



Mental Health Services Act

Fiscal Year 2015/16 Annual Update

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COUNTY COMPLIANCE CERTIFICATION PAGE

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Solano

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director	Program Lead
Name: <u>Halsy Simmons</u> Telephone Number: <u>(707) 784-8011</u> E-mail: <u>hsimmons@solano-county.com</u>	Name: <u>Tracy Lacey</u> Telephone Number: <u>(707) 784-8213</u> E-mail: <u>tlacey@solanocounty.com</u>
Local Mental Health Mailing Address: <u>275 Beck Ave., MS-520</u> <u>Fairfield, CA. 94533</u>	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 8, 2015.

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

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

Halsy Simmons, MFT
Local Mental Health Director (PRINT)


Signature 11/10/15
Date

FISCAL ACCOUNTABILITY CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Solano

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

<p style="text-align: center;">Local Mental Health Director</p> <p>Name: <u>Halsey Simmons</u></p> <p>Telephone Number: <u>707-784-8041</u></p> <p>E-mail: <u>Hsimmons@solanocounty.com</u></p>	<p style="text-align: center;">County Auditor-Controller / City Financial Officer</p> <p>Name: <u>Simona P. Scholtens</u></p> <p>Telephone Number: <u>707-784-6280</u></p> <p>E-mail: <u>sjpadilla@solanocounty.com</u></p>
<p>Local Mental Health Mailing Address:</p> <p style="text-align: center;"><u>275 Beck Avenue MS 5-250</u> <u>Fairfield, CA 94533</u></p>	

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

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

Halsey Simmons
Local Mental Health Director (PRINT)

[Signature] 10/7/15
Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/30/14 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

[Signature] 10/1
Signature Date

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

SOLANO COUNTY BOS MINUTE ORDER



Solano County

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

Meeting Minutes - Action Only

Board of Supervisors

*Erin Hannigan (Dist. 1), Chairwoman
(707) 563-5363*

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

*Linda J. Swifert (Dist. 2)
(707) 784-3031*

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

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

Tuesday, December 8, 2015

8:30 AM

Board of Supervisors Chambers

- 28 [15-1024](#) Approve the FY2015/16 Mental Health Services Act (MHSA) Annual Update to the County Mental Health Services Act (MHSA) Three Year Integrated Plan
- Approved

MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR

Fiscal Year 2014/15 has seen many exciting new efforts in Mental Health Services Act programming (Proposition 63). The mission of Proposition 63 was to help reform and transform the mental health system of care to better serve all individuals across the lifespan, from infants to older adults. As you will see from the Plan, many different parties have played important roles in helping to improve our system and bring new and better services to the community: community members, community based non-profits, county staff, consumers, family members and more.

What you have before you is a testimony to the good works of these many dedicated people that has resulted in so much excellent programming. Some of the most notable developments documented herein include: the creation and



implementation of a crisis aftercare program; approval of the Solano County five-year Innovation Plan for Cultural Competency to

reduce mental health disparities; myriad prevention and intervention activities for children ages 0-5; suicide prevention activities in the community; enhanced services through our Crisis Stabilization Unit, operated by Exodus Recovery, Inc. ; and the implementation of a respite center.

Please join me in celebrating the successes, documenting the progress and challenges, and acknowledging the hard work of so many, thanks to the opportunities afforded us by the Mental Health Services Act.

Sincerely,

A handwritten signature in blue ink, appearing to read "Halsey Simmons".

Halsey Simmons, LMFT
Solano County Behavioral Health Director

INTRODUCTION

Mental illness affects over two million Californians each year, causing devastating personal suffering among individuals and their families, and imposing huge financial burdens on taxpayers and state and county services. Unrecognized, untreated, or inadequately treated mental illness results in staggering public costs in health care, psychiatric hospitalization, incarceration, homeless services, and other public services.

In November of 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA). Written in partnership with individuals and their families whose lives are affected by mental illness and community leaders, MHSA calls for each county to create a continuum of care to serve all age groups from birth to the end of life, funded by a one-percent tax on Californians with incomes over one million dollars.



In 2013-2014, Solano County created the Mental Health Services Act (MHSA) Fiscal Year (FY) 2014/17 Integrated Plan. The Solano County FY2015/16 MHSA Annual Update provides a comprehensive summary of the progress that has been made since the first year of implementation of the Plan, and highlights the changes that will be made moving forward to increase access to quality mental health services for residents with mental health needs.

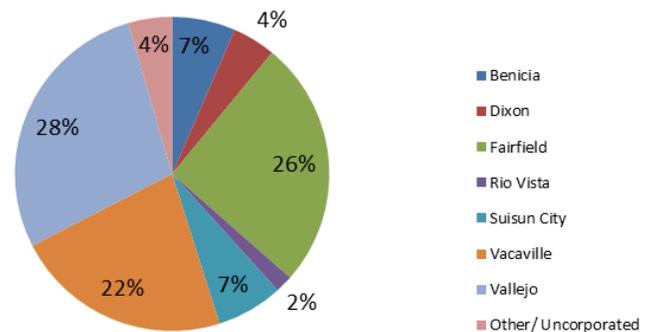
SOLANO COUNTY DEMOGRAPHICS

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to the 2009- 2013 American Community Survey Five Year Estimate, the County’s population is 417,258: 49.1% of the population is male, and 50.1% of the population is female.

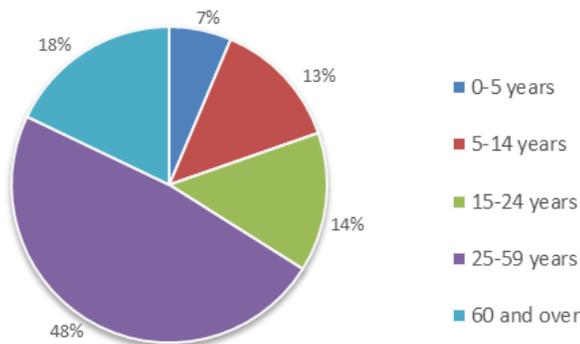
Cities

There are seven incorporated cities in Solano County, with the City of Vallejo as the most populous city in the County.

Solano County - Cities



Solano County Demographics - Age



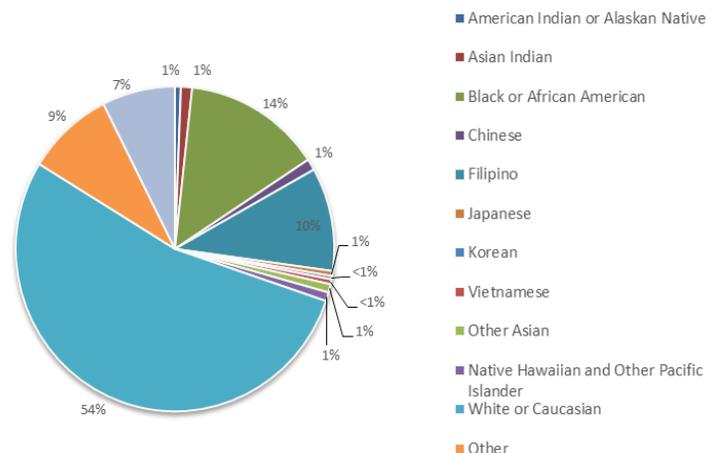
Age

The median age for Solano County is 37.1 with nearly half of the population being between the ages of 25-59.

Ethnicity/ Race and Threshold Language

Approximately 46% of the population identified with an ethnicity/race other than White or Caucasian. The primary threshold language county-wide is Spanish. However, the city of Vallejo (the largest city in the County) has indicated a need for Tagalog translation due to the large Filipino population in the region.

Solano County - Ethnicity/Race



COMMUNITY PLANNING PROCESS

Solano County Community Forum

On March 29, 2015, the California Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a regional community forum including Solano, Napa, Yolo, and Sacramento Counties. 153 participants attended the forum, with approximately 80% of the participants indicating that they were a part of the Solano County community. Participants were asked to work in small focus groups to discuss mental health program and services implementation strategies for targeted populations including: consumers, family members of consumers, peer providers, parents and caregivers, Spanish-speaking consumers, and transitional-age youth (TAY). For more information about the Solano County Community Forum, or to view the report, visit the MHSOAC website at www.mhsoac.ca.gov.

Innovation Component Plan – Steering Committee Meeting

The Solano County MHSA Steering Committee is comprised of mental health consumers, family members, providers, and community members from unserved and underserved populations, and serves the purpose of providing guidance and recommendations related to the implementation of the Solano County FY2014/17 MHSA Integrated Plan. Steering Committee meetings are publicized on the Solano County’s MHSA webpage, email announcements to hundreds of contacts, and in-person announcements at public meetings. On December 4, 2014, the Solano County MHSA Steering Committee meeting was convened to finalize input on the Innovation Component Plan.



COMMUNITY PLANNING PROCESS

Subcommittee Meetings

In addition to the Solano County MHSA Steering Committee, subcommittees were created to gather input from targeted populations on the Three Year Integrated Plan, and to provide strategies for implementation of the Plan in specific communities across the County. The table below records the dates and the types of attendees for the Steering Committee and subcommittees:

	Provider of Services	Probation/Law Enforcement	Social Services	Consumer/Family Member/NAMI Member	Education	Peer Provider	Representatives and family members of unserved/underserve	Veterans	Faith-Based Community	Mental Health Administration
Steering Committee Meetings										
December 4, 2014: U.C. Davis	11			3		1				4
Subcommittee Meetings										
July 24, 2014: African American	5		2				2		1	
August 7, 2014: African-American	5		2				3		1	
September 9, 2014: African-American	4		3				4		2	
September 25, 2014: U.C. Davis	4						2			
October 24, 2014: U.C. Davis Reducing Disparities	6			1	7	2	3			

Public Hearing and Posting Dates

- September 30, 2015—Stakeholder FY2015/16 Annual Update Meeting
- October 16, 2015 – public posting of the draft Annual Update on the following website: http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp. See Appendix for announcement.
- October 16, 2015 - November 17, 2015 – public comment period. As of November 18, 2015, no public comments have been received.
- November 17, 2015 – public hearing convened by the Solano County Mental Health Advisory Board. Official close of public comment period. See Appendix for minutes, comments, questions, and recommendations.
- December 8, 2015 – Solano County Board of Supervisors meeting.



Prevention and Early Intervention (PEI) strategies are designed to prevent mental illness from becoming severe and disabling, and to improve timely access to services including outreach to underserved populations.



PREVENTION & EARLY INTERVENTION

Strategies include; community-wide/ primary prevention services, which provide education about and access to mental health services; targeted prevention services, which target individuals who are showing early signs of mental illness; and early intervention services, which provide short-term interventions to lessen the severity and duration of mental illness. Twenty percent of MHSA funds are directed to PEI programs, with at least fifty-one percent of those funds dedicated to children and youth under the age of twenty-five.

COMMUNITY-WIDE PREVENTION STRATEGIES

Community-wide, or universal, prevention activities reach out to families, schools, ethnic communities, health care providers, and the broader community to educate the public about the signs of mental illness. Solano County continues to coordinate local community-wide prevention efforts in the areas of suicide prevention, stigma and discrimination, and student mental health with the overall statewide efforts funded through MHSAs statewide projects, and administered by the California Mental Health Services Authority (CalMHSA). These include:

Suicide Prevention

The statewide effort has developed the “Know the Signs” Suicide Prevention campaign and website, as well as a training curriculum to improve the capacity of communities to recognize the signs of suicide and intervene when they encounter suicidal individuals. More information about the statewide campaign is available online at www.suicideispreventable.org. The following activities were conducted FY2014/15:

- Applied Suicide Intervention Skills Training (ASIST) – an evidence-based model for suicide prevention. ASIST is a two-day course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide. 56 participants attended the two ASIST trainings provided during the fiscal year.
- Safe Talk Trainings – three trainings were held, and 48 participants were trained.
- Suicide Prevention Public Service Announcement (PSA) – local movie theatre showed 30-second PSA prior to start of movie films.
- Local promotion of “MY3” free suicide prevention mobile app - allows individuals to identify three supports and helpful activities as well as linkage to the National Suicide Prevention Lifeline (1-800-273-TALK/8255).
- Received 137 calls on the Solano Friendship Line.



COMMUNITY-WIDE PREVENTION STRATEGIES

Stigma & Discrimination Reduction

Stigma and discrimination against mental illness often prevent or delay people from seeking mental health services. In 2014-2015, specific local strategies have been developed to reach traditionally unserved and underserved populations.



African American Faith-Based Initiative

In FY2013/14, the CalMHSA Stigma and Discrimination Reduction-Mental Health and Spirituality Initiative was launched in Solano County to develop a partnership with the African American faith community to increase understanding, collaboration, and recognition of the important role that spirituality can take in a recovery process. The goal of the project was to create mental health friendly faith communities, which are informed and welcoming to those who have experienced mental illness. In FY2014/15 Solano County elected to continue the project for local residents. The project will expand upon work completed in FY2013/14 by reestablishing alliances with local ministries who participated previously, and expanding the project to establish additional mental-health friendly communities at African American churches. The re-launch of the project was delayed in FY2014/15; however updates related to these efforts will be available in FY2015/16.



LGBTQ Welcoming Project

This grant will focus on educating and raising awareness around the special challenges faced by LGBTQ community members that are intrinsic to their mental well-being, helping organizations to decrease barriers to care and service for this population, and promoting tolerant and welcoming policies and practices through training and education, while also providing specific targeted group support in a variety of venues to individuals known to be at higher risk for mental illness, especially depression and suicide as a result of their gender or sexual preferences. In FY2014/15, Solano County contracted with a community based organization to create and implement a comprehensive needs-assessment of the Solano County LGBTQ community, and to provide technical assistance and support of the local LGBTQ Center. Updates related to these efforts will be available in FY2015/16.

COMMUNITY-WIDE PREVENTION STRATEGIES

Stigma & Discrimination Reduction

Hispanic Outreach and Latino Access (HOLA)

The goal for the Hispanic Outreach and Latino Access (HOLA) program is to increase awareness and understanding, to the Latino community, of the mental health services provided by Solano County. Through outreach and the development of relationships with non-mental health organizations (churches, primary care, family resources centers, etc.) the HOLA program provides information and resources as they relate to mental health and the Latino community. HOLA also provides education to the Latino community by leading discussion groups and offering Spanish Mental Health First Aid trainings in an effort to reduce the stigma of mental illness within the Latino community and to increase linkage to community mental health services. By presenting a friendly, helping face to the Latino community, HOLA staff provide a culturally and linguistically appropriate bridge for accessing mental health services.

Highlights & Achievements

- Spanish Mental Health First Aid Presentation:
 - Adult: 1 (15 participants)
 - Youth: 4 (Solano County was a pilot site for the Youth Mental Health First Aid in Spanish with an average of 20 participants)
- As a result of program outreach, a total of 132 calls came in specifically to the HOLA coordinator during this fiscal year.



COMMUNITY-WIDE PREVENTION STRATEGIES

Stigma & Discrimination Reduction

Filipino Outreach Program (KAAGAPAY)

The Cultural Competency Plan of Solano County identified that there is a large disparity in the utilization of mental health care services in the Filipino population, which appears to be reflective of a statewide dilemma. Filipinos represent the largest Asian American and Pacific Islander (AAPI) subgroup in our community and yet are disproportionately underserved. There exists a high degree of stigma within the community regarding mental health disorders. The program aims to educate and provide information to consumers on topics of mental health and providers on delivery approaches that use Culturally and Linguistic Appropriate Service Standards (CLAS).

In May 2015 KAAGAPAY , which means “reliable companion,” was launched with the following objectives at hand:

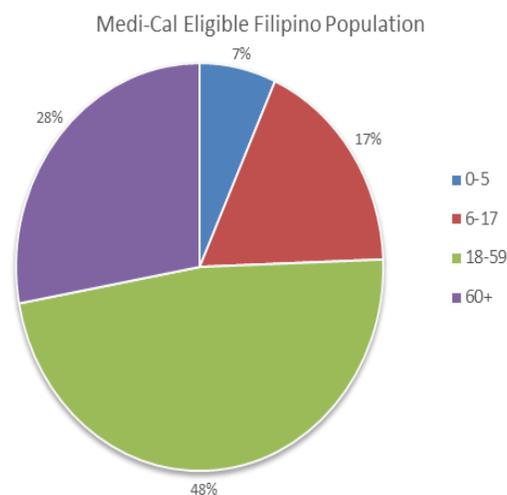
- Increase access to mental health services
- Improve the cultural competency of mental health providers
- Reduce the stigma of mental health through psycho-education within the community
- Educate schools, medical and mental health providers and other partner agencies on how to best serve the population with culturally sensitive approaches, and
- Collaborate with the faith communities for reciprocity of resources

Demographics

There are approximately 47,400 Filipinos in Solano County. Of that total 24,500 reside in Vallejo, and 8,758 of the total population are Medi-Cal eligible.

Among the subgroup of Medi-Cal eligible Filipinos categorized in age groups, the following data is available:

Low-income female Filipinos represent more than 50% of the population with an unduplicated head count of 5,030. There are 3,728 unduplicated head count for males.



COMMUNITY-WIDE PREVENTION STRATEGIES

Stigma & Discrimination Reduction

Highlights and Achievements

In May 2014, KAAGAPAY co-sponsored an Asian American and Pacific Islander (AAPI) forum which aimed to start a the conversation about the Mental Health Care system within the AAPI community. There were 30 participants in this forum. Participants asked myriad questions from-*What are coping skills to Why Filipinos are the target population?* These questions prompted a dialogue between participants and community helpers to form meaningful relationships that may eventually lead to sustained engagement in mental health services.

In June 2014, KAAGAPAY, participated as a vendor in the *Pista sa Nayon* (Fiesta in our Town) event. There were approximately more than 2,000 participants in this event. The program was able to disseminate 200 Mental Health flyers and brochures in various programs of the County.

TARGETED PREVENTION & EARLY INTERVENTION

Solano County has funded six PEI programs that serve targeted populations: Early Childhood Mental Health Initiative/Partnership for Early Access for Kids (PEAK); School Age Program; Transition-Age Youth; Behavioral Health/Primary Care Integration; Older Adult Prevention and Early Access (PEAS); and Peer Counseling for Homebound Seniors.

TARGETED PREVENTION & EARLY INTERVENTION

Early Childhood - PEAK

The Partnership for Early Access for Kids (PEAK) Program is operated by community-based organizations, and provides home-based or center-based prevention and early intervention services to children ages 0-5 and their families. The program targets families living in low-income, high-risk neighborhoods, including Spanish and Tagalog-speaking parents; children in the child welfare system; and those in families struggling with parental mental illness, domestic violence, substance abuse, or parental depression. The program is jointly -funded by MHSA and First Five Solano. In FY2014/15, Solano County utilized the following prevention and early intervention strategies for the PEAK Program:

- *Prevention Strategies*

Parent and caregiver education on child development; provider and caregiver education and training on the Ages and Stages (ASQ) and ASQ Social Emotional (ASQ-SE) Questionnaire; and screening and assessment related to the personal-social domain.

- *Early Intervention Strategies*

Intensive case management to provide referrals and linkage to community services; interdisciplinary team evaluation for a small number of children with more challenging issues; short-term treatment for non-Med-iCal eligible children with serious social/emotional concerns; and nine to fifteen weeks of center- and home-based parent coaching on coping with difficult behaviors.

- *Linkage*

Links children and families requiring longer term treatment, to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.



TARGETED PREVENTION & EARLY INTERVENTION

Early Childhood - PEAK

Highlights and Achievements

- 1,319 individuals were served through the Early Child Program, including children and their families;
- 82% of clients screened using the ASQ/ASQ-SE Questionnaire were identified as having significant mental health issues;
- 191 parents and caregivers attended parenting and coaching classes; 80% of attendees indicated on post workshop surveys an increase in knowledge related to class topics
- 35 children with moderate to severe socio-emotional concerns received intensive short-term treatment services
- Most PEAK providers have bilingual, bi-cultural staff to meet needs of Latino population served through Early Childhood Program.

Challenges and Barriers

- Changes in referral process systems - The PEAK program is a part of new County-wide referral and screening process/system called “Help Me Grow.” The Help Me Grow initiative aims to streamline referral processes for families with children ages 0-5, with the intent to increase access to services. The unfamiliarity with the new referral process impacted the number of referrals to the PEAK program.
- Staff shortages – Several of the PEAK community-based organizations were impacted by clinical staff shortages, which decreased the number of individuals receiving screening and treatment.
- Due to the Affordable Care Act, there was significant expansion of Medi-Cal beneficiaries which initially resulted in delays in service delivery.

Changes for FY2015/16

The Help Me Grow Collaborative has established quarterly meetings to discuss common challenges and barriers for partners. Issues related to the referral process have been addressed at the quarterly meetings, and it is anticipated that referrals to PEAK providers will stabilize in the coming year. Solano County MHSA and First Five will continue to work with PEAK providers to address staff short falls, and will devise strategies to ensure quality services are provided to the targeted populations.

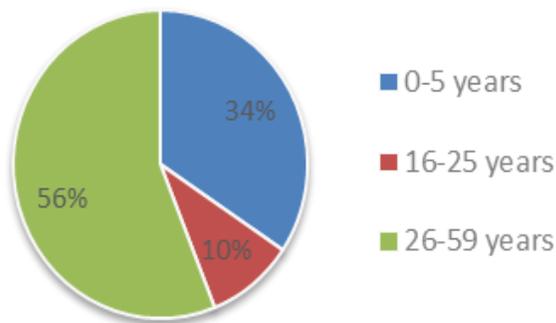
TARGETED PREVENTION & EARLY INTERVENTION

Early Childhood - PEAK

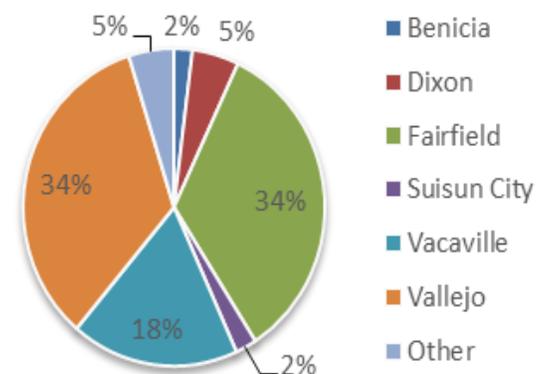
Demographic Data

Approximately 40% of the individuals served by the Early Childhood Program were Latino, and approximately 26% of individuals served indicated Spanish as their primary language. 60% of individuals served were males. The following graphs provide additional information about the demographic breakdown of individuals served through the Early Childhood Program:

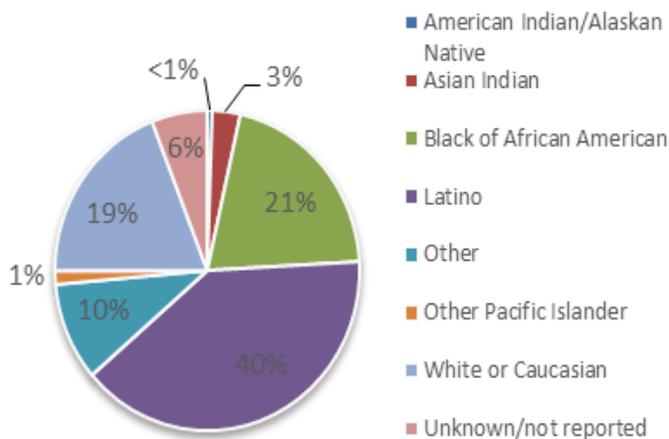
Early Childhood - Age Category



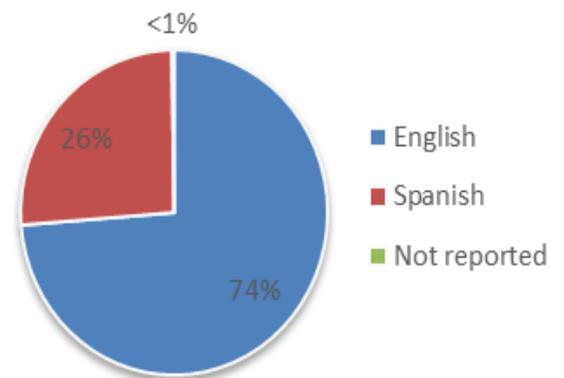
Early Childhood - City of Residence



Early Childhood: Ethnicity



Early Childhood - Primary Language



Number of individuals receiving prevention services: 1319

Cost per person for prevention services: \$113.72

Number of individuals receiving early intervention services: 35

Cost per person for early intervention services: \$12,857.14

TARGETED PREVENTION & EARLY INTERVENTION

School Age Youth

The School-Age program serves children and youth in grades K-12. The program is administered by two community-based organizations in cooperation with the Local Education Agency (LEA), and provides school-based services to schools in low-income areas, and communities with the highest percentage of Latino, Filipino and Pacific Islander families, and English language learners. The School Age Program employed the following strategies for FY2014/15:

Prevention strategies

Referral, screening, and assessment of students showing early signs of mental illness.

Early intervention strategies

Targets students with mood disorders (depression/bi-polar disorder) and trauma. Services also target at-risk Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth who are at much greater risk of attempting suicide due to stigma and bullying. It is projected that 50% of the children served were eligible for the Medi-Cal EPSDT Program, and billed to Medi-Cal to maximize funding and serve a greater number of children. It is anticipated that some percentage of children may be uninsurable, and they will be provided short term treatment and linkage when indicated.

Linkages

Creates and maintains linkages with other programs to ensure that youth who need more intensive or longer treatment will receive appropriate services. Families and caregivers of children identified through the screening process who have other insurance will be educated about the importance of early intervention, and will be supported in accessing indicated care.

Highlights and Achievements

- 2003 individuals were served through prevention strategies including:
 - student committee development (175)
 - training of school staff (1,128)
 - training and consultation to parents (58)
 - parent and community engagement (223)
 - Student behavioral health screenings using evidence-based tools (419)

TARGETED PREVENTION & EARLY INTERVENTION

School-Age Youth

Highlights & Achievements (cont.)

- 918 students attended presentations on anti-bullying, and anger management techniques
- 67 students received short-term early –intervention treatment services
- 234 individuals were linked to additional services including but not limited to: further school assessment services and additional mental health services.

Outcomes

Of the clients that completed the CANS, approximately 48% of clients who were experiencing adjustment to trauma, demonstrated improvement.

Challenges & Barriers

The introduction of the revised School Age Program into the school community was met with some challenges. School communities and the community providers had to reestablish an understanding of the services offered by School Age Program providers, which impacted the timely implementation of the program. Community providers also introduced new data collection systems to School Age Program staff. This required additional training, which created a lag in program implementation. Staff shortages added to the delay in treatment services for this population.

Changes for FY 2015/16

The County will continue to provide technical support to School Age Program providers to improve partnerships with school communities, and to improve data quality for FY2015/16.

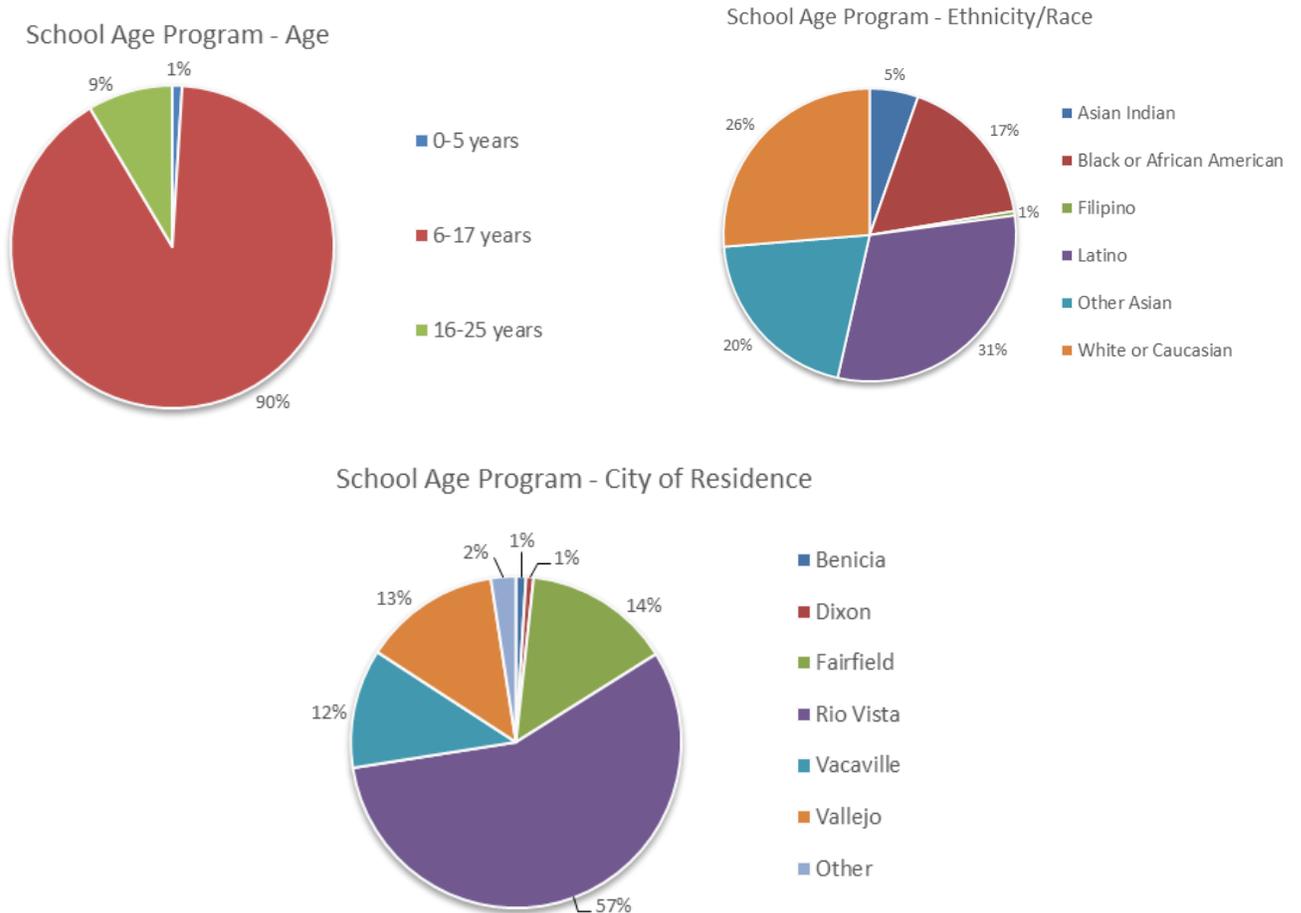


TARGETED PREVENTION & EARLY INTERVENTION

School-Age Youth

Demographics

The majority of individuals served by the School Age Program in FY2014/15 were male (53%); 47% were female. The primary language was English (86%), with 14% of the individuals indicating Spanish as their primary language. The graphs below provide additional demographic information for the School Age Program:



Number of individuals receiving prevention services: 2003

Cost per person for prevention services: \$254.55

Number of individuals receiving early intervention services: 67

Cost per person for early intervention services: \$13,872.10

TARGETED PREVENTION & EARLY INTERVENTION

Transition-Age Youth - Early Intervention in Psychosis

The Transition-Age Youth (TAY) Program provides services to youth ages 12-25, who are either exhibiting early signs of psychosis or have had a first episode of psychosis and are developing a major mental illness. The program is provided in collaboration with the University of California, Davis, and a local community provider. U.C. Davis has a demonstrated record of success in providing training and support for the implementation of early intervention psychosis programming. TAY employed the following prevention and early intervention strategies for FY2014/15:

- *Prevention Strategies*

Outreach and education to schools, colleges, health professionals, and others who serve youth to increase their ability to identify youth showing early signs of mental illness, then refer identified youth to screening and assessments.

- *Assessments*

Using the state of the art in early identification, and evidence-based interventions including: Family Assisted Assertive Community Treatment, Multi-Family Group and Individual Therapy, Supported Education and Employment, and Targeted Medication Management.

- *Early intervention strategies*

Targets youth exhibiting signs of early onset psychosis. It is anticipated that 60% of the youth served will be eligible for the Medi-Cal or EPSDT Program, treatment services provided by a Medi-Cal/EPSDT certified provider, and billed to Medi-Cal to maximize funding and provide effective treatment to a greater number of youth.

- *Linkages*

The program also creates and maintains linkages with other programs to ensure that youth who are not in need of these services will be linked to appropriate services.

TARGETED PREVENTION & EARLY INTERVENTION

Transition-Age Youth - Early Intervention in Psychosis

Highlights and Achievements

139 participants attended community presentations about the TAY –Early Psychosis Program.

Outcomes

Approximately 80% of clients assessed were identified as experiencing psychosis, and were linked to appropriate treatment.

Challenges and Barriers

The initial comprehensive training scheduled for the community provider's staff was delayed, which delayed the implementation of outreach activities related to the TAY Program. Also recent staff turnover for the TAY program has impacted the community provider's ability to increase numbers served through the current program.

Changes in FY2015/16

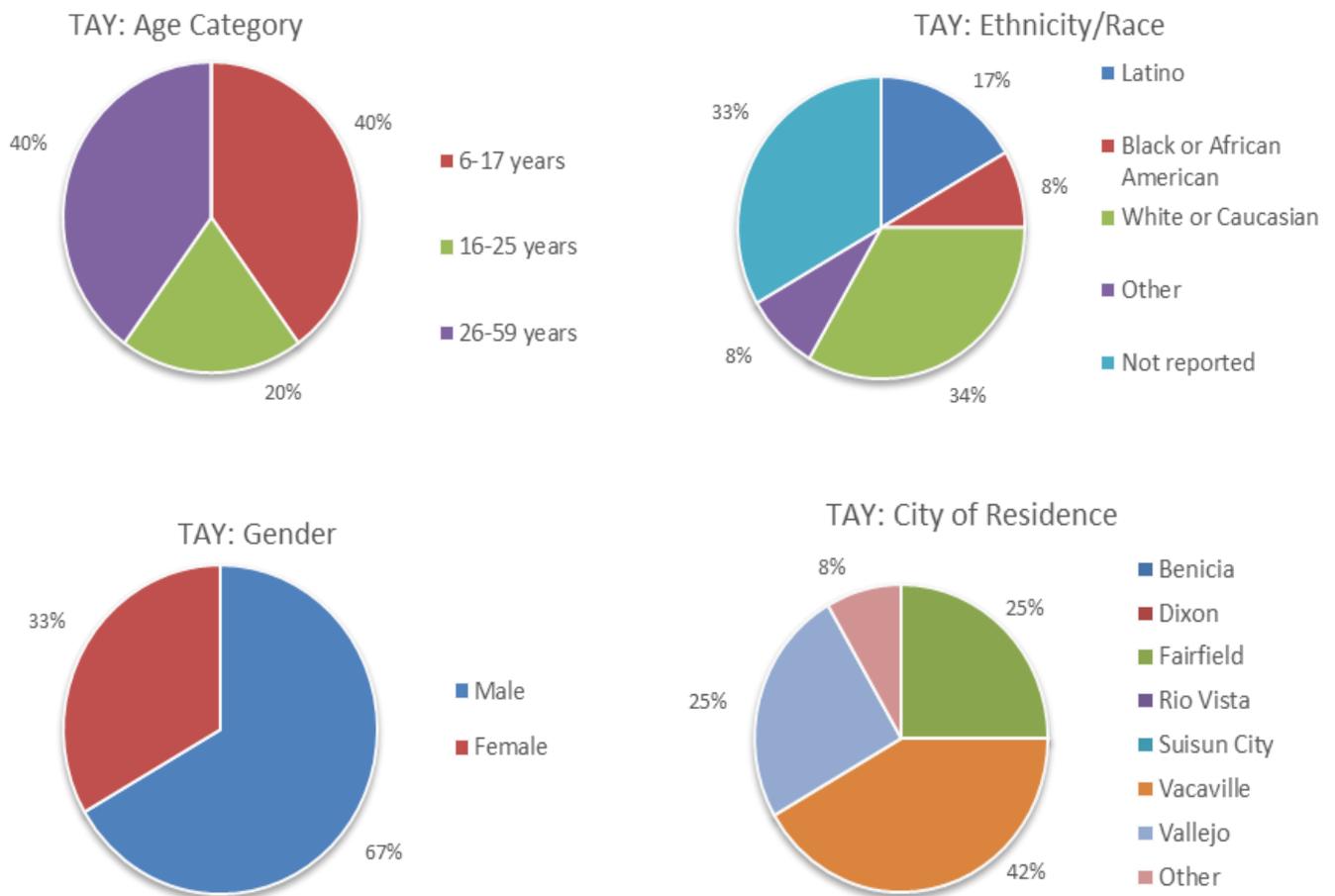
The local community provider has made key partnerships with other local agencies to increase outreach and education activities related to the TAY Program. Recruitment of key staff for the program is underway, and it is anticipated that program utilization will increase. Additional outcome data will be available FY2015/16.

TARGETED PREVENTION & EARLY INTERVENTION

Transition-Age Youth - Early Intervention in Psychosis

Demographics

The majority of individuals served in FY2014/15 were males, and where individuals between the ages of 16-25. The primary language for all individuals served was English. The following graphs provide additional information about the demographic breakdown of individuals served through the TAY Program:



Number of individuals receiving prevention services: 11

Cost per person for prevention services: \$29,543.13

Number of individuals receiving early intervention services: 1

Cost per person for early intervention services: \$28,258.65

TARGETED PREVENTION & EARLY INTERVENTION

Behavioral Health/Primary Care Integration

The Behavioral Health/Primary Care Integration Prevention & Early Intervention program was designed to increase access to mental health services in local primary care clinics, especially to underserved populations. MHSa Prevention and Early Intervention funds are used to support the Integrated Care Clinics (ICC) efforts to promote access to medication support in the adult system of care. Services provided will include assessment, linkage, and short-term case management.

Changes in FY2015/16

ICC efforts will continue to promote increased client responsiveness by medication clinics and linkage to medical and other resources for adult consumers, transportation, medication reminders, and urgent interventions. The County will continue to seek opportunities to integrate care in the upcoming year.



TARGETED PREVENTION & EARLY INTERVENTION

Older Adults - PEAS

The Prevention and Early Access Program for Seniors (PEAS) provides community outreach, education and assessment for older adults who may have experienced loss and exhibit signs of depression, anxiety, or who live with a mental illness and need support to continue to maintain their independence in the community. PEAS serves all older adults, ages 60 and over, and emphasizes identifying and treating underserved consumers from low-income communities, particularly those from Latino and Filipino communities. Key prevention and early intervention strategies include:

- *Prevention Strategies*

Outreach and education to raise community awareness regarding mental illness and the signs which may indicate that an individual is in need of mental health care and support. Assessment of depression and/or anxiety, and the dissemination of information and resources to the community and to older adults who may be in need of these services.

- *Early Intervention Strategies*

It is anticipated that many of the target population will be eligible for Medi-Cal or Medicare, and treatment services may be maximized through joint funding to leverage resources and serve a greater number of older adults with care proven to be effective.

- *Linkages*

Program links participants to primary care, mental health services, and other needed community services. Thresholds for referral for more urgent or intensive services are established through the use of a validated screening instrument. The program creates and maintains linkages with other local programs to ensure that older adults who need more intensive, urgent, or longer-term treatment receive appropriate and timely care. PEAS staff include peer providers to ensure that individuals in crisis can speak to someone who can better understand what they are experiencing and promote participation in their care.

TARGETED PREVENTION & EARLY INTERVENTION

Older Adults - PEAS

The following services were provided by PEAS in FY2014/15:

- Gatekeepers - a community education program which informs residents about the early signs that a senior may be at risk of experiencing a mental health challenge and what to do about it. Separate workshops for health providers cover unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options.
- The Navigator Program - screens and case manages seniors referred by Gatekeepers and others. It includes a comprehensive assessment to help pinpoint specific issues, referrals to primary care and mental health services, and short term counseling. These activities range from prevention to early intervention. All clients are assessed either in their homes, the Area Agency on Aging office, or other community-based locations.

Highlights and Achievements

- Outreach activities were conducted for over 1,700 older adults about the PEAS program
- 342 referrals were received; 96% of the referrals have been assisted
- 93 older adults received early intervention treatment services including but not limited to: case management, counseling, or support services
- 104 individuals attended suicide prevention workshops
- 85 individuals attended mental health education workshops
- 48 older adults were assessed using the Adults Needs and Strengths Assessment (ANSA)
- 74 PHQ -9 –Depression screenings were completed
- 74 GAD-7 –Anxiety screenings were completed
- 167 older adults were linked to additional services, including but not limited to: medical care, mental health services, support groups, or suicide prevention services.

TARGETED PREVENTION & EARLY INTERVENTION

Older Adults - PEAS

Outcomes

- Of the 74 older adults screened by the PHQ-9, 31 older adults were reassessed; 74% of the individuals reassessed showed improvement;
- Of the 74 older adults screened by the GAD-7, 31 older adults were reassessed; 71% of the individuals reassessed showed improvement
- Of the 48 older adults assessed using ANSA; 10 older adults were reassessed; 70% of the individuals reassess showed improvement.

Challenges and Barriers

The ANSA was implemented as one of the assessment tools for the PEAS program. However, the community based provider lacked the technological infrastructure to capture outcome data related to ANSA, and also as implementation progressed throughout FY2014/15, it was evident that the ANSA did not adequately assess the needs of the older adult population.

Changes in FY2015/16

The community-based organization operating the PEAS program has recently added a Latino Specialist position to expand services to the older adult mono-lingual Latino population. Also, the County will consider implementing other evidence-based assessment tools for the PEAS program that best align with characteristics of the older adult population.

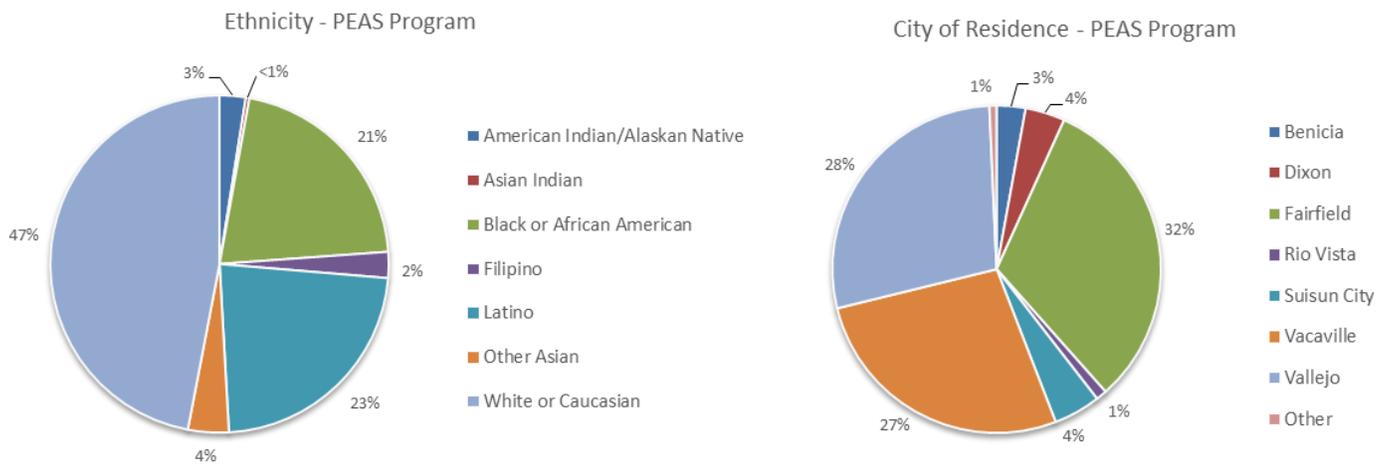


TARGETED PREVENTION & EARLY INTERVENTION

Older Adults - PEAS

Demographic Data

The majority of individuals served through the PEAS program were women (71%). All individuals served through the PEAS program are age 60 or over. Approximately 80% of individuals served through the PEAS program indicated English as their primary language, and 20% of individuals indicated Spanish as their primary language. The following graphs provide additional demographic data for the PEAS program:



Number of individuals receiving prevention services: 188

Cost per person for prevention services: \$1,057.91

Number of individuals receiving early intervention services: 93

Cost per person for early intervention services: \$2,613.82



TARGETED PREVENTION & EARLY INTERVENTION

Older Adults – Peer Counseling Program

The Peer Counseling for Homebound Seniors Program, operated by a community non-profit agency, recruits and trains community volunteers to provide peer counseling for older adults throughout the county who are living with mental health issues. One-on-one and small group counseling is provided, as well as referrals for other services.

Highlights and Achievements

- 49 older adults attended volunteer orientation for the peer counseling program;
- 9 older adults completed the in-depth peer counseling training, which included modules on mental health and aging, loneliness, depression, sadness, suicide, addiction, listening skills, and cultural competency;
- 64 older adults received home visits
- 71 older adults were a part of the Phone Buddy Program
- 97 older adults participated in group peer counseling sessions
- 14 older adults participated in virtual peer counseling sessions

Outcomes

Reliable outcome data for the Peer Counseling Program will be available in FY2015/16.

Challenges and Barriers

The Peer Counseling Program was delayed in its implementation in FY201/15. The delay impacted the community-based organization's outreach efforts for the program, which decreased the number of individuals enrolled in the program in FY2014/15. Similarly, the Older Adult Peer Counseling Program had difficulty identifying an appropriate evidence-based assessment tool for the program that adequately assessed the older population.

TARGETED PREVENTION & EARLY INTERVENTION

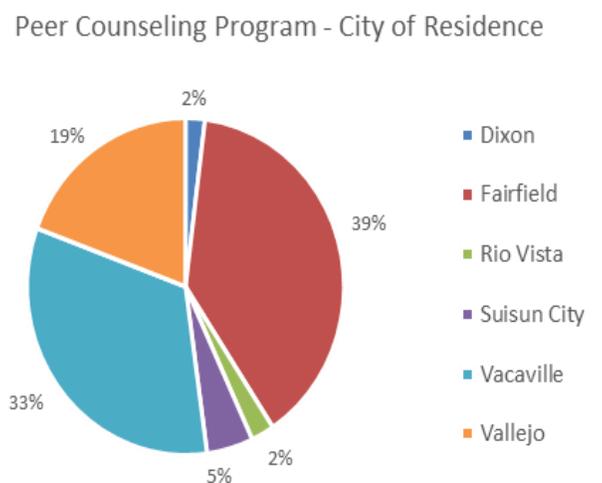
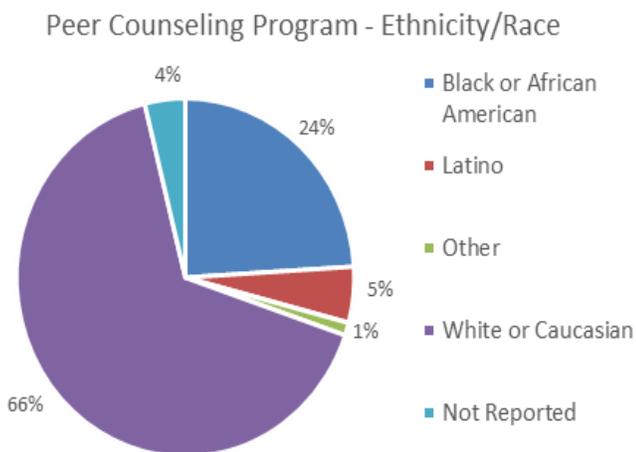
Older Adults - Peer Counseling Program

Changes in FY2015/16

The community provider has created several key collaborations with local organizations such as Meals on Wheels, and the Napa-Solano Area Agency on Aging to increase cross-referrals to the Peer Counseling Program. It is anticipated that the increased collaboration and coordination between partner agencies will increase the number of individuals served by the program. The County will continue to provide technical assistance to the Peer Counseling Program provider to identify an appropriate evidence-based assessment tool to capture reliable outcome data for FY2015/16.

Demographic Data

All individuals served by the program are ages 60 and over. The majority of individuals served are women (86%); 14% were men. The primary language for all individuals was English. The following graphs provide additional demographic data for the Older Adult Peer Counseling Program:



Number of individuals receiving prevention services: 135

Cost per person for prevention services: \$169.01

Number of individuals receiving early intervention services: 123

Cost per person for early intervention services: \$278.24

TARGETED PREVENTION & EARLY INTERVENTION

Family and Peer Support (NAMI)

The National Alliance on Mental Illness (NAMI) of Solano provides support and advocacy to individuals with mental illness and their family members. FY2014/15 PEI funding has been used to support ongoing NAMI programs that are offered in the Solano community:

- *Peer-to-Peer Program*
Ten two-hour sessions free of charge to individuals navigating their own mental health challenges for the first time, or who need ongoing support to stay on track with their wellness and recovery goals.
- *Family-to-Family Program*
Participants meet for twelve sessions to learn critical information and strategies related to caregiving and advocating for their loved ones. This program was designated an evidence-based practice in 2013 by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- *Mental Health Promotion*
Supports the development and strengthening of the local chapter of NAMI in Solano to provide more public awareness campaigns, advocacy for the rights of the mentally ill, and to obtain 'train-the-trainer' training to administer the two programs described above.

Highlights and Achievements

- 17 individuals attended the Family-to-Family trainings
- Launched a new program - Parents and Teachers as Allies training; 14 individuals were trained
- 13 individuals graduated from the Peer-to-Peer Program
- Over 700 calls were received on the warm-line operated NAMI Solano County

TARGETED PREVENTION & EARLY INTERVENTION

Family and Peer Support - NAMI

Outcomes

- 85% of individuals attending the Parents and Teachers as Allies training indicated an increase in knowledge on post surveys;
- 70% of individuals attending the Family-to Family trainings completed post surveys; of those individuals, 100% indicated a better understanding of recognizing the signs and symptoms of mental illness

Challenges and Barriers

Implementation of the Family and Support Program was delayed, which impacted NAMI Solano County's ability to conduct outreach activities to increase the number of individuals served by the program. Also, data collection posed as a barrier for the program. Data reporting instruments did not adequately capture the outcome data for targeted population. The program did not meet targeted goals for outreaching to the Latino population due to staffing.



Changes in FY2015/16

Solano County will be providing additional technical assistance to NAMI Solano County to improve data collection and reporting. NAMI Solano County has added additional bi-lingual staff to conduct trainings in Spanish with the intent to increase penetration rates of program services in the local Latino population. NAMI has also increased partnerships with local community-based organizations to increase referrals to the Family and Peer Support Program.

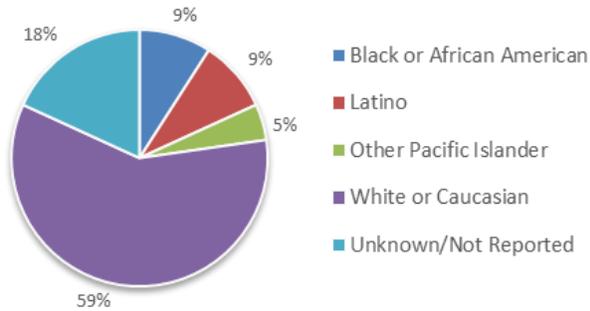
TARGETED PREVENTION & EARLY INTERVENTION

Family and Peer Support - NAMI

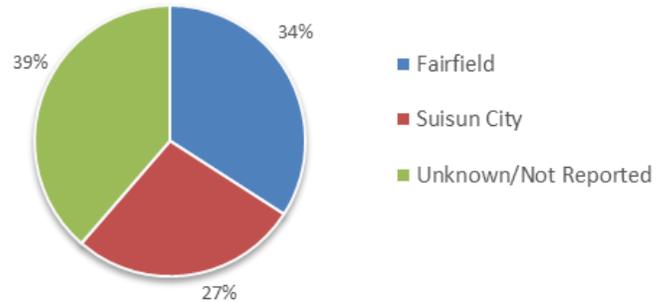
Demographic Data

The following tables provide demographic breakdown for individuals who participated in the Family and Peer Support Program:

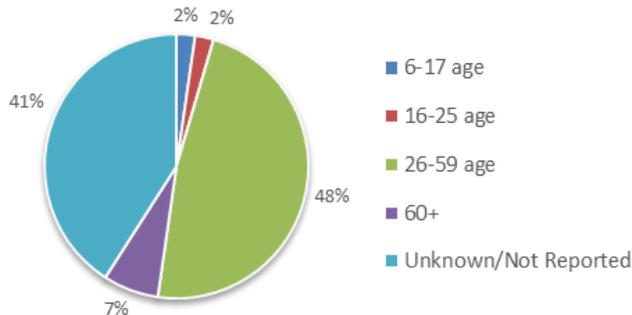
Family & Peer Support - Ethnicity



Family and Peer Support Program - City of Residence



Family and Peer Support Program - Age



Primary Language: Family & Peer Support Program

Language	Raw Count	Approximate Percentage (%)
English	14	32
Unknown/Not Reported	30	68

Gender: Family & Peer Support Program

Gender	Raw Count	Approximate Percentage (%)
Female	21	48
Male	6	14
Unknown/Not Reported	17	38

Number of individuals served: 44

Cost per person: \$525.05

TARGETED PREVENTION & EARLY INTERVENTION

Relapse Prevention & Aftercare – Program Moved to CSS

The Relapse Prevention/Aftercare Program serves adults age 18 to 60 who have suffered an episode of acute mental illness or hospitalization in the past 90 days, or who are considered at great risk for relapse based on recent utilization of crisis services. This program features a combination of peer-provided and professional services that may include 1:1 peer support, structured wellness and recovery skills training, brief individual and group counseling, medication monitoring, field outreach and transportation, telephone check-in or follow-up, crisis prevention planning, mentorship, and other proven strategies to support individuals new to their recovery or needing a period of more intensive peer and professional support.

Individuals served by the Relapse and Aftercare Program have similar characteristics and needs as individuals served by Solano County's CSS programs. In FY2014/15, the Relapse and Aftercare Program was moved from PEI component funding to CSS component funding to promote the continuity of care for individuals served by both programs.

Highlights and Achievements

- 124 individuals were served by the Relapse and Aftercare Program
- Approximately 94% of participants in the Relapse and Aftercare Program received early -intervention treatment services including Motivational Interviewing (MI), and Screening, Brief Intervention, and Referral to Treatment (SBIRT) services
- 45 clients were linked to additional services including alternative care, intensive care, and insurance coverage services.

Outcomes

- Community provider will be implementing the ANSA Fall 2015. Outcome data will be available FY2015/16.

Challenges and Barriers

TARGETED PREVENTION & EARLY INTERVENTION

Relapse Prevention & Aftercare

The statewide dilemma of the shortage of mental health professionals had a local impact on Solano County Relapse and Aftercare Program. The community provider indicated challenges in hiring mental health staff for the area. Also the program had challenges collecting outcome data for reporting purposes due to initial lack of data access for the program.

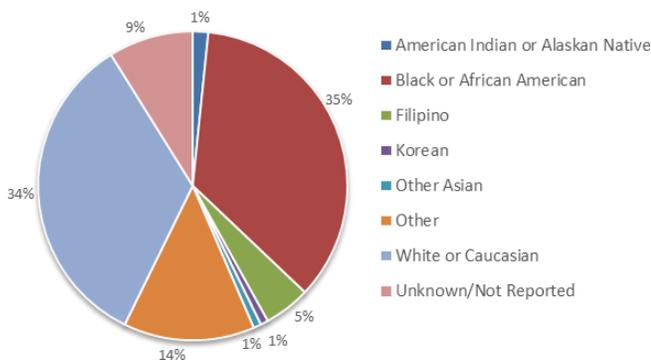
Changes in FY2015/16

The program will be implementing the Adult Needs and Strengths Assessment (ANSA) Fall 2015, and will continue to work with the County to identify solutions for staff recruitment. The community provider will continue to provide interpretation services through its interpreter line to ensure that culturally and linguistically appropriate services are provided to the community.

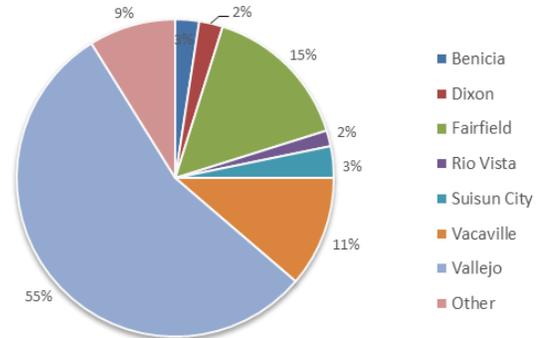
Demographic Data

The majority of individuals served by the Relapse and Aftercare Program were women (53%), 47% were men. 98% of the population served by the program indicated English as their primary language. The following tables and graphs provided additional demographic data for the program:

Relapse and Aftercare Program - Ethnicity/Race



Relapse and Aftercare Program - City of Residence



Relapse Prevention & Aftercare Program—Age

Age Category	Raw Count	Approximate Percentage (%)
16-25	23	19
26-59	79	64
60 and over	22	17

Number of individuals served: 124

Cost per person: \$3,228.05

TARGETED PREVENTION & EARLY INTERVENTION

Homeless Mentally Ill Outreach and Engagement- moved to CSS

Homeless Mentally Ill (HMI) services consist of working with the homeless mentally ill consumer in shelter, encampments, or other venues to promote engagement in treatment, linkage to transitional and permanent housing, and reduced rates of incarceration and hospitalization for this population. Strategies for the HMI program include:

- *Prevention strategies (25% of funds)*

A HMI Coordinator will work with a variety of agencies including homeless shelters, law enforcement, hospitals, County Health and Social Services departments, and housing agencies to promote collaboration and collective problem solving to better address the needs of the homeless mentally ill. This coordinator will spearhead coordination and cooperation among different stakeholders to promote improved response to the needs of this population, while also providing oversight of the treatment and engagement services described below. Outreach will also be a major responsibility of the HMI Coordinator.

- *Early intervention strategies (50% of funds)*

Individuals will be identified through colocation with shelters, street and encampment



TARGETED PREVENTION & EARLY INTERVENTION

Homeless Mentally Ill Outreach and Engagement

outreach, law enforcement referrals, and other means. Once identified, mental health workers will work to engage clients in necessary treatment, facilitate linkage to treatment, and ensure follow-up through regular contact using flexible, field-oriented approaches. Brief individual and group treatment will be provided as well as SSI advocacy, and linkage to health and other services. Special attention will be given to: individuals with co-occurring disorders (mental health and substance disorders) who comprise a large portion of the homeless mentally ill; families with children in which the sole caregiver is mentally ill and both child and parent are homeless; individuals with severe comorbid physical diseases that are life threatening; and individuals at high risk of harm to self or others or risk of incarceration will receive priority attention.

- *Linkages (25% of funds)*

Outreach workers and treatment staff will work to ensure that individuals willing to receive help are identified and enrolled in needed and available services including veteran services, transportation, advocacy, and general psychosocial support in the interests of promoting engagement and recovery.

In FY2014/15 a community-based organization was selected to provide homeless outreach services. The HMI program was originally funded under the PEI component; but recent local concerns about aligning services to enhance continuity of care for the local homeless population has prompted Solano County to fund the HMI program under CSS component. Outcome data related to the HMI program will be available in FY2015/16.

New: Homeless Mentally Ill Short-Term Residential Program

This program will provide a twenty-four seven supervised 72 hour respite program to the currently homeless mentally ill consumer or at risk, homeless, low-income individuals or families experiencing mental illness. The short term goal of this program is to get homeless mentally ill individuals off the streets to safety; and the long term goal is to increase their mental health to function independently without being a risk to themselves or others and transition to long-term stable housing. In FY2014/15, a community-based provider was selected, and additional outcome data will be available in FY2015/16.



COMMUNITY SERVICES & SUPPORTS

COMMUNITY SERVICES AND SUPPORTS

Community Services and Supports (CSS) provides treatment and recovery services to adults who are severely and persistently mentally ill and to children who have serious emotional disturbance. Approximately 80% of all MHSA funds are directed to these services, which encompasses strategies and efforts to improve the overall MHSA system.

Wellness and Recovery

CSS funds recovery and resiliency strategies to support the recovery of consumers who are receiving mental health treatment services. In Solano County, these strategies include, but not limited to: wellness and recovery centers, peer support programs, and the Cooperative Employment Program.

General Systems Development

Systems development strategies include services that are not full-fledged programs but provide support to the overall mental health system.



COMMUNITY SERVICES AND SUPPORTS

Full Service Partnerships

At least 51% of CSS funds must be directed to Full Service Partnerships (FSP). FSP's offer comprehensive 24/7 services to support the recovery, development, and resiliency of children with severe emotional disturbance, and adults who are severely mentally ill.

Each FSP Plan is designed to address the individual strengths, needs, and culture of each consumer. Each consumer (and his/her family if the consumer is a child) works with a Primary Service Coordinator to develop an individualized treatment plan. Services, which must be culturally and linguistically appropriate, may include medication management, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community resources. Driven by a "whatever it takes" philosophy, FSP's collaborate with a wide variety of community agencies and organizations to ensure a full array of services and to meet housing, social/recreational, vocational, medical, and educational needs. All FSPs must report data on client hospitalizations, use of emergency mental health services, homelessness, incarceration, and out-of-home placements.

WELLNESS AND RECOVERY SERVICES

Wellness and Recovery Centers

Wellness and recovery drop-in centers provide a safe and welcoming place for individuals who have a known mental illness. Services include development of Wellness and Recovery Action Plans (WRAP), one-on-one counseling, support groups, 12-step support, peer counseling and mentoring, employment preparation, and workshops on self-management, health and life skills, substance abuse, relapse prevention, and other topics.

Highlights and Achievements

- 469 served by the Wellness and Recovery Centers (WRC)
- Over 75% of clients of the WRC's completed Wellness and Recovery Plans (WRAP), and were monitored quarterly for progress

Outcomes

WRC's will be implementing tools to collect outcome data in FY2015/16.

Challenges and Barriers

The centers had difficulty implementing additional assessment tools including the Adult Needs and Strengths Assessment (ANSA). The population served by the WRC's is somewhat transient, which presents a challenge to collecting accurate client outcome data.

Changes in FY2015/16

The County will continue to provide the centers technical support to identify tools and methods to ascertain outcome data for the program. *Demographic Data*

In FY2014/15, the majority of clients served by the Wellness and Recovery Centers are men (58%); 42% were women. The following charts provide additional client demographic information:

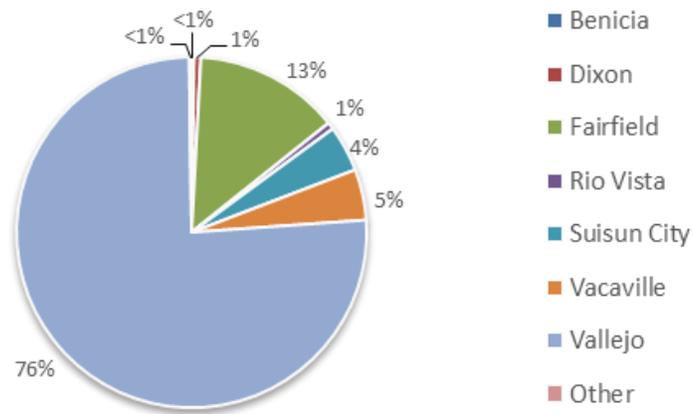
WELLNESS AND RECOVERY SERVICES

Wellness & Recovery Centers

Demographic Data

In FY2014/15, the majority of clients served by the Wellness and Recovery Centers are men (58%); 42% were women. The following charts provide additional client demographic information:

Wellness and Recovery Centers - City of Residence



Number of individuals served: 469

Cost per person: \$4,234.34

WELLNESS AND RECOVERY SERVICES

Wellness and Recovery Unit

In April 2013 Solano County Behavioral Health established a Wellness and Recovery Unit to support, educate, and enhance recovery-oriented principles and practices to incorporate them into the existing mental health system. The unit consists of a Mental Health Manager, Consumer Affairs Liaison, Mental Health Specialist, and two Patient Advocates. The unit also instituted the Solano County Office of Consumer Affairs to promote system and community Wellness & Recovery efforts. The Wellness & Recovery Unit:

- Provides direction for wellness and recovery activities in the County.
- Monitors the wellness and recovery activities of community based providers.
- Develops housing resources to support Seriously Mentally Ill (SMI) individuals in finding and keeping safe housing within the community.
- Acts as liaison and ombudsman for SMI individuals as advocates, and provides regular consumer-run groups and meetings along with annual events and educational presentations to consumers, staff, and community providers.
- Provides the consumer voice and perspective to MHSA planning and evaluation activities.

Highlights and Achievements

- 68 individuals attended Speaker Bureau's presentations - Presentations given by mental health consumer peers of their own personal recovery stories to various audiences in which the presenters use their own MH experiences to inspire others toward recovery from mental health illnesses.
- Provided support services and liaison activities for 324 homeless County residents with mental illness.
- Facilitated six Wellness and Recovery Action Plan (WRAP) groups, serving 65 individuals.
- Over 200 individuals attended wellness and recovery groups across Solano County including but not limited to: family support, schizophrenia; bi-polar; and Latino-focused groups.
- 11 individuals earned Peer Employment Training (PET) certificate of completion in preparation for employment in mental health positions as peer providers of mental health services.
- Received and assisted with 1042 ombudsman related calls - the staff assist, support, and engage with community partners and residents toward better understanding mental health services, how to first obtain services from the system, and field complaints regarding services or the system in general.

WELLNESS AND RECOVERY SERVICES

Challenges and Barriers

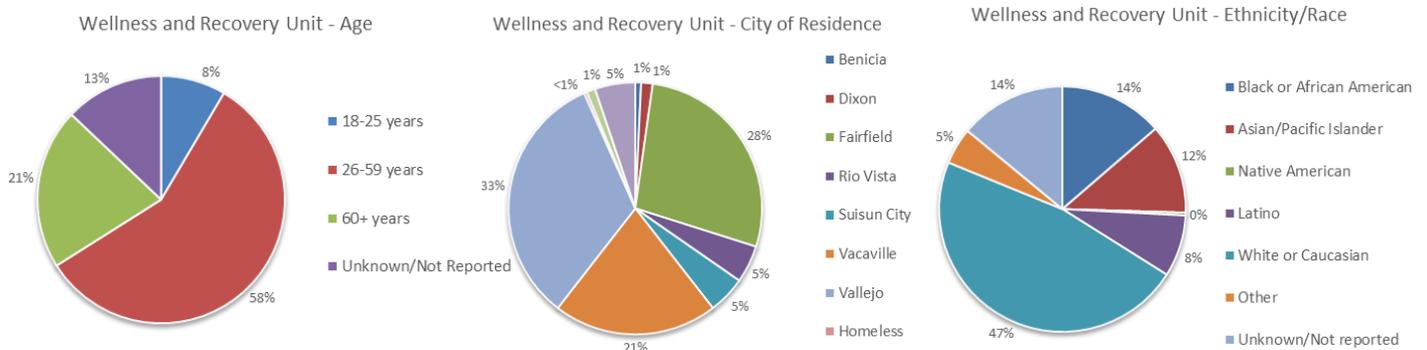
Additional staffing for the unit is needed to continue to maintain a level of continuity of facilitation for the support groups. On the occasion when current staff members were unavailable to facilitate the support groups, meetings were rescheduled or cancelled. The unit also identified data collection as a challenge for this particular program. The population served by the Wellness and Recovery Unit is very transient, making it quite difficult to gather information needed for data reporting purposes.

Changes in FY2015/16

An additional Family Liaison position has been added to the unit to help meet current demand for services. Also the unit will be working with Solano County Behavioral Health Administration to increase the number of consumers and consumer family members participating on various public planning committees for the department. The County will continue to work with the unit to develop strategies for data collection, and anticipates improved outcome data reporting in the coming year.

Demographic Data

In FY2014/15, the majority of individuals served by the Wellness and Recovery Unit identified as female (50%); while 45% identified as male, and 5% declined to report. The graphs below provide additional demographic information:



Number of individuals served by support groups: 271

Cost per person for support groups: \$2,390.19

COOPERATIVE EMPLOYMENT PROGRAM



solano County Mental Health (SCMH) and the Greater East Bay District of the Department of Rehabilitation (DOR) combine staff and resources to provide employment services to individuals with severe and persistent psychiatric disabilities. The goal is for clients 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, development of an Individual Plan for Employment (IPE), mental health treatment services and supports, employment intake, employment preparation, job development and placement, follow-up, and retention. The program works with a community network including community-based providers, the Solano County Office of Education, Independent Living Resource Centers, and the Department of Social Services.

Highlights & Achievements

The Cooperative Employment Program served 116 clients during FY2014/15. 35 participants were placed in jobs.

3-Year Job Retention Summary - 7/1/12 thru 6/30/15						
Job Retention Duration Milestones (in						
	30	60	90	180	365	730
% Placements w/ Retention Milestones	93%	90%	86%	62%	67%	68%

Challenges and Barriers

Due to the large geographic area served, public transportation is a huge barrier as it is inconsistent and does not run frequently. Many individuals living in Vallejo cannot access transportation to get to work in time access the burgeoning Fairfield job market. Many of the co-op clients served are severely disabled with regards to mental illness. A substantial percentage of them have been involved in the criminal justice system, limiting employment opportunities because of background checks. Drug use in the Solano County area continues to rise, greatly impacting placement opportunities.

COOPERATIVE EMPLOYMENT PROGRAM

Demographics

Gender and Primary Language

48% of the clients served were male and 52% were female. 97% of participants spoke English as their primary language; the remaining 3% reported Spanish and Tagalog as their primary language. The ethnicity/race of participants as follows:

- 34% Caucasian or White
- 38% Black or African American
- 2.5% Asian
- 6% Filipino
- 9% Hispanic or Latino
- 10.5% Multiracial or Other

City of Residence

Most clients lived in Vallejo (46%), followed by Fairfield and Suisun City(39%). About 9.5% of clients reside in Vacaville (9.5%), and 5.5% came from other Solano County locations.

GENERAL SYSTEMS DEVELOPMENT

Crisis Stabilization Unit

To assure high quality services, Solano County has changed providers for the Crisis Stabilization Unit (CSU). October 2014 the new provider became fully-operational at the county CSU facility. The CSU facilitates rapid resolution of mental health crises for consumers ages 5 and up, with the intent to reduce the incidence of suicide, re-hospitalization, and incarceration due to untreated mental illness. The CSU provides a safe environment for individuals in a psychiatric emergency to receive assessment services, emergency treatment, and linkage to the least restrictive services and supports. The CSU is open 24 hours daily, and consumers may stay in the unit for up to 23 hours. Services include assessment of individual needs, referrals to appropriate services and resources, medication evaluation, support in accessing benefits and resources, and linkage to other services as needed.

Highlights and Achievements

In FY2014/15, the CSU has provided services to 1468 County residents who were experiencing a mental crisis. Services included but are not limited to: assessment, linkages to further services, treatment that promotes stabilization of individuals with the intent to discharge residents back into the community.

Challenges and Barriers

The CSU facility is centrally located in Fairfield, CA; however for individuals who reside outside the city of Fairfield, and lack reliable transportation, it can be quite difficult for them to access the CSU services, except by ambulance after being placed on a 5150. In FY2015/16, Solano County and the CSU provider will continue to develop strategies to expand the accessibility of CSU services for individuals in outlying cities and areas of the County.

Changes in FY2015/16

The community provider has elected to provide private unarmed security to replace more traditional security provided through the County. Security will be trained in best practices for assisting individuals experiencing a mental crisis, and will align with the County's standards of promoting wellness and recovery.

GENERAL SYSTEMS DEVELOPMENT

Bi-Lingual Services for Children and Youth

Bi-Lingual Services, administered by Solano County Mental Health, will continue to improve mental health access to Latino and monolingual Spanish-speaking children and youth by supporting two bi-lingual mental health clinicians, one each assigned to the Fairfield Children’s Outpatient Clinic and to the Vacaville Children’s Outpatient Clinic. The clinicians will maintain full caseloads of monolingual, bilingual, and bicultural clients, and provide support tailored to meet the needs of Latino clients and families.

Children are rated utilizing the validated Child and Adolescent Needs and Strengths Assessment (CANS) at six-month intervals. Culturally informed care is designed to address the mental health needs of these children and youth.

The program creates and maintains linkages with other programs to ensure that Latino children and their families who need more intensive or longer treatment will receive appropriate services.

Quarterly reports will include demographic information (age, gender, ethnicity, city of residence), client outcomes for treatment, including CANS scores pre- and post-intervention and reports of completed linkages for clients who need additional treatment.

Highlights and Achievements

The Children’s FSP Graduation Ceremonies – conducted twice per year for those children/youth and their families who successfully met their treatment plan goals. The foundation of the ceremony is strength-based and embraces the principle of wellness, recovery, and resiliency. The ceremony honors each individual’s story and recognizes the incredible work done by the client, the parent/caretakers, and the entire family system. The graduation



GENERAL SYSTEMS DEVELOPMENT

Bi-Lingual Services for Children & Youth

encompasses each family's cultural values as well. In FY2014/15, eight bi-lingual families graduated from the program.

Challenges and Barriers

The program experienced a reduction in Spanish-speaking staff, and has had to utilize a contracted interpreter, and other Spanish-bilingual staff from other Solano County Behavioral Health programs to meet current demand.

Changes in FY2015/16

In spite of these challenges there have been many success stories. It is the County's embedded value to provide both culturally and linguistically appropriate services, and are aggressively working to alleviate the challenge of not having such staff as part of our program. Currently, the program has recruited a bilingual and bicultural post-doctorate intern, and anticipates to hire additional staff in the coming year.

Number of individuals served: 17

Cost per person: \$14,174.05

GENERAL SYSTEMS DEVELOPMENT

Foster Child and Family Services

The Foster Child and Family Services program allows children in the child welfare system who have mental health issues to remain in their homes when possible, or to support their success and stability in foster care placement. A joint venture of Solano County Child Welfare Services and Solano County Mental Health, the program consists of one mental health clinician, a mental health specialist, and an administrative staff member. The unit is co-located with Child Welfare Services. Sixty-six (66) foster care children were served by the unit.

Challenges and Barriers

The foster care population is unique, and presented some challenges for the unit. Traditional mental health treatment strategies have been difficult to institute for clients; many of the strategies require stability in the home to support the client's road to recovery. However, many of the unit's clients were in constant flux with home placements.

Changes in FY2015/16

Solano County will continue to identify treatment strategies that best support the foster care clients in the upcoming year. It is also anticipated that the unit will continue to see an influx of clients due to Katie A. Program implementation. The unit will work closely with Child Welfare Services in the upcoming year to streamline processes to ensure that all clients, including those served by MHSA funding have access to quality mental health services.



GENERAL SYSTEMS DEVELOPMENT

Foster Child and Family Services

An 18 year-old male client was removed from his parents' custody at age 8 due to the parents' significant substance use and unresolved mental health concerns. Client was eventually placed with relatives at age 12; however he continued to be abused, and at the age 16, he began to resort to violence as a mechanism for self-defense. At age 16, he started engaging in physical altercations with his uncle and was placed in foster care. Client was initially resistant to talking about his past because he said it was "easier to forget about it." However, after participating in the Foster Child and Family Services Program, he began to process his feelings and is currently on track to graduate from high school in January. He lives independently with a roommate in an apartment that is subsidized by CWS. He works part time and has participated in summer college programs at UC Berkeley. The program was so impressed by his commitment that they maintain contact with him to help support his desire to attend their college.

Number of individuals served: 66

Cost per person served by Foster Child and Family Services Program: \$4,389.55



GENERAL SYSTEMS DEVELOPMENT

Mental Health Collaborative

The Mental Health Collaborative (MHC) is a coalition of Solano County Mental Health and our community based mental health providers. The MHC's mission is for mental health providers to work together to eliminate or reduce system barriers to individuals who receive mental health services in Solano County. The MHC meets quarterly to provide opportunities for networking, educate and deepen providers' understanding of available services, create a directory of mental health services and resources, hear presentations on mental health topics, and find creative and collaborative ways to address barriers that individuals receiving mental health services may encounter in Solano County. MHC has a website where the group's provider directory is posted, and where events can be posted on a calendar. The website is www.caminar-solano-mhc.org and is also posted on the Solano County MHSA website.

GENERAL SERVICES AND DEVELOPMENT

Expanded Services – Crisis Residential Treatment

With stakeholder permission, additional CSS system development funds will be re-directed toward increasing crisis residential beds availability to assist individuals with remaining in the community, with the intent to avoid re-hospitalization.



FULL SERVICE PARTNERSHIPS

Children's Full Service Partnership

The Multi-Disciplinary Intensive Services Program for children operated by Solano County Mental Health provides a continuum of services to children from birth through age 17 and their families. Wraparound Services involve the child and family, his or her Primary Services Coordinator, mental health clinician, mental health specialists, and a psychiatrist (when indicated) using a comprehensive approach in contrast to traditional treatment approaches to assist the child and family in successfully meeting treatment goals.

Highlights and Achievements

The Children's FSP Team actively involves community partners to enhance available services and resourceful "out of the box" activities for consumers. Partners include such agencies as the Salvation Army's Kroc Community Center, the Solano County Family Justice Center and others. Through these partnerships, children FSP clients and their families have been able to access resources that would not have been available for them such as a diabetic camp. Such resources are critical for children who are not only faced with behavioral and emotional challenges, but medical issues that impact their quality of life as well.

An additional child board certified psychiatrist was added to the team in an effort to meet the needs of clients who may need medication evaluation and management. Also added was a part-time psychologist to assist with testing, and fine-tuning other treatment needs.

Challenges and Barriers

In FY2014/15, the program lost both its Parent Partner and Spanish speaking staff persons. Mental health specialists have taken on the Parent Partner duties. Parent Partners have/had children or family members who have received services through the mental health system, enabling them to have a unique perspective, and work with the parents and caregivers in a way that other mental health staff cannot. Interpreters and Spanish-speaking staff from other clinical programs were assigned to the unit to mitigate the loss of Spanish-speaking staff members. This continues to be a challenge; however recruitment is underway to fill these positions.

Number of Partners served: 157

Cost per Partner: \$15,649.77

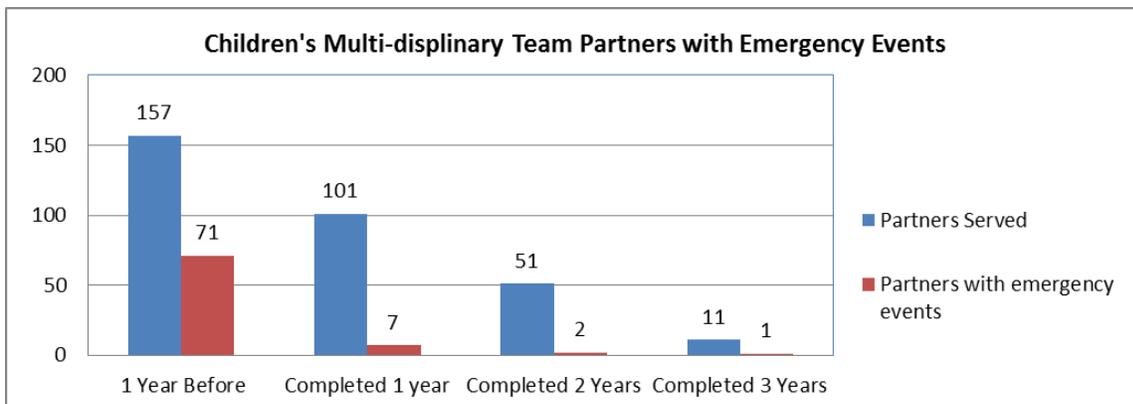
FULL SERVICE PARTNERSHIPS

Children's Full Service Partnership

Outcomes

Mental Health Emergency Events Report for Child Partners Served up to 4 Years :

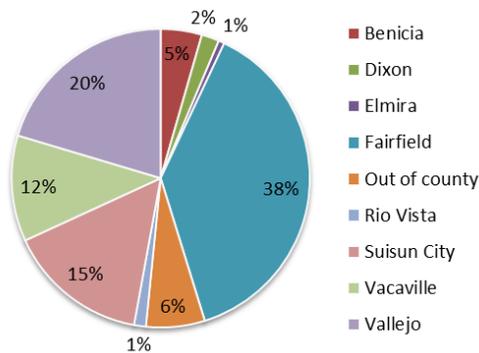
71 of the 157 Partners who were served at any time during the year reported experiencing a total of 137 psychiatric emergency events in the year before joining the partnership. After completing one year in the partnership, the number of emergency events experienced during the year decreased to 13. The number of partners with emergency events and the number of events continued to decrease with each year of enrollment completed:



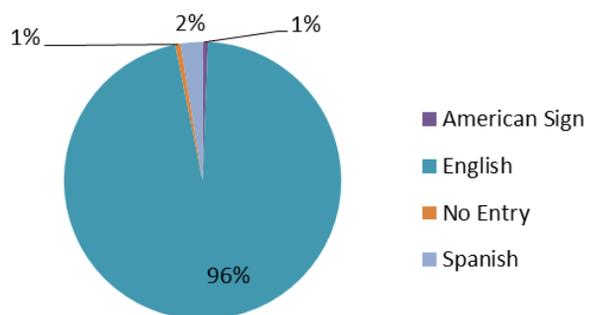
Demographics

31% of consumers were White, 34% were African American and 17% were Hispanic or Latino. 1% were Native American and 3% identified as other. Data was not reported for the remaining 16%. 53% of partners were males, and 47% were females. Below are graphs containing additional demographic information for Children's FSP:

Children's FSP - City of Residence



Children's FSP - Primary Language



FULL SERVICE PARTNERSHIPS

Transition-Age Youth Full Service Partnership

Transition-Age Youth (TAY) FSP program, administered by a community-based agency, delivers intensive mental health services and support to high-need and high-risk Severely Emotionally Disturbed (SED) and Severely and Persistently Mentally Ill TAY ages 18 –25. TAY FSP programs place an emphasis on recovery and wellness while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The TAY FSP program also assists individuals in accessing mental health services and supports (e.g. housing, vocational, peer counseling, employment, education and treatment services, and independent living skills, step-down services, and if feasible, the development of peer support activities). A TAY Collaborative has also been developed to enhance accessibility, and link the elements of the continuum of care.

Highlights and Achievements

- Of the 15 youth served in the FSP during FY2014/15, 40% are employed, 80% are either enrolled in post-secondary school or have achieved a high school diploma or General Education Diploma.
- In FY2014/15, 13 of the TAY FSP youth received housing and housing supports within the community.

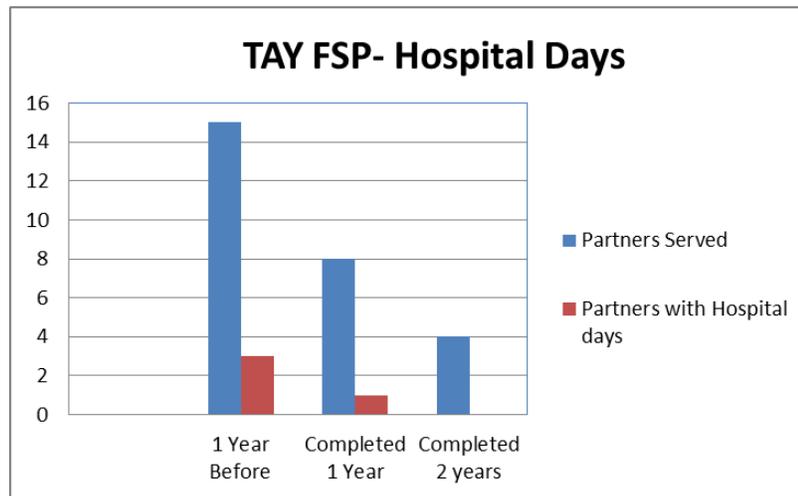
During the FY2014/15, the TAY Full Service Partnership was restructured for the purpose of expanding the enrollment capacity of the program from 8, to 14 youth. In an effort to empower youth as stakeholders in their own wellness and recovery, monthly team meetings were implemented in conjunction with monthly action plans. TAY Team Meetings are held with the client, treatment providers and the client's family or other involved support persons. Holding frequent and consistent team meetings has increased the monitoring of wellness goals, leading to improved outcomes.

Outcomes

The number of partners experiencing psychiatric hospitalization was reduced from three, during the year before joining the partnership, to one for partners who completed at least one year in the program:

FULL SERVICE PARTNERSHIPS

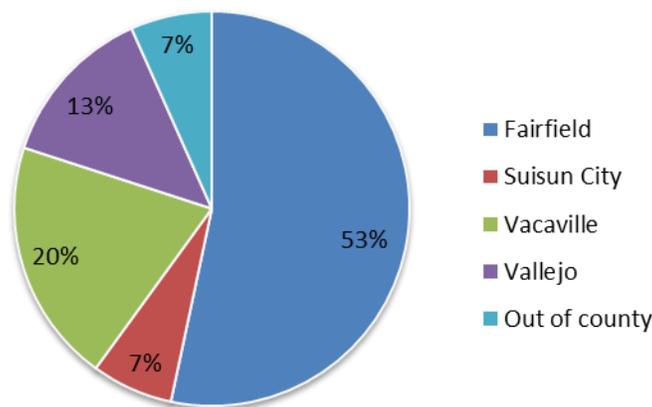
Transition Age Youth



Demographics

The TAY FSP served 15 youth in FY2014/15, 8 male 7 female. Nine (64%) youth identified as African American, five (33%) identified as Caucasian/White, and one (7%) identified as Latino/Hispanic. All spoke English as their primary language. The graph below depicts the city of residence for TAY FSP partners:

TAY FSP - City of Residence



Number of Partners Served: 15

Cost per Partner: \$25,714.54

FULL SERVICE PARTNERSHIPS

Adult Full Service Partnership: Community Provider

Solano County's community-based FSP is an Assertive Community Treatment (ACT) model program serving adults who have a serious mental health diagnosis. The program goal is to support clients in their efforts to live as independently as possible as members of the community and in a setting of their choice. Services are 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 emergency room and the police.

Highlights and Achievements

The FSP exceeded all participation and outcome targets. Among forty-three consumers served, forty-one consumers are enrolled in Medication Management, and forty complied with daily medication. Of the forty-three consumers, only one consumer was hospitalized in a psychiatric facility for stabilization. To date four consumers are in the process of being stepped down to a lower level of care due to their reduction in psychiatric symptoms and increase in independence.

Challenges and Barriers

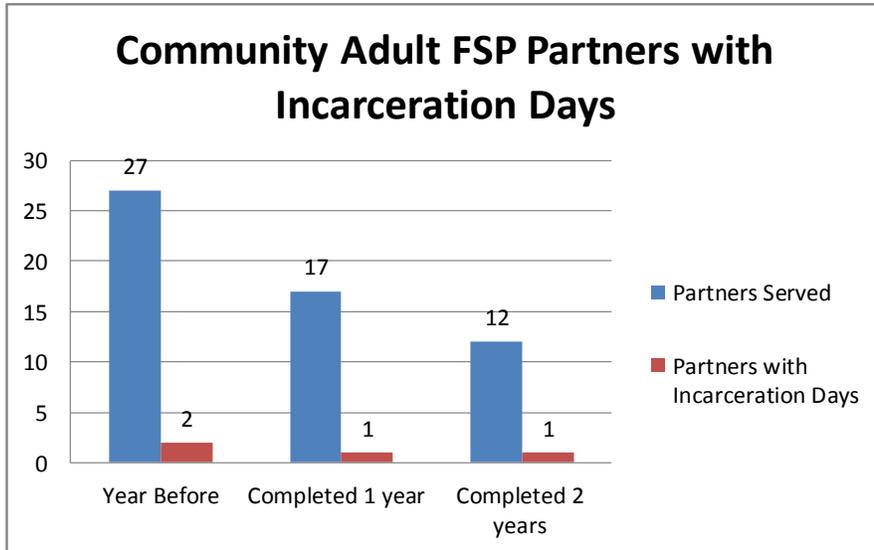
The greatest challenge faced by the Adult/Older Adult FSP was the lack of access to the State Data Collection and Recordkeeping (DCR) database and the lack of training on the system. Despite multiple efforts, various features of the DCR display a "web page cannot be found" error that prevents staff from entering and obtaining information or accessing assistance with the program.

Outcomes

Psychiatric emergency events for Partners with 2 years in the program - 17 of the 27 Partners in the Community Adult Partnership experienced a mental health emergency event in the year before joining the partnership. These partners experienced a total of 60 events before joining. Only one partner had an emergency event in the first year in the partnership. One other partner had two emergencies in the second year of Partnership (a total of 3 events in 2 years).

FULL SERVICE PARTNERSHIPS

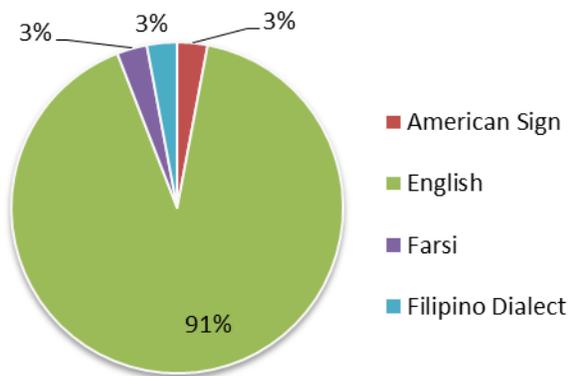
Adult Full Service Partnership: Community Provider



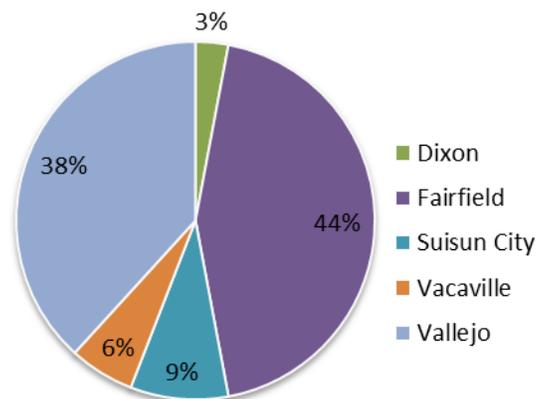
Demographics

In FY2014/15, the FSP served 34 adults. Three were (19%) were aged 18- 25, 30 (81%) were age 26-59, and one was over 60. 50% were men, and 50% were women. The following graphs provide additional demographic information for the Adult FSP Program:

Community Adult FSP - Primary Language



Community Adult FSP - City of Residence



Number of Partners served: 34

Cost per Partner: \$16,109.15

FULL SERVICE PARTNERSHIPS

Adult Full Service Partnership: County

In October 2012, Adult FSP Regional Teams operated by the County were established. In 2014, a decision was made to extend and focus on the contractor delivered Full Service Partnership in the Fairfield and Vacaville areas, with Solano County continuing to staff the FSP in Vallejo. This decision was based on a number of factors and is likely to lead to greater efficiencies. Partners in the Fairfield and Vacaville County operated FSPs, were transferred to the County FSP in Vallejo or the community operated Partnership in Fairfield.

The State Data Collection and Reporting (DCR) system reports are based on the partners in a partnership at any time during the dates specified in the report. Almost all partners in the County operated FSPs were transferred before the end of the reporting period

FY2014/15. Outcomes affecting these partners will be included in the reports for the receiving FSPs. Demographic data for all partners in the County Regional Teams in Fairfield, Vacaville, and Vallejo are reported in the consolidated charts below.

Outcome information presented below is for the Vallejo Adult FSP only. The DCR does not permit the easy aggregation of outcome data from different programs.

Highlights and Achievements

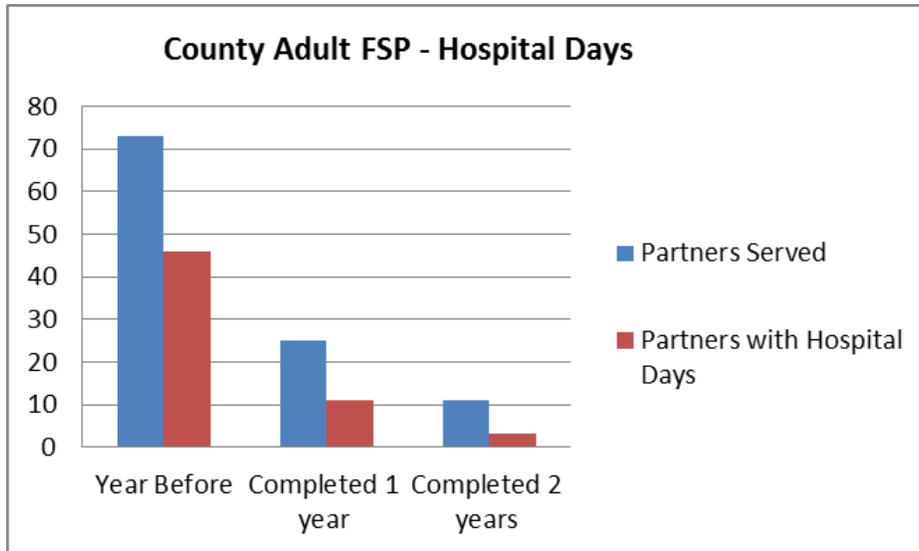
Many FSP clients who were placed in more restrictive out of county treatment facilities were effectively supported in achieving their goal to return to a less restrictive level of care in Solano County. In the first six months of operation, the FSP team helped eleven clients move out of institutions and back into community settings, thus improving their quality of life, supporting their recovery process, and working to address their needs on a local level.

Outcomes

Out of 73 partners served during the year, 46 reported experiencing psychiatric hospital days in the year before enrolment. Only 11 partners who had completed one year in the partnership experienced hospitalization. Only three Partners who had completed 2 years in the program experienced psychiatric hospital days:

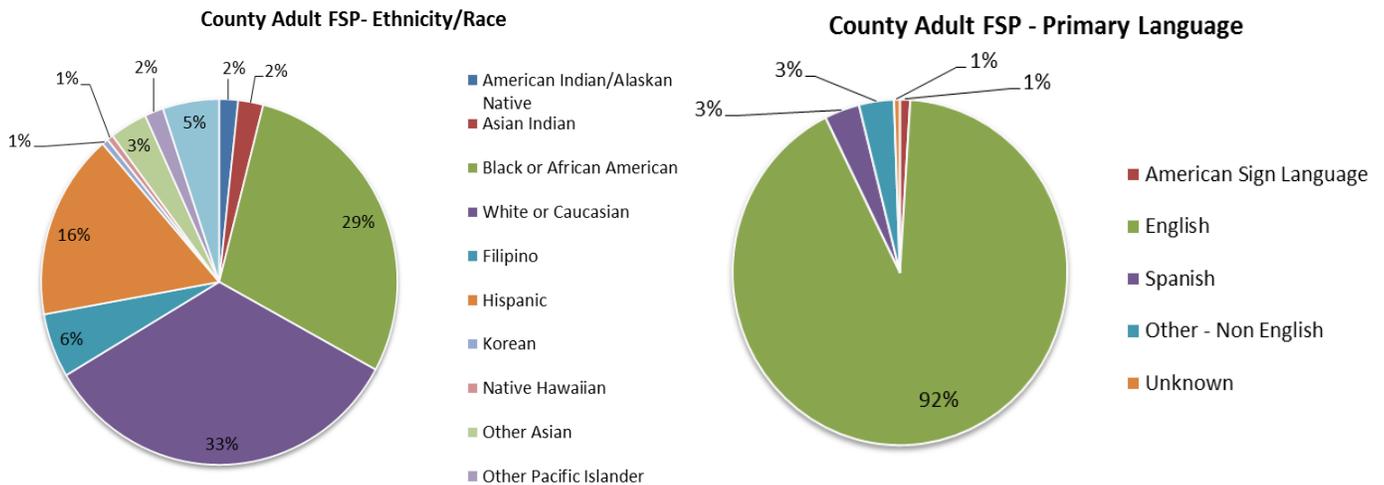
FULL SERVICE PARTNERSHIPS

Adult Full Service Partnership: County



Demographics

The County Adult FSP's served 95 males and 81 females during FY2014/15; 38 Partners were between the ages of 16-25; 121 were between the age of 26-59; and 17 were 60 and over. The following graphs provide additional demographic information:



Number of Partners served: 176

Cost per Partner: \$15,686.26

FULL SERVICE PARTNERSHIPS

Adult FSP: Forensic Assessment Community Treatment

The Forensic Assessment Community Treatment (FACT) is run by the Solano County Mental Health Assertive Community Treatment Team. This program serves non-violent adults and transition-age youth with serious and persistent mental illness who have been released from incarceration. The goal of the program is to support clients in creating a stable life, prevent recidivism, and promote wellness through independence, hope, personal empowerment, and resilience. Services include comprehensive assessments, case management and mental health services, referrals to vocational services through a partnership with Solano County Mental Health (SCMH) and the Department of Rehabilitation, referrals to residential and intensive outpatient substance abuse treatment, Moral Reconciliation Therapy, and the Helping Women Recover, Anger Management and Wellness & Recovery Action Plan groups.

Highlights and Achievements

- FACT has assessed 109 clients referred for services
- FACT has provided intensive outpatient mental health services, including case management, to 136 clients
- FACT has increased group therapy provided to include weekly: Wellness Recovery Action Plan, Social Skills, Moral Reconciliation Therapy, and Anger Management
- The Jail Liaison assessed 25 clients who were incarcerated and deemed incompetent to stand trial, providing mental health placement recommendations to the court.
- Jail Liaison provided case management and/or discharge planning services to 41 incarcerated clients
- The FACT program has acquired a half-time psychologist to conduct psycho-diagnostic assessments for diagnostic clarification and treatment recommendations

Challenges

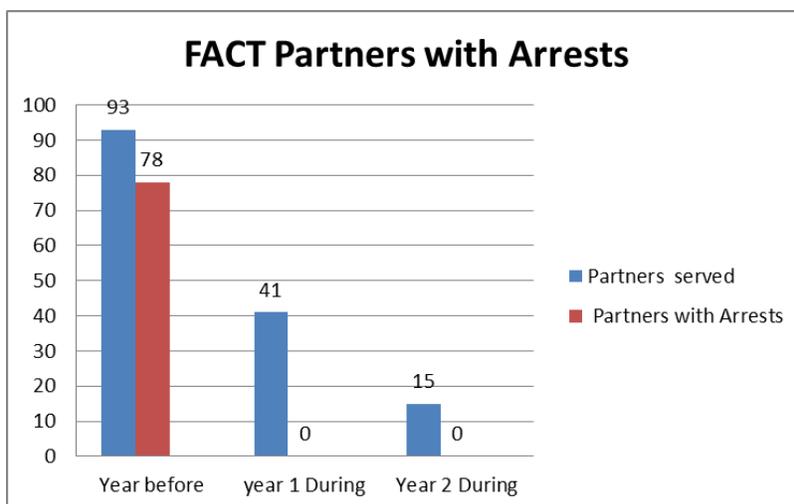
- Insufficient housing availability for mentally ill clients across the spectrum of care (Room & Board, Board & Care, and Augmented Board & Care)
- Lack of availability of dual-diagnosis (mental health & substance abuse) residential treatment providers

FULL SERVICE PARTNERSHIPS

Adult FSP: Forensic Assessment Community Treatment

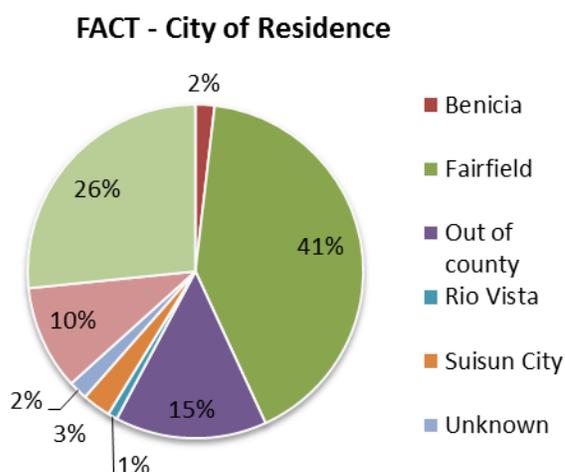
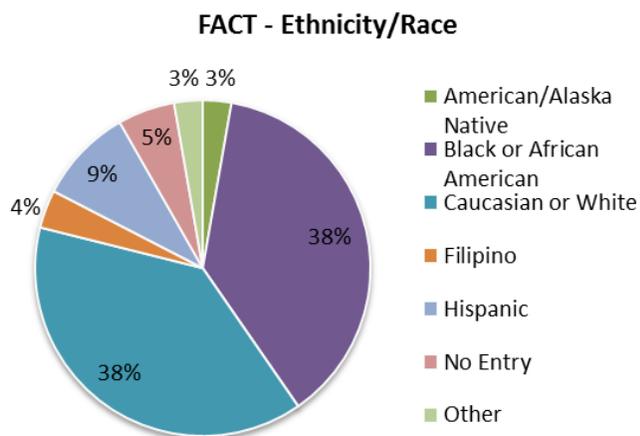
Outcomes

FACT Reduced the Number of Arrests for Partners Served up to 2 Years— The FACT program partners reported 78 arrests during the year before joining the partnerships. No arrests were reported for partners who had completed one year of the program:



Demographics

66% of FACT Partners were males, and 37% were females. The majority (71%) of individuals participating in FACT were adults between the ages of 26 to 64; 25% were youth ages 18-25, and 4% were 65 years or older. The primary language for all FACT participants was English.



Number of FACT partners: 109

Cost per person: \$16,049.52

FULL SERVICE PARTNERSHIPS

Older Adult Full Service Partnership

The Older Adult Full Service Partnership, operated by a community provider, offers adults over age 60, a full spectrum of services through a collaborative relationship between the client and care provider. Utilizing the Assertive Community Treatment Model, Individual Service Plans are developed for each client. Services include medication management, health education, short-term therapy, intensive case management, wellness and recovery skills-building and linkages to community organizations.

Challenges and Barriers

The greatest challenge faced by the Older Adult FSP was the lack of access to the State Data Collection and Recordkeeping (DCR) database in the Information Technology Web Services System. Outcome data will be available in FY2015/16.



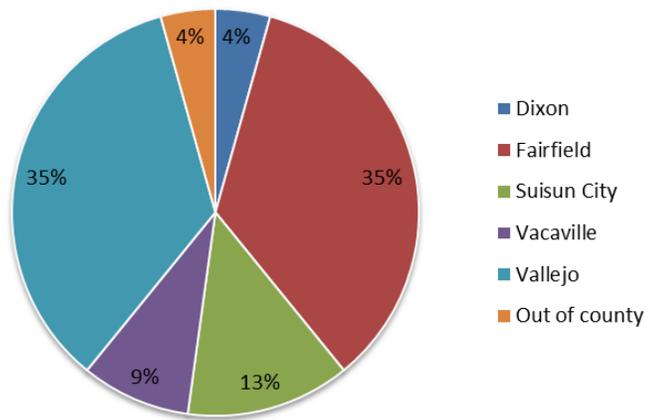
FULL SERVICE PARTNERSHIPS

Older Adult Full Service Partnership

Demographics

In FY2014/15, 23 older adults age 60 and older were served by the Older Adult FSP; 35% were men, and 65% were women. The primary language for all participants was English. The majority of participants (39%) identified as Caucasian/White; were African American, 4% were Hawaiian, 4% were Hispanic, and 26% were unknown. Additional demographic information related to city residency can be found in the graph below:

Older Adult FSP - City of Residence



Number of Partners served: 23

Cost per Partner: \$16,109.15

SUPPORTED HOUSING

MHSA Housing

The MHSA housing program provides long-term, low interest loans administered by the California Housing Finance Agency (CalHFA) to developers who create permanent supported housing. The housing serves adults who are seriously mentally ill and children with severe emotional disorders and their families. In order to qualify, a household must also be homeless or at risk of becoming homeless, as defined by the MHSA regulations. In addition to the loan, CalHFA sets aside a portion of the MHSA funding in an operating reserve account to ensure that the project can operate for 20 years while maintaining affordable rental rates.

Solano County has completed two MHSA permanent supported housing projects:



Signature at Fairfield

This a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes seven two-bedroom units reserved for families in which one member qualifies for MHSA CSS services, and three two-bedroom apartments shared by two unrelated adults who qualify for MHSA services.



Heritage Commons

This project in Dixon is a 65-apartment older adult project. Seven units are reserved for consumers 55 years old or older who qualify for MHSA services through Community Supports and Services.



Significant Changes for FY2014/15

In the mid-2000's, Solano County originally received \$3,868,400 from The MHSA Housing Fund. These funds were transferred to the California Housing Finance Agency (CalHFA) which administers the MHSA Housing program. After completion of the two MHSA housing projects approximately \$733,000 remained uncommitted in the County's CalHFA account. The County was unable to find a developer willing to create a housing project within the CalHFA requirements. As a result of legislative action, the County was able to request that the unspent funds be returned for use in addressing local housing needs for individuals with a serious mental illness. The County has identified a need for short-term emergency housing as well as more long term supported housing. The County is evaluating the possible projects for implementation in FY2015/16.

FULL SERVICE PARTNERSHIPS

MHSA Housing

Challenges and Barriers

Referral processing for one of the projects was delayed. Some prospective tenants were not accepted in a timely manner. Standards for acceptance as a tenant made it difficult for individuals with a mental illness to qualify for housing because of past credit or legal issues. The developer changed the property management firm for the project. Clarifying discussions with the new property management firm resulted in mutual understandings that will improve the referral and acceptance process.

Other Supported Housing

The MHSA Supported Housing Program, administered by a community organization, assists individuals who have been diagnosed with mental illness and are homeless or at risk of homelessness to live independently in the community of their choice. Recovery-oriented housing case management and support services are typically offered on-site. Services are designed to strengthen and develop skills in shopping, cooking, caring for the home environment, self-help skills for disability management, medication and treatment options, relationship and communication skills, community resource development, and support services for co-occurring disorders. In FY2014/15, 40 residents were successfully supported by MHSA housing.

Challenges & Barriers

The need for housing for individuals with mental illness far outstrips the availability of resources. This is such a critical element in the recovery process that this lack of sufficient housing resources can affect the clients' stability and recovery process. Also, consumers with criminal records find it difficult to pass background checks necessary to qualify for housing.



CAPITAL FACILITIES & TECHNOLOGY NEEDS

Capital Facilities and Technology Needs (CFTN) provides funding to improve and enhance infrastructure and technological systems for MHPA services and programs.

Technology Needs

Solano County is in the process of implementing the MYAvatar Electronic Health Record (EHR) system provided by Netsmart Technologies.

- **Phase One** of MYAvatar went live on July 1, 2013, and included: practice management (admissions, diagnosis, and discharge records), progress notes, financial management, limited appointment scheduling, and managed services to authorize and pay for services provided by contractors.
- **Phase Two** Implementation is in process. The primary elements of Phase Two are the clinical tools, which include: assessments and treatment plans, Addiction Severity Index. Phase Two also includes electronic prescribing and medication management, point-of-service document imaging and scanning, and mobile access to system
- **Phase Three** implementation includes electronic submission of laboratory orders and receipt of results, and a Health Information Exchange (HIE) to provide data sharing with other County and medical records systems.

These services will allow greater accountability, increased availability of medical information, and improved coordination of care.

Challenges and Barriers

The implementation of MyAvatar has experienced a series of significant difficulties with the service entry and billing functions resulting in delays and increased labor costs. The implementation team has worked closely with the vendor to address the Managed Services problems. The issues were raised with Netsmart senior management. The problems are not totally resolved but progress is being made.

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

Challenges & Barriers (cont.)

The combination of addressing the Managed Services software problems and the need to implement ICD-10 functionality required that implementation of some additional features have been delayed. The Improved point of service scanning has been delayed because current scanning tools are adequate. Electronic submission of laboratory orders is in process. The Enlighten Analytics, data analysis tool is proceeding, and will make data trending and quality analysis available for improving programming and timely monitoring.

Phase 3 originally included a consumer portal that would provide consumers with access to an on-line medical record. Netsmart announced that they would be using a third-party product for their consumer portal. The new product would have a different pricing structure so the consumer portal was removed from the existing contract. The County is consider portal products that are not Netsmart-specific. The implementation of the consumer portal is therefore delayed. Health Information Exchange capability software has been added to allow exchange of information between the Public Health system (Nextgen) and Avatar.

Capital Facilities

The County has submitted no new capital facilities projects. The guidance for Capital Facilities project requests require that the Mental Health Director certify that the electronic health record project is fully funded before submitting a capital facilities project. The Electronic Health Record project has required the use of all available Capital Facilities and Technology Needs funds.

WORKFORCE EDUCATION & TRAINING



The Solano County MHSA Workforce Education and Training (WET) programs supports local workforce development efforts, and ensures that services provided to individuals and families are culturally competent , linguistically appropriate, and consumer/family driven. WET programs provide opportunities for the County to recruit, train, and re-train public mental health staff.

WORKFORCE EDUCATION & TRAINING

Trauma-Focused Cognitive Behavioral Therapy Trainings

In 2015, Solano County made a concerted effort to provide clinicians with a comprehensive training in the evidence-based practice of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT.) It is recognized that many of the child and adolescent clients who receive therapeutic services in the county have experienced traumas that include child abuse, witnessing domestic violence, exposure to community violence and other traumatic events that cause significant psychological impacts. Symptoms including intrusive memories, nightmares, emotional numbing, physical/psychological arousal, depression and anxiety are common in these youth and lead to severe impairments in daily living. TF-CBT is a model of therapy that has been shown to be effective in reducing these symptoms and resolving a diagnosis of Post-Traumatic Stress Disorder in children aged 3-18. It is a short-term model that typically spans 12-20 sessions, with clinicians teaching the client and their family effective coping skills to aid them in being able to cognitively and emotionally process the traumatic events that were experienced. Via a contract with California Institute for Behavioral Health Solutions, Solano County was able to provide in-depth 2-day trainings on the model to county and contract clinicians, as well as on-going supervisory support from an expert in the field of TF-CBT.

Highlights and Achievements

- The first training occurred on October 20th and 21st, 2014, and the second occurred on April 13th and 14th, 2015. A total of 41 clinicians were trained in the model. Beyond the two-day training, the clinicians also received additional training on utilizing the UCLA PTSD trauma index scale. This tool is key in assessing pre- and post- test measures of symptomology to capture efficacy of the treatment with clients.
- At this point, 39 clients have been served utilizing TF-CBT, with 29 of those clients remaining in treatment thus far. 13 are still in the Assessment & Engagement phase, 14 are Mid-Treatment where they are learning and practicing coping skills, and 2 are in the Trauma Narrative stage where they are building a cohesive narrative of the trauma to share with their supportive caregiver.

WORKFORCE EDUCATION & TRAINING

Challenges and Barriers

- Clinicians frequently identify youth who have a history of trauma and display trauma-related symptoms that meet the criteria for TF-CBT treatment. The model does require that the youth have a memory of the traumatic event(s) and optimally have a supportive non-offending caregiver who can support them in applying the skills learned in therapy. Many clinicians have reported that clients at times do not meet this requirement, and thus are not ideal candidates for TF-CBT.
- Clinicians serving the 0-5 population –struggle with the applicability of the model because a number of their clients do not have a working memory of the trauma they experienced.



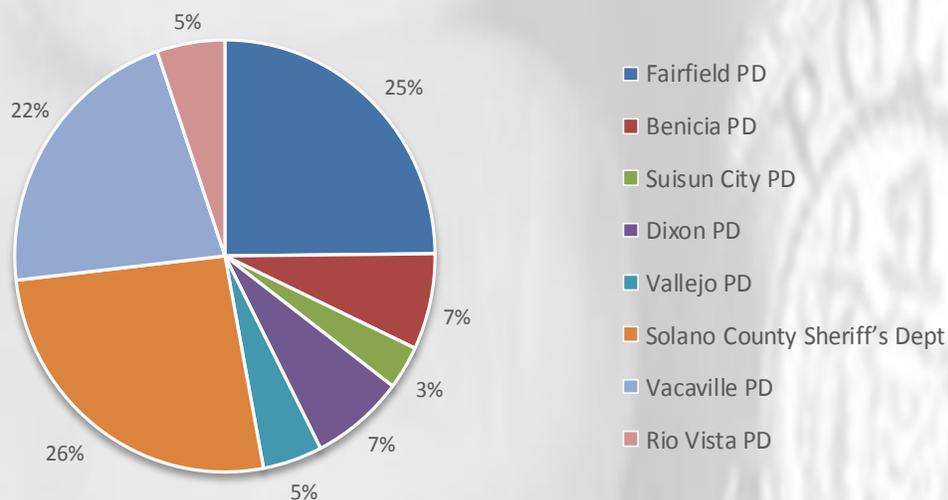
WORKFORCE EDUCATION & TRAINING

Crisis Intervention Training

An intensive crisis intervention team (CIT) training was offered to local law enforcement agencies in two separate formats. Both a two-day intensive training and an eight-hour introductory training were created to meet the needs of the various requesting departments. The training is designed to increase first responders' knowledge and understanding about mental illness, and to help them develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and on how to de-escalate individuals to establish safety without physical intervention in a mental health crisis. It also includes sections on the types of mental illness, post-traumatic stress disorder, and how to maintain officer safety in crisis situations. Finally, it features a consumer and family panel to provide insight from the consumer's point of view.

A total of 72 officers attended the two-day intensive training course that was offered in both November, 2014 and April, 2015. The Solano County Sheriff's Department had requested a 12-week series offering of condensed eight-hour CIT training as a way to reach multiple officers in various jurisdictions throughout the county. The first six sessions were held in FY2014/15, and 155 officers have attended thus far.

Crisis Intervention Training - Police Jurisdiction



WORKFORCE EDUCATION & TRAINING

Cultural Competency: Family Acceptance Project

Solano County continues to demonstrate an on-going commitment to cultural competence amongst not just clinicians, but clinic staff as a whole. The next stage of implementation for this fiscal year has involved establishing culturally specific trainings to allow greater knowledge and ability to work with underserved cultural communities. February 4-5, 2015, Solano County hosted Caitlyn Ryan, PhD, ACSW as a trainer on the topic of the Family Acceptance Project. The Family Acceptance Project has created a training, based on intensive research that lays out a model of family-related care to prevent health and mental health risks to LGBTQ youth. Recognizing the vulnerabilities of LGBTQ youth, this model seeks to keep families together, foster acceptance and promote well-being. The training included a lecture format that outlined the research conducted by the Family Acceptance Project. The trainer highlighted how demonstrating accepting behaviors of LGBTQ youth decreases their level of risk in many areas, including depression, substance abuse, and suicide. Digital stories were shown that tracked families from varying cultural backgrounds, showing their process regarding coming to accept and support their LGBTQ youth. 126 clinicians and supervisors attended the day-long training. A half-day training was also held for non-clinical staff, as the county recognizes that the entire system interacts with consumers and wants to prioritize increasing competency amongst all Behavioral Health staff. 31 staff were in attendance for this training.

Mental Health Loan Assumption Program (MHLAP)

In FY2014/15, Solano County contracted with the California Institute for Behavioral Health Solutions to participate in the statewide loan assumption program. Through the program, an award recipient may receive up to \$10,000 to repay educational loans. MHLAP is targeted to mental health professionals who commit to work in un-served and underserved communities with a 12-month service obligation. Solano County specifically focuses on minority recruitment and developing a comprehensive internship program with the goal of building an on-going relationship with institutions of higher learning to build a culturally and linguistically competent workforce. This past year there were a total of four awardees from Solano County, each awarded \$10,000.



INNOVATION



INNOVATION

This past year Solano County developed its Innovation Component Plan, and will be implementing an Innovation Project entitled *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration*. Recognizing the diversity within the county, in years past there has been an emphasis on building and maintaining cultural competency amongst providers. This project seeks to further that mission via a multi-faceted approach. A combination of community engagement, community-driven training in CLAS standards, and cross-sector quality improvement approaches will be employed to meet the plan's goals and objectives. By building alliances with systems of care, along with community leaders and those with lived experience, the impact will be broad. The National CLAS Standards training will impart upon provider participants an approach to eliminate health care disparities and improve quality of care and outcomes for diverse populations. Due to these efforts, the following outcomes will be demonstrated:

- Access to mental health services will increase for Latino, Filipino and LGBTQ residents.
- Shame and stigma related to accessing mental health services will be addressed and reduced, thus increasing timely access and improving outcomes of care.
- Mental-health knowledgeable community alliances will be built, so that compassionate understanding and connection to services can occur from within one's own community.

Service providers will show an increased sense of cultural competence, thus creating a stronger rapport and alliance with the consumers they serve.

INNOVATION

The next stages of the plan involve identifying cultural brokers in Solano County’s Filipino, Latino and LGBTQ communities. Key community leaders will be interviewed to identify existing community resources, unmet mental health needs and patterns of access and utilization of mental health services. From there, nine focus groups will be conducted with members of each community to identify current perceptions and barriers and to outline strategies for going forward. Community forums will also be held to target those with lived experience and their families, in an effort to gain their ideas and perspectives. Local community-based organizations serving these populations will also be interviewed, as this will help to identify opportunities, challenges, and gaps in services. The information collected will ultimately be disseminated to each of the three cultural competency advisory workgroups to discuss the process and develop next steps. Based on all of the above outlined engagement activities, a diverse group of community stakeholders that represent and have extensive knowledge, both culturally and linguistically, will be in place to play a critical role in tailoring the CLAS Standards curriculum to meet the needs of the target populations.



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MID-YEAR ADJUSTMENT

FY 14-15 MID-YEAR ADJUSTMENT PROCESS

Mid-Year Adjustment

In FY2014/15, Solano County elected to provide additional funding from MHSA reserves to expand and/or enhance existing MHSA programs and services for the community. The Mid-Year Adjustment to the Three Year Integrated Plan was subject to the stakeholder process including a 30-day public comment period, prior to seeking County Board of Supervisors approval. The Mid-Year Adjustment was officially approved by the County Board of Supervisors on June 23, 2015, and provides approximately \$5 million in FY2015/16 of additional funding for MHSA services and programs. Expansion and enhancement of existing programs include but are not limited to:

- The expansion of the PEI School Age Program
- Creation of a Family Liaison position to support families and consumers navigate the local mental health system who are seeking services
- The expansion of tele-psychiatry services to provide needed coverage for medication evaluation and consultation to primary care providers
- Expansion of residential dual-diagnosis treatment for mentally ill individuals with substance abuse disorders
- The expansion of the PEI Older Adult Program to ensure health navigation for seniors needing more intensive mental health services

Under the advisement of local stakeholders and the local MHSA Steering Committee, an equal amount of additional funding will also be made available for FY2016/17 to expand services, including but not limited to programs such as the targeted expansion of Early, Periodic, Diagnosis, Screening and Treatment (EPSDT) services to Filipino, LBGTQ, and Latino communities. An additional \$300,000 will be allocated to these services in FY2015/16 and FY2016/17 to increase service penetration rates in these traditionally underserved communities. More information about the Mid-Year Adjustment can be found in the Appendix.

MHSA FUNDING SUMMARY

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Funding Summary

County: SOLANO

Date: 10/13/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	14,431,886	4,976,884	2,477,345	824,064	532,083	
2. Estimated New FY 2015/16 Funding	11,185,461	2,615,540	688,300			
3. Transfer in FY 2015/16 ^{a/}	0					
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	25,617,347	7,592,424	3,165,645	824,064	532,083	
B. Estimated FY 2015/16 MHSA Expenditures	15,011,861	4,150,200	1,227,288	440,115	601,541	
G. Estimated FY 2015/16 Unspent Fund Balance	10,605,486	3,442,224	1,938,357	383,949	(69,458)	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	2,740,189
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	2,740,189

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

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: SOLANO

Date: 10/13/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,647,055	173,232	1,625,300		847,723	800
2. Transitional Age Youth	811,135	564,354	151,458		95,323	
3. Adult, Community-based	950,526	837,210	109,705			3,611
4. Adult, Regional Teams	2,223,446	1,835,076	375,993			12,377
5. Forensic Assertive Community Treatment	1,789,801	1,147,721	641,880			200
6. Older Adult Community-based	752,488	662,790	86,848			2,859
7. Older Adult Regional Teams	351,069	289,748	59,367			1,954
Non-FSP Programs						
1. Crisis Stabilization Unit	3,490,986	2,942,080	518,406			30,500
2. Wellness & Recovery Unit	747,594	747,594				
3. Wellness & Recovery Centers	1,173,299	1,173,299				
4. Cooperative Employment Program	252,069	162,235	89,834			
5. Supported Housing	479,994	479,994				
6. Bilingual Services Child & Youth	421,988	62,299	263,216		96,473	
7. Foster Child & Family Services	189,589	27,989	118,257		43,343	
8. Mental Health Collaborative	25,000	25,000				
9. Homelessness/Mentally Ill	450,000	450,000				
10. EPSDT 0-21	500,000	500,000				
11. EPSDT-ERHMS	200,000	200,000				
12. Relapse Prevention and Aftercare	1,321,342	1,321,342				
13. Supportive Housing Programs (TBD)	723,299	723,299				
CSS Administration	1,010,505	686,599	323,906			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	20,511,195	15,011,861	4,364,171	0	1,082,862	52,301
FSP Programs as Percent of Total	63.5%					

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: SOLANO

Date: 10/13/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Early Childhood PEAK	300,000	300,000				
2. School-Age Youth	388,250	388,250				
3. Early Onset Psychosis/TAY	119,904	119,904				
4. Behavioral/Primary Care Integration	260,700	260,700				
5. Older Adult	335,470	335,470				
6. MH Stigma & Disparities Reduction	200,000	200,000				
7. Family & Peer Support	50,000	50,000				
8. Homelessness/Mentally Ill - moved to CSS-GSD	0	0				
9. Relapse Prevention/Aftercare - moved to CSS-GSD	0	0				
PEI Programs - Early Intervention						
10. Early Childhood PEAK	300,000	300,000				
11. School-Age Youth	1,164,750	1,164,750				
12. Early Onset Psychosis/TAY	479,616	479,616				
13. Older Adult	335,470	335,470				
14. Homelessness/Mentally Ill - moved to CSS-GSD	0	0				
15. Relapse Prevention/Aftercare - moved to CSS-GSD	0	0				
PEI Administration	229,005	216,040	12,965			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,163,165	4,150,200	12,965	0	0	0

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Workforce, Education and Training (WET) Funding

County: SOLANO

Date: 10/13/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Improve Clinical & Admin Competence	200,000	200,000				
2. Expand Cultural Competence Training	88,035	88,035				
3. Crisis Intervention & Other Training	52,000	52,000				
4. Loan Assumption/Scholarship Program	84,465	84,465				
WET Administration	15,615	15,615				
Total WET Program Estimated Expenditures	440,115	440,115	0	0	0	0

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Innovations (INN) Funding

County: SOLANO

Date: 10/13/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Systemic Approach Cultural Integration	1,200,000	1,200,000				
INN Administration	27,288	27,288				
Total INN Program Estimated Expenditures	1,227,288	1,227,288	0	0	0	0

FY2015/16 MHSA FUNDING SUMMARY

FY 2015/16 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Funding

County: SOLANO

Date: 10/13/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1.	0					
CFTN Programs - Technological Needs Projects 2. Electronic Health Records	906,100	601,541	304,559			
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	906,100	601,541	304,559	0	0	0

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Appendix

APPENDIX

Mid-Year Adjustment



COUNTY OF SOLANO – DEPARTMENT OF BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2014-15 THROUGH 2016-17 MID-YEAR ADJUSTMENT

Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) Plan Expansion, Including Proposal to expand Full Service Partnership (FSP), General Systems Development (GSD), and Prevention and Early Intervention (PEI) Work Plan

BACKGROUND

The MHSA 3 Year Integrated Plan for Fiscal Year 2014/15 through 2016/17 was implemented as recommended by stakeholders and approved by the Board of Supervisors on May 25, 2014. The goal of the MHSA 3 Year Plan was to establish a Continuum of Care by using MHSA funds to support those we serve in the areas where traditional funding with its inherent limitations was not sufficient to meet the broad range of mental health needs of this community. While significant impact has been achieved in creating a safety net for individuals across the lifespan, several areas for further refinement have been identified and received the support of our MHSA Steering Committee to proceed with this mid-year plan revision. We are submitting this Mid-Year Adjustment to the 3 Year Integrated Plan to expand these needed services and supports. The existence of unspent MHSA funds and an increase in expected allocation will allow the funding of this program expansion. It is our expectation that adding additional support, to existing project areas to broaden the reach of MHSA to support Solano County residents with Behavioral Health concerns will have a significant impact in several areas:

Prevention and Early Intervention Services

- The expansion of Prevention and Early Intervention Services to school aged children ages 6-18.
\$900,000.00

APPENDIX

Mid-Year Adjustment

Community Services and Supports Systems Development Strategies

Youth

- The expansion of services to youth 6-18 with Educationally Related Mental Health Service needs.
\$200,000.00
- The expansion of Early, Periodic, Diagnosis and Treatment Services specifically targeted to meet the needs of Latino and Filipino students.
\$200,000.00
- The creation of Health Promotion specialist to reach both the Latino and Filipino Communities.
\$140,000.00
- The creation of a Family Liaison to provide families support in accessing and navigating the Mental Health services available in Solano County.
\$150,000.00

Adults

- The expansion of Tele-psychiatry services to provide needed coverage for medication evaluation and consultation to primary care providers.
\$100,000.00
- The expansion of Wellness Centers to provide support for those with chronic and persistent mental illness specifically geared to meet the needs of each age group and additional funds to provide access to public transportation.
\$250,000.00
- Expansion of residential dual-diagnosis treatment for mentally ill individuals with substance abuse disorders.
\$200,000.00
- The establishment of a consumer warm-line to provide peer support to individuals with mental illness.
\$100,000.00
- Urgent Day Response Unit to provide assessment to individuals in local emergency rooms or who are incarcerated to determine the next best course of action.
\$140,000.00
- Expansion of the Older Adult Program to ensure health navigation to more intensive services
\$100,000.00
- Relapse Prevention for Homeless Mentally Ill expansion of peer and professional support to include overnight shelter and support.
\$350,000.00 (The funding for this project will move from PEI to CSS Systems Development upon Plan approval)
- Homeless Mentally Ill Program Outreach and Engagement expansion
\$85,000.00

APPENDIX

Mid– Year Adjustment

Criminalized Mentally Ill

- The creation of a jail diversion and reentry program for the mentally ill who are incarcerated to ensure they receive needed treatment and disposition.
\$200,000.00
- The establishment of a Jail Liaison position to ensure linkage to needed services upon reentry in to the community.
\$120,000.00
- The establishment of an embedded Mental Health Treatment team within the Probation Department to ensure the Mental Health Needs of those on Probation are integrated into to their care.
\$200,000.00

Full Service Partnership Program

- The expansion of the contract for Full Service Partnership services to increase the number of individuals most in need which can be served in this intensive intervention program.
\$250,000.00

Housing and Supports

- Request the release of unencumbered MHSR Housing funds from CalHFA to Solano County to develop the following housing options:
 - Supported Housing for emergency and mid-term use
 - Voucher system for urgent, short term housing (non-supported)
 - Board and Care Development and Augmentation
 - Housing Development: Capital Project for transitional housing
 - Scattered site permanent housing
 - Total funds requested: \$723,298.00
- Staffing for supported housing sites.
\$200,000.00
- Augmented Board and Care program expansion to create more supported housing
\$300,000.00

APPENDIX

Public Comment Period Announcement Flyer

Public Comment Period

Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2014/2015

The draft FY 2015-2016 MHSA Annual Update is now available for review and public comment!

The public comment period will run from Friday, October 16th through Tuesday November 17th, 2015. To review the Annual Update, please visit:

http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp

Comments can be submitted to the Solano County MHSA Unit at SolanoMHSA@solanocounty.com, or by phone at (707) 784-8320.

A Public Hearing for the Annual Update will be held at the Solano County Mental

Health Advisory Board meeting on:
Tuesday, November 17th, 2015
4:30 pm—6:00 pm
2101 Courage Drive, Multi-Purpose Room
Fairfield, CA 94533

APPENDIX

Solano County Mental Health Advisory Board: Public Hearing

The Annual Update was presented at a public hearing held during the Mental Health Advisory Board meeting on November 17, 2015. No public comments were submitted at the public hearing, or during the preceding public comment period which was open from October 16, 2015 through November 17, 2015.

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