Data collected in May 2024 indicates that all benchmark counties experienced a year-to-year increase in MHI. Data collected in 2025 is likely to show a leveling out of MHI for most benchmark counties, as most households received American Rescue Plan Act (ARPA) stimulus funding due to the COVID-19 pandemic health emergency.

Housing

In March 2024, the median home price in Solano County was \$584,950. Compared to State of California and eight greater Bay Area counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, and Sonoma), housing prices in Solano County remain significantly more affordable. Additionally, Solano County ranks second in housing affordability among benchmark counties, second only to Tulare County³, which is located four hours southeast in Central Valley and is home to approximately 483,546 residents.

Solano Cities Median Home Values, Year-Over-Year, March 2023 to March 2024

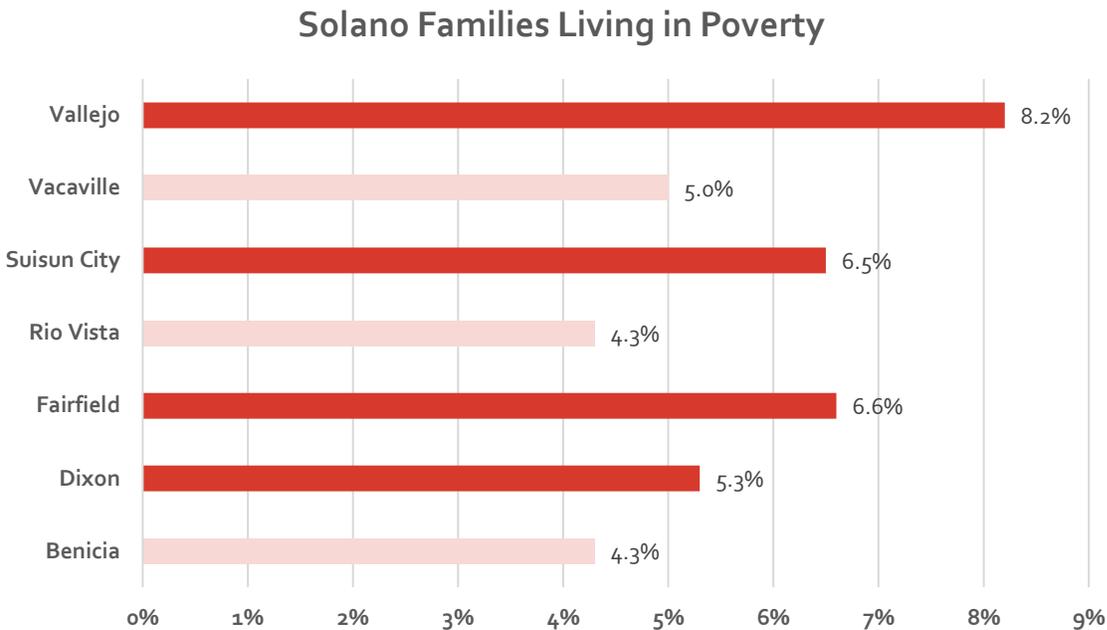
City	March 1, 2023 ¹	March 1, 2024 ¹	March 1, 2025 ²	Change from 2023-2025
Benicia	\$799,000	\$798,000	\$799,000	-
Dixon	\$660,000	\$642,600	\$682,600	+3.4%
Fairfield	\$635,000	\$629,000	\$625,000	-1.6%
Rio Vista	\$459,000	\$487,900	\$479,900	+4.4%
Suisun City	\$537,000	\$546,000	\$568,500	+5.9%
Vacaville	\$615,000	\$634,500	\$615,000	-
Vallejo	\$520,000	\$542,500	\$529,000	+1.7%

Source: (1) The California Association of REALTORS, (2) Realtor.com Median Listing Home Price

Poverty

The U.S. Census Bureau defines the poverty threshold for an average family of two adults and two children living in the United States as having a median annual family income of \$30,900 or less in 2024. The median annual family income for all families living in Solano County is over three times this estimate and is \$110,159 in the same calendar year. However, families still experience poverty and live at or below the federal poverty level in Solano County.

The numbers of households living at or below the federal poverty level varies by Solano County's seven cities, with the highest level represented by Vallejo (8.2 percent), the most populated city in the County, and the lowest level represented by Benicia and Rio Vista (both of which have a rate of 4.3 percent of families living in poverty), though Benicia has a larger population compared to Rio Vista (26,033 versus 10,004 per 2024 estimates).³



Community Health Assessment Survey

In June 2020, the Solano County Public Health Division commissioned the Community Health Assessment (CHA), a community-wide survey that identifies county health issues and emergent trends, to inform decision making and planning. Health needs were identified through two pathways: (1) Primary or secondary quantitative indicators showing racial/ethnic disparities or demonstrating worse performance than a stated goal, and (2) Primary or secondary qualitative indicators gleaned from key informant interviews, group interviews, and focus groups.

Eight health needs emerged as top concerns in Solano County:⁷

1. Economic security
2. Housing
3. Access to care
4. Education
5. Violence and injury prevention
6. Behavioral health
7. Healthy eating and active living
8. Maternal and infant health

The CHA is part of an ongoing broader process of a community improvement process and is developed in preparation for the Community Health Improvement Plan (CHIP), which utilizes CHA data to identify priority issues that affect community health.

Community Health Improvement Plan

In January 2023, Solano County Public Health Division (SPH), the local health jurisdiction, published their most recent Community Health Improvement Plan (CHIP) report, which can be accessed [here](#). SPH developed a new plan to respond to the unique needs of Solano County residents and to engage community members in efforts to promote equity and to achieve the CHIP vision. Using their guiding principles, goals for four strategic issues were identified:

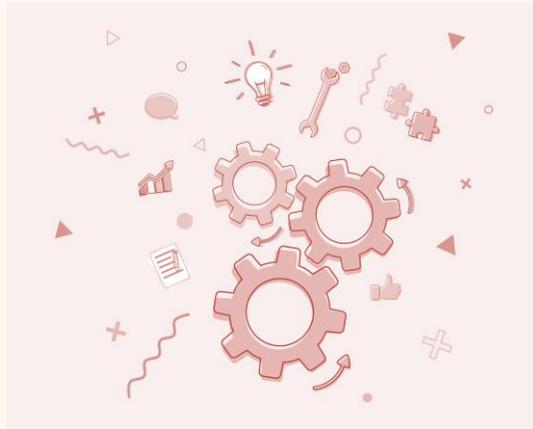
Strategic Issue	Goals
Behavioral Health	Ensure all Solano County residents feel safe, supported, and well in their communities.
Access to Care	Eliminate inequities in access to preventive services and health care across Solano County.
Maternal and Infant Health	Improve the well-being of BIPOC women, infants, children, and families.
Housing Stability	Ensure all Solano County residents have access to safe, stable and affordable housing.

Implementation of the CHIP is driven by the Healthy Solano Collaborative, a group with representatives of organizations and individuals who contribute to the health of the public. Members of the CHIP Steering Committee represent different BHSA stakeholder groups, such as an early childhood organization, youth-focused organizations, local education agencies, a higher education partner, health care organizations, an area agency on aging, a managed care plan, and local emergency medical services.

⁷ Solano County Community Health Assessment Report, June 2020. (2025, March 25). Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=34814>

In compliance with the new BHSA requirements for collaboration with the local health jurisdiction and managed care plans, elements of the local CHA and CHIP will be incorporated into the Integrated Plan for the new three-year cycle for fiscal years 2026 through 2029.

SYSTEM CAPACITY REPORT



Behavioral Health Plan (BHP) System Capacity Report

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

SYSTEM CAPACITY REPORT

BHP Diversity and Equity Plan

Over the last seven years, SCBH has continued to implement the national CLAS (National Standards for Culturally and Linguistically Appropriate Services) Standards, which are a set of fifteen guidelines utilized by health care providers as the benchmark for evaluation and which aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and linguistic responsiveness.

Each county BHP is required to have a Cultural Competency Plan and to update this plan each calendar year. The [Solano County Diversity & Equity Plan Update 2025](#) provides detailed information about Solano County and strategies intended to increase access to care for undeserved and marginalized communities in Solano County, and to ensure the provision of culturally and linguistically appropriate services for all consumers served through the SCBH system of care.

Workforce Equity Survey

Starting in December 2017, SCBH began administering a voluntary annual survey of the BHP workforce to gather data related to the diversity of the workforce – for both County and contractors – to include employees at all levels to assess the cultural and linguistic diversity of the workforce. In addition to monitoring the demographics of the workforce, the survey collects information related to participation in cultural humiliating trainings, job satisfaction, and attitudes towards equity and inclusivity efforts.

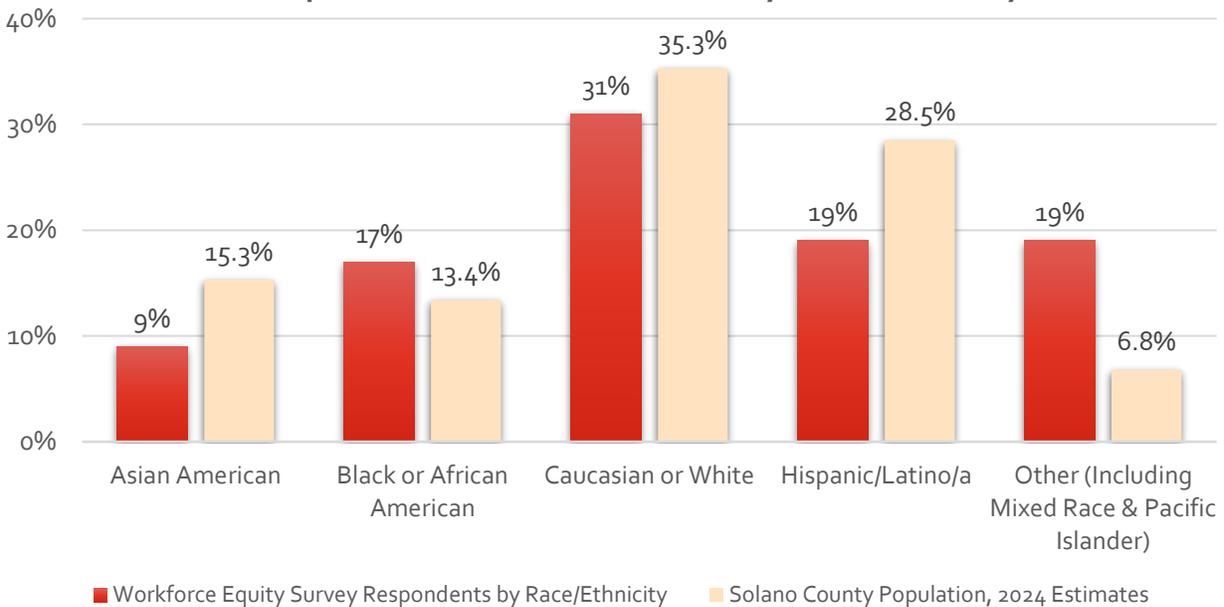
The annual “Workforce Equity Survey” was administered most recently in December 2024, yielding 118 respondents.

Workforce Demographics

The graph below shows the BHP Workforce Survey respondents by race/ethnicity, compared to the County population. Of the 118 respondents, about one third identify as Caucasian or White, followed by one in five identifying as Hispanic or Latino/a. Asians make up 9 percent of the BHP workforce, despite representing 15.3 percent of the County population. The race/ethnicity data was unknown/not reported for 5 percent of the respondents.⁸

⁸ The “Other” column for the Workforce Equity Survey respondents data by race/ethnicity can be further broken down as follows: 15% More than one race, 3% Native Hawaiian or Other Pacific Islander, and 1% American Indian/Alaskan Native.

Workforce Equity Survey Respondents Compared to County Population & BHP Consumers by Race/Ethnicity



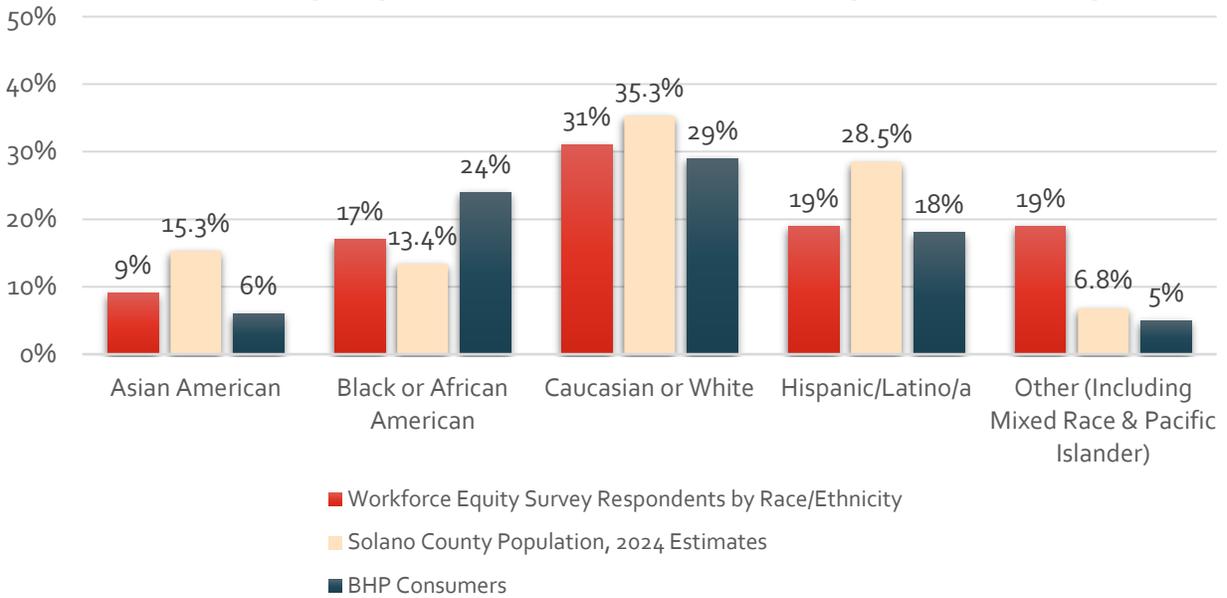
Source: Solano County BHP Workforce Equity Survey FY2024/25

The results reveal a significant underrepresentation of the Asian and Hispanic/Latino/a groups in the workforce relative to their population. Such disparities highlight a need to increase workforce recruitment and representation for these groups.

Disaggregation of the “Other” group provides an additional detail – although only 1 percent of the respondents (1 individual) identified as American Indian/Native Indigenous or Alaskan Native, there were several affiliated staff that indicated affiliation with the following Tribes: Cherokee, Te-Moak Tribe of Western Shoshone, Hopi, Turtle Mountain Chippewa of North Dakota, and Comanche. SCBH revised many of its demographic questionnaires after receiving feedback from local Native American/Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes and distrust for government entities. The data reference above is attributed to the community members that continue to partner with the BHP to ensure the workforce reflects the diversity of the community.

The graph below shows the consumers served by the BHP during calendar year 2024 (blue), compared to the BHP Workforce Survey respondents (red), and compares this data to the County’s population by race/ethnicity (beige).

2024 BHP Workforce Equity Survey Respondents compared to County Population & BHP Consumers, by Race/Ethnicity



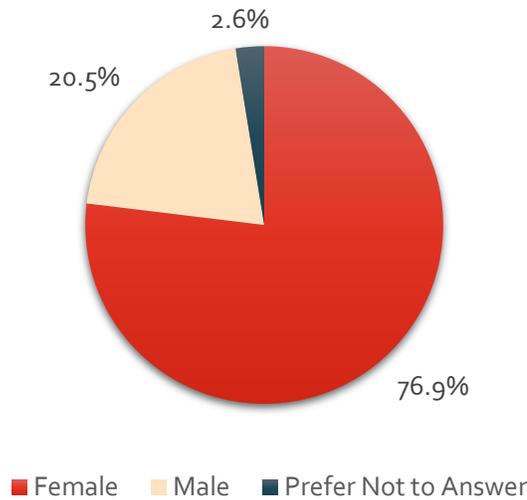
Source: Solano County BHP Workforce Equity Survey FY2024/25

The Black/African American community has a disproportionately higher percentage of consumers compared to their workforce representation, highlighting a need to increase workforce recruitment for this group.

The Asian American population demonstrates a disproportionately lower percentage of consumers compared to the BHP workforce, highlighting a need to increase outreach and engagement to this group.

The survey reveals the BHP workforce is predominantly female (76.9 percent), compared to 20.5 percent male, with minimal representation from other gender identifies.

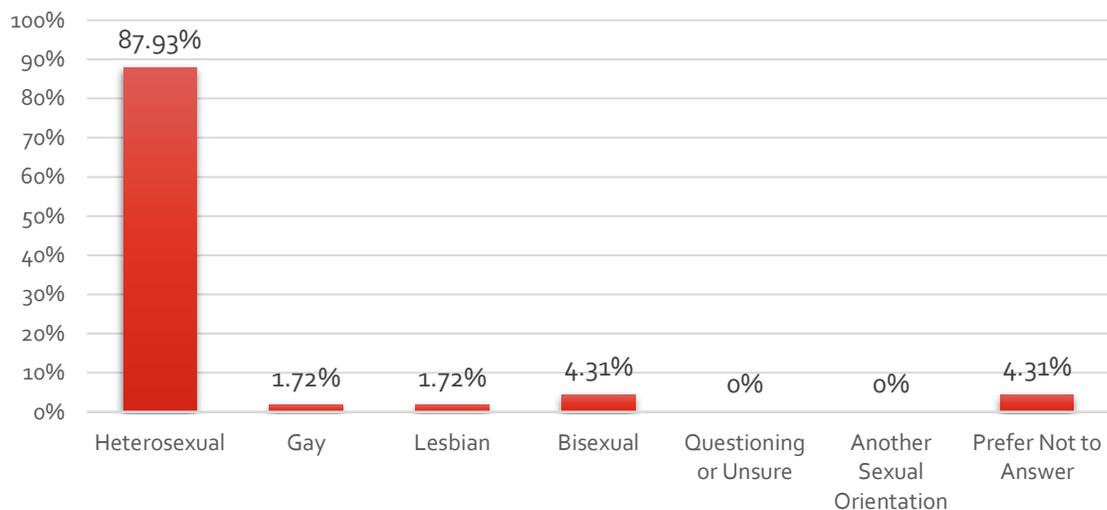
Workforce Equity Survey Respondents, by Gender Identity



Source: Solano County BHP Workforce Equity Survey FY2024/25

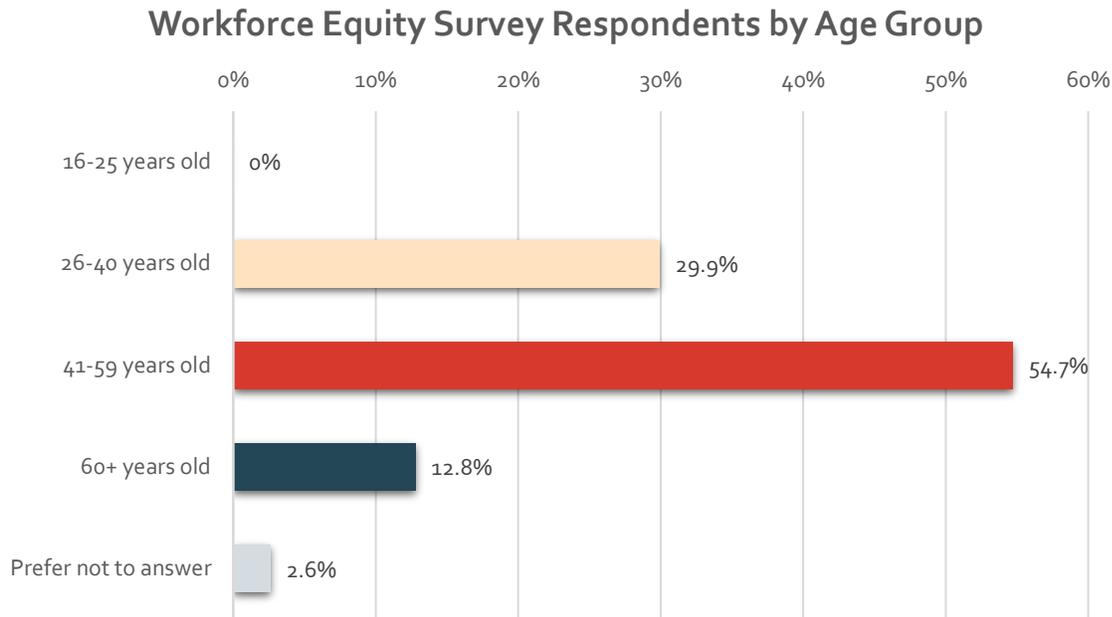
The survey reveals the BHP workforce is predominantly heterosexual (87.9 percent), with minimal representation from other sexual orientations (Bisexual 4.31 percent, Gay 1.7 percent, Lesbian 1.72 percent, Questioning or Unsure 0 percent, Another Sexual Orientation 0 percent). 4.31 percent (or 5 respondents) preferred not to answer this question on the survey.

Workforce Equity Survey Respondents, by Sexual Orientation



Source: Solano County BHP Workforce Equity Survey FY2024/25

The survey reveals an age distribution with a concentration in the 41 to 59 age group (54.7 percent), followed by the 26 to 40 age group (29.9 percent). This indicates a middle-aged workforce with limited representation of younger (16 to 25: 0 percent) and older (60 and over: 12.8 percent) employees.



Source: Solano County BHP Workforce Equity Survey FY2024/25

Linguistic Capacity

Solano County’s current threshold language is Spanish. Tagalog continues to be a sub-threshold language.⁹

The Workforce Equity Survey reveals that the 36.8 percent (43 individuals) of the BHP workforce respondents spoke a language other than English. Of these staff, 36 respondents provided additional information about their spoken languages: Spanish (84.4 percent or 27 individuals), Tagalog (9.4 percent or 3 individuals), American Sign Language (3.1 percent or 1 individual), Farsi (3.1 percent or 1 individual), and Other (12.5 percent or 4 individuals).

14 respondents (32.6 percent of bilingual staff) shared that they have bilingual certification for their non-English spoken language. 12 respondents (27.9 percent) received formal training on how utilizing bilingual skills as an interpreter, if requested.

⁹ DHCS states that a threshold language is a primary language, indicated by 3,000 Medi-Cal beneficiaries or five percent of the beneficiary population, whichever is less. DHCS defines a subthreshold language as concentration standard language, spoken by $\geq 1,000$ per zip code or $\geq 1,500$ per two contiguous zip codes.

The majority of BHP workforce respondents received training on how to access interpreter services (65.4 percent or 66 individuals). 8.9 percent or 9 individuals were unsure if they received training on how to access interpreter services.

53.5 percent of respondents report that they are comfortable with using interpreter services when necessary. 14.9 percent of respondents report they are not comfortable with using interpreter services when necessary. 19.8 percent (20 individuals) shared a neutral response to this inquiry, and 11.9 percent (12 individuals) commented that it was not applicable to their role in the BHP workforce.

The Workforce Equity Survey identified the top 5 key challenges identified by staff. The top two challenges identified – Workforce Diversity and Linguistic Access – emphasized the need for more bilingual staff, more training opportunities about available interpreter services, and bilingual certification among multilingual staff.

SCBH utilizes interpreter services to ensure linguistically appropriate care for diverse client populations during fiscal year 2023-2024. The data reflects the number of interpreter service requests rather than unduplicated consumer counts. A summary of language preferences are summarized as follows:

Top Languages Requested:

1. Spanish: 1,297 requests
2. ASL (American Sign Language): 303 requests
3. Vietnamese: 60 requests

Other Languages with Notable Utilization:

1. Romanian: 18 requests
2. Punjabi: 15 requests
3. Tamil: 9 requests

Languages with Lower Demand:

1. Mandarin: 13 requests
2. Arabic: 5 requests
3. Haitian Creole, Pashto, Farsi (Persian): 2 requests each



A total of 1,792 interpreter service requests were fulfilled during this period, at an overall cost of \$142,784.09. This reflects the Division’s commitment to addressing linguistic barriers and promoting equitable access to behavioral health services.

Total # of Interpreter Service Requests: 1,792	
Languages	# of Interpreter Services Requests
• Amharic	6
• Arabic	5
• ASL (American Sign Language)	303
• Burmese	2
• Cantonese	2
• Dari	4
• Farsi (Persian)	2
• French	2
• Haitian Creole	2
• Laotian	1
• Mandarin	13
• Pashto	1
• Portuguese	3
• Punjabi	15
• Romanian	18
• Russian	2
• Samoan	1
• Spanish	1,297
• Tagalog	37
• Tamil	9
• Thai	3
• Turkish	2
• Vietnamese	60

Source: Solano County Health & Social Services, Fiscal Department

Training

SCBH continues to place a significant emphasis on the provision of training for the workforce, including topics such as cultural humility, evidence-based practices, and strategies for working with specific populations.

Culturally Sensitive Leadership Training

45.9 percent of supervisors and managers have participated in culturally sensitive leadership training, highlight a need for more training opportunities to support leaders with developing the skills needed to guide inclusive practices. Additionally, one third (31 percent) of staff reported in frequent discussions on race, cultural, and LGBTQ+ impacts during supervision meetings, emphasizing the need for more intentional conversations around these topics. SCBH continues to partner with Dr. Kenneth V. Hardy, Ph.D, for *Promoting Cultural Sensitivity in Clinical Supervision* to support this effort.

Additional details regarding trainings administered during fiscal year 2023-2024 can be found in the workforce education and training section of this document.

Lived Experience

In the fiscal year 2021-2022 Workforce Equity Survey, questions were added to identify staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner, neglect, etc.), and involvement with the foster care system in an effort to continue to combat stigma and promote the values of recovery and resilience. These questions carried into the subsequent fiscal year's survey and included in the most recent fiscal 2023-2024 survey.

The fiscal year 2023-2024 survey results are as follows:

	Percent of Survey Respondents (#Individuals Represented) with Lived Experience of...	Percent of Survey Respondents (# Individuals Represented) Have Family Member or Friend with Lived Experience of...
Mental Health	50.5%	76.2%
Substance Use	18.8%	71.3%
Significant Trauma	48.51%	63.37%
Participating in the Foster Care System	3.96%	19.8%

EQRO Annual Report

An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. For the most recent FY2023-2024 Medi-Cal Specialty Mental Health External Quality Review: Solano BHP Final report, click [here](#).

The FY2023-2024 EQRO reported the following significant strengths for Solano County's Behavioral Health Plan (BHP):¹⁰

- 7-day and 30-day post psychiatric inpatient follow-up rates exceed statewide rates;
- Adopted Netsmart's Reaching Recovery Toolbox, including the Recovery Needs Level (RNL) for level of care (LOC) determination;
- Demonstrated innovation in eating disorder treatment has been a successful project;

¹⁰ California Department of Health Care Services (DHCS). FY2023-2024 Medi-Cal Specialty Behavioral Health External Quality Review: Solano Final Report. (2025, March 31). Retrieved from: <https://www.dhcs.ca.gov/services/MH/EQRO/data/MH/Reports>

- Strength in the utilization management dashboards used to monitor activity within the BHP, which are being expanded to monitor capacity needs throughout the division; and
- The BHP website is easily accessible and has helpful information on services for both members and family members.

There were five recommendations requiring follow-up, according to the EQRO. Two recommendations were carried over from prior fiscal years' reviews. The newest recommendations focused on areas of improvement on the following:¹¹

- Timely access of youth to psychiatric treatment;
- Promotion of wellness center services, and a more formal process to invite members into wellness centers; and
- Role strain on peer staff and volunteers with lived experience secondary to structural and supervisory changes.

Community Engagement

SCBH actively works to recruit and include peer consumers, family members, providers, and community partners in a variety of BHP committees. These include the Suicide Prevention and Overdose Coalition (SPOC, formerly known as the Suicide Prevention Committee), Diversity and Equity Committee, Quality Improvement Committee, the local Behavioral Health Advisory Board (BHAB), specialized workgroups for quality improvement projects, and the community program planning process (CPPP). The committees and workgroups can include policy development and review, data monitoring, system utilization monitoring, quality improvement efforts, and program evaluation.

From 2016 to 2021, SCBH implemented the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) innovation project, which was anchored in the national CLAS Standards and community engagement. As a result of the ICCTM innovation project, fourteen (14) community-defined quality improvement (QI) Action Plans were developed and SCBH continues to implement the Action Plans. Several of the QI Action Plans involved community feedback loops and shared decision-making. For more information on the ICCTM Project and the QI Action Plans, see page 198 of the FY2023/24 MHSA Annual Update [here](#).

SCBH's BHSA Unit collects data for each BHSA funded contract on a monthly or quarterly basis, pending the service type. Each program is provided a unique reporting tool that includes the program's specific deliverables and mechanisms to collect demographic data as well as linkage data for Prevention & Early Intervention (PEI) funded programs. On an annual basis, SCBH collects Annual Narrative reports to elicit additional program performance data, overall program highlights and barriers, and equity efforts.

COMMUNITY PROGRAM PLANNING PROCESS (CPPP)



During CPPP meetings, SCBH provided trainings on MHSA, an overview of the system of care, program evaluation, and budget expenditures and allocations by MHSA components. During each meeting, various strategies were utilized to elicit feedback from community partners, including small breakout groups with targeted questions, polling questions, and surveys.

Note: Effective January 1, 2025, MHSA was renamed BHSA, to reflect the changes as a result of the passing of Proposition 1, the Behavioral Health Services Act, which will be implemented in fiscal years 2026 to 2029.

COMMUNITY PROGRAM PLANNING PROCESS

Meaningful Community Engagement

In previous fiscal years, SCBH's BHSA Unit engaged stakeholders (who will be identified as community partners going forward in this document, out of respect to our local indigenous communities) in a hybrid virtual and in-person CPPP for Annual Updates. Community forums were held, and information was gathered from community members and partners at these meetings. The CPPP meetings include representation from service recipients; family members, mental health, substance abuse and physical health providers; law enforcement; local educational agencies; Veterans; community organizations; faith-based communities; and representatives from the County's underserved and underrepresented communities.

Per DHCS guidelines for both Proposition 63 MHA and Proposition 1 BHA, a full CPPP is required for Three Year Plans (for years prior to the fiscal year 2026-2029 cycle) and the Integrated Plan (for years starting in fiscal years 2026-2029). However, a full CPPP is not required for Annual Updates. The MHA and BHA requirements for the Annual Updates include the following: 30-Day Public Comment, Board of Supervisors Approval, and Behavioral Health Board Hearing (for Counties that engage stakeholders, which applies to Solano County).

SCBH regularly engages community members during the CPPP in breakout sessions in which we review programming and ask for support with strengthening our efforts. SCBH uses a participant survey which asks a series of questions to solicit valuable input and feedback that aids in the development of mental health policies, program planning and implementation, program and data monitoring, quality improvement, evaluation, budget allocations.

SCBH also solicits feedback from participants in monthly Diversity and Equity meetings, Suicide Overdose Prevention Coalition meetings, and all staff meetings. Additionally, SCBH strives to involve peers in the Request for Proposals (RFP) interviews for BHA funded programs.

Behavioral Health Advisory Board

The Behavioral Health Advisory Board (BHAB) convenes each month on the third Tuesday of the month from 3:30 pm to 5 pm. The BHAB is comprised of community representatives who are committed to mental health issues and community mental health services.

Representatives include recipients of mental health services, family members or loved ones of individuals with mental illness, and a representative from the Solano County Board of Supervisors. The BHAB is committed to promoting awareness about mental health, reducing stigma and discrimination, promoting diversity, and supporting recovery from mental illness. Behavioral Health executive leadership regularly provide updates related to BHA

programming, program outcomes, local mobile crisis and suicide data, and legislation that impacts the local BHSa Plan. Community members and behavioral health providers attend the BHAB meetings and are invited to make public comments on the information shared. Minutes are prepared and memorialized by SCBH administrative staff.

Local Review Process

On May 23, 2025, a draft version of the *Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024/25* was posted on the Solano County BHSa webpage at https://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp for 30-day Public Comment. In addition, the BHSa Notice of 30-Day Public Comment and Notice of Public Hearing was sent via email to hundreds of community partners and thousands of County Health and Social Services staff.

The 30-day Public Comment period will be held from May 23, 2025, to June 22, 2025. Instructions for to submit public comment were posted on the website.

A Public Hearing will be held in partnership with the Solano County local BHAB on June 17, 2025, from 3:30 pm to 5 pm.

The *Behavioral Health Services Act Annual Update for Fiscal Year 2024/25* will be presented to the Solano County Board of Supervisors on June 24, 2025 for approval and then submitted to the Commission for Behavioral Health (CBH, formerly known as the Mental Health Services Oversight Accountability Commissions or MHSOAC).

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MHSA ANNUAL UPDATE



In this section, programs funded by MHSA during FY2023-2024 will be reviewed to include unduplicated count of individuals served when possible, program highlights and barriers, equity efforts, and anticipated changes for FY2024-2025. Components include: Community Services & Supports (CSS), Prevention & Early Intervention (PEI), Innovation (INN), Workforce Education & Training (WET), and Capital Facilities & Technological Needs (CFTN).

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

Significant Changes with Proposition 1 Behavioral Health Services Act Implementation

Effective July 1, 2026, the CSS component will no longer be funded. Existing CSS programs and services may be allocated towards the new Behavioral Health Services and Supports (BHSS) component, if they meet BHSS eligibility and requirements, which include a focus on Early Intervention, and if they target priority groups, especially children and youth 25 years of age or younger. Consideration for future funding with BHSS funds will be determined through an extensive case-by-case review of programs and strategies previously funded by MHPA dollars.

Full Service Partnerships

In fiscal year 2023-2024, SCBH funded six (6) Full Service Partnership (FSP) programs, through both County-operated and contracted providers. The FSP programs included the following:

- SCBH Child/Youth FSP
- SCBH Foster Care Treatment Unit (FCTU)
- Contractor Transition Age Youth (TAY) FSP
- SCBH Assertive Community Treatment (ACT) FSP
- Contractor Adult FSP
- Contractor Adult Homeless Outreach Motivation and Engagement (HOME) FSP

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

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

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

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

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

- Individual therapy or group services
- Rehabilitation and skill building supports
- Family therapy
- Peer support and wellness recovery planning
- Substance use counseling
- Collateral support: psychoeducation and support for family members, caretakers, and other identified support persons
- Intensive case management: referrals and linkages to community resources
- Psychiatric evaluation and medication management
- Nursing services
- Crisis intervention services
- 24/7 warmline phone support¹

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

SCBH uses a Transition in Care (TIC) Committee process to review cases referred for FSP level services in order to determine the most appropriate level of care and eligibility for FSP. If an FSP level of treatment is warranted, the TIC Committee refers the recipient of services to the most appropriate FSP program to meet their individual needs. The contractor Adult HOME FSP program is able to engage individuals who are homeless in treatment without adhering to the TIC review process. The SCBH FCTU FSP program receives referrals directly from Child Welfare Services (CWS). Additionally, for children and youth who have been identified as

¹ SCBH utilizes a participation agreement form that details a participant’s access to crisis support afterhours (considered as evenings, weekends, and holidays) through a warmline that is answered by a staff person.

CSEC, these consumers are fast tracked to the Transition Age Youth (TAY) FSP program, who has a team who specializes in working with the CSEC youth population.

All staff in the FSP Adult programs funded by SCBH have been trained in the Assertive Community Treatment (ACT) evidence-based practice (EBP) model. All of the FSP programs serving youth have also been trained in the Transition to Independence Process (TIP) evidence-based model.

Children/Youth FSP Programming (Ages 0 to 21) – County

Name of Program:	SCBH Child/Youth FSP
Agency Name:	Solano County Behavioral Health
Description of Program:	
<p>The SCBH Child/Youth FSP program provides intensive services for children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, involved with child welfare, had multiple placement changes, loss of school placements, etc. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the Transition to Independence Process (TIP) model focused on youth voice and choice; it is considered a national evidence based practice for the TAY population.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 150	
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers	<p>7% (10) of the consumers served were hospitalized 1 time during the course of treatment.</p> <p>3% (5) of the consumers served were hospitalized 2 or more times during the course of treatment.</p>
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families	2% (3) of the consumers served and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers	1% (2) of the children/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers	An average of 3% (4) of the children/youth consumers served experienced an incident of placement loss.
Financial Report	
Cost per Person	\$11,951.65
Contract Amount for FY2023/24	\$1,103,756.00
Total Expenditures FY2023/24	\$1,792,747.33
Budgeted Amount for FY2024/25	\$

Children & TAY Population Served in Fiscal Year 2023-2024, by Age Group

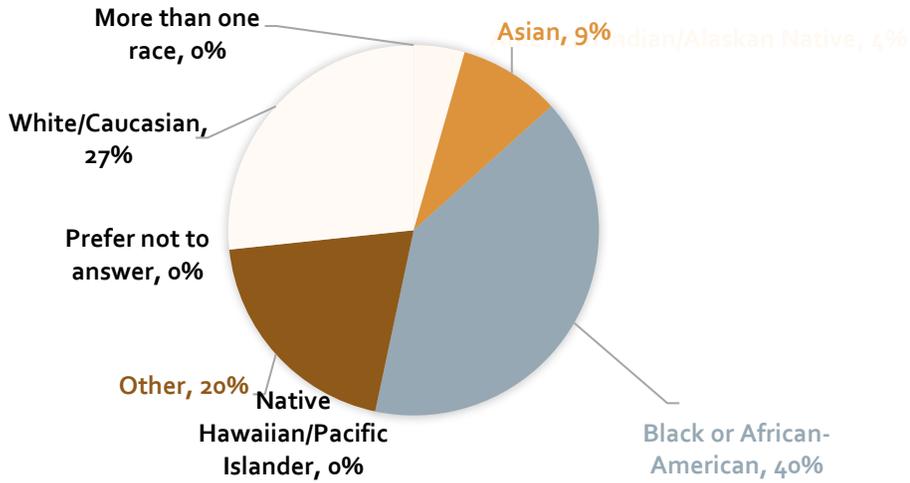
Unduplicated Individuals Served: 150	
Age Group	#
Number of Children (0-5) Served	6
Number of Children (6-15) Served	101
Number of TAY (16-25) Served	43

Estimates of Children & TAY Population to be Served in Fiscal Year 2024-2025, by Age Group

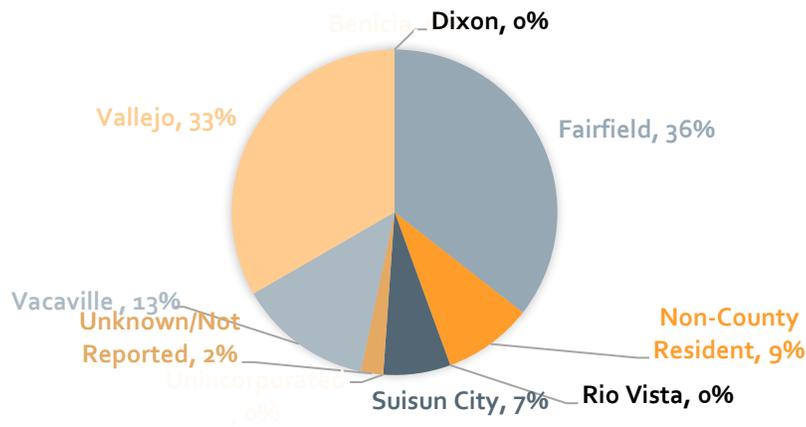
Estimated Unduplicated Individuals To Be Served: 175 <i>(+22 from Fiscal Year 2023-2024)</i>	
Age Group	Estimated #
Estimated Number of Children (6-15) Served in Fiscal Year 2024-2025	83
Estimated Number of TAY (16-25) Served in Fiscal Year 2024-2025	86

The following charts and table provide additional demographic data for the service recipients by the SCBH Child/Youth FSP Program:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:		
			150	
Age	%	Ethnicity	%	
0-15	4%	Caribbean	0%	
16-25	29%	Central American	0%	
26-59	0%	Mexican/Mexican-American/Chicano	29%	
60+	0%	Other Hispanic/Latino	13%	
Prefer not to answer	0%	Puerto Rican	2%	
Race		South American	0%	
American Indian/Alaskan Native	3%	African	0%	
Asian	5%	Asian Indian/South Asian	0%	
Black or African-American	26%	Cambodian	0%	
Native Hawaiian/Pacific Islander	1%	Chinese	0%	
Other	35%	Eastern European	0%	
Prefer not to answer	8%	European	0%	
White/Caucasian	23%	Filipino	0%	
More than one race	0%	Japanese	0%	
Gender At Birth		Korean	0%	
Male	41%	Middle Eastern	0%	
Female	59%	Other Non-Hispanic/Latino	56%	
Prefer not to answer	0%	Vietnamese	0%	
Current Gender Identity		Prefer not to answer	0%	
Male	36%	More than one ethnicity	0%	
Female	47%	Identify with any of these groups?		
Genderqueer	1%	LGBTQ	NA	
Other	2%	Currently involved with adult/juvenile justice		
Prefer not to answer	8%	Foster care youth		
Questioning/unsure	4%	All of above		
Transgender	2%	LGBTQ & justice involved		
Sexual Orientation		LGBTQ & foster care youth		
Gay	1%	Justice involved & foster care youth		
Bisexual	10%	Not applicable/not identify with all above		
Heterosexual/straight	55%	Prefer not to answer		NA
Lesbian	1%	Mental Health Symptoms Onset		
Other	3%	Less than 6 months	NA	
Prefer not to answer	23%	6-12 months		
Queer	0%	1-4 years		
Questioning/unsure	7%	5-9 years		
Veteran Status/Military Services		Over 10 years ago		
Veteran	0%	Prefer not to answer		
Active military	0%	Do not have MH symptoms		
Not a veteran or not active military	100%	Unknown/not reported	NA	
Primary Language (1st Language)		City of Residence		
American Sign Language (ASL)	0%	Benicia	4%	
English	81%	Dixon	4%	
Ilocano	0%	Fairfield	33%	
Other	0%	Non-County Resident	5%	
Prefer not to answer	0%	Rio Vista	3%	
Spanish	19%	Suisun City	4%	
Tagalog	0%	Unincorporated	0%	
Preferred Language (Used Daily)		Unknown/Not Reported	1%	
American Sign Language (ASL)	0%	Vacaville	25%	
English	82%	Vallejo	21%	
Tagalog	0%	Disability		
Other	4%	Difficulty seeing	NA	
Spanish	14%	Difficulty hearing/having speech understood		
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability		
		Cognitive impairment		
		Physical/mobility		
		Chronic physical health condition		
		No disability		
		Other disability		
		Prefer not to answer		NA

Highlights & Achievements:

Completed Fidelity Review:

The SCBH Child/Youth FSP program completed its first fidelity review for the Transition to Independence (TIP) model. The TIP model is an evidence-based practice (EBP) that focuses on youth engagement, futures planning, and skill building through a youth-driven, and strength-based approach. The SCBH Children/Youth FSP program was the first Behavioral Health program to complete a fidelity review and exceeded expectations.

Fully Staffed Program:

The SCBH Child/Youth FSP program has been fully staffed, which increases the program's capacity to support consumers and their families.

Graduation

Fifteen (15) youth and families participated in the graduation ceremony, which highlighted the consumers and their families' success and achievements. The increase number of graduates reflects the extensive work the SCBH Child/Youth FSP program staff do to support the consumers' rehabilitation.

Cultural Diversity & Language Support:

The SCBH Child/Youth FSP program works diligently to promote cultural diversity in shared community areas that reflects the population served. The staff embrace and celebrate the unique differences of their colleagues and the families through artwork, pictures, and visual representations.

The SCBH Child/Youth FSP program currently has two bilingual clinicians and three bilingual mental health specialists, whose language assistance abilities have resulted in expanded services for the local Latino/Hispanic community.

Support Services:

The SCBH Child/Youth FSP program is an intensive program that provides behavioral health services and adjunct supports to address individualized needs for substance abuse services, parent partner support, housing services and supports, and community-based resources. The addition of the parent partner support increased family engagement and improved consumer outcomes.

The program staff have also collaborated with the Behavioral Medical Care Coordination (BMC) program to identify consumers' concerns with eating disorders and provide appropriate care. The BMC program was established in 2021 to coordinate eating disorder care for Solano County Medi-Cal beneficiaries, and was formalized in 2022 with the allocation of a half time clinician and a half time mental health nurse, following the release of the [Behavioral Health](#)

[Information Notice #22-009](#) instructing County Mental Health Plans to provide medically necessary covered specialty mental health services to individuals with eating disorders.

Trainings and Continuing Education:

The SCBH Child/Youth FSP program's supervisors strive to provide ongoing knowledge and education that meet both the staff and the consumers' needs. Supervisors schedule different trainings that increase professional development, team morale, and promote client-centered approaches. Examples of training include the following:

- The FSP program staff completed Wellness Recovery Action Plan (WRAP) training, which is a structured process and tool that helps individuals identify their strengths, triggers, and wellness tools, and develops strategies for managing their mental health and well-being.
- The FSP program staff also completed annual trainings focused on documentation practices and interventions.
- The Bay Area Creative was invited to train staff on the importance of utilizing expressive arts as a therapeutic approach.
- During monthly team meetings, the FSP program staff attend community agency presentations, which increase community support connections for staff, the consumers, and their families.

Client Success Story: FSP Graduate "Tommy"*

Tommy is an 18-year old African American/Black male who has made considerable progress after enrollment in the Solano County Child/Youth FSP program. He was initially referred to the program following a hospital discharge. There were concerns about the severity of his hospitalization and difficulty of engagement.



After an initial assessment, the Centralized Assessment Team (CAT) referred Tommy to the Accessible Resources for the Community's Homeless (ARCH) Homeless Outreach team, who successfully outreached to him and obtained a better clinical picture of his needs, thus necessitating a referral to the higher intensity FSP program services.

There were several significant factors contributing to Tommy's disengagement with services, including racial disparities, displacements with living situations and schools, and trauma related to gun violence. Fortunately, Tommy was connected to a remarkable school counselor and teachers who supported his dreams of graduating from high school.

Life events, absenteeism, and distractions from completing homework assignments led to a situation where he did not have enough credits to graduate from high school in June 2024. Rather than allowing this setback to deter his progress, he reached out for help and was reinvigorated in his motivation to achieve his dream. He enrolled into summer school, met with his teachers, continued to engage in FSP services, attended treatment services, and proudly completed all requirements to walk across the stage a month later.

He is currently pursuing higher education, starting with enrollment at the Solano County Community College. He is the first member of his family to enroll into college.

While engaged in FSP services, Tommy learned coping skills to manage his mental health symptoms, learned interpersonal skills to manage family dynamics, and gained independent living skills including money management and obtaining access to personal identification and a personal bank account. He continues to maintain his wellness, recovery and psychiatric services with the Adult Integrated Care Clinic (ICC).

Tommy's story is a testament to his perseverance and agency, and also highlights the vital services offered by the CAT, ARCH, and FSP teams in using a trauma-informed lens to reduce disparities and increase client engagement and positive outcomes.

*The name of the client in this success story, and subsequent success stories in this Annual Update report, have been changed to respect the privacy of individuals who access services in Solano County through a County or contracted provider.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Bridging the Communication Gaps:

When multiple systems are involved in the delivery of care of clients, there is a potential for communication gaps. The SCBH Child/Youth FSP program works in conjunction with the Child Welfare Services Division, psychiatrists, schools, and hospitals to bridge these gaps in order to deliver client care and increase support services. The staff collaborate with different behavioral health and support providers on a case-by-case basis, and in child and family team meetings to improve the continuity of care, especially in scenarios where the child/youth moves outside of the county.

Different Development Ages & Needs:

Engaging with the client and their family members improves outcomes. However, working with youth with different developmental ages and needs requires family engagement, which can be a challenge. Assigning a parent partner to each family has helped FSP-served families join the therapeutic process and to obtain their own supports. The availability of both individualized and family therapy allows clinicians to serve the entire family unit.

CalAIM Changes:

The first reforms to the state initiative California Advancing and Innovating Medi-Cal (CalAIM) were implemented in January 2022, and additional reforms are planned to be phased out through the year 2027. Some of the reforms implemented include the introduction of a reimbursement system for behavioral health services based on the type of care provided, rather than the cost of the care, and the streamlining of clinical documentation requirements for specialty mental health and substance use disorder treatment services.

On the local level, CalAIM changes have led to difficulties in reimbursements for billable time and productivity. For example, the elimination of billable travel time has impacted the County's ability to be reimbursed for an imperative portion of the County's FSP services, which are predominantly delivered in the community (otherwise known as field-based services) rather than in an office or clinic setting, with a nuanced understanding of the clients and their families' needs and challenges, leading to more tailored interventions and improved client outcomes.

Equity Efforts in Fiscal Year 2023-2024

Language Assistance:

Spanish is the threshold language in Solano County. SCBH has made considerable efforts in recruiting and hiring multicultural and bilingual staff, resulting in a diverse team, from an array of cultural backgrounds, religions, countries of origins, and ethnicities. The SCBH Child/Youth

FSP team now comprises of five (5) bilingual Spanish-speaking direct service staff members, as well as a Spanish-speaking supervisor. When a Spanish speaking client requests a Spanish-speaking provider and none are available to interpret, interpreter services are requested through a vendor, who connects the staff member to the appropriate interpreter.

Trainings:

The Child/Youth FSP staff participate in the Diversity and Equity committee and complete trainings that promote diversity, equity, and inclusion.

Representation in Illustrations:

The Child/Youth FSP staff have made an effort in adding visual representations of different cultures and ethnic backgrounds to the lobby areas, which are visible to clients and their families and promote welcoming environments.

Changes or Updates Planned for FY2024-2025

Throughout the next fiscal year, the Child/Youth FSP program aims to provide Transition to Independence Process (TIP) training to all staff.

Foster Care Treatment Unit (FCTU) FSP – County

Name of Program:	SCBH Foster Care Treatment Unit (FCTU) FSP
Agency Name:	Solano County Behavioral Health
Description of Program:	
<p>The SCBH FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with Child Welfare Services (CWS). The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, have continued involvement with child welfare, are involved with the juvenile justice system, may have had multiple placement changes, etc. Consumers are referred directly by Solano County CWS. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the Transition to Independence Process (TIP) model focused on youth voice and choice; it is considered a national evidence based practice for TAY.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 121	
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers	2.5% (3) of the consumers served were hospitalized 1 time during the course of treatment. None of the consumers served were hospitalized 2 or more times during the course of treatment.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families	None of the consumers served and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers	None of the children/youth consumers served were incarcerated during the reporting period.
Partner with CWS, each foster youth, birth family, and/or caretakers to secure stable placement for the youth served in order to prevent placement loss	Of the 121 consumers served, 26% (31) of the youth had a loss of placement.
Financial Report	
Cost per Person	\$ 9,350.16
Contract Amount for FY2023/24	\$1,184,221
Total Expenditures FY2023/24	\$1,131,369.54
Budgeted Amount for FY2024/25	\$

Children & TAY Population Served in Fiscal Year 2023-2024, by Age Group

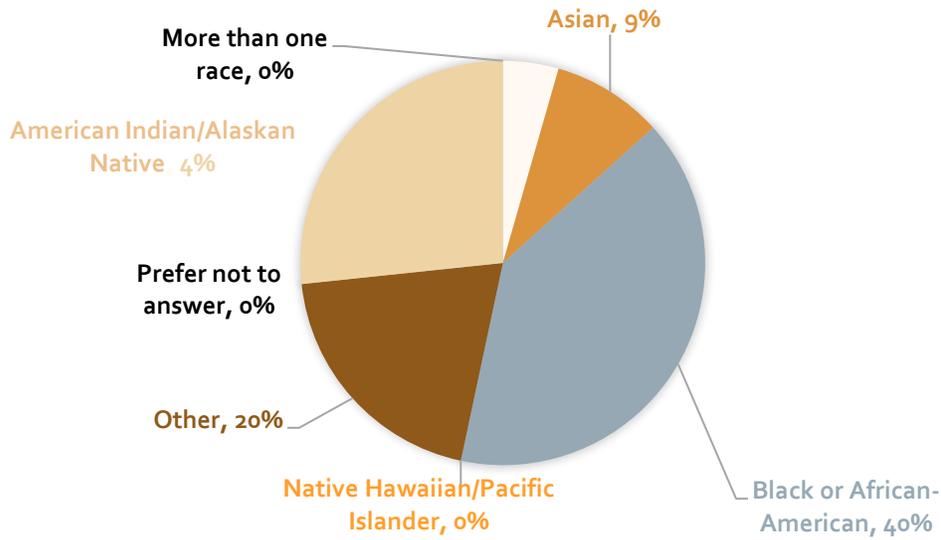
Unduplicated Individuals Served: 121	
Age Group	#
Number of Children (0-5) Served	0
Number of Children (6-15) Served	76
Number of TAY (16-25) Served	45

Estimates of Children & TAY Population to be Served in Fiscal Year 2024-2025, by Age Group

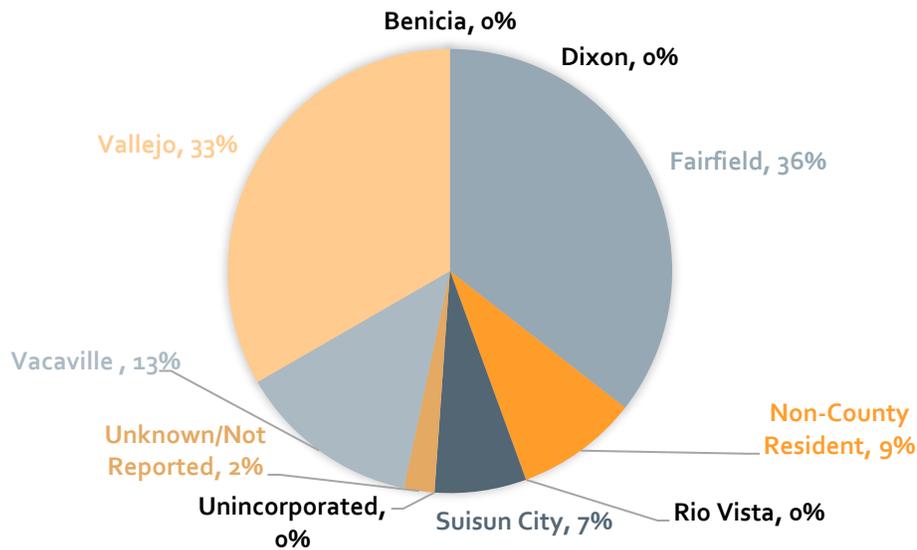
Estimated Unduplicated Individuals To Be Served: 100	
Age Group	Estimated #
Estimated Number of Children (0-5) Served in Fiscal Year 2024-2025	0
Estimated Number of Children (6-15) Served in Fiscal Year 2024-2025	65
Estimated Number of TAY (16-25) Served in Fiscal Year 2024-2025	35

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			121
Age	%	Ethnicity	%
0-15	9%	Caribbean	0%
16-25	21%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	30%
60+	0%	Other Hispanic/Latino	10%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	6%	African	0%
Asian	7%	Asian Indian/South Asian	0%
Black or African-American	37%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	17%	Eastern European	0%
Prefer not to answer	6%	European	0%
White/Caucasian	26%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	43%	Middle Eastern	0%
Female	57%	Other Non-Hispanic/Latino	60%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	38%	More than one ethnicity	0%
Female	46%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	2%	Currently involved with adult/juvenile justice	
Prefer not to answer	12%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	1%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	7%	Not applicable/not identify with all above	
Heterosexual/straight	0%	Prefer not to answer	
Lesbian	46%	Mental Health Symptoms Onset	
Other	4%	Less than 6 months	NA
Prefer not to answer	35%	6-12 months	
Queer	1%	1-4 years	
Questioning/unsure	7%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	2%
English	91%	Dixon	5%
Ilocano	0%	Fairfield	21%
Other	2%	Non-County Resident	10%
Prefer not to answer	0%	Rio Vista	1%
Spanish	5%	Suisun City	12%
Tagalog	2%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	22%
English	92%	Vallejo	27%
Tagalog	1%	Disability	
Other	4%	Difficulty seeing	NA
Spanish	3%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements:

Impact on Families:

The FCTU FSP program has had several successful discharges resulting in stable family reunifications and clients meeting treatment goals.

Impact on Transitional Age Youth (TAY):

The FCTU FSP program worked with three transitional age youth who graduated from high school and matriculated into college.

Impact on Indigenous/Native American Community Members:

The FCTU FSP program has been serving two Native American clients and has received several statements of appreciation from the Tribal Council for the consistent collaboration and communication with them regarding the delivery of care for these clients.

Partnership with Child Welfare Services:

The FCTU FSP program continues to support a shared memorandum of understanding (MOU) with the Solano County Child Welfare Services (CWS) Division to complete assessments for all youth entering care and every 6 months thereafter. The streamlined operation is now in its sixth year of implementation and has led to interest from other Divisions to also pursue a MOU with SCBH for their Children and Adolescent Needs and Strengths (CANS) requirement.

Client Success Story: Honoring a Client's Request

The FCTU FSP program provided mental health services to an African American/Black youth and their family. One of the youth client's primary requests was to have a team of providers who looked like them. With the diversity of the FCTU FSP staff, the client's request was honored. The client's team included an Intensive Care Coordinator, Mental Health Specialist, and Therapist who identify as African American/Black.

Throughout the year, the youth client's team worked cohesively with the youth client. The youth client's caregivers repeatedly stated the youth client's satisfaction with working with a therapist and other role models who looked like them.

The FCTU FSP staff established a strong rapport with the client and the family, and provided culturally relevant individual and family therapy interventions. Through these efforts, the youth client and their family were able to successfully reunify. The youth client met all treatment goals and was discharged from services.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Lack of Foster Care Placements in Solano County:

There is a lack of foster care placements in Solano County. When the FCTU FSP program staff work with a youth who loses placement, they are frequently moved out of the country, which results in a loss of their current providers.

Gaps in Services when Moved Out of County:

Prior to the changes implemented through the California Advancing and Innovating Medi-Cal (CalAIM) initiative to improve the quality of life and health outcomes for Medi-Cal patients, the FCTU FSP program staff continued to serve clients when they were moved out of the county for placement, in situations where the new placement was considered temporary or to bridge the gap between the end of services in Solano and the initiation of services in the new county. One of the changes that occurred with CalAIM was that travel was no longer a reimbursable activity, and thus SCBH FCTU FSP staff were no longer able to provide this additional support, resulting in former clients being without in-person services for several weeks to even months. To maintain continuity of care with clients who are moved out of country, staff offer telehealth services. Additionally, parent partners were paired with caregivers and parents to help stabilize placements.

Equity Efforts in Fiscal Year 2023-2024:

Diversity & Language Assistance:

The FCTU FSP team includes two bilingual Spanish-speaking clinicians and one Tagalog speaking clinician. For other language needs, the staff utilize Language Link services. The FCTU FSP also includes one LGBTQ+ identifying clinician.

Changes or Updates Planned for FY2024-2025:

There is an expressed interest in implementing a new MOU between the SCBH Division with the Solano County Probation Department. In compliance with a State mandate, youth served by the Solano County Probation Department will require a Child and Adolescent Needs and Strengths (CANS) assessment, effective July 2025.

Transition Age Youth (TAY) FSP Programming (Ages 16-25) – Contractor

Name of Program:	Transition Age Youth (TAY) FSP
Agency Name:	Seneca Family of Agencies
Description of Program:	
<p>The TAY FSP program, administered by a community-based organization, delivers intensive strengths-based mental health services and support to high-need and high-risk youth ages 16-25. The youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile/adult justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. Additionally, the program specializes in serving commercially sexually exploited children/youth (CSEC). While the program primarily serves TAY aged consumers, SCBH approved the program to serve children as young as 10 years old at risk of CSEC or have been exploited. The program offers FSP services regionally throughout Solano County. The program adheres to the Transition to Independence (TIP) model.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 49	
Program Indicators	Annual Outcomes
Provide FSP level services to minimum of 50 unduplicated TAY consumers	49 unduplicated consumers received TAY FSP services. Of these consumers, 9 were CSEC cases and 16 were screened to be at risk of CSEC.
At least 75% of consumers will experience a reduction in psychiatric hospitalization, as compared to pre-treatment assessment data (6 months prior treatment)	Of the 49 unduplicated consumers served, 13% (6) have been re-admitted to psychiatric hospital following engagement with the FSP team. 87% (43) experienced a reduction in hospitalizations.
At least 75% of consumers will experience a reduction in criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment)	Information is unavailable at this time.
At least 60% or more of the CSEC consumers served will demonstrate a reduction in their overall <i>CSE-IT</i> tool score	<p>Of the 49 consumers served, 16 were identified to be at risk of or were victims of CSEC during the reporting period. 100% of these CSEC youth were assessed using the <i>CSE-IT</i> tool.</p> <p>69% (11) of consumers identified to be at risk had a reduction in their overall <i>CSE-IT</i> score, demonstrating reduced risk.</p>
At least 70% of the consumers will achieve and/or maintain stable housing	92% (45) of the consumers have achieved/maintained stable housing.
At least 75% of the consumers will improve their knowledge,	Of the 24 consumers who completed pre and post skill-based assessments, 63% (15) showed

understanding, and skills associated with independent living tasks and responsibilities per a skills-based assessment tool	improved knowledge, understanding, and skills associated with independent living tasks and responsibilities.
Hold 4 TAY Collaborative meetings per year	2 TAY Collaborative meetings were held during the fiscal year.
Financial Report	
Cost per Person	\$28,841.29
Contract Amount for FY2023/24	\$1,560,687
Total Expenditures FY2023/24	\$1,413,223.29
Budgeted Amount for FY2024/25	\$1,370,033.33

TAY Population Served in Fiscal Year 2023-2024, by Age Group

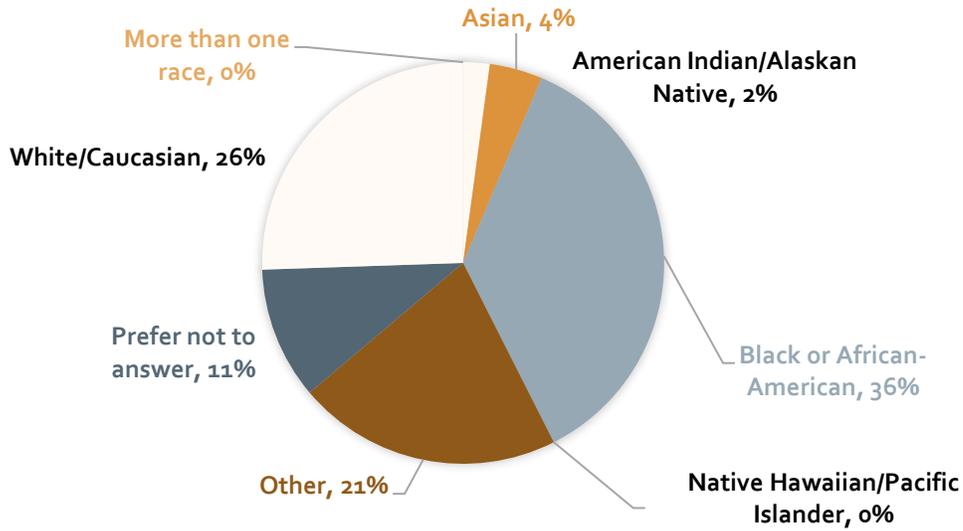
Unduplicated Individuals Served: 47	
Age Group	#
Number of Children (0-5) Served	0
Number of Children (6-15) Served	8
Number of TAY (16-25) Served	39

Estimates of TAY Population to be Served in Fiscal Year 2024-2025, by Age Group

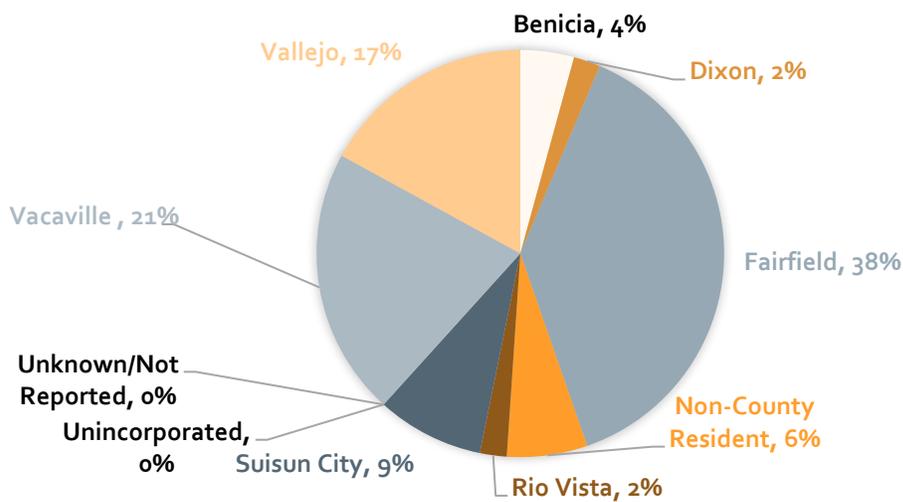
Estimated Unduplicated Individuals To Be Served: 47	
Age Group	Estimated #
Estimated Number of Children (0-5) Served in Fiscal Year 2024-2025	0
Estimated Number of Children (6-15) Served in Fiscal Year 2024-2025	11
Estimated Number of TAY (16-25) Served in Fiscal Year 2024-2025	44

The following charts and table provide additional demographic data for the consumers served by the Transition Age Youth (TAY) FSP Program:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:		
			47	
Age	%	Ethnicity	%	
0-15	0%	Caribbean	0%	
16-25	83%	Central American	0%	
26-59	0%	Mexican/Mexican-American/Chicano	19%	
60+	0%	Other Hispanic/Latino	6%	
Prefer not to answer	0%	Puerto Rican	2%	
Race		South American	0%	
American Indian/Alaskan Native	2%	African	0%	
Asian	4%	Asian Indian/South Asian	0%	
Black or African-American	36%	Cambodian	0%	
Native Hawaiian/Pacific Islander	0%	Chinese	0%	
Other	21%	Eastern European	0%	
Prefer not to answer	11%	European	0%	
White/Caucasian	26%	Filipino	0%	
More than one race	0%	Japanese	0%	
Gender At Birth		Korean	0%	
Male	30%	Middle Eastern	0%	
Female	70%	Other Non-Hispanic/Latino	72%	
Prefer not to answer	0%	Vietnamese	0%	
Current Gender Identity		Prefer not to answer	0%	
Male	30%	More than one ethnicity	0%	
Female	53%	Identify with any of these groups?		
Genderqueer	2%	LGBTQ	NA	
Other	2%	Currently involved with adult/juvenile justice		
Prefer not to answer	9%	Foster care youth		
Questioning/unsure	0%	All of above		
Transgender	4%	LGBTQ & justice involved		
Sexual Orientation		LGBTQ & foster care youth		
Gay	4%	Justice involved & foster care youth		
Bisexual	28%	Not applicable/not identify with all above		
Heterosexual/straight	45%	Prefer not to answer		NA
Lesbian	0%	Mental Health Symptoms Onset		
Other	4%	Less than 6 months	NA	
Prefer not to answer	17%	6-12 months		
Queer	0%	1-4 years		
Questioning/unsure	2%	5-9 years		
Veteran Status/Military Services		Over 10 years ago		
Veteran	0%	Prefer not to answer		
Active military	0%	Do not have MH symptoms		
Not a veteran or not active military	100%	Unknown/not reported	NA	
Primary Language (1st Language)		City of Residence		
American Sign Language (ASL)	0%	Benicia	4%	
English	91%	Dixon	2%	
Ilocano	0%	Fairfield	38%	
Other	2%	Non-County Resident	6%	
Prefer not to answer	0%	Rio Vista	2%	
Spanish	6%	Suisun City	9%	
Tagalog	0%	Unincorporated	0%	
Preferred Language (Used Daily)		Unknown/Not Reported	0%	
American Sign Language (ASL)	0%	Vacaville	21%	
English	91%	Vallejo	17%	
Tagalog	0%	Disability		
Other	4%	Difficulty seeing	NA	
Spanish	4%	Difficulty hearing/having speech understood		
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability		
		Cognitive impairment		
		Physical/mobility		
		Chronic physical health condition		
		No disability		
		Other disability		
		Prefer not to answer		NA

Highlights & Achievements:

Layering of Evidence-Based Models in Treatments and Services:

Seneca Family of Agencies (Seneca) endeavors to serve youth through a youth voice, youth choice centered, strengths-based perspective; while integrating the Transition to Independence (TIP) model, principles of Dialectical Behavioral Therapy (DBT), and Motivational Interviewing to address clients' needs.

Working with Commercial Sexual Exploitation of Children (CSEC) Youth:

The Seneca TAY FSP staff provide specialized services to CSEC and at-risk youth through a trauma-informed lens with a harm reduction model, to reduce barriers to moving through stages of change and to reduce barriers to CSEC and at-risk youth's exit from "being in the life" and to increase protective and preventive factors for at risk youth to avoid entry into "the life".

Staff Development:

The Seneca TAY FSP staff receive training through team-wide trainings and individual scholarships, allowing for them to become trained in Eye Movement Desensitization and Reprocessing (EMDR), Somatic Therapy, Motivational Interviewing, and DBT skills, in addition to crisis intervention, suicide assessment and prevention, and strategies for creating affirming spaces for queer and trans youth.

Delivered Crisis Intervention Team (CIT) Trainings to Law Enforcement:

The Seneca TAY FSP staff facilitated CIT trainings for local law enforcement in order to support the development of their knowledge specific to working with CSEC youth. The staff tailored the trainings to the law enforcement officers attending the training and offered helpful context and strategies to mitigate the distress CSEC youth might feel during interactions with law enforcement officers.

Community Trainings:

The Seneca TAY FSP staff also engaged with local community members in 10 separate events to provide psychoeducation, distribute information on general resources, and to offer opportunities for connection to local mental health services.

Peer Intern:

The Seneca TAY FSP program employs a peer intern, who participates in client groups, staff meetings, and direct client meetings and provides lived experience insight.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Client Withdrawals:

The Seneca TAY FSP staff have traditionally approached treatment through a flexible lens, adapting to the needs of the FSP youth and their families. While this has a generally positive impact on the FSP youth and their families' lives, the staff have encountered considerable challenges in the youth partially or completely meeting the FSP program goals.

The staff note that in many cases, the youth FSP clients who participate inconsistently exit services without warning, after a lengthy period of attempts to connect by staff. The end of year closing data reflects these difficulties, as indicated by the 38% (or almost 2 in 5) of youth FSP clients who were unable to be formally discharged from the program and be connected with new providers.

Staff note that youth appreciated the flexibility of telehealth exceptions made during the COVID-19 pandemic and have struggled with the expectation that services were to resume in-person again. The Seneca team is addressing this trend by creating a one-page document that will be shared at intake that outlines the expectations of services and the steps that will occur if multiple sessions are cancelled, ensuring that spaces are available and open to clients who can engage in the services offered.

CSEC Youth Have Unique Barriers to Care – Addressing Security Concerns:

The Seneca TAY FSP staff have grown and learn about the nuances and complexities of working with CSEC youth, who present with unique barriers to care. Examples of unique barriers to care include the enhanced safety needs, which is inherent when working with CSEC youth who have been exploited and may still be at risk of further actions by exploiters. For this reason, CSEC youth may prefer to meet staff in the clinic rather than their homes or places in the community, due to the threats of violence, firearm possession, and general fear for their and the providers' safety.

The Seneca TAY FSP program addressed security concerns by relocating to a more secure building that requires badge access. However, these additional security measures can still be insufficient, as exploiters can prevent youth from responding from contact attempts authentically by exerting pressure on them to cancel sessions or to withdraw from services entirely.

The Seneca TAY FSP staff continue to utilize a non-judgmental, harm reduction lens and support youth in all stages of change regarding their connection to "the life" and do not attempt to force the resolution of ambivalence, but rather focus on the goal of empowering them to decide to exit "the life" when they are ready, while maintaining the therapeutic relationship while they remain in "the life".

Housing Is a Common Issue for Minors and TAY Clients:

In Fiscal Year 2023-2024, the Seneca TAY FSP program reports receiving multiple referrals for youth who are experiencing homelessness. These referrals included both young adults without prior rental or housing history and minors who were unaccompanied in their homelessness.

The Seneca TAY FSP program works in conjunction with an organization who has very limited housing slots, but the subcontractor is unable to serve minors. Additionally, staff discovered that there are no shelter services locally who accept minors. This predicament leaves the staff with few options for transitioning minors experiencing homelessness to safe setting, and thus clinical progression is nearly impossible, especially when youth are in a perpetual state of amygdala activation, driven by their basic needs of shelter not being met.

Young adults experiencing homelessness have more options than minors in Solano County. However, staff discovered that the only shelter serving youth (ages 18 through 24) ceased emergency shelter operations. Youth receiving program services endorsed feelings of deep discomfort with staying in adult shelter settings, where they may encounter chronically homeless adults. The team is hopeful that more housing options will become available in the community and hopes to work collaboratively with other entities to encourage more housing options for Solano's youth experiencing homelessness.

With Growth and Field-Based Work, Communication can become Challenging:

The Seneca TAY FSP program shares that the potential for miscommunication or difficulties disseminating information to staff can increase as the team grows. Additionally, staff are often working in the field for prolonged periods of time, managing their clients' needs. The Seneca TAY FSP program addressed the potential communication concerns by integrating a biweekly TAY/CSEC consultation group to allow for all members of the team to connect specifically around case-based needs. This meeting is an additional opportunity to inform and collaborate, in addition to team meetings where programmatic business items are discussed, such as partnerships and barriers to productivity or timeliness of services.

CalAIM Documentation – Challenges:

Frequent changes enacted through CalAIM create a complicated relationship regarding documentation requirements, sometimes leading staff having to shift their schedules to meet documentation requirements. Additionally, changes to billing, such as travel time no longer being a reimbursable service, create additional stressors for staff.

Equity Efforts in Fiscal Year 2023-2024:

DEI Meetings and Employee Resource Groups:

The Seneca TAY and CSEC teams continued to provide services to a diverse population across Solano County. Staff were provided access to monthly Diversity, Equity and Inclusion (DEI) meetings as well as Employee Resource Groups (ERGs) that occur agencywide. The ERGs include affinity spaces for staff who identify as: bilingual, Latinx, African American/Black, Asian American Pacific Islander, multicultural, chronically ill, neurodivergent, disabled, queer, and caregivers. Feedback from DEI meetings and ERGs is discussed at both the management and

direct care levels, with the goal of expeditiously attending to concerns and providing staff with an environment that is welcoming, inclusive, and capable of learning when needed.

Language Assistance:

Staff continue to have access to language assistance services. Language barriers are resolved via readily available translation services.

To increase recruitment and retention of bilingual staff, the Seneca TAY FSP program instituted improved compensation structures for staff providing services in the threshold languages. Job postings include details about preference for bilingual candidates.

Changes or Updates Planned for FY2024-2025:

In Fiscal Year 2024-2025, the Seneca TAY FSP contract will shift from a cost reimbursement model towards a fee-for-service model. This shift may impact SCBH's internal processes for tracking program expenditures. Additionally, the performance measures in the Scope of Services will significantly change from prior fiscal year, which entails additional efforts from SCBH to track new and additional program indicators.

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

Name of Program:	SCBH Adult Assertive Community Treatment (ACT) FSP
Agency Name:	Solano County Behavioral Health
<p>Description of Program: The SCBH-operated ACT FSP program serves adults with serious and persistent mental health conditions who have recently been discharged from an inpatient hospital or are currently involved with the criminal justice system, including consumers recently released from a local jail and/or are incarcerated and pending eminent release to the community. In addition to the essential FSP mental health services, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The adults served by this program are referred through the TIC Committee or through the Forensic Triage Team who receives referrals directly from the Courts, Probation, Assisted Outpatient Treatment (AOT). The goals of the program include: supporting consumers in creating stable lives, preventing recidivism and homelessness, increasing employment, and promoting wellness through independence, hope, personal empowerment, and resilience.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police. The program adheres to the Assertive Community Treatment (ACT) evidence based practice model.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 82	
Program Indicators	Annual Outcomes
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	7% (6) of the consumers served were hospitalized 1 time. 4% (3) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	1% (1) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	6% (5) of the consumers served experienced incidents of incarceration.
Support education and employment goals for FSP consumers.	20% (16) of the consumers served by the program received education and employments supports. 7% (6) of the consumers served by the program were enrolled in school or employed.

Financial Report	
Cost per Person	\$17,868.28
Contract Amount for FY2023/24	\$1,183,904
Total Expenditures FY2023/24	\$1,465,199.07
Budgeted Amount for FY2024/25	\$

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

Adult Population Served in Fiscal Year 2023-2024, by Age Group

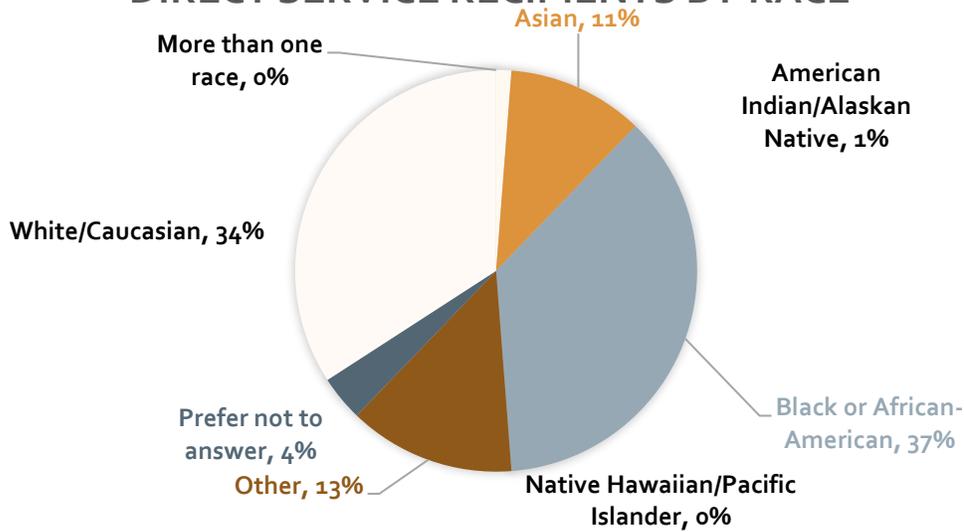
Unduplicated Individuals Served: 82	
Age Group	#
Number of TAY Adults (18-25) Served	14
Number of Adults (26-59) Served	57
Number of Older Adults (60+) Served	11

Estimates of Adult Population to be Served in Fiscal Year 2024-2025, by Age

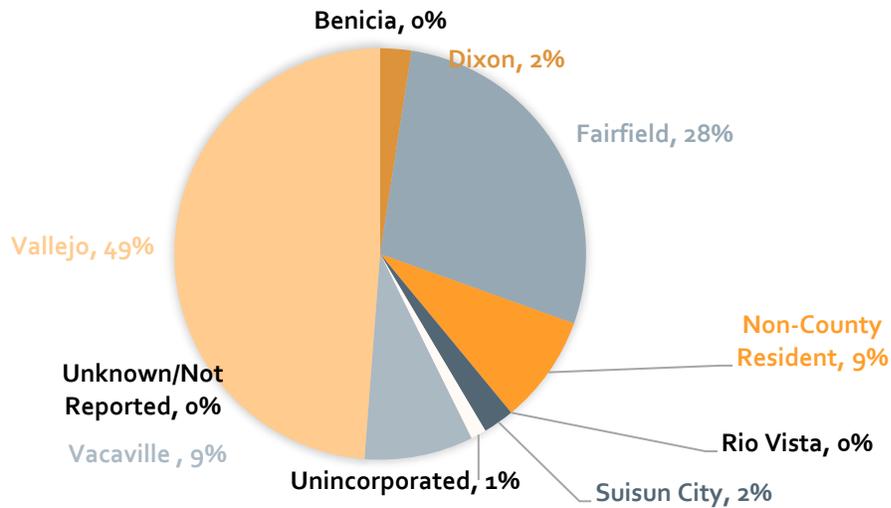
Estimated Unduplicated Individuals To Be Served: 97	
Age Group	Estimated #
Estimated Number of TAY Adults (18-25) to be served in Fiscal Year 2024-2025	19
Estimated Number of Adults (26-59) to be served in Fiscal Year 2024-2025	62
Estimated Number of Older Adults (60+) to be served in Fiscal Year 2024-2025	16

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			82
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	17%	Central American	0%
26-59	70%	Mexican/Mexican-American/Chicano	15%
60+	13%	Other Hispanic/Latino	1%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	11%	Asian Indian/South Asian	0%
Black or African-American	37%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	13%	Eastern European	0%
Prefer not to answer	4%	European	0%
White/Caucasian	34%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	62%	Middle Eastern	0%
Female	38%	Other Non-Hispanic/Latino	83%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	61%	More than one ethnicity	0%
Female	38%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	1%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	0%	Not applicable/not identify with all above	
Heterosexual/straight	89%	Prefer not to answer	
Lesbian	0%	Mental Health Symptoms Onset	
Other	0%	Less than 6 months	NA
Prefer not to answer	10%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	4%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	96%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	99%	Dixon	2%
Ilocano	0%	Fairfield	28%
Other	1%	Non-County Resident	9%
Prefer not to answer	0%	Rio Vista	0%
Spanish	0%	Suisun City	2%
Tagalog	0%	Unincorporated	1%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	9%
English	96%	Vallejo	49%
Tagalog	0%	Disability	
Other	4%	Difficulty seeing	NA
Spanish	0%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements:

The ACT FSP program onboarded new clinicians, continues to work with the Adult Day program, facilitated two graduations, kept up-to-date with assessment tools like the Recovery Needs Level (RNL), Recovery Marker Inventory (RMI), and Consumer Recovery measure (CRM).

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staff Retention:

Staff retention continues to be a challenge to the ACT FSP program. In Fiscal Year 2023-2024, there were a few vacancies in the Mental Health Specialist and Mental Health Clinician positions. The staffing challenges impacted service delivery and limited the number of new clients the program could enroll.

Challenges for Aging Population:

The ACT FSP program reports ongoing challenges with housing and navigation of the systems of care to address medical conditions for the aging population.

Challenges for the Substance Use Disorder (SUD) Population:

ACT FSP clients with SUD experience difficulties in retaining housing and engaging in treatment services.

Equity Efforts in Fiscal Year 2023-2024

The ACT FSP program is comprised of a diverse staff from different cultural backgrounds and represent bilingual staff members who are able to provide services in Spanish and Yoruba (a Niger-Congo language spoken in West Africa). Staff are also trained on accessing Language Link services.

Changes or Updates Planned for FY2024-2025

In January 2025, the Assertive Outpatient Treatment (AOT) program will be moved from the Forensic Triage Treatment (FTT) program to the SCBH ACT FSP team, in alignment with collaborative court efforts under the ACT program – CARE Act Court and AOT. Outreach and engagement efforts within both programs are intended to engage clients for treatment and services; there are no criminal repercussions if a client declines to participate. The CARE Act Court and AOT programs will work in tandem to support clients that are referred to one or both of the programs.

In Fiscal Year 2024-2025, there will be enhanced training for staff:

- Cognitive Behavioral Therapy for Psychosis (CBT-P) (All Staff)
- Intake Process and Updated Procedures (Clinical Team)

Additionally, in Fiscal Year 2024-2025, there will be increased focus on completion of the following assessment tools – RNL, CRM, and RMI.

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

Name of Program:	Contractor Adult FSP
Agency Name:	Caminar, Inc.
Description of Program:	
<p>The contractor-operated Adult FSP program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, involved with the criminal justice system, or homeless. Consumers are referred through the Transitions in Care (TIC) Committee. In addition to the FSP mental health services listed on page 60, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 50	
Program Indicators	Annual Outcomes
Contractor will serve a minimum of 72 consumers open/active at any one time during FY2023/24 fiscal year.	On average, the program had an active caseload of 26 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	20% (10) of consumers served were hospitalized at least once during the reporting period.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	6% (3) of consumers served experienced incarceration.
No more than 15% of program participants will experience an episode of homelessness.	12% (6) of consumers served experienced an episode of homelessness.
15% of participants receiving services during this fiscal year will be stepped down/graduate from the program and transition independently to the community.	21 consumers were discharged during the reporting period. Of the 21 consumers discharged, 24% (5) stepped down to appropriate lower level services.
Financial Report	
Cost per Person	\$19,955.10
Contract Amount for FY2023/24	\$1,450,523
Total Expenditures FY2023/24	\$997,755.10
Budgeted Amount for FY2024/25	Total: \$599,168

Adult Population Served in Fiscal Year 2023-2024, by Age Group

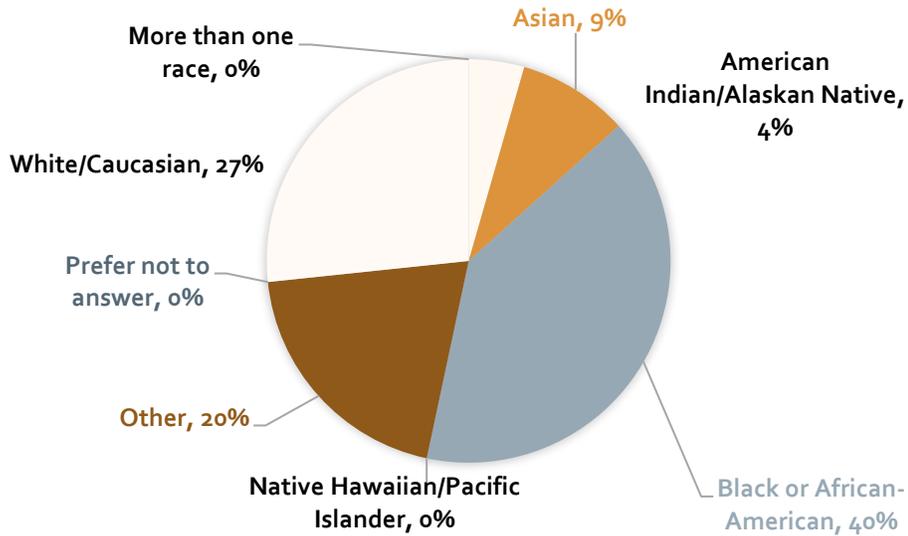
Unduplicated Individuals Served: 50	
Age Group	#
Number of TAY Adults (18-25) Served	10
Number of Adults (26-59) Served	34
Number of Older Adults (60+) Served	6

Estimates of Adult Population to be Served in Fiscal Year 2024-2025, by Age

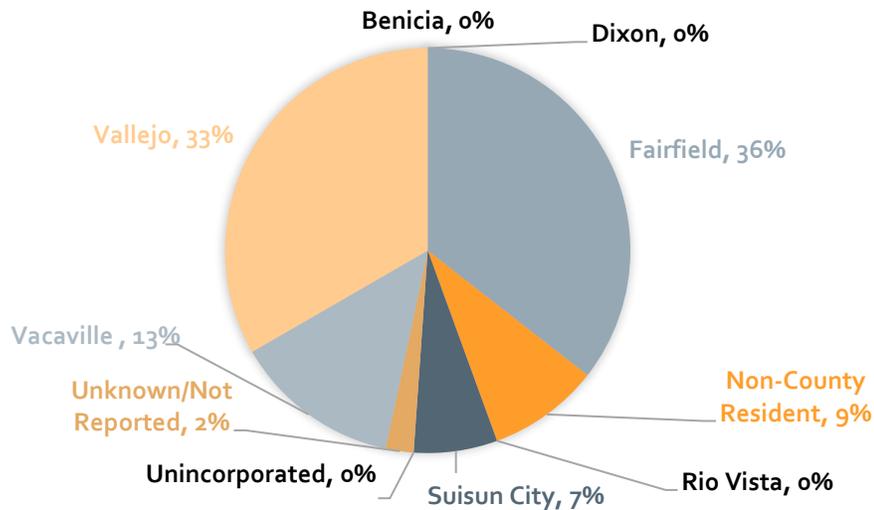
Estimated Unduplicated Individuals To Be Served: 65	
Age Group	Estimated #
Estimated Number of TAY Adults (18-25) to be served in Fiscal Year 2024-2025	15
Estimated Number of Adults (26-59) to be served in Fiscal Year 2024-2025	39
Estimated Number of Older Adults (60+) to be served in Fiscal Year 2024-2025	11

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			50
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	20%	Central American	0%
26-59	68%	Mexican/Mexican-American/Chicano	8%
60+	12%	Other Hispanic/Latino	2%
Prefer not to answer	0%	Puerto Rican	6%
Race		South American	0%
American Indian/Alaskan Native	4%	African	0%
Asian	8%	Asian Indian/South Asian	0%
Black or African-American	30%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	18%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	40%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	64%	Middle Eastern	0%
Female	36%	Other Non-Hispanic/Latino	84%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	64%	More than one ethnicity	0%
Female	36%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	0%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	6%	Justice involved & foster care youth	
Bisexual	4%	Not applicable/not identify with all above	
Heterosexual/straight	88%	Prefer not to answer	
Lesbian	0%	Mental Health Symptoms Onset	
Other	2%	Less than 6 months	NA
Prefer not to answer	0%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	2%
English	92%	Dixon	2%
Ilocano	0%	Fairfield	38%
Other	0%	Non-County Resident	12%
Prefer not to answer	0%	Rio Vista	0%
Spanish	6%	Suisun City	4%
Tagalog	2%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	10%
English	94%	Vallejo	32%
Tagalog	2%	Disability	
Other	0%	Difficulty seeing	NA
Spanish	4%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements:

The Caminar Adult FSP program submitted two success stories, which are summarized below.

Client Success Story #1:

A male client between the ages 26-59 was referred to the Adult FSP program by the HOPE Street Team and was enrolled into the Adult FSP program for a total of twenty (20) months.

The client was living under a highway bridge in Solano County and sustained significant lower limb injuries. He struggled with substance use and was admitted to a detox program and then placed at a local Crisis Residential Treatment (CRT) facility. He did not have a source of income and was at risk of homelessness.

During his long-term FSP treatment, the client engaged with his case manager regularly, participated in psychiatric services, remained compliant with his medications, and was placed in multiple Sober Living Environments (SLEs) for recovery and stabilization. The client healed from two surgeries and stepped down to a board and care facility. He participated in physical therapy and later secured part-time employment.

At time of discharge, the client was employed full-time, received employer-sponsored health insurance, fully recovered from his lower limb injuries, and was regularly attending Alcoholics Anonymous (AA) meetings for social support.

Client Success Story #2:

A female client over the age 60 was enrolled in the Adult FSP program for twenty-four (24) months.

At time of enrollment, the client was homeless, struggled with substance use and experienced repeated relapses, and required medical care for her chronic health issues. With support from her case manager, the client engaged in wrap-around treatment services. She committed to her sobriety and complied with her medications.

To address the client's lack of stable housing, the case manager linked the client to Resource Connect Solano services and was subsequently placed in a senior HUD housing unit in Vacaville. She successfully stepped down to the Vacaville Integrated Care Clinic (ICC) services.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Crisis Intervention:

Caminar Adult FSP staff needed close coordination with crisis response teams to assist and de-escalate situations with clients who required stabilization. Once stabilized, case managers

were able to the start the process of initiating connection and working with the clients to meet their needs.

Housing Concerns:

Caminar Adult FSP faced challenges in connecting unhoused clients to appropriate housing facilities, such as augmented board and care facilities, with clinical staff who have prior experience working with FSP clients and who have received trainings to address FSP clients' comprehensive needs.

Lack of SUD Outpatient and Inpatient Programs:

The Caminar Adult FSP program identified a lack of inpatient and outpatient SUD programs with dual diagnosis services for clients with focus on severe mental health issues, such as episodes of psychosis, borderline personality, and bipolar diagnoses.

Equity Efforts in Fiscal Year 2023-2024:

The Caminar Adult FSP program made efforts to recruit more clinicians and case managers with experience working in the mental health field. Caminar incorporated a pay differential for bilingual staff who are crucial to breakdown linguistic barriers. For other languages, Caminar staff utilized language translation services.

Changes or Updates Planned for FY2024-2025:

In March 2024, a Request for Proposal (RFP) was executed for highest level intensity FSP and moderate level outpatient program services. Caminar, Inc. was selected as a vendor for Adult FSP services, with the understanding that there would be a shift in the budget from a historically cost reimbursement model to a fee-for-service model.

Name of Program:	Contractor Adult HOME FSP
Agency Name:	Caminar, Inc.
Description of Program:	
<p>The Homeless Outreach Motivation & Engagement (HOME) FSP, operated by a community-based organization, serves the County’s seriously mentally ill adults who are experiencing homelessness (situational or long-term) or those who are at risk of becoming homeless. The HOME FSP Program conducts outreach and engagement activities at local shelters, homeless encampments, and at locations in which the homeless community congregates in order to identify individuals that have disabling mental health conditions that have contributed to them being homeless to promote engagement in treatment, linkage to transitional and permanent housing, and reduced rates of incarceration and hospitalization for this population. In addition to the FSP mental health services listed on page 26, the program also provides community and social integration services to assist individuals with developing skills that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program uses the Housing First model and assertive engagement approach to meet consumers’ needs working towards residential stability and recovery.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, shelters, and police.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 45	
Program Indicators	Annual Outcomes
Maintain capacity to provide FSP services to a minimum of 45 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	On average, the program had an active caseload of 28 throughout the year.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	20% (9) of consumers served were hospitalized at least once during the reporting period.
No more than 20% of program participants will have interactions with the legal system that results in incarceration.	7% (3) of consumers served experienced incarceration.
After enrolled for six months, no more than 40% of consumers will experience an episode of homelessness.	7% (3) of consumers served experienced an episode of homelessness.
A minimum of 15% of consumers served will be stepped down or will graduate to	27 consumers were discharged during the reporting period. Of the 27 consumers

lower level of care, including a case management program, one of the adult psychiatry clinics, or another community-based organization	discharged, 37% (10) stepped down to appropriate lower level services.
Financial Report	
Cost per Person	\$17,073.74
Contract Amount for FY2023/24	\$1,003,918.89
Total Expenditures FY2023/24	\$768,318.07
Budgeted Amount for FY2024/25	\$

Adult Population Served in Fiscal Year 2023-2024, by Age Group

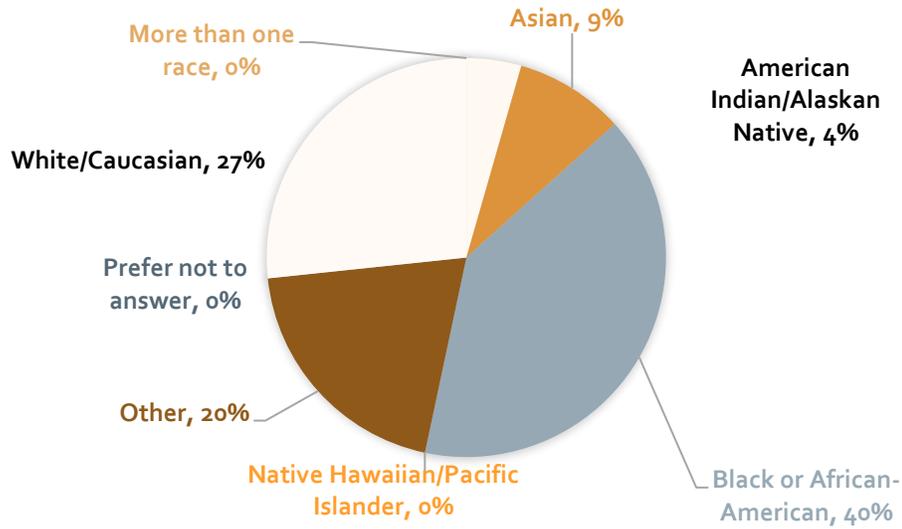
Unduplicated Individuals Served: 45	
Age Group	45
Number of TAY Adults (18-25) Served	4
Number of Adults (26-59) Served	35
Number of Older Adults (60+) Served	6

Estimates of Adult Population to be Served in Fiscal Year 2024-2025, by Age

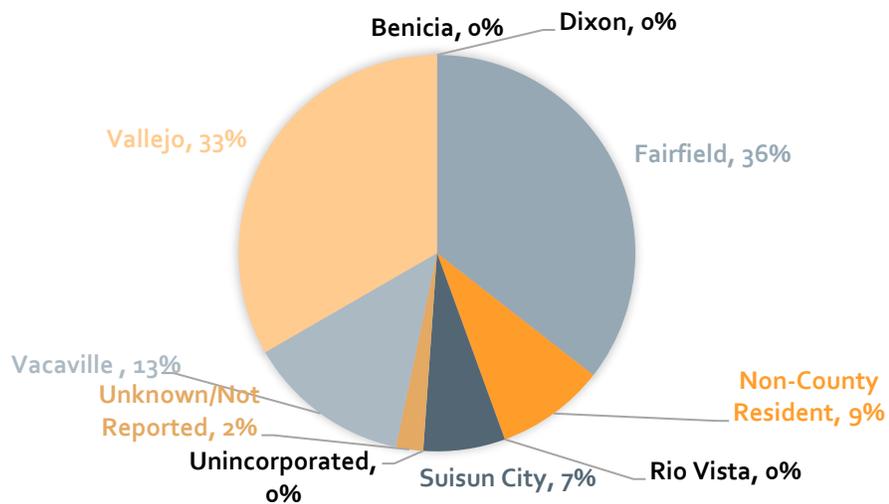
Estimated Unduplicated Individuals To Be Served: 60	
Age Group	Estimated #
Estimated Number of TAY Adults (18-25) to be served in Fiscal Year 2024-2025	9
Estimated Number of Adults (26-59) to be served in Fiscal Year 2024-2025	40
Estimated Number of Older Adults (60+) to be served in Fiscal Year 2024-2025	11

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			45
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	9%	Central American	0%
26-59	78%	Mexican/Mexican-American/Chicano	16%
60+	13%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	2%
Race		South American	0%
American Indian/Alaskan Native	4%	African	0%
Asian	9%	Asian Indian/South Asian	0%
Black or African-American	40%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	20%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	27%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	80%	Middle Eastern	0%
Female	20%	Other Non-Hispanic/Latino	76%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	78%	More than one ethnicity	0%
Female	20%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	0%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	2%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	0%	Justice involved & foster care youth	
Bisexual	0%	Not applicable/not identify with all above	
Heterosexual/straight	98%	Prefer not to answer	
Lesbian	0%	Mental Health Symptoms Onset	
Other	2%	Less than 6 months	NA
Prefer not to answer	0%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	91%	Dixon	0%
Ilocano	0%	Fairfield	36%
Other	4%	Non-County Resident	9%
Prefer not to answer	0%	Rio Vista	0%
Spanish	2%	Suisun City	7%
Tagalog	2%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	2%
American Sign Language (ASL)	0%	Vacaville	13%
English	93%	Vallejo	33%
Tagalog	0%	Disability	
Other	4%	Difficulty seeing	NA
Spanish	2%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements:

The Adult HOME FSP program submitted two success stories, which are summarized below.

Client Success Story #1:

A female client between the ages 26-59 was referred to the HOME FSP program for sixteen months.

At time of enrollment, the client was living in a hotel in Solano County for approximately two years with her child, who had special needs. The client struggled with mental health symptoms that impacted her ability to function at work and with social relationships.

The client participated in mental health services, worked with a psychiatrist, and accepted resources and support from her case manager, who eventually also connected the client to the North Bay Regional Center (NBRC) to address her daughter's needs.

During enrollment in the HOME FSP program, the client secured stable, flexible employment that also allowed her to address her daughter's special needs. At time of discharge, she secured stable housing in a 2-bedroom apartment and her daughter enrolled in a program offered by NBRC.

Client Success Story #2:

A male client between the age 18-25 was referred by the SCBH Forensic Triage Team to the HOME FSP program and was enrolled in the HOME FSP program.

In addition to involvement with the legal system, the client's lived experiences included substance use, foster care placement, and lack of support from family prior to incarceration. The client worked with his case manager and was able to receive transitional housing support in addition to linkage to employment support services. The client worked closely with his therapist and psychiatrist, complied with medication, and improved somatic behaviors to secure stable housing.

After 25 months in the HOME FSP program, the client's diversion mental health case was cleared, and he stepped down to mild to moderate mental health services. He enrolled at a local community college and secured a 1-bedroom apartment.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Substance Use & Legal System Involvement:

The Adult HOME FSP program staff faced difficulties in engaging referred clients to services, due to factors such as acute substance use and involvement in the legal system.

Contact with Clients:

The Adult HOME FSP program staff reported challenges with maintaining contact with clients due to lack of consistent phone service and transient living situations.

Consistent Engagement:

The Adult HOME FSP program staff ran into situations where there was a lack of consistent participation by clients, due to lack of desire to engage or potential mistrust with local systems of care.

Housing Concerns:

The Caminar HOME FSP program staff encountered additional barriers in connecting clients to available Housing and Urban Development (HUD) housing options for at-risk clients or housing for special population clients, such as those who are criminally involved 290 status (registered sex offender under Penal Code Section 290) or are housing arsonists (convicted of arson and required to register their residence, under Penal Code Section 290).

Equity Efforts in Fiscal Year 2023-2024:

The Adult HOME FSP program staff are trained on co-occurring diagnoses, substance use, suicide prevention, trauma-informed treatment, and client-centered approaches. Staff are also trained on how to access Language Link interpreter services through a SCBH contract. The Adult HOME FSP leadership focused on cultural competency and equity through the recruitment and hiring process, leading to a more diverse workforce and increased delivery of services for culturally and linguistically diverse consumers.

The Adult HOME FSP leadership team also participated in the development of a regionwide Diversity and Equity Committee, which is designed to continually evaluate service delivery, staff recruitment efforts, and staff training opportunities to ensure the agency continues to provide inclusive and equitable services. The members of the agencywide Diversity and Equity Committee reflect the broad range of culturally and linguistically diverse staff and are responsible for developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide valuable input into the development of Caminar's agencywide Diversity and Equity Plan, which is submitted to SCBH on an annual basis.

Changes or Updates Planned for FY2024-2025:

In March 2024, a Request for Proposal (RFP) was executed for highest level intensity FSP and moderate level outpatient program services. Caminar, Inc. was selected as a vendor for Adult

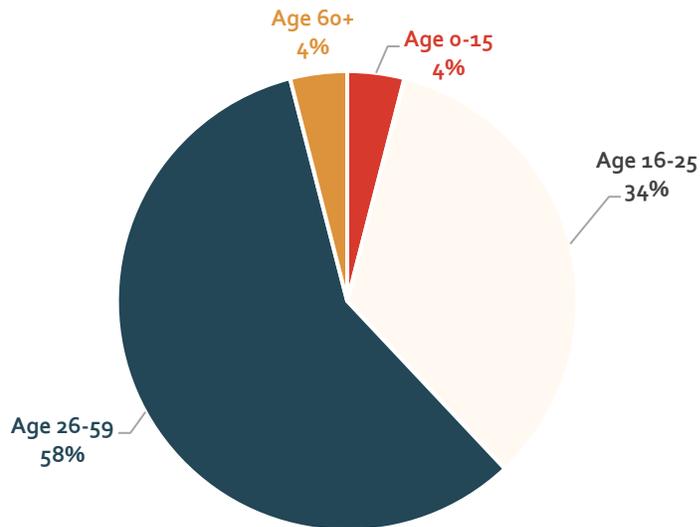
FSP services, with the understanding that there would be a shift in the budget from a historically cost reimbursement model to a fee-for-service model.

OVERALL FSP OUTCOMES

During FY 2023/24 there were a total of 497 unduplicated consumers served during the year. There was a total of 177 adults served and 320 children/youth. Three (3) of the FSP consumers served identified as a veteran. The following charts represent additional demographics for FSP consumers served during the year.

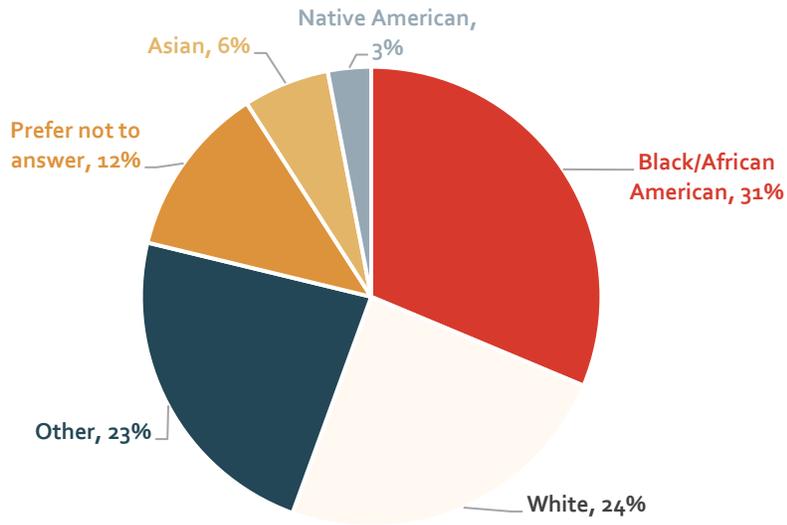
The chart below shows FSP consumers served by age grouping.

FSP CONSUMERS SERVED BY AGE GROUPING



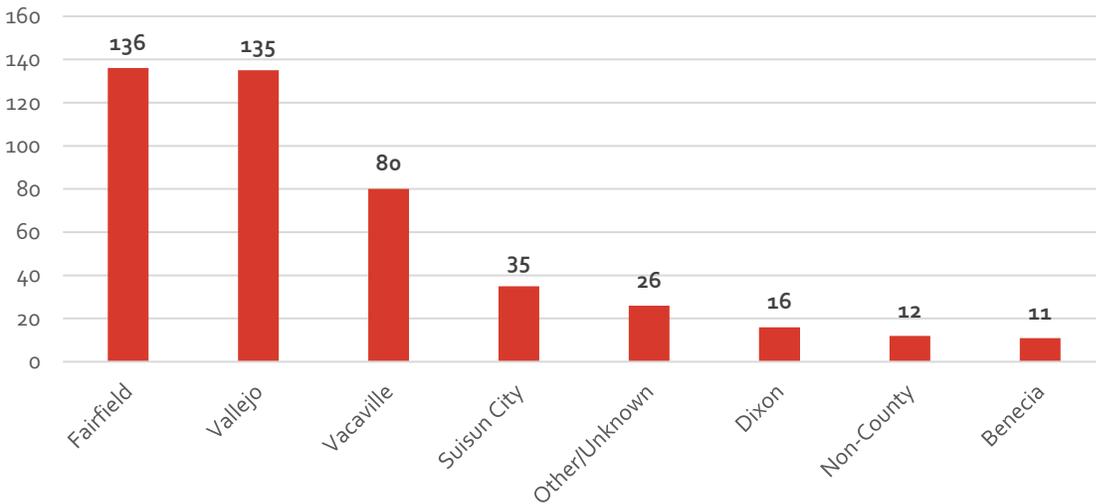
The chart on the following page shows the FSP consumers served by race/ethnicity.

FSP CONSUMERS SERVED BY RACE/ETHNICITY

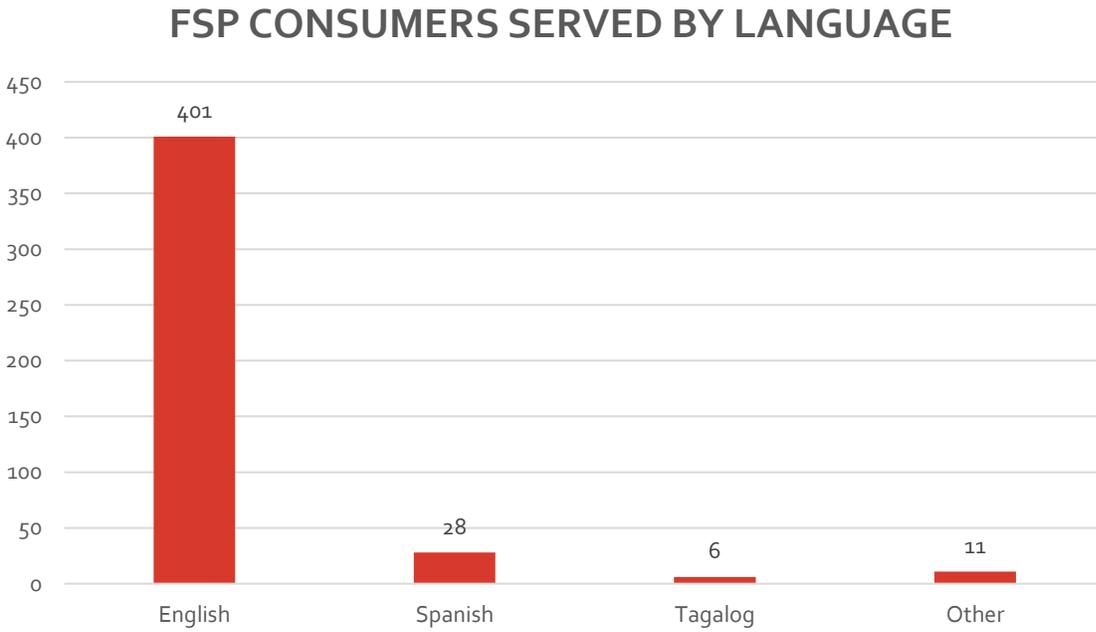


The chart below shows the city of residence for the FSP consumers served.

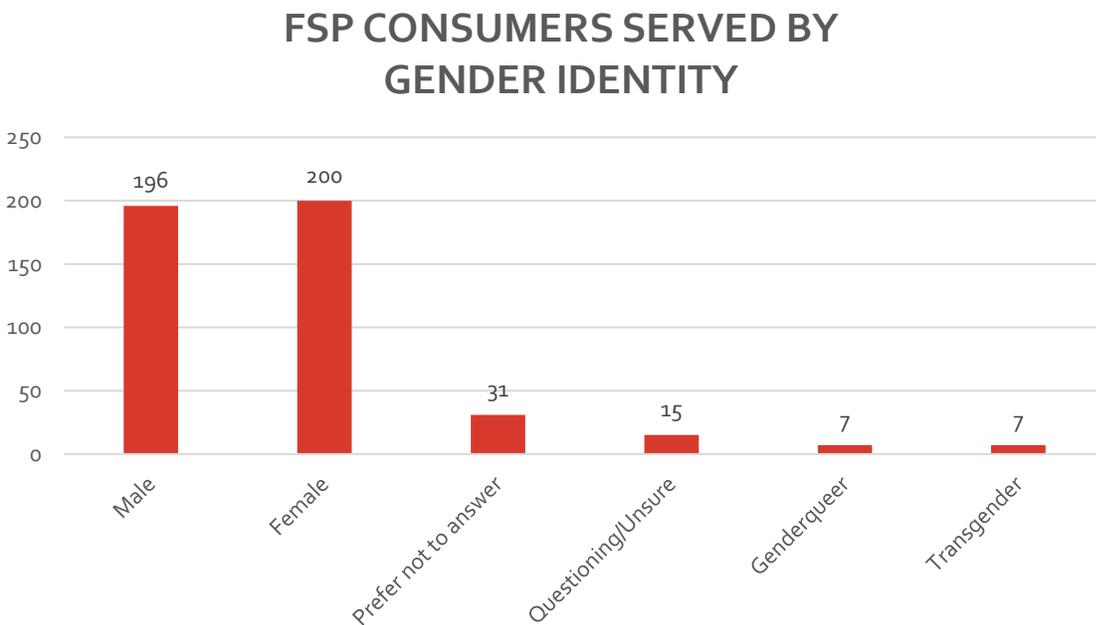
FSP CONSUMERS SERVED BY CITY OF RESIDENCE



The chart below shows language for the FSP consumers served.

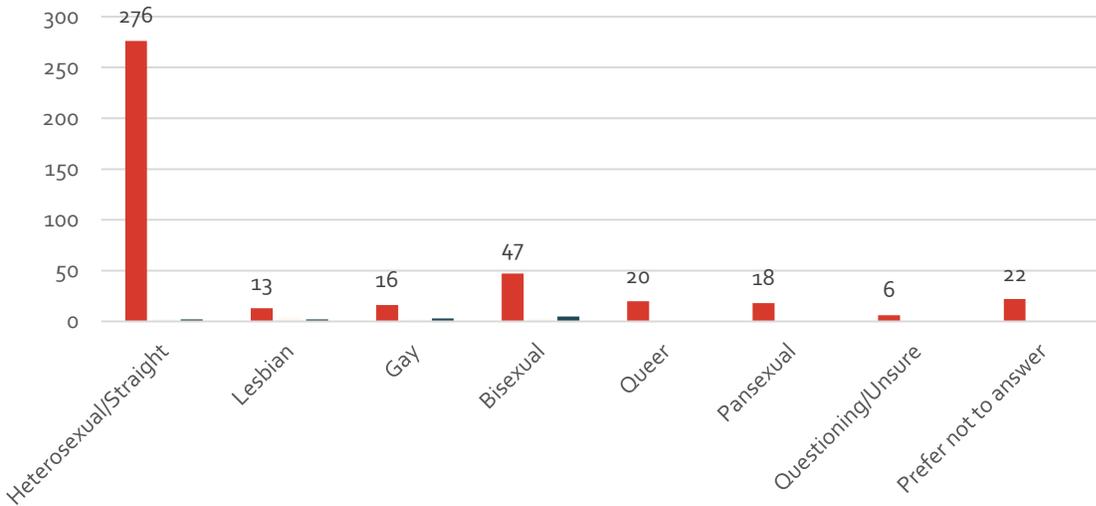


The chart below shows gender identity for the FSP consumers served.



The chart below shows sexual orientation for the FSP consumers served.

FSP CONSUMERS SERVED BY SEXUAL ORIENTATION



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

FSP System of Care	Annual Period (7/1/2023-6/30/2024)					
	# Unduplicated Consumers Served	%/# of Consumers Hospitalized 1 Time	%/# of Consumers Hospitalized 2 or More Times	%/# of Consumers Incarcerated	%/# of Consumers Experienced 1 Episode of Homelessness	%/# of Consumers Experienced Placement Loss (children/youth only)
Adults	177	14% (25)	2% (3)	6% (11)	6% (10)	N/A
Children/ Youth	320	6% (19)	2% (5)	1% (2)	11% (35)	1% (4)

GENERAL SYSTEMS DEVELOPMENT

In fiscal year 2023/24, CSS General Systems Development (GSD) programming included the following strategies:

- Crisis Services and Supports
- Wellness and Recovery Programming
- Targeted System Supports
- Forensic Mental Health Programming, and
- MHSA Housing Supports

Crisis Services & Supports

Name of Program:	Crisis Stabilization Unit (CSU)
Agency Name:	Crestwood Behavioral Health, Inc.
Description of Program:	
<p>The CSU, operated by a community-based organization, is the County’s provider for crisis stabilization services (CSS) and linkages to a spectrum of crisis mental health services for individuals experiencing an acute psychiatric emergency, e.g., suicidal, homicidal (due to a mental health condition) or gravely disabled. The CSU operates 24 hours a day, 7 days a week and consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals in crisis providing assessment and emergency treatment and when their crisis has abated, linking those individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placements in order to ensure consumer and community safety.</p>	
Program Performance Measures	
841 Total Admissions representing 586 Unduplicated Individuals Served	
Program Indicators	Annual Outcomes
Provide linkage/referral services for at least 90% of the consumers being discharged from the CSU to the community.	Of the 586 admissions, 586 CSU episodes of care resulted in discharges to the community and of those 100% (586) were provide a referral or linked to ongoing care.
At least 70% of the consumers who complete the CSU Consumer Satisfaction Evaluation will report overall satisfaction with the services by endorsing “agree” on question 6 on the evaluation. Please note that consumers who continue to be experiencing an acute crisis may not complete a survey	<p>A total of 26 consumer satisfaction surveys were collected and of those 92% (24) of the consumers surveyed endorsed overall satisfaction with services.</p> <p>Factors contributing to the low number of customer satisfaction surveys include knowledge loss with staff turnover, indicating a need for</p>

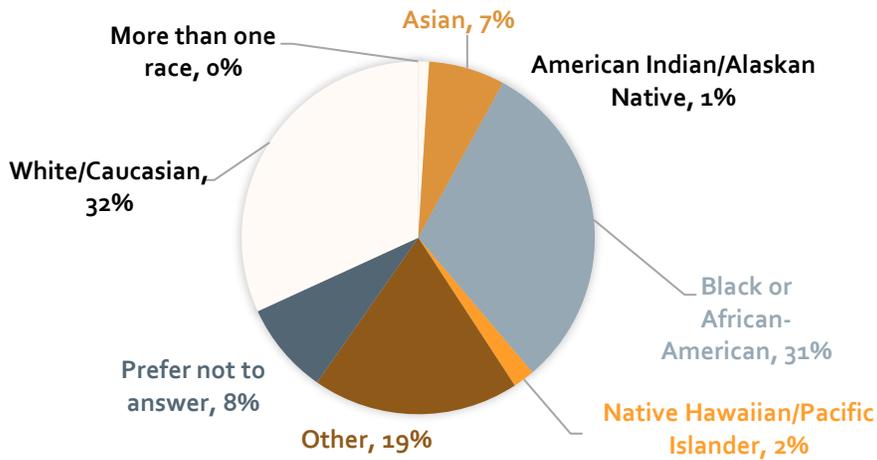
<p>during their stay or before being transferred to a psychiatric inpatient facility.</p>	<p>training for new hires and refresher training of previously trained staff.</p>
<p>For after-hours access calls, at least 90% of the test calls made will pass the threshold of meeting the DHCS criteria of:</p> <ul style="list-style-type: none"> i. Utilize translation services to ensure that linguistic needs of callers are met. ii. Conducting brief evaluation of consumers' needs; triaging cases and assigning an initial routine or emergent status. iii. For all requests for service, provide an explanation of how to access specialty mental health services, including how to obtain an initial intake assessment to determine medical necessity for ongoing behavioral health care. iv. Provide information regarding the Solano County Problem Resolution as needed. 	<p>93% of test calls passed the threshold of meeting the DHCS criteria for utilizing translation services to ensure that linguistic needs of callers are met; 94% for providing an explanation of how to access specialty mental health services; and 67% for providing information regarding the Solano County Problem Resolution as needed.</p> <p>Information is unavailable at this time for test calls that passed the threshold of the DHCS criteria of conducting brief evaluation of consumer's needs.</p>

Financial Report

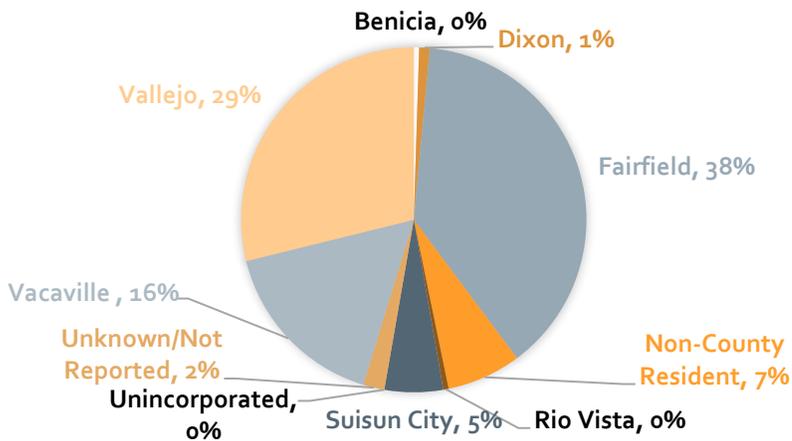
Cost per Admission	\$4,788
Cost per Person	\$6,871.51
Contract Amount for FY2023/24	\$4,704,863
Total Expenditures FY2023/24	\$4,026,707.61
Budgeted Amount for FY2024/25	\$4,704,863

The following charts and table provide additional demographic data for the service recipients by the Crisis Stabilization Unit (CSU) Program:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			586
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	22%	Central American	0%
26-59	69%	Mexican/Mexican-American/Chicano	15%
60+	5%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	6%	Asian Indian/South Asian	0%
Black or African-American	26%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	20%	Eastern European	0%
Prefer not to answer	8%	European	0%
White/Caucasian	37%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	59%	Middle Eastern	0%
Female	41%	Other Non-Hispanic/Latino	77%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	54%	More than one ethnicity	0%
Female	37%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	7%	Foster care youth	
Questioning/unsure	1%	All of above	
Transgender	1%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	4%	Not applicable/not identify with all above	
Heterosexual/straight	74%	Prefer not to answer	NA
Lesbian	1%	Mental Health Symptoms Onset	
Other	1%	Less than 6 months	
Prefer not to answer	18%	6-12 months	
Queer	1%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	2%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	98%	Unknown/not reported	NA
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	1%
English	93%	Dixon	3%
Ilocano	0%	Fairfield	38%
Other	1%	Non-County Resident	9%
Prefer not to answer	0%	Rio Vista	1%
Spanish	5%	Suisun City	8%
Tagalog	1%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	1%
American Sign Language (ASL)	0%	Vacaville	15%
English	91%	Vallejo	23%
Tagalog	1%	Disability	
Other	4%	Difficulty seeing	
Spanish	5%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA

Highlights & Achievements:

Significant Improvement with Access Line Test Calls:

Pursuant to Federal and California State Regulations, there is a mandate that every County must provide an access line 24 hours a day, 7 days a week, for community members to call and request mental health services. Periodic test calls are made to ensure that each County is following the Federal and State regulations. Historically, Crestwood Behavioral Health, Inc.'s Crisis Stabilization Services (CSS) program had challenges with the Access Line test calls, but in Fiscal Year 2023-2024, the CSS program demonstrated significant improvement in compliance with these test calls. The CSS program leadership team provided Access Line training and refresher trainings to all staff.

Compassionate Care Meetings and Pro-ACT Trainings:

While de-escalation techniques and other non-restrictive methods are prioritized, restraints (both physical and chemical) may be necessary in situations where an individual's behavior possess an imminent risk of harm to themselves, other clients, and CSS staff. Throughout Fiscal Year 2023-2024, CSS program leadership devoted considerable efforts to diminish the frequency of use of restraints. A monthly Compassionate Care Meeting series was initiated. Staff received Professional Assault Crisis Training (Pro-ACT) refresher training, which is a principle-based, safety training program that focuses on meeting client needs and preventing and responding to crisis situations through establishing a culture of engagement that improves the quality of interaction throughout the organization. These practices have resulted in a reduction of recorded incidents of use of restraints.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staffing Challenges:

The CSS program's ongoing staffing challenges persist, particularly in roles mandating licensure, such as the Registered Nurses, Licensed Vocational Nurses, and Licensed Psychiatric Technicians classifications. Crestwood Behavioral Health, Inc.'s Human Resources department has been diligently engaged in the exploration and establishment of alternative recruitment strategies, aimed at motivating individuals to seek employment with their organization. A specialized team, with a primary goal of enhancing efficiency and accelerating their internal hiring process, was tasked with recruitment, screening, reference verification, and credentialing of prospective applicants prior to their initial engagement with the CSS program.

Diversion:

The CSS program staff report the encounter challenges in providing services in situations of high diversion numbers. Diversion occurs in a few different situations, including maximum bed capacity reached and age-based reason (for example, presence of a minor limits who can be

admitted or vice versa the presence of an adult with restrictions regarding proximity to minors limits who can be admitted). In response, the CSS program started working with SCBH to install a pocket door, thus establishing a secure minors' area, distinct from the adult's area and with its own dedicated staff. This initiative aims to facilitate better support for County partners by removing the barrier of current diversion rates.

Equity Efforts in Fiscal Year 2023-2024:

Staff Recruitment:

The CSS program actively seeks to hire employees with diverse backgrounds, including those with lived experience, and across age ranges and ethnic backgrounds, to deliver compassionate and informed services and to create a safe, informed, and healing environment for individuals during some of the most challenging times of their lives. The facility displays posters to highlight equity and safe zones to illustrate expression of acceptance and understanding.

Crestwood Behavioral Health, Inc.'s Equity, Diversity and Inclusion team envisions a culture of belonging. The team emphasizes fostering organizational belonging and inclusion while embracing diversity through a trauma-informed approach. The team is also dedicated to promoting equity and inclusion through practicing cultural humility. The team hosted a webinar during Mental Health Awareness Month, focusing on Cultural Consideration and Mental Health. Additionally, the team disseminated a monthly newsletter that educates and celebrates various events, such as Pride Month, Juneteenth, and heritage months acknowledging the accomplishments and contributions of various race/ethnic groups.

Changes or Updates Planned for FY2024-2025:

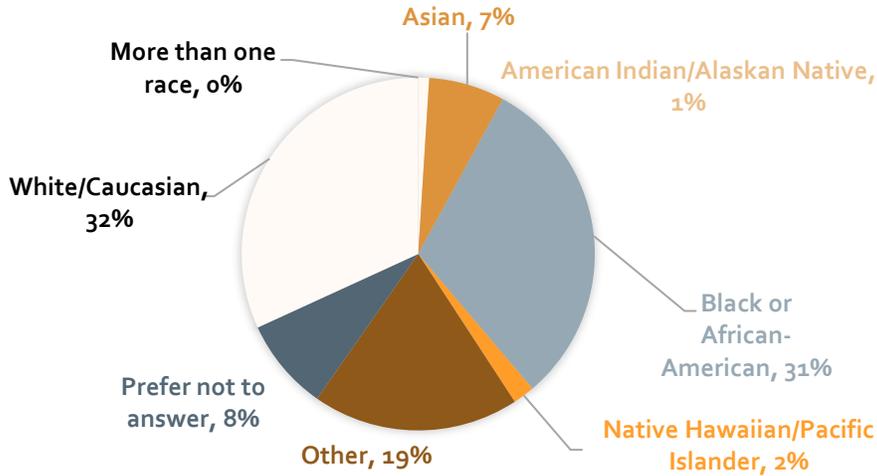
In Fiscal Year 2024-2025, Realignment funding will be utilized for the CSS program. The program will no longer be funded using MHSA dollars.

Crisis Aftercare and Recovery Engagement (CARE)

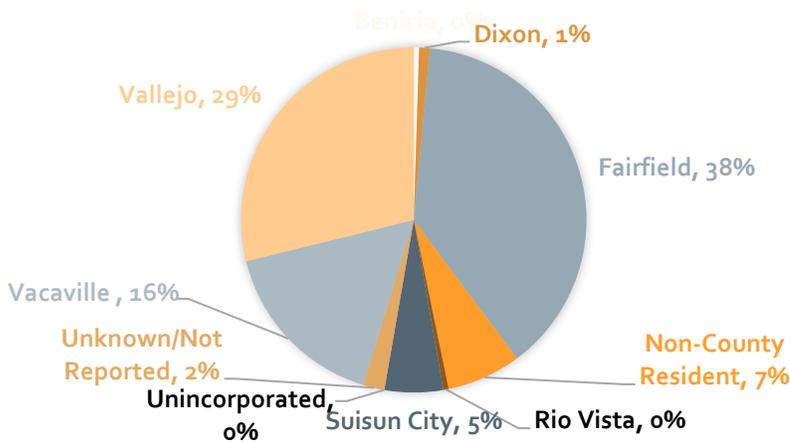
Name of Strategy:	Crisis Aftercare and Recovery Engagement (CARE)
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
<p>The Crisis Aftercare & Recovery Engagement (CARE) strategy, delivered by SCBH, serves adults (18+) who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the CSU or other emergency services. This team provides up to 60 days of engagement and crisis aftercare services to ensure linkage to ongoing community-based treatment services including a follow-up service within seven (7) days of discharge from an inpatient facility and a medication service within thirty (30) days of discharge from an inpatient facility. In addition to linkage services team members arrange for short-term housing and when indicated engage in safety planning and crisis intervention.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 360	
Strategy Indicators	Annual Outcomes
Identify and accept referrals for consumers preparing to discharge from inpatient facilities or high users of the CSU.	436 consumers were referred to the CARE Team. 373 referrals met criteria for SCBH services. Of those referred who met criteria for SCBH services, 97% (360) were served by the program.
Provide crisis aftercare services for up to 60 days following discharge from the CSU or an inpatient facility.	The average number of days consumers received after care services was not available at the time of this report. However, CARE Team staff are assigned within 1-3 days and a significant number of consumers do not respond to follow up phone calls and/or refuse services.
Financial Report	
Cost per Person	\$1,887.49
Budget Amount for FY2023/24	\$690,444
Total Expenditures FY2023/24	\$679,497.20
Budgeted Amount for FY2024/25	\$

The following charts and table provide additional demographic data for the service recipients by the CARE Strategy:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			360
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	26%	Central American	0%
26-59	70%	Mexican/Mexican-American/Chicano	15%
60+	4%	Other Hispanic/Latino	6%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	5%	Asian Indian/South Asian	0%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	18%	Eastern European	0%
Prefer not to answer	10%	European	0%
White/Caucasian	36%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	56%	Middle Eastern	0%
Female	44%	Other Non-Hispanic/Latino	78%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	48%	More than one ethnicity	0%
Female	39%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	3%	Foster care youth	
Questioning/unsure	9%	All of above	
Transgender	1%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	4%	Not applicable/not identify with all above	
Heterosexual/straight	70%	Prefer not to answer	
Lesbian	1%	Mental Health Symptoms Onset	
Other	1%	Less than 6 months	NA
Prefer not to answer	23%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	1%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	1%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	99%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	2%
English	94%	Dixon	3%
Ilocano	0%	Fairfield	33%
Other	0%	Non-County Resident	10%
Prefer not to answer	0%	Rio Vista	1%
Spanish	6%	Suisun City	7%
Tagalog	1%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	1%
American Sign Language (ASL)	0%	Vacaville	15%
English	88%	Vallejo	28%
Tagalog	1%	Disability	
Other	8%	Difficulty seeing	NA
Spanish	4%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements:

Reducing Recidivism:

The CARE team plays a crucial role in engaging clients, support their stabilization, and reducing recidivism. The team conducts acuity assessments to ensure client safety and provides case management services to help individuals thrive in the community when they are discharged.

The CARE Team Helps Provide the Highest Level of Outpatient Care:

The CARE team is highly involved in the Crisis Residential Treatment Program (CRT), which is the highest level of outpatient care available in Solano County. The team works primarily with individuals who are not connected to case management services or the County's system of care. These clients are often discharged from psychiatric hospitals, the Crisis Stabilization Unit, Mobile Crisis, or local hospital emergency departments, following a crisis event.

Timeliness from Referral to First Engagement:

Timely service is essential for further stabilization, as building a strong relationship with clients is key to supporting their stay at the CRT and ensures a smooth transition to a lower level of care in the community. The CARE team reaches out to clients within 1 to 3 days of receiving the referrals.

Collaboration with Partners:

The team collaborates with partners, including the Mobile Crisis services and local emergency departments, to connect individuals with appropriate treatment within the crisis continuum of care. Additionally, the CARE team's managers are actively involved in the Solano County system of care, working on the development and implementation of processes related to Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA).

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Transitions in Leadership Structure:

The CARE team underwent a leadership transition at the managerial level, bringing some uncertainty. Despite this, the CARE team demonstrated resilience and adaptability throughout the transition. Staff members remained committed to their mission, maintaining a high standard of care for clients while adjusting to new leadership styles, priorities, and workflows.

Acuity is Increasing:

The CARE team reports that the acuity of clients served has been steadily increasing. Clients are presenting with greater complexity, often navigating multiple systems of care, such as the local regional centers and substance use treatment programs. These overlapping needs require more intensive coordination and support to ensure successful stabilization and long-term recovery. To address these challenges, the CARE team collaborated with the Crisis Residential Treatment program (CRT) to extend stays beyond the typical 30-day maximum when necessary, providing flexibility that has been crucial in providing clients with the time needed to stabilize before transitioning to a lower level of care. Additionally, the CARE team strengthened its partnership with a local transitional housing program, offering clients a more structured and supportive environment after being discharged. These enhancements have significantly improved stabilization outcomes and reduced the risk of recurrence, despite the climbing acuity being presented by clients.

Equity Efforts in Fiscal Year 2023-2024:

Diversity of Staff Reflects the Population Served:

The CARE team is composed of a diverse group of professionals who bring a wide range of cultural and ethnic backgrounds, including African American/Black, Native American, Latino/a, and Caucasian/White. This makeup closely reflects the population they serve, presenting opportunities to provide more culturally responsive and inclusive care. Representation within the team fosters trust, relatability, and stronger engagements with clients.

During Care Coordination meetings, staff are mindful of their diverse identities as well as those of the clients they support. Discussions emphasize the importance of honoring each person's unique background, prioritizing inclusion, and striving for equity in service delivery. This approach helps us tailor interventions to meet the specific needs of each client while maintaining an awareness of systemic barriers they face.

Welcoming Environment for Interns:

The CARE team fosters a learning-centered environment by welcoming graduate-level interns to complete their field training. This opportunity not only provides emerging professionals in training with valuable hands-on experience, but also enriches the CARE team's dynamics by introducing fresh perspectives and innovative ideas. Interns can take on a caseload, which assists with workload distribution and allows for enhanced services and continuity of care. By embracing ongoing learning and cultural awareness, the CARE team remains dedicated to delivering high-quality, equitable, and compassionate support to clients.

Changes or Updates Planned for FY2024-2025:

Starting in October 2024, there was a transition in direct supervision, bringing changes to caseload distribution and the collaborative approach to serving acute care clients. With the new leadership structure, there is a renewed focus on streamlining workflows, enhancing communication, and improving service coordination to better meet the needs of individuals in crisis.

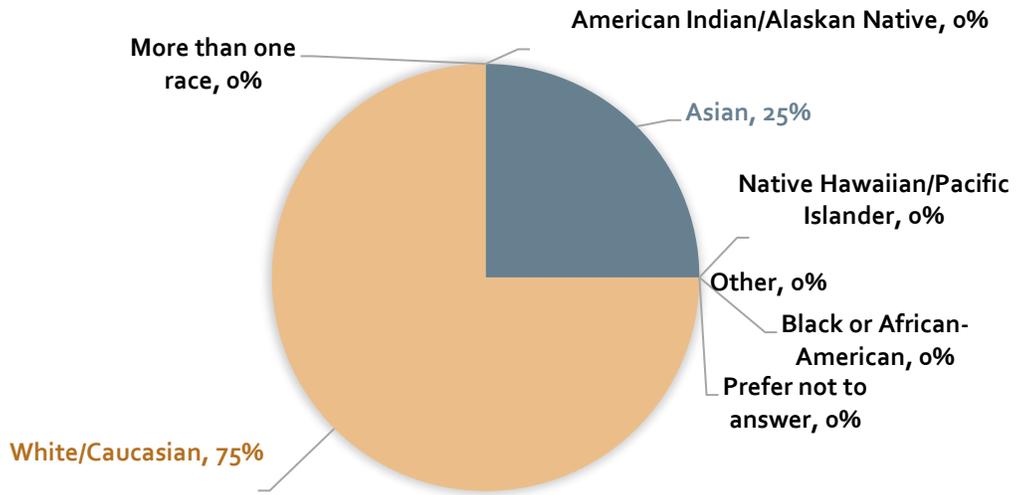
Implementation of processes related to *Follow-Up After Emergency Department Visit for Mental Illness (FUM)* and *Follow-Up After Emergency Department for Alcohol and Other Drug Dependence (FUA)*. These initiatives are expected to improve continuity of care by ensuring timely follow-up and intervention for individuals discharged from emergency departments. The team remains committed to adapting and refining processes to best support acute care clients, reduce recidivism, and promote long-term stabilization within the community after discharge.

Wellness & Recovery Programming

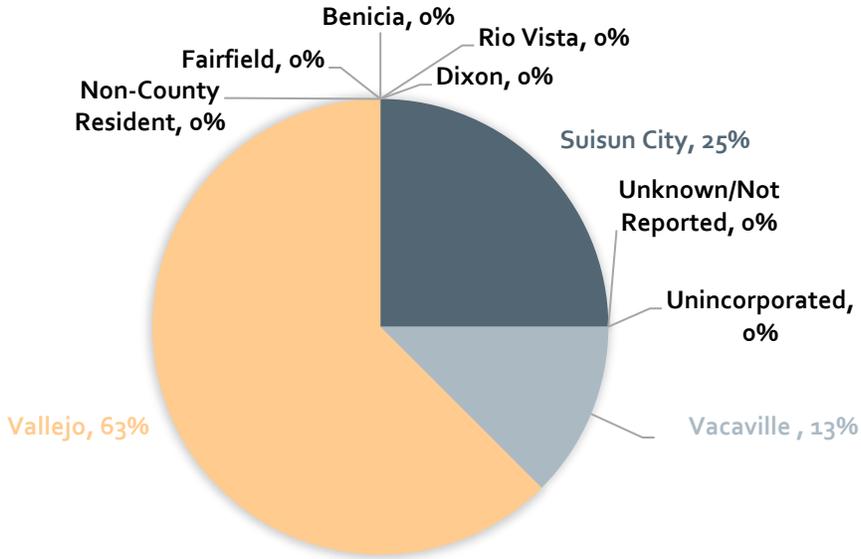
Name of Program:	Wellness & Recovery Unit (WRU)
Agency Name:	Solano County Behavioral Health
Description of Program:	
WRU program provides support, advocacy, peer counseling, mentoring, and training for consumers and family members. The team provides peer consumer and family support groups across the county as well as education in the community to combat the stigma associated with mental health. This program also recruits and trains peer consumer volunteers and during FY2018/19 expanded to include five Peer Support Specialist (PCS) paid County positions. The PSS staff are co-located in the county-operated youth and adult FSP, as well as the three county-operated Integrated Care Clinics that provide psychiatry and medication services.	
Program Performance Measures	
Unduplicated Individuals Served: 250	
Program Indicators	Annual Outcomes
Facilitate peer consumer virtual support groups 2 times per week	42 peer consumer support groups were offered with 37 unduplicated consumers.
Facilitate a weekly peer consumer journaling group.	23 journaling groups were offered with 35 unduplicated consumers.
Facilitate family virtual support groups 1 time per week	10 family support groups were offered with 4 unduplicated family member participants.
Peer Support Specialists (PSS) will be co-located in the 3 adult psychiatry clinics, one county-operated ACT FSP program, and one county operated youth FSP program in order to provide 1:1 and group peer-to-peer support for consumers.	174 consumers were served by the PSS staff.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 5 volunteers and 4 County PSS paid employees—trained from diverse backgrounds who provide support for consumers accessing services through the County system of care.
Financial Report	
Cost per Person	\$2,038.46
Contract Amount for FY2023/24	\$1,088,548
Total Expenditures FY2023/24	\$509,614.92
Budgeted Amount for FY2024/25	\$

The following charts and table provide additional demographic data for the service recipients by the **Wellness and Recovery Unit (WRU) Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			#
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	0%	Central American	0%
26-59	75%	Mexican/Mexican-American/Chicano	0%
60+	25%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	25%	Asian Indian/South Asian	0%
Black or African-American	0%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	0%	Eastern European	0%
Prefer not to answer	0%	European	25%
White/Caucasian	75%	Filipino	25%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	50%	Middle Eastern	0%
Female	38%	Other Non-Hispanic/Latino	38%
Prefer not to answer	13%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	13%
Male	38%	More than one ethnicity	0%
Female	38%	Identify with any of these groups?	
Genderqueer	13%	LGBTQ	NA
Other	13%	Currently involved with adult/juvenile justice	
Prefer not to answer	0%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	25%	Justice involved & foster care youth	
Bisexual	0%	Not applicable/not identify with all above	
Heterosexual/straight	63%	Prefer not to answer	
Lesbian	0%	Mental Health Symptoms Onset	
Other	13%	Less than 6 months	0%
Prefer not to answer	0%	6-12 months	0%
Queer	0%	1-4 years	13%
Questioning/unsure	0%	5-9 years	13%
Veteran Status/Military Services		Over 10 years ago	63%
Veteran	13%	Prefer not to answer	0%
Active military	0%	Do not have MH symptoms	13%
Not a veteran or not active military	88%	Unknown/not reported	0%
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	100%	Dixon	0%
Ilocano	0%	Fairfield	0%
Other	0%	Non-County Resident	0%
Prefer not to answer	0%	Rio Vista	0%
Spanish	0%	Suisun City	25%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	13%
English	100%	Vallejo	63%
Tagalog	0%	Disability	
Other	0%	Difficulty seeing	20%
Spanish	0%	Difficulty hearing/having speech understood	10%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	0%
		Cognitive impairment	0%
		Physical/mobility	0%
		Chronic physical health condition	10%
		No disability	30%
		Other disability	20%
		Prefer not to answer	10%

Highlights & Achievements:

A Special Focus on Peer Support Specialists:

The WRU Consumers Affairs and Family Liaisons provide support to all the SCBH hired Peer Support Specialist (PSS) during meetings that occur twice a month. Additionally, a WRU supervisor provides support to PSS staff employed or monitored by community partners throughout the SCBH system of care. The SCBH's PSS facilitate two peer consumer support groups each week, weekly peer consumer journaling group sessions, and family support groups.

The WRU team established a contract with a known contractor to offer free Medi-Cal Certified Peer Support Specialist Training and exam support. The WRU support the PSS to prepare for the State's Medi-Cal Certification exam, through workshops.

Mental Health Awareness Month:

The WRU team leads the planning, coordination, and promotion of May is Mental Health (MIMH) events and activities. The planning committee, which included PSS and community partners in addition to SCBH staff, voted on the theme of "Growing Through What You Go Through". The planning team supported a variety of mental health and wellness focused events and activities, such as school-aged focused art activities, family workshops facilitated in both English and Spanish, awareness walks, a mental health conference focused on supporting families in the African American/Black community, a community resource fair, and a one-day series of mental health focused comedy shows in Vallejo, Fairfield, and Vacaville.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Lack of Dedicated Supervisor:

The WRU team identified that the lack of a supervisor dedicated to WRU activities proved to be a barrier. Efforts have been made to start recruiting for a dedicated supervisor for the WRU activities.

More Structure Needed for Support Groups:

The WRU team identified that the support groups could benefit from more structure. The WRU team thus implemented Registration and Participation Agreement forms for these groups.

Equity Efforts in Fiscal Year 2023-2024:

The WRU team provides culturally relevant trainings to staff. Additionally, PSS participate in Diversity and Equity trainings and participate in committees throughout SCBH.

One PSS is certified to interpret Spanish and carries a caseload of Spanish-speaking peers.

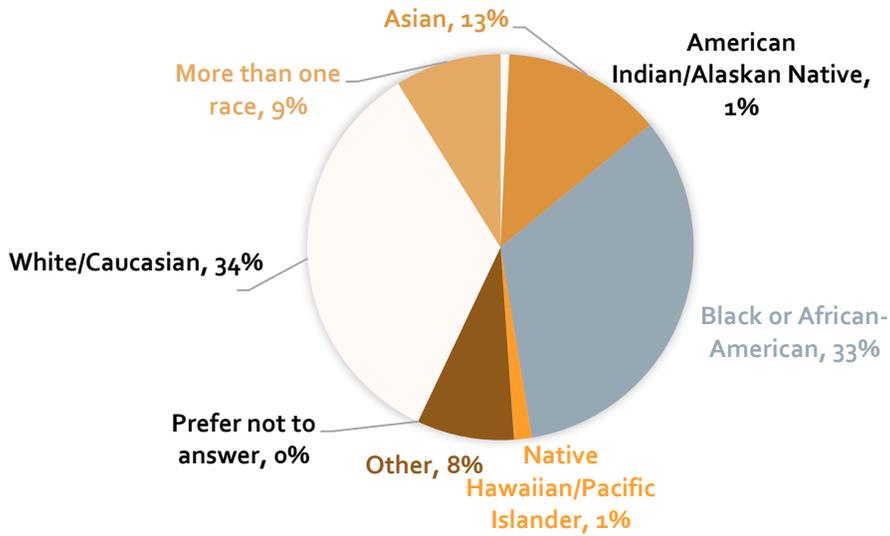
Changes or Updates Planned for FY2024-2025:

The WRU team aims to hire more PSS in addition to a supervisor dedicated to WRU activities.

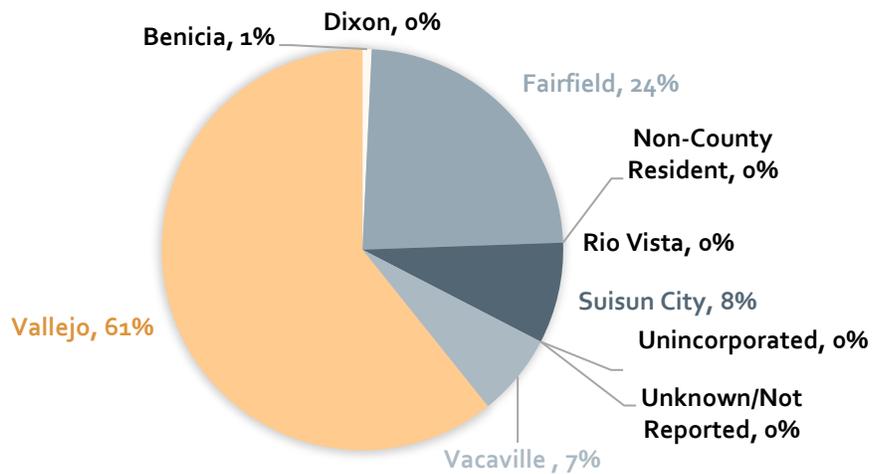
Name of Program:	Wellness & Recovery Center (WRC)
Agency Name:	Caminar, Inc.
Description of Program:	
<p>The WRCs, operated by a contractor, provide safe and welcoming spaces for adult consumers with serious persistent mental health conditions. Staff at the WRCs, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. They support peer consumers in building on their strengths to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans (WRAP); support groups; 12-step support; peer counseling and mentoring; employment preparation; workshops on self-management, health and life skills, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided. Currently there are two WRC sites one in Vallejo and one in Fairfield. The Centers operate Monday thru Friday 7:30AM-2:30PM.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 135	
87 Individuals Served in Vallejo & 48 Individuals Served in Fairfield	
Program Indicators	Annual Outcomes
Provide wellness and recovery services to 175 unduplicated consumers combined from the Vallejo and Fairfield sites.	A total of 135 unduplicated consumers were served.
At least 85% of the consumers who attend the Center more than one time will have an active Wellness and Recovery Action Plan (WRAP) on file.	Of the 135 individuals served, 100% (135) had an active WRAP.
Annually at least 60% of consumers served will demonstrate an improved overall score and endorse that the Wellness Center program supports their wellness per the Quality of Life (QoL) Scale administered quarterly. Consumers will report improved functioning per a post follow-up Quality of Life (QoL) Scale maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains. The QoL Scale is administered at intake and quarterly thereafter. Suggested goal of 60%.	Of the 146 quarterly post QoL surveys administered at the Vallejo and Fairfield sites combined during the year 85% (124) of the survey responses demonstrated that consumers had maintained or improved their functioning.
Financial Report	
Cost per Person	\$4,927.29
Contract Amount for FY2023/24	\$1,091,096
Total Expenditures FY2023/24	\$665,184.22
Budgeted Amount for FY2024/25	\$800,000

The following charts and table provide additional demographic data for the service recipients by the **Wellness and Recovery Center (WRC) Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			135
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	1%	Central American	0%
26-59	64%	Mexican/Mexican-American/Chicano	8%
60+	35%	Other Hispanic/Latino	2%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	1%	African	15%
Asian	13%	Asian Indian/South Asian	0%
Black or African-American	33%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	1%
Other	8%	Eastern European	1%
Prefer not to answer	0%	European	15%
White/Caucasian	34%	Filipino	12%
More than one race	9%	Japanese	0%
Gender At Birth		Korean	0%
Male	70%	Middle Eastern	1%
Female	30%	Other Non-Hispanic/Latino	41%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	69%	More than one ethnicity	3%
Female	30%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	0%
Prefer not to answer	0%	Fairfield	24%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	8%
Gay	1%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	0%
Heterosexual/straight	91%	Vacaville	7%
Lesbian	0%	Vallejo	61%
Other	0%	Disability	
Prefer not to answer	3%	Difficulty seeing	18%
Queer	0%	Difficulty hearing/having speech understood	8%
Questioning/unsure	1%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	8%
Veteran	7%	Physical/mobility	10%
Active military	0%	Chronic physical health condition	13%
Not a veteran or not active military	93%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	39%
American Sign Language (ASL)	1%	Other disability	3%
English	95%	Prefer not to answer	2%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations:NA	
Prefer not to answer	0%		
Spanish	0%		
Tagalog	3%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	93%		
Tagalog	4%		
Other	1%		
Spanish	1%		

Highlights & Achievements:

Between Two Wellness Recovery Center (WRC) Sites:

The Caminar Inc.'s WRC team served the following *duplicated* services at their Fairfield and Vallejo sites:

Fiscal Year 2023-2024	Fairfield	Vallejo	Total
Daily Participants Reached	1,391	2,674	4,065
Outreach Calls	105	3,773	3,878
Educational Group	346	586	932
Food Bank Group	1,261 Over 45 visits	1,800 Over 44 visits	3,061

Camarin Inc.'s WRC team conduct outreach calls to stay connected with members who are unable to visit the WRC in-person and to keep clients informed of upcoming events or planned closures due to holidays.

Educational groups are conducted using guides on the following: Personal Medicine for Distressing Voices, Anger as a Common Ground Guide, Coping with Voices, Depression, Anxiety, Sleep, Self-Harm, Negative Thinking, and Dual Recovery.

Camarin Inc.'s WRC team participated in weekly food bank distribution opportunities to provide food supports for clients. Food was distributed three times per week.

Weekly WRAP:

The Caminar, Inc. WRAP team completed Wellness Recovery Action Plans on a weekly basis.

Staff Trainings:

Trainings were offered to all staff either virtually or in-person from July 2023 through March 2024. Training topics included the following: Vicarious Trauma, Child Family Treatment, Person Centered Care, Co-Occurring Diagnoses, Suicide Prevention, Solution Focused Brief Therapy, Substance Use Disorders, and Somatic Therapy.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Literacy Levels in Groups:

Caminar, Inc.'s WRC team identified that there were varying levels of literacy among group members, which made facilitating group activities more challenging. Some members do not know how to read or write. Some members partially attended elementary school. The varying levels in literacy impacted some members' participation in group activities, thus case managers found alternative activities for these members.

Leadership Structure and Program Changes:

With the departure of the one of two Program Directors, Caminar Inc. completed the task of incorporating their Vallejo program with their Fairfield site, which proved to be a challenging and stressful process, as Fairfield clients were hesitant about the changes. After staff addressed their concerns, which took time, persistence, and explanation, the Fairfield clients were understanding of the required changes.

Homelessness and Housing Resources:

Caminar Inc.'s WRC team reported that housing resources were in high demand among WRC clients, given the challenges of rising inflation costs and minimal increases in living wages especially in and around the San Francisco Bay Area region of Northern California.

Equity Efforts in Fiscal Year 2023-2024

Staff Training:

Trainings are offered to staff to increase cultural awareness, knowledge, and skills. Discussions about diverse cultural values are held with the WRC's diverse clients. Staff engage and initiate conversations, listen actively, and create a welcoming and comfortable environment.

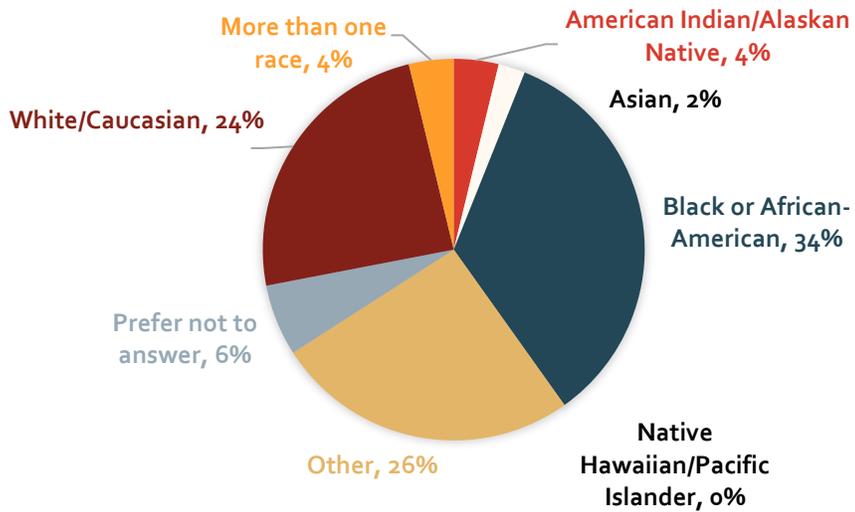
Changes or Updates Planned for FY2024-2025

There were no planned changes identified at this time.

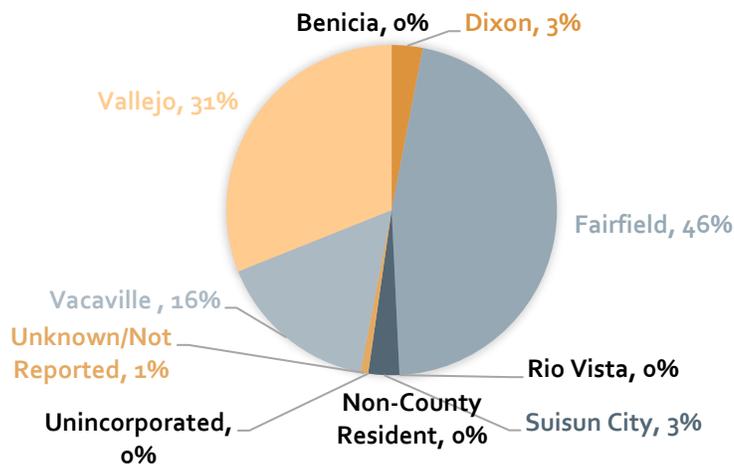
Name of Program:	Employment Services and Supports
Agency Name:	Caminar, Inc.
Description of Program:	
<p>The Employment Services and Supports program is delivered by a contractor in partnership with referring programs. The program provides employment and educational services for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment utilizing the Individual Placement and Support (IPS) evidenced-based model. The goal of this program is for consumers to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized. Services include a collaborative assessment and employment plan, employment preparation, job development and placement, job coaching and follow-up/retention support.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 132	
Program Indicators	Annual Outcomes
Provide employment services for 140-160 consumers annually who will achieve a 50% or higher competitive employment rate.	132 consumers received employment services. 56% (74) were placed with employment opportunities.
A minimum of 50% of the consumers served will secure competitive employment.	56% (74) consumers secured competitive employment.
Of those consumers with educational goals, at least 75% will be enrolled in voc/tech courses.	7 consumers had educational goals and 100% (7) enrolled in vocational/tech courses.
A minimum of 60% of the consumers who secure employment will maintain employment for at least 90 days and minimum of 25% will maintain employment for 120 days or more.	Of the 103 consumers who secured employment, 57% (59) maintained their employment for at least 90 days and 47% (48) of the consumers were employed for 120 days or more during the reporting period. Note that this 2nd measure included consumers who gained employment during the previous Fiscal Year and were rolled over for outcome reporting.
Financial Report	
Cost per Person	\$6,650.72
Contract Amount for FY2023/24	\$964,006
Total Expenditures FY2023/24	\$877,894.68
Budgeted Amount for FY2024/25	\$964,006

The following charts and table provide additional demographic data for the service recipients by the **Employment Services and Supports Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			132
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	26%	Central American	2%
26-59	70%	Mexican/Mexican-American/Chicano	13%
60+	2%	Other Hispanic/Latino	9%
Prefer not to answer	2%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	4%	African	24%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	26%	Eastern European	1%
Prefer not to answer	6%	European	15%
White/Caucasian	24%	Filipino	2%
More than one race	4%	Japanese	0%
Gender At Birth		Korean	1%
Male	64%	Middle Eastern	1%
Female	34%	Other Non-Hispanic/Latino	18%
Prefer not to answer	2%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	10%
Male	63%	More than one ethnicity	4%
Female	34%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	1%	Dixon	3%
Prefer not to answer	2%	Fairfield	46%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	3%
Gay	3%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	1%
Heterosexual/straight	83%	Vacaville	16%
Lesbian	2%	Vallejo	31%
Other	0%	Disability	
Prefer not to answer	8%	Difficulty seeing	5%
Queer	0%	Difficulty hearing/having speech understood	0%
Questioning/unsure	0%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	2%
Veteran	0%	Physical/mobility	2%
Active military	0%	Chronic physical health condition	6%
Not a veteran or not active military	100%	Serious/severe mental health condition	40%
Primary Language (1st Language)		No disability	27%
American Sign Language (ASL)	0%	Other disability	8%
English	94%	Prefer not to answer	11%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	1%	Significant Cultural Considerations: NA	
Prefer not to answer	2%		
Spanish	4%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	96%		
Tagalog	0%		
Other	2%		
Spanish	2%		

Highlights & Achievements:

A Successful Accreditation:

The Employment Services and Support program received a 3-year CARF accreditation, after surveyors engaged with program participants, SCBH staff, and employers. The CARF surveyors provided valuable feedback and commended their program's use of the evidence-based Individual Placement and Support (IPS) model.

A New Site:

In Fiscal Year 2023-2024, the Employment Services and Support program added a "Jobs Club" at SCBH's Vacaville office, with the help of a clinic manager. With the addition of this site, program participants now have three locations to access pre-employment services.

Client Success Story: Through Hard Work and Dedication

A female client seeking employment, through hard work and dedication, was able to successfully complete a year with the United States Post Service before transitioning to an Administrative Assistant role with a healthcare organization who has multiple locations in Solano County. In addition to maintaining successful employment, the female client also celebrated a major milestone of purchasing a home with her husband. She was successfully closed from the program.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staffing Changes at "BClubs" locations:

Staffing changes at the clinics created challenges in assigning staff to these sites. Caminar Inc.'s Employment Services and Support Director made contact with new clinic managers, introducing the program and creating room for growth and further conversations in order to better serve clients. This tactic resulted in an increase in communication and collaboration on both ends of the conversations.

Equity Efforts in Fiscal Year 2023-2024:

The program used consistent communication methods to advocate for employment for every individual served, while working with clinical team members.

Changes or Updates Planned for FY2024-2025:

In Fiscal Year 2024-2025, Caminar Inc.'s Employment Services and Support contract's Scope of Work is changing from prior fiscal years, in that Caminar Inc. staff will also be able to provide supported employment and educational services to California Work Opportunity and Responsibility to Kids (CalWORKs) clients with mental health and co-occurring substance use disorders. This new activity will be funded with a CalWORKs Mental Health and Substance Abuse funding source. These services are required by CalWORKs Temporary Assistance for Needy Families (TANF) regulations and provide critical services to individuals with mental health and substance use challenges who are seeking employment.

Targeted System Supports

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

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

Changes or Updates Planned for FY2024-2025

Starting in fiscal year 2022-2023, this strategy was merged with ICC (*see section directly below*).

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

regarding appropriateness for stepping consumers down to lower levels of care and multidisciplinary teams will facilitate transitions in care.

Changes or Updates Planned for FY2024-2025

Starting in fiscal year 2022-2023, this strategy merged with the ICC OD strategy and newly funded nutritionist position to support consumers with complex needs. The merged strategies are now referred to as the Adult Care Coordination Team (*see section directly below*).

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

Program Performance Measures	
Unduplicated Individuals Served: #1,054	
Program Indicators	Annual Outcomes
Adult Care Coordination Staff (Mental Health Specialist and Clinicians) will provide crisis and emergent case management, discharge planning, and linkages to resources and lower levels of care.	Staff provided services to 1,054 consumers during the reporting period.
Financial Report	
Cost per Person	\$861.86
Budget Amount for FY2023/24	\$1,962,509
Total Expenditures FY2023/24	\$908,403.89
Budgeted Amount for FY2024/25	\$

Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

Name of Strategy:	Adult Community Case Management (CCM)
Agency Name:	Caminar, Inc.
Description of Strategy:	
The updated and expanded CCM program, which includes Peer Support Specialists and co-occurring services, will now provide intensive case management services 1-2 times a week and titrating to monthly nearing discharge. This was implemented in response to stakeholder feedback that additional case management support was needed for adult consumers with persistent serious mental health conditions that do not meet the criteria for an FSP program but need more support than what is provided through the county-operated Adult Outpatient clinics and Care Coordination teams. The team will include a co-occurring disorders specialist, peers specialists, a nurse, and case managers that support people transitioning from higher levels of care like FSP (utilizing the Reaching Recovery level of care tool) and providing specialty supports, such as linkage for justice involved clients. This program now fills the continuum of recovery services at the moderate intensity of services.	
Program Performance Measures	
Unduplicated Individuals Served: 164	
Program Indicators	Annual Outcomes
Provide comprehensive case management services to a minimum of 180 consumers.	164 of consumers served.
No more than 20% of program participants will be admitted to the hospital for psychiatric treatment.	13% (22) of consumers served were hospitalized at least once in this fiscal year.
Greater than 25% of participants are successfully housed after homelessness.	58% (11) of consumers were successfully housed.
Financial Report	
Cost per Person	\$10,336.05
Budget Amount for FY2023/24	\$1,621,199.02
Total Expenditures FY2023/24	\$1,695,112.18
Budgeted Amount for FY2024/25	\$1,820,720.14

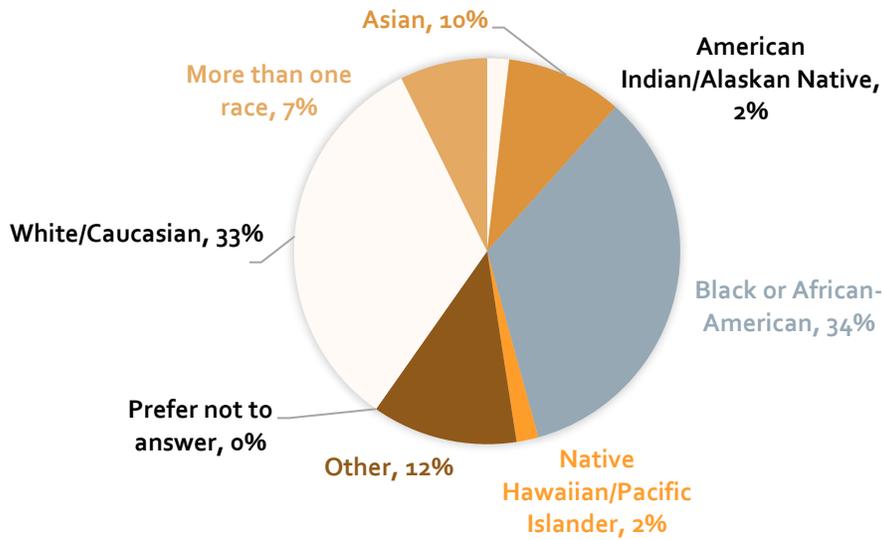
Significant Changes in Scope of Work and Budget in Fiscal Year 2023-2024:

The Co-Occurring Disorder (COD) Treatment program, which provided evidence-based, recovery oriented and person-centered care for individuals diagnosed with a serious mental illness (SMI) and an identified substance use condition, was also operated by the contractor Caminar, Inc. COD was merged into the CCM contract in Quarter 4 of Fiscal Year 2022-2023.

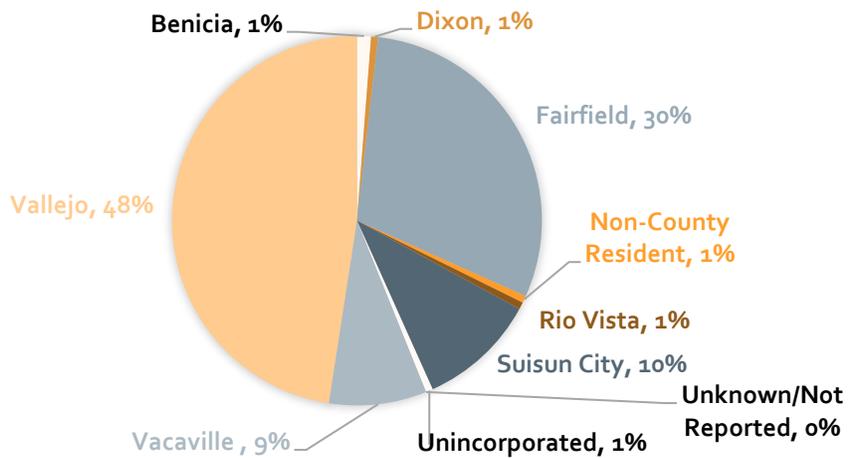
The Department of State Hospitals (DSH) program, which provided mental health assessments, reentry planning, mental health services and community-based case management to mentally ill individuals with felony charges approved by the Court for diversion from jail to mental health services, was also operated by the contractor Caminar, Inc. DSH was merged into the CCM contract in Quarter 1 of Fiscal Year 2023-2024.

The following charts and table provide additional demographic data for the service recipients by the **Adult Community Case Management (CCM) Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			164
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	7%	Central American	0%
26-59	70%	Mexican/Mexican-American/Chicano	5%
60+	23%	Other Hispanic/Latino	8%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	2%	African	20%
Asian	10%	Asian Indian/South Asian	1%
Black or African-American	34%	Cambodian	1%
Native Hawaiian/Pacific Islander	2%	Chinese	2%
Other	12%	Eastern European	2%
Prefer not to answer	0%	European	18%
White/Caucasian	33%	Filipino	7%
More than one race	7%	Japanese	1%
Gender At Birth		Korean	0%
Male	70%	Middle Eastern	0%
Female	30%	Other Non-Hispanic/Latino	32%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	1%
Male	70%	More than one ethnicity	2%
Female	30%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	1%
Prefer not to answer	0%	Fairfield	30%
Questioning/unsure	0%	Non-County Resident	1%
Transgender	0%	Rio Vista	1%
Sexual Orientation		Suisun City	10%
Gay	1%	Unincorporated	1%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	92%	Vacaville	9%
Lesbian	1%	Vallejo	48%
Other	0%	Disability	
Prefer not to answer	1%	Difficulty seeing	9%
Queer	0%	Difficulty hearing/having speech understood	4%
Questioning/unsure	1%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	2%
Veteran	5%	Physical/mobility	5%
Active military	0%	Chronic physical health condition	6%
Not a veteran or not active military	95%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	71%
American Sign Language (ASL)	0%	Other disability	2%
English	99%	Prefer not to answer	2%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations: NA	
Prefer not to answer	0%		
Spanish	1%		
Tagalog	1%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	1%		
Other	1%		
Spanish	1%		

Highlights & Achievements:

Improvements in Annual Outcomes:

In Fiscal Year 2023-2024, the Caminar CCM program provided comprehensive support to 164 unduplicated clients, marking an increase from the previous fiscal year. 65% of clients achieved stabling housing, and 5% transitioned to fully independent living with the aid of rental subsidies.

Serving Justice Involved Individuals:

In Fiscal Year 2022-2023, the CCM program expanded its scope of services to include justice involved individuals, who often have unique needs that are a direct result of their expressive mental health symptoms. In Fiscal Year 2023-2024, the CCM program continued to strengthen its specialty services for justice-involved individuals, including ongoing collaboration with the Forensic Triage Team (FTT), public defenders, and the Department of State Hospitals. Cross-sector partnerships were maintained with Integrated Care Clinics, Probation, Public Guardian, and employment support resources.

Strength-Based and Client-Centered Approach Is Key:

The Caminar Inc. CCM team acknowledges that the emphasis on a strength-based and client-centered approach is paramount in fostering self-efficacy and resilience in clients. The approach is instrumental in recognizing and leveraging the strengths of individuals, thereby promoting a sense of empowerment. Placing the client at the core of the intervention ensures that services offered are customized to their distinct needs and preferences, thus augmenting the efficacy of the support provided.

The CCM program strategically addresses behavioral issues essential for maintaining autonomy in community living. Interventions targeting behavior can significantly influence an individual's capacity for independent functioning. By addressing these challenges, the CCM program equips clients with the requisite skills to navigate daily hurdles, consequently contributing to long-term stability and overall well-being.

CalAIM:

The CalAIM initiative was successfully integrated into documentation practices through comprehensive training and support.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Delays in the Mental Health Diversion System:

Delays and limitations in the mental health diversions system, due to legal processes outside of providers' control, particularly impacted DSH clients.

Staff Retention:

Staff retention remains a challenge, due to competitive opportunities in the regional Behavioral Health workforce.

Housing:

The Caminar CCM program reports there is lack of suitable housing options, especially for clients with chronic medical issues or those under conservatorship. The latter was significant, as there was a 12% increase in clients under conservatorship from the prior fiscal year.

Equity Efforts in Fiscal Year 2023-2024

Diverse Workforce:

CCM staff reflected a diverse, multilingual workforce, including professionals trained in immigration, housing, health advocacy, substance use, and forensics. Key equity efforts included the following:

- Bilingual therapeutic services, particularly for Spanish-speaking monolingual clients;
- Participation in Diversity, Equity, Inclusion, and Belonging (DEIB) initiatives;
- Internal investment in training and exposure opportunities, despite limited funding and external training options; and
- Clinical education programs to enhance services for clients with Serious Mental Illness (SMI).

Training:

CCM staff delivered a case management presentation to the Solano County Navigator Group, highlighting wraparound services and multilingual support (English, Spanish, and Tagalog).

Changes or Updates Planned for FY2024-2025

Caminar CCM is committed to improving infrastructure, safety, and service capacity, and continues to explore collaborative solutions with county partners to strengthen behavioral health systems. The program is also preparing to expand into fee-for-service operations under DHCS requirements.

Name of Strategy:	Expanded Bilingual Services
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
SCBH funds bilingual positions across the system in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. Efforts are made to ensure that the bilingual providers' caseloads are balanced between non-English and English-speaking consumers allowing providers the capacity to meet the needs of Hispanic/ Latino and Filipino consumers and families. For bilingual staff working in the Access Unit the staff field in-coming calls from non-English speaking callers which results in reduction of the use of a 3rd party interpreter service. Currently seven (7) bilingual staff are funded through this strategy.	
Program Performance Measures	
Unduplicated Individuals Served: 530	
Program Indicators	Annual Outcomes
The Access Line will be staffed by bilingual staff who can field calls from non-English speaking community members.	The bilingual clinicians who staff the Access Line fielded 394 calls.
Bilingual staff will be co-located across the SOC to provide assessment and/or treatment services for consumers including those that speak Spanish and/or Tagalog.	The bilingual staff provided assessment or treatment services for 530 consumers.
Financial Report	
Cost per Person	\$724.24
Budget Amount for FY2023/24	\$129,726
Total Expenditures FY2023/24	\$383,847.10
Budgeted Amount for FY2024/25	\$

Demographic data is not available for this strategy.

Changes or Updates Planned for FY2024-2025:

SCBH will maintain bilingual staff across the system. However, effective Fiscal Year 2023-2024, the current bilingual staff assigned to the Access Unit will be included and reported under the Centralized Assessment Team (CAT).

Name of Strategy:	Centralized Assessment Team (CAT)
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
<p>The Centralized Assessment Team (CAT) strategy, delivered by SCBH, will be staffed by clinicians anchored with the Access Unit who will provide intake assessments for children, youth and adults referred through the SCBH Access Line. Assessments will be conducted across the community at county-operated child or adult outpatient clinics in Vallejo, Fairfield or Vacaville. The assessments were historically facilitated by the Adult MH clinicians at the outpatient clinics; transitioning this to the CAT team will open up clinician time to allow the Adult Care Coordination Teams strategy (page 34) to provide integrated comprehensive BH treatment within the clinics. A coordinated team providing intake assessments will be housed with the Access Line team to support SCBH in continuing to improve timely access to treatment and is aligned with the implementation of CalAIM screening and transition tools and No Wrong Door approaches. A majority of the current CAT clinicians are bilingual which will assist the County in meeting the needs of Spanish and Tagalog speaking consumers.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 751	
Program Indicators	Annual Outcomes
CAT clinicians with the Access Unit will provide assessment and/or treatment services for consumers.	CAT Clinicians provided assessment or treatment services for 751 consumers.
Financial Report	
Cost per Person	\$603.99
Budget Amount for FY2023/24	\$762,144
Total Expenditures FY2023/24	\$453,593.40
Budgeted Amount for FY2024/25	\$

Demographic data is not available for this strategy.

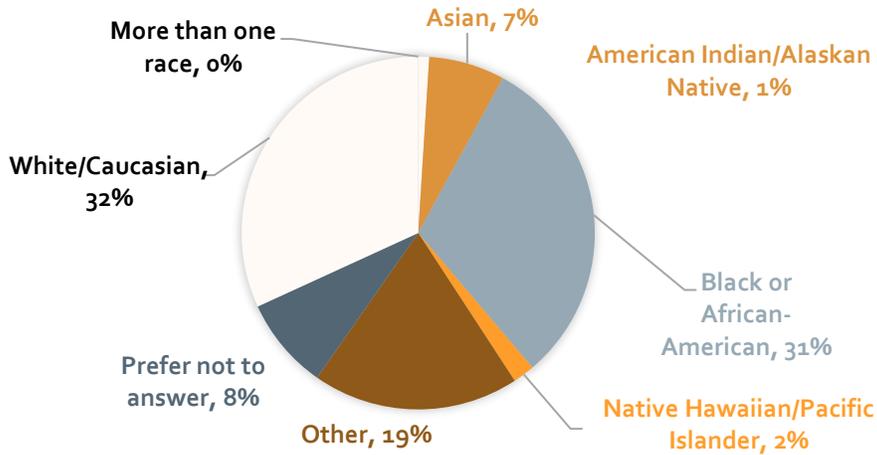
Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

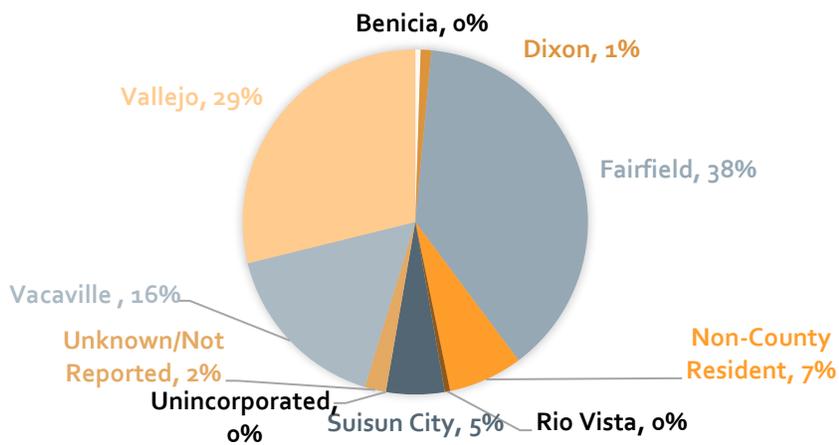
Name of Strategy:	Care Clinic
Agency Name:	Victor Community Support Services, Inc. (formerly Child Haven, agency merged starting July 1, 2022)
Description of Strategy:	
The CARE Clinic, delivered by a contractor, offers four (4) cohorts per year of an intensive ten-week, daily menu of services for consumers ages 3-6 years of age (up to 7th birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges, utilizing the Comprehensive Assessment Research and Evaluation (CARE) model. The Solano County Special Education Local Plan Area (SELPA) also refers children to the program and fully funds the children they refer.	
Program Performance Measures	
Unduplicated Individuals Served: 25	
Program Indicators	Annual Outcomes
Contractor will serve a maximum of 16 unduplicated Medi-cal eligible consumers as funded by County per year.	A total of 4 cohorts were conducted during the FY 2023/24, with 25 unduplicated children served of which 21 completed the program.
80% of the children who complete the CARE Clinic will demonstrate improvement on the Child Behavior Checklist (CBCL) as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	The CBCL was completed for 22 children, of which 86% (19) demonstrated improvement.
80% of the children and families who complete the CARE Clinic will demonstrate improved child/parent interactions as evidenced by a decrease in the T-score for both the intensity and problem scales on the Eyberg Child Behavior Inventory (ECBI).	The ECBI was completed for 22 children, of which 82% (18) of the children demonstrated improved child/ parent interactions per the intensity and problem scales on the ECBI.
80% of the children who complete the CARE Clinic will successfully transition back to a school or daycare setting and will remain in the setting for 30 days or more.	Data for all 4 cohorts: 82% (18) children successfully transitioned back to school/daycare and remained in the setting for 30 days or more.
Financial Report	
Cost per Person	\$11,812.48
Budget Amount for FY2023/24	\$340,696
Total Expenditures FY2023/24	\$295,312.09
Budgeted Amount for FY2024/25	\$

The following charts and table provide additional demographic data for the service recipients by the Care Clinic Program:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			25
Age	%	Ethnicity	%
0-15	100%	Caribbean	0%
16-25	0%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	12%
60+	0%	Other Hispanic/Latino	20%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	28%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	24%	Eastern European	0%
Prefer not to answer	24%	European	0%
White/Caucasian	20%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	84%	Middle Eastern	0%
Female	16%	Other Non-Hispanic/Latino	68%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	64%	More than one ethnicity	0%
Female	8%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	28%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	0%	Justice involved & foster care youth	
Bisexual	0%	Not applicable/not identify with all above	
Heterosexual/straight	32%	Prefer not to answer	NA
Lesbian	0%	Mental Health Symptoms Onset	
Other	0%	Less than 6 months	
Prefer not to answer	68%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	NA
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	80%	Dixon	0%
Ilocano	0%	Fairfield	48%
Other	0%	Non-County Resident	4%
Prefer not to answer	0%	Rio Vista	0%
Spanish	20%	Suisun City	16%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	20%
English	80%	Vallejo	12%
Tagalog	0%	Disability	
Other	16%	Difficulty seeing	
Spanish	4%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA

Highlights & Achievements

The CARE Clinic achieved several impactful outcomes for children and families in Solano County during the fiscal year. The clinic served 25 unduplicated clients, with a notable increase in both enrollment and attendance, doubling cohort participation compared to previous years. Success stories included:

- A monolingual Spanish-speaking youth who, by the end of the cohort, had developed English communication and peer interaction skills.
- A nonverbal child on the autism spectrum who significantly reduced self-injurious behaviors and spoke their first words during the program—bringing meaningful progress and joy to their family.

The CARE supervisor played an active role in Individualized Education Program (IEP) meetings, advocating for academic accommodations such as 504 Plans, smaller classrooms, and on-campus mental health services. Additionally, targeted community outreach helped expand services to more Spanish-speaking families across the county through presentations, tabling events, and school partnerships.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

The program faced challenges related to staffing turnover in both leadership and direct service positions. To maintain continuity of care, supervisors stepped into direct service roles while maintaining oversight responsibilities. Despite these transitions, staff worked collaboratively to ensure uninterrupted support for clients.

Equity Efforts in Fiscal Year 2023-2024:

Equity remained a core program value. Key efforts included:

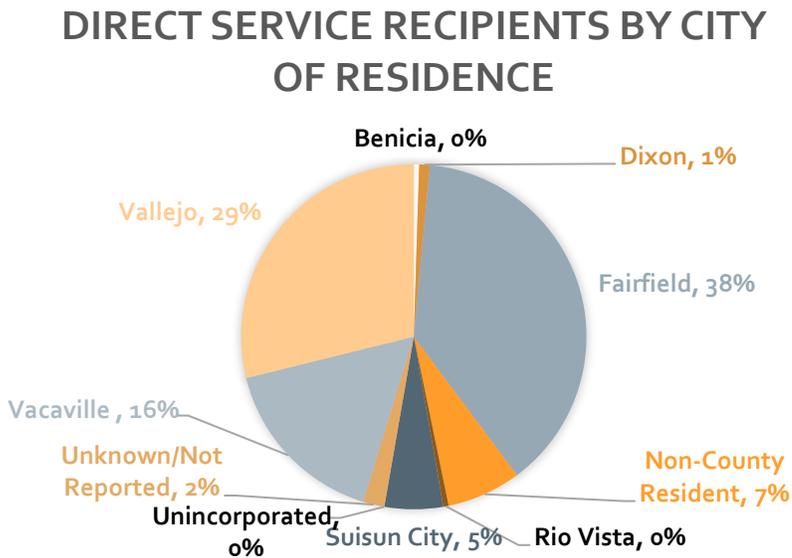
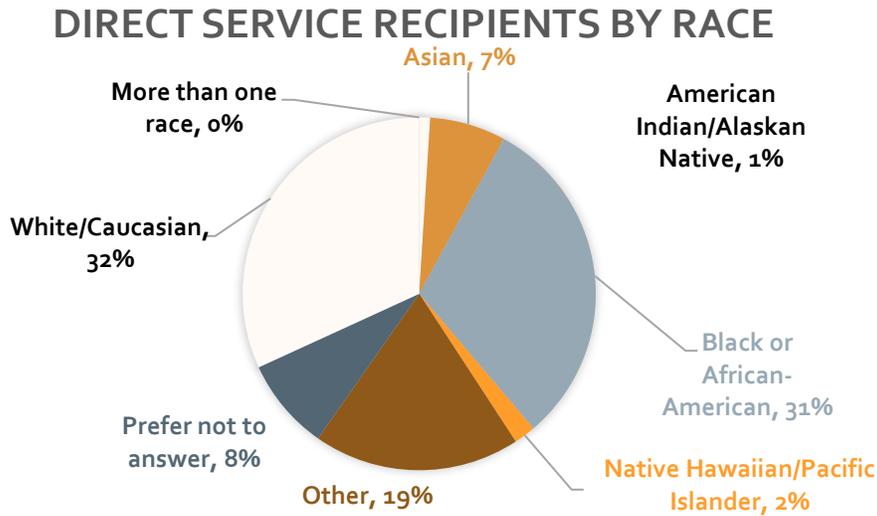
- Hiring bilingual Spanish-speaking staff, including the supervisor and direct service team, to better serve the local Spanish-speaking community.
- Providing gas cards to caregivers to ease transportation-related financial burdens and improve service access.
- Offering parenting classes on Zoom, with sessions facilitated in Spanish to accommodate diverse caregiver needs.
- Implementing evidence-based curricula such as Incredible Years and The Classroom Dinosaur Child Program to support children's emotional, academic, and behavioral development.

Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

Name of Strategy:	Child Family Team (CFT) Initiative
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
The Child Family Team (CFT) Initiative is delivered by SCBH via one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether being served by County outpatient programs, community-based outpatient programs and/or FSP programs. CFT meetings include the child/youth, all providers, all social workers involved in the case, birth parents, foster parents, etc. and are intended to bring the treatment team together to ensure all the needs of the child/youth are being addressed.	
Program Performance Measures	
Unduplicated Individuals Served: 80	
Program Indicators	Annual Outcomes
Schedule and facilitate CFT meetings for children and youth involved in the Child Welfare System.	80 children, their families and treatment teams received CFT meetings.
Financial Report	
Cost per Person	\$2,178.98
Budget Amount for FY2023/24	\$218,311
Total Expenditures FY2023/24	\$174,318.70
Budgeted Amount for FY2024/25	\$

The following charts and table provide additional demographic data for the service recipients by the **Child Family Team (CFT) Initiative**:



Demographics		Total Individuals Demo Collected:	
			80
Age	%	Ethnicity	%
0-15	21%	Caribbean	0%
16-25	13%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	24%
60+	0%	Other Hispanic/Latino	9%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	1%	Asian Indian/South Asian	0%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	25%	Eastern European	0%
Prefer not to answer	8%	European	0%
White/Caucasian	33%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	54%	Middle Eastern	0%
Female	46%	Other Non-Hispanic/Latino	68%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	50%	More than one ethnicity	0%
Female	38%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	NA
Other	4%	Currently involved with adult/juvenile justice	
Prefer not to answer	8%	Foster care youth	
Questioning/unsure	1%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	0%	Justice involved & foster care youth	
Bisexual	4%	Not applicable/not identify with all above	
Heterosexual/straight	49%	Prefer not to answer	
Lesbian	3%	Mental Health Symptoms Onset	
Other	4%	Less than 6 months	NA
Prefer not to answer	31%	6-12 months	
Queer	3%	1-4 years	
Questioning/unsure	8%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	4%
English	95%	Dixon	3%
Ilocano	0%	Fairfield	29%
Other	0%	Non-County Resident	3%
Prefer not to answer	0%	Rio Vista	1%
Spanish	5%	Suisun City	16%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	1%
American Sign Language (ASL)	0%	Vacaville	30%
English	95%	Vallejo	14%
Tagalog	0%	Disability	
Other	1%	Difficulty seeing	NA
Spanish	4%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	

Highlights & Achievements

Refined Workflow for Youth Assessments:

The Foster Care Treatment Unit (FCTU) has an established CANS/CFT process with Solano County Child Welfare Services (CWS) partners that ensures all of Solano County's foster youth are receiving assessments. While some Counties have not yet implemented a process for CANS and CFTs, SCBH has a refined workflow that is streamlined and efficient.

Intensive Care Coordinators:

SCBH also has two intensive care coordinators who have been able to facilitate CFT meetings in a timely manner for all youth who meet the criteria for Katie A./Pathways and accept intensive services.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Confusion Navigating System with Multiple Divisions Contacting Family:

It may cause confusion for a youth and their family when both SCBH and CWS staff are trying to schedule CFT meetings with them. To address this concern, the BH and CWS CFT facilitators have a standing weekly meeting to discuss shared families and to coordinate referrals, thus mitigating the potential for overlapping services by avoiding them altogether.

Authorizations to Release Information Are Not Always Submitted in Timely Manner:

In order to facilitate CFT services, an Authorization to Release Information form is required to have for all CFT meeting participants. Often times, there is a delay in receiving these completed forms from the youth's counsel, which can lead to delays in scheduling CFT meetings.

Equity Efforts in Fiscal Year 2023-2024:

Intensive Care Coordinators are Representative of the Solano County Community

The Intensive Care Coordinators represent the diverse Solano County community, bringing cultural understanding and shared perspectives during CFT meetings. They are part of the FCTU FSP program, which is a culturally diverse team with members representing a range of ethnicities, cultural backgrounds, and LGBTQ+ identities.

Diversity and Equity Committee:

Staff continue to participate in SCBH's Diversity and Equity Committee.

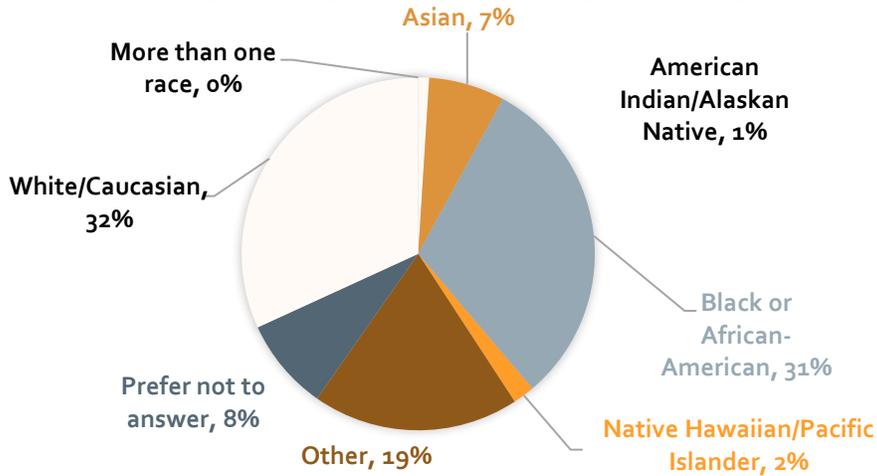
Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

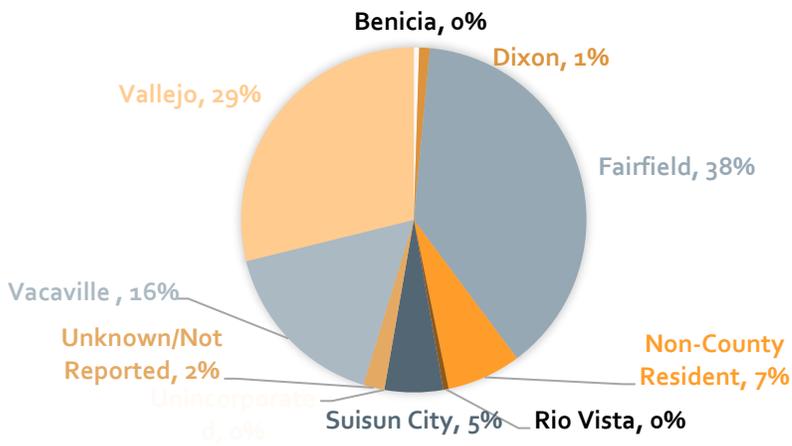
Name of Program:	Katie A. Services (KAS) Program
Agency Name:	Seneca Family of Agencies
Description of Program:	
The KAS Program, provided by a contractor, includes outpatient mental health services for children and adolescents ages 6-21 (up to 22nd birthday), with targeted population of individuals have identified as the Katie A. sub-class and have been referred by Solano County Child Welfare or SCBH. The program strives to stabilize the placements for the youth served and to build natural support systems.	
Program Performance Measures	
Unduplicated Individuals Served: 27	
Program Indicators	Annual Outcomes
Serve an average of 26 consumers per month and a total of 40-55 unduplicated consumers in the fiscal year.	An average of 26 consumers were served per month.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score or increase in strength score of Child and Adolescent Needs and Strengths (CANS) and/or Adult Needs and Strengths Assessment (ANSA) tool/s at the 6-month mark or discharge.	Over the course of the year the CANS/ANSA was administered 27 times to measure progress. 85% of the consumers measured achieved or partially achieved at least one treatment goals.
At least 80% of consumers served will remain in a stable placement or transition to a lower level of care.	Of the 27 consumers served, 99% remained in a stable placement or transitioned to a lower level of care.
At least 80% of consumers served will have an increase in on-going natural support people involved in their treatment.	Of the 27 consumers served, 21% had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then ever 60-90 days thereafter, at least 85% of consumers will receive Child and Family Team (CFT) meetings with an emphasis on building each consumer's team with natural supports and concurrently focusing on placement stabilization.	On average the program met CFT timelines 97% of the time.
Financial Report	
Cost per Person	\$3,380.12
Budget Amount for FY2023/24	\$129,767
Total Expenditures FY2023/24	\$91,263.17
Budgeted Amount for FY2024/25	\$

The following charts and table provide additional demographic data for the service recipients by the **Katie A. Services (KAS) Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			#
			30
Age	%	Ethnicity	%
0-15	10%	Caribbean	0%
16-25	10%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	33%
60+	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	23%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	30%	Eastern European	0%
Prefer not to answer	20%	European	0%
White/Caucasian	27%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	73%	Middle Eastern	0%
Female	27%	Other Non-Hispanic/Latino	67%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	60%	More than one ethnicity	0%
Female	17%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	23%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	0%	Justice involved & foster care youth	
Bisexual	0%	Not applicable/not identify with all above	
Heterosexual/straight	43%	Prefer not to answer	NA
Lesbian	0%	Mental Health Symptoms Onset	
Other	0%	Less than 6 months	
Prefer not to answer	57%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	0%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	100%	Unknown/not reported	NA
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	3%
English	93%	Dixon	10%
Ilocano	0%	Fairfield	20%
Other	3%	Non-County Resident	20%
Prefer not to answer	0%	Rio Vista	0%
Spanish	3%	Suisun City	3%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	30%
English	87%	Vallejo	13%
Tagalog	0%	Disability	
Other	7%	Difficulty seeing	
Spanish	7%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA

Highlights and Achievements:

The Seneca Katie A. Services team continued to support children and families toward stabilization and reunification. During this reporting period:

- 43% of youth achieved reunification, and 97% of program graduates exited to stable placements with documented progress toward collaborative treatment goals.
- Services were successfully provided to 7 sibling sets, addressing complex family dynamics and supporting smoother transitions.
- The program supported out-of-county referrals and prioritized seamless transitions of care using client- and family-centered approaches.
- Child and Family Team Meetings (CFTMs) were held every 60–90 days, with 90% compliance within the required time window.
- Among 19 discharged clients, 79% met all or some of their treatment goals, and 79% stepped down to a lower level of care or required no further services.
- Significant improvements were seen in CANS domains such as trauma, anxiety, anger control, social functioning, and relationship permanence.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

The program experienced significant staffing shortages, with multiple unfilled clinician positions for half the year. The team responded by:

- Revising onboarding processes, engaging leadership in direct client support, and implementing annual wage increases to improve recruitment and retention.
- Navigating challenges under the CalAIM initiative, including increased documentation demands and the impact of transportation logistics on service capacity—especially for out-of-county families.

Equity Efforts in Fiscal Year 2023-2024

Katie A. staff maintained a strong focus on cultural and linguistic responsiveness:

- The team includes bilingual staff and uses translation services to ensure language access.
- Staff regularly participated in DEI trainings, including those focused on serving queer and trans youth.

- Seneca supported team growth through employee resource groups and trauma-informed supervision.
- Staff attended nationally recognized trainings, including Dr. Bruce Perry's Complex Care and Paris Goodyear-Brown's Trauma Play models, deepening trauma-informed clinical practice.

Changes or Updates Planned for FY2024-2025

There were no planned changes identified at this time.

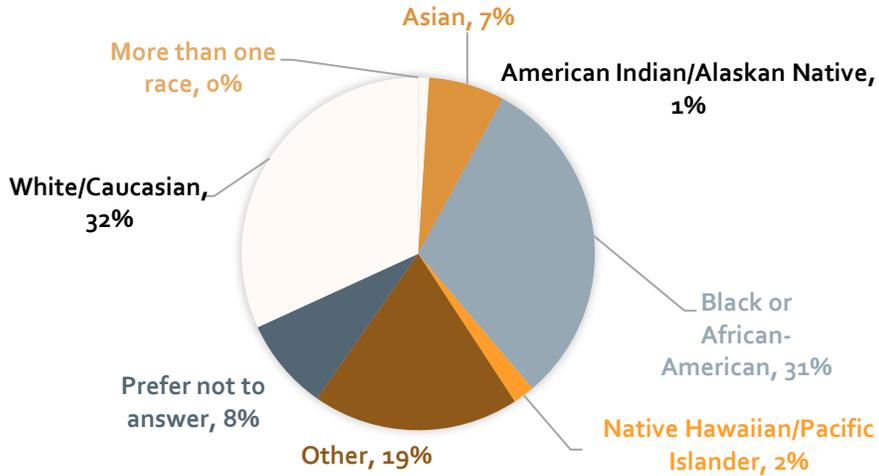
Forensic Mental Health Programming

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

Name of Program:	Forensic Triage Team (FTT)
Agency Name:	Solano County Behavioral Health
Description of Program:	
<p>This program, operated by SCBH, was implemented during FY19/20 in order to meet increased need to provide support for pretrial diversion cases following the passage of SB 215. The program provides assessments and triage services for justice involved adults who have been referred for diversion or services through the Collaborative Courts, Probation, and local jails. Additionally, the program provides assessments for individuals referred via Laura’s Law for Assisted Outpatient Treatment (AOT). FTT offers timely assessments and specialized risk tools to support assertive engagement of individuals and offers support and responsiveness to the criminal proceedings. Once the appropriate level of care is determined, consumers are connected via a warm handoff to the most appropriate level of treatment including Full Service Partnership (FSP) programs. FTT provides response to minute orders and supports progress notes to the court as needed for clients linked to programs.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 201	
Program Indicators	Annual Outcomes
Provide assessments and linkage for individuals referred by the Court, Probation, and jails in an effort to support Solano County’s Diversion and Collaborative Court.	A total of 224 unduplicated individuals were referred to the FTT program. 90% (201) were screened or assessed and linked to ongoing treatment. The FTT also provided light case management for additional consumers.
Provide assessments and linkage for individuals referred that meet the Solano County AOT criteria.	12 AOT referrals were received with a total of 4 unduplicated individuals assessed and linked to ongoing treatment. Zero consumers assessed necessitated referral to the Court for formal AOT court proceedings.
Financial Report	
Cost per Person	\$5,927.42
Budget Amount for FY2023/24	\$1,347,607
Total Expenditures FY2023/24	\$1,191,410.71
Budgeted Amount for FY2024/25	\$

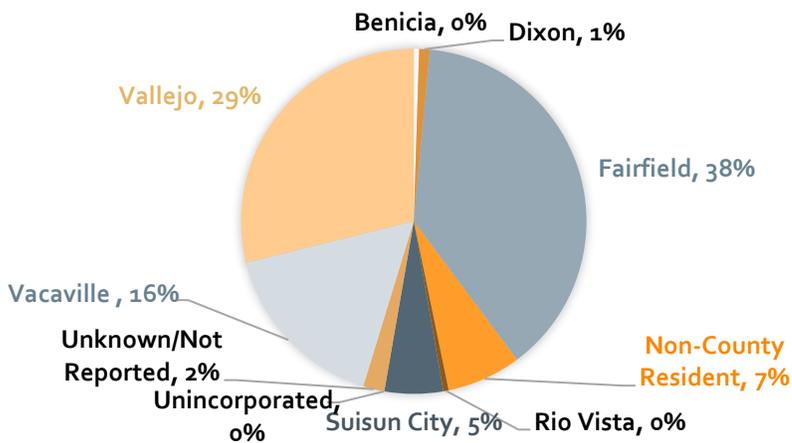
The following charts and table provide additional demographic data for the service recipients by the Forensic Triage Team (FTT) Program:

DIRECT SERVICE RECIPIENTS BY RACE



5

DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			201
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	10%	Central American	0%
26-59	86%	Mexican/Mexican-American/Chicano	12%
60+	3%	Other Hispanic/Latino	6%
Prefer not to answer	0%	Puerto Rican	2%
Race		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	7%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	19%	Eastern European	0%
Prefer not to answer	8%	European	0%
White/Caucasian	32%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	76%	Middle Eastern	0%
Female	24%	Other Non-Hispanic/Latino	79%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	71%	More than one ethnicity	0%
Female	23%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	5%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	4%	Not applicable/not identify with all above	
Heterosexual/straight	81%	Prefer not to answer	NA
Lesbian	0%	Mental Health Symptoms Onset	
Other	0%	Less than 6 months	
Prefer not to answer	14%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	0%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	1%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	99%	Unknown/not reported	NA
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	0%
English	93%	Dixon	1%
Ilocano	0%	Fairfield	38%
Other	1%	Non-County Resident	7%
Prefer not to answer	0%	Rio Vista	0%
Spanish	6%	Suisun City	5%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	2%
American Sign Language (ASL)	0%	Vacaville	16%
English	89%	Vallejo	29%
Tagalog	0%	Disability	
Other	7%	Difficulty seeing	
Spanish	3%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA

Highlights & Achievements:

The Forensic Transition Team (FTT) achieved multiple program milestones in FY 2023–24 that strengthened its services for justice-involved individuals with behavioral health needs. Key accomplishments included:

- Awarded the PATH III JI grant to expand services for justice-involved clients.
- Launched Solano House, receiving its first client in mid-2023.
- Completed the Sequential Intercept Model (SIMS) process with support from the Safety and Justice Challenge Network.
- Achieved full staffing throughout the fiscal year, including the addition of a Jail Liaison to bridge communication gaps in reentry.
- Initiated a Community Services Coordinator role for housing navigation and hired a Program Analyst to support operational needs.
- Joined both California and national Safety and Justice Challenge Networks, enhancing system-level collaboration.
- Maintained strong partnerships with collaborative courts, county counsel, and probation to strengthen mental health and drug court policies.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

FTT faced several barriers this year. The increase in referrals for mental health diversion and reentry services led to service duplication and client confusion. Frequent staffing and leadership changes disrupted workflow and service continuity. System-wide capacity issues, ongoing waitlists, and limited housing options for clients with complex needs—particularly women and those with aggressive behaviors—posed additional challenges. A gap in SUD counseling services for Drug Court participants was resolved with a new hire in June 2024. Workflow inefficiencies also impacted the program’s ability to track and analyze data effectively.

Equity Efforts in Fiscal Year 2023-2024:

FTT prioritized equity through continued staff participation in culturally responsive and social justice training. Language Link was utilized to ensure services were linguistically appropriate, and staff remained attentive to cultural needs in their case management approaches. Supervisors are also working to ensure equitable access to professional development and training opportunities across the team.

Changes or Updates Planned for FY2024-2025

In Fiscal Year 2024-2025, there will be a change in the Assertive Outpatient Treatment (AOT) program, which was part of the FTT program in Fiscal Year 2023-2024.

In January 2025, the AOT program will be moved to the Assertive Community Treatment (ACT) team, in alignment with collaborative court efforts under the ACT program – CARE Act Court and AOT. Outreach and engagement efforts within both programs are intended to engage clients for treatment and services; there are no criminal repercussions if a client declines to participate. The CARE Act Court and AOT programs will work in tandem to support clients that are referred to one or both of the programs. Additionally, the program plans to:

- Reinstatement of the monthly meeting with Collaborative Court personnel to enhance coordination for both Drug and Mental Health Diversion Courts.
- Implementation of two new limited term positions funded by PATH III (Mental Health Specialist and Peer Support Specialist) to expand reentry services.
- Focus on improving internal workflow data tracking, and collaboration with new County Counsel.
- Work to fill two open Clinician positions to restore full-service capacity.

Name of Strategy:	Jail Release Re-Entry Program
Agency Name:	Solano County Sheriff's Office and sub-contractor
Description of Strategy:	
The Jail Release Re-entry program is a multi-agency, multi-disciplinary effort to provide a re-entry program for adult mentally ill offenders with the goals of providing necessary mental health treatment and referrals upon release from jail. The goal is to provide community-based treatment and supports to reduce recidivism. This program was initially supported by braided funding via MHSA and Mentally Ill Offender Crime Reduction (MIOCR) grant funds the Sheriff Office (SO) received. Once the MIOCR grant funds were no longer available, the SO continued to fund the program with other SO funds.	
Program Performance Measures	
Unduplicated Individuals Served: 102	
Program Indicators	Annual Outcomes
Financial Report	
Cost per Person	\$1,634.95
Total Expenditures FY2023/24	\$166,764.85
Budgeted Amount for FY2024/25	\$496,693*

*Per executed contract between Solano County Sheriff's Office and subcontractor; MOU between SCBH and Solano County Sheriff's office pending review and approval by Solano County Health & Social Services Department.

At time of publication of this report, there was an ongoing process to update and approve a memorandum of understanding (MOU) with the Solano County Sheriff's Office and their subcontractor, for multiple fiscal years, starting with Fiscal Year 2023-2024 and including the subsequent fiscal year(s). The Solano County Sheriffs Office's contract with EXODUS was executed in September 2023.

Highlights & Achievements:

Launching a New Program in Solano County:

Starting in October 2023, EXODUS ramped up services for a new program in Solano County, ultimately serving 102 clients from October 2023 through September 2024. The subcontractor has worked diligently to prepare for billing CalAIM.

Mentorship:

The Sheriff's Office subcontractor EXODUS recruit, thoroughly train, and supervise volunteer mentors to work one-on-one with clients, both pre-release and for up to one year in the community. EXODUS implemented its first mentor/mentee match in May 2024, between a client who desired to return to school and a school counselor at a local community college. The

school counselor provides supports to the client and helps them find resources in the community.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

An Uncontrollable Variable – Release Dates:

The Sheriff Office's subcontractor EXODUS reports that they faced a challenge in not knowing when clients were going to be released from incarceration. Without advanced notification or warning, there were often limited methods of contacting the clients. Additionally, lack of consistent access to a phone added to the challenge of connecting with clients. The subcontractor addressed this concern by working with the jail's mental health team to obtain access to the list of clients to be released and to be provided advanced notification of potential release dates. Having the contact information of release sergeants from the jail allowed for timely communication regarding potential releases.

Researching Local Resources:

The subcontractor reported an initial lack of information about local available resources in Solano County. The EXODUS staff conducted an extensive search for resources, reaching out to Solano County organizations for networking and connection building opportunities. The EXODUS staff also attended community trainings and events to get a better sense of other service providers in Solano County. The staff's resource list for clients has grown significantly in the first year of services.

Equity Efforts in Fiscal Year 2023-2024:

Serving Spanish Speaking Clients:

The EXODUS staff hired a Spanish speaking case manager to help facilitate services to the Spanish speaking amongst their clientele.

Staff Trainings:

All staff members receive cultural humility training in working with diverse populations. Additionally, staff receive trainings on topics such as cultural competency, respecting diverse experiences, and unconscious bias.

Changes or Updates Planned for FY2024-2025:

There are some planned changes to the performance measures in Fiscal Year 2024-2025, that will be reflected in the Fiscal Year 2025-2026 Annual Update.

MHSA Housing & Supports

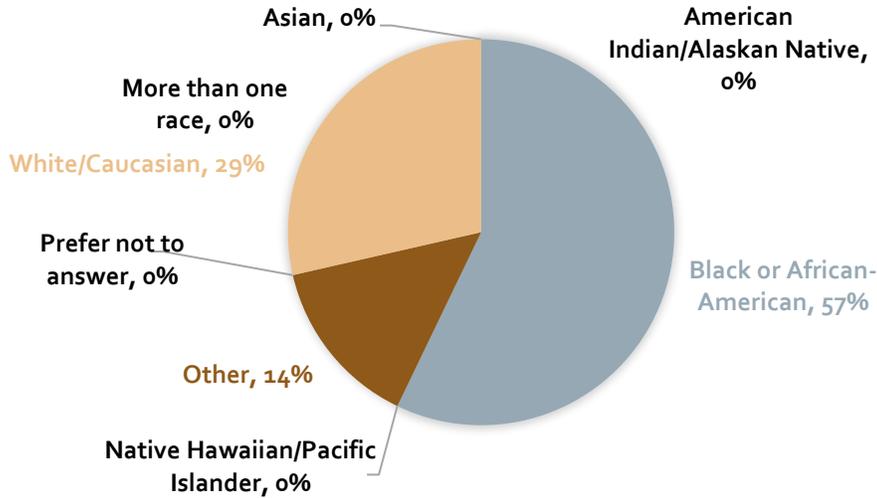
The following programs outline how MHSA funding was used to provide housing for individuals who have a serious mental health condition and/or co-occurring mental health and substance use conditions who may otherwise remain or become homeless. Housing included short-term transitional housing, shelter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

Name of Program:	Transitional Housing
Agency Name:	Bay Area Community Services (BACS)
Description of Program:	
Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2- bedroom house and seven 2-bedroom townhouses. Part of the CalHFA agreement is a 20-year MOU between SCBH and the CBO partner to provide transitional housing services for adult consumers who have a serious mental health condition and/or co-occurring substance use disorder who are at risk of, or are homeless. The Transitional Housing program provides supportive transitional housing for 16 consumers for 6-12 months. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.	
Program Performance Measures	
Unduplicated Individuals Served: 7	
Program Indicators	Annual Outcomes
Maintain a census of 16 beds/slots monthly for eligible participants for an average of 6-12 months stay (not to exceed 1 year).	A total of 7 unduplicated participants were served with an average bed occupancy monthly of 3 individuals.
Provide linkage/referral services to a minimum of 90% of participants residing in the transitional housing units.	100% of participants received linkage/referrals services.
At least 60% of the participants residing in the transitional housing program will maintain or improve functioning related to securing employment and/or enrolling in classes as indicated the Quality of Life (QoL) Scale.	97% (29) of the participants endorsed employment related improvement and 95% (20) of the consumers endorsed yes to class enrollment improvement.
At least 60% of participants will maintain or increase functioning per the QoLS as evidence by an improved	100% (20) of participants showed improvement.

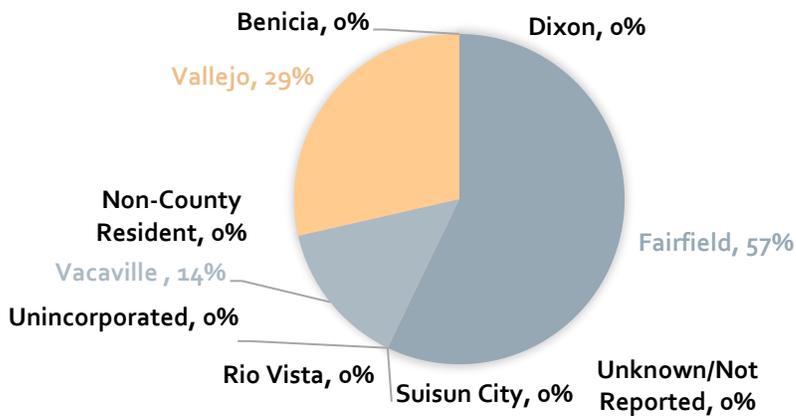
overall score on the QoL Scale to be administered at intake and at discharge	
50% of consumers discharging from the program will secure permanent housing.	Of the 2 participants discharged during the reporting period 100% (2) of the consumers served secured permanent housing upon discharge.
Financial Report	
Cost per Person	\$22,161.72
Budget Amount for FY2023/24	\$325,000
Total Expenditures FY2023/24	\$243,778.88
Budgeted Amount for FY2024/25	\$325,000

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			7
Age	%	Ethnicity	%
0-15	0%	Caribbean	14%
16-25	29%	Central American	0%
26-59	71%	Mexican/Mexican-American/Chicano	14%
60+	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	0%	African	43%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	57%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	14%	Eastern European	14%
Prefer not to answer	0%	European	14%
White/Caucasian	29%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	71%	Middle Eastern	0%
Female	29%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	71%	More than one ethnicity	0%
Female	29%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	57%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	0%	Unincorporated	0%
Bisexual	0%	Unknown/Not Reported	0%
Heterosexual/straight	71%	Vacaville	14%
Lesbian	14%	Vallejo	29%
Other	0%	Disability	
Prefer not to answer	14%	Difficulty seeing	8%
Queer	0%	Difficulty hearing/having speech understood	8%
Questioning/unsure	0%	Other communication disability	8%
Veteran Status/Military Services		Cognitive impairment	8%
Veteran	0%	Physical/mobility	8%
Active military	0%	Chronic physical health condition	0%
Not a veteran or not active military	100%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	33%
American Sign Language (ASL)	0%	Other disability	8%
English	100%	Prefer not to answer	17%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations: NA	
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

Highlights & Achievements

Completed Repairs:

During FY 2023–24, BACS successfully completed repairs from prior flood, fire, and pest-related damages. All units were re-opened following approved inspections, and insurance and legal protocols were completed with diligence.

Client Success Stories:

- A participant who graduated, secured full-time employment, and moved into permanent housing while remaining engaged in services.
- Another participant who completed her probation-mandated programming, found employment, and moved into permanent housing.
- A third participant who connected with support networks, maintained employment, and achieved stable housing.

Streamlined Intake Process:

Additionally, the program introduced the S.P.I.R.I.T. program, which helped streamline the intake process—resulting in most referrals being housed within two months.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Decreased Motivations and Need for Consistent Outpatient Support:

BACS staff encountered challenges in maintaining participant engagement in services, housing planning, and care coordination with outpatient providers. Some participants showed decreased motivation for housing preparation once placed in transitional housing and experienced declines in well-being without consistent outpatient behavioral health support. Staff addressed these challenges by reinforcing program structure and increasing internal coordination to support client follow-through.

Equity Efforts in Fiscal Year 2023-2024:

BACS continued to implement CLAS standards and used its Relias online learning system for staff training in cultural awareness and equity. Staff also collaborated with the county to enhance intake processes and reduce trauma for unhoused and low-income participants. The program introduced housing and health literacy education to empower clients at all levels of understanding, helping them navigate complex systems more effectively.

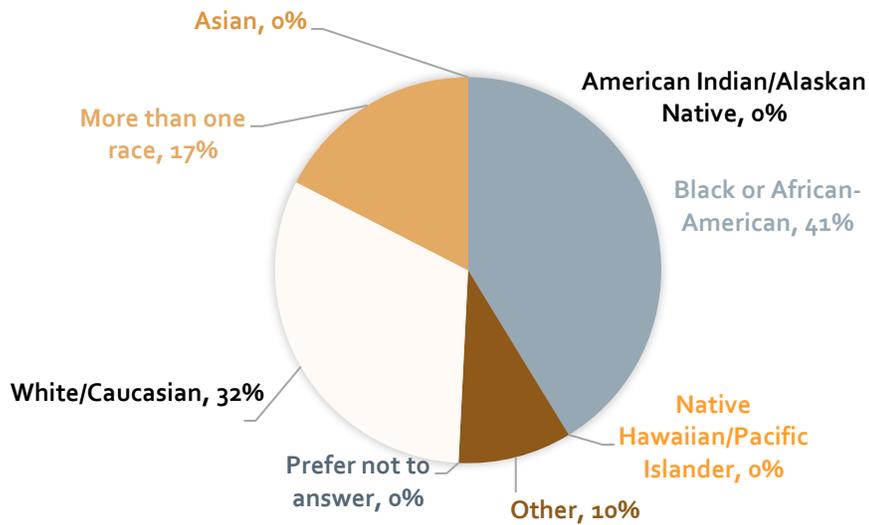
Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

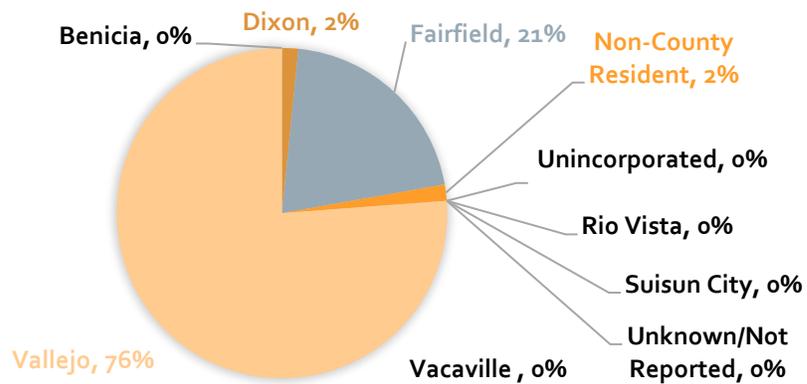
Name of Program:	BRIDGE Transitional Housing
Agency Name:	Caminar, Inc.
Description of Program:	
The program, operated by a contractor, expands transitional housing by an additional 12 beds for Solano County. The contract partner owns the property which was previously used as a crisis residential treatment (CRT) facility. The program provides supportive transitional housing for 30-90 days for adults who have a serious mental health condition and/or co-occurring substance use disorder who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing.	
Program Performance Measures	
Unduplicated Individuals Served: 63	
Program Indicators	Annual Outcomes
Provide 30-90-days housing to serve a minimum of 36 unduplicated consumers to prepare them to live independently and secure permanent housing.	63 unduplicated individuals received transitional housing.
At least 60% of consumers will maintain or increase functioning per the Quality of Life (QoL) Scale by maintaining or improving to a score of 4 or 5 at discharge.	Of the 35 individuals who discharged from the program and completed the QoL, 86% (30) maintained or improved their score in functioning.
At least 50% of consumers discharging from the program will transit to permanent housing.	Of the 52 individuals who were discharged from the program, 69% (36) transitioned to permanent housing.
Financial Report	
Cost per Person	\$10,824.90
Budget Amount for FY2023/24	\$724,390
Total Expenditures FY2023/24	\$681,968.58
Budgeted Amount for FY2024/25	\$660,103.84

The following charts and table provide additional demographic data for the service recipients by the **BRIDGE Transitional Housing Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			63
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	16%	Central American	0%
26-59	76%	Mexican/Mexican-American/Chicano	5%
60+	8%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	2%
American Indian/Alaskan Native	0%	African	44%
Asian	0%	Asian Indian/South Asian	2%
Black or African-American	41%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	10%	Eastern European	6%
Prefer not to answer	0%	European	25%
White/Caucasian	32%	Filipino	0%
More than one race	17%	Japanese	0%
Gender At Birth		Korean	0%
Male	68%	Middle Eastern	0%
Female	32%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	2%
Male	67%	More than one ethnicity	11%
Female	32%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	2%
Prefer not to answer	0%	Fairfield	21%
Questioning/unsure	0%	Non-County Resident	2%
Transgender	2%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	2%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	92%	Vacaville	0%
Lesbian	2%	Vallejo	76%
Other	0%	Disability	
Prefer not to answer	0%	Difficulty seeing	0%
Queer	0%	Difficulty hearing/having speech understood	0%
Questioning/unsure	0%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	0%
Veteran	3%	Physical/mobility	2%
Active military	0%	Chronic physical health condition	29%
Not a veteran or not active military	97%	Serious/severe mental health condition	0%
Primary Language (1st Language)		No disability	70%
American Sign Language (ASL)	0%	Other disability	0%
English	97%	Prefer not to answer	0%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations: NA	
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	0%		
English	95%		
Tagalog	2%		
Other	0%		
Spanish	3%		

Highlights & Achievements:

During this reporting period, the program formerly known as Bridge Transitional Housing officially changed its name to Laurel Creek. Laurel Creek served 63 unduplicated clients during this fiscal year—marking a 2% increase from the previous year. Of the 52 clients who exited the program, 36 (69%) exited permanent housing. The program continued to provide critical stabilization and support for individuals experiencing homelessness and mental health challenges.

Client Success Stories Underscore Impact of Services:

- Two male clients successfully transitioned to Solano House following mental health support and engagement at Laurel Creek.
- A client re-entered the program after an initial short stay and fully engaged in treatment, including medication compliance and goal setting.
- Another client who experienced emotional decline after setbacks pursued residential SUD treatment, demonstrating personal resilience and commitment to recovery.

Laurel Creek also fostered community and social enrichment. Weekly food donations allowed for cost savings that funded an in-community event. Clients also actively engaged in the Laurel Creek Garden, which produced multiple harvests and served as a source of nourishment and pride.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Limited Housing Options:

The program continues to face significant barriers related to the shortage of affordable and permanent supportive housing. Despite some community improvements, the availability of subsidized housing does not meet the need, and room-and-board rates (~\$1,000/month) are unaffordable for clients on fixed incomes. This often prevents clients from saving for emergencies and increases reliance on crisis resources to prevent eviction.

Equity Efforts in Fiscal Year 2023-2024:

Laurel Creek remains actively engaged in equity efforts by participating in the County's Racial Equity Action Lab (REAL) and Caminar's monthly Diversity, Equity, and Inclusion (DEI) meetings. Staff attend the majority of local Continuum of Care (CoC) trainings and incorporate insights from regional DEI efforts to enhance service delivery.

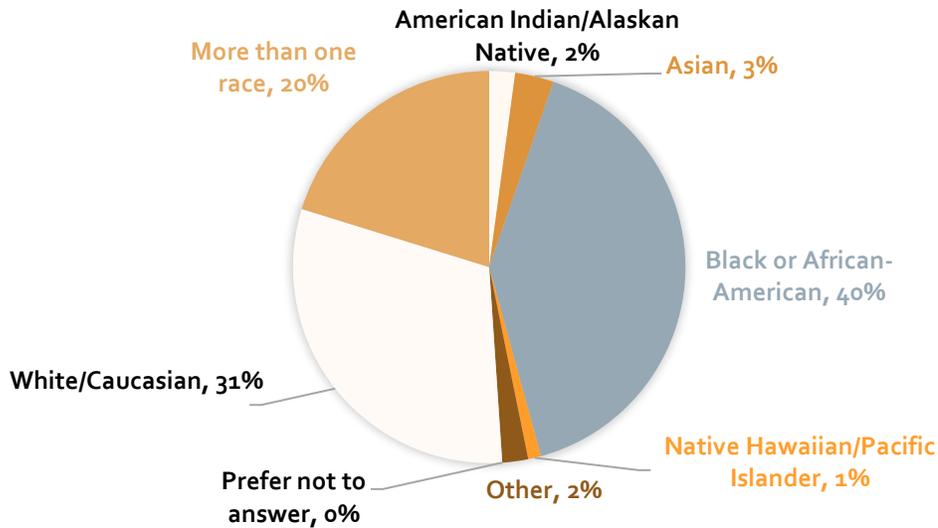
Changes or Updates Planned for FY2024-2025

Looking ahead, the transition of Laurel Creek from transitional to emergency housing in Fiscal Year 2024–2025 will allow clients to maintain “homeless status” and become eligible for a broader range of housing options, including HUD Continuum of Care placements. The program will be referred to as Laurel Creek in the upcoming fiscal year.

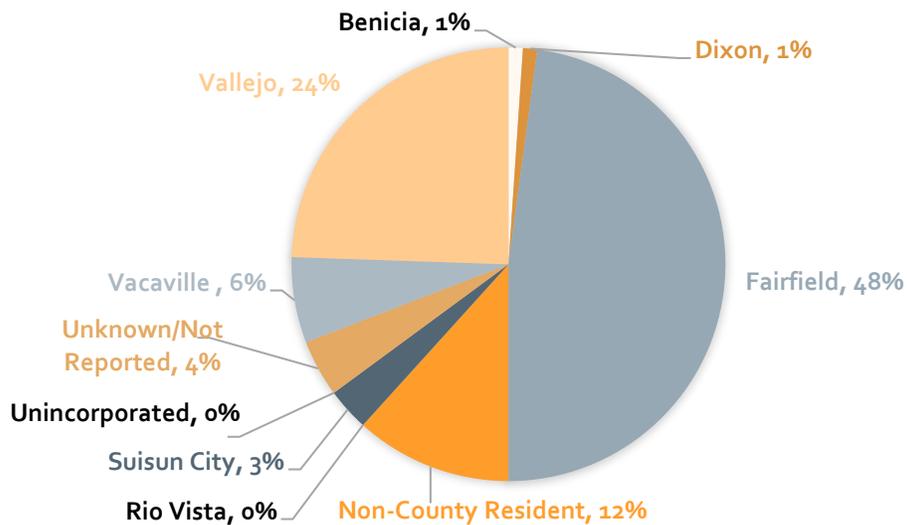
Name of Program:	Shelter Solano
Agency Name:	SHELTER, Inc.
Description of Program:	
Shelter Inc., a contractor who has a direct contracted with the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for Solano County adults who have a serious mental health condition and/or co-occurring substance use disorder who are homeless or at risk of homelessness. MHSA funds 15 beds. The program utilizes a Housing First Model. Services includes case management, tenant education and support to transition to permanent housing.	
Program Performance Measures	
107 Total Admissions representing 96 Unduplicated Individuals Served	
Program Indicators	Annual Outcomes
Serve a minimum of 25 eligible participants per year.	96 unduplicated consumers were served representing 107 admissions, therefore 11 consumers had two or more admissions to the program during this reporting period.
A minimum of 75% of consumers served will receive case management to include housing access assistance and tenant education.	85% (91) received case management services.
At least 50% of consumers will exit the program to permanent housing in which the resident holds a lease, rental agreement, or shared living arrangement in a residence which is not subject to time limits.	Of the 85 consumers discharged, 22% (19) were discharged to permanent housing.
Contractor will maintain post-placement contact and support services by mutual agreement with exiting participant for up to six months after program exit. Contractor will track permanent housing retention rates at three (3) and six (6) months after program exit and expects at least 40% of successfully exited participants who respond to contact efforts will have maintained housing after 3 months, and 40% after 6 months. New Language: At least 40% of successfully existed participants who respond to agreed upon post-contact efforts will have maintained housing after three (3) months, and 25% after six (6) months.	During the reporting period for the 14 consumers discharged to permanent housing at the 3-month post discharge mark, 2 consumers were reached and 2 continued to maintain permanent housing. For the 15 consumers discharged to permanent housing at the 6-month mark, 5 people responded to contact efforts and 2 continued to maintain permanent housing.
Financial Report	
Cost per Person	\$6,235.89
Budget Amount for FY2023/24	\$830,790
Total Expenditures FY2023/24	\$598,645.84
Budgeted Amount for FY2024/25	\$717,250

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	#
			96
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	9%	Central American	0%
26-59	78%	Mexican/Mexican-American/Chicano	11%
60+	13%	Other Hispanic/Latino	9%
Prefer not to answer	0%	Puerto Rican	0%
Race		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	3%	Asian Indian/South Asian	0%
Black or African-American	40%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	2%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	31%	Filipino	1%
More than one race	20%	Japanese	0%
Gender At Birth		Korean	0%
Male	NA	Middle Eastern	0%
Female		Other Non-Hispanic/Latino	80%
Prefer not to answer		Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	65%	More than one ethnicity	0%
Female	34%	City of Residence	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	1%
Prefer not to answer	0%	Fairfield	48%
Questioning/unsure	0%	Non-County Resident	12%
Transgender	0%	Rio Vista	0%
Sexual Orientation		Suisun City	3%
Gay	2%	Unincorporated	0%
Bisexual	1%	Unknown/Not Reported	4%
Heterosexual/straight	85%	Vacaville	6%
Lesbian	1%	Vallejo	24%
Other	2%	Disability	
Prefer not to answer	5%	Difficulty seeing	1%
Queer	0%	Difficulty hearing/having speech understood	1%
Questioning/unsure	3%	Other communication disability	0%
Veteran Status/Military Services		Cognitive impairment	11%
Veteran	2%	Physical/mobility	6%
Active military	0%	Chronic physical health condition	17%
Not a veteran or not active military	98%	Serious/severe mental health condition	49%
Primary Language (1st Language)		No disability	0%
American Sign Language (ASL)	1%	Other disability	16%
English	96%	Prefer not to answer	0%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	2%	Significant Cultural Considerations: Demographic selection based on HUD and Gender at Birth not collected.	
Prefer not to answer	0%		
Spanish	1%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	98%		
Tagalog	0%		
Other	1%		
Spanish	0%		

Highlights & Achievements:

Enhancing Coordination & Community Impact:

During FY 2023–24, Beck Avenue Navigation Center (BANC) underwent a program name change and implemented several strategic improvements to enhance coordination and community impact. BANC served 96 unduplicated clients, strengthening partnerships with Solano County Behavioral Health through weekly rosters, case rounds, and MHSA service referrals. A major facility enhancement included the opening of the new Community/Dining Hall in September 2023, which enabled expanded programming such as movie nights, themed events, and resource fairs.

Success Stories Highlight the Program's Impact:

- A participant secured permanent senior housing after 8 years of homelessness.
- Clients who stabilized on medication, accessed benefits, and transitioned into room and board or permanent housing.
- Participants who sustained employment, sobriety, and family connections culminating in independent living.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Shelter-Related Barriers:

BANC faced common shelter-related barriers, including limited affordable housing options, participant engagement difficulties, and lingering post-COVID disconnection. To address these challenges, BANC enhanced its staffing structure, hiring a new Shelter Manager, Senior Case Manager (SCM), and Senior Care Coordinator (SCC). The SCM provides crisis response and connects participants to mental health and addiction resources, while the SCC supports medical coordination and group facilitation. These staffing changes have increased the center's capacity to meet complex participant needs in real time.

Equity Efforts in Fiscal Year 2023-2024:

BANC reinforced its equity and inclusion efforts through multiple initiatives. A Resident Council Committee was established to ensure participant voices are heard and incorporated into programming decisions. Based on resident feedback, BANC implemented a grief support group and is planning additional groups focused on women's empowerment and men's wellness. These groups are facilitated by trained staff and reflect the program's commitment to responsive, client-centered care aligned with SHELTER, Inc.'s Community of Practice (CoP) standards.

Changes or Updates Planned for FY2024-2025:

BANC contract increased its occupancy from 15 to 25 beds, effective October 2023. The program will be referred to as Beck Avenue Navigation Center in FY 2024-2025.

Name of Program:	Supported Housing
Agency Name:	Caminar, Inc.
Description of Program:	
<p>During FY 2011/12 SCBH leveraged CalHFA funds to help fund several permanent housing projects to serve adults who have persistent serious mental health conditions, and children/youth with serious mental health conditions and their families. In order to qualify, the identified consumer must be homeless or at risk of becoming homeless, as defined by the MHSA regulations. Signature at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes 7 two-bedroom units reserved for families in which one member qualifies for MHSA housing support, and 3 two-bedroom apartments shared by two unrelated adults who qualify for MHSA housing support. The Heritage Commons project in Dixon is a 65- apartment project serving older adults. Seven units are reserved for consumers 55 years or older who qualify for MHSA housing support. The project began accepting applications in July 2013. SCBH has an agreement with the state to fund case management services for these sites for a minimum of 20 years. SCBH has contracted these services out to a CBO partner. In addition to the sites listed above the CBO partner has secured additional scattered sites/apartments in Solano County through other grants. Program staff provide case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 60 days and provide housing case management to secure permanent housing upon discharge.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 73	
Program Indicators	Annual Outcomes
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	<p>A total of 65 unduplicated individuals were housed in permanent housing:</p> <ul style="list-style-type: none"> • Scattered Sites: 22 individuals • Signature: 15 individuals • Heritage: 7 individuals • HUD: 21
Provide transitional housing services for up to 90 days for 15-20 individuals.	8 unduplicated individuals received transitional housing.
Permanent Housing Program: At least 60% of permanent housing consumers will maintain or increase functioning per the Quality of Life Scale to maintain a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains (administered at intake and annually thereafter).	Of the 17 individual who completed the annual measure during the reporting period, 76% (13) of individuals maintained or improved their score in functioning.
Transitional Housing: At least 90% of the individuals exiting transitional	Of the 5 individuals who discharged from transitional housing, 100% (5) of individuals had

housing will have initiated or obtained benefits. At least 50% of the individuals exiting transitional housing will move to stable housing.	initiated and/or obtained benefits. Of the 5 individuals who discharged from transitional housing, 100% (5) successfully moved to stable housing.
Financial Report	
Cost per Person	\$9,718.56
Contract Amount for FY2023/24	\$726,227
Total Expenditures FY2023/24	\$709,454.73
Budgeted Amount for FY2024/25	\$466,721.99 (Effective 9/1/2024 – 1/31/2025)

Significant Changes in Fiscal Year 2023-2024:

Expansion of Supportive Housing Services:

In December 2023, SCBH collaborated with a housing developer and executed a new contract (“Fair Haven Commons”) with Caminar to expand permanent supportive housing for individuals experiencing behavioral health challenges who reside at a local affordable housing community in Fairfield.

In the first six months of implementation, Caminar’s team served 88 residents (representing 45 unduplicated heads of households and their 43 household members) living in No Place Like Home (NPLH) and Whole Person Care (WPC) housing units.

All NPLH and WPC clients and members of their householders, when appropriate, were provided with housing case management services and referrals to other services, such as Medical transportation, IHSS, benefits, advocacy, PG&E service extension, and SCBH clinical services.

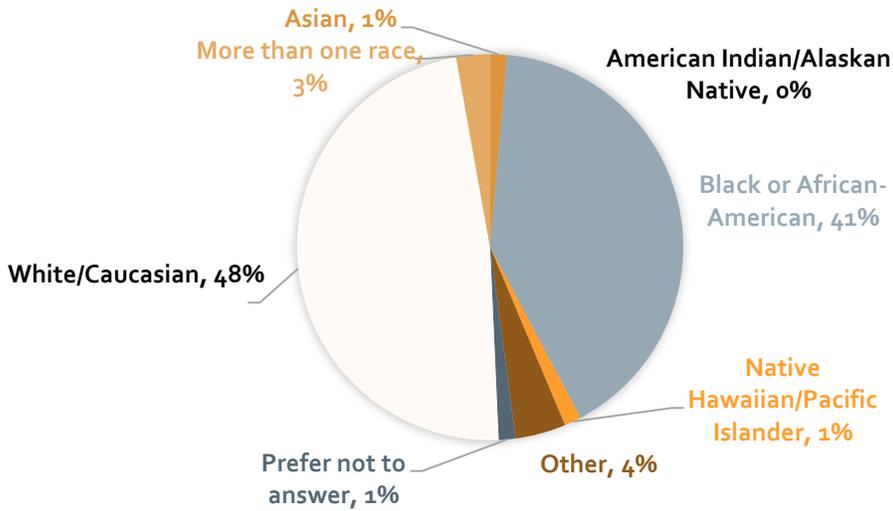
Financial Report	
Cost per Person	\$250.54
Contract Amount for FY2023/24	Total: \$500,534 - MHSA: \$81,397 - HHAP-3: \$419,137
Total Expenditures FY2023/24 (Reporting MHSA Only)	\$22,047.17
Budgeted Amount for FY2024/25	\$880,188 (HHAP-3 only)

Changes or Updates Planned for FY2024-2025:

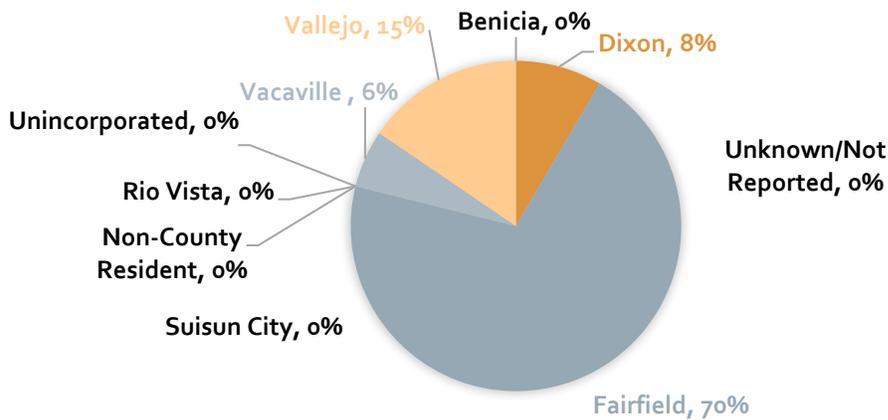
A contract amendment was approved in May 2024 to extend the contract by one year, but no MHSA dollars will be utilized for the extended contract period. Services from July 1, 2024 through June 30, 2025 will be funded by *Homeless Housing, Assistance, and Prevention Program Round 3 (HHAP-3)* funding.

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			71
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	4%	Central American	1%
26-59	69%	Mexican/Mexican-American/Chicano	8%
60+	25%	Other Hispanic/Latino	0%
Prefer not to answer	1%	Puerto Rican	1%
Race		South American	1%
American Indian/Alaskan Native	0%	African	31%
Asian	1%	Asian Indian/South Asian	0%
Black or African-American	41%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	4%	Eastern European	11%
Prefer not to answer	1%	European	20%
White/Caucasian	48%	Filipino	4%
More than one race	3%	Japanese	0%
Gender At Birth		Korean	0%
Male	39%	Middle Eastern	0%
Female	61%	Other Non-Hispanic/Latino	18%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	3%
Male	39%	More than one ethnicity	0%
Female	59%	City of Residence	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	8%
Prefer not to answer	0%	Fairfield	70%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	1%	Rio Vista	0%
Sexual Orientation		Suisun City	0%
Gay	3%	Unincorporated	0%
Bisexual	1%	Unknown/Not Reported	0%
Heterosexual/straight	83%	Vacaville	6%
Lesbian	3%	Vallejo	15%
Other	3%	Disability	
Prefer not to answer	6%	Difficulty seeing	10%
Queer	1%	Difficulty hearing/having speech understood	6%
Questioning/unsure	0%	Other communication disability	2%
Veteran Status/Military Services		Cognitive impairment	4%
Veteran	3%	Physical/mobility	8%
Active military	0%	Chronic physical health condition	13%
Not a veteran or not active military	97%	Serious/severe mental health condition	2%
Primary Language (1st Language)		No disability	40%
American Sign Language (ASL)	0%	Other disability	12%
English	100%	Prefer not to answer	2%
Ilocano	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Other	0%	Significant Cultural Considerations: NA	
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
Preferred Language (Used Daily)			
American Sign Language (ASL)	1%		
English	99%		
Tagalog	0%		
Other	0%		
Spanish	0%		

Highlights & Achievements:

In FY 2023–24, Caminar served a total of 73 unduplicated clients across Supported Housing and Gateway Transitional Housing. Sixty-five clients were housed in single or shared units through the 20 MHSAsubsidized beds and 20 additional HUD-funded beds, with Solano County providing the required match. Notably, all clients in the Gateway Transitional Housing program (8 total served) were successfully transitioned into permanent housing—achieving a 100% permanent housing exit rate. The program also referred clients to supportive services including Jobs Plus and benefits advocacy. Client impact was enhanced by the doubling of overall unduplicated clients served compared to the prior fiscal year.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Key challenges included the need to relocate five clients to more accessible housing due to health and aging-related needs. Caminar responded by establishing new partnerships with landlords and property managers, though these relocations introduced unplanned moving expenses that required budget adjustments. Additionally, the dynamics of shared housing posed difficulties for some clients with significant mental health symptoms. In response, Caminar strategically shifted to increase the availability of solo housing units across both MHSAs and HUD portfolios.

Equity Efforts in Fiscal Year 2023-2024

Caminar prioritized culturally and linguistically responsive services by leveraging its diverse, multilingual staff. While language line services are available, client-preferred in-person or video-based staff translation was prioritized when possible. Staff are active participants in Caminar's Diversity, Equity, and Inclusion (DEI) Committee and receive ongoing training, including cross-regional education on SOGIE. Leadership is also engaged in Solano County's Racial Equity Action Lab (REAL) Team, ensuring an equity lens is consistently applied across services.

Changes or Updates Planned for FY2024-2025

Caminar supports the transition of the Gateway component from the Supported Housing contract to the Laurel Creek contract in FY 2024–25, with a shift toward Emergency Shelter. This change will better align client eligibility with broader housing resources like HUD CoC Permanent Housing programs. Caminar expresses appreciation for Solano County's continued partnership in addressing the region's housing needs.

Name of Program:	Augmented Board and Care (ABC) Step-Downs
Agency Name:	Solano County Behavioral Health
Description of Program:	SCBH leverages MHSAs housing support funding to support adults who have a serious mental health condition and/or co-occurring substance use disorder who had been living in locked facilities such as Mental Health Rehab Centers (MHRC) or Institutions of Mental Disease (IMD) to step down to lower level ABC facilities to assist them in integrating back into the community.
Unduplicated Individuals Served: 9	
Financial Report	
Cost per Person	\$31,044.69
Budget Amount for FY2023/24	\$250,000
Total Expenditures FY2023/24	\$279,402.17
Budgeted Amount for FY2024/25	\$

Demographic data is not available for this strategy.

Changes or Updates Planned for FY2024-2025:

There were no planned changes identified at this time.

Outreach & Engagement

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

Name of Strategy:	Patients' Benefits Specialists (PBS)
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
The PBS Strategy is staffed by two full-time PBS staff who are tasked to provide support for individuals who are identified as homeless and/or admitted to the CSU or inpatient facility, to sign up for Medi-Cal benefits and other government assistance (GA) programs. The goal of this strategy is to streamline setting up necessary benefits for individuals who are uninsured and unhoused. Additionally, the PBS staff provide light case management and linkage to housing and mental health services.	
Program Performance Measures	
Unduplicated Individuals Served: 133	
Program Indicators	Annual Outcomes
Support community members, including the homeless population and individuals admitted to the CSU or inpatient facility, to apply for insurance and benefits available through Health and Social Services Employment and Eligibility (E&E) Division.	<p>PBS staff served a total of 133 community members through 136 encounters.</p> <ul style="list-style-type: none"> GA applications completed: 18 total CalFresh applications completed: 78 total (44 new and 34 renewals) Medi-Cal applications completed: 65 total (36 new and 29 renewals) DMV vouchers provided: This information is not available at this time.
Financial Report	
Cost per Person	\$2,251.93
Budget Amount for FY2023/24	\$143,055
Total Expenditures FY2023/24	\$299,507.17
Budgeted Amount for FY2024/25	\$

Demographic data is not available for this strategy.

Highlights & Achievements:

During the fiscal year, the PBS team played a pivotal role in reducing County out-of-pocket costs and limiting the use of ambulance services for uninsured behavioral health clients. They reestablished strong coordination with hospitals and BH treatment teams to support Medi-Cal applications for both inpatient and outpatient clients. The team demonstrated effective advocacy by connecting clients to needed services beyond their benefit coverage and by building valuable partnerships with community agencies and law enforcement. A key highlight was their proactive approach to meeting clients where they are, reducing barriers, and improving access to services.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

A primary challenge remains the intensive support clients require throughout the benefits application process, particularly in gathering necessary documentation. This high-touch approach limits the number of clients each staff member can assist. Additional barriers include difficulty coordinating phone interviews for inpatient clients and delays in Medi-Cal enrollment, especially when clients must switch coverage from another county. PBS addressed these issues by attending monthly meetings with BH teams, collaborating with Employment & Eligibility (E&E) on streamlined workflows, and providing trainings to the adult system of care to clarify their role and improve coordination.

Equity Efforts in Fiscal Year 2023-2024

To ensure equitable access to services, PBS coordinated with E&E partners to secure translation services, helping to eliminate language barriers during the benefits application process.

Changes or Updates Planned for FY2024-2025

Looking ahead, PBS staff will continue assisting new clients via the Access Line by supporting their benefits enrollment upon entry into the system. They will also begin tracking clients receiving County-covered prescription payments to ensure timely completion of Medi-Cal applications.

Name of Strategy:	Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach
Agency Name:	Solano County Behavioral Health
Description of Strategy:	
<p>The ARCH Strategy is staffed by two County Clinicians who engage in activities related to increasing awareness regarding mental health services available specifically for the transition aged youth (TAY) homeless population in Solano County. The primary goal is link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH staff educate the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/ Youth (CSEC). This strategy is co-funded by Child Welfare Services (CWS) which allows the staff to serve foster youth who are identified as run-aways who are homeless and at risk for CSEC. The ARCH staff work closely with the SCBH adult homeless outreach team, local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness.</p>	
Program Performance Measures	
Unduplicated Individuals Served: 346	
Program Indicators	Annual Outcomes
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the homeless population.	Total of 28 outreach activities occurred: 4 presentations, 8 community events, and 16 individual contacts with community partners.
Provide brief case management and linkage services to referred homeless youth.	<p>Total of 31 unduplicated individuals were contacted, and of those 31 unduplicated individuals received a screening, 27 received brief case management and/or linkage services with the following results:</p> <ul style="list-style-type: none"> - 4 youth successfully enrolled as new consumers and 6 offered assessments - 5 youth was re-enrolled/re-connected to mental health services - 12 successfully linked to resources or services to address basic needs
Financial Report	
Cost per Person	\$769.97
Contract Amount for FY2023/24	\$1,298,894
Total Expenditures FY2023/24	\$266,409.08
Budgeted Amount for FY2024/25	\$

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

Demographic data is not available for this strategy.

Highlights & Achievements:

Despite staffing challenges earlier in the year, the ARCH program successfully navigated a period of transition, becoming fully staffed by August 2024. The addition of two clinicians with diverse professional backgrounds strengthened community outreach and engagement efforts. As a result, ARCH saw a rise in community and self-referrals, improved partnerships with the Solano County Office of Education, and expanded outreach in local schools and the Vallejo community. Staff continued to build strong rapport with youth, offering creative, client-centered support including housing assistance, reconnection to mental health services, and field-based assessments. Clinicians also played a key role in conducting assessments for at-risk youth, system-involved youth, and youth discharged from hospitals—improving access to behavioral health services.

Challenges & Barriers:

A major barrier remains the lack of Transition Age Youth (TAY)-specific housing resources in Solano County. With the closure of the only TAY transitional shelter, youth face limited emergency housing options that address their developmental and trauma-related needs. The growing number of outreach teams from various agencies sometimes results in service duplication rather than expanded capacity. ARCH continues to address these challenges through increased collaboration with partners, participation in local homeless roundtables, and advocacy for restructuring funds to better support housing solutions tailored to TAY needs.

Equity Efforts in FY 2023/24:

The program continues to strengthen its culturally and linguistically responsive services. One Spanish-speaking supervisor and another staff member with intermediate Spanish support basic communication needs, and Language Link is used to provide services in preferred languages. Outreach materials are available in English and Spanish, and staff routinely attend trainings that reflect the diverse populations they serve—including LGBTQ, CSEC, justice-involved, foster youth, and racially diverse communities. ARCH also conducts outreach countywide, including in Vallejo, Rio Vista, and Benicia.

Planned Updates for FY 2024–25:

ARCH plans to expand workshops and training for community agencies to reduce stigma around mental health and improve engagement with TAY youth.

PREVENTION & EARLY INTERVENTION (PEI) PROGRAM AND SERVICES

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

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

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

The six regulatory approaches for PEI programs and services include:

1. **Suicide Prevention** – organized activities that the County undertakes to prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.
2. **Stigma and Discrimination Reduction** – includes direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
3. **Outreach for Increasing Recognition of Early Signs of Mental Illness** – activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

4. **Access and Linkage to Treatment** – activities to connect children, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.
5. **Prevention** – activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing serious mental illness.
6. **Early Intervention & Treatment** – to include treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Local PEI Programs

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

Suicide Prevention	<ul style="list-style-type: none"> - CalMHSA Communitywide Success Prevention Efforts - Trainings: <i>safeTALK, ASIST, MHFA, etc.</i> - Community-based Mobile Crisis - Crisis Transport
Stigma & Discrimination Reduction	<ul style="list-style-type: none"> - CalMHSA Community-wide Stigma Reduction Efforts - Family & Peer Support Program
Outreach for Increasing Recognition of Early Signs of Mental Illness	<ul style="list-style-type: none"> - Mental Health First Aid Trainings - All funded PEI programs and strategies include activities that address this required approach
Access & Linkage to Treatment Prevention	<ul style="list-style-type: none"> - Early Childhood Services - LGBTQ+ Outreach & Access Program - School-Based Mental Health Services - Older Adult Peer-to-Peer Program
Early Intervention	<ul style="list-style-type: none"> - Pregnant and Postpartum Maternal Support - Early Psychosis Treatment Program - Older Adult Case Management & Treatment

Senate Bill (SB) 1004

SB 1004 legislation, passed in September of 2018, requires the MHSOAC to establish priorities for the use of PEI funds and to develop a statewide strategy for monitoring implementation of

PEI services. This includes enhancing the public's understanding of PEI and creating metrics for assessing the effectiveness of how PEI funds are used and the outcomes that are achieved. This bill authorizes counties to include other priorities, as determined through the CPP process, either in place of, or in addition to, the established priorities. If a county chooses to include other programs, the bill requires the county to include a description in their annual update or three-year plan of why those programs are included and metrics to measure program effectiveness.

Listed below are the MHSOAC's established six (6) PEI priorities per SB 1004, as well as the various strategies and programs SCBH is funding that are already aligned with the PEI priorities. These strategies and programs are also described in detail later in this document.

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs

- The Early Childhood Services strategy co-funded by MHSOAC and First 5 Solano addresses this priority through screenings and the use of the Triple P parent education model to teach parenting skills and reduce the potential for child abuse.
- The Pregnant & Postpartum Maternal Support strategy co-funded by MHSOAC and Solano County Public Health provides support for pregnant and new mothers to prevent and/or address postpartum depression which can lead to child abuse or neglect if untreated.
- MHSOAC School-Based Services Programming includes trainings for parents/caretakers to build skills and prevent abuse, strategies to identify children/youth who are in need of mental health services, student workshops/groups, and the provision of mental health assessments and brief counseling for 3-5 months for students in schools K-12. 129

2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan

- The Early Psychosis Treatment Program includes trainings for key partners including schools and providers on the early identification of psychosis, screenings, assessments for individuals ages 12-30 referred for services and treatment for individuals determined to be eligible for the program. During the screening and assessment process if an individual is identified to have a mood disorder rather than a psychotic disorder the individual is linked to appropriate services.
- MHSOAC School-Based Services Programming includes strategies to identify children/youth who are in need of mental health services as well as the provision of mental health assessments and brief counseling for 3-5 months for students. Pending each individual's need, referrals are made to the most appropriate level of care and treatment program. Additionally, one of the contractors provides suicide prevention trainings for school personnel, parents/caretakers, etc.

- School-Based Wellness Center Initiative (SWCI) Forty-seven (47) culturally responsive school wellness centers have been funded using MHSA INN funds for K-12 and adult education school sites. PEI funded programs will be leveraged to support the SWCI. For example, school sites with a wellness center can leverage the MHSA School-Based Services contractors for trainings, student workshops, and direct services. Additionally, additional PEI funded contracts have deliverables related to outreach and training for schools.
- Suicide Prevention Strategies include outreach efforts to raise awareness about suicide prevention; suicide prevention trainings provided by SCBH and contractor staff including specific suicide prevention trainings focused on the older adult community; funding for a suicide prevention hotline; a countywide Suicide Prevention Committee and Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts; and a newly implemented Community-Based Mobile Crisis program launched in May 2021 funded by MHSA PEI funds. While not funded through MHSA PEI, SCBH launched a School-Based Mobile Crisis program in August 2021 serving all six (6) Solano County school districts and a local charter school. In August of 2022, this service was expanded to serve another school district under the jurisdiction of Sacramento County Office of Education in order to serve the three schools in the city of Rio Vista that are within Solano County. The School Based Mobile Crisis program is funded by the Mental Health Student Services Act (MHSSA) Grant. Through this grant the provider which is Solano County Office of Education (SCOE) mental health team provides expanded suicide prevention training and technical assistance for districts.

3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs

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

4. Culturally competent and linguistically appropriate prevention and intervention

- All of the PEI programs are closely tracking demographics of program participants. SCBH completed a comprehensive 5-Year Interdisciplinary Collaboration and Cultural

Transformation Model (ICCTM) Innovation project in 2021 that was focused on reducing health disparities. This project resulted in systemwide changes related to the provision of culturally and linguistically appropriate services. To learn more about this program you can access the final evaluation report [here](#). Additionally, starting in FY 2019/20 SCBH began to require all contractors to develop their own agency Cultural Responsivity Plans guided by the national CLAS Standards. SCBH continues to fund trainings focused on culturally responsive practices and social justice for both County and contractor providers.

- The LGBTQ+ Outreach and Access Program provides support/social groups and short-term counseling for LGBTQ+ community. Additionally, the program provides training and education for the community to combat discrimination and to create inclusive safe spaces for the LGBTQ+ community.
- During FY 2023/24 SCBH will release a Request for Proposal (RFP) to explore new strategies to address the needs of the underserved marginalized communities in Solano County to include the African American, Hispanic/Latino, AA/PI and Native Indigenous populations.

5. Strategies targeting the mental health needs of older adults:

- The Older Adult Programming currently includes two contractors serving older adults 60 and over. One program provides trainings for the community, screenings, case management and short-term counseling. The other program is a peer-to-peer model providing home visits, reassurance calls, virtual groups, etc. to prevent isolation and reduce suicide deaths for older adults.
- The Community-Based Mobile Crisis Program serves residents of all ages including seniors 60 and over.
- The LGBTQ+ Outreach and Access Program and one of the Older Adult PEI programs co-facilitate a Rainbow Seniors support group for LGBTQ+ seniors.
- 6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis
- All of the funded PEI strategies and programs that are providing screening and direct early intervention services are addressing this particular PEI priority. Additionally, the SWCI provides additional access points for students experiencing mental health symptoms.

Suicide Prevention

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

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

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

- Suicide Prevention Committee – The countywide Solano County Suicide Prevention Committee remained active meeting monthly and provided guidance for important suicide prevention strategies. Committee members attended the Zero Suicide campaign training and evaluated the County’s current efforts using the campaign’s 7 Elements framework. Using the 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 5% in five years, 10% in ten years with an ultimate goal to work towards zero suicide deaths.
- safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings – SCBH continued to fund several PEI programs to provide these suicide prevention curriculums. SCOE continued to provide virtual option for suicide prevention trainings during FY 2022/23 providing the training for school personnel, parents/caretakers, and community members. The data related to these trainings is reported under the MHSA School-Based Mental Health Services programming and the Older Adult Case Management & Treatment program. Starting FY23/24, Solano County Behavioral Health supported SCOE’s Mental Health and Wellness clinicians to be trained on the new evidenced based and culturally responsive suicide prevention curriculum Be Sensitive Be Brave.
- National Suicide Prevention Week Proclamations & Resolution – In August of 2022 all seven (7) local cities: Vallejo, Benicia, Suisun, Fairfield, Dixon, Vacaville, and Rio Vista;

and the County of Solano, passed local proclamations/resolutions declaring September 4-10, 2022, as Suicide Prevention Awareness Week. At the Solano County Board of Supervisors meeting a family survivor of suicide shared her personal story of losing her adult son to suicide.

- Gun Safety Campaign – SCBH previously promoted and distributed the firearm safety brochure (see Appendix, pgs. 242-243) developed in partnership between SCBH, the Solano County Sheriff’s Office— Coroner Bureau, and local firearms instructors. The brochure includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources including: the 24-hour national Suicide and Crisis Lifeline number, the local Crisis Stabilization Unit address and phone number and the SCBH Access Line number. The brochure will be revised and redistributed as planned for by the Suicide Prevention Coalition.
- Multi-Media Campaigns – During the FY SCBH funded a multi-media campaign focused on the community based mobile crisis. It was developed for in multiplatform campaign for a 20-week campaign with a 360° reach including creatives for TV billboards, local buss transits, and digital ads in gas stations, gyms, and POS machines in restaurants, convenience stores, and grocery stores. Five TV and streaming commercials included one with Spanish sub-titles and one with Tagalog subtitles. During FY2022/23, at the tail end of the pandemic, the community-based mobile crisis encountered staffing challenges and had to pause services on September 26, 2022 resulting to the pause on the release of the media campaign. The community based mobile crisis services were paused in May 2023 due to staffing and relaunched September 2023 and the campaign assets were updated to include 988 and the local number of the mobile crisis for release on FY23/24. The media campaign for FY23/24 will include release of the Pacific Clinics 20-week campaign assets and creative designs for other mental health prevention and wellness events.

Distribution/Advertisement of Suicide Prevention Resources

SCBH continued to advertise the following suicide prevention crisis support resources during FY 2023/24:

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

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

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

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

Name of Strategy:	Suicide Prevention Crisis Call Center—Contractor
Agency Name:	North Valley Suicide Prevention Hotline (NVSPH) thru the CalMHSA JPA
Description of Strategy:	
<p>Starting July 2019, Solano County funded a portion of the NVSPH contract as managed and funded by Yolo County. The NVSPH fielded calls that come through the national 988 Suicide and Crisis Lifeline (formerly called the National Suicide Prevention Lifeline). A portion of these calls were from Solano County residents. This funding was administered through the Joint Powers of Authority (JPA) between CalMHSA and California Counties.</p> <p>CalMHSA notified Solano County that the contract was not renewed for Fiscal Year 2022-2023 as the agency that operated the NVSPH, Suicide Prevention of Yolo County, ceased its operation and calls were being routed to the 998 call centers. There were no expenditures in this strategy in Fiscal Year 2023-2024.</p>	

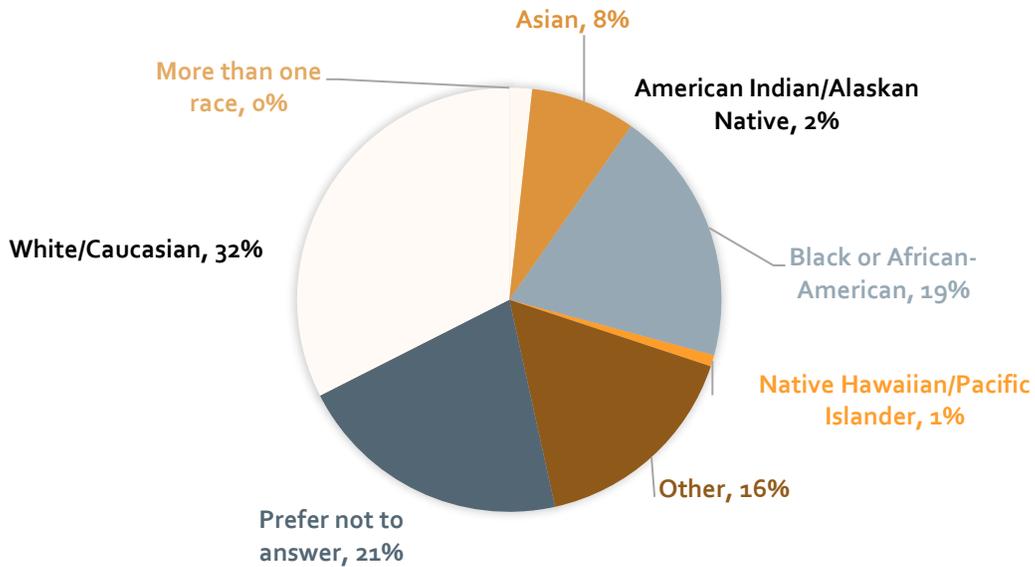
Name of Program:	Community-Based Mobile Crisis (<i>title is Mobile Crisis Services in the MHSA Three-Year Plan</i>)
Agency Name:	Pacific Clinics
Description of Program:	
<p>The Community-Based Mobile Crisis program, administered by a contractor, is intended to provide services for the County which includes the provision of emergency crisis intervention services for Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up services which can include placing individuals on a 5150 hold and arranging ambulance transport to the crisis stabilization unit (CSU) or a local emergency department (ED), or for individuals who safety plan linkage to SCBH Access Line, private insurance providers and relinking to existing treatment providers. The program was launched in May 2021 in central county in partnership with Fairfield and Suisun Police Departments followed by expansion to other regions of the County during FY 2021/22. In April of 2022 the program was made available to all municipalities within Solano County including unincorporated areas of the County.</p>	
Program Performance Measures	
Prevention Activities	
545 Total Admissions representing 462 Unduplicated Individuals Served	
Program Indicators	Annual Outcomes
60% of the consumers at close of enrollment for current crisis, will be fully supported with safety planning vs. hospitalization or admission to Crisis Stabilization Unit or local Emergency Department for crisis stabilization.	81% (439) of the admissions resulted in consumers being stabilized in the community and not placed on a hold thus diverting from emergency services and hospitalization.
Provide linkage/referral services for at least 90% of consumers de-escalated in the community.	Of the 439 calls that resulted in consumers not being placed on a hold, 88% (388) were provided a referral for a community resource. 33% (130) were provided a referral to a mental health provider or reconnected with an existing provider. See additional linkage outcomes below.
Provider will randomly select 70% of consumers to complete follow-up calls for consumer satisfaction surveys within 72 hours of the service. 90% of the consumers surveyed will report overall satisfaction with service delivery.	344 consumers were randomly selected to receive the consumer satisfaction survey and of those, the program was able to reach 74 consumers. Of the consumers who participated in the survey 92% (68) reported overall satisfaction with the service.
Response time:	The average response time to phone calls made to the Mobile Crisis line was 2 minutes.

85% of the time Contractor will respond to calls to the Mobile Crisis line within 10 minutes	The average deploy response when an in-person crisis intervention was warranted was 12 minutes.
90% of the time Contractor will deploy to the community within 30 minutes when an in-person crisis intervention is warranted.	
Early Intervention Activities Unduplicated Individual Served: N/A	
This program does not provide early intervention services.	Not Applicable
Linkages	
Referrals to crisis stabilization unit or local emergency departments.	75 referrals made
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	16 referrals made
Referrals made to the Solano County BHP.	100 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in a mental health treatment program to which they were referred.	Information is unavailable at this time.
Timely access to services: the average interval between referral and participation in services to which referred.	Average days: N/A
Financial Report	
Cost per Admission	\$4,654.49
Cost per Person	\$5,490.68
Contract Amount for FY2023/24	\$2,969,252
Total Expenditures FY2023/24	\$2,536,695.07
Budgeted Amount for FY2024/25	\$4,107,464 (non-MHSA; see explanation in <i>Changes or Updates Planned for FY2024-2025</i> section below)

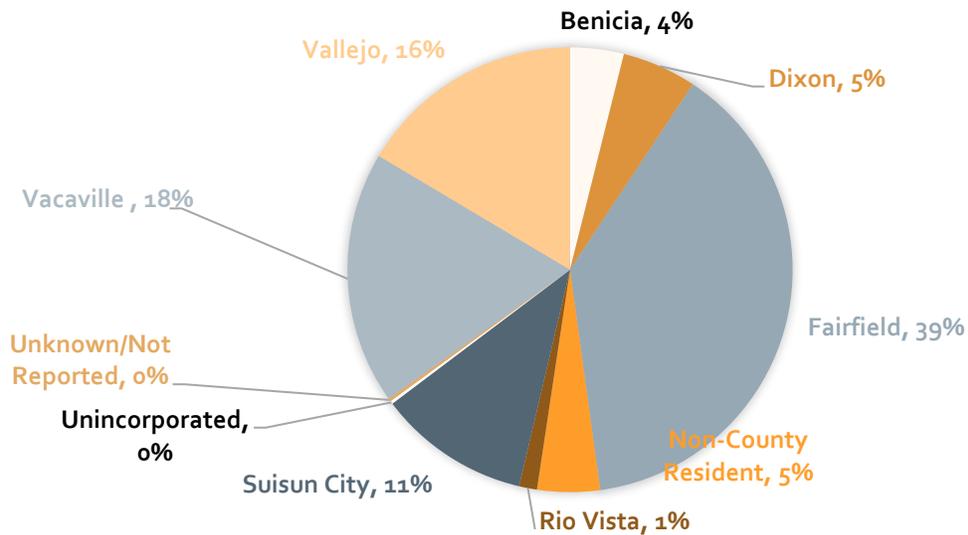
80% of total program funding was allocated to prevention activities; 20% of total program funding was allocated to early intervention activities.

The following charts and table provide additional demographic data for the service recipients by the **Community-Based Mobile Crisis Program**:

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY CITY OF RESIDENCE



Demographics		Total Individuals Demo Collected:	
			462
Age	%	Ethnicity	%
0-15	0%	Caribbean	0%
16-25	15%	Central American	0%
26-59	51%	Mexican/Mexican-American/Chicano	9%
60+	16%	Other Hispanic/Latino	5%
Prefer not to answer	0%	Puerto Rican	1%
Race		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	8%	Asian Indian/South Asian	0%
Black or African-American	19%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	16%	Eastern European	0%
Prefer not to answer	21%	European	0%
White/Caucasian	32%	Filipino	0%
More than one race	0%	Japanese	0%
Gender At Birth		Korean	0%
Male	46%	Middle Eastern	0%
Female	54%	Other Non-Hispanic/Latino	85%
Prefer not to answer	0%	Vietnamese	0%
Current Gender Identity		Prefer not to answer	0%
Male	38%	More than one ethnicity	0%
Female	44%	Identify with any of these groups?	
Genderqueer	0%	LGBTQ	
Other	0%	Currently involved with adult/juvenile justice	
Prefer not to answer	16%	Foster care youth	
Questioning/unsure	0%	All of above	
Transgender	0%	LGBTQ & justice involved	
Sexual Orientation		LGBTQ & foster care youth	
Gay	1%	Justice involved & foster care youth	
Bisexual	2%	Not applicable/not identify with all above	
Heterosexual/straight	50%	Prefer not to answer	NA
Lesbian	1%	Mental Health Symptoms Onset	
Other	1%	Less than 6 months	
Prefer not to answer	45%	6-12 months	
Queer	0%	1-4 years	
Questioning/unsure	1%	5-9 years	
Veteran Status/Military Services		Over 10 years ago	
Veteran	3%	Prefer not to answer	
Active military	0%	Do not have MH symptoms	
Not a veteran or not active military	97%	Unknown/not reported	NA
Primary Language (1st Language)		City of Residence	
American Sign Language (ASL)	0%	Benicia	4%
English	94%	Dixon	5%
Ilocano	0%	Fairfield	39%
Other	1%	Non-County Resident	5%
Prefer not to answer	0%	Rio Vista	1%
Spanish	5%	Suisun City	11%
Tagalog	0%	Unincorporated	0%
Preferred Language (Used Daily)		Unknown/Not Reported	0%
American Sign Language (ASL)	0%	Vacaville	18%
English	93%	Vallejo	16%
Tagalog	0%	Disability	
Other	3%	Difficulty seeing	
Spanish	4%	Difficulty hearing/having speech understood	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		Other communication disability	
		Cognitive impairment	
		Physical/mobility	
		Chronic physical health condition	
		No disability	
		Other disability	
		Prefer not to answer	NA

Highlights & Achievements:

24/7/365 Services Go Live:

Effective April 15, 2024, Pacific Clinics launched 24/7/365 services. On May 15, 2024, the public facing phone line was launched, which was accompanied by a public media campaign, including commercials and press releases.

Hiring & Recruitment:

Pacific Clinics hired and onboarded 23 new full-time and part-time staff (representing Clinicians, Consultants, and Crisis Intervention Specialists) in order to support the launch of 24/7/365 community-based mobile crisis services. The Pacific Clinics staff worked closely with SCBH's Quality Assurance team to support quick onboarding and trainings for newly hired staff.

Additional Support during High Call Volume:

During times of high call volume, a contractor company provides services to gather and relay call information, in order to avoid community members in crisis from being routed to an answering machine.

Trainings Facilitated to Law Enforcement & Other Agencies:

Pacific Clinics staff facilitated 23 trainings to law enforcement departments, local County departments, and local city departments, and attended 5 in-person community events (located in Fairfield, Suisun City, Vacaville, Vallejo, and the Travis Air Force Base) to promote the 24/7/365 mobile crisis services. The staff also facilitated two Crisis Intervention trainings, in collaboration with SCBH.

Partnerships with Local Law Enforcement:

The overnight Pacific Clinics team is co-located at one of the local police departments, offering a secure location for staff during nighttime hours. Partnerships with this local police department as well as other police departments have grown significantly.

The growing partnerships with local police departments and increased public awareness of the Mobile Crisis call line have likely contributed to a shift of mental health related calls being addressed by law enforcement to calls being addressed by trained Pacific Clinics staff.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staff Vacancies:

There are a few part-time positions that were unfilled, but the program continued functioning as a 24/7 program, to the benefit of the community. Interviews are coordinated rapidly to address staff vacancies and gaps in the schedule are covered by on-call staff.

Equity Efforts in Fiscal Year 2023-2024:

The Pacific Clinic team strives to meet the cultural and linguistic needs of each individual they encounter. The leadership team hires a diverse, multiculturally representative team of all ages. Culturally, their staff boast representation from the African American/Black, Latinx, Asian American Pacific Islander, and LGBTQI+ communities. The direct service team also includes Spanish speaking staff. There is access to language translation services for languages staff do not speak fluently.

Staff are required to attend annual cultural humility trainings and provide trauma-informed care, viewing all people through a lens of empathy, sensitivity, respect, and care while maintaining an understanding of human stress and resilience and utilizing effective skills and strategies to treat trauma-related health conditions.

Changes or Updates Planned for FY2024-2025:

In Fiscal Year 2024-2025, the funding sources for the Community-Based Mobile Crisis program were shifted from entirely MHSA funds to other federal, state, and County Realignment funding sources.

Name of Strategy:	Crisis Transport - Contractor
Agency Name:	Medic Ambulance
Description of Strategy:	
SCBH contracts directly with an ambulance company to provide Basic Life Support (BLS) medic transport for consumers in acute crisis who have been placed on a 5150 by mobile crisis staff, SCBH providers and/or local law enforcement agencies. The provision of transportation by medical professionals rather than law enforcement is expected to better meet the unique needs of consumers experiencing an acute psychiatric crisis.	
Number of Individual Transport: 115	
Financial Report	
Cost per Person/Transport	\$403.57
Contract Amount for FY2023/24	\$68,150
Total Expenditures FY2023/24	\$46,411.12
Budgeted Amount for FY2024/25	\$76,850

In Fiscal Year 2023-2024, 47 individuals transported by Medic Ambulance were referred by law enforcement. Of this total referred by law enforcement, 38% (18) of individuals are under 25 years of age. More detailed demographic data is not available for this program.

Changes or Updates Planned for FY2024-2025:

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

Stigma & Discrimination Reduction Activities

Despite the ongoing impact of the COVID-19 pandemic, SCBH and contractor partners made concerted efforts to raise awareness of mental health stigma through virtual events, social media activities and in-person events when appropriate. The following are highlights of some of stigma reduction and outreach activities to reach traditionally underserved and marginalized communities were conducted during FY 2023/24:

Recovery Month – During the month of September, “Recovery Month” is observed to raise awareness about recovery from both substance use disorders and mental health conditions. On September 12, 2023, the Solano County Board of Supervisors adopted a resolution deeming September “Recovery Month” in Solano County. Two SCBH clinicians presented success stories of clients who embraced recovery services to the Board of Supervisors and community members present at the Board meeting.

The first clinician, who briefly shared his own lived experiences with substance use, connection to services, and recovery, focused primarily on the success story of a client who graduated from services and then relapsed. The clinician shared that prior to graduation, they worked together on two plans: a relapse prevention plan and a “How do I get back up?” plan in the event of a relapse. The client retained the plans in his wallet and followed the “How do I get back up?” plan before re-entering the BH system of care. The clinician concluded his portion of the presentation with a reminder that “Not using is not recovery. Recovery encompasses every part of a person’s soul.”

The second clinician shared success stories of two clients who graduated from services, repaired relationships with their families, and provided opportunities to further connect to populations who can significantly benefit from being aware of resources and accepting help, but may be difficult to outreach to. The clinician addressed cultural and linguistic factors that could have presented as barriers to accessing care, but they did not because of SCBH’s efforts to provide culturally sensitive and linguistically appropriate mental health, substance use, and recovery services.

May is Mental Health Awareness Month – There were a multitude of virtual and in-person events held to promote “May is Mental Health Awareness Month.” To combat stigma and raise awareness about mental health, the following events were hosted:

- On April 23, 2024, the Solano County Board of Supervisors adopted a resolution deeming May as “Mental Health Awareness Month” and May 6-12, 2025 as Maternal Mental Health Awareness Week in Solano County. The event included a consumer served by the Wellness & Recovery unit and a consumer served by the Pregnant & Postpartum Maternal Support (PPMS) services co-funded by SCBH and Solano County Public Health who shared her personal story.

- SCBH shared a calendar of events with the community that provided information about several community initiatives facilitated by SCBH and community partners that supported mental health and wellness, which included but was not limited to the following:

Date	Description of “Mental Health Awareness Month” Activity
May 6, 2024	Making vision boards and positive planning (English, Spanish)
May 7, 2024	Wellness-focused event for education personnel
May 8, 2024	- Open house for parents/caregivers with children with behavioral health needs - Family workshops to support family engagement and wellness (English, Spanish)
May 11, 2024	Local walk to bring mental health conditions like depression and anxiety out of the darkness and to support suicide prevention efforts
May 18, 2024	Mental Health Action Day African American Community Mental Health Conference in Fairfield, California
May 28, 2024	Community Resource Fair in Vallejo, California
May 29, 2024	Mental Health Stigma Community Presentation (Virtual)
May 30, 2024	Three comedy shows in Vallejo, Fairfield, and Vacaville featuring popular comedy 1 Degree of Separation, which explored the stigma surrounding depression and suicidal ideation with messages of hope, triumph, and laughter

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

Name of Strategy:	Communitywide Stigma Reduction & Suicide Prevention Efforts
Agency Name:	CalMHSA JPA
Description of Strategy:	
<p>SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. This initiative includes suicide prevention campaigns such as “Know the Signs” and the “Directing the Change” video contest and more recently the “Take Action” campaign. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails, and social media content. Additionally, through this initiative the County is provided technical assistance and training related to community messaging related to stigma reduction and suicide prevention</p>	
Financial Report	
Cost per Person	Unknown due to nature of materials being distributed countywide. When SCBH staff receive requests for materials, they provide on average 50-100 units each.
Contract Amount for FY2023/24	\$50,000
Total Expenditures FY2023/24	\$50,000
Budgeted Amount for FY2024/25	\$70,000

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

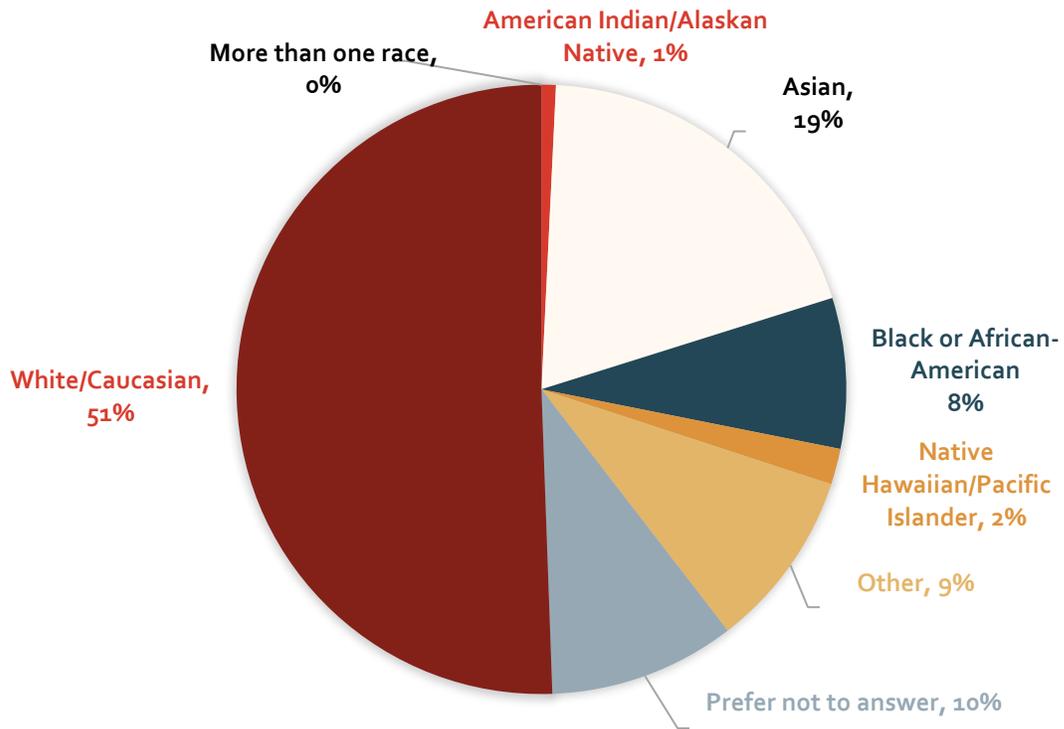
Name of Program:	Family and Peer Support Program-Contractor
Agency Name:	National Alliance on Mental Illness (NAMI) Solano Chapter
Description of Program:	
The NAMI program provides support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as relapse prevention support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness to reduce associated shame and stigma.	
Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 437	
Program Indicators	Annual Outcomes
Provide support services to a minimum of 225 unduplicated participants to include consumers, family members, and community partners.	A total of 437 unduplicated individuals received educational and/or support services.
Provide a minimum of seven (7) courses in NAMI signature programs including, but not limited to "Family-to-Family" (F2F) and "Peer-to-Peer" (P2P). <ul style="list-style-type: none"> 75% of individuals attending F2F and P2P classes will complete the course in its entirety. At least 75% of those individuals will demonstrate an overall increase in knowledge per the post participant survey. 	Provided a total of 7 courses and served a total of 65 unduplicated individuals: <ul style="list-style-type: none"> Three F2F/English classes – 39 participants started classes; 87% (34) completed classes Four P2P/English classes – 26 participants started classes; 81% (21) completed classes Of the 37 participants who completed a post survey, 92% (34) demonstrated an increase in knowledge on the post survey.
Provide a minimum of thirteen (13) "In Our Own Voice" (IOOV) presentations by trained speakers.	Provided 13 IOOV presentations for 215 participants.
Provide a minimum of ten (10) "Ending the Silence" (ETS) in-service presentations for high school aged youth and school personnel.	Provided 10 ETS presentations for 86 participants. Provided 3 additional outreach presentations for 81 participants.
Provide 85 "Connection" recovery support groups for adults living with mental health illness to prevent relapse.	Provided 93 "Connection" support groups, serving a total of 347 participants.
Early Intervention Activities	
Unduplicated Individuals Served: N/A	

Program Indicators	Annual Outcome
This program does not provide early intervention services.	Not Applicable
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	4 referrals made
Referrals made to the Solano County BHP.	1 referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred.	Zero (0) of the individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Not Applicable
Financial Report	
Cost per Person for Prevention Activities	\$598.84
Contract Amount for FY2023/24	\$311,446
Total Expenditures FY2023/24	\$261,694.75
Budgeted Amount for FY2024/25	\$324,184

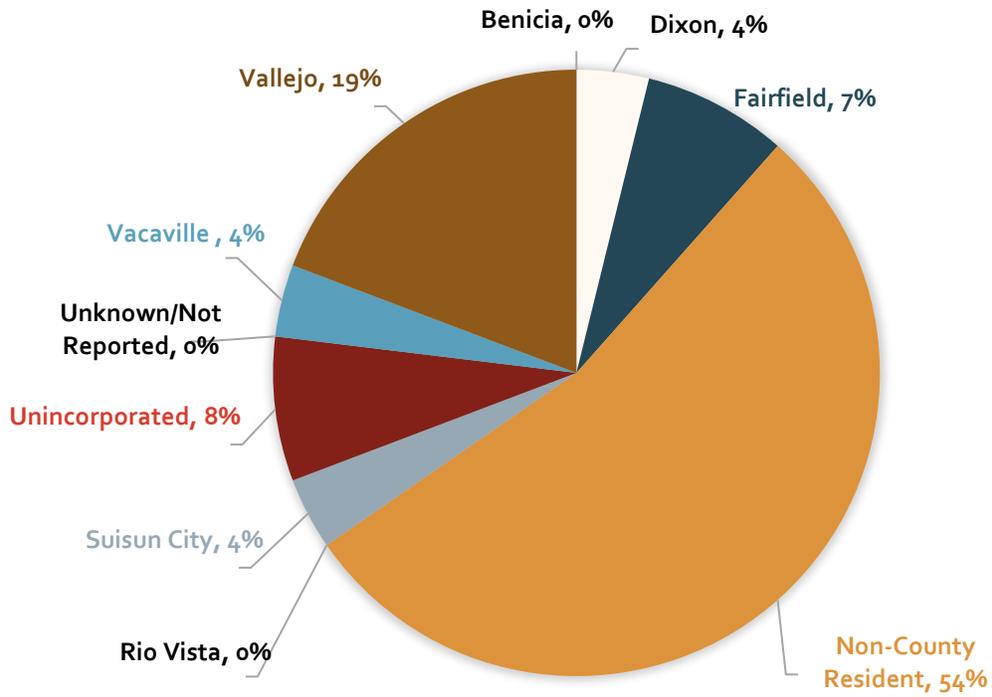
100% of NAMI's total program funding was allocated to prevention activities.

The following charts and table provide additional demographic data for the service recipients by the **Family and Peer Support Program**:

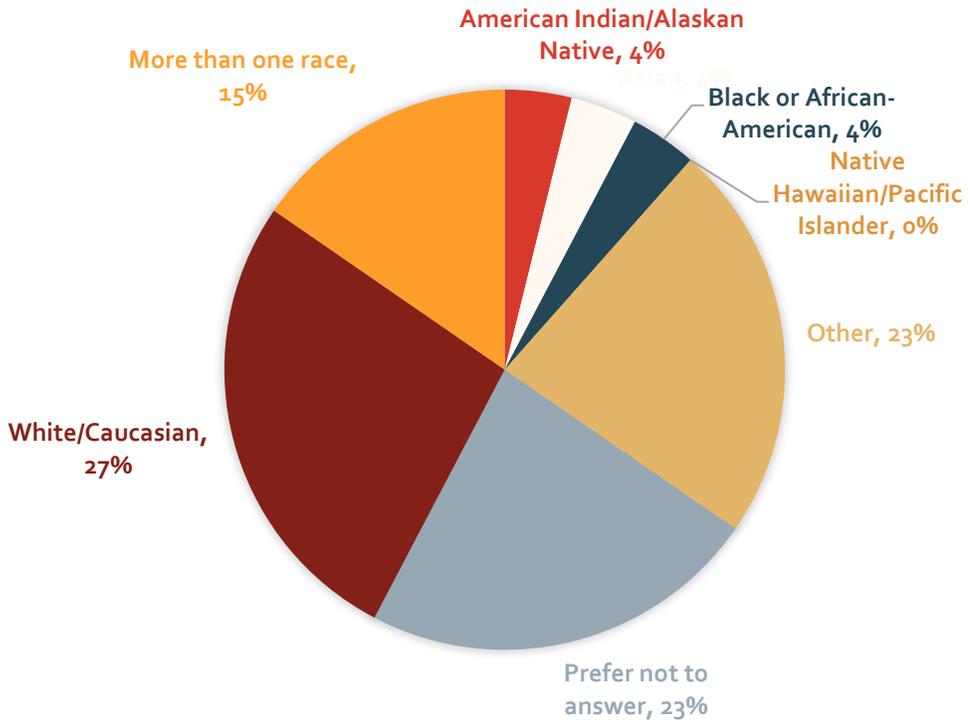
OUTREACH & TRAINING PARTICIPANTS BY RACE



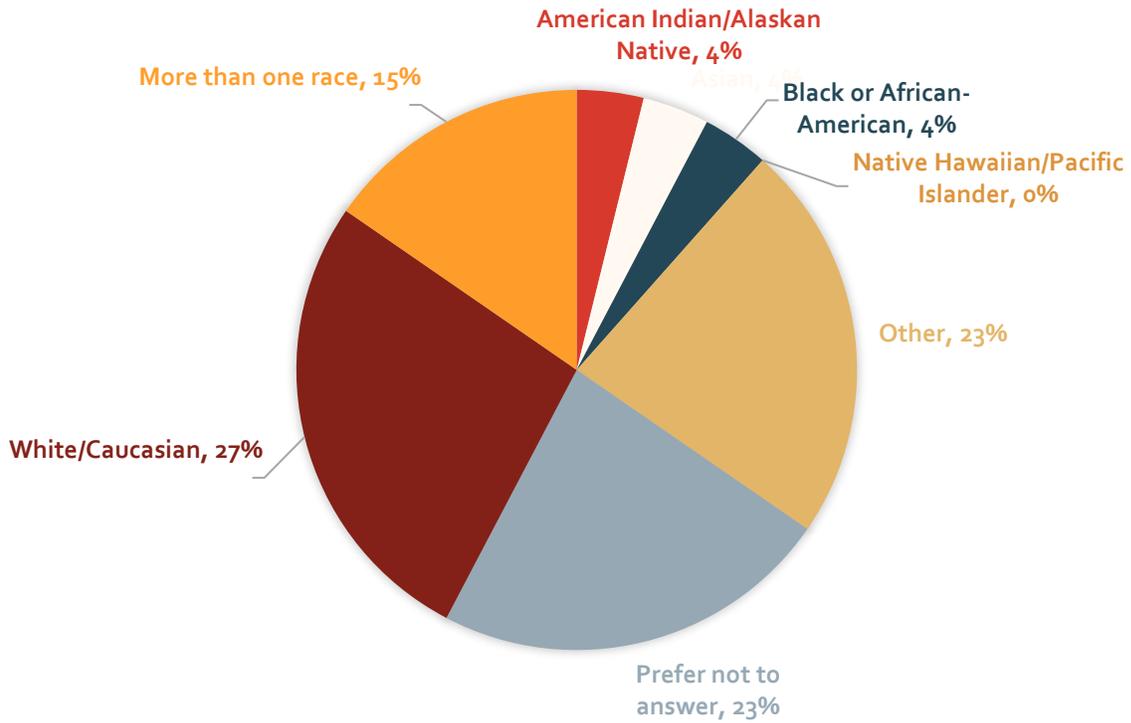
OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS BY RACE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			26	282	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	0%	2%	Caribbean	0%	0%
16-25	4%	55%	Central American	4%	0%
26-59	85%	27%	Mexican/Mexican-American/Chicano	23%	0%
60+	12%	16%	Other Hispanic/Latino	0%	0%
Prefer not to answer	0%	0%	Puerto Rican	4%	0%
Race			South American	4%	0%
American Indian/Alaskan Native	4%	1%	African	0%	0%
Asian	4%	19%	Asian Indian/South Asian	0%	28%
Black or African-American	4%	8%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	0%	2%	Chinese	0%	0%
Other	23%	10%	Eastern European	0%	0%
Prefer not to answer	23%	10%	European	19%	0%
White/Caucasian	27%	51%	Filipino	4%	0%
More than one race	15%	0%	Japanese	0%	0%
Current Gender Identity			Korean	4%	28%
Male	42%	32%	Middle Eastern	0%	0%
Female	50%	62%	Other Non-Hispanic/Latino	8%	0%
Genderqueer	0%	2%	Vietnamese	0%	0%
Other	4%	1%	Prefer not to answer	27%	3%
Prefer not to answer	0%	2%	More than one ethnicity	4%	42%
Questioning/unsure	0%	1%	Gender At Birth		
Transgender	4%	1%	Male	38%	32%
Sexual Orientation			Female	58%	66%
Gay	8%	4%	Prefer not to answer	4%	2%
Bisexual	0%	9%	Mental Health Symptoms Onset		
Heterosexual/straight	50%	65%	Less than 6 months	0%	NA
Lesbian	0%	2%	6-12 months	8%	
Other	23%	6%	1-4 years	19%	
Prefer not to answer	15%	9%	5-9 years	4%	
Queer	4%	2%	Over 10 years ago	50%	
Questioning/unsure	0%	2%	Prefer not to answer	12%	
			Do not have MH symptoms	4%	
Veteran Status/Military Services			Unknown/not reported	4%	NA
Veteran	8%	3%	City of Residence		
Active military	0%	2%	Benicia	0%	6%
Not a veteran/active military/NA	92%	95%	Dixon	4%	0%
Primary Language (1st Language)			Fairfield	8%	15%
American Sign Language (ASL)	0%	0%	Non-County Resident	54%	39%
English	69%	80%	Rio Vista	0%	1%
Ilocano	0%	0%	Suisun City	4%	6%
Other	0%	2%	Unincorporated	8%	5%
Prefer not to answer	0%	0%	Unknown/Not Reported	0%	1%
Spanish	31%	14%	Vacaville	4%	6%
Tagalog	0%	5%	Vallejo	19%	22%
Preferred Language (Used Daily)			Disability		
American Sign Language (ASL)	0%	0%	Difficulty seeing	0%	0%
English	77%	95%	Hearing/speech	0%	1%
Other	0%	0%	Other communication disability	0%	1%
Spanish	23%	4%	Cognitive impairment	15%	3%
Tagalog	0%	1%	Physical/mobility	0%	4%
Demo info by service type:			Chronic physical health condition	26%	5%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			No disability	44%	77%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Other disability	4%	3%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	11%	6%

Highlights & Achievements:

All Goals Met:

The NAMI Solano Chapter met all benchmark goals in Fiscal Year 2023-2024.

Connection Groups:

The NAMI Solano Chapter offers Connection Groups for creatives, Black Indigenous and People of Color (BIPOC), justice involved individuals, Spanish speakers, and the general population. In Fiscal Year 2023-2024, the NAMI Solano Chapter exceeded their goal of 85 Connection Groups by executing 93 groups and serving 347 participants. Peers attended 4 connection groups on average.

Outreach Coordinators:

When the Peer Program Coordinator's position was vacated in the Fall of 2023, following their focus on attendance in school, the contract was amended in January 2024 to replace the vacant classification with Outreach Coordinators.

With the hiring of Outreach Coordinators in the Spring of 2024, there was a shift in focus to unique communities within the Solano County population, including the Latinx, Filipino, and youth after hiring representatives from all these communities.

"Familia-a-Familia" Facilitators and Peer Leaders:

The NAMI Solano Chapter worked hard to develop leaders to deliver their signature programs "Family-to-Family" and "Peer-to-Peer". They continued to seek leaders for their various Spanish programs. There are now 2 trained teachers of "Familia-a-Familia".

The NAMI Solano Chapter also built up their peer leadership to support continued delivery and support of the recovery model demonstrated by the peer leaders.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staffing Changes:

The month before Fiscal Year 2023-2024 started, the NAMI Solano Chapter experienced a sudden shift in executive leadership, which was followed by the exit of three additional staff members, leaving the remaining team members in a challenging position.

In the face of fewer trained staff and resources, the NAMI Solano Chapter documented their processes, assessed resource needs, and offered trainings to staff to ensure fidelity of their programs and to support delivery of their program goals. They hired a full-time Program Manager and continued to develop their peer leadership, as their programs and activities require significant contribution from peers.

Recruitment of “Ending the Silence” (ETS) Program Participants:

The NAMI Solano Chapter acknowledges a continued challenge in recruiting adults between ages 18 and 35 years of age who are in the right place in their recovery to share their story with teenagers and to make adjustments to meet the schools’ preference for limiting the length of presentations to 30 minutes. The NAMI Solano Chapter continues to exercise creative methods to reach this age group and to identify peers who will be effective in connecting with peers in schools.

Equity Efforts in Fiscal Year 2023-2024

In the spring of 2024, the NAMI Solano Chapter hired three part-time Outreach Coordinators. Two of these new employees focused their efforts on outreach efforts to the Latinx and youth/LGBTQI+/general populations.

Peer leaders are trained to work with diverse communities in Solano County. An Outreach Coordinator was hired to improve outreach efforts towards the Filipino community in Solano County.

The program offers connection groups for creatives and BIPOC, Spanish-speaking, justice-involved individuals.

Efforts have been initiated to implement the “Familia-a-Familia” program to Spanish-speaking participants by the Fall of 2024.

The NAMI Solano Chapter’s Board has committed to further education and trainings on Diversity and Inclusion topics, with an intention of building psychological safety and ensuring staff are monitoring their thoughts and behaviors while serving others.

Changes or Updates Planned for FY2024-2025

The NAMI Solano Chapter aims to offer Spanish “Familia-a-Familia” programming in the Fall of 2024.

Name of Strategy:	Early Childhood Services
Agency Name:	First 5 Solano and subcontractors
Description of Strategy:	
<p>SCBH and First 5 Solano continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several community-based organizations via sub-contracts with First 5 Solano. Strategies deployed include the provision of parent and caregiver educational workshops utilizing the "Triple P" evidence-based parenting model and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth to 5.</p>	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 4,692 1,856 through activities and 2,836 HMG calls	
Strategy Indicators	Annual Outcomes
<p>A total of 580 or more Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire Social Emotional (ASQ-SE) screenings will be completed via ongoing invitations through playgroups, workshops, open play, sessions, and referrals.</p> <p>100% of children who are screened "at risk" by the developmental screening facilitator will be referred for follow-up.</p>	<p>779 developmental/social-emotional screenings were provided.</p> <p>27% (209) children were screened and identified as "at risk" on the screening tool.</p> <p>Of the 209 identified as "at risk" on the screening tool, 85% (177) were referred for further assessment.</p>
<p>Provide a minimum of 104 Triple P Level 2 parenting seminars to serve parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>101 Triple P Level 2 parenting seminars were held, serving a total of 909 parent/caregiver participants.</p> <p>The <i>PSS</i> was administered to 909 participants. 100% (909) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Provide Triple P Level 3 one-time parenting sessions for minimum of 133 parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>168 Triple P Level 3 one-time parenting sessions were held, serving a total of 168 parent/caregiver participants.</p> <p>The <i>PSS</i> was administered to 155 participants. 96% (149) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>

<p>Help Me Grow (HMG) Solano line will accept 1,800 new incoming calls/web/fax requests (new requests for services/resources).</p> <p>90% of families screened who are “at risk” will receive a referral to at least one program/service.</p>	<p>2,836 new requests were made through the HMG line.</p> <p>63% (1,776) resulted in a referral to at least one program/service.</p>
<p>Provide family navigation services to 486 children who have more than one high risk factor. Fifteen (15) families with multiple needs or involved with multiple agencies will have a family support meeting and plan to coordinate services and set family goal(s).</p>	<p>1,451 clients received family navigation services.</p> <p>Fifteen (15) families received a family support meeting.</p>
<p>Provide twelve (12) Parent Cafe peer-to-peer support sessions.</p>	<p>Not Applicable</p>
<p>Early Intervention Activities Unduplicated Individuals Served: 291</p>	
<p>Strategy Indicators</p>	<p>Annual Outcomes</p>
<p>Provide Triple P Level 4 Group service. Minimum of forty-three (43) 8-week sessions.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>45 group sessions were held with 263 families/parents being served thru the Triple P Level 4 groups. 98% (258) families/parents demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Provide Triple P Level 4 Standard Individual service. Minimum of twenty-two (22) 10-week sessions.</p> <p>The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>28 families/parents were served thru Triple P Level 4 Standard Individual services.</p> <p>100% (28) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i>.</p>
<p>Linkages</p>	
<p>Total referrals made from HMG referrals log.</p>	<p>4,331 referrals made</p>
<p>Referral made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).</p>	<p>44 referrals made</p>
<p>Referral made to Solano County BHP.</p>	<p>78 referrals made</p>
<p>Successful linkages to the Solano County BHP: The number of individuals</p>	<p>54 individuals were successfully linked</p>

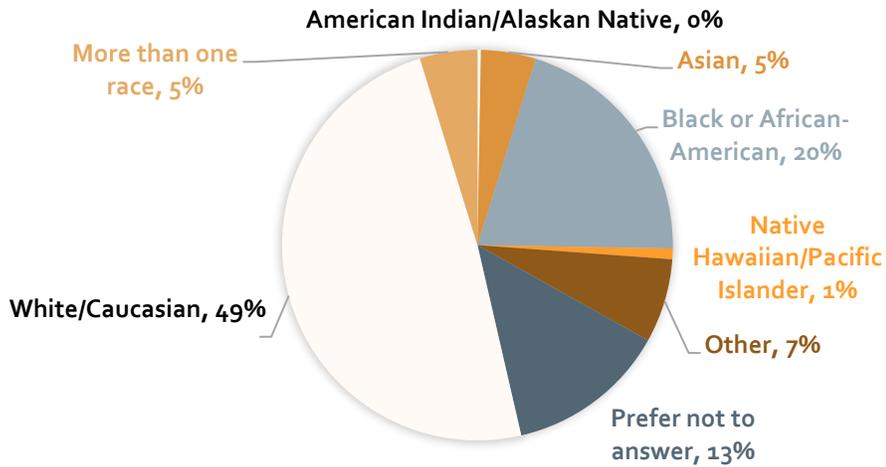
who participated at least once in the MH program to which they were referred to.	
Timely access to services: the average interval between referral and participation in services to which referred.	Information is unavailable at this time.
Financial Report	
Cost per person for Prevention Activities*	\$26.64
Cost per person for Early Intervention Activities*	\$429.57
Contract Amount for FY2023/24:	Total: \$973,110 - MHSA: \$591,555 - First 5: \$381,555
Total Expenditures FY2023/24	MHSA: \$250,008.14
Budgeted Amount for FY2024/25	Total: \$973,110 - MHSA: \$591,555 - First 5: \$381,555

*Cost per person reflects MHSA funding only

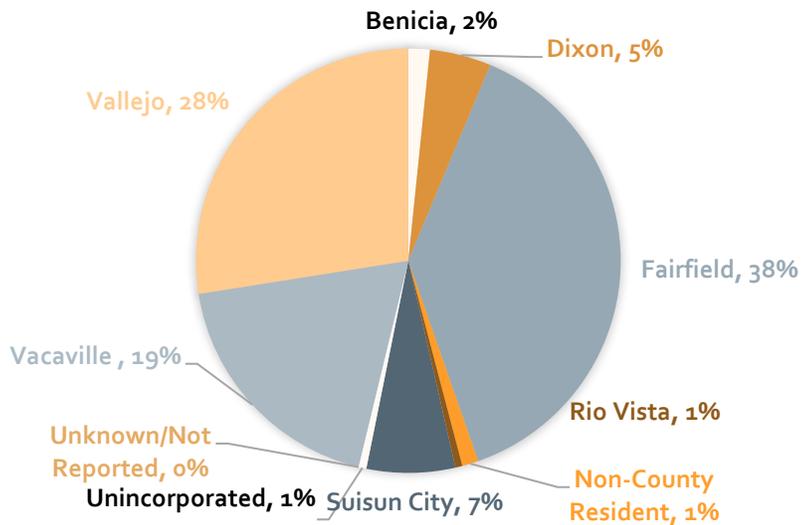
The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **Early Childhood Services Strategy**.

Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 2,821 individuals):

OUTREACH & TRAINING PARTICIPANTS BY RACE

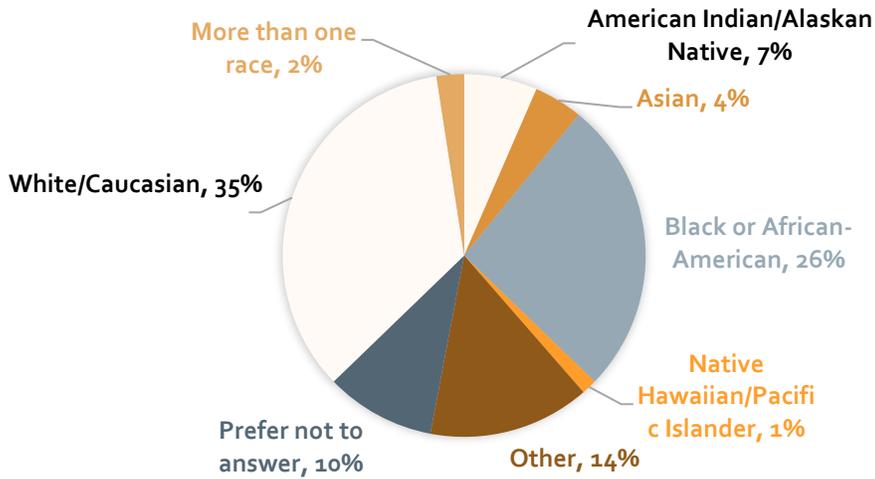


OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE

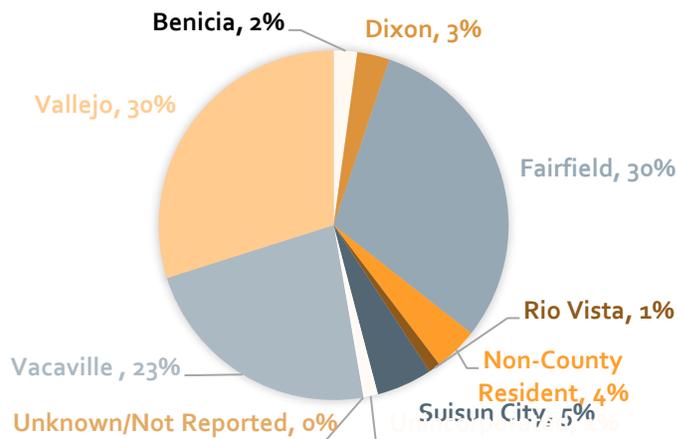


Demographic Breakdown of Direct Services (demographic surveys collected for 368 individuals):

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
Age	Direct	Outreach	368	2821
0-15	1%	71%		
16-25	14%	5%		
26-59	79%	24%		
60+	5%	0%		
Prefer not to answer	0%	0%		
Race				
American Indian/Alaskan Native	7%	0%		
Asian	4%	5%		
Black or African-American	26%	20%		
Native Hawaiian/Pacific Islander	1%	1%		
Other	14%	7%		
Prefer not to answer	10%	13%		
White/Caucasian	35%	49%		
More than one race	2%	5%		
Gender At Birth				
Male	39%	42%		
Female	58%	57%		
Prefer not to answer	3%	0%		
Sexual Orientation				
Gay	1%	0%		
Bisexual	4%	0%		
Heterosexual/straight	48%	100%		
Lesbian	1%	0%		
Other	1%	0%		
Prefer not to answer	45%	0%		
Queer	0%	0%		
Questioning/unsure	0%	0%		
Veteran Status/Military Services				
Veteran	5%	0%		
Active military	2%	0%		
Not a veteran or not active military	92%	100%		
Primary Language (1st Language)				
American Sign Language (ASL)	0%	0%		
English	88%	68%		
Ilocano	0%	0%		
Other	1%	3%		
Prefer not to answer	1%	0%		
Spanish	10%	29%		
Tagalog	0%	0%		
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%	0%		
English	91%	72%		
Tagalog	0%	0%		
Other	1%	2%		
Spanish	8%	26%		
Identify with any of these groups?				
LGBTQ				
Adult/juvenile justice involved				
Foster care youth				
All of above				
LGBTQ & justice involved				
LGBTQ & foster care youth				
Justice involved & foster care youth				
Not applicable/not identify				
Prefer not to answer	N/A	N/A		
Demo info by service type: Direct: screening, assessment, counseling, case management, ongoing social group/workshop. Outreach: training, presentation, one-time workshop, meeting (not include tabling event).				
Ethnicity	Direct	Outreach		
Caribbean	2%	0%		
Central American	4%	5%		
Mexican/Mexican-American/Chicano	26%	37%		
Other Hispanic/Latino	3%	2%		
Puerto Rican	2%	0%		
South American	0%	0%		
African	11%	20%		
Asian Indian/South Asian	1%	2%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	1%	0%		
European	3%	12%		
Filipino	2%	1%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	1%	1%		
Other Non-Hispanic/Latino	17%	3%		
Vietnamese	0%	0%		
Prefer not to answer	2%	3%		
More than one ethnicity	25%	15%		
Current Gender Identity				
Male	36%	43%		
Female	60%	57%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	3%	0%		
Questioning/unsure	0%	0%		
Transgender	1%	0%		
Mental Health Symptoms Onset (Direct Services Only)				
Less than 6 months	8%			
6-12 months	13%			
1-4 years	6%			
5-9 years	2%			
Over 10 years ago	2%			
Prefer not to answer	29%			
Do not have MH symptoms	37%			
Unknown/not reported	4%	NA		
City of Residence				
Benicia	2%	2%		
Dixon	3%	5%		
Fairfield	30%	38%		
Non-County Resident	4%	1%		
Rio Vista	1%	1%		
Suisun City	5%	7%		
Unincorporated	1%	1%		
Unknown/Not Reported	0%	0%		
Vacaville	23%	19%		
Vallejo	30%	28%		
Disability				
Difficulty seeing	3%	0%		
Difficulty hearing/having speech understood	0%	0%		
Other communication disability	0%	0%		
Cognitive impairment	1%	5%		
Physical/mobility	1%	0%		
Chronic physical health condition	1%	0%		
No disability	71%	94%		
Other disability	9%	0%		
Prefer not to answer	14%	1%		

Highlights & Achievements:

Triple P is an Evidence Based Program:

The Triple P Positive Parenting Program (Triple P) has been offered as an evidence-based parenting education strategy throughout Solano County for the last six years. Triple P has been recognized as a successful evidence-based program providing parents and caregivers with practical approaches to building strong relationships with their children.

With guidance from Triple P America, community partners continue to provide services both virtually and in-person, allowing parents to be more consistently engaged as they have different options of participating in Triple P sessions.

Trainings:

In Fiscal Year 2023-2024, nineteen (19) new practitioners representing four (4) community partners were trained and received accreditation across multiple levels of Triple P interventions: Level 2 seminars, Level 3 Primary, and Level 4 Group/Standard.

Triple P practitioners established new relationships with community partners, particularly in Vallejo, which increased parent engagement, increased awareness of services, and enrollment into Triple P parent education services. 98% of parents who completed surveys in higher-level group interventions endorsed that Triple P helped them learn different parenting strategies and ideas and increased their confidence in parenting their children. Triple P practitioners often received feedback from parents and caregivers that the instructors' effective communication and practical advice, combined with insights from group participants, enhanced their parenting skills by introducing new ideas and providing a comfortable space for open discussion.

Community & Health Provider Engagement:

Help Me Grow (HMG) Solano staff increased in-person community engagement opportunities through Storytime events at local public libraries as well as through collaborations with local migrant centers. Additionally, the first HMG Solano Family Resource Fair was held at a local community hub, reaching 265 unduplicated individuals and bringing out fourteen (14) agencies providing community services. HMG Solano staff presented services to a regional pediatric provider team in December 2023 and were approved to include promotional bookmarks in well-check visit books for children aged 0-5 years of age. HMG Solano staff also presented at a Physicians Luncheon.

State Assembly and Local Board of Supervisors Recognition:

Both the California State Assembly and local Solano County Board of Supervisors acknowledged the month of January 2024 as Parenting Awareness Month. The First 5 Solano Children and Families Commission presented the resolution to the Solano County Board of Supervisors on January 9, 2024. The resolution, which was adopted by the Solano County Board of Supervisors, recognized parents and all caregivers for their efforts to raise happy and confident children.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Attendance at Level 2 Seminars:

Early in Fiscal Year 2023-2024, a Triple P provider indicated there was a challenge with regular attendance of parents at Level 2 seminars. The community partner increased outreach efforts to identify established parenting groups, where they could conduct Level 2 seminars. These efforts resulted in increased parent participation at Level 2 seminars.

Follow-up After Screening:

In Fiscal Year 2023-2024, Triple P providers exceeded the goal of number of completed developmental screenings, but faced a different challenge when some families did not return for their child's next scheduled screening after initial assessment, citing busy schedules and perspectives that their child did not require further screening, especially if a follow-up assessment was conducted elsewhere, such as at a pediatric doctor's appointment.

Housing Support is in Demand:

The need for housing and homelessness support services has not improved since the prior fiscal year.

ASD Screening & ABA Therapy Services are in Demand:

HMG Solano reports there was an increase in parents' requests for Autism Spectrum Disorder (ASD) screening/diagnosis and Applied Behavioral Analysis (ABA) Therapy services. Family Navigators conducted research to find service providers who accepted the children's insurance plans. Children ages 3 or over were referred to the school district.

Equity Efforts in Fiscal Year 2023-2024

The First 5 Solano Children and Families Commission and its subcontractors continue to work to ensure they are delivering culturally competent and linguistically appropriate services. Translation services are offered for families who speak Spanish or other languages; Fiscal Year

2023-2024 marks the first year of having a Spanish speaking staff member conducting developmental screenings. Additionally, the subcontractor HMG started building a relationship with Solano Pride Center to learn more about resources, services, and supports to provide to their LGBTQ+ clients and their families.

Changes or Updates Planned for FY2024-2025

No planned changes identified at this time.

Name of Strategy:	Pregnant & Postpartum Maternal Support (PPMS)
Agency Name:	Public Health Division: Maternal, Child and Adolescent Health (MCAH) Bureau
Description of Strategy:	
<p>The PPMS strategy provides perinatal mental health prevention and intervention services including screening and brief mental health treatment through 1:1 counseling and group modalities for pregnant and new mothers. This strategy, co-funded by SCBH and Public Health (PH), is delivered by PH and enhances existing PH home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral Therapy, Attachment Therapy, and psychoeducation.</p>	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 127	
Strategy Indicators	Annual Outcomes
Provide mental health screening for a minimum of 95 unduplicated individuals.	A total of 127 consumers received screening services.
Early Intervention Activities	
Unduplicated Individuals Served: 126	
Strategy Indicators	Annual Outcomes
Mothers and Babies (MB) One-to-One intervention and/or Group intervention: 28 unduplicated individuals will receive up to 9 intervention sessions as needed per consumer.	A total of 46 unduplicated individuals received the MB One-to-One intervention and a total of 306 sessions were provided.
Brief Perinatal Mental Health Services/Crisis Intervention:	A total of 80 unduplicated consumers received brief intervention services.
Provide brief intervention activities (6-8 sessions of in-home mental health therapy and crisis support) to 77 unduplicated consumers.	
70% of MB participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale (EPDS)</i> .	25 consumers completed the EPDS and of those 76% (19) reported a decrease in depression and/or anxiety based on the EPDS.
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale (PSS)</i> .	25 consumers completed the PSS and of those 80% (20) reported a decrease in perceived stress levels as measured by the PSS.

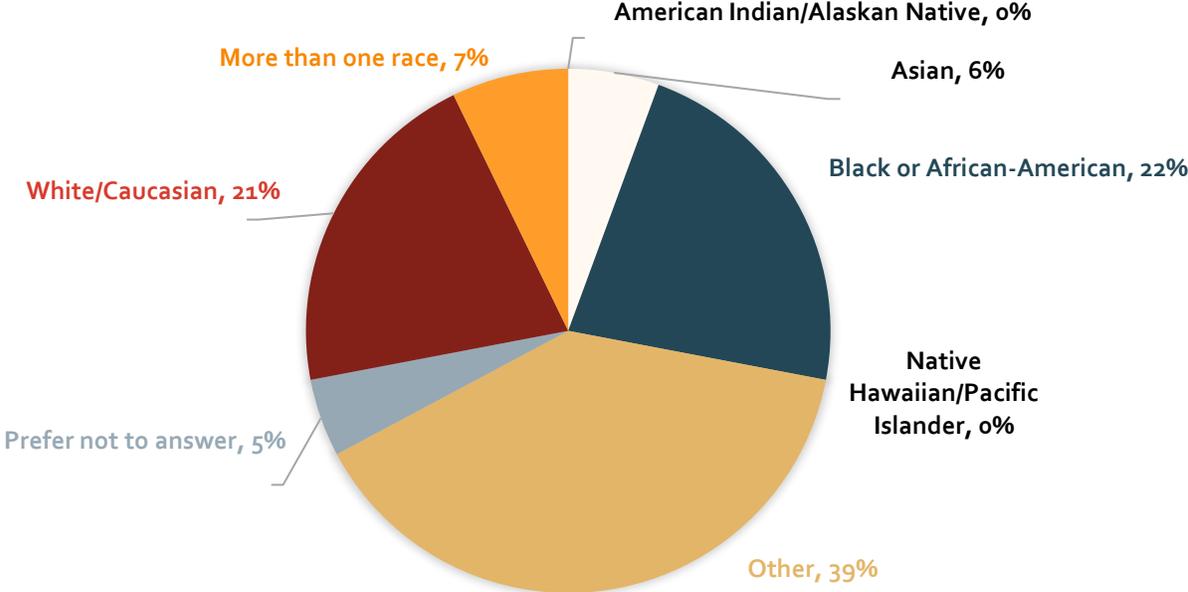
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	1 referral made
Referrals made to the Solano County BHP.	3 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	1 connected
Timely access to services: the average interval between referral and participation in services to which referred.	2 days
Financial Report	
Cost per person for Prevention Activities*	\$403.26
Cost per person for Early Intervention Activities*	\$2,303.29
MOU Amount FY2023/24	Total: \$706,229 - MHSAs: \$341,429 - MCAH Bureau: \$364,800
Total Expenditures FY2023/24	MHSA: \$341,429
Budgeted Amount for FY2024/25	Total: \$748,076 - MHSAs: \$341,429 - MCAH Bureau: \$406,647

*Cost per person reflects MHSAs funding only

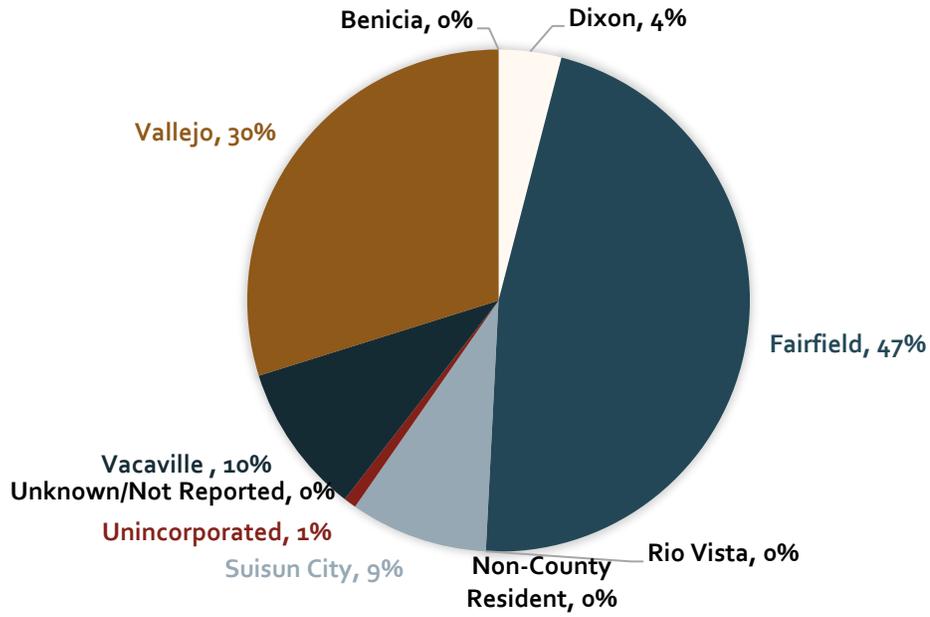
15% of total program funding was allocated to prevention activities. 85% of total program funding was allocated to early intervention activities.

The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **Pregnant & Postpartum Maternal Support Strategy**.

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected:	
			Direct	Outreach
			126	0
Age			Ethnicity	
	Direct	Outreach	Direct	Outreach
0-15	1%	#DIV/0!	Caribbean	1% #DIV/0!
16-25	32%	#DIV/0!	Central American	4% #DIV/0!
26-59	67%	#DIV/0!	Mexican/Mexican-American/Chicano	48% #DIV/0!
60+	0%	#DIV/0!	Other Hispanic/Latino	2% #DIV/0!
Prefer not to answer	0%	#DIV/0!	Puerto Rican	4% #DIV/0!
Race			South American	0% #DIV/0!
American Indian/Alaskan Native	0%	#DIV/0!	African	15% #DIV/0!
Asian	6%	#DIV/0!	Asian Indian/South Asian	0% #DIV/0!
Black or African-American	22%	#DIV/0!	Cambodian	0% #DIV/0!
Native Hawaiian/Pacific Islander	0%	#DIV/0!	Chinese	0% #DIV/0!
Other	39%	#DIV/0!	Eastern European	0% #DIV/0!
Prefer not to answer	5%	#DIV/0!	European	2% #DIV/0!
White/Caucasian	21%	#DIV/0!	Filipino	4% #DIV/0!
More than one race	7%	#DIV/0!	Japanese	0% #DIV/0!
Gender At Birth			Korean	0% #DIV/0!
Male	2%	#DIV/0!	Middle Eastern	1% #DIV/0!
Female	98%	#DIV/0!	Other Non-Hispanic/Latino	4% #DIV/0!
Prefer not to answer	0%	#DIV/0!	Vietnamese	0% #DIV/0!
Current Gender Identity			Prefer not to answer	9% #DIV/0!
Male	2%	#DIV/0!	More than one ethnicity	4% #DIV/0!
Female	97%	#DIV/0!	Mental Health Symptoms Onset	
Genderqueer	0%	#DIV/0!	Less than 6 months	19%
Other	0%	#DIV/0!	6-12 months	21%
Prefer not to answer	2%	#DIV/0!	1-4 years	37%
Questioning/unsure	0%	#DIV/0!	5-9 years	12%
Transgender	0%	#DIV/0!	Over 10 years ago	6%
Sexual Orientation			Prefer not to answer	3%
Gay	0%	#DIV/0!	Do not have MH symptoms	1%
Bisexual	3%	#DIV/0!	Unknown/not reported	2%
Heterosexual/straight	90%	#DIV/0!		NA
Lesbian	0%	#DIV/0!	Preferred Language (Used Daily)	
Other	1%	#DIV/0!	American Sign Language (ASL)	0% #DIV/0!
Prefer not to answer	6%	#DIV/0!	English	72% #DIV/0!
Queer	0%	#DIV/0!	Other	1% #DIV/0!
Questioning/unsure	0%	#DIV/0!	Spanish	27% #DIV/0!
Primary Language (1st Language)			Tagalog	0% #DIV/0!
	Direct	Outreach	Disability	
American Sign Language (ASL)	0%	#DIV/0!	Difficulty seeing	4% #DIV/0!
English	63%	#DIV/0!	Hearing/speech	0% #DIV/0!
Ilocano	0%	#DIV/0!	Other communication disability	0% #DIV/0!
Other	4%	#DIV/0!	Cognitive impairment	2% #DIV/0!
Prefer not to answer	1%	#DIV/0!	Physical/mobility	1% #DIV/0!
Spanish	32%	#DIV/0!	Chronic physical health condition	2% #DIV/0!
Tagalog	1%	#DIV/0!	No disability	87% #DIV/0!
City of Residence			Other disability	4% #DIV/0!
Benicia	0%	#DIV/0!	Prefer not to answer	2% #DIV/0!
Dixon	4%	#DIV/0!	Veteran Status/Military Services	
Fairfield	47%	#DIV/0!	Veteran	2% #DIV/0!
Non-County Resident	0%	#DIV/0!	Active military	0% #DIV/0!
Rio Vista	0%	#DIV/0!	Not a veteran/active military/NA	98% #DIV/0!
Suisun City	9%	#DIV/0!	Special Cultural Considerations: NA	
Unincorporated	1%	#DIV/0!		
Unknown/Not Reported	0%	#DIV/0!		
Vacaville	10%	#DIV/0!		
Vallejo	30%	#DIV/0!		

Highlights & Achievements:

In-Home Services:

Mental Health Clinicians (MHCs) were flexible and supported services where they were at, providing in-home therapy to meet the clients' needs, allowing pregnant and new moms the convenience of being supported without the need to navigate mental health services traditionally offered by telehealth or in-person in clinics/offices.

Crisis Intervention:

MHCs conducted mental health screenings to 127 women, exceeding the annual goal. Qualitative data submitted by program participants indicated they expressed decreases in depression, anxiety, and stress indicators as a result of receiving consistent and high quality perinatal mental health services.

Bilingual Mother Baby (MB) Social Worker:

The new MB Social Worker facilitated one-on-one MB sessions in both English and Spanish, providing equitable access to in-home and virtual services to monolingual Spanish speaking clients. The MB Social Worker completed a training for 10 home visiting staff. The MB Social Worker also scheduled a "booster" event for clients who completed the MB program previously.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Unmet Basic Needs & Limited Support Systems:

The Pregnant and Postpartum Maternal Support (PPMS) program staff report clients continue to present with high social service needs, which include both basic needs and crisis intervention services, complicating the Mental Health Clinicians' ability to focus primarily on their mental health needs. However, clients' immediate needs for food, clothing, items for their children, and housing support were addressed. Concurrently, the PPMS program clients have limited support systems and experience challenges with personal relationships while adjusting to the motherhood. Staff also identify that the need for services exceeds the availability of community resources.

Clarification on the Referral Process:

At the start of Fiscal Year 2023-2024, referrals were often sent to both the PPMS program and the MB program, necessitating clarification. To ensure a fair process, it was clarified that clients could only refer to one of the two programs at a time. Several clients were able to complete the MB program and were then referred to Maternal Mental Health or Behavioral Health Division through their insurance provider.

The PPMS program clients have limited support systems and often experience challenges with personal relationships while also adjusting to motherhood.

Equity Efforts in Fiscal Year 2023-2024:

Diverse Staff:

The perinatal mental health staff within the MCAH Bureau is diverse and representative of the populations served, have extensive experience with working with individuals from various cultural backgrounds, and are able to provide culturally and linguistically appropriate services. Staff receive regular extensive training on providing culturally sensitive services.

Mother & Baby Program:

In Fiscal Year 2023-2024, MCAH Bureau began offering one-on-one curriculum for monolingual and/or preferred language to their Spanish speaking population. Additionally, staff identified that several clients have up to an elementary school education, and thus clients requested clarifying questions to simplify the curriculum. The social worker was also able to find children's books in English and Spanish to support the curriculum, and researched numerous trainings; MCAH bureau staff attended 27 trainings.

Nuances in Language:

Staff identified that the Spanish translation of the words "helpful/unhelpful", "pensamientos utiles/inutiles", had nuances to consider. Staff learned that in some Latin American cultures, the term "inutil" could be taken as a derogatory term. The Spanish speaking social worker was able to explain that the formal translation of "unhelpful" was "inutil" but was not intended in the context of a derogatory term.

Changes or Updates Planned for FY2024-2025

No planned changes identified at this time.

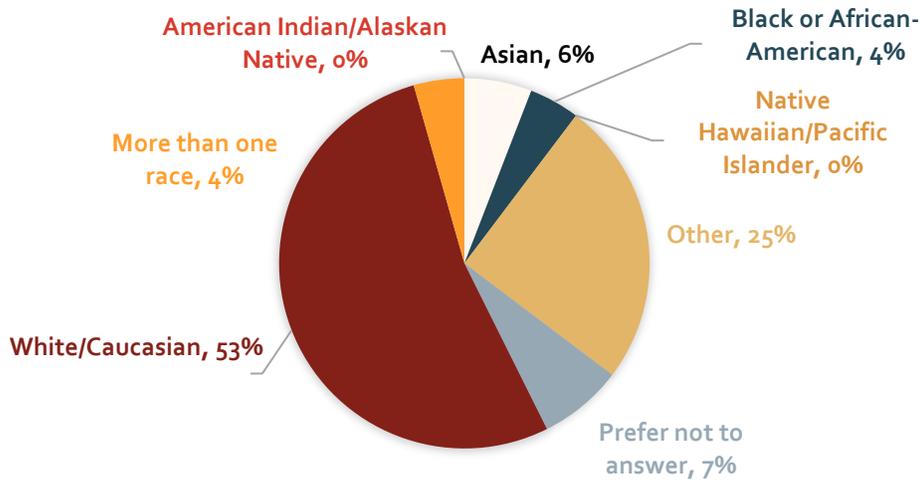
Name of Strategy:	LGBTQ+ Outreach and Access Program – Contractor
Agency Name:	Solano Pride Center
Description of Strategy: Solano Pride Center is a community-based organization that provides a social support program designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ+ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one’s identity. The program provides education to the community, social/support groups for LGBTQ individuals, and brief counseling for LGBTQ consumers with mild to moderate mental health conditions.	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 2320	
Strategy Indicators	Annual Outcomes
Reach an annual minimum of 500 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 29 outreach and education activities were offered with a total of 2320 participants.
Collaborate with 15 Solano County schools to engage in the “Welcoming Schools” program to provide education and trainings in the schools to promote LGBTQ+ inclusive schools and prevent bullying.	Collaborated with 21 local schools.
Reach an annual minimum of 90 unduplicated consumers through social activities and support groups.	A total of 113 unduplicated consumers were served.
A minimum of 75% of individuals receiving social/support group prevention services shall demonstrate improved functioning on the Quality of Life (QoL) Scale by endorsing feeling supported and learning new tools as a result of the groups.	A total of 30 unduplicated consumers completed the QoL tool and 100% (30) reported feeling supported and learning tools as a result of the groups.
Early Intervention Activities	
Unduplicated Individuals Served: 26	
Strategy Indicators	Annual Outcomes
Provide brief (two or more sessions) mental health counseling to a minimum of 55 unduplicated consumers.	A total of 26 unduplicated consumers received two or more counseling sessions.

75% of consumers receiving counseling services will report improved functioning per the QoL Scale administered at intake and discharge as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	16 consumers completed a follow-up QoL during the reporting period. 81% (13) of the consumers who completed a follow-up QoL during the reporting period showed improvement in functioning.
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	7 referrals made
Referrals made to the Solano County BHP.	2 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Zero (0) individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Not Applicable
Financial Report	
Cost per person for Prevention Activities	\$60.65
Cost per person for Early Intervention Activities	\$3,760.68
Contract Amount for FY2023/24	\$262,500
Total Expenditures FY2023/24	\$238,481.87
Budgeted Amount for FY2024/25	\$264,944

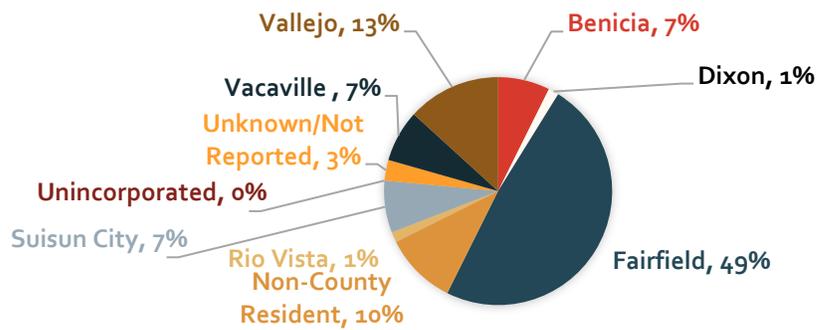
59% of total program funding was allocated to prevention activities. 41% of total program funding was allocated to early intervention activities.

The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **LGBTQ+ Outreach and Access Strategy**.

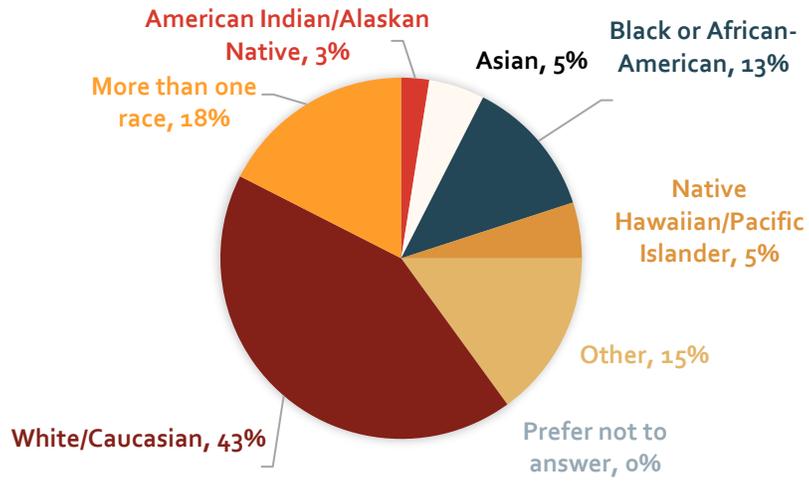
OUTREACH & TRAINING PARTICIPANTS BY RACE



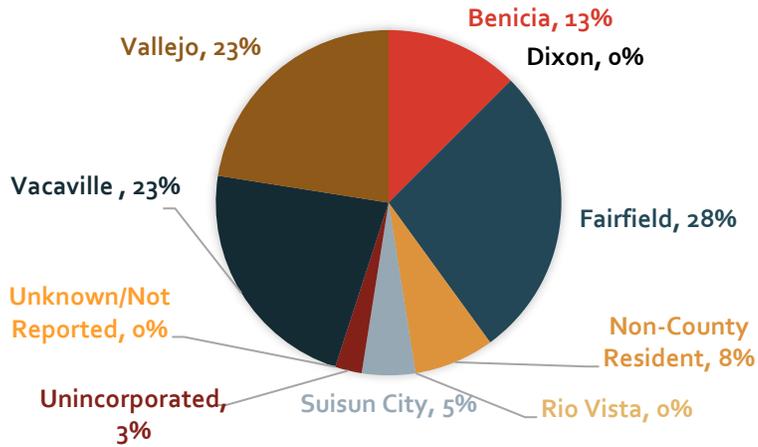
OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			40	68	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	8%	15%	Caribbean	0%	0%
16-25	38%	34%	Central American	5%	3%
26-59	38%	46%	American/Chicano	8%	22%
60+	18%	4%	Other Hispanic/Latino	0%	1%
Prefer not to answer	0%	1%	Puerto Rican	0%	1%
Race			South American	5%	0%
American Indian/Alaskan Native	3%	0%	African	8%	0%
Asian	5%	6%	Asian Indian/South Asian	0%	0%
Black or African-American	13%	4%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	5%	0%	Chinese	0%	0%
Other	15%	25%	Eastern European	3%	3%
Prefer not to answer	0%	7%	European	23%	31%
White/Caucasian	43%	53%	Filipino	8%	4%
More than one race	18%	4%	Japanese	0%	0%
Gender At Birth			Korean	3%	0%
Male	35%	35%	Middle Eastern	0%	0%
Female	63%	57%	Other Non-Hispanic/Latino	5%	0%
Prefer not to answer	3%	7%	Vietnamese	0%	1%
Sexual Orientation			Prefer not to answer	30%	29%
Gay	8%	10%	More than one ethnicity	5%	3%
Bisexual	23%	13%	Current Gender Identity		
Heterosexual/straight	20%	19%	Male	33%	29%
Lesbian	15%	6%	Female	40%	51%
Other	8%	7%	Genderqueer	5%	6%
Prefer not to answer	0%	21%	Other	3%	0%
Queer	15%	3%	Prefer not to answer	0%	1%
Questioning/unsure	13%	21%	Questioning/unsure	5%	3%
Veteran Status/Military Services			Transgender	15%	9%
Veteran	5%	1%	Mental Health Symptoms Onset		
Active military	0%	3%	Less than 6 months	0%	NA
Not a veteran/active military/NA	95%	96%	6-12 months	0%	
Primary Language (1st Language)			1-4 years	0%	
American Sign Language (ASL)	0%	0%	5-9 years	0%	
English	98%	100%	Over 10 years ago	3%	
Ilocano	0%	0%	Prefer not to answer	0%	
Other	0%	0%	Do not have MH symptoms	0%	
Prefer not to answer	0%	0%	Unknown/not reported	98%	
Spanish	3%	0%	City of Residence		
Tagalog	0%	0%	Benicia	13%	
Preferred Language (Used Daily)			Dixon	0%	1%
American Sign Language (ASL)	0%	0%	Fairfield	28%	49%
English	98%	100%	Non-County Resident	8%	10%
Other	0%	0%	Rio Vista	0%	1%
Spanish	0%	0%	Suisun City	5%	7%
Tagalog	3%	0%	Unincorporated	3%	0%
Demo info by service type:			Unknown/Not Reported	0%	3%
<u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	23%	7%
<u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	23%	13%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability		
Significant cultural considerations: NA			Difficulty seeing	2%	0%
			Hearing/speech	13%	0%
			Other communication disability	0%	3%
			Cognitive impairment	9%	5%
			Physical/mobility	7%	0%
			Chronic physical health condition	7%	2%
			No disability	59%	77%
			Other disability	2%	2%
			Prefer not to answer	2%	12%

Highlights & Achievements:

Suisun City's First Pride Event:

Solano Pride Center held a county-wide Pride event in Suisun City for the first time. Suisun City co-sponsored the family friendly and multicultural celebratory event, which included over 60 vendors and garnered attendance from over 1,200 people. Co-sponsorship helped make it easier to be approved to use the space and helped with the costs associated of hosting the event.

Collaboration with the Solano County Office of Education:

The Executive Director and Youth Coordinator met with a leader from the Solano County of Education and agreed to work more closely together within the schools that have wellness centers.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Vandalism and Security Concerns at Office:

Solano Pride Center reports they have an affordable lease for their office and are located near other non-profits serving community members locally, but they encountered some vandalism events from December 2023 through March 2024, including shattered windows after rocks were thrown through them. At first, there was concern that the vandalism was due to the nature of their business operations and the individuals they serve, but there was also consideration that the activity was due to the number of unhoused individuals who took up residence outside the building's entrance. With the help of the City of Fairfield, the local police department, and cooperation with those congregating outside the building's entrance, the vandalism activity settled down. However, the events caused some concern for safety among youth and elderly seniors, especially after 5pm when the main entrance doors are locked. Solano Pride Center informed consumers of an alternative entrance.

Increasing Awareness within the Solano County systems:

Solano Pride Center expressed surprise that agencies within Solano County were not aware of their presence in the Behavioral Health and Public Health systems of care. The program addressed this lack of awareness by attending more tabling events in the community and offering other agencies in-services to promote their services in exchange of facilitating their LGBTQ+ Cultural Competency training. The executive leadership has also increased efforts to work with as many agencies within the Solano County systems.

Equity Efforts in Fiscal Year 2023-2024:

Reaching the Spanish-Speaking LGBTQ+ Community:

In March 2024, a Spanish-speaking Latina Trans staff member was hired to improve outreach to Spanish-speaking clients and their access to HIV and case management services. The staff member had previous experience facilitating small groups, and thus she also helped with the Gender Expansive Circle support groups. Her onboarding contributed to the increased representation and diversity of the Solano Pride Center staff to better reflect the local population served.

Changes or Updates Planned for FY2024-2025:

No planned changes identified at this time.

Name of Program: School-Based Mental Health Services

This particular MHSA funded program is delivered by different community partners:

- Solano County Office of Education
- A Better Way
- Rio Vista CARE, Inc.

Name of Program:	School-Based Mental Health Services – Multiple Contractors
Agency Name:	Solano County Office of Education (SCOE) – School Based Mobile Crisis
Description of Program: SCBH funds one mental health clinician for the Solano County Office of Education (SCOE) School Based Mobile Crisis program. The program provides local education agencies (LEAs) school districts and schools sites with school based direct mental health services for students including screenings, assessment, and crisis intervention. In addition, the program provides training and technical assistance on suicide prevention, screening for mental health, crisis protocols, etc.	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 1,093	
Program Indicators	Annual Outcomes
Provide training and technical assistance on suicide prevention, screening for mental health, and crisis protocols.	55 trainings were provided during the fiscal year. A total of 1,093 participants were trained. 81% demonstrated an increase in knowledge of topics discussed following the trainings.
Early Intervention Activities	
Unduplicated Individuals Served: 183	
Program Indicators	Annual Outcomes
Provide crisis intervention services for 50 unduplicated students.	183 students received crisis intervention services.
Complete screenings for students identified to be at risk of dropping out.	2 students at risk of dropping out were assessed.
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Information is unavailable at this time.
Referrals made to the Solano County BHP.	Information is unavailable at this time.
Successful linkages to the Solano County BHP: The number of individuals	Information is unavailable at this time.

who participated at least once in the MH program to which they were referred to.	
Timely access to services: the average interval between referral and participation in services to which referred.	Average Days: Not Applicable
Financial Report	
Cost per person for Prevention Activities	\$1,087.37
Cost per person for Early Intervention Activities	\$1,146.09
Contract Amount for FY2023/24	\$1,398,225
Total Expenditures FY2023/24	\$1,398,225
Budgeted Amount for FY2024/25	\$1,316,206

No demographic data available for this strategy at this time.

Changes or Updates Planned for FY2024-2025

No planned changed identified at this time.

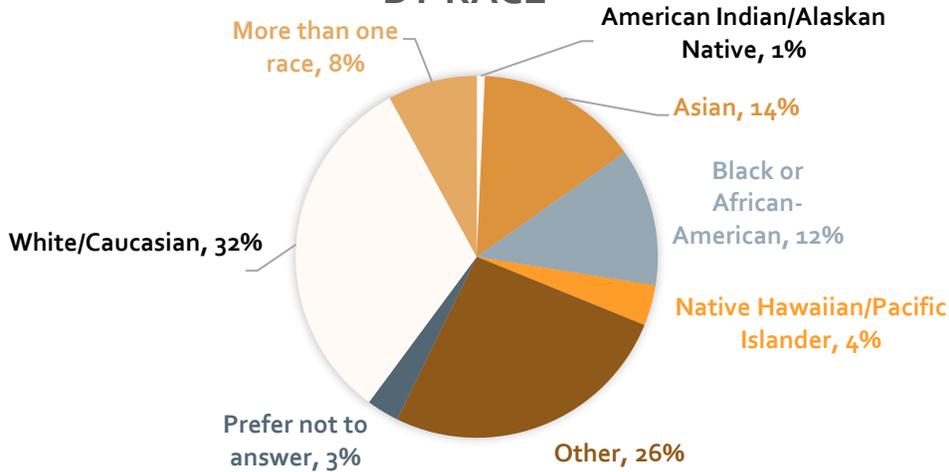
Name of Program:	School-Based Mental Health Services – Multiple Contractors
Agency Name:	A Better Way, Inc.
Description of Program:	
The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as determined in partnership with school districts based on each site's need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-Cal eligible students.	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 641	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 400 school personnel, parents/caretakers, and students.	A total of 641 individuals received a prevention service.
Provide 9 trainings/consultation services for school personnel in participating school districts.	A total of 8 training was provided with a total of 240 participants.
Provide 5 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 11 trainings were provided with a total of 116 participants.
Schedule a minimum of 28-33 student workshops in total for the 2023/24 school year	A total of 60 workshops were provided with a total of 366 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.	A total of 528 participants were administered both a pre/post survey and of those 76% (403) showed increased knowledge in the training/workshop topic.
Early Intervention Activities	
Unduplicated Individuals Served: 149	
Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 215 students.	A total of 120 youth received an assessment.

Provide brief counseling for 3-5 months for students as needed.	A total of 149 youth received treatment services. A number of the youth receiving counseling were carryovers from the prior school year.
At least 75% of the children/youth who receive mental health treatment services will show improvement on a Quality of Life Scale or other measure.	Of the 106 students receiving counseling services who completed the pre/post measure during the reporting period, 67% (71) showed improvement in symptoms at discharge.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	5 referrals made
Referrals made to the Solano County BHP.	3 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	2 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	15 days
Financial Report	
Cost per person for Prevention Activities	\$495.03
Cost per person for Early Intervention Activities	\$8,518.48
Contract Amount for FY2023/24	\$1,900,000
Total Expenditures FY2023/24	\$1,586,567.74
Budgeted Amount for FY2024/25	\$1,900,000

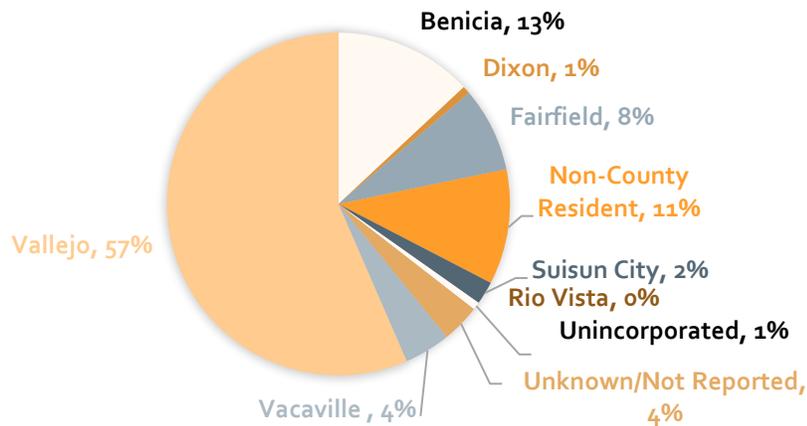
20% of total program funding was allocated to prevention activities. 80% of total program funding was allocated to early intervention activities.

The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by A Better Way, Inc.**

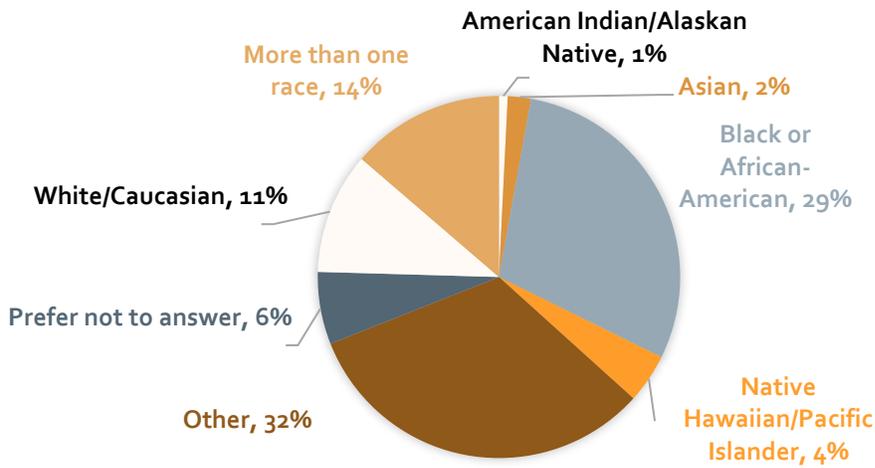
OUTREACH & TRAINING PARTICIPANTS BY RACE



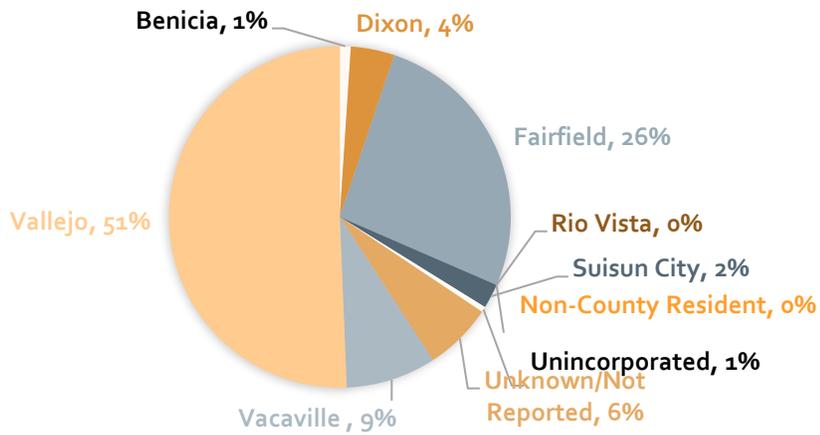
OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			387	138	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	80%	7%	Caribbean	0%	0%
16-25	18%	7%	Central American	2%	1%
26-59	0%	82%	American/Chicano	22%	18%
60+	0%	3%	Other Hispanic/Latino	6%	7%
Prefer not to answer	2%	1%	Puerto Rican	0%	0%
Race			South American	1%	1%
American Indian/Alaskan Native	1%	1%	African	30%	12%
Asian	2%	14%	Asian Indian/South Asian	1%	1%
Black or African-American	29%	12%	Cambodian	0%	0%
Native Hawaiian/Pacific Islander	4%	4%	Chinese	0%	1%
Other	32%	26%	Eastern European	0%	1%
Prefer not to answer	6%	3%	European	11%	28%
White/Caucasian	11%	32%	Filipino	3%	10%
More than one race	14%	8%	Japanese	0%	0%
Gender At Birth			Korean	0%	0%
Male	45%	14%	Middle Eastern	1%	1%
Female	52%	86%	Other Non-Hispanic/Latino	3%	4%
Prefer not to answer	3%	0%	Vietnamese	0%	1%
Sexual Orientation			Prefer not to answer	8%	5%
Gay	1%	0%	More than one ethnicity	13%	9%
Bisexual	3%	1%	Current Gender Identity		
Heterosexual/straight	51%	74%	Male	44%	13%
Lesbian	1%	0%	Female	47%	80%
Other	1%	1%	Genderqueer	1%	1%
Prefer not to answer	42%	25%	Other	1%	0%
Queer	0%	0%	Prefer not to answer	7%	6%
Questioning/unsure	1%	0%	Questioning/unsure	0%	0%
Veteran Status/Military Services			Transgender	0%	0%
Veteran	0%	1%	Mental Health Symptoms Onset		
Active military	0%	0%	Less than 6 months	6%	NA
Not a veteran/active military/NA	100%	99%	6-12 months	5%	
Primary Language (1st Language)			1-4 years	21%	
American Sign Language (ASL)	0%	0%	5-9 years	3%	
English	94%	86%	Over 10 years ago	1%	
Ilocano	0%	0%	Prefer not to answer	6%	
Other	0%	0%	Do not have MH symptoms	3%	
Prefer not to answer	0%	0%	Unknown/not reported	55%	
Spanish	6%	12%	City of Residence		
Tagalog	0%	2%	Benicia	1%	13%
Preferred Language (Used Daily)			Dixon	4%	1%
American Sign Language (ASL)	0%	0%	Fairfield	26%	8%
English	94%	86%	Non-County Resident	0%	11%
Other	0%	0%	Rio Vista	0%	0%
Spanish	6%	12%	Suisun City	2%	2%
Tagalog	0%	2%	Unincorporated	1%	1%
Demo info by service type:			Unknown/Not Reported	6%	4%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	9%	4%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	51%	57%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability		
Significant cultural considerations: NA			Difficulty seeing	4%	0%
			Hearing/speech	1%	1%
			Other communication disability	1%	2%
			Cognitive impairment	0%	3%
			Physical/mobility	0%	0%
			Chronic physical health condition	0%	8%
			No disability	80%	73%
			Other disability	1%	4%
			Prefer not to answer	13%	9%

Highlights & Achievements:

Significant Accomplishments in Prevention Activities:

A Better Way, Inc. (ABW) staff provided 60 student workshops to seventeen school sites across six school districts in Fiscal Year 2023-2024, exceeding their goal of a minimum of 28 to 33. ABW staff successfully provided 42 student workshops to a rotation of school sites once a weekly, in lieu of co-location with a specific school site. This method proved to be a successful endeavor as twelve workshops were provided to five additional school sites, which encompass elementary schools and high schools.

The student workshops covered topics, such as: Self-Esteem, Social Skills and Self-Regulation, Groups for Immigrant Students, Healthy Boundaries, Anger Management and Conflict Resolution, Emotional Regulation, and Girls Empowerment Groups.

Increased Number Served from Last Fiscal Year:

ABW staff are proud of the overall number of students, teachers, and school staff they were able to serve in Fiscal Year 2023-2024, compared to the previous fiscal year. The program reports that a significant deal of attention, effort, creativity, and collaboration was needed to target Prevention deliverables.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Staffing Challenges:

ABW continued to experience staffing challenges, although the situation was improved, compared to previous fiscal years. At the start of the fiscal year, ABW had three vacant full-time positions. Mid-way through the fiscal year, a bilingual Spanish speaking clinician left the organization. Hiring continued into March 2024 to staff the programs and school sites, which delayed their ability to serve all planned sites for co-location and individual services.

Difficulty with Meeting Early Intervention Activity:

ABW reported a challenge in achieving their expected number of mental health assessments (expected 215, completed 120). ABW worked closely and in partnership with school district leads and school liaisons to support referrals and to streamline the referral process, especially in the context of additional school sites.

The ABW staff further explored potential barriers, identified student needs, and troubleshooting challenges that were barring referrals from schools. Strategies to improve or address barriers included performing a warm hand-off between the mental health services provider and the ABW Clinician, offering more check-in opportunities with providers or the referring party, partnering with the district liaison to identify school sites and their existing

supports, and holding frequently scheduled meetings to ensure understanding of parameters of referrals and decision making for the appropriate level of care.

Equity Efforts in Fiscal Year 2023-2024:

Diverse Staff Representative of Community:

Solano Pride Center boasts a diverse team that is comprised of culturally, linguistically and ethnically diverse, representing a mix of Black, Indigenous, and People of Color (BIPOC), LGBTQ+, Filipino, Caucasian/White, and Veterans staff members. The diverse team continues to provide culturally and linguistically responsive services. Clinicians are encouraged to explore the ways that power, oppression, race, culture, gender, ableism, and heterosexism impact the clients' lives.

Hiring a Spanish-Speaking Clinician:

Employing a bilingual Spanish speaking provider allowed ABW to provide Spanish group workshops to the Vallejo School District. For example, the clinician facilitated the Spanish Girls Group for Immigrant Students, which focused on friendship and community building as well as forming friendships, creating a safe space to speak about their experiences, and learning ways to adjust to new environments. For non-Spanish speaking staff and for other language needs, Language Link services are available for interpretation and translation services.

Changes or Updates Planned for FY2024-2025:

No planned changes identified at this time.

Name of Program:	School-Based Mental Health Services – Multiple Contractors
Agency Name:	Rio Vista CARE, Inc.
Description of Program:	
<p>The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as determined in partnership with school districts based on each site’s need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-Cal eligible students. This particular vendor provides services for the three schools in the city of Rio Vista that are within the Solano County jurisdiction.</p>	
Performance Measures Prevention Activities Unduplicated Individuals Served: 210	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 85 students, school personnel and parents.	A total of 210 individuals received a prevention service.
Provide a minimum of three trainings for school personnel.	A total of 11 trainings were provided with a total of 35 participants.
Provide a minimum of two trainings for parents/caretakers.	6 districtwide trainings were provided with a total of 19 participants.
Provide a minimum of four student workshops at each assigned school site.	A total of 22 workshops were provided for a total of 156 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 206 participants were administered both a pre/ post survey and of those 84% (174) demonstrated increased knowledge.
Early Intervention Activities Unduplicated Individuals Served: 26	
Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 35 students.	A total of 25 youth received an assessment.
Provide brief counseling treatment services for a minimum of 24 children/youth.	A total of 26 youth received treatment services.
At least 75% of the students who receive short-term mental health treatment will	A total of 26 students received brief treatment services. Of those, 14 completed the pre/post

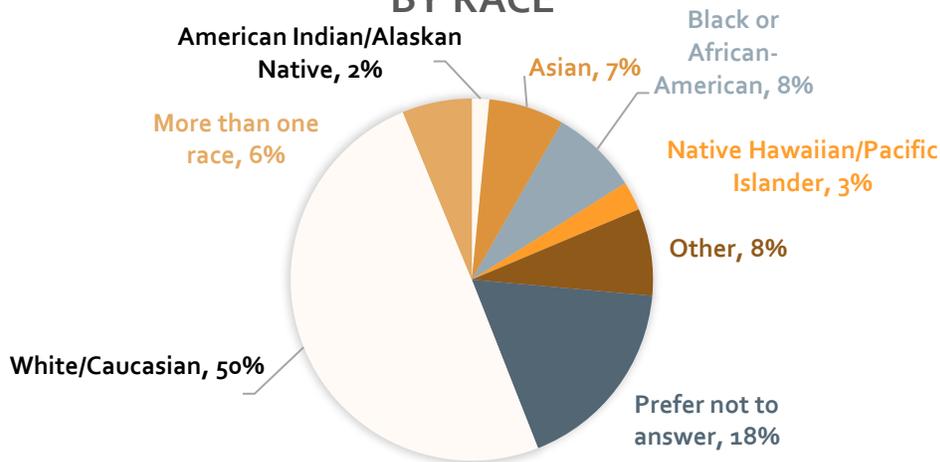
show improvement in overall score on an assessment tool which may include the <i>Quality of Life (QoL) Scale</i> or the <i>Child and Adolescent Needs and Strengths (CANS)</i> tool.	outcome measure during the reporting period, with 93% (13) having shown improvement in functioning and symptoms.
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Zero (0) referral made
Referrals made to the Solano County BHP.	2 referrals made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	2 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which they were referred.	8 days
Financial Report	
Cost per person for Prevention Activities	\$175.52
Cost per person for Early Intervention Activities	\$3,307.84
Contract Amount for FY2023/24	\$160,733
Total Expenditures FY2023/24	\$122,862.69
Budgeted Amount for FY2024/25	\$168,000

30% of total program funding was allocated to prevention activities. 70% of total program funding was allocated to early intervention activities.

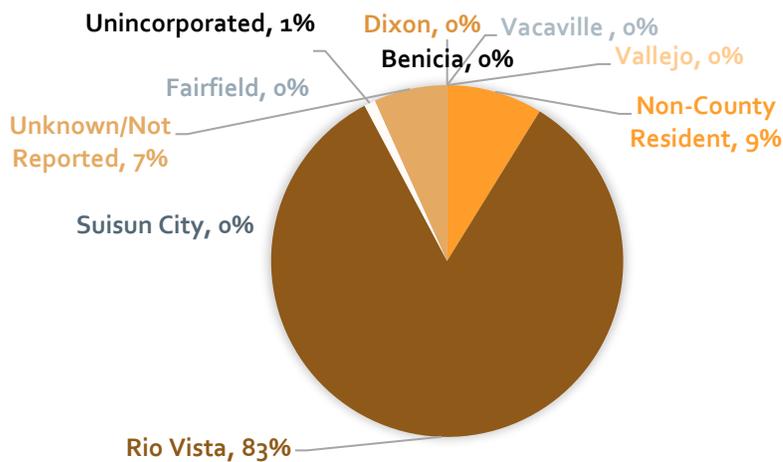
The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by Rio Vista CARE, Inc.**

OUTREACH & TRAINING PARTICIPANTS

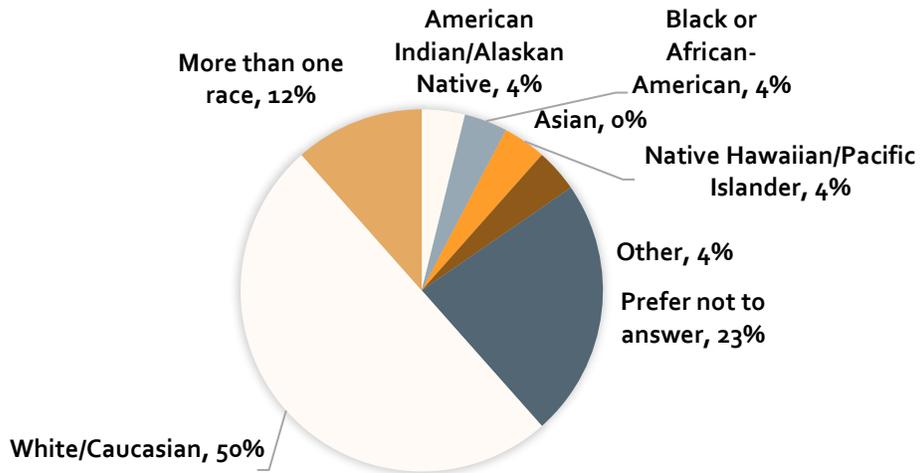
BY RACE



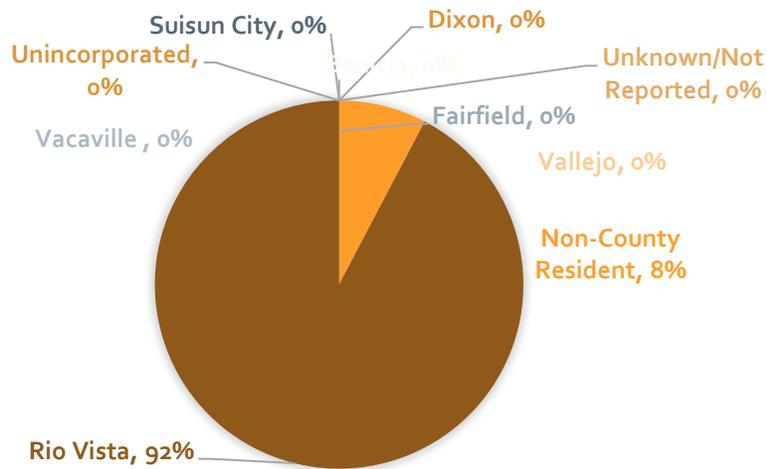
OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		Direct	Outreach
				26	193	
Age	Direct	Outreach	Ethnicity	Direct	Outreach	
0-15	81%	52%	Caribbean	0%	1%	
16-25	19%	23%	Central American	0%	0%	
26-59	0%	22%	American/Chicano	31%	25%	
60+	0%	1%	Other Hispanic/Latino	0%	2%	
Prefer not to answer	0%	2%	Puerto Rican	4%	0%	
Race			South American	4%	1%	
American Indian/Alaskan Native	4%	2%	African	0%	3%	
Asian	0%	7%	Asian Indian/South Asian	0%	2%	
Black or African-American	4%	8%	Cambodian	0%	0%	
Native Hawaiian/Pacific Islander	4%	3%	Chinese	0%	0%	
Other	4%	8%	Eastern European	0%	1%	
Prefer not to answer	23%	18%	European	0%	6%	
White/Caucasian	50%	50%	Filipino	8%	4%	
More than one race	12%	6%	Japanese	0%	0%	
Gender At Birth			Korean	0%	0%	
Male	50%	33%	Middle Eastern	0%	0%	
Female	50%	64%	Other Non-Hispanic/Latino	4%	3%	
Prefer not to answer	0%	4%	Vietnamese	0%	0%	
Sexual Orientation			Prefer not to answer	46%	48%	
Gay	0%	1%	More than one ethnicity	4%	5%	
Bisexual	0%	3%	Current Gender Identity			
Heterosexual/straight	77%	77%	Male	50%	32%	
Lesbian	0%	4%	Female	50%	64%	
Other	4%	1%	Genderqueer	0%	0%	
Prefer not to answer	12%	15%	Other	0%	0%	
Queer	0%	0%	Prefer not to answer	0%	4%	
Questioning/unsure	8%	0%	Questioning/unsure	0%	0%	
Veteran Status/Military Services			Transgender	0%	0%	
Veteran	0%	1%	Mental Health Symptoms Onset			
Active military	0%	0%	Less than 6 months	4%		
Not a veteran/active military/NA	100%	99%	6-12 months	36%		
Primary Language (1st Language)			1-4 years	48%		
American Sign Language (ASL)	0%	0%	5-9 years	0%		
English	96%	91%	Over 10 years ago	0%		
Ilocano	0%	0%	Prefer not to answer	0%		
Other	0%	0%	Do not have MH symptoms	0%		
Prefer not to answer	0%	2%	Unknown/not reported	12%	NA	
Spanish	4%	7%	City of Residence			
Tagalog	0%	0%	Benicia	0%	0%	
Preferred Language (Used Daily)			Dixon	0%	0%	
American Sign Language (ASL)	0%	0%	Fairfield	0%	0%	
English	96%	96%	Non-County Resident	8%	9%	
Other	0%	3%	Rio Vista	92%	83%	
Spanish	4%	1%	Suisun City	0%	0%	
Tagalog	0%	0%	Unincorporated	0%	1%	
Demo info by service type:			Unknown/Not Reported	0%	7%	
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	0%	0%	
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	0%	0%	
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability			
Significant cultural considerations: NA			Difficulty seeing	0%	0%	
			Hearing/speech	0%	1%	
			Other communication disability	4%	0%	
			Cognitive impairment	0%	0%	
			Physical/mobility	0%	1%	
			Chronic physical health condition	0%	0%	
			No disability	89%	91%	
			Other disability	4%	0%	
			Prefer not to answer	4%	8%	

Highlights & Achievements:

Trends in Completing Intake Assessments:

The schools are out of session between June and August. When the school year starts in August, school personnel and students are busy becoming acclimated. Rio Vista CARE staff built new bonds with school personnel; whose roles changed at each school site.

There was a slow start in completing assessments. A new system was created to encourage parents to complete required paperwork for services to be initiated. Staff now are able to call, email, and text parents and caregivers in order to send reminders about groups and parent workshops.

Growth in LGBTQ+ Monthly Group:

Rio Vista CARE staff continued to grow their LGBTQ+ monthly group.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Engagement in Summer Groups:

The Rio Vista CARE started implementing summer groups, but they report attendance is low.

Staffing Challenges:

The Rio Vista CARE program did not meet their annual goal of 35 mental health assessments, as a clinician previously assigned to the School Based Mental Health Services program was reassigned to another grant. There was a vacant clinician position in Fiscal Year 2023-2024.

Equity Efforts in Fiscal Year 2023-2024:

Participation in Diversity & Equity Groups:

A Rio Vista CARE staff member attends Diversity & Equity groups on a quarterly basis and brings pertinent information back to their all staff meetings.

Language Assistance:

The Rio Vista CARE team is supported by a Spanish-speaking staff person. When needed, they utilize Language Link translation and interpretation services.

Changes or Updates Planned for FY2024-2025:

No planned changes identified at this time.

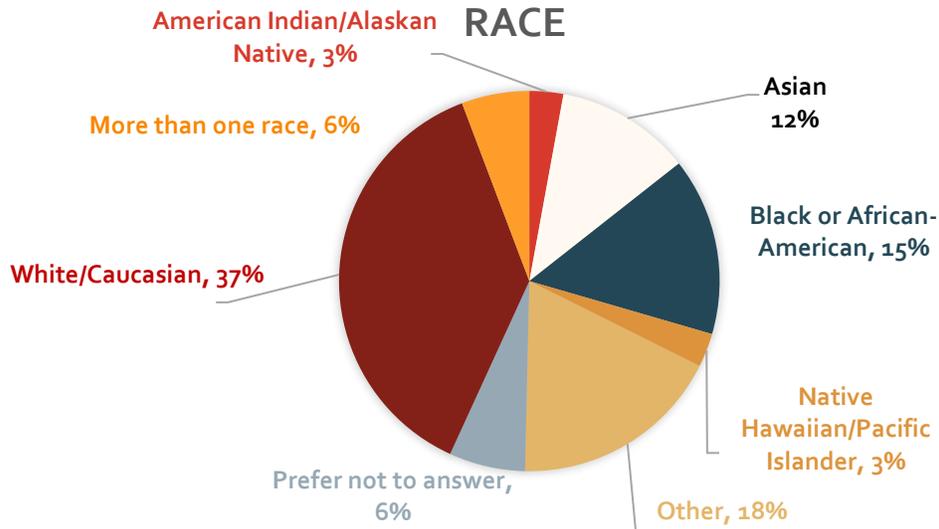
Name of Program:	School-Based Mental Health Services – Multiple Contractors
Agency Name:	Solano County Office of Education (SCOE)
Description of Program: SCOE serves as a liaison between SCBH, contracted school-based mental health provider (A Better Way), and local school districts to provide school-based prevention and early intervention services for children/youth ages 6-21. Additionally, SCOE provided prevention services include trainings for school personnel and parents/caretakers and student workshops/groups including Social Emotional Learning (SEL) groups for classrooms. SCOE is funded to provide technical assistance and support for the school sites that have school-based wellness centers.	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 2,468	
Program Indicators	Annual Outcomes
Provide a minimum of 20 trainings for school personnel for participating school districts.	A total of 18 trainings were provided with a total of 185 participants.
Provide a minimum of 8 trainings/engagement activities for parents/caregivers for participating school districts.	A total of 8 parent/caregiver trainings were provided with a total of 67 participants.
Provide 10 trainings (ASIST trainings, safeTALK trainings, Youth MHFA) for school personnel, parents, students, and community partners.	A total of 9 trainings were provided for 64 participants: <ul style="list-style-type: none"> • Zero (0) ASIST — Zero (0) participant • 1 safeTALK — 13 participants • Zero (0) Youth MHFA — Zero (0) participant • 8 Other Suicide/Stigma Reduction Trainings — 51 participants
Provide a minimum of 30 student workshops for participating school districts.	A total of 100 student workshops were provided with a total of 2,152 students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post training surveys.	A total of 2,274 post surveys were collected and of those 94% (2,133) participants surveyed demonstrated an increase in knowledge. <ul style="list-style-type: none"> • Of the 185 school personnel trained 99 completed a post survey and of those 81% (80) demonstrated an increase in knowledge in the training topic. • Of the 67 parents or caretakers trained 16 completed a post survey and of those 94%

	<p>(15) of demonstrated an increase in knowledge in the training topic.</p> <ul style="list-style-type: none"> • Of the 2156 students who participated in a workshop 2109 completed a post survey and of those 95% (1998) increased knowledge in the workshop topic. • Of the 64 individuals who participated in suicide prevention training 50 completed a post survey and of those 80% (40) demonstrated an increase in knowledge in the training topic.
Early Intervention Activities	
Unduplicated Individuals Served: Not Applicable	
Program Indicators	Annual Outcomes
SCOE does not provide early intervention strategies.	Not Applicable
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Zero (0) referral made
Referrals made to the Solano County BHP.	Zero (0) referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Not Applicable
Timely access to services: the average interval between referral and participation in services to which referred.	Not Applicable
Financial Report	
Cost per Person for Prevention Activities	\$174.47
Cost per Person for Early Intervention Activities	\$0
Contract Amount for FY2023/24	\$450,656
Total Expenditures FY2023/24	\$430,581.97
Budgeted Amount for FY2024/25	\$450,656

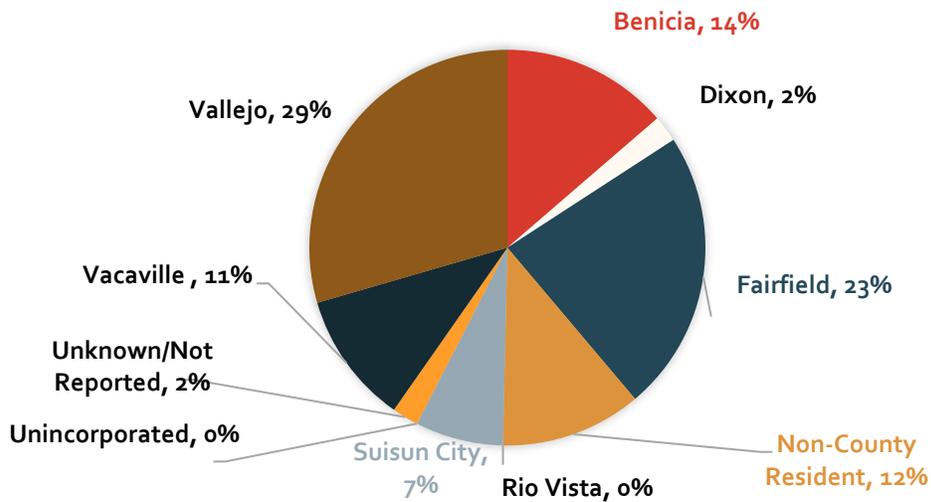
100% of total program funding was allocated to prevention activities.

The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by Solano County Office of Education.**

OUTREACH & TRAINING PARTICIPANTS BY RACE



OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected:		
			Direct	Outreach	
			0	139	
Age	Direct	Outreach	Ethnicity	Direct	Outreach
0-15	#####	13%	Caribbean	#####	0%
16-25	#####	22%	Central American	#####	3%
26-59	#####	60%	American/Chicano	#####	20%
60+	#####	4%	Other Hispanic/Latino	#####	9%
Prefer not to answer	#####	1%	Puerto Rican	#####	1%
Race			South American	#####	0%
American Indian/Alaskan Native	#####	3%	African	#####	4%
Asian	#####	12%	Asian Indian/South Asian	#####	1%
Black or African-American	#####	15%	Cambodian	#####	0%
Native Hawaiian/Pacific Islander	#####	3%	Chinese	#####	0%
Other	#####	18%	Eastern European	#####	2%
Prefer not to answer	#####	6%	European	#####	13%
White/Caucasian	#####	37%	Filipino	#####	11%
More than one race	#####	6%	Japanese	#####	0%
Gender At Birth			Korean	#####	0%
Male	#####	26%	Middle Eastern	#####	0%
Female	#####	71%	Other Non-Hispanic/Latino	#####	4%
Prefer not to answer	#####	4%	Vietnamese	#####	0%
Sexual Orientation			Prefer not to answer	#####	23%
Gay	#####	1%	More than one ethnicity	#####	9%
Bisexual	#####	9%	Current Gender Identity		
Heterosexual/straight	#####	71%	Male	#####	27%
Lesbian	#####	0%	Female	#####	65%
Other	#####	3%	Genderqueer	#####	1%
Prefer not to answer	#####	12%	Other	#####	4%
Queer	#####	1%	Prefer not to answer	#####	1%
Questioning/unsure	#####	3%	Questioning/unsure	#####	0%
Veteran Status/Military Services			Transgender	#####	2%
Veteran	#####	2%	Mental Health Symptoms Onset		
Active military	#####	0%	Less than 6 months	#####	
Not a veteran/active military/NA	#####	98%	6-12 months	#####	
Primary Language (1st Language)			1-4 years	#####	
American Sign Language (ASL)	#####	0%	5-9 years	#####	
English	#####	85%	Over 10 years ago	#####	
Ilocano	#####	1%	Prefer not to answer	#####	
Other	#####	2%	Do not have MH symptoms	#####	
Prefer not to answer	#####	1%	Unknown/not reported	#####	NA
Spanish	#####	10%	City of Residence		
Tagalog	#####	1%	Benicia	#####	14%
Preferred Language (Used Daily)			Dixon	#####	2%
American Sign Language (ASL)	#####	0%	Fairfield	#####	23%
English	#####	94%	Non-County Resident	#####	12%
Other	#####	1%	Rio Vista	#####	0%
Spanish	#####	5%	Suisun City	#####	7%
Tagalog	#####	0%	Unincorporated	#####	0%
Demo info by service type:			Unknown/Not Reported	#####	2%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Vacaville	#####	11%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Vallejo	#####	29%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Disability		
Significant cultural considerations: NA			Difficulty seeing	#####	2%
			Hearing/speech	#####	1%
			Other communication disability	#####	0%
			Cognitive impairment	#####	1%
			Physical/mobility	#####	3%
			Chronic physical health condition	#####	3%
			No disability	#####	82%
			Other disability	#####	3%
			Prefer not to answer	#####	4%

Highlights & Achievements:

Student Workshops – Exceeded Goal Significantly:

Solano County Office of Education (SCOE) exceeded the deliverable of facilitating 30 student workshops, particularly by delivering 100 student workshops that reached 2,152 unduplicated students. 97% of the workshop participants indicated their knowledge improved following attendance.

The student workshops focused on the needs identified across school districts and SCOE's Mental Health and Wellness Clinicians were able to support students by social emotional learning (SEL) focused small groups, whole classroom psychoeducation series, and one-time presentations to classes focused on topics such as healthy relationships, empathy building, bullying awareness, managing emotions including grief and anxiety, social skills, and peer pressure.

A New Process:

SCOE implemented a new process in the 2023-2024 school year, which differed from the previous year. Each participating school district, which included sites that have wellness centers/rooms, was informed they would have a Mental Health and Wellness Clinician available to a school or schools of their choice for a day. This ensured that each school district would receive the same level of support. This proved to be an efficient and effective system to schedule many workshops across school districts. Additionally, once the Mental Health and Wellness Clinicians began providing workshops to a school, they were then able to be present at that site for 4-6 weeks, depending on whether they are providing a small group or whole classroom SEL workshop.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Cancelled Trainings:

Several SafeTALK and Be Sensitive Be Brave trainings were cancelled in Fiscal Year 2023-2024. At times, not enough registered participants showed up to the training, thus the training was canceled and rescheduled to a later date. This impacted SCOE's ability to provide the total number of required trainings. SCOE staff addressed the no show issue by sending reminders before the date of the training and working with school districts' leads for assistance in advertising the trainings and encouraging their staff to participate in the training.

Clinicians Became Unavailable:

One of the two Mental Health and Wellness Clinicians unexpectedly went on leave at the end of April 2024. Several of the clinician's trainings were cancelled, due to the remaining Clinician not having availability to cover the trainings and not having the expertise on the topics being

presented. This impacted SCOE's ability to provide the total number of required trainings for school personnel.

Equity Efforts in Fiscal Year 2023-2024:

Identity and Allyship Training:

An "Identity and Allyship" training was provided at two school sites in Fiscal Year 2023-2024. Six total sessions were provided on this topic. Overall, the students and school personnel shared favorable feedback. Several students shared they were members of the LGBTQ+ community or came out directly to SCOE staff.

Completed demographic survey results indicate that 3 in 10 consumers identify as other than heterosexual. The findings indicate that it is necessary to continue providing training and education to both school personnel and students in topics relevant to LGBTQ+ individuals and identity development.

Changes or Updates Planned for FY2024-2025:

No planned changes identified at this time.

Name of Program:	Early Psychosis Treatment Program – Multiple Contractors
Agency Name:	Aldea Children & Family Services
Description of Program:	
<p>The EP Treatment Program, delivered by a community-based organization (CBO), provides education and outreach activities within the community to heighten awareness about stigma reduction and how to recognize the early signs of psychosis. In addition to outreach, the program provides comprehensive assessments and early intervention treatment services using the Coordinated Specialty Care (CSC) evidenced-based model for individuals between the ages of 12-30 who experienced their first episodic of psychosis within the last two years, or currently have subthreshold symptoms of psychosis. In addition to the CBO providing the direct services, SCBH funds an academic entity who is considered a statewide leader in EP treatment to provide training, consultation, and evaluation support for the direct service provider. SCBH leverages the Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) to fund this EP Treatment Program.</p>	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 382	
Strategy Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 225 individuals.	A total of 382 individuals were reached
Conduct a minimum of 54 screenings to individuals referred to SOAR.	12 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities	
Unduplicated Individuals Served: 15	
Strategy Indicators	Annual Outcomes
Provide mental health treatment services for 33 unduplicated consumers.	14 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	28% (15) of 53 individuals who identified having education or employment goals received education support and/or a referral to educational institution and/or employment support program.
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	0% (0) of consumers served had a psychiatric hospitalization episode for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the <i>Modified Colorado Symptom Index (MCSI)</i> at the 6- month mark; and by the 12-month mark 50% of	Of the 1 consumer opened for 6 months, 0% (0) demonstrated improvement regarding overall symptom severity on the <i>MCSI</i> .

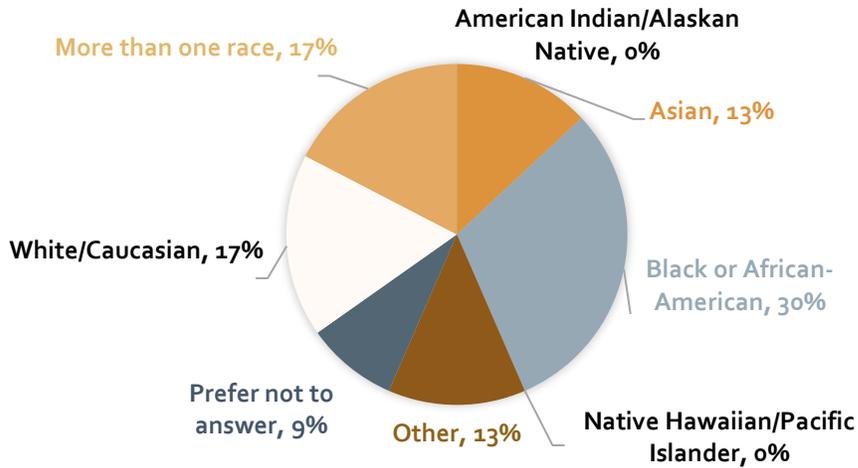
the consumers enrolled will demonstrate improvement on the MCSI.	Of the 3 consumers opened for 12 months, 0% (0) demonstrated improvement regarding overall symptom severity on the <i>MCSI</i> .
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Zero (0) referral made
Referrals made to the Solano County BHP.	Zero (0) referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Not Applicable
Timely access to services: the average interval between referral and participation in services to which referred.	Not Applicable
Financial Report	
Cost per person for Prevention Activities*	\$144.98
Cost per person for Early Intervention Activities*	\$20,922.18
Contract Amount for FY2023/24	Total: \$1,299,611 - MHSA PEI: \$505,078 - MHBG: \$505,078 - MHSA INN: \$12,089 - Other Federal Funding: \$277,366 - State Funding: \$12,089
Total Expenditures FY2023/24 (MHSA Funds Only)	\$369,214.94
Budgeted Amount for FY2024/25	Total: \$1,299,611 - MHSA PEI: \$787,808 - MHBG: \$330,012 - Other Federal Funding: \$177,290 - Other State Funding: \$4,501

*Cost per person reflects MHSA PEI funding only

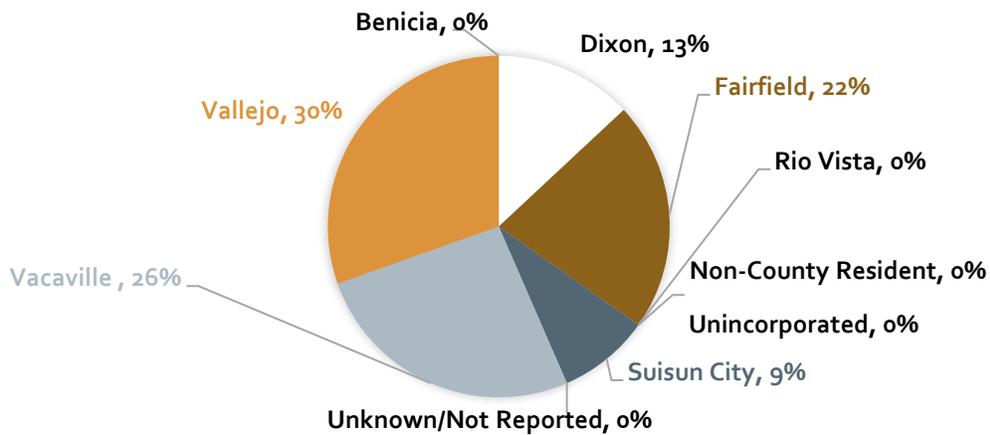
15% of total program funding was allocated to prevention activities. 85% of total program funding was allocated to early intervention activities.

The following charts and tables on pages to follow provide demographic data for the individuals who were served by the **Early Psychosis Treatment Program (SOAR)** delivered by **Aldea Children and Family Services (Aldea)**.

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Demographics			Total Individuals Demo Collected: Direct Outreach					
				23	0			
Age	Direct	Outreach	Ethnicity	Direct	Outreach			
0-15	48%	#####	Caribbean	0%	#####			
16-25	48%	#####	Central American	4%	#####			
26-59	4%	#####	American/Chicano	22%	#####			
60+	0%	#####	Other Hispanic/Latino	0%	#####			
Prefer not to answer	0%	#####	Puerto Rican	0%	#####			
Race			South American	0%	#####			
American Indian/Alaskan Native	0%	#####	African	9%	#####			
Asian	13%	#####	Asian Indian/South Asian	0%	#####			
Black or African-American	30%	#####	Cambodian	0%	#####			
Native Hawaiian/Pacific Islander	0%	#####	Chinese	0%	#####			
Other	13%	#####	Eastern European	0%	#####			
Prefer not to answer	9%	#####	European	4%	#####			
White/Caucasian	17%	#####	Filipino	13%	#####			
More than one race	17%	#####	Japanese	0%	#####			
Gender At Birth			Korean	0%	#####			
Male	52%	#####	Middle Eastern	0%	#####			
Female	48%	#####	Other Non-Hispanic/Latino	17%	#####			
Prefer not to answer	0%	#####	Vietnamese	0%	#####			
Sexual Orientation			Prefer not to answer	13%	#####			
Gay	0%	#####	More than one ethnicity	17%	#####			
Bisexual	26%	#####	Current Gender Identity					
Heterosexual/straight	43%	#####	Male	57%	#####			
Lesbian	4%	#####	Female	39%	#####			
Other	4%	#####	Genderqueer	0%	#####			
Prefer not to answer	4%	#####	Other	4%	#####			
Queer	0%	#####	Prefer not to answer	0%	#####			
Questioning/unsure	17%	#####	Questioning/unsure	0%	#####			
Veteran Status/Military Services			Transgender	0%	#####			
Veteran	0%	#####	Mental Health Symptoms Onset					
Active military	0%	#####	Less than 6 months	18%				
Not a veteran/active military/NA	100%	#####	6-12 months	27%				
Primary Language (1st Language)			1-4 years	55%				
American Sign Language (ASL)	0%	#####	5-9 years	0%				
English	100%	#####	Over 10 years ago	0%				
Ilocano	0%	#####	Prefer not to answer	0%				
Other	0%	#####	Do not have MH symptoms	0%				
Prefer not to answer	0%	#####	Unknown/not reported	0%	NA			
Spanish	0%	#####	City of Residence					
Tagalog	0%	#####	Benicia	0%	#####			
Preferred Language (Used Daily)			Dixon	13%	#####			
American Sign Language (ASL)	0%	#####	Fairfield	22%	#####			
English	100%	#####	Non-County Resident	0%	#####			
Other	0%	#####	Rio Vista	0%	#####			
Spanish	0%	#####	Suisun City	9%	#####			
Tagalog	0%	#####	Unincorporated	0%	#####			
Demo info by service type: <u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop. <u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%. Significant cultural considerations: NA			Unknown/Not Reported	0%	#####			
			Vacaville	26%	#####			
			Vallejo	30%	#####			
			Disability			Difficulty seeing	4%	#####
			Hearing/speech	0%	#####			
			Other communication disability	8%	#####			
			Cognitive impairment	4%	#####			
			Physical/mobility	0%	#####			
			Chronic physical health condition	0%	#####			
			No disability	79%	#####			
Other disability	0%	#####						
Prefer not to answer	4%	#####						

Highlights & Achievements:

Outreach Efforts:

In Fiscal Year 2023-2024, Aldea SOAR participated in five community tabling events and reached 255 individuals. Additionally, Aldea SOAR provided four educational presentations and reached 132 individuals.

Reduced Hospitalizations:

In Fiscal Year 2023-2024, less than 10% of Aldea SOAR clients were hospitalized.

Staffing Model and Recruitment:

Aldea SOAR implemented improvements in their staffing model and recruitment processes, including the following highlights:

- Integration of Bilingual Family Partner (on-track for certification) enhances the program's ability to serve diverse populations and provide culturally competent care;
- Integration of a certified Peer Support Specialist who leverages experiences to bolster client engagement and recovery outcomes; and
- Creation of and successful staffing of a Senior Director position, which strengthens the leadership structure and program oversight.

Training Opportunities for Clinicians:

Aldea SOAR implemented innovative training and consultation tracks that allow two clinicians to specialize in assessment procedures that not only capitalize on their strengths, but also streamline the diagnostic processes.

Support Groups with Mixed Counties Participation:

Aldea SOAR provided virtual client and family support groups, which mixed three counties, allowing for increased participants and sharing of staff to facilitate groups.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Intensive Training for CSC Program Model:

Aldea SOAR report that the primary challenge they encountered is the intensive training required for their fidelity Coordinated Specialty Care (CSC) program model, particularly during onboarding. To address the requirements, Aldea began developing a multi-faceted approach that includes utilization of EPI-CAL Training and Technical Assistance (TTA) Cornerstone, ensuring standardized and evidence-based instruction with supplementation with in-house training led by the Clinical Program Director and Clinical Supervisors for context-specific knowledge transfer. This directive integrates Cornerstone modules with their internal SOAR

didactic sessions and group supervision meetings, creating a more cohesive learning experience.

Leadership Academy Project:

Initiation of a Leadership Academy Project aimed at cultivating leadership skills among current staff that equip them to effectively train and mentor new team members.

Equity Efforts in Fiscal Year 2023-2024

Considering Language Needs:

The UC Davis SacEDAPT program, which is an Early Psychosis program, continues to provide regular consultation and training to Aldea SOAR staff about working with clients and families whose primary language is Spanish or another non-English language. The program focuses on cultural considerations and the use of interpreter services.

When communicating with monolingual parents, interpreter services were utilized. Aldea SOAR employs several bilingual Spanish speaking staff, including the Program Coordinator Supervisor, Program Coordinators, and Family Partner.

Diversity Equity and Inclusion:

Many Aldea SOAR staff continued to attend Diversity Equity and Inclusion trainings, which are provided internally by their agency.

Changes or Updates Planned for FY2024-2025

No planned changes identified at this time.

Older Adult Programming

Name of Program:	Older Adult Case Management & Treatment – Contractor
Agency Name:	Choice in Aging
Description of Program: The Older Adult Case Management Program, delivered by a community-based provider, conducts community outreach and education for the community in how to recognize the signs of mental health conditions or suicide risk for older adults, 60 years and over. The program also provides screenings, brief and longer-term case management, and brief counseling for older adults.	
Performance Measures	
Prevention Activities	
Unduplicated Direct Service Individuals Served: 166	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities.	A total of 155 individuals were reached at 4 outreach/teaching events.
Provide 8 suicide prevention trainings, which can include: <ul style="list-style-type: none"> - Be Sensitive Be Brave Suicide Prevention (BSBB SP) - Applied Suicide Intervention Skills Training (ASIST) - safeTALK workshops - Other validated suicide prevention training curriculum 	Two BSBB SP trainings were provided in Fiscal Year 2023-2024. 7 participants attended the trainings.
Provide an initial screening for a minimum of 150 older adults.	A total of 166 unduplicated older adults received a screening.
Provide 3 mental health education trainings/workshops.	A total of 12 trainings/workshops were provided with a total of 219 participants.
Provide brief preventative case management for 45-60 business days for a minimum of 120 older adults.	A total of 133 unduplicated older adults received brief case management services.
Provide minimum of two (2) Mental Health First Aid (MHFA) or Be Sensitive Be Brave Mental Health (BSBB MH) trainings.	1 MHFA training was provided during the fiscal year. 6 participants attended the training.
75% of training participants increased knowledge on training topic.	100% (13) of individuals who completed pre/post measures demonstrated increase in knowledge.
Early Intervention Activities	

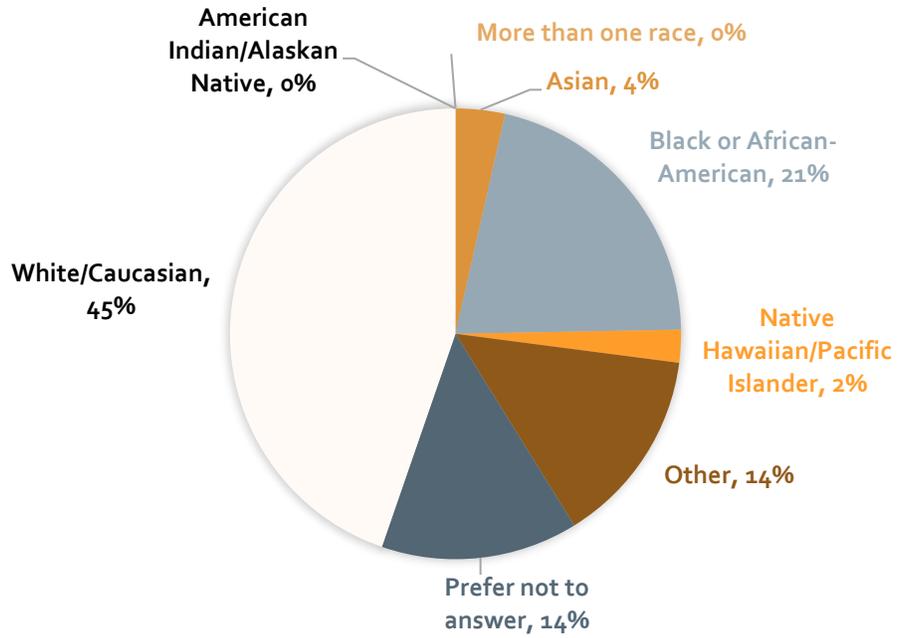
Unduplicated Individuals Served: 71	
Program Indicators	Annual Outcomes
Provide counseling services for 50 unduplicated older adult consumers; consumers shall receive two or more counseling sessions.	A total of 42 unduplicated older adults were served.
Provide comprehensive case management services to 80 unduplicated consumers.	A total of 71 unduplicated older adults were served.
75% of consumers shall demonstrate improvement in symptoms based on pre and post assessment, on at least one measurement in <i>Geriatric Anxiety Disorder (GAD)-7, Patient Health Questionnaire (PHQ)-9, or Quality of Life (QoL) Scale.</i>	Consumers receiving counseling and/or case management completed pre/post assessments during the reporting period with the following results: <ul style="list-style-type: none"> • GAD-7: 81% (22 of 27) • PHQ-9: 81% (22 of 27) • QoL Scale: 70% (21 of 30)
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Information is unavailable at this time.
Referrals made to the Solano County BHP.	Information is unavailable currently.
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Information is unavailable at this time.
Timely access to services: the average interval between referral and participation in services to which referred.	Information is unavailable at this time.
Financial Report	
Cost per Person for Prevention Activities*	\$1,401.52
Cost per Person for Early Intervention Activities	\$5,125.24
Contract Amount for FY2023/24	\$621,589
Total Expenditures FY2023/24	\$596,544.30
Budgeted Amount for FY2024/25	\$621,590

*The cost per person does not include expenditures for outreach tabling events.

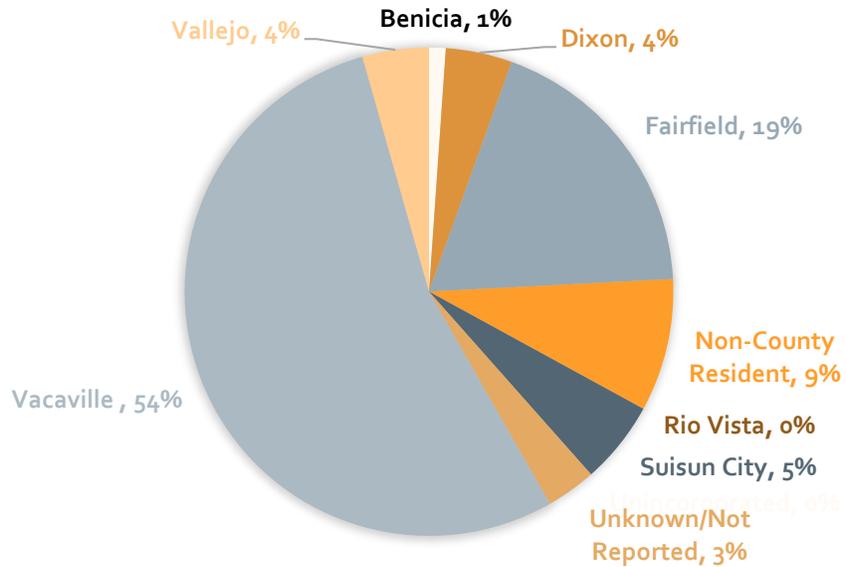
39% of total program funding was allocated to prevention activities. 61% of total program funding was allocated to early intervention activities.

The following charts and table on the pages to follow provide demographic data for the individuals who were served by the **Older Adult Case Management & Treatment Program** delivered by Choice in Aging:

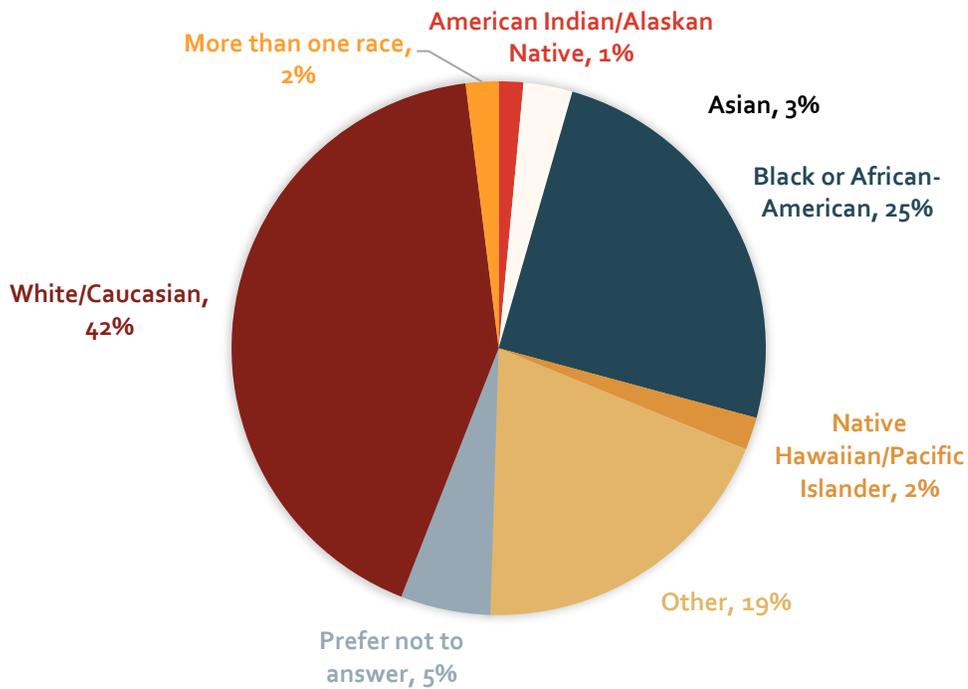
OUTREACH & TRAINING PARTICIPANTS BY RACE



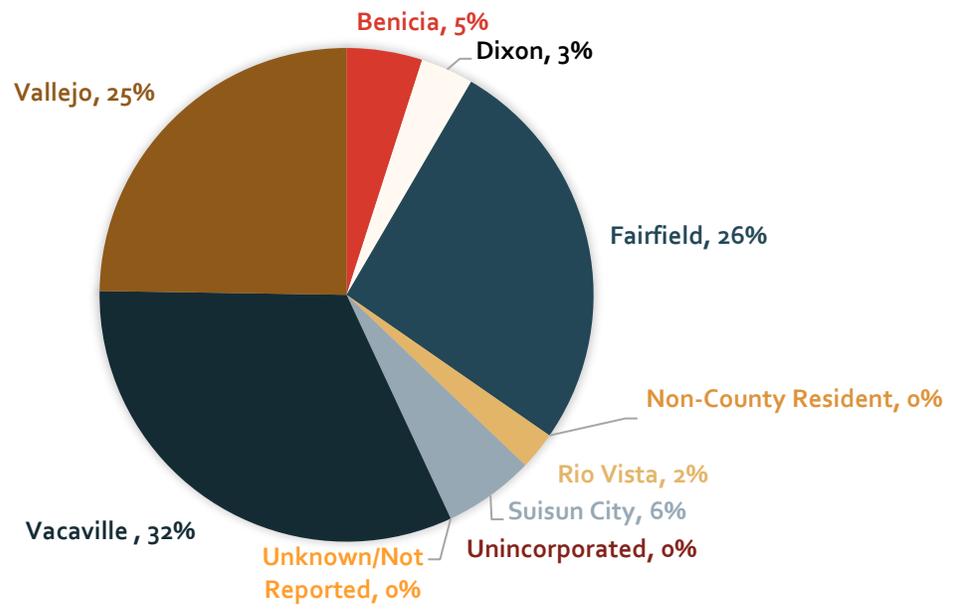
OUTREACH & TRAINING PARTICIPANTS BY CITY OF RESIDENCE



DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected:		Direct	Outreach
				202	91	
Age	Direct	Outreach	Ethnicity	Direct	Outreach	
0-15	0%	7%	Caribbean	0%	0%	
16-25	0%	20%	Central American	2%	3%	
26-59	0%	47%	American/Chicano	7%	16%	
60+	100%	25%	Other Hispanic/Latino	4%	0%	
Prefer not to answer	0%	1%	Puerto Rican	0%	1%	
Race			South American	0%	1%	
American Indian/Alaskan Native	1%	0%	African	25%	5%	
Asian	3%	4%	Asian Indian/South Asian	0%	1%	
Black or African-American	25%	21%	Cambodian	0%	0%	
Native Hawaiian/Pacific Islander	2%	2%	Chinese	0%	0%	
Other	19%	14%	Eastern European	0%	4%	
Prefer not to answer	5%	14%	European	22%	14%	
White/Caucasian	42%	45%	Filipino	1%	5%	
More than one race	2%	0%	Japanese	0%	0%	
Gender At Birth			Korean	0%	0%	
Male	28%	31%	Middle Eastern	1%	0%	
Female	72%	68%	Other Non-Hispanic/Latino	18%	0%	
Prefer not to answer	0%	1%	Vietnamese	0%	0%	
Sexual Orientation			Prefer not to answer	14%	7%	
Gay	1%	1%	More than one ethnicity	3%	41%	
Bisexual	0%	1%	Current Gender Identity			
Heterosexual/straight	88%	76%	Male	26%	31%	
Lesbian	0%	0%	Female	67%	64%	
Other	2%	1%	Genderqueer	0%	0%	
Prefer not to answer	8%	21%	Other	0%	0%	
Queer	0%	0%	Prefer not to answer	6%	5%	
Questioning/unsure	0%	0%	Questioning/unsure	0%	0%	
Veteran Status/Military Services			Transgender	0%	0%	
Veteran	9%	11%	Mental Health Symptoms Onset			
Active military	0%	0%	Less than 6 months	12%		
Not a veteran/active military/NA	91%	89%	6-12 months	7%		
Primary Language (1st Language)			1-4 years	24%		
American Sign Language (ASL)	0%	0%	5-9 years	5%		
English	80%	88%	Over 10 years ago	11%		
Ilocano	0%	0%	Prefer not to answer	0%		
Other	3%	1%	Do not have MH symptoms	12%		
Prefer not to answer	4%	0%	Unknown/not reported	28%	NA	
Spanish	11%	11%	City of Residence			
Tagalog	1%	0%	Benicia	5%	1%	
Preferred Language (Used Daily)			Dixon	3%	4%	
American Sign Language (ASL)	0%	0%	Fairfield	26%	19%	
English	88%	92%	Non-County Resident	0%	9%	
Other	1%	0%	Rio Vista	2%	0%	
Spanish	11%	8%	Suisun City	6%	5%	
Tagalog	0%	0%	Unincorporated	0%	0%	
Identify with any of these groups?			Unknown/Not Reported	0%	3%	
LGBTQ			Vacaville	32%	54%	
Adult/juvenile justice involved			Vallejo	25%	4%	
Foster care youth			Disability			
All of above			Difficulty seeing	6%	0%	
LGBTQ & justice involved			Hearing/speech	5%	2%	
LGBTQ & foster care youth			Other communication disability	0%	0%	
Justice involved & foster care youth			Cognitive impairment	4%	0%	
Not applicable/not identify			Physical/mobility	24%	3%	
Prefer not to answer	N/A	N/A	Chronic physical health condition	32%	5%	
Demo info by service type: <u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop. <u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event).			No disability	7%	67%	
			Other disability	20%	3%	
			Prefer not to answer	3%	19%	

Highlights & Achievements:

Building Innovative Partnerships:

The Choice in Aging (CIA) staff built innovative partnerships with local agencies to provide underserved populations with mental health education and outreach services.

Intergenerational Mental Health Workshop:

CIA collaborated with a Spanish-speaking LCSW and the Health Education Council via UC Davis to host a free intergenerational mental health workshop for the Latinx community.

Surpassed Multiple Fiscal Year 2023-2024 Goals:

CIA surpassed the annual goal for the following indicators: initial screenings for seniors, brief preventative case management services, and improved knowledge through pre/post measures through the PHQ-9 and GAD.

Recertification in SafeTALK & MHFA:

CIA staff completed SafeTALK and Mental Health First Aid recertification.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Impacts on Outreach/Education and Suicide Prevention Trainings:

CIA staff had difficulty meeting deliverables for outreach/education and suicide prevention trainings due to time requirements for recertification. Additionally, their Education and Outreach specialist was out on leave at the beginning of Fiscal Year 2023-2024.

Staffing Challenges' Impact on Case Management:

CIA staff had difficulty meeting deliverables for comprehensive case management services due to the program being without an additional case manager social worker for approximately one quarter, while having an open case manager/social worker position and the allotted time need for training.

Increased Demands & Growing Waitlists:

CIA staff report clients need escalation with less resources to meet their needs. Additionally, clients present with increased needs, which adds to the growing waitlist for services, especially in considering the smaller size of the agency.

Difficulty Contacting Referred Clients:

Some referred clients were not receptive to services provided by the program. The Intake Coordinator and Case Managers had difficulty receiving responses from these referred clients.

Equity Efforts in Fiscal Year 2023-2024:

Diversity of Staff:

The CIA program continue to have a diverse and multi-cultural staff, which includes a female Latina Case Manager Social Worker (Spanish speaking), a female Latina Case manager Social Worker (Portuguese speaking), female Guamanian Intake Coordinator, and a male clinician.

Language Translation Services:

CIA staff are trained in utilizing Language Link to better serve monolingual Spanish-speaking and monolingual non-English speaking clients.

Changes or Updates Planned for FY2024-2025:

No planned changed identified at this time.

Name of Program:	Older Adult Peer-to-Peer Program – Contractor
Agency Name:	Faith in Action
Description of Program:	
The Older Adult Peer-to-Peer Program, delivered by a community-based provider, utilizes seniors to support other seniors through a peer-to-peer model consisting of home visits and reassurance calls for older adults 60 and over who are often homebound. Additionally, the program provides in-person peer-to-peer 1:1 and group counseling. The primary goals of this program are to reduce the isolation of older adults and to provide early intervention services to prevent seniors from developing disability mental health conditions and suicide.	
Performance Measures	
Prevention Activities	
73 Unduplicated Direct Service Recipients	
544 Individuals Reached Via Outreach Efforts (May not be unduplicated)	
Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 300 unduplicated individuals to include older adult consumers and community partners.	A total of 634 individuals were reached.
Conduct 10 outreach and engagement activities.	A total of 17 outreach/engagement event provided, which reached 544 individuals.
Serve 120 unduplicated older adults with a minimum of 4,000 reassurance calls.	Served 73 unduplicated older adults with 2,885 reassurance calls.
Serve 50 unduplicated homebound older adults with a minimum of 1,000 home visiting hours.	Provided home visiting to a total of 7 unduplicated older adults for a total of 221 hours. <i>Since COVID-19, the majority of the senior volunteers and senior participants were not comfortable with home visiting.</i>
Early Intervention Activities	
Unduplicated Individuals Served: 122	
Program Indicators	Annual Outcomes
Provide peer counseling for a minimum of 40 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 122 unduplicated older adults were served: <ul style="list-style-type: none"> - Individual: 3 served - Group: 107 served - Virtual: 12 served
75% of the older adults participating in 1:1 counseling services will demonstrate an overall improved score on the <i>Geriatric Depression Scale (GDS)</i> .	Of the 6 older adults who completed a pre/post GDS measure during the reporting period, 100% (6) demonstrated improvement in symptoms and functioning.
75% of older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50% of the <i>Quality of Life (QoL) Scale</i> domains.	Of the 96 older adults who completed a pre/post QoL Scale survey during the reporting period, 89% (85) of demonstrated improvement in functioning.

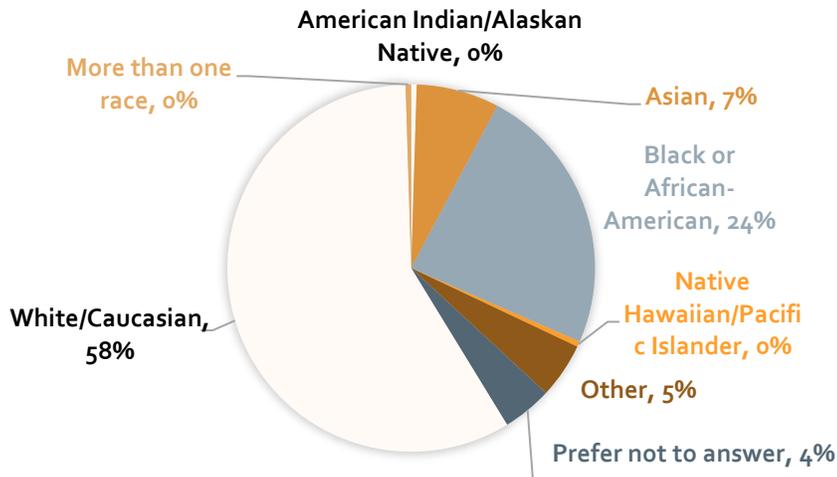
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	Zero (0) referral made
Referrals made to the Solano County BHP.	Zero (0) referral made
Successful linkages to the Solano County BHP: The number of individuals who participated at least once in the MH program to which they were referred to.	Not Applicable
Timely access to services: the average interval between referral and participation in services to which referred.	Not Applicable
Financial Report	
Cost per Person for Prevention Activities*	\$1,592.74
Cost per Person for Early Intervention Activities	\$370.62
Contract Amount for FY2023/24	\$162,009
Total Expenditures FY2023/24	\$161,485.66
Budgeted Amount for FY2024/25	\$168,000

*The cost per person does not include expenditures for outreach tabling events.

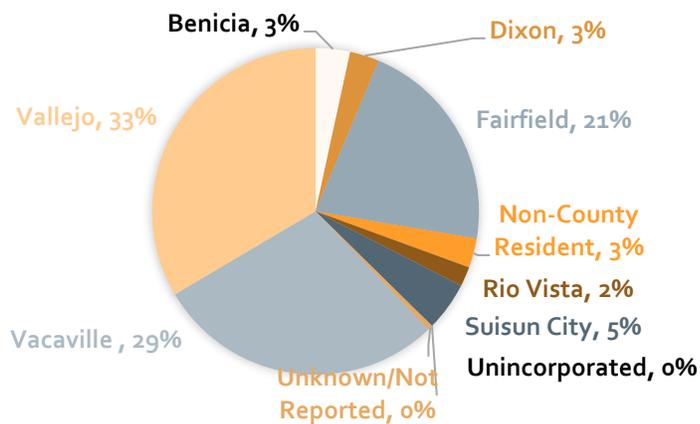
72% of total program funding was allocated to prevention activities. 28% of total program funding was allocated to early intervention activities.

The following charts and table on the pages to follow provide demographic data for the individuals who were served by the **Older Adult Peer-to-Peer Program by Faith in Action**.

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



Program Name:			Total Individuals Demo Collected:	
			Direct	Outreach
			205	0
Age	Direct	Outreach	Ethnicity	Direct
0-15	0%	#DIV/0!	Caribbean	1%
16-25	0%	#DIV/0!	Central American	0%
26-59	2%	#DIV/0!	Mexican/Mexican-American/Chicano	5%
60+	98%	#DIV/0!	Other Hispanic/Latino	1%
Prefer not to answer	0%	#DIV/0!	Puerto Rican	0%
Race			South American	1%
American Indian/Alaskan Native	0%	#DIV/0!	African	91%
Asian	7%	#DIV/0!	Asian Indian/South Asian	3%
Black or African-American	24%	#DIV/0!	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	#DIV/0!	Chinese	0%
Other	5%	#DIV/0!	Eastern European	0%
Prefer not to answer	4%	#DIV/0!	European	2%
White/Caucasian	58%	#DIV/0!	Filipino	8%
More than one race	0%	#DIV/0!	Japanese	6%
Gender At Birth			Korean	0%
Male	17%	#DIV/0!	Middle Eastern	0%
Female	82%	#DIV/0!	Other Non-Hispanic/Latino	0%
Prefer not to answer	2%	#DIV/0!	Vietnamese	6%
Sexual Orientation			Prefer not to answer	0%
Gay	7%	#DIV/0!	More than one ethnicity	0%
Bisexual	1%	#DIV/0!	Current Gender Identity	
Heterosexual/straight	75%	#DIV/0!	Male	17%
Lesbian	7%	#DIV/0!	Female	81%
Other	1%	#DIV/0!	Genderqueer	0%
Prefer not to answer	10%	#DIV/0!	Other	0%
Queer	0%	#DIV/0!	Prefer not to answer	2%
Questioning/unsure	0%	#DIV/0!	Questioning/unsure	0%
Veteran Status/Military Services			Transgender	0%
Veteran	11%	#DIV/0!	Mental Health Symptoms Onset	
Active military	0%	#DIV/0!	Less than 6 months	6%
Not a veteran/active military/NA	89%	#DIV/0!	6-12 months	5%
Primary Language (1st Language)			1-4 years	21%
American Sign Language (ASL)	0%	#DIV/0!	5-9 years	8%
English	98%	#DIV/0!	Over 10 years ago	5%
Ilocano	0%	#DIV/0!	Prefer not to answer	34%
Other	0%	#DIV/0!	Do not have MH symptoms	19%
Prefer not to answer	0%	#DIV/0!	Unknown/not reported	1%
Spanish	1%	#DIV/0!	City of Residence	NA
Tagalog	1%	#DIV/0!	Benicia	3%
Preferred Language (Used Daily)			Dixon	3%
American Sign Language (ASL)	0%	#DIV/0!	Fairfield	21%
English	100%	#DIV/0!	Non-County Resident	3%
Other	0%	#DIV/0!	Rio Vista	2%
Spanish	0%	#DIV/0!	Suisun City	5%
Tagalog	0%	#DIV/0!	Unincorporated	0%
Identify with any of these groups?			Unknown/Not Reported	0%
LGBTQ			Vacaville	29%
Adult/juvenile justice involved			Vallejo	33%
Foster care youth			Disability	
All of above			Difficulty seeing	4%
LGBTQ & justice involved			Hearing/speech	7%
LGBTQ & foster care youth			Other communication disability	2%
Justice involved & foster care youth			Cognitive impairment	4%
Not applicable/not identify			Physical/mobility	20%
Prefer not to answer	N/A	N/A	Chronic physical health condition	21%
Demo info by service type:			No disability	26%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	5%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	11%

Highlights & Achievements:

Caring and Sharing Group:

Faith in Action (FIA) has successfully continued its *Caring and Sharing* in-person group at the Florence Douglas Senior Center. This group for older adults, which provides a mix of discussion and resource distribution) has been on hiatus since March 2020, when the COVID-19 pandemic brought in-person services to a halt. The group resumed again on June 16, 2023 and was presently in its sixth 8-week session at the start of Fiscal Year 2023-2024. Topics have included managing grief and loss, loneliness, positive aspects of aging, physical health issues, and decluttering.

Collaboration with Solano Pride Center:

FIA's partnership with the Solano Pride Center remains strong, as evident by the joint sponsoring of in-person and virtual groups, each of which meets twice per month. These groups provide a forum for topic discussions and the provision of resources for the LGBTQIA+ older adults. Topics have included navigating homophobia, LGBTQIA+ Pride, grief and loss, and stress reduction. Presentations have also been provided by the staff of colleague agencies such as NAMI and Meals on Wheels.

Senior Chat:

Senior Chat, a virtual group that uses a conference call format, began on June 6, 2024. Senior Chat is an Older Adults support group, which keeps seniors 60+ connected and supported. Current members reside in Rio Vista, Fairfield, and Vacaville. Weekly check-ins by participants often steer conversation topics towards discussions on loneliness and depression.

Challenges & Barriers Encountered in Fiscal Year 2023-2024:

Serving the Spanish Speaking Community:

FIA continues to advertise for bilingual Spanish speaking volunteers and continues to work towards the development of a Spanish speaking support group.

Bringing Phone Calls & Home Visits Back:

FIA reports a continued challenge in bringing the number of phone calls and home visits back to pre-pandemic levels. Continued participation at volunteer recruitment fairs, in addition to flyer distribution and social media campaigns, will continue during Fiscal Year 2024-2025 to increase service numbers in these two categories.

Equity Efforts in Fiscal Year 2023-2024:

Diverse Staff & Volunteers:

FIA has a diverse team, which reflects the diverse population of Solano County. Two of the staff are semi-fluent in Spanish. Two staff members identify with the LGBTQIA+ community.

Volunteers are also diverse. The age range for volunteers is 30 to 93 years old, bringing in variable perspectives from across several generations to the services being provided.

Collaboration with Solano Pride Center:

See "Highlights & Achievements" section above for details regarding the collaboration with Solano Pride Center to serve Solano County older adults identifying with the LGBTQIA+ community.

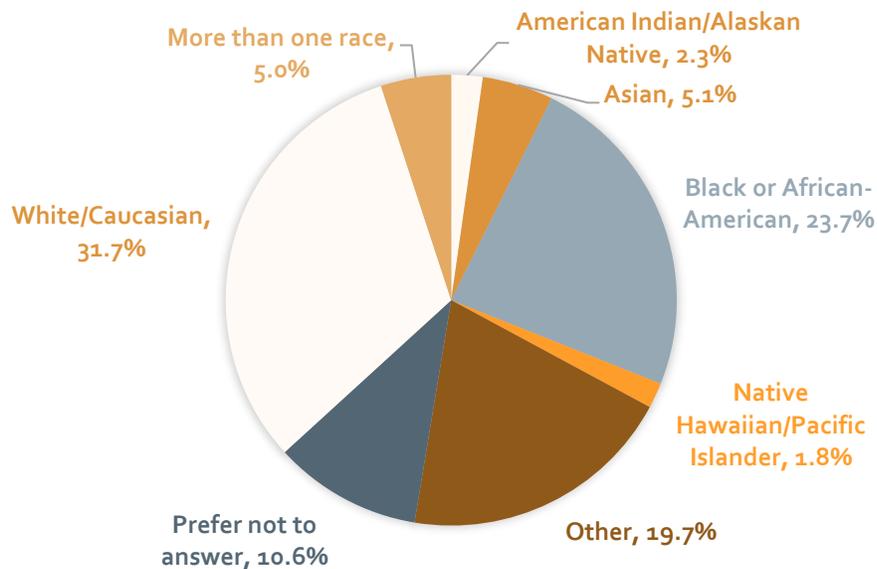
Changes or Updates Planned for FY2024-2025:

FIA share that they plan to improve annual outcomes for phone calls and home visiting services.

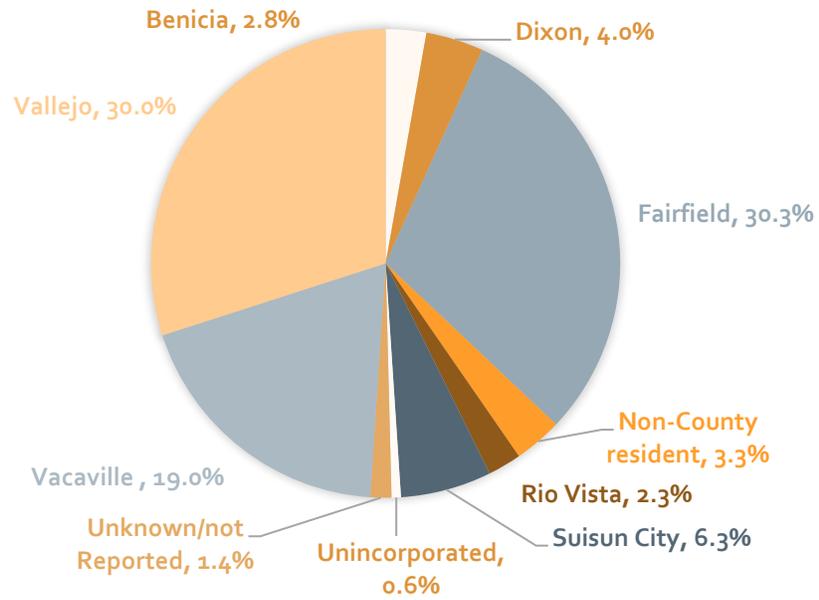
PEI ANNUAL REPORT SUMMARY

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

DIRECT SERVICE RECIPIENTS BY RACE



DIRECT SERVICE RECIPIENTS CITY OF RESIDENCE



INNOVATION (INN) PROJECTS

Innovation (INN) projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved marginalized groups, to improve the quality of services, to demonstrate better outcomes, and to promote interagency collaboration.

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

Description of Program:

The Early Psychosis Learning Health Care Network (EP LHCN) is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary, and multiple California counties including Solano, San Diego, Sonoma, Los Angeles, Orange, Stanislaus, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the U.S.

Project Indicators

Long Term Project Goals:

- Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment
- Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes
- Improve consumer outcomes
- Decrease per capita costs
- Share best practices and models of care for EP programs

Project Outcomes for FY2023-2024:

- Continued Advisory Committee
- Fidelity Assessment for EP programs
- Continued use of Beehive app
- Ongoing data collection from Counties on feasibility and acceptability of LHCN app in all EP programs, including cost and utilization

Once the link for the EP LHCN FY 23/24 annual report is finalized, SCBH will distribute widely to the local community.

Financial Report

Cost Per Person	Not Applicable. This INN project is a system improvement project and not a direct service project.
Budget Amount for FY2023/24	Total: \$27,084 - UCD BHCE: \$17,384 - Aldea: \$9,250
Total Expenditures FY2023/24	Data not available at the time of reporting.

Changes or Updates Planned for FY2024-2025:

Solano County was a research pilot site for beta testing of a new application developed through the multi-county statewide EP LHCN Project led by U.C. Davis Behavioral Health Center of Excellence. The application allows consumers and family members to self-report on progress in care and assists in treatment planning. The application allows the Early Psychosis programs to learn from each other with a goal to develop a national network to improve care for individuals with early psychosis. The contract with U.C. Davis Behavioral Health Center of Excellence expired in FY2023-2024, but they continue to support the application and oversee data reporting.

Updates on Previous Innovation Projects

During Fiscal Year 2021–2022, Solano County Behavioral Health (SCBH) initiated a Community Program Planning Process (CPPP) to develop a new Innovation Project focused on suicide prevention and postvention support for suicide loss survivors. A draft Innovation Plan was developed and prepared for local review prior to submission to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

The proposed project sought to provide postvention support for families impacted by suicide, including access to a designated clinician by request from law enforcement and the Coroner’s Office. The support model envisioned connecting survivors to mental health services, peer support groups, and a survivor mentor network developed through the Innovation Project. The project also aimed to allow the clinician to conduct in-depth psychosocial investigations into the environment and life circumstances of individuals who died by suicide. This included gathering expanded data—such as sexual orientation and gender identity (SOGIE)—which had not previously been collected in Solano County, with the goal of identifying potential areas for prevention.

However, due to receipt of a new grant from the California Department of Public Health with a similar scope—focused on suicide prevention and postvention support for youth—the original Innovation Plan was replaced. SCBH shifted its focus to implementing the grant-funded pilot project addressing youth suicide prevention and response within the local community.

Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Project

From 2016 to 2021, SCBH implemented the Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Innovation Project in partnership with the UC Davis Center for Reducing Health Disparities (CRHD), three community-based organizations (Rio Vista CARE, Solano Pride Center, and Fighting Back Partnership), and the broader community.

The ICCTM Project aimed to increase culturally and linguistically responsive mental health services for underserved and unserved populations in Solano County, with a focus on Latino, Filipino, and LGBTQ+ communities. The project was anchored in the national Culturally and Linguistically Appropriate Services (CLAS) Standards and incorporated community engagement practices and quality improvement strategies.

Although the formal Innovation Project concluded in 2021, SCBH continues to implement the resulting community-defined quality improvement (QI) Action Plans. One such outcome is the ongoing refinement of the TRUECare Promoter Roadmap, which was updated to reflect new services and shifts in community needs. More than 6,000 TRUECare maps have been distributed to community members and at outreach events.

Additionally, in partnership with UC Davis and supported by the MHSOAC, SCBH participated in a statewide Learning Collaborative under the ICCTM framework during FY 2022–2023. This collaborative included 11 training sessions tailored to build cultural competence and interdisciplinary collaboration among mental health providers. The sessions were delivered in two cohorts to ensure relevance to different regional and provider needs.

[For more details on the completed ICCTM Innovation Project, see the final evaluation report here.](#)

Innovation Projects Planned for FY2024-2025

At this time, SCBH does not have any new Innovation Projects planned for FY 2024–2025. However, the County is exploring opportunities to utilize Innovation funds to support administrative and logistical preparation for the next Three-Year Program and Expenditure Plan (Fiscal Years 2026–2029). These efforts are in response to the passage of Proposition 1 and forthcoming changes to the Behavioral Health Services Act (BHSA).

WORKFORCE EDUCATION AND TRAINING (WET) STRATEGIES

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

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

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

Name of Strategy:	Workforce and Community Training & Technical Assistance
Agency Name:	California Institute for Behavioral Health Solutions (CIBHS)
Description of Strategy:	
<p>Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public mental health workforce and key community partners by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. Trainings may include but are not limited to:</p> <ul style="list-style-type: none"> • Evidence-based practices as determined by system needs • Training in the treatment of co-occurring mental health and substance abuse disorders • Risk assessment and intervention 	

- Trainings targeted to better serve particular age groups or underserved populations
Diversity Equity topics
- Crisis Intervention Team (CIT) training expansion for first responders
- Conference and workshop planning and support for staff and contractor skill development

Strategy Performance Measures

Duplicated Individuals Served: #474

Strategy Indicator:	Annual Outcomes
Provide trainings for the SCBH system of care	<p>Nutrition Instincts – Training to support Dietician in how to best serve consumers with eating challenges.</p> <p>TIP Olympics – Virtual Transition to Independent TIP model site-based trainer development conference for staff to enhance training and develop effective coaching skills to support implementation of this EBP.</p> <p>Stars 2 Day TIP - 2-day Fidelity overview of Solano Site of Youth Full-Service partnership program on following the TIP model.</p> <p>Pro Act Re Certification - The In-service Instructor Recertification class is a two-day class that reviews all of the Pro-ACT Principles including course content and evasion exercises. Participants must attend the entire 2 days of training to be considered for certification.</p> <p>Fidelity Assessment for TIP - The fidelity assessment review process was conducted on April 9-10, 2024 to evaluate the practices of Solano County Behavioral Health Youth FSP programs when implementing, providing ongoing training opportunities, and documenting services aligned with the Transition to Independence Process (TIP) model.</p> <p>Adele James: Systemic Racism and BH - This virtual training on January 15, 2025 focused on learning about systemic racism in behavioral health, exploring its impacts, and strategies for addressing it.</p> <p>Gloria Morrow: Where do we go from here? - This virtual training on June 18, 2024 provided historical context/facts surrounding Juneteenth, and how this has promoted diversity, equity, inclusion, and belonging (DEIB) initiatives/trainings addressing racial and cultural injustice. This training provided education around the impact on the mental health of clients as well as those serving clients with a DEIB lens.</p>

Harm Reduction Consult Group for SUD Liaison and team members on how to better support people of suffer from substance use

Working with AANHPI Clients - This virtual training on July 17, 2024 explored the importance of understanding the needs and cultural context of behavioral health clients who identify as Asian American, Native Hawaiian, and Pacific Islander (AANHPI), within a trauma-informed lens. This training addressed areas for cultural adaptation when working with AANHPI clients using a combination of top-down and bottom-up frameworks/ecological models.

IPS leadership academy 5-day training to learn fidelity scales and measures on managing

Essentials of Care for Individuals: A learning lab series - Foundational training from University of Washington on CBT-p on working with adult consumers who present with psychosis and severe mental health challenges

Implicit Bias - This virtual training on September 18, 2024 explored the concept of implicit bias, emphasizing its subconscious nature and potential contradiction to our conscious beliefs. This training helped to define, recognize, and disrupt implicit biases through examples and structured activities aimed at uncovering and addressing hidden prejudices.

DBT training and consultation for 8 participants to learn skills in working with consumers with emotional dysregulation.

Train the Trainer instruction on learning 12 principles of servant leadership and family resilience planning.

Monthly clinical supervision to support staff to learn, manage, and be present in supervision in having difficult conversations facilitated by Dr. Kenneth V. Hardy.

Basic EMDR training and 6 month of consultation for Solano County Clinical staff to learning basic principles and phases to treat people with trauma

Clinical Supervision for registered ASW by a LCSW to collect and consult on cases while working towards licensure

Financial Report

Budget Amount for FY2023/24	\$313,357
Total Expenditures FY2023/24	\$195,807.67

Name of Strategy:	Residency & Internships
Agency Name:	Solano County Behavioral Health, in partnership with Contractor
Description of Strategy: Annually SCBH provides stipends for master’s level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a community-based organization.	
Financial Report	
Budget Amount for FY2023/24	\$233,000
Total Expenditures FY2023/24	\$128,336

Changes or Updates Planned for FY2024-2025:

SCBH seeks to continue expanding its internship infrastructure and programming including partnering with human resources on creating pathways for retaining interns post-graduation.

Name of Strategy:	Financial Incentives
Agency Name:	Solano County Behavioral Health
Description of Strategy: Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service. Based on community and staff feedback, the strategy was amended in Fiscal Year 2023-2024 to include clinical direct service staff recruitment and retention bonus support, as funding is available.	
Financial Report	
Budget Amount for FY2023/24	Data not available at the time of reporting.
Total Expenditures FY2023/24	Data not available at the time of reporting.

Changes or Updates Planned for FY2024-2025:

N/A

Name of Strategy:	Workforce Staffing Strategy (previously known as Loan Assumption Program)
Agency Name:	California Mental Health Services Authority (CalMHSA) in partnership with County and The Department of Health Care Access and Information (HCAI)
<p>Description of Strategy: The Office of Statewide Health Planning and Development (OSHPD) allocated \$120 million in statewide funding to support a 5-year Workforce Education and Training (WET) Plan (2020-2025), with counties contributing a 33% match. Solano County is part of the Greater Bay Area Region, which developed a regional WET plan and agreed to implement a public behavioral health Loan Assumption or Repayment program for FY 22-23. SCBH and contracted providers identified applicants eligible for loan repayment, with initial cohort efforts launched in May 2023.</p> <p>At the time of this writing, final approval and disbursement information is not yet available. Detailed data will be provided once received.</p>	
Providers Provided Loan Repayment: #	
Financial Report	
Total Solano County Matching Funds for 5-year WET Plan: \$137,003 , which will provide a total of \$480,142 in funds to award over the course of this project	
Total Expenditures FY2023/24	Data not available at the time of reporting.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CF/TN) INITIATIVES

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

Name of Strategy:	Service Level Tools & Data Analytics
Agency Name:	Opeeka
Description of Strategy:	
SCBH has to ensure compliance with level of care and data analysis tools that support good decision making for client care. In 2020, Solano BH implemented the adult level of care tool, Reaching Recovery’s Recovery Needs Level (RNL), and data is currently reviewed through a dashboard but there are limitations on how that is displayed and used in decision making. Solano BH has yet to implement a children’s level of care tool due to limitations in subject matter experts and consultation needs. This contract will support the interoperability functions and full level of care tool development including a Person-Centered Intelligence Solution (PCIS, “pieces”) - a customizable data collection and business intelligence platform that facilitates ease of data collection and converts data into real time outcomes monitoring infographics and ‘next best actions’ for individuals and populations. The data collection tool will allow us to create easy to use data visuals around programs and client care, support shared decision-making between staff and clients, reduce burden on staff utilizing spreadsheets, standardizing outputs and metrics tracked, inform contracts and outcome expectations, and meet compliance requirements for the state.	
Strategy Indicators	
Performance will be measured by number of training participants and post evaluations for trainings/presentations.	
Financial Report	
Budget Amount for FY2023/24	\$150,000
Estimated Cost Per Person	Not Applicable. This is a system improvement strategy and not a direct service project.
Total Expenditures FY2023/24	Data not available at the time of reporting.

Changes or Updates Planned in Fiscal Year 2024-2025:

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

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

FY2024/25 Budget Worksheets

Placeholder - pending submission. This information will be added to the final draft.

Public Comment

Public Comment

REFERENCES

American Psychiatric Association. (2022, November). Retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>

California Health Care Foundation. (2022, July). *Mental Health in California Almanac - 2022 Edition*. Retrieved from California Health Care Foundation - Publications: <https://www.chcf.org/wp-content/uploads/2022/07/MentalHealthAlmanac2022.pdf>

Substance Abuse and Mental Health Services Administration. (2024, November 15). *Mental Health - Serious Mental Illness*. Retrieved from SAMHSA: <https://www.samhsa.gov/mental-health/serious-mental-illness/about>

APPENDIX

