FINAL REPORT

Solano County Human Services Needs Assessment

Prepared by Applied Survey Research ◆ June 2019

Table of Contents

- Background and Purpose of the Human Services Needs Assessment

- Assessment Process

- Key Findings Per Data Collection Phase

- Prioritization of Needs

- Funding for Impact: Community Investment Fund

- Outcomes Frameworks to Address Priority Needs

- Next Steps

Executive Summary

Each year, the Solano County Board of Supervisors contributes on average $2 million to non-county agencies. However, there is no framework in place to guide the distribution of these funds.   Therefore, in September 2018, on behalf of the Board, the County Administrator's Office initiated a Human Services Needs Assessment (HSNA) to identify the greatest human services needs in the county. Key steps in the process included:

1   Collecting data on 85 community indicators about the status of resident wellbeing

2   Conducting Key Informant Interviews with 43 Solano community leaders to learn about top human services needs, existing services, and gaps in services

3   Conducting a Community Survey with 870 residents to confirm the priority needs

4   Applying criteria to select Priority Needs

5   Identifying best practices to address the needs

6   Creating a funding strategy to address the needs

Executive Summary

Based upon a rigorous data collection and prioritization process, this project identified the following as being the top 3 most pressing human services needs in Solano County:

1. Mental Health

2. Affordable housing

3. Homelessness

This project created Outcomes Frameworks to address these needs; these frameworks include strategies, potential partners, and indicators of effective implementation. The HSNA has also articulated a way to fund these strategies, called the Community Investment Fund.   This three-tiered fund will include approximately $2 million dollars each year and will be administered through a competitive application process. Grants will be monitored and evaluated by First 5 Solano.

In sum, this project has completed its goal of identifying priority human services needs, and providing the Board of Supervisors with a framework and funding strategy to address such needs.

Purpose of the Assessment

Background and Purpose of the Assessment

Each year, the Solano County Board of Supervisors contributes on average $2 million to non-county agencies. However, there is no framework in place to guide the distribution of these funds. As a result, the Board is unable to describe the difference these funds have made toward improving the lives of Solano County residents.

In 2018, on behalf of the Board of Supervisors, the County Administrator's Office initiated a Human Services Needs Assessment (HSNA) to identify the greatest human services needs in the county, and to create a framework and process to help the Board make investments that will have demonstrable impact. The assessment was conducted by Applied Survey Research (ASR), a non-profit social research firm.

This report describes the findings of the Human Services Needs Assessment, as well as the recommended Outcome Frameworks to address top priority needs, and a strategy for funding such needs.

1. Identify and prioritize the greatest human service needs

2. Identify effective strategies

3. Allocate non-county funding to meet those needs

4. Implement a structure for monitoring and evaluating progress

5. Show how this funding is having an impact on priority needs

Assessment Process

Assessing the Human Services Needs in Solano County

Between September 2018 and May 2019, this project gathered a variety of data to provide a holistic portrait of human service needs in Solano County.   This section describes the assessment process, in terms of the:

- Framework for assessing community wellbeing
- Specific steps of the assessment process
- Composition of the Planning Team
- Criteria to evaluate, score, and prioritize needs
- Summary visualization of the process.

Framework for Assessing Community Wellbeing

In order to take a comprehensive view of Solano County, this assessment used a **life course framework,** a series of stages from birth to end of life, with key domains in each stage. Each domain was further defined with indicators (described later in this report).

Life Stage	Domain
Children are born healthy.	Birth Outcomes
Children have optimal development.	Early Education Safe and Stable Environments
Children succeed in school and are prepared for the future.	Academic Performance Chronic Absenteeism Youth Development
Residents are productive and self-sufficient.	Employment and Income Public Assistance and Basic Needs Housing and Homelessness Veteran Wellbeing
Residents are healthy and safe.	Healthy Eating / Active Living Basic Health Care Public Safety Mental Health Substance Use
Older adults are safe, healthy, and independent.	Independent Living Safety Health

Needs Assessment Process

The assessment process took place over the course of 8 months, beginning in September 2018, and consisted of the steps below. The specific process and outcome of each step is described in this report.

1. Collected community indicator data about the status of resident wellbeing

2. Conducted Key Informant Interviews with Solano community leaders to learn about top human services needs, existing services, and gaps in services

3. Conducted a Community Survey to poll additional Solano community members

4. Applied criteria to select Priority Needs

5. Identified best practices to address the needs

6. Created a funding strategy to address the needs.

Planning Team

The Human Services Needs Assessment was overseen by a Planning Team comprised of directors from various county departments, including:

- Two County Supervisors
- County Administrator's Office
- Health and Social Services
- Child Support Services
- Resource Management
- Probation
- Solano County Library
- First 5 Solano

The Planning Team met 7 times over the span of 8 months.

Criteria to Select Priority Needs

This project used 8 criteria to sift through large amounts of data and quantify the level of urgency in each area of need assessed. The scoring for each criterion is discussed later in this report.

	Criteria	Data Source
Severity	1. Unfavorable trend	Community Indicator data
	2. Prevalence of need	Community Indicator data
Community Priority	3. Key Informant priority	Key Informant data
	4. Community Stakeholder priority	Community Stakeholder data
	5. Planning Team priority	Planning Team
Impactability	6. Can we leverage existing assets/strategies?	Key Informant data and literature review
	7. Is there political will to make a change?	Planning Team
	8. Can we show short-term progress in one year?	Planning Team

Summary of the Assessment Process

This diagram offers a visual summary of the Human Services Needs Assessment process.

Gathered Data

- Existing data reports
- Community indicators (85)
- Key informant interviews (n=43)
- Community surveys (n=870)

Applied 8 Criteria

- Trend
- Prevalence/ scale
- Community priority
- Stakeholder priority
- Planning team priority
- Opportunity for direct impact
- Political will
- Strategies to leverage

Selected Priority Needs
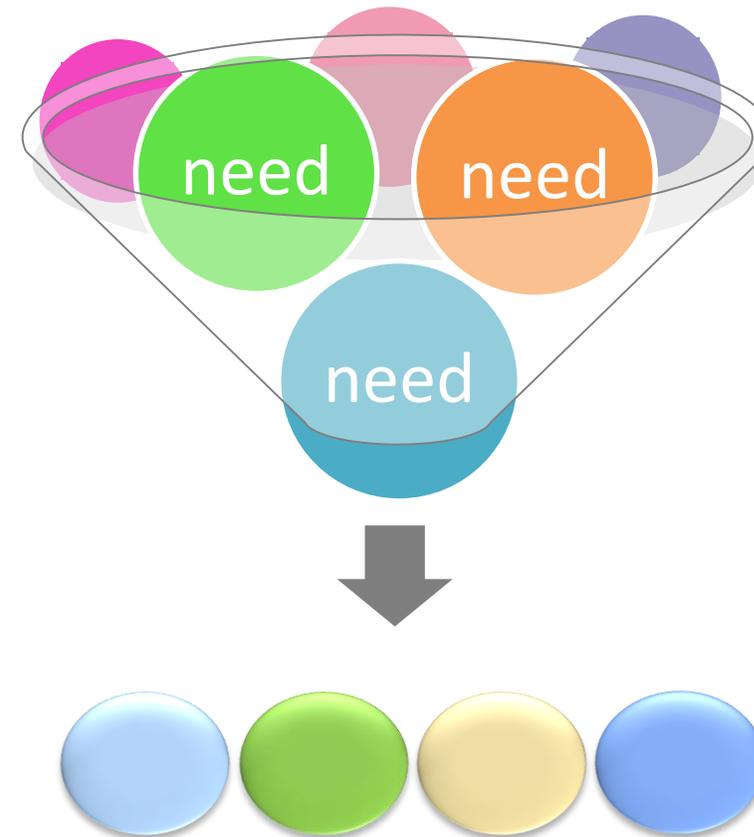
Phase 1 Findings – Community Indicator Data

Community Indicator Data

Community indicators across the life course were used to evaluate the relative health and wellbeing of residents of Solano County. A ten year span was used, where possible, and data were compared to statewide trends to give the most complete picture of how Solano County residents have been faring over time in areas of basic human services.

Where possible, community indicators were broken down by different sub-populations to determine whether some sub-populations were faring differently than the general population.

Data sources for community indicators varied, but where possible, published data sources were used to enable Solano County to continue monitoring trends over time.

The following section of this report details Solano County's community indicator trends across the life course, per specific domain.

Children Are Born Healthy: Birth Outcomes

Percent of Children with Birth Risk Factors, by Race/Ethnicity 2016

Race/Ethnicity	No Timely Prenatal Care	Preterm	Low Birth Weight
Black	18.8%	9.9%	8.6%
White	14.9%	7.3%	5.4%
Hispanic/Latino	20.5%	8.7%	6.4%
Asian/PI	15.9%	10.3%	8.3%

Legend: No Timely Prenatal Care, Preterm, Low Birth Weight
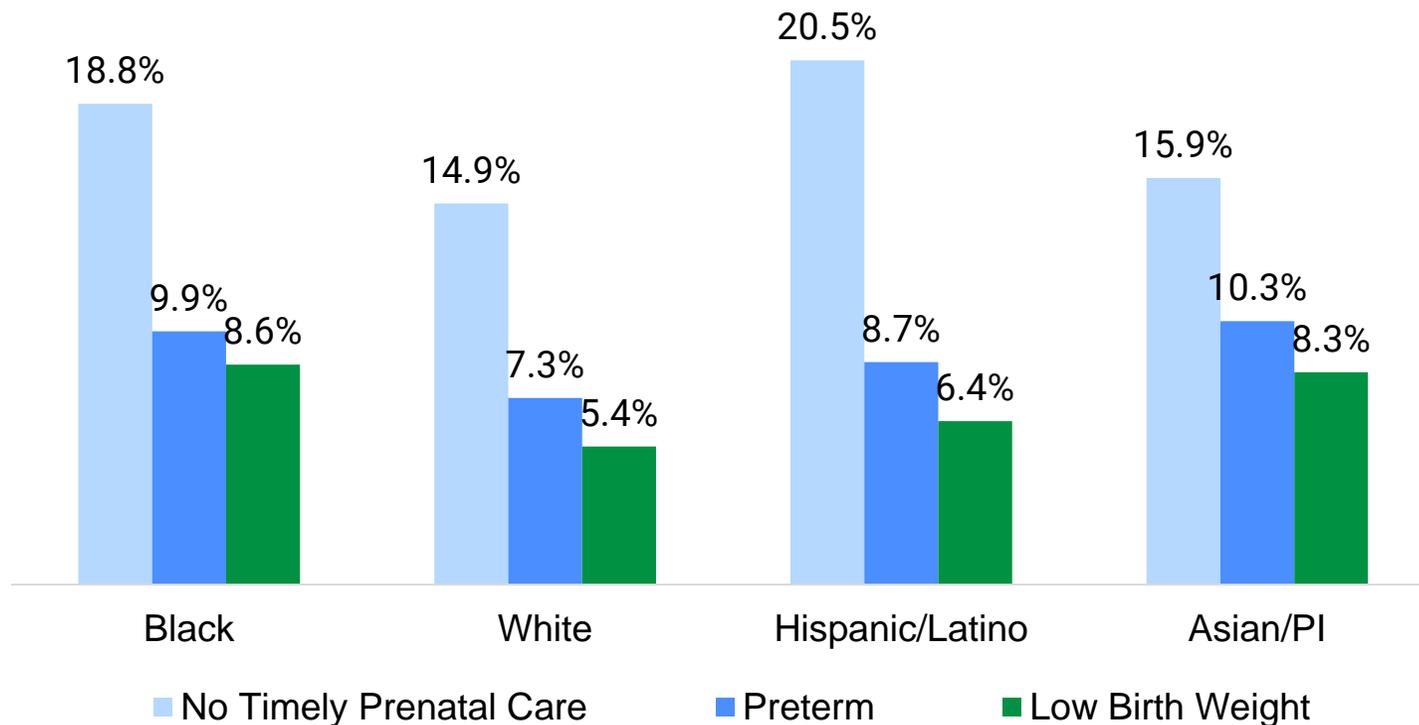
In Solano County, while birth outcomes improved through a decline in babies born with low birth weight, there are still disparities found among sub-populations, indicating disproportionate access to essential prenatal education and support.

Children Have Optimal Development: Early Education

Percent of Children 0-12 with Working Parents for Whom Licensed Care or TK is Available
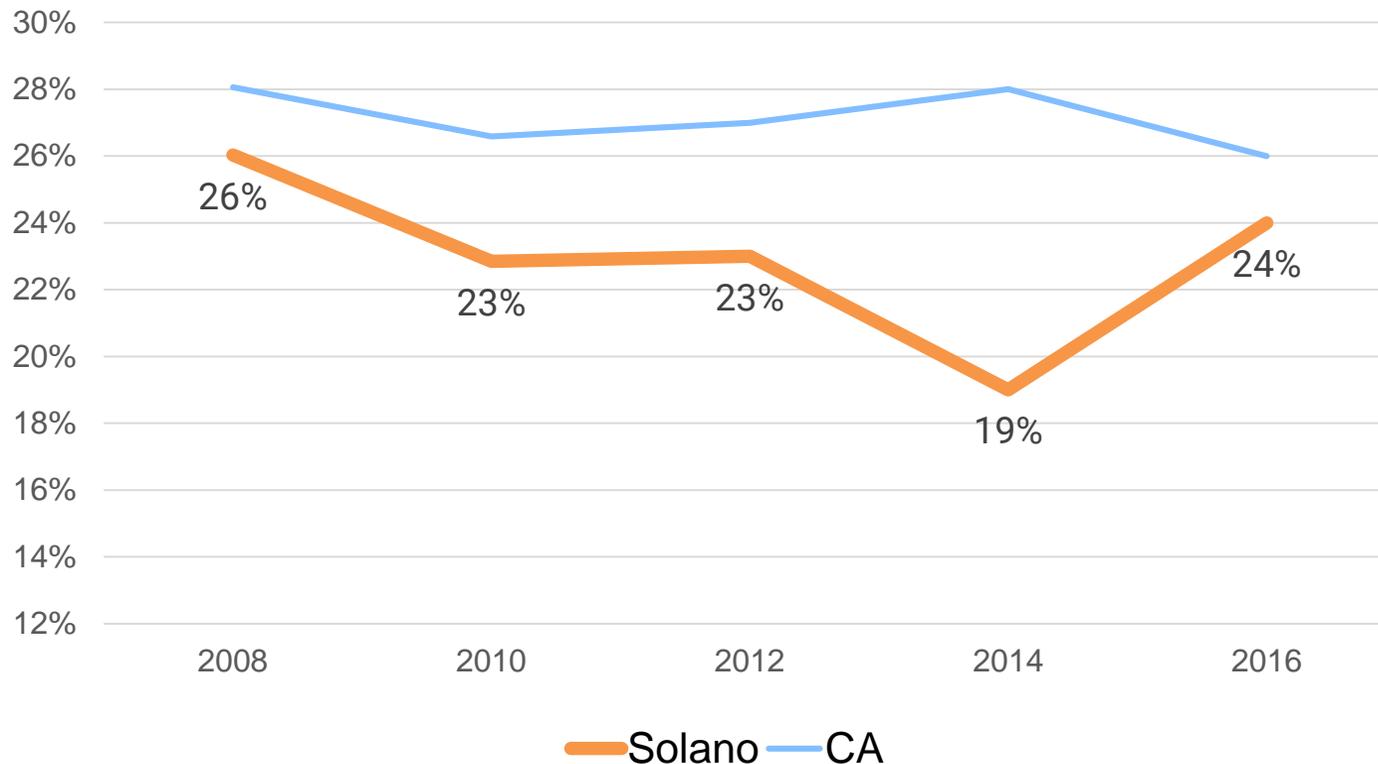
Access to quality learning opportunities outside the home is lacking for Solano County children, potentially impacting children's academic and social trajectories.

Additionally, the prevalence of special needs has been increasing in recent years.

35,932
children who need care can't get it

Sources: California Resource and Referral Network Child Care Portfolios; U.S. Census American Community Survey.

Children Have Optimal Development:
Safe and Stable Environments for Children (ACEs)

Percent of Adults Experiencing ACEs as Child
**(2008-2013)**
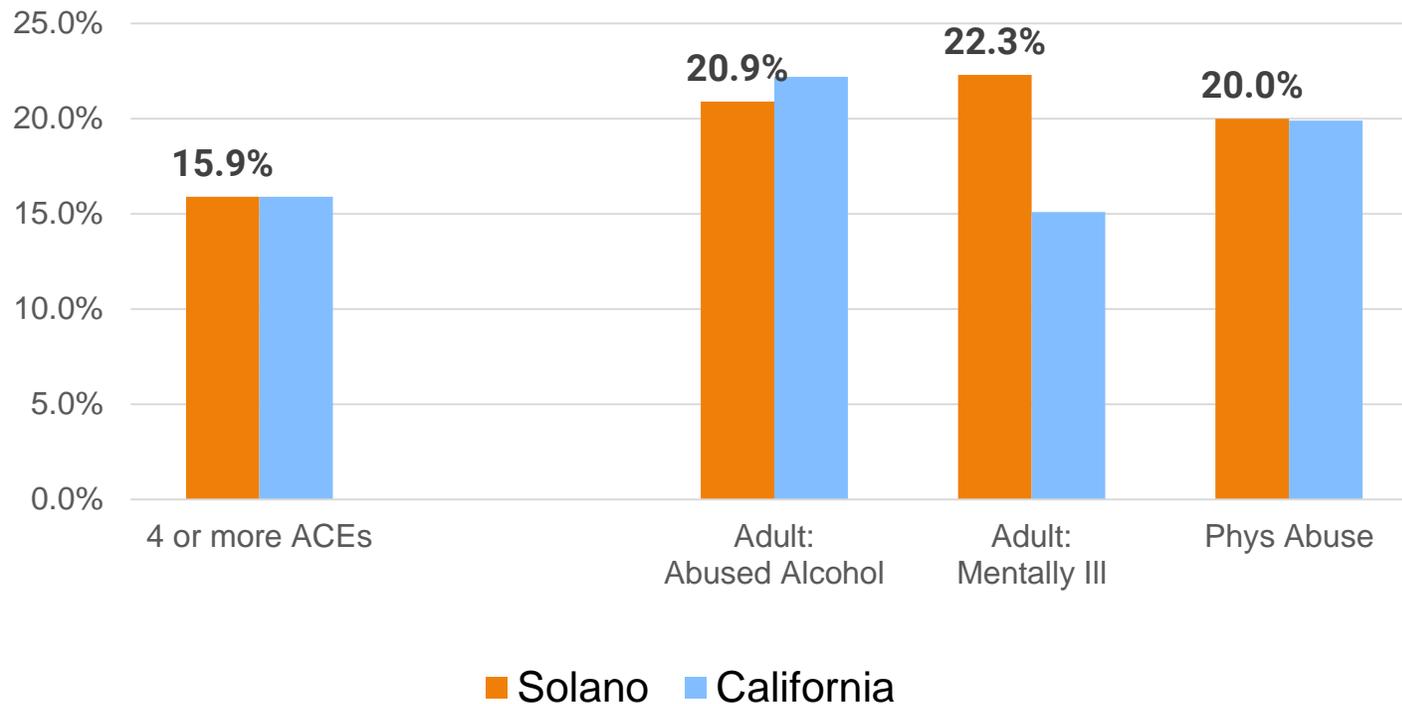
In Solano County, there is a higher prevalence of adverse childhood experiences (ACEs) than the statewide average. Additionally, the percentage of school-aged homeless children in Solano County is increasing, and children of color are more likely to experience child maltreatment and abuse.

■ Solano ■ California

Source: California Department of Education.

Children Succeed in School and Are Prepared for the Future: Academic Performance

Eighth Grade Students Meeting or Exceeding Standards in English/Language Arts, 2014-2018

| Ethnicity	Value
Asian	68%
Filipino	65%
Caucasian	55%
Pacific Islander	52%
Native American	41%
Hispanic or Latino	34%
African American	25%
Solano	44%

Legend: ■ 2014-15 ■ 2015-16 ■ 2016-17 ■ 2017-18
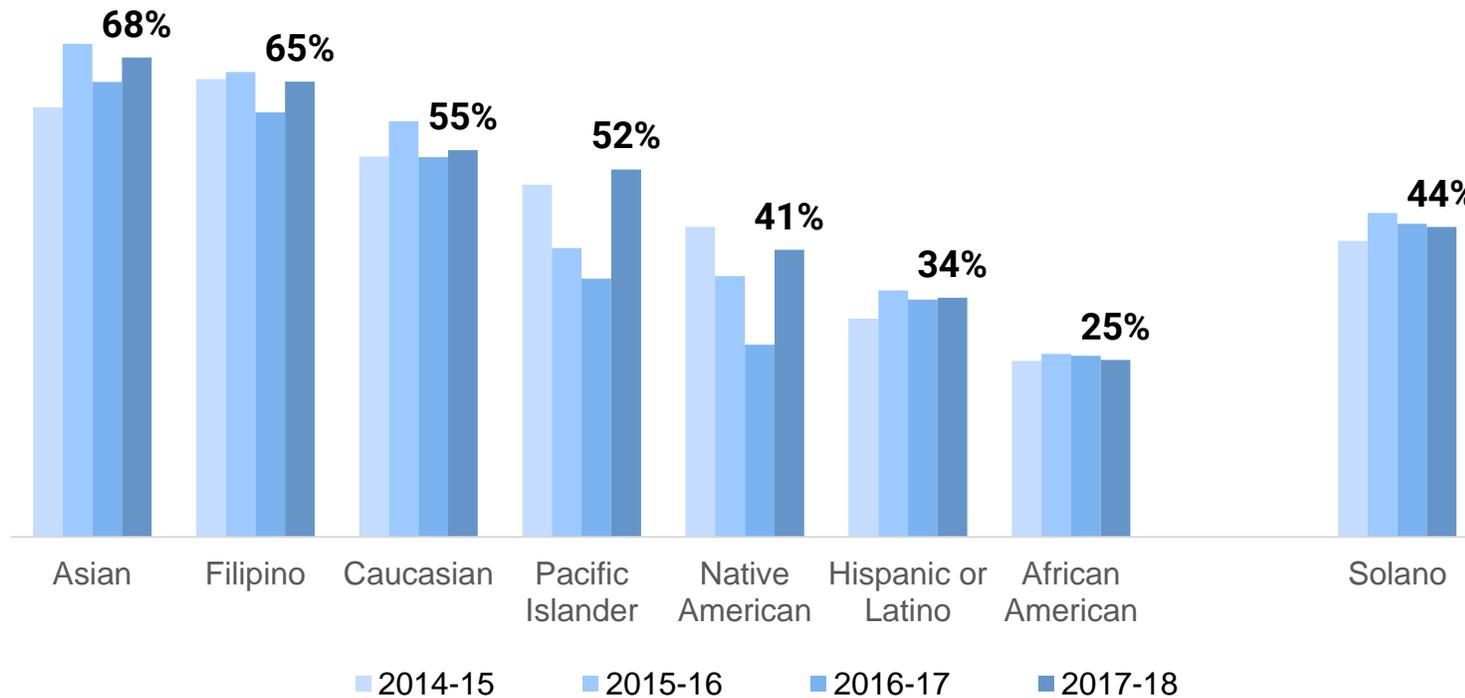
In Solano County, academic performance measures are concerning due to the large ethnic disparities that persist among 3rd grade and 8th grade reading proficiency.

Children Succeed in School and Are Prepared for the Future:
Chronic Absenteeism and Suspensions

Chronic Absence Rate, Seventh Through Eighth Grade 2017-18

| Category	Rate
African American/Black	24.0%
Pacific Islander	20.0%
Hispanic	15.1%
Native American	15.1%
Caucasian	10.8%
Filipino	5.9%
Asian	5.0%
Solano	13.9%
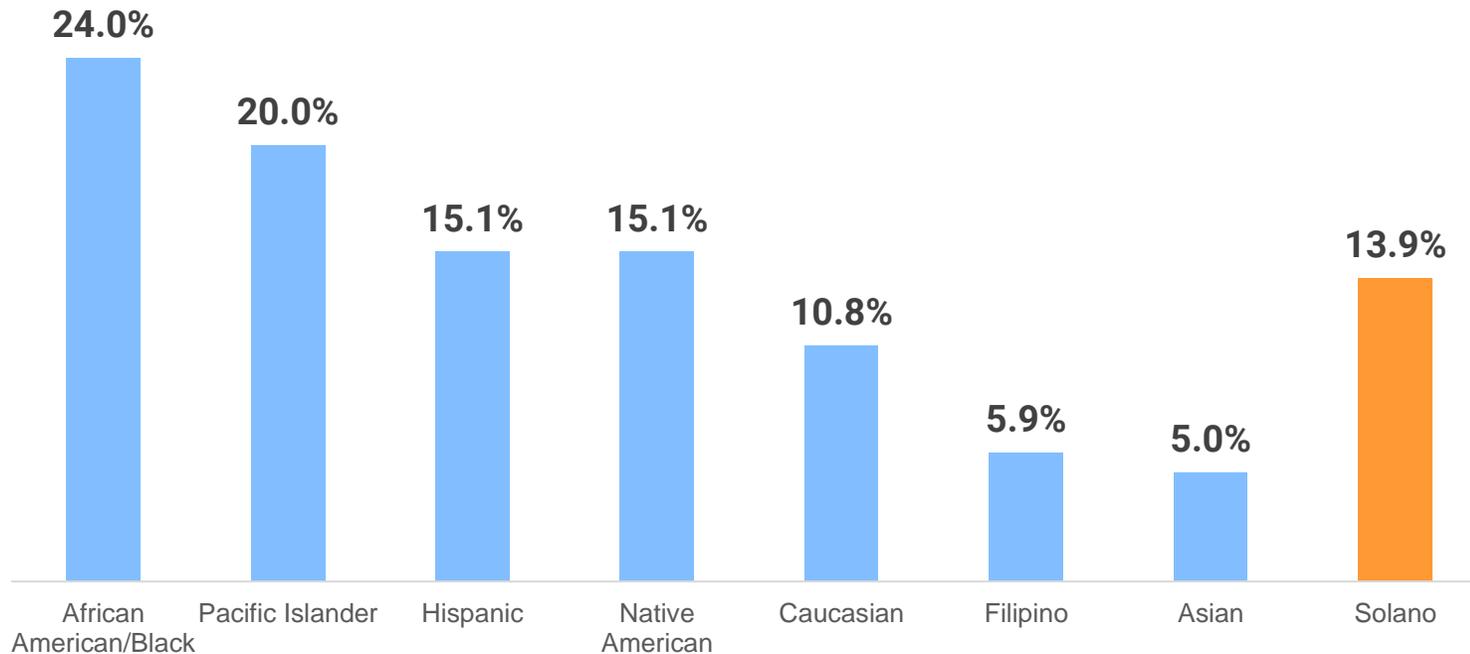
Similar to trends in academic performance, there are persistent ethnic disparities in rates of chronic absenteeism in Solano County. Across Solano County, African American/Black students in 7th-8th grade are almost twice as likely to be chronically absent than the overall County average.

1,390
7th-8th grade were chronically absent

Children Succeed in School and Are Prepared for the Future: Youth Development

Juvenile Misdemeanor Arrest Rates, per 1000 Youth

Line chart showing juvenile misdemeanor arrest rates per 1000 youth from 2008 to 2016. Y-axis ranges from 0 to 80. Lines: African American/Black (ending at 24.2), Caucasian (8.2), Hispanic (7.8), Solano (8.1).

Legend: African American/Black — Caucasian — Hispanic — Solano
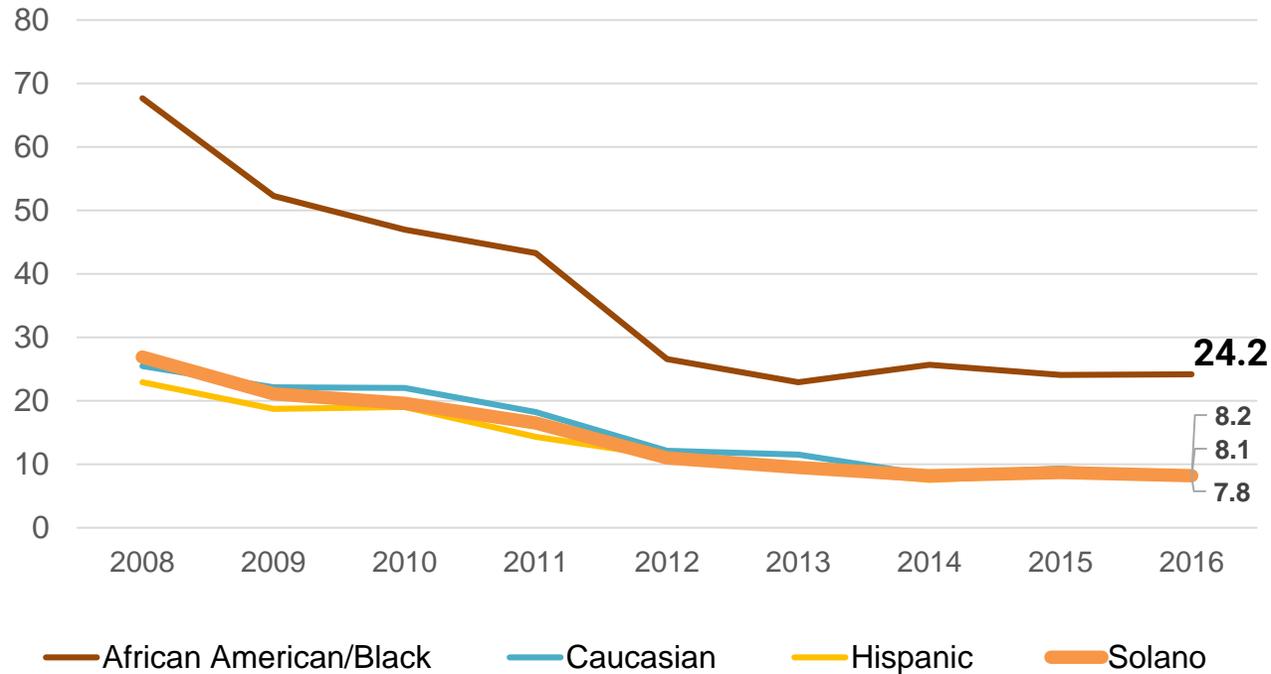
Juvenile felony and misdemeanor arrest rates have declined over time, but persistent ethnic disparities remain.

Similar to academic performance and chronic absenteeism, ethnic disparities are also present in 4 year graduation rates.

In addition, the percentage of youth ages 16-24 who are not in school and not employed is higher than the statewide average, indicating these youth are more likely to have poorer outcomes later in life.

Residents are Productive and Self Sufficient:
Employment and Income

Overall Unemployment Rate

Legend: **Solano** — African American/Black — Asian — Hispanic — Caucasian

Chart values labeled: 6.70% (2008 Solano), 13.60% (2017 African American/Black), 6.70% (2017 Solano)
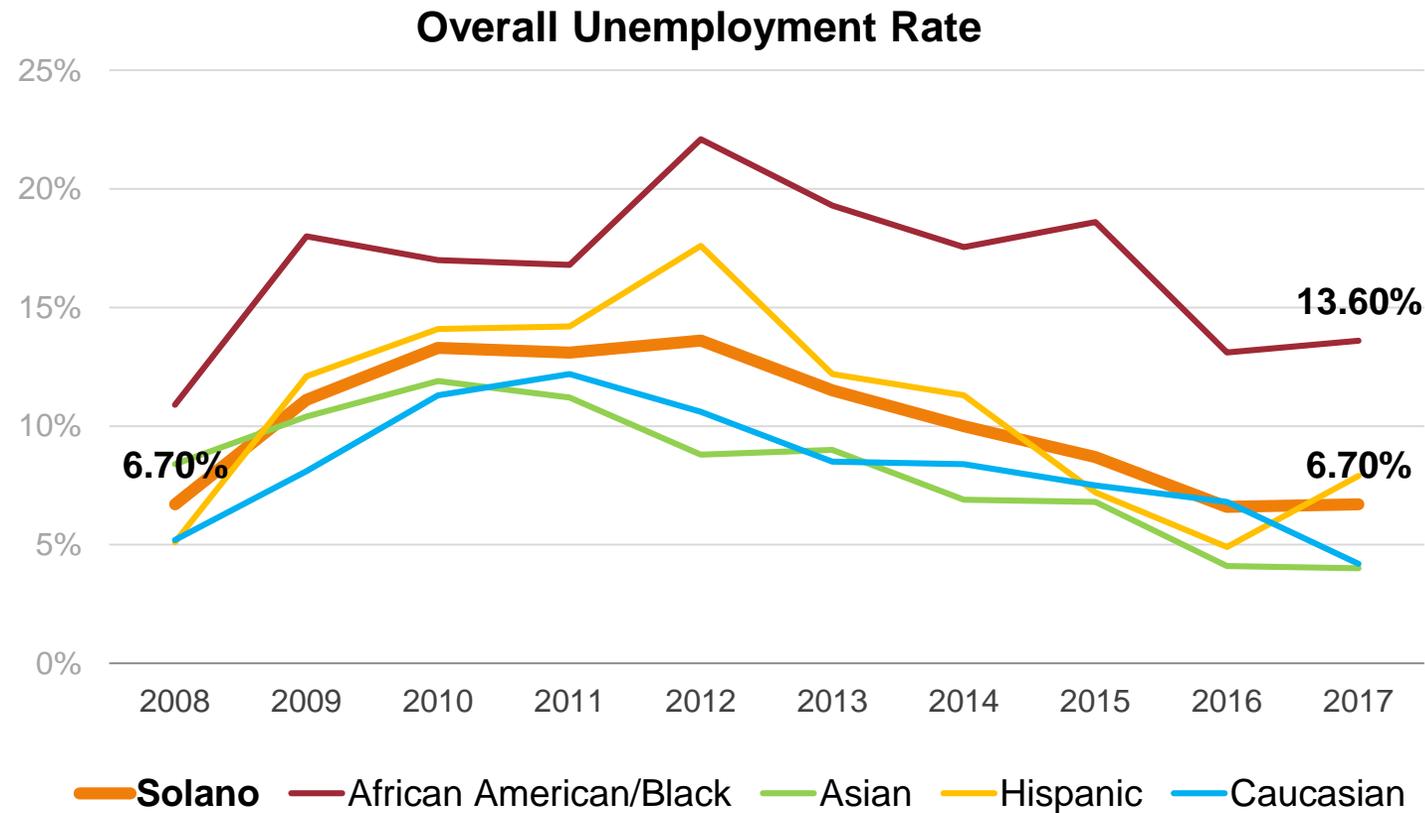
About 60% of Solano County residents commute out of county for work. Amongst residents that work in the county, there are stubborn ethnic disparities in the unemployment rate.

Source: Bureau of Labor Statistics.
Note: Figures represent annual averages, not seasonally adjusted

22

Residents are Productive and Self Sufficient:
Public Assistance and Basic Needs

Percent of Population on Public Assistance

15.2%

27.8%

| 40% |
| 35% |
| 30% |
| 25% |
| 20% |
| 15% |
| 10% |
| 5% |

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017
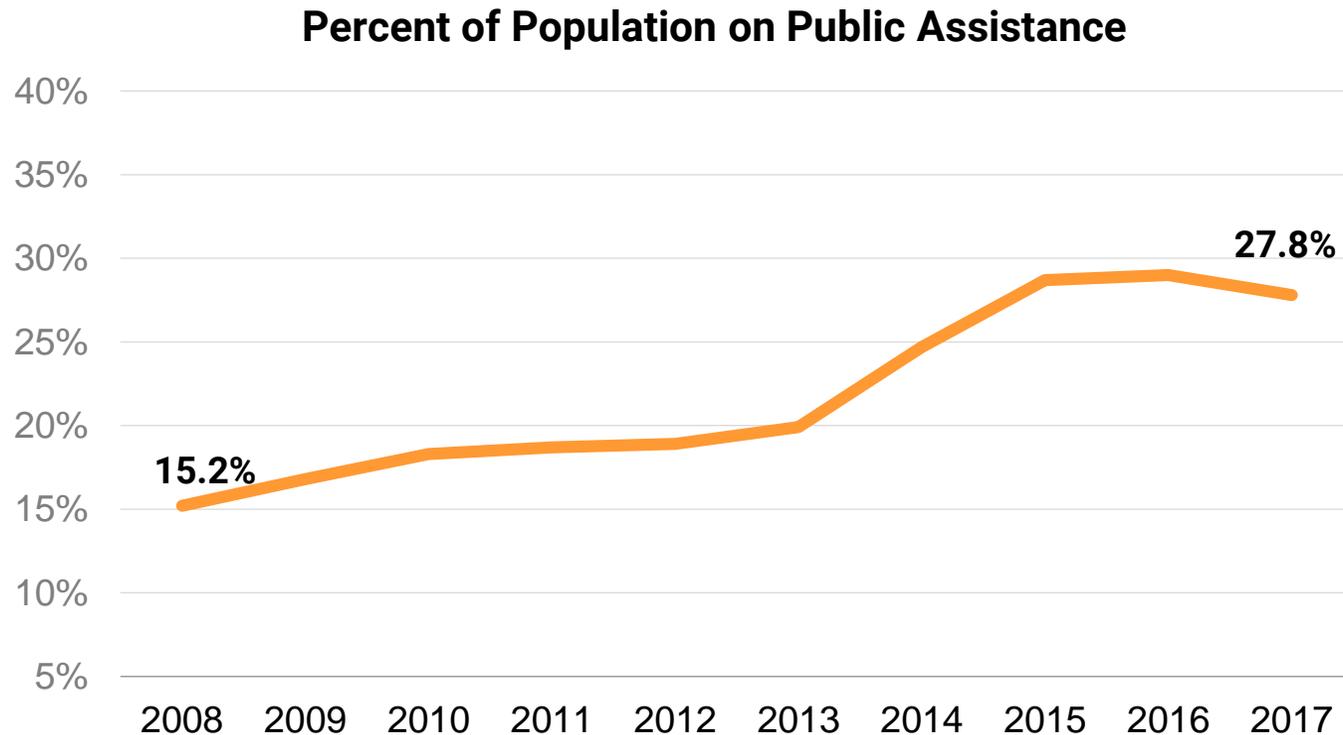
In Solano County, reliance on public assistance has been increasing, although the recent increases are a result of more individuals being eligible for Medi-Cal. There are also increasing ethnic disparities in the numbers of individuals receiving SSI.

121,411
Solano individuals receive public assistance

Source: Solano County Health & Social Services.

23

Residents are Productive and Self Sufficient:
Housing and Homelessness

Percent of Households Spending 30% or More on Housing, by Income Level

Less than $20,000
- 89.5%
- 88.8%

$20,000 to $34,999
- 78.0%
- 78.0%

$35,000 to $49,999
- 63.4%
- 61.8%

$50,000 to $74,999
- 46.6%
- 43.4%

$75,000 or more
- 11.2%
- 15.5%

■ SOLANO COUNTY
■ CALIFORNIA
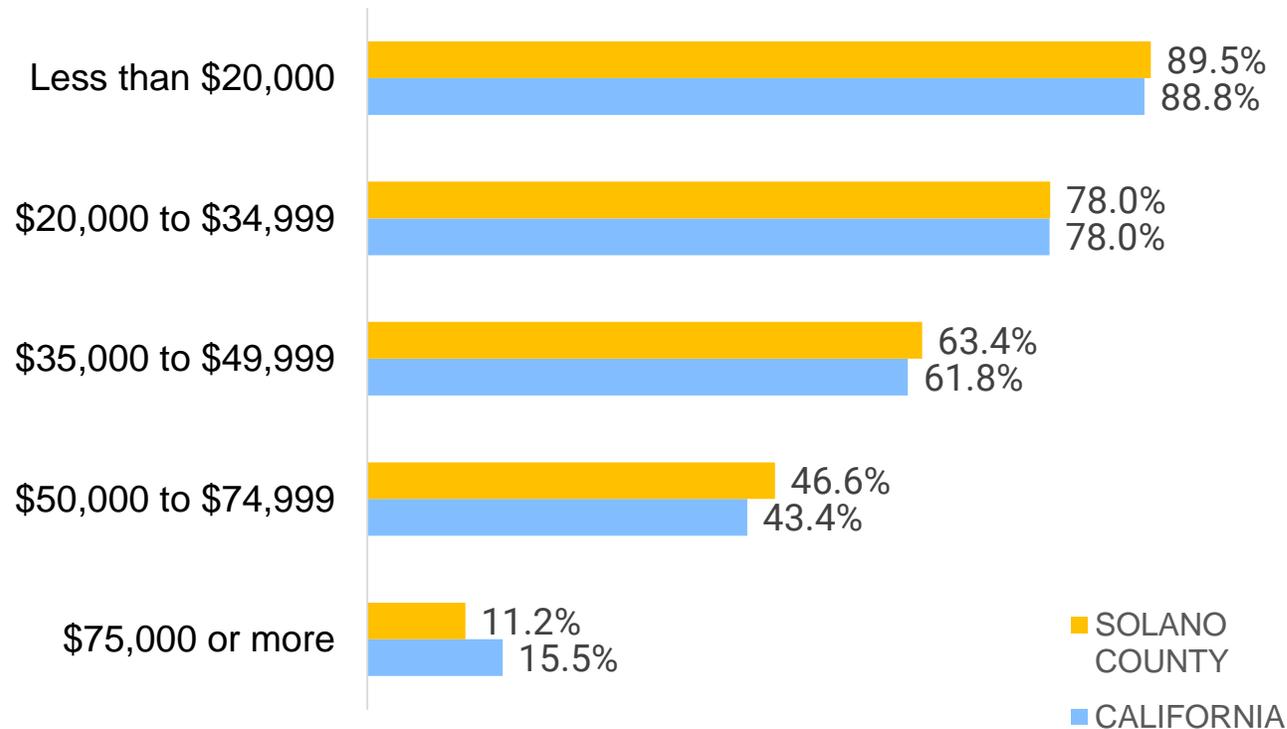
Source: U.S. Census Bureau.

In Solano County, lower-income households are greatly affected by the cost of housing. The high housing cost burden is contributing to the increasing number of individuals who are homeless, from 1,082 in 2015 to 1,232 in 2017.

57,748
Solano households
lack affordable housing

Less than $20,000: 15,000 households
$20,000 to $34,999: 13,038 households
$35,000 to $49,999: 10,326 households
$50,000 to $74,999: 11,860 households
$75,000 or more: 7,524 households

Residents are Productive and Self Sufficient:
Veteran Wellbeing

15,234

Number of veterans seeking assistance

in 2017

Source: Veterans Services, Solano County.

Residents are Healthy and Safe: Healthy Eating & Active Living

Percent of Adults who are Obese
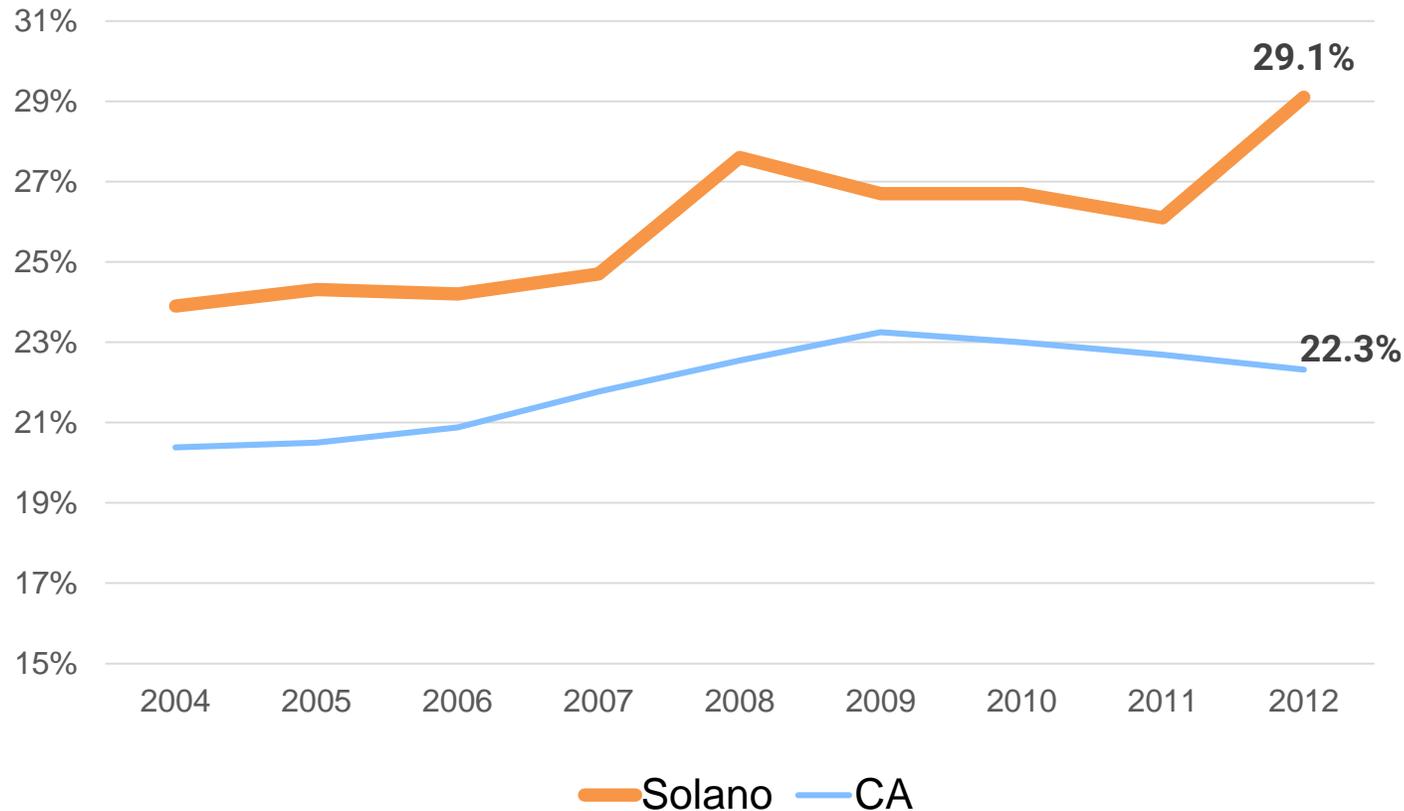
Solano — CA

The overall health of Solano residents is concerning due to worsening rates of adult obesity and diabetes.

Data also revealed marked ethnic disparities in the percentage of seventh grade students who are overweight/ obese.

Residents are Healthy and Safe: Basic Health Care

Rate of Emergency Room Hospitalizations per 100,000 Population

Chart legend:
- African American/Black
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian
- Solano

Data labels: 16485.6, 9530.8, 3694.0

X-axis: 2008, 2009, 2010, 2011, 2012, 2013, 2014
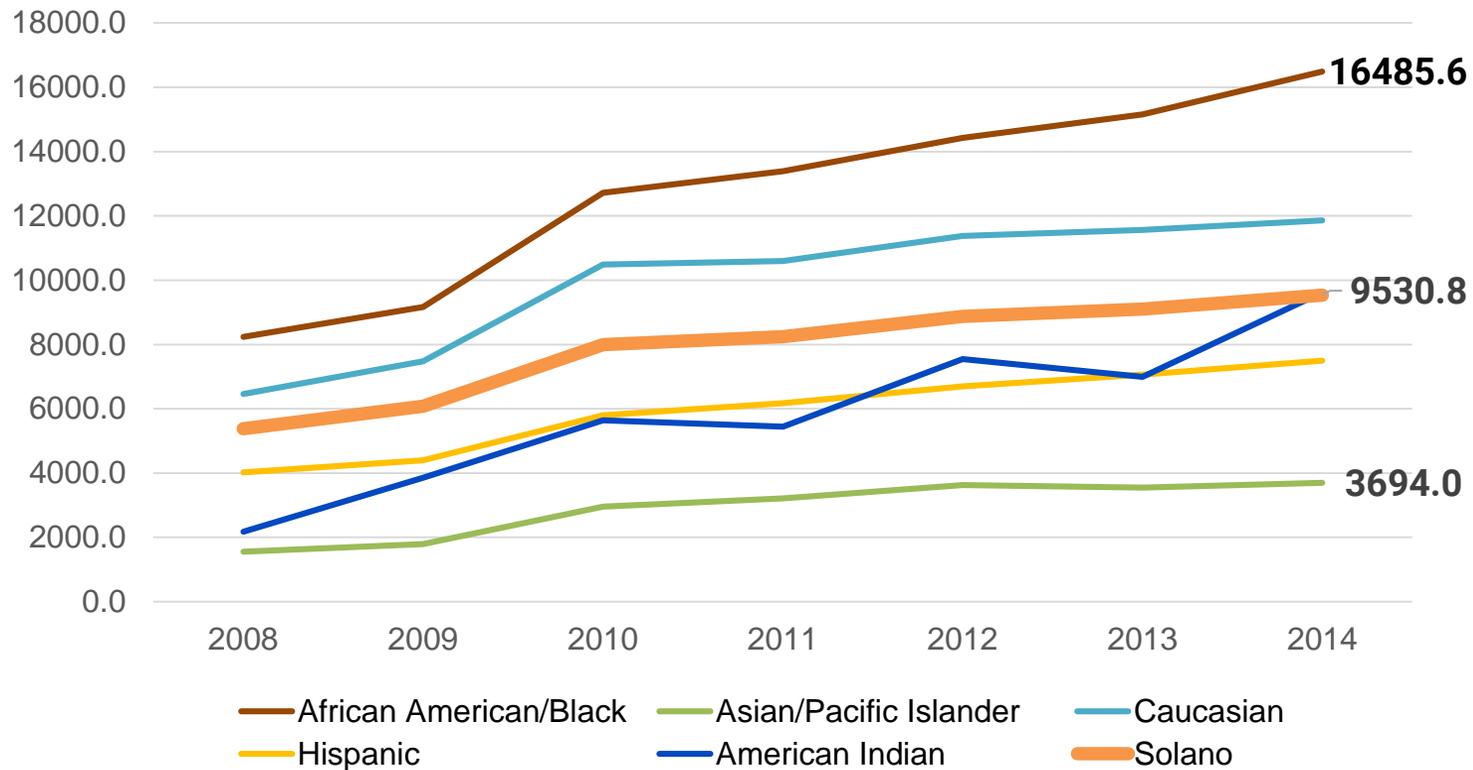
Despite near-universal health coverage, in Solano County, the rate of visits to the emergency room is steadily increasing, and there are marked differences between ethnic groups.

40,553
people visited the ER in 2014

Residents are Healthy and Safe: Public Safety

Adult Misdemeanor Arrest Rate per 1,000 population
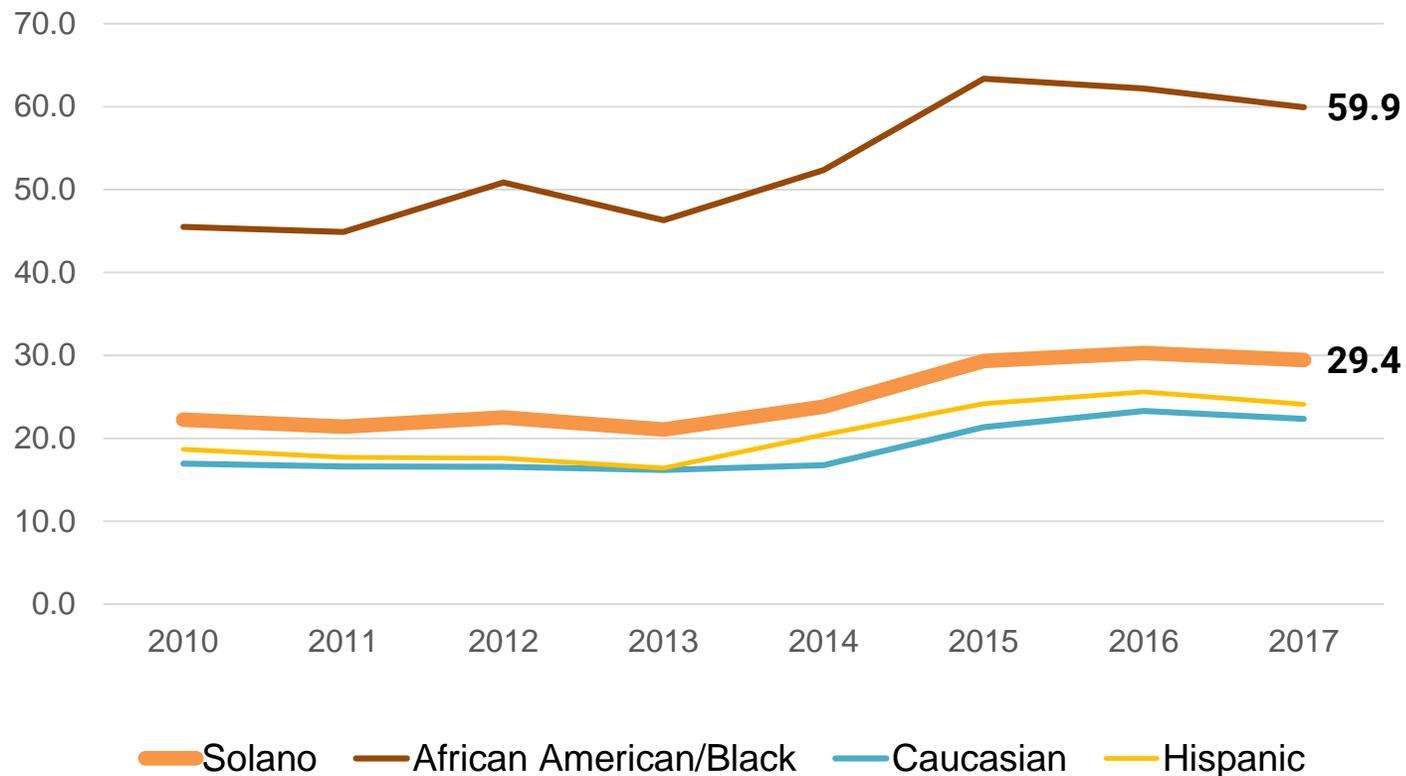
In Solano County, misdemeanor arrest rates have been steady for many years, but have been rising in recent years. The misdemeanor crime rate amongst African Americans is twice as high as the county average.   The number of calls to law enforcement involving domestic violence has also increased.

Residents are Healthy and Safe: Substance Abuse

Rate of ED Visits for Opioid Overdose, per 100,000 population

47 visits for other opioid overdose

42 visits for heroin overdose

Heroin — Excluding Heroin
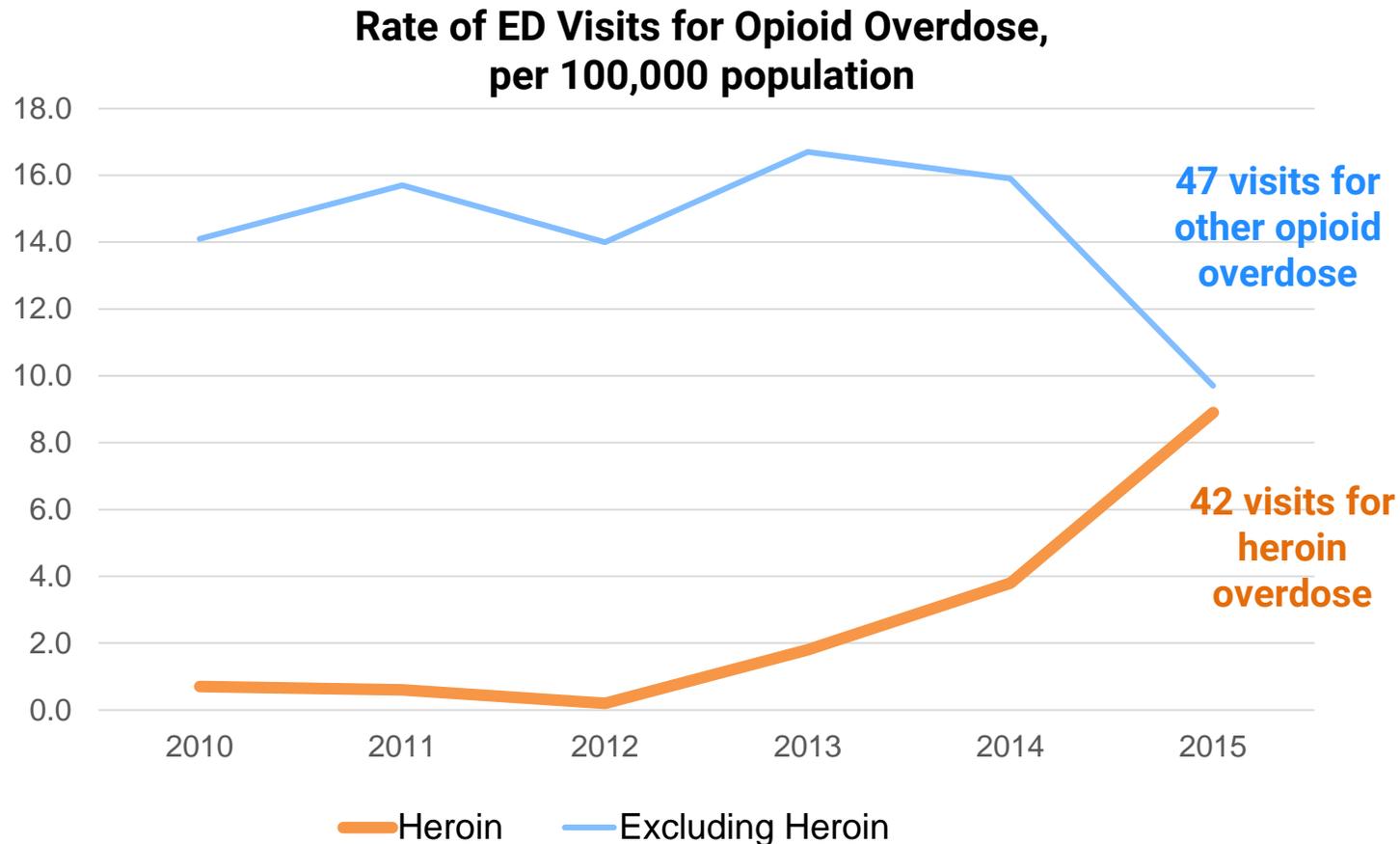
While the rate of emergency room visits for non-heroin opioid overdoses have been decreasing, visits for heroin overdoses have been steadily increasing.

Source: Solano Public Health: *Solano County Opiates, 2017.*

Residents are Healthy and Safe: Mental Health

Percent of Mothers Suffering from Prenatal or Postpartum Depression, 2013-14

Prenatal depression: 16.2%
Postpartum depression: 16.4%
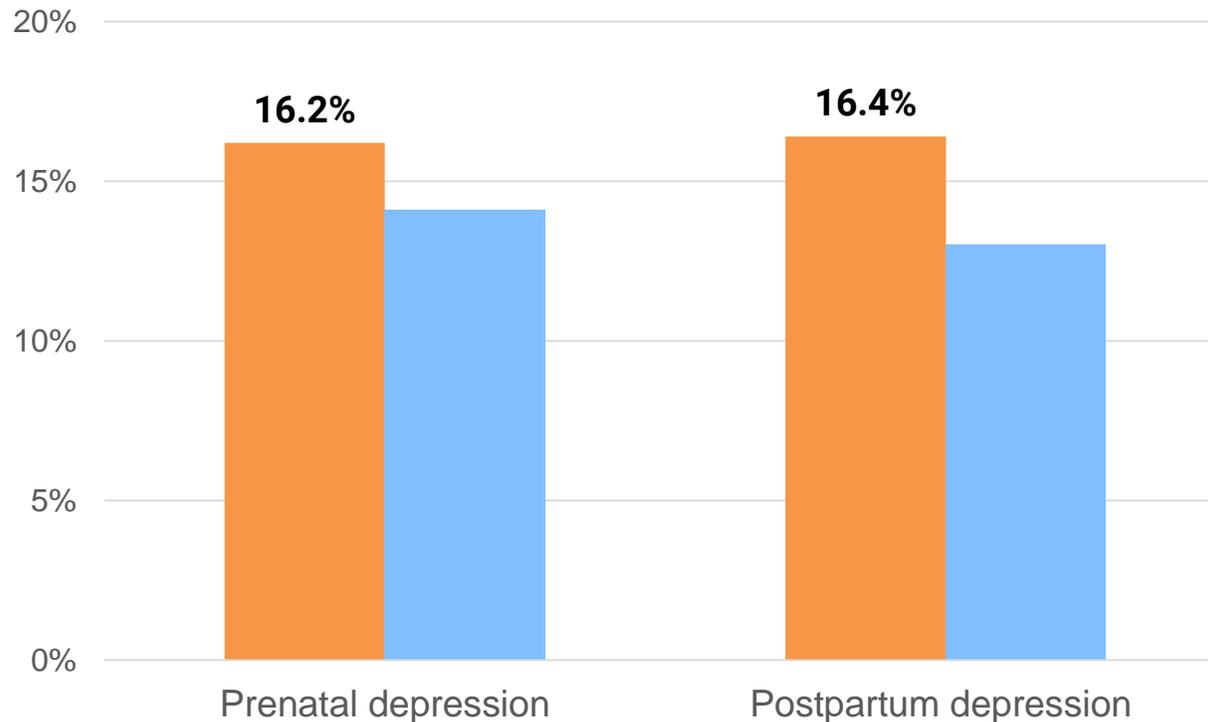
Source: MIHA Data Snapshot, Solano County, 2013-2014

In terms of mental health, Solano residents are more likely than the state average to report emotional/mental health problems or use of alcohol/drugs in the last month.

Additionally, the percentage of mothers suffering from maternal depression is higher than the state average.

58,000
or 20% of Solano residents needed help for emotional/ mental health or alcohol/drug problems

Older Adults are Healthy, Safe, and Independent:
Independent Living

Percent of Older Adults Living in Poverty

Solano California
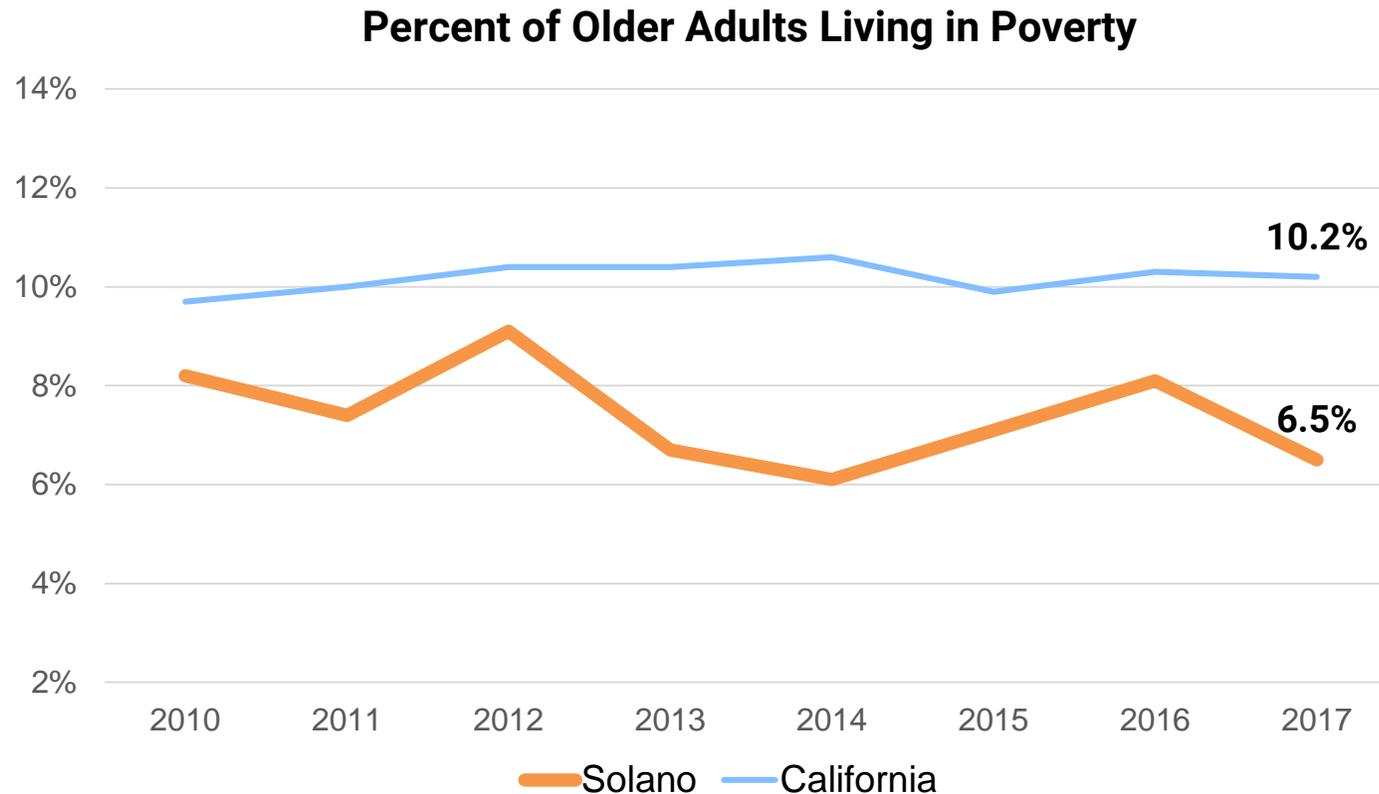
The overall health, safety, and independence of Solano County's older adults are compromised when they are living in poverty; while the percentage of older adults living in poverty is lower than the statewide average, it is largely unchanged since 2010.

4,374
older adults are living in poverty

Source: U.S. Census Bureau.

Older Adults are Healthy, Safe, and Independent: Health

Leading Causes of Death: Rate per 100,000 population

Cause	Solano
All Cancers	162.8
Heart Disease	65.2
Stroke	43.5
Alzheimer's	42.6
Chronic Lower Respiratory Disease	37.2
Accidents	36.1
Lung Cancer	34.5
Diabetes	29.0
Prostate Cancer	25.1
Female Breast Cancer	22.8
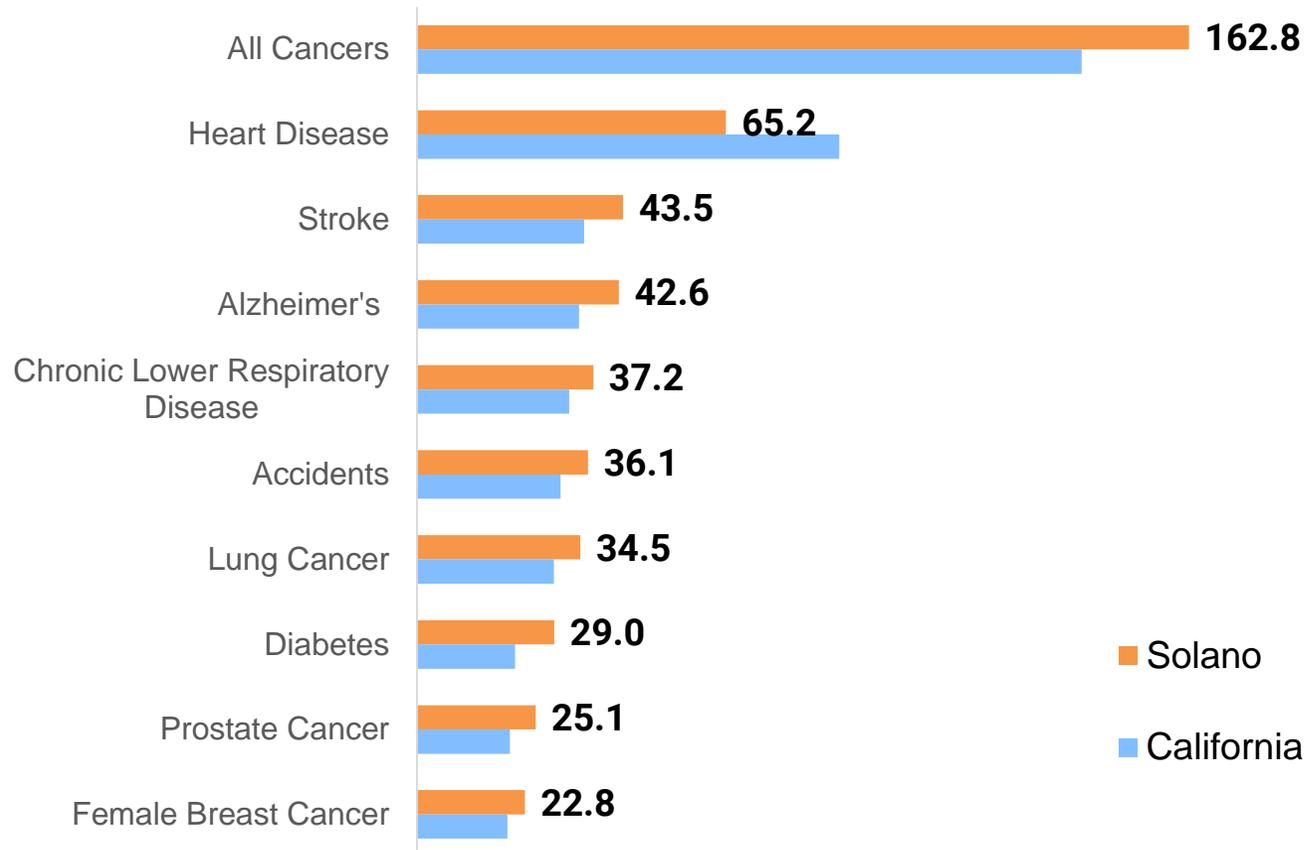
■ Solano
■ California

Overall, Solano County's older adults have poorer mortality rates than the statewide average. For instance, Solano residents are more likely to die of various cancers, stroke, Alzheimer's, respiratory disease, accidents, and diabetes.

Phase 2 Findings -
Key Informant Interviews

Interview Process

To ensure that the Human Services Needs Assessment gathered an accurate, holistic portrait of Solano County's existing service needs, gaps, and resources, key informant interviews (KIIs) were conducted with county leaders, who represented a broad spectrum of social, health, education, housing, and public safety services. A total of 43 respondents were reached through 31 interviews, representing the following sectors and perspectives:

- Board of Supervisors (n = 4)
- County Department heads (n = 4)
- City Managers (n = 5)
- Fire Chiefs (n = 3)
- Police Chief/Commanders (n = 5)
- District Superintendent/Superintendents (n = 7)
- Nonprofit Leaders (n = 6)
- Others: one mayor, behavioral health and housing experts, a non-county government agency, County Administrator's Office (n = 9)

Primary Interview Questions

Interviews lasted approximately one hour each, and were structured to capture both "top of mind" priorities as well as specific input per life stage and domain:

"Top of mind" priorities	"What are the top 3 human services needs or gaps affecting the wellbeing of Solano residents?"
Probed per domain	"In each of these domains, what are the major service needs or gaps? What strategies or resources could we leverage to do better?"
Recap	"Now that we have reviewed each life stage, is there anything you would add to the top 3 needs you stated initially?"

Top Needs in Solano County

At the beginning of their interview, respondents were asked an open-ended "top of mind" question about what they felt were the most pressing unmet service needs in the county; **mental health** was cited by 26 respondents.

Need	Count
Mental Health	26
Housing	16
Homelessness	15
Employment and Income	14
Substance Abuse	11
Public Assistance & Basic Needs	6
Youth Development	5
Early Education	4
Basic Health Care	4
Independent Living for seniors	4
Public Safety	2
Chronic Absenteeism	1
Academic Performance	1
Birth Outcomes	1
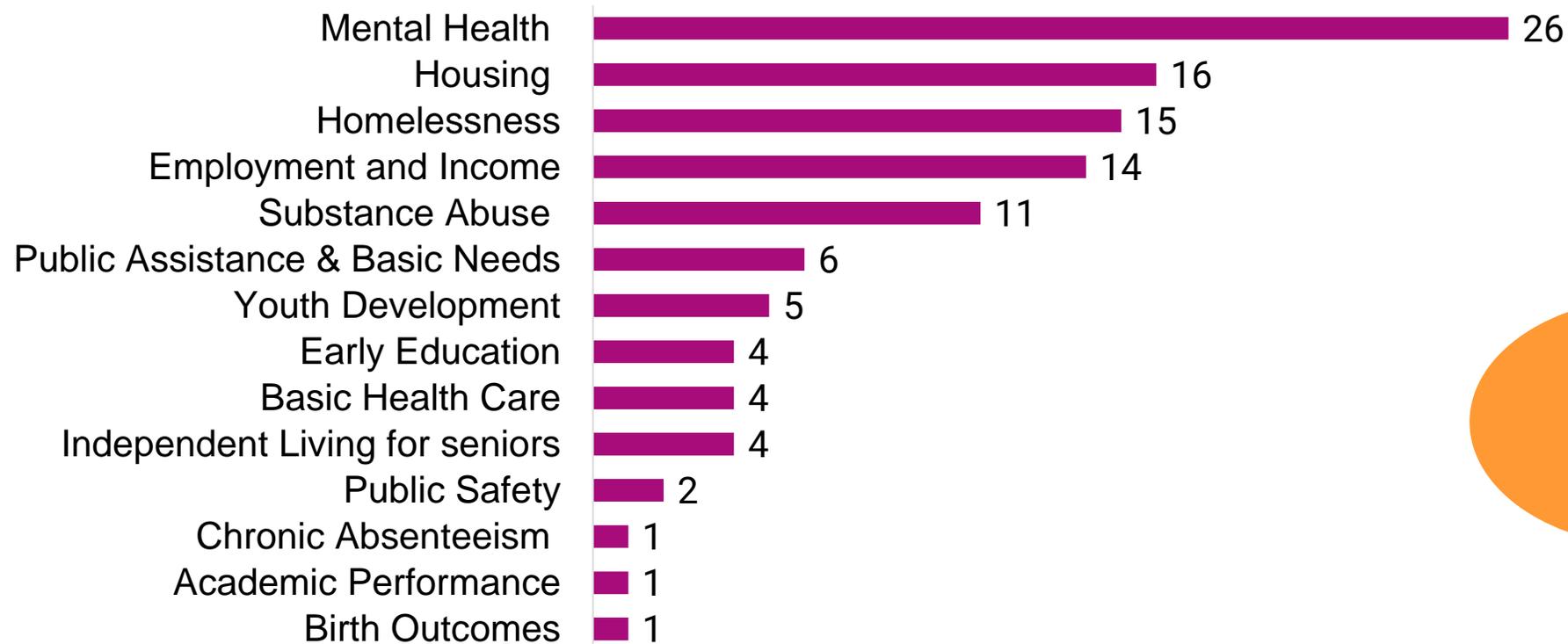
Out of **43** respondents

Key Informants: Needs per Domain

The following section presents the needs and service gaps within each domain across the life stages assessed. At the top right of each page, the orange bubble indicates the number of respondents who mentioned the domain as one of their "top of mind" priorities.

XX
respondents listed as
"Top Need"

Secondly, within each domain, common themes related to gaps and needs are highlighted, followed by the number of respondents citing the particular theme.

Example of a service need or gap – Cited by XX respondents

Mental Health: Service Gaps

- More mental health resources – Cited by 20 respondents
  - Need more mental health resources at schools (6)
    - "There has been an explosion of student and family mental health needs over my (decades long) year career."
    - Need a protocol of what resources to provide for early intervention versus more serious needs
    - Some schools have resources: Beacon for Medi-Cal funded MH, interns from nearby colleges, Wellness Centers
  - Need more clinicians (5)
  - Need more crisis beds: "Our Crisis Unit has 19 beds total and it's only for a 24 hour period, so we're always diverting to ERs and hospitals who aren't equipped to address these patients long-term"
  - "County Mental Health needs full funding to serve those with moderate to severe mental health needs"
  - Mobile crisis teams are a top need (5). "Teachers, police, and fire department staff "are not trained as mental health experts… there is no place where we can refer these people in crisis, and they fall through the cracks"
  - Need better support for mentally ill who are homeless (4). "They are a not a homeless person with MH; they are mentally ill person who is now homeless"
- Need to define and coordinate the county's continuum of care - 10
  - Better assessment, diagnosis and intervention (3)
  - "The court system isn't designed to address someone with both mental health and substance abuse needs… Each department can't decide who should handle it… then the person falls out of the system"
  - Need case management to connect directly to resources, especially in communities of color

Housing: Service Gaps

- Lack of affordable housing supply– 23
  - Housing stock being taken up by workers who commute to higher paying Bay Area jobs
  - Significant barriers are cited for building new affordable housing (8). "Few new developments, and those that are built are market rate. "Developers favor single family homes over affordable housing developments." "Cities need to take inventory of affordable housing stock in order to address needs." However, "NIMBYism is happening in areas where housing could be built."
  - Section 8 voucher wait list (8): there is a shortage of homeowners who will accept Section 8 vouchers, and there is no incentive for them to do so; would-be renters could use guidance on how to be a reliable tenant
- Lack of supportive housing - 5
  - "There's not enough subsidized housing for the 3,500 mentally ill population… who are hospitalized and then released… 65 slots for supportive housing isn't enough"
- Other:
  - Need emergency rental assistance (3): "High cost of living with low wages mean people are one paycheck away from homelessness"
  - Creative housing solutions, such as tiny houses, shared housing (3)

Homelessness: Service Gaps

- Need to clarify and expand the Countywide System of Care - 5
    - Clear inventory resources of each stage (at risk of becoming homeless, already homeless, needing shelter, transitional housing, permanent supportive housing)
    - "We need a cohesive strategy at the county level that provides a one-stop shop of resources." "One person to call who will bring their team"
    - "Need mobile MH Crisis Team needed to intervene with chronically homeless."
    - "Law Enforcement resources are being taken up; inefficient use of resources"
    - "Our system is underdeveloped given the magnitude of the issue"
- Need more shelter and re-housing options
    - Lack of beds (8): especially for single men, couples, people with pets ("less restrictive eligibility")
    - Lack of transitional housing (4): "Transitional housing needs to be more robust"
    - NIMBYism (Not In My BackYard): "Everyone agrees we need to do something about the homeless, but no one wants it addressed in their neighborhood"

Employment and Income: Service Gaps

- Need more jobs that pay a livable wage in Solano - 20

    • Need to bring more well-paying jobs into Solano County

- Need to boost the skills of local workers; more vocational training for gainful employment - 14

    • Increase employability with job readiness skills: some people have "difficult time retaining employment" due to lack of "soft" skills

    • Help people identify vocational pathways: Young people, CalWORKs, re-entry

    • "If you are 30 and all you are qualified for is working at McDonalds, how can you meet your family's needs?"

    • There is a "mismatch of jobs present vs. skills available (employer needs a welder which requires 1 year training certification, but can't fill the position)"

    • In terms of the future, "businesses won't come if we have a low-educated workforce!"

Substance Abuse: Service Gaps

11
respondents listed as
"Top Need"

- Need more outpatient and inpatient services - 9
  - Expand contracts with current (and additional) private health providers
  - For children and adults there is "only one detox center in Solano County"
- Need more community recovery groups -2
  - "There's a shortage of everything… there's not even a local AA chapter in our city and residents don't have transportation to get to another city"

Birth Outcomes: Service Gaps

- More parent education about importance of prenatal care/prenatal health - 9
  - "Parents don't understand how what they put into their bodies affects their unborn child"
  - "Pregnant mothers make nutritional choices that are inexpensive but not healthy, which impacts their health as well as that of their babies' birth outcomes"
- Need better access to prenatal care – 8
  - Some pregnant women face transportation barriers, and are unaware that transportation can be covered by Medi-Cal
- Need behavioral health treatment services for pregnant mothers - 4
  - Need screening by OBGYNs if substances being used, followed by appropriate education and referrals about the dangers of substances on health of the fetus
  - Issues persist with babies born exposed to substances ("PosTox")
- Populations with unhealthy birth outcomes:
  - Homeless/transient
  - Teens, socially those in Foster Care
  - People of color
  - Poverty: "Poverty challenges the ability to promote healthy habits."

Early Education: Service Gaps

- Need to increase supply of affordable, quality preschools - 18
  - Because of the lack of supply, lower income parents have to go long distances to access to the care that is available. "Transportation is needed in Vallejo and Fairfield – inadequate bus routes take hours and make it difficult to get to child care, and cuts into time and resources spent caring for children in other ways"
  - "There's a lot of shift work but there's not a lot of options for after hours care"
  - "Rio Vista has no licensed center-based sites because of restrictive licensing requirements"
- Need to help parents engage in their children's development - 12
  - Need to increase parents' awareness developmental milestones, parenting skills
  - "The 'Have-Nots' lose out due to poverty" and parents are "stressed and overwhelmed"
- More early screening and intervention for special needs - 2
  - "More attention is needed for screening kids of color for autism. Latino children start in services at a later age, and some have missed the chance for interventions"
- Other:
  - Early career education for preschoolers (esp. STEM fields); Fieldtrips to expand children's worldview

Safe and Stable Environments: Service Gaps

- Need better early identification & support for children and families at risk - 14
    - Key factors: community trauma, breakdown of the nuclear family, "multiplier effect of poverty," intergenerational trauma, overcrowded housing, and families chronically living "on the edge"
    - "We need to be attuned to clues that can aid early intervention…don't wait until there's a significant need"
    - "Identify the hot spots…the houses we are called back to repeatedly. Provide 3600 support to these children and families"
    - "Need a faster way to identify students at risk through common assessment tools"
    - "Need systematic way of asking families what their top 5 stressors are, and provide case management that 'walks hand in hand with them.'" "Bring public resources TO the people."
- Need coordinated systems of care to provide support to children and families - 6
    - Staff need to be trained on resources, referrals, and to be able to share information about cases
- Connect children to programs where they can get emotional support for - 4
    - Pro-social programs
    - School-based mental health

Academic Performance: Service Gaps

- Need more parent engagement in children's education - 9
    - Children learn from their parents: "If parent didn't value education, their children won't either"
    - "Some parents too strapped to support child's education" and "schools are raising their kids."
- Need better early identification for students who are struggling - 5
    - Red flag warning system or conduct "forensics" to identify those most in need
    - Use "high leverage" multi-tiered systems to give students the right type/ amount of support
- Increase access to afterschool programs that offer tutoring and mentoring support - 14
    - Need more place-based tutoring programs such as The Leaven, which offers "disciplined and focused places for children to do their homework and develop soft skills such as self-management"
    - Mentoring: "Encourage students' self efficacy: every child needs to see there's opportunities for them; mentorships, internships, and caring adults around them can spark their academic interest"
- More resources for schools - 5
    - "We expect too much of teachers and yet we take away support staff – we need more guidance counselors, tutors, school nurses"

Chronic Absenteeism: Service Gaps

- Increase parent understanding/ commitment to good attendance – 11

    • "Parents and students need to see school as valuable, ensuring kids get rest, eat decent meal"

- Better early identification and support to address underlying barriers- 7

    • "Chronic absenteeism is a symptom of poverty and trauma, so until we address those, we won't get anywhere"

    • "Assess home life and provide case management for school-home continuity, family support, and follow-through"

    • Better utilize on-demand transportation services to help students get to school

- School-based mental health - 5

    • "We need mental health experts on each campus. Teachers are not equipped to deal with this– it's not their area of expertise"

- Other:

    • Culturally-affirming schools: "Our students of color are struggling the most - are our schools welcoming communities for them?"

Youth Development: Service Gaps

- Help youth prepare for adulthood - 3
  - Develop a goal orientation and basic life skills, including financial literacy
  - Develop skills for "employability" such as "interacting with adults, learning how to make eye contact, shake a hand"
- Connect youth with vocational pathways - 18
  - Not every youth is destined for college. There are many well-paying jobs that don't require a college education (i.e. skilled trades). "We are still paying the price for when public education moved away from Career Technical Education to be only college-focused. Everyone will be able to afford a Lexus, but no one will be able to fix it"
  - Better match between local job market and skill development pathways for young people. "Youth need to be trained for a job that's in demand and that pays a livable wage with benefits"
- College pathways - 5
- Prosocial youth programs - 8
  - Afterschool programs, teen centers, mentoring programs
  - "We need more adults invested in working with kids; all kids want to be recognized, acknowledged, and accepted"

Public Assistance and Basic Needs: Service Gaps

- Increase community awareness of public assistance and other programs – 6

- Increase enrollment and utilization of public assistance programs – 12

  - Co-located or mobile services such as "pop-up tents with various county workers" to bring service to underserved communities

  - Tele-health appointments alleviates transportation and child care barriers, easily connects remote residents with urban resources

  - "Subsidized child care with after hours options so parents can more easily attend appointments"

- Increase support for working poor who don't qualify for aid - 5

  - "Can't be all or nothing. People are better off on full assistance than being off assistance and working a minimum wage job – it is really a disincentive for them to get off of aid"

- Other:

  - "We lack ordinances such as rent control, fair housing. We need education on the value of ordinances and how they provide a safety net system"

Veterans Wellbeing: Service Gaps

0

respondents listed as "Top Need"

- Consensus that needs are well addressed by Department of Veteran's Services
  - "Great leadership!"
  - The Veteran's Center will bring needed resources to the community in one localized setting
  - The Stand Down event is well-attended by veterans and supported across the county
- Need more mental health support - 5
  - "Veterans have long-term mental health needs"
  - "Veterans can be 20 years old and suffer from PTSD, making it difficult to hold down a job and secure housing"
- Other needs:
  - Homelessness – 3
  - Access to health care - 2
  - Vocational programs that teach job training and "soft" skills. "Despite the common misperception otherwise, not all veterans are able to exhibit leadership skills in the workplace. You can't always see their disability or challenge, but it's there"

Healthy Eating & Active Living: Service Gaps

0
respondents listed as "Top Need"

- More community education about healthy food choices - 6
    - Sometimes is about "personal and cultural choice to take advantage of resources - it's cheaper to buy an apple than a hamburger, but people don't buy the apple"
    - Need to also teach skills of how to cook with more nutritious food.
- Need better access to affordable healthy food - 16
    - Lot of concern about "food deserts"
    - Bring food TO people (Food RX mobile van, pop-up tents, meals through schools)
- Need more education and connection to options for physical fitness - 3
    - "Active living becomes a luxury for those who can afford it; the rest of us are running for the bus"
    - Better promote of "free" options for exercise in public domains (walk, bike, jog, skate, etc.)
    - Need to promote affordable options: Gyms with membership discounts, family night events

Basic Health Care: Service Gaps

- More education about importance of primary health care - 4

  - Residents don't apply for or seek care because of immigration fears (3)

  - Underutilized services due to lack of understanding how the system works

  - "Don't wait to bring your entire family into the ER once symptoms heighten; ACA now allows covers them for preventive care, but we don't teach the newly covered how to use these services"

- Increase access to medical care - 22

  - Many areas lack facilities (7); need co-located, tele-health, or mobile services such as "pop-up tents with various county workers"

  - Assistance with transportation to appointments (10): "Dial-A-Ride helps get seniors to appointments"

  - Other needs: after-hours care, care navigation, school nurses, "Need a call center that coordinates transportation and triages which clinic they should go to for receiving care; would serve people on Medi-Cal, Medi-Care and private pay"

Public Safety: Service Gaps

- Continue crime prevention efforts
  - Identify and address crime hot spots (2)
  - Promote prosocial activities for youth that offer pathways away from crime (3)
  - Need more law enforcement personnel/ community policing (3)
- Other:
  - Address law enforcement's interaction with mentally ill (2)
  - Address concerns with opioids and dispensaries (2)
  - Address human trafficking (CSEC) (2)
  - Downgrading offenses from felony to misdemeanor has led to "repeat offenses" (2)
  - Public safety enhancements (i.e., good lighting, walkable paths, clean parks, etc.) occurring, but could be better

2
respondents listed as
"Top Need"

Older Adults: Independent Living, Safety, Health: Service Gaps

- Need more affordable housing – 8
    - Congregate care/ senior communities is expensive (5)
    - Some older adults are on a limited income and struggle to pay taxes/maintain costs on their home
- Increase physical safety and rehab of homes – 5
    - Physical safety/home rehab (Use of Senior Home Improvement Plan (SHIP)
- Reduce isolation – 12
    - Shared housing: "Connect seniors who own their home with other seniors seeking to rent."
    - Isolated seniors are frequent callers for emergency services. "One senior woman called 911 120 times in a year because she was lonely." Community Paramedicine could address needs of in-home seniors to avoid burning down the 911 system."
    - Mitigate risk for elder abuse (4) by providing training for older adults, caregivers
    - Support socialization programs such as senior centers
- Increase access to health care – 9
    - Provide transportation to appointments or offer mobile services (7); "Community Paramedicine can make home visit checks"
    - Affordability (2) "The senior population is spending so much on rent that there's not enough for food, health, etc."

Need For Service Coordination Across Sectors

In addition to citing specific needs across the life course, many respondents said there is a great need for improved service coordination and efficiency that can reach across and connect all human service areas. Below is a summary of the most commonly recommended approaches:

- Holistic strategy of coordinated wraparound services as "whole person care" (31), with examples including:
  - Mobile Crisis Support Team
- Increased outreach and support to connect residents to services (19)
  - "The services are there; people just don't know about them or can't get to them"
  - "Bring services directly to people"
- Provide navigation support to help residents connect to services (16)
  - "We can't just hand people a list with phone numbers. We have to make the calls for them"
- "Single person" to call (4):
  - "I can't call 5 different people. I need a single person to call who then will connect the client to the rest of the services"
  - "We need one point of entry to the system of care"

Phase 3 Findings - Community Survey

Community Survey - Profile of the Sample

We reached a total of 870 community respondents with an online survey distributed through the Solano County website, Solano County listserv, the Planning Team's networks, and social media pages. The sample largely matched the countywide population across cities.

Respondent Description:

- **47%** Worked for government agency
- **44%** Parent/community member
- **22%** Volunteer or advocate
- **15%** Retired
- **13%** Worked for a non profit
- **10%** Private sector
- **7%**   Student
- **5%**   Faith community representative
- **5%**   Other
- **1%**   Funder

Residence of Survey Respondents vs. County

City	Community Survey Respondents	Overall Population
Fairfield	29%	26%
Vallejo	27%	28%
Vacaville	18%	22%
Other/Unincorporated	8%	4%
Suisun City	8%	4%
Benicia	4%	6%
Dixon	4%	6%
Rio Vista	1%	2%
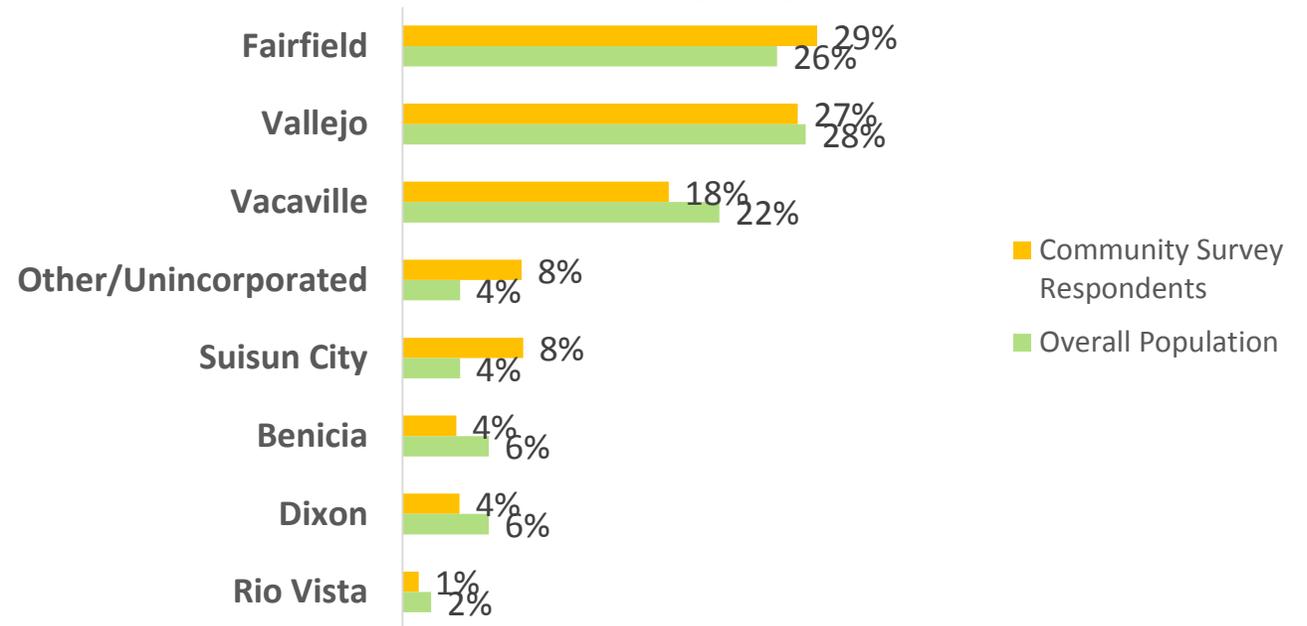
Community Survey - Profile of the Sample

The sample of the 870 survey respondents was more likely to be Caucasian and less likely to be Latino, although efforts were made to boost the response rate amongst Latinos. Comparatively speaking, the sample was more likely to include working age adults than older adults.

Ethnicity of Survey Respondents vs. County

	Community Survey Respondents	Overall Population
Caucasian	51%	39%
Latino	15%	26%
African American	11%	14%
Filipino	7%	10%
Other	7%	0.2%
Native American	3%	0.3%
Other Asian	3%	5%
Pacific Islander	2%	1%

Age of Survey Respondents vs. County

	Community Survey Respondents	Overall Population
25-34	15%	21%
35-44	20%	18%
45-54	25%	20%
55-64	26%	20%
65-74	10%	13%
75+	1%	8%
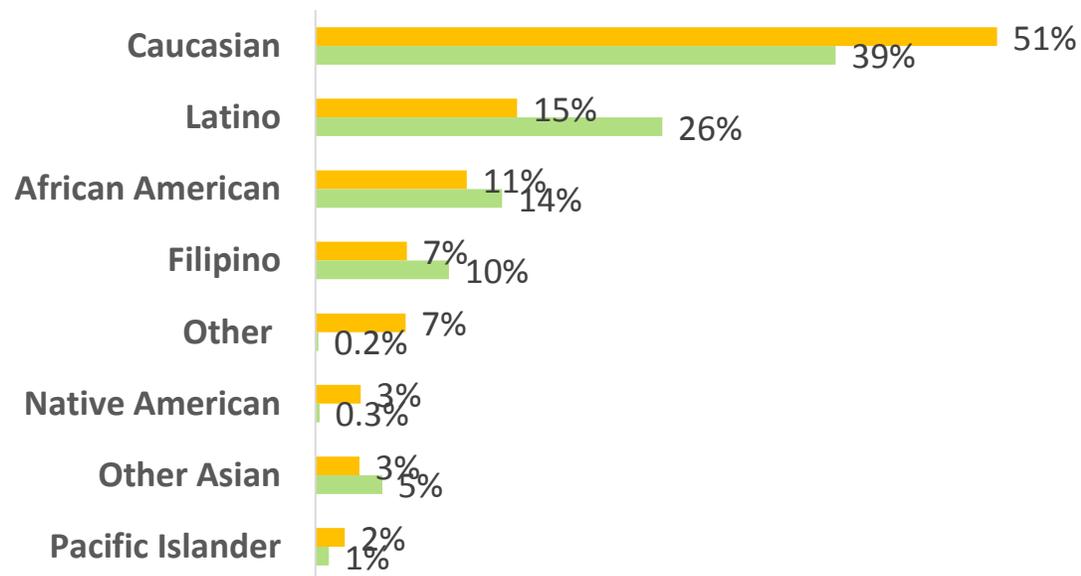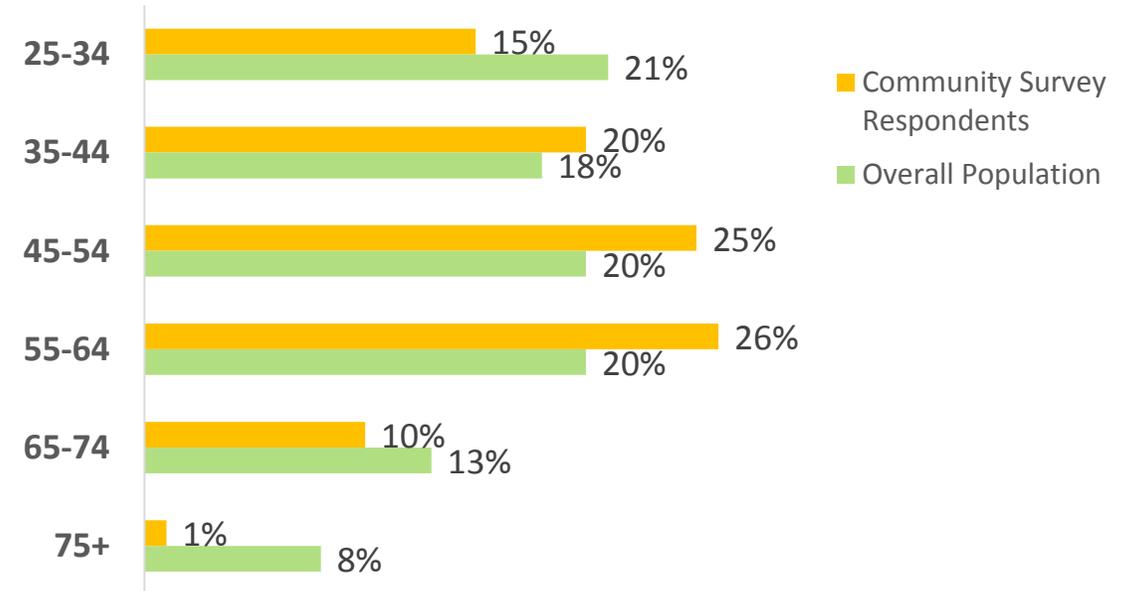
Community Survey - Priority of Each Need

Respondents were asked to rate each need on a 1-5 scale of priority. The chart below presents the distribution of responses per priority level per need.

Out of
870
respondents

Legend:
- Highest priority
- High priority
- Moderate priority
- Important but lower priority
- Not a priority
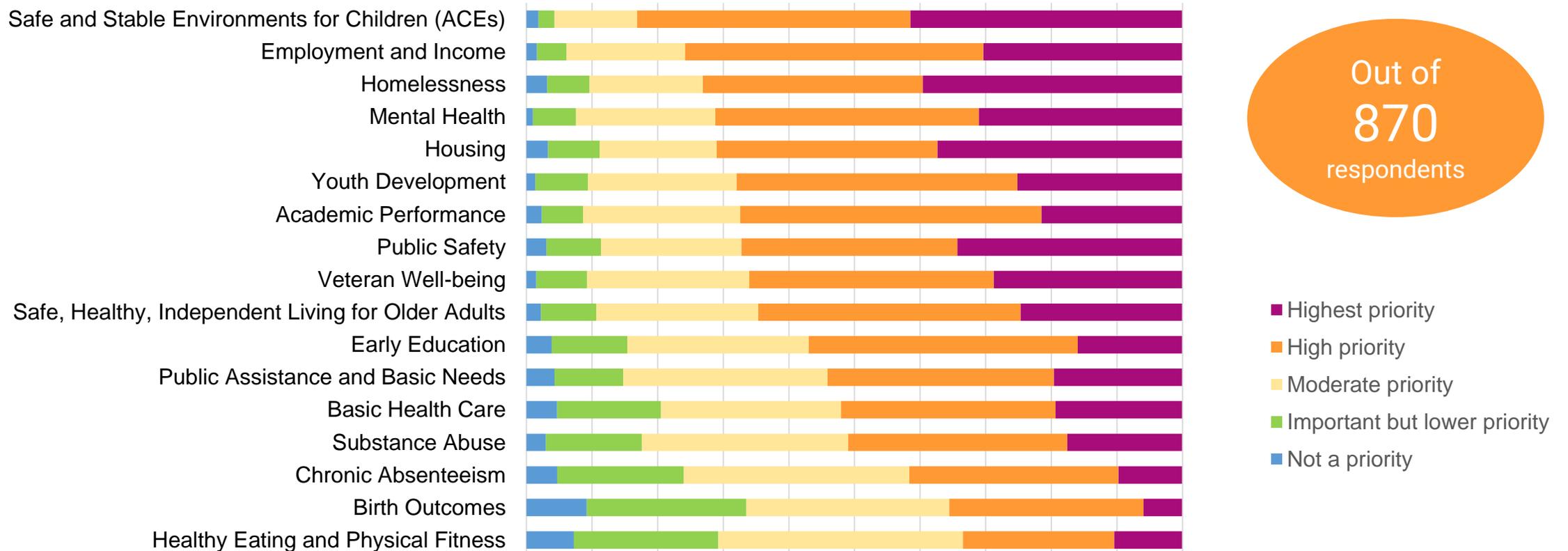
Prioritization of Needs

The Process for Prioritizing Needs in Solano County

The Human Services Needs Assessment project used a rigorous, transparent, and repeatable process for evaluating the urgency of each community need in Solano County.

The pages that follow describe the criteria developed by the Planning Team, as well as the results that emerged once criteria were applied to each data set for each need.
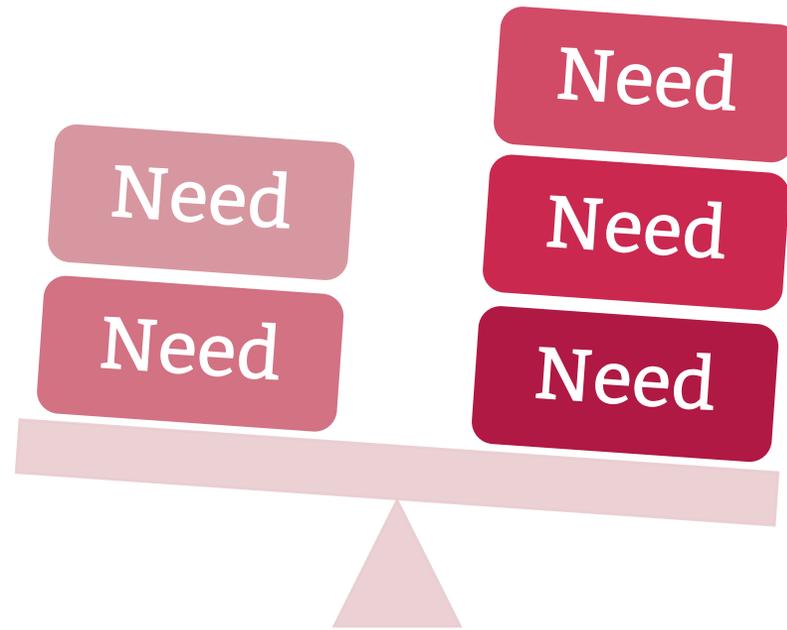
Criteria for Scoring Each Need

Each need was scored on each criterion using the 1-3 scale below.

| Domain	Criterion	Scoring Key	Data Source
Severity	**Unfavorable trend**	1 = LOWER priority (trend is improving) 2 = MODERATE priority (trend is stable) 3 = HIGHEST priority (trend is worsening)	Community Data
	Prevalence of need	1 = LOWER prevalence (0-9%) 2 = MODERATE prevalence (10-19%) 3 = HIGHEST prevalence (>20%)	Community Data
Community Priority	**Planning Team priority**	1 = LOWER priority 2 = MODERATE priority 3 = HIGHEST priority	Planning Team
	Key Informant priority	1 = LOWER priority (mentioned by 0-3 people) 2 = MODERATE priority (mentioned by 4-10 people) 3 = HIGHEST priority (mentioned by >10 people)	Key Informants
	Community Stakeholder priority	1 = LOWER priority, rated high or highest by less than 0-3.2 mean 2 = MODERATE priority, rated high or highest by less than 3.3-3.7 mean 3 = HIGHEST priority, rated high or highest by >3.8 mean	Community Survey
Impactability	**Can we leverage existing assets/strategies?**	1 = NO assets present 2 = FEW or somewhat useful asset(s) present 3 = VERY useful asset(s) present	Applied Survey Research
	Is there political will to make a change?	1 = NOT a lot of political will 2 = SOME political will 3 = A LOT of political will	Planning Team
	Can we show short-term progress in one year?	1 = NOT likely 2 = SOMEWHAT LIKELY 3 = VERY LIKELY	Planning Team

Top Needs – Community Indicators

In each category of need, community indicators were scored on a 1-3 scale according to the *direction of the trend* as well as *percentage of people affected*.

Category	Unfavorable trend	Prevalence of need
Healthy Eating and Physical Fitness	2.5	3
Mental Health	3	2
Early Education	2	3
Public Assistance and Basic Needs	2	3
Academic Performance	1.5	3
Youth Development	2	2
Substance Use	2	2
Birth Outcomes	1	3
Housing	1	3
Homelessness	3	1
Public Safety	3	1
Safe and Stable Environments for Children…	1	2
Employment and Income	1	2
Independent Living for Seniors	2	1
Basic Health Care	1.5	1
Chronic Absenteeism		2
Veterans		1 *

■ Unfavorable trend
■ Prevalence of need

* Trend data not available

63

Top Needs – Key Informant Interviews

The data from 43 key informants were coded and scored according to how frequently each need was mentioned as a *top priority*.

Need	Respondents
Mental Health	26 Respondents
Housing	16
Homelessness	15
Employment and Income	14
Substance Abuse	11
Public Assistance & Basic Needs	6
Youth Development	5
Early Education	4
Basic Health Care	4
Independent Living for seniors	4
Public Safety	2
Chronic Absenteeism	1
Academic Performance	1
Birth Outcomes	1
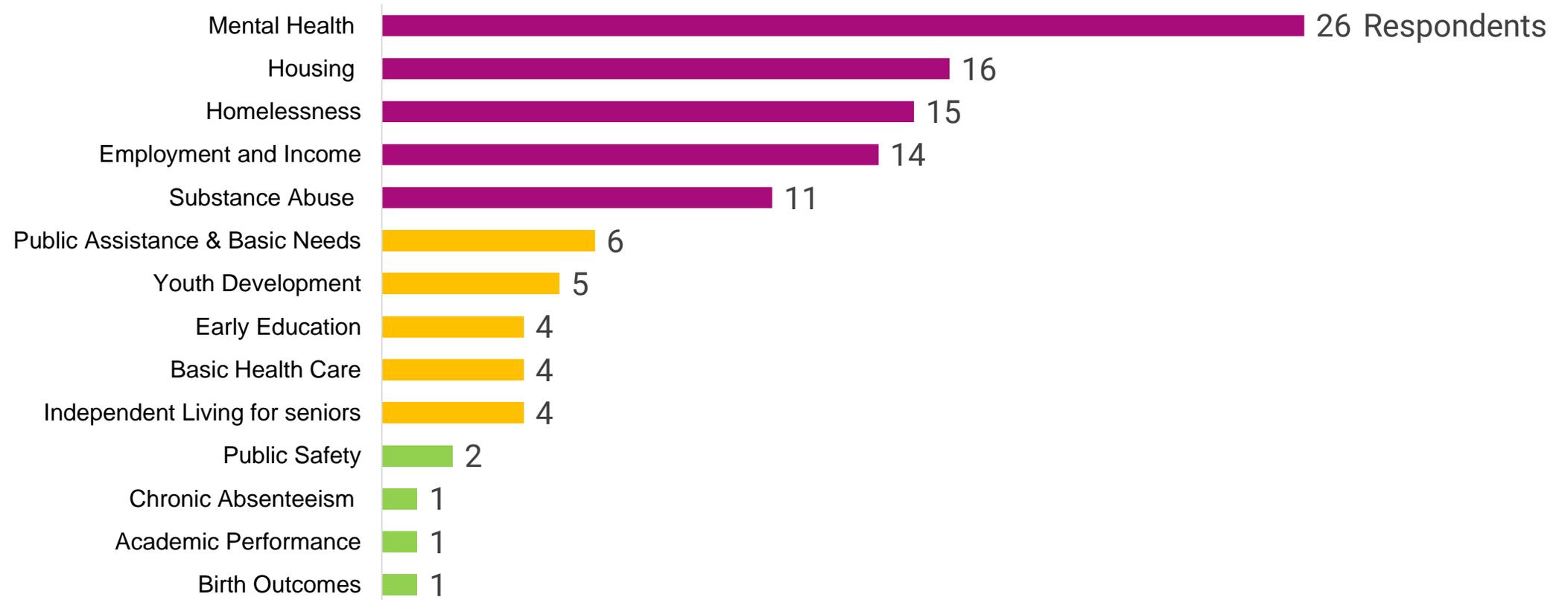
Top Needs – Community Survey

Community survey respondents rated each need on a 1-5 scale of priority. Based upon the average scores below, the needs were coded into three levels of priority.

Need	Average Score
Safe and Stable Environments for Children (ACEs)	4.20
Homelessness	4.00
Employment and Income	4.00
Housing	4.00
Mental Health	4.00
Public Safety	3.90
Veteran Well-being	3.80
Youth Development	3.80
Academic Performance	3.80
Safe, Healthy, Independent Living for Older Adults	3.80
Public Assistance and Basic Needs	3.60
Early Education	3.60
Substance Abuse	3.50
Basic Health Care	3.50
Chronic Absenteeism	3.30
Healthy Eating and Physical Fitness	3.10
Birth Outcomes	3.00

**Average Score
(1= Lowest Priority and
5= Highest Priority)**

Priority Needs – 3 Community Data Sources

Across the three community data sources, remarkable agreement emerged in terms of the priority human service needs for Solano County.

85 Community Indicators revealed:

1. Healthy Eating / Active Living
2. **Mental health**
2. Early education
2. Public assistance/ basic needs
3. Academic performance
4. Youth development
4. **Affordable housing**
4. **Homelessness**
4. Substance use
4. Birth outcomes
4. Public safety

43 Key Informants said:

1. **Mental health**
2. **Affordable housing**
3. **Homelessness**
4. Employment & income
5. Substance abuse

870 Community leaders & residents said:

1. Safe, stable environments for children
2. **Homelessness**
3. Employment & income
4. **Affordable housing**
5. **Mental health**

Priority Needs – All Data Sources

Each need was scored on each of the 8 criteria using a 1-3 scale; the higher the overall average score, the higher the priority in Solano County.

Need	Score
Mental Health	2.63
Housing	2.39
Homelessness	2.32
Early Education	2.17
Youth Development	2.16
Safe and Stable Environments for Children (ACEs)	2.15
Employment and Income	2.13
Public Assistance and Basic Needs	2.06
Academic Performance	2.04
Independent Living for Seniors	2.02
Healthy Eating/Active Living (HEAL)	1.99
Veteran Well-being	1.97
Substance Use	1.96
Public Safety	1.95
Basic Health Care	1.76
Birth Outcomes	1.67
Chronic Absenteeism	1.48

Criteria:

1. Unfavorable trend
2. Many people affected
3. Leader priority
4. Community priority
5. Planning team priority
6. Available assets
7. Will / commitment for change
8. Ability to show change

Funding For Impact:
3-Tiered Community Investment Fund

Strategies to Fund the Top Priority Needs

A primary goal of the Human Services Needs Assessment is to provide the Solano County Board of Supervisors with a framework and a strategy to fund the top priority needs with their discretionary non-county resources.   This amount of funding is approximately $2 million per year, allocated in the form of community grants.

This section of the report provides a framework and strategy for the Board to consider in its allocation of non-county funding, including:

- Overview of the Community Investment Fund
- 3-pronged Community Investment Fund
- Funding and assessment cycle

Three-tiered Community Investment Fund

The proposed strategy includes three categories of funding, each designed to address community investment in different ways.

Community Investment Fund		
Legacy Programs	**Deep Programming**	**One-Time Programming**
3 year commitment	3 year commitment	1 year commitment
Addresses many needs	Addresses top 3 needs	Addresses top 6 needs

Legacy Investments

Legacy investments include programs funded by the Board to serve a specific population or to provide multi-year funding to provide stability to long-term partners. Examples include:

- CASA
- Senior Coalition
- North-Bay Stand Down

We will work explore the potential to find "new homes" for funding these programs and/or use the funds to leverage other funds and expand.

Legacy Investments

The table below presents examples of the types of grants given within this category of funding.

Agency	Purpose	FY2018/19 Amount
CASA	Children's advocates	$130,325
Superior Court	Veterans court case manager	$86,966
Children's Network	Children's Alliance – collaborative group	$118,751
Senior Coalition	Seniors – collaborative group	$56,800
North-Bay Stand-Down	Assist veterans to connect to programs and services	$8,000
Food Bank CC/Solano	Food and nutrition services to the neediest Solano Residents	50,000
	Annual Total:	$450,842

Deep Investments for Top 3 Needs

This category of funding is intended to focus on outcomes and best practices to cultivate deep impact in the top 3 areas of:

- **Mental Health**
- **Housing**
- **Homelessness.**

The strategies selected for the Deep Investment category will use an **Outcomes Framework** (described in the next section of this report) to plan for and evaluate progress.

Vendors for the priority strategies will be procured using a competitive Request for Proposals to address top county need(s). One or more proposals may be funded.

One-Time Investments for Top 6 Needs

This category of funding is for smaller, annual grants to address strategies within the top 6 needs found in Solano County:

- **Mental Health**
- **Housing**
- **Homelessness**
- **Early Education**
- **Safe and Stable Environments for Children**
- **Youth Development**

Grants would be made in the amount of up to $50,000 per proposal, for one year.

Projects will be funded using a competitive Requests for Proposals.

COMMUNITY
PROJECT

Summary of the Community Investment Fund

The table below presents the amount of funding proposed for each of the three categories.

$2,000,000 Community Investment Fund		
Legacy Programs	**Deep Programming**	**One-Time Programs**
$450,000 Annually	$1,300,000 Annually	$250,000 Annually
3 year commitment	3 year commitment	1 year commitment
Addresses many needs	Addresses top 3 needs	Addresses top 6 needs

10-Year View: Community Investment Fund

	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25	FY2025/26	FY2026/27	FY2027/28	FY2028/29	FY2029/30
Legacy	Commit for 3 years/then revisit			Commit for 3 years/then revisit			Commit for 3 years/then revisit			
Amount	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000
Deep	Commit for 3 years/then revisit			Commit for 3 years/then revisit			Commit for 3 years/then revisit			
Amount	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000
One-Time	Solicit	Solicit	Solicit	Solicit	Solicit	Solicit	Solicit	Solicit	Solicit	Solicit
Amount	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Totals:	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Assessment			Reassess Needs			Reassess Needs			Reassess Needs	

Resources

In order to implement the Outcomes Frameworks recommended by the HSNA, staff will be needed to design, implement, monitor, and assess the progress of the Community Investment Fund. Additionally, every three years the assessment should be repeated, requiring the support of a consultant and reconvening of a planning workgroup.

Staff

- Manage assessment process
- Solicit for services
- Administer contracts
- Progress reports to Board
- Manage any contract issues
- Host all-contractor meetings for information sharing

**Resources Needed:
$65,000 annually to manage process**

Consultant & Workgroup

- Assess needs every 3 years
- Identify top community needs
- Identify any leveraging opportunities
- Tie solicitations to community indicators of well-being – outcomes framework
- Recommend to Board of Supervisors

**Resources Needed:
$70,000 every 3 years for assessment**

Outcomes Frameworks for Priority Needs In Solano County

Addressing the Top Needs: Goals, Strategies, Indicators

The purpose of the Human Services Needs Assessment is to identify the most pressing unmet needs in the county, as well as strategies to address the needs. The following pages present Outcomes Frameworks for the top 3 needs that can be funded through three-year Deep Investments:

1. **Mental health**
2. **Housing**
3. **Homelessness**

The Outcomes Frameworks include information such as the scope and scale of the problem to be addressed, strategies prioritized by the Planning Team, and indicators that will show whether strategies are effectively implemented and are impactful.

Additionally, the Planning Team proposes that one year grants be used to address the *next* three top needs (**early education, youth development** and **safe and stable environments (ACEs)),** thereby cohesively addressing all 6 top needs. Strategies for address these needs are suggested, based on the key informant data and local resources.

#1 Need: Mental Health

Based upon the available data and the resources to make an impact, the Planning Team identified the following goal and strategies to impact Mental Health. The Outcomes Framework on the following page further articulates these strategies, as well as outcome measures to track progress.

Community Goal:	**Increase access to Solano County's mental health System of Care**
Strategy 1:	**Increase community understanding of how to access mental health services**
Strategy 2:	**Increase provider understanding of how to respond to residents with mental health needs**

58,000
Solano residents needed help for emotional/ mental health or alcohol/drug problems

#1 Need: Mental Health Outcomes Framework

Community Goal: Increase access to Solano County's mental health System of Care

Community Indicator	Scope and Scale	Gap/ problem to be addressed	Program Strategies	Partners	Program Outcome Indicators

20% of adults reported mental health distress in the last 30 days
 	
3.5% penetration rate for Beacon Health Options
 	
13.5% penetration rate for Primary Care Practice
	• 58,000 people with mental health distress
	
	• 82,774 total Partnership Health Medi-Cal members, **not** including those assigned to Kaiser:
	
	➤ 3.5% of 82K received their mental health care services through Beacon Health Options
	
	➤ 13.5% of 82K received their mental health care services through their Primary Care Practice
		• Providers and community members lack knowledge about how to respond, support, and refer children, families, and adults with mental health needs	1. **Increase community understanding of how to access mental health services**
			
			   a. Clarify the existing System of Care and access points (e.g., Access Line)
			   b. Develop marketing materials and community engagement campaign to connect the public to the Access Line and other resources
			
			2. **Increase provider understanding of how to respond to residents with mental health needs**
			   a. Share the System of Care and access points
			   b. Cross-train providers on Mental Health First Aid and other ways to connect their clients to mental health services
				• County Behavioral Health
				• Partnership Health Plan
				• Hospitals
				
				• Police Department
				• Probation unit
				• Community organizations
				• Primary Care health providers
				• Red Cross
					• Collateral materials created about System of Care
					• Increased number of adults receiving outreach ("impressions," "hits")
					• Increased number of calls to Access line
					• Increased number and percentage of adults receiving publicly funded mental health care ("penetration rate")

#2 Need: Homelessness

Based upon the available data and the resources to make an impact, the Planning Team identified the following goal and strategies to impact Homelessness. The Outcomes Framework on the following page further articulates these strategies, as well as outcome measures to track progress.

1,151 individuals were homeless (2019)

Community Goal:	**Reduce homelessness**
Strategy 1:	**Strengthen capacity to address homelessness**
Strategy 2:	**Increase community and provider understanding of how to connect to the available housing and homelessness resources (Note: This strategy is postponed until system of care has more resources to offer).**

#2 Need: Homelessness Outcomes Framework

Community Goal: Reduce homelessness

Community Indicator	Scope and Scale	Gap/ problem to be addressed	Potential Program Strategies	Partners	Program Outcome Indicators

1232 Solano County individuals are homeless
 	
1,793 Solano students are homeless
	1232 homeless *(PIT count 2017)*	• Lack of coordination of efforts and resources between entities trying to address homelessness
		
		• Lack of provider and community understanding of how to respond/refer persons who are homeless or at risk of being homeless
			1. **Strengthen capacity to address homelessness**
			
			  a. Hire homelessness expert to clarify System of Care and maximize coordination efforts between county, cities, and CAP Solano JPA
			
			  b. Contract an entity to seek funding, distribute funding, administer grants, and ensure compliance and renewal
			
			  c. Continue to provide technical assistance to providers to increase the quality of care and coordination of care
				• Cities
				• CAP Solano JPA
				• Housing First Solano
				• County Behavioral Health
				• Shelters
				• Health Care Providers
				• Workforce Development
				• Housing & Supportive Service Providers
					• Homelessness expert hired
					• Fund development entity contracted
					• Increased amount of funding acquired
					• Percent of grants renewed
					• Increased calls to the Coordinated Entry system
					• Increased number of clients served by the Coordinated Entry system

#3 Need: Affordable Housing

Based upon the available data and the resources to make an impact, the Planning Team identified the following goal and strategies to impact Affordable Housing as it relates to homelessness. The Outcomes Framework on the following page further articulates these strategies, as well as outcome measures to track progress.

57,748
Solano households lack affordable housing

Community Goal:	**Reduce homelessness**
Strategy 1:	**Work with cities to increase supply of affordable housing**

#3 Need: Affordable Housing Outcomes Framework

Community Goal: Reduce homelessness

Community Indicator	Scope and Scale	Gap/ problem to be addressed	Potential Program Strategies	Partners	Program Outcome Indicators

39.7% of residents pay more than 30% of their income for housing	Number of households with high cost burden: 39.7% = 57,748
	
	Less than $20,000: *15,000 households*
	$20,000 to $34,999: *13,038*
	$35,000 to $49,999: *10,326*
	$50,000 to $74,999: *11,860*
	$75,000 or more: *7,524*
		• Shortage of affordable units
		• Lack of new development
			1. **Increase cities' capacity to increase supply of affordable housing**
			
			  a. County has hired a consultant to evaluate affordable housing options and strategy.
			
			  b. County may help facilitate, along with partners such as Solano Transportation Authority, identified housing strategies. Pool and facilitate access to resources needed to develop new supply
			
			  c. Maximize existing supply (e.g., address shortage of homes that take Section 8, seek funding to purchase units)
				• Cities/Housing Authorities
				• CAP Solano JPA
				• Housing Developers
				• Property Owners
				• Landlords
					• Number of new funding requests for affordable development
					• Number of existing units that are fair market
					• Increased number of Section 8 units

#4 Need: Early Education

Based upon the needs identified by key informants (page 36) and community indicator data (page 15), the Planning Team suggested that the following strategies and examples of innovative programs be considered by the Board of Supervisors for smaller, annual grants. This is not an exclusive list; these examples offer suggestions for potential funding, although other programs within each need areas could also be funded.

Strategies & Examples of Innovative Programs

Engage families to parent and guide their children
- Triple P
- Early literacy programs

Support and expand preschool access
- Apply for funds available through Governor Newsom's budget (facilities, higher reimbursement rates so more families qualify)

#5 Need: Youth Development

Based on the needs identified by key informants (page 48) and community indicator data (page 19-21), the following strategies be considered for smaller, annual grants.

Strategies & Examples of Innovative Programs

Responsive school-based services, such as:
- Dixon: Parent Liaisons in schools, School Resource Officers conduct home visitations
- Vacaville: Mental health interns for case management, mental health clinicians at each school site, Police Dept. intern for social work/mental health support

Supportive programs that position youth on a college path, such as:
- The Leaven (After School Programs for children and families: provides tutoring, mentoring/coaching/life skills, scholarship assistance for college, etc.)

Supportive programs that position youth on a career path, such as:
- Career Technical Education (CTE) opportunities in Vallejo

Support for parents of youth, such as:
- Fairfield Police Department "Parent Project" for parents of juveniles
- Probation's Diversion Program "What to Expect"
- Triple P "Teen"

Supportive programs/resources for opportunity youth :
- California Funders for Boys and Men of Color – Apply for funding: preventive focus that supports YD <u>and</u> Employment & Income, Public Assistance domains
- Become a member/start a Chapter of California Youth Connection (receive support & training for foster youth)

#6 Need: Safe and Stable Environments for Children

Based on the needs identified by key informants (page 45) and community indicator data (page 18), the Planning Team suggested that the following strategies be considered by the Board of Supervisors for smaller, annual grants.

Strategies & Examples of Innovative Programs
Early identification and support to refer kids and their families who are struggling ▪ Coordination needed among numerous agencies that see at-risk children (homeless shelters, subsidized preschool, eligibility workers, child welfare, police departments) ▪ Identify households of concern through GIS ▪ Provide in-person outreach/engagement ▪ Ensure linkages to Help Me Grow

Cultivating Impact in Solano County

Moving the needle on Solano County's top needs involves breaking the cycle of disadvantage across the lifespan.

The diagram that follows positions the needs identified throughout this project as interconnected along a cycle of disadvantage. Respondents overwhelmingly shared that this cycle is set against regional and local market pressures, such as the rising cost of living – housing specifically -- as a result of the influx of Bay Area workers who come here as the last affordable corner of the Bay Area. Over 60% of the workforce commutes OUT of the county every day to their jobs. The housing market prices rise to meet demand, competing against the scarcity of affordable housing being built.

Respondents additionally described the local workforce as unskilled, and therefore stuck in low wage jobs. Taken together with the lack of affordable housing, and lack of purchasing power of the local workforce to ACQUIRE the housing that is here, the problem becomes compounded.

These economic stressors can lead to emotional stress, and/or a reliance upon substances as coping mechanisms, which in turn impact the early environment by which children are raised. Layer onto that the lack of access to quality early learning, and then suddenly children are struggling in school, falling behind, and then not latching onto a career or college pathway, leading to disconnected youth who are neither working nor in school.

This is when the cycle repeats.

No one program or system can intercept this domino effect; it takes all systems working together, working upstream, to prevent this kind of cycle from continuing. Our collective goal must be to develop and align the proposed strategies so that when someone slips through our fingers, we catch them at the next opportunity to prevent this escalation of need from occurring.

Breaking the Cycle of Disadvantage in Solano County

Regional economic pressures
- Housing market
- Labor market

Onset of chronic stress

Cycle repeats

Secondary effects on children

Youth are not prepared for their future

Public Assistance / Basic Needs

Lack of affordable housing

Homelessness

Mental Health

Low wage job

Substance Abuse

Poor birth outcomes

Youth not working or employed

Compromised environments for children

Academic performance

No early education/ early literacy

Priority needs # 1,2,3
Priority needs # 4,5,6
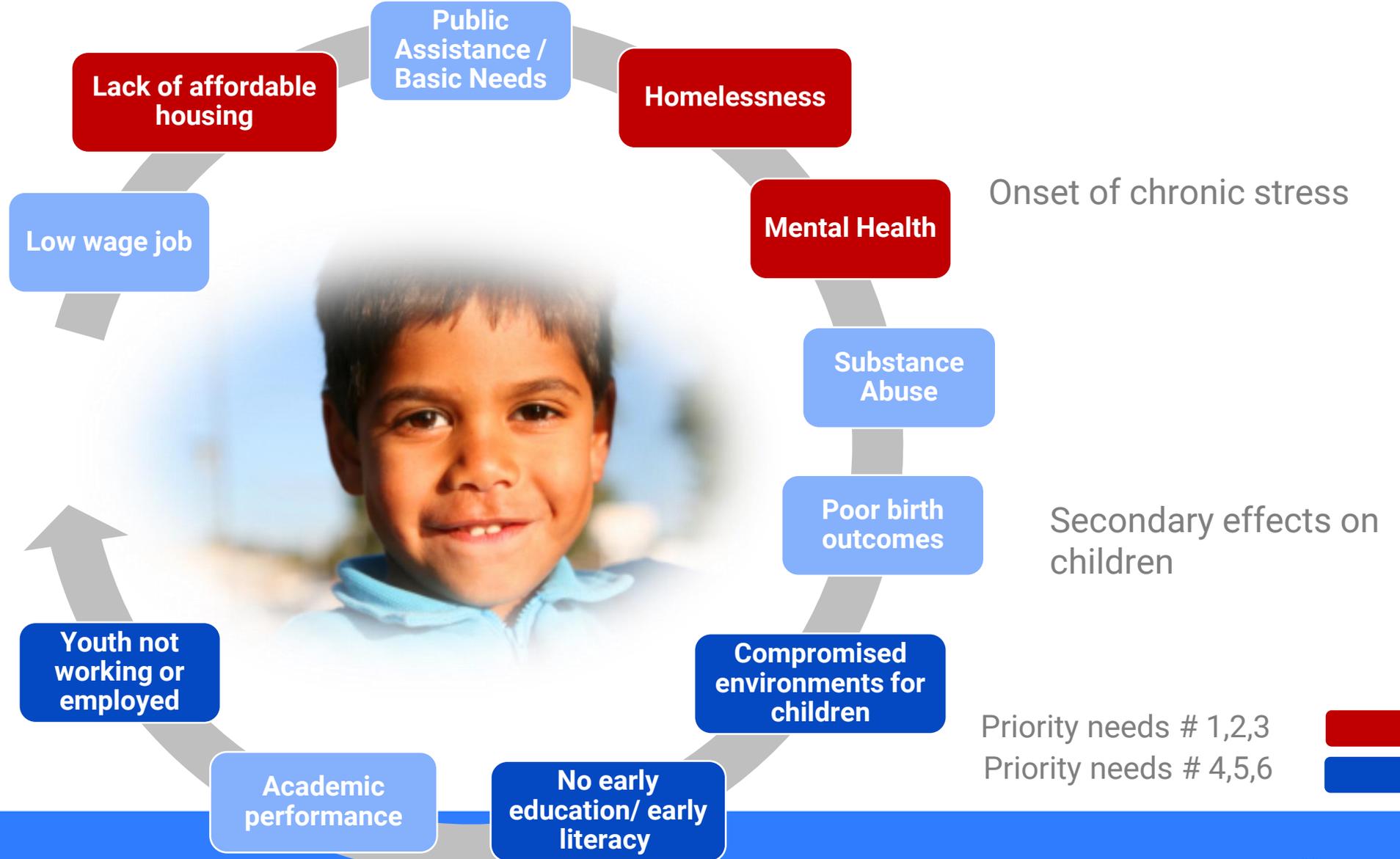
Next Steps and Timeline

The following timeline outlines the next steps for implementing the Community Investment Fund.

January	• Define RFP process (scoring, panel) • Solicit **Deep** programs • Solicit **One-time** programs
February	• Receive proposals for Deep and One time programs
March	• Score proposals for Deep and One time programs
April	• Make recommendations to the Board • Board makes allocations
June	• Contract **Legacy, Deep** and **One-time** programs
July	• Services begin

Acknowledgements

Birgitta Corsello,
County Administrator

Erin Hannigan,
Supervisor for District 1

Skip Thomson,
Supervisor for District 5

Alexandra Winston,
District 5 Representative

Bill Emlen,
Director, Solano County Resource Management

Bonnie Katz,
Director, Solano County Library Services

Christopher Hansen,
Chief Probation Officer

Dean Farrah,
Superintendent, Solano County Juvenile Institutions

Debbie Vaughn,
Principal Management Analyst

Gerald Huber,
Director, Solano County Health and Social Services

Jayleen Richards,
Public Health Administrator, Health and Social Services

Megan Richards,
Deputy Director, First 5 Solano Children and Families Commission

Michele Harris,
Executive Director, First 5 Solano Children and Families Commission

Pamela Posehn,
Director, Solano County Department of Child Support Services

Tonya Nowakowski,
Assistant Director, Solano County Health and Social Services