



Mental Health  
Services Act

FY 2017/2018

**ANNUAL  
UPDATE**

SOLANO COUNTY BEHAVIORAL HEALTH



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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: Sandra Sinz, LCSW	Name: Tracy Lacey, LMFT
Telephone Number: 707-784-8332	Telephone Number: 707-784-8213
E-mail: SLSinz@solanocounty.com	E-mail: TCLacey@solanocounty.com
Local Mental Health Mailing Address: Solano County Health & Social Services Behavioral Health Administration 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 23, 2018.

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.

Sandra Sinz, LCSW  
Local Mental Health Director (PRINT)

Sandra Sinz 1/4/18  
Signature Date

# FISCAL ACCOUNTABILITY CERTIFICATION

Enclosure 1

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

County/City: Solano

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: <u>Sandra Sinz</u>	Name: <u>Simona P Scholtens, CPA</u>
Telephone Number: <u>(707) 784-8337</u>	Telephone Number: <u>707-784-6280</u>
E-mail: <u>slsinz@solanocounty.com</u>	E-mail: <u>SJPadilla@SolanoCounty.com</u>
Local Mental Health Mailing Address: <u>275 Beck Ave</u> <u>Fairfield CA 94533</u>	

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.

Sandra Sinz  
Local Mental Health Director (PRINT)

Sandra Sinz 12/18/17  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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 12/21/17 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, 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.

Phyllis Tagher for Simona P Scholtens  
County Auditor Controller / City Financial Officer (PRINT)

Phyllis Tagher 12/20/17  
Signature Date

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

# SOLANO COUNTY BOS MINUTE ORDER



## Solano County

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

### Meeting Minutes - Action Only Board of Supervisors

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

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

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

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

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

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Tuesday, January 23, 2018

8:30 AM

Board of Supervisors Chambers

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16

[18-58](#)

Consider approval of the annual Mental Health Services Act FY2017/18 Update for services rendered in FY2016/17 as required by law

Approved

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# MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR

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Mental Health Services Act funds continue to be essential throughout the system of care, supporting ongoing transformation to a system serving all ages, that is consumer and family driven and grounded in recovery and resilience principles. Community input is a key part of a successful MHSA program, assuring that we are focusing on our local needs. We continue to benefit from an active stakeholder process that informs our services and planning.

This report lays out the accomplishments across the MHSA-funded programs over the last year. Almost all programs have met or exceeded their services goals, and outcomes of services continue to show benefit to individuals and families. Hundreds of individuals of all ages and their families have received services funded by MHSA. Many of our critical services available are a result of MHSA funding – from prevention-focused educational programs to intensive full service partnerships serving those with the most significant needs, and much in between. Many of our programs are specialized and age-specific, with programs focused on youth under age five, children and youth who are school-aged, transition age youth 16-25, and older adults in our community.

MHSA programs continue to provide important education to the community, an important strategy for combatting the stigma that keeps so many people from reaching out for help. One of our most significant stigma reduction efforts is outlined within the stakeholder-informed Suicide Prevention Strategic Plan (<http://www.solanocounty.com/depts/mhs/default.asp>). We are excited to be supporting this community initiative to decrease the number of suicides – with hopes to someday eliminate suicide. This initiative is just one example of the Behavioral Health Division’s role as a community educator in addition to being a service provider.

I want to express appreciation for the community’s ongoing support of MHSA program development, and especially to the consumers who receive services and families who receive services—and are advocates—through our system and inspire us in our mission.



Sandra Sinz, LCSW

Solano County Behavioral Health Director

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# INTRODUCTION

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## Purpose of This Document

The purpose of this document is to provide the annual update for fiscal year (FY) 2017/18. The *Mental Health Services Act Three-Year Integrated Plan for Fiscal Years 2014/15 through 2016/17* was approved by the Board of Supervisors on March 25, 2014. The *Solano County FY 2017/2018 Annual Update* provides a comprehensive summary of the progress that was made during the final year of the outgoing plan and covers services rendered during FY 2016/17.

## Mental Health Services Act History

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

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

### 1. Prevention & Early Intervention (PEI)

PEI funds are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services to avert mental health crises and the development of more severe disabling mental illnesses. Suicide Prevention activities are funded through PEI funding.

Approximately 20% of MHSA funding is directed to PEI programming and at least 51% of that funding must be used for programs and services dedicated to children and youth under the age of twenty-five.

### 2. Community Services & Supports (CSS)

CSS is the largest funding component of MHSA and is intended to expand and transform services for children, youth, adults and older adults living with serious mental illness, with an emphasis on culturally competent and recovery oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, CSS includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers.

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# INTRODUCTION

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### 3. Innovation (INN)

INN funds are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to; contribute to increasing access to unserved and underserved groups, to improve the quality of services, demonstrate better outcomes, and to promote interagency collaboration. Five percent (5%) of MHPA funding is allocated to the Innovation component and a separate Innovation Plan is required from each county and can be in place for three years, or with special approval for five years, with an emphasis on securing ongoing funding to continue the services beyond the end of the plan period.

### 4. Workforce Education & Training (WET)

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

### 5. Capital Facilities & Technology Needs (CFTN)

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

## **Mental Health Service Act Vision & Core Values**

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

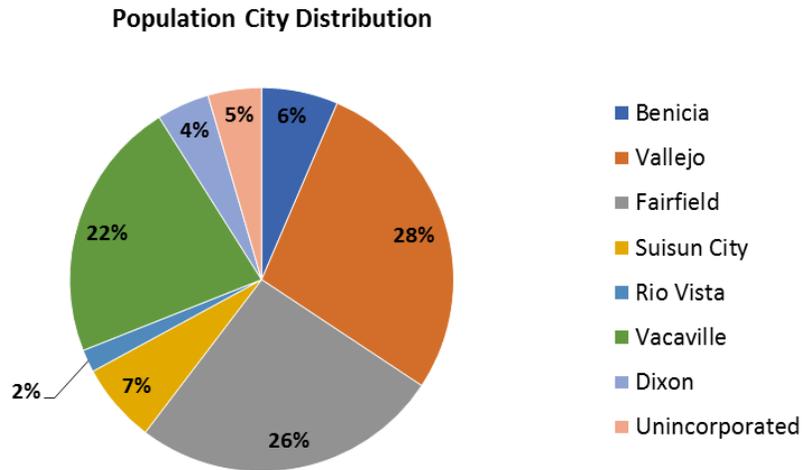
# SOLANO COUNTY DEMOGRAPHICS

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to *Solano County's 2016 Annual Report* the County's population was 431,498 in 2016.<sup>1</sup> 49.7% of the population is male and 50.3% of the population is female.<sup>2</sup>

## Population City Distribution

There are seven incorporated cities in Solano County; Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Vallejo. The City of Vallejo is the most populous city in the County, followed by Fairfield and then Vacaville.

Figure 1: Solano County Population City Distribution

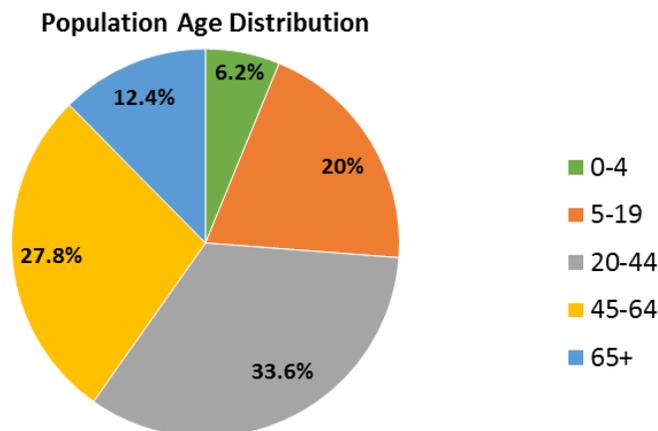


Source: *Solano County Website*

## Population Age Distribution

The median age in Solano County is 36 years old.<sup>3</sup> 26.2% of the population are children/youth under the age of 19 years old, 61.4% of the population are adults between the ages of 20-64 and 12.4% are older adults over the age of 65.

Figure 2: Solano County Population Age Distribution



Source: *Solano County's 2016 Annual Report*

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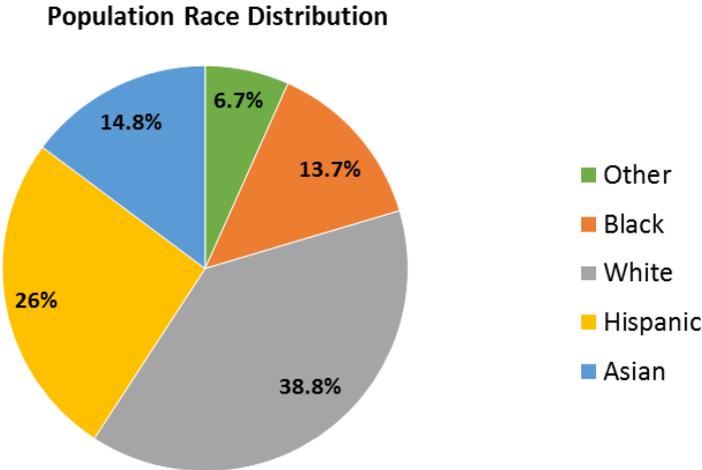
# SOLANO COUNTY DEMOGRAPHICS

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## Population Race Distribution

38.8% of the residents identify as White, 26% as Latino/Hispanic, 14.8% as Asian/Pacific Islander, 13.7% as African American, and the remaining 6.7% identified as multiracial/other. Approximately 61.2% of the population identified with a race other than White or Caucasian. Recently Solano County was ranked as the 5<sup>th</sup> most racially diverse County in the United States.<sup>4</sup>

Figure 3: Solano County Population Race Distribution



Source: Solano County's 2016 Annual Report

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# COMMUNITY PLANNING PROCESS

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## Stakeholder Engagement

The MHSA Unit engaged community stakeholders in a very comprehensive community planning process to develop a countywide *Suicide Prevention Strategic Plan* from March 2017 through August 2017. This included eight stakeholder community planning meetings held in six of the seven cities, and six focus groups targeting special populations held throughout the County. Additionally, there were two community meetings focused on the MHSA Annual Update. These meetings included 153 unduplicated individuals with representation from: consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; and representatives from the County's unserved/underserved Latino, Filipino, and LGBTQ communities.

## Community Planning Meetings

<b>Solano County MHSA Community Planning Meetings 2017</b>	<b># Attendees</b>
March 15, 2017 Opening Session - CAC, 675 Texas St 1600, 1610, 1620, Fairfield	52
April 6, 2017 Breakout Session Fairfield -2101 Courage Drive, Fairfield	21
April 11, 2017 Breakout Session Dixon - 470 East H Street, Dixon	15
April 18, 2017 Breakout Session Vallejo - 505 Santa Clara St, Vallejo	21
May 23, 2017 Breakout Session Benicia - 350 East K Street, Benicia	34
May 24, 2017 Breakout Session Rio Vista - 500 Elm Street, Rio Vista	13
May 31, 2017 Breakout Session Vacaville - Library 1 Town Square Place, Vacaville	16
September 6, 2017 Consumer Family Advisory Committee - 275 Beck Ave, Fairfield	8
September 25, 2017 MHSA Annual Report - CAC, 675 Texas St 1600, 1610, Fairfield	56

The meetings that were focused on suicide prevention included a presentation of data related to suicide deaths in Solano County followed by an open space activity called "Graffiti Wall" and group discussion to elicit feedback from stakeholders regarding: community prevention efforts including trainings and stigma reduction; community coordination and collaboration; phases of intervention including screenings/assessments, treatment, and aftercare; special priority populations; postvention; goals for the suicide prevention plan; data collection/reporting; and resources available in the community. This process included identifying what efforts are currently in place and effective while also identifying new ideas and/or gaps within the system of care.

The Consumer and Family Advisory Committee (CFAC) was utilized as an opportunity for stakeholder feedback. As part of the regularly scheduled meeting in September, MHSA was able to facilitate the "Graffiti Wall" activity which allowed attendees to share their feedback. Areas explored included: what is currently working with the Solano County Mental Health system; what could be improved; and what additional programs/models could address any service gaps. After the activity, there was a group discussion to further elicit ideas and clarify information that had been shared by the participants.

The MHSA Annual Report meeting included a review of outcomes and program performance for the programs/contractors providing services during FY 2016/17, the opportunity for the public to provide feedback via the "Graffiti Wall" activity, and group discussion to identify strengths and gaps in the system of care.

# COMMUNITY PLANNING PROCESS

Community planning meetings were advertised through the following avenues: email announcements to over 400 community stakeholders; meeting fliers printed in English, Spanish and Tagalog posted in County and Contractor clinic lobbies; posts on the Solano County website; and announcements at public meetings. Advertisements for the MHSAs Annual Update report out meeting were run in the local newspapers in Solano County’s major cities (see Appendix).

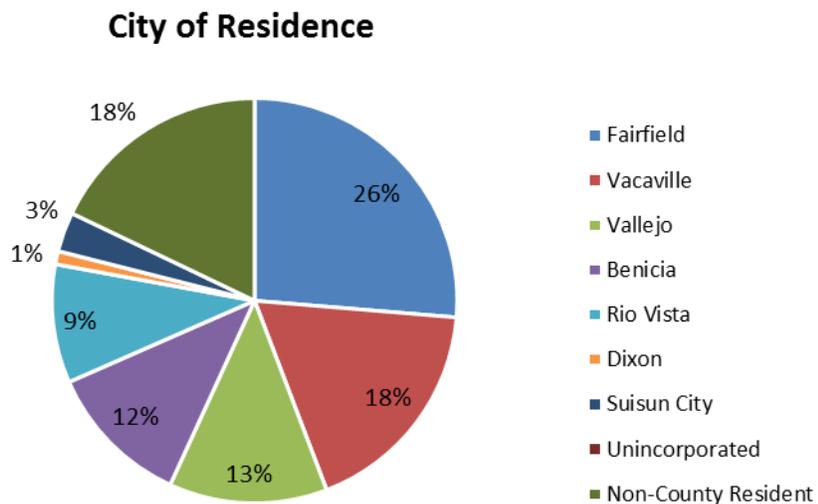
## *Community Forum Participant Demographics*

Demographic information was collected at each community forum and included the following elements; age range, race, ethnicity, language, current gender identity, sexual orientation, veteran’s status, and disability.

Of the 153 meeting attendees, 103 completed the demographic survey. Five percent (5%) of the attendees were between the ages of 16-25 years old, 78% were between the ages of 26-59, 15% were between the ages of 60-84, 1% were 85+, and 1% declined to answer. With regard to race/ethnicity, 60% of the attendees identified as White, 11% as Latino, 11% as African American, 4% as American Indian/Alaska Native, 3% as Asian and the remaining attendees identified as other, more than one race, or declined to answer. English was the primary language for 95% of the attendees, 4% Spanish, and the remaining attendees identified Tagalog, Mandarin, or Russian as their primary language. Of the 94 attendees who answered the question related to current gender identity, 66% identified as female, 32% as male, 1% as transgender and 1% declined to answer. Regarding sexual orientation of the 96 attendees who answered this question, 2% identified as bisexual, 3% as lesbian, 6% as gay, 88% as heterosexual and 1% declined to state. In addition, 7% of the attendees identified as Veterans.

When reviewing participant demographics, it appears that there was good representation from the various regions in the County in regards to city of residence for participants.

Figure 4: Forum Participants’ City of Residence



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# COMMUNITY PLANNING PROCESS

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## *Focus Groups*

Targeted focus groups were held with communities considered to be more at risk for suicide as evidenced by local, state, national suicide statistics, or that were considered more at risk due to the stigma around mental health resulting in the community being unserved/underserved. Members of the Solano County Suicide Prevention Committee and/or Solano County Behavioral Health Mental Health Services Act Unit staff conducted the focus groups using targeted questions to elicit information regarding risk factors for the specific community and strategies to decrease stigma related to seeking mental health services and suicide prevention. Focus groups were held with:

- Teens and youth
- Older adults
- Filipino community
- Native American community
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community

<b>Solano County MHA Suicide Prevention Focus Groups 2017</b>	<b># Attendees</b>
May 24, 2017 Youth Focus Group: Rio Vista High School-Rio Vista	25
July 6, 2017 Youth Focus Group: Seneca-Fairfield	3
July 17, 2017 Older Adults: Faith In Action-	13
July 20, 2017 LGBTQ Focus Group: Solano Pride Center-Fairfield	8
July 25, 2017 Filipino Focus Group: Joseph Center-Suisun City	8
August 9, 2017 Native American Focus Group: Tribal TANF Office-Fairfield	12

## **Local Review Process**

The draft of the *FY 2017/2018 Mental Health Services Act Annual Update: A Review of Services* was posted on the Solano County MHA web page <http://www.solanocounty.com/depts/mhs/involvement.asp> and [http://www.solanocounty.com/depts/mhs/mhsa/ann\\_plan/default.asp](http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp) on October 27, 2017. The Notice of 30-Day Public Comment Period and Notice of Public Hearing was made public on October 27, 2017 via e-mail to over 400 community stakeholders; email to all County Behavioral Health staff; and via posting at the mental health clinics in Vacaville, Fairfield, and Vallejo, and at the MHA Wellness & Recovery Centers.

The 30-Day Public Comment period was from October 27, 2017 – November 27, 2017. Public Comment forms were posted on the website and made available at local stakeholder meetings.

During a special public hearing at the Solano County Local Mental Health Advisory Board (MHAB), scheduled for December 14, 2017, the *FY 2017/2018 Mental Health Services Act Annual Update* will be presented with a request for the MHAB to recommend that the document be forwarded to the Solano County Board of Supervisors (BOS) for approval.

The *FY 2017/2018 Mental Health Services Act Annual Update* will be presented to the Solano County Board of Supervisors on January, 23 2018.

# Fiscal Year 2017/2018

## Mental Health Services Act

### Annual Update

In this section of the document programs funded by MHSA will be reviewed to include: unduplicated count of individuals served; financial report; program performance outcomes; participant demographics; program highlights and achievements; program barriers and challenges; and success stories for direct service providers. Additionally, any changes that will be made to the current *Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for Fiscal Years 2017/18 through 2019/20* will be identified. Changes may include new services to be offered, changes in vendors providing services, adjustments in funding allocated to particular programs, etc. In regards to success stories, names and other identifying information has been changed to protect the privacy of individual consumers and/or family members.

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# PREVENTION & EARLY INTERVENTION

## COMMUNITY-WIDE PREVENTION STRATEGIES

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During FY 2016/17 Solano County Behavioral Health (SCBH) continued to work with the California Mental Health Services Authority (CalMHSA), an agency that spearheads statewide efforts in suicide prevention and stigma reduction. SCBH outreach staff and several community-based organizations distributed educational materials received from CalMHSA. Additionally, SCBH continued to refer to and advertise the regional National Suicide Prevention Lifeline (1-800-273-8255) during FY 2016/17.

### Suicide Prevention Activities & Services

The following suicide prevention activities were conducted FY 2016/17:

- **safeTALK Trainings**– 8 trainings were provided with a total of 163 participants attending the trainings.
- **Applied Suicide Intervention Skills Training (ASIST)** – 2 trainings were provided with a total of 32 participants attending the trainings.
- **National Suicide Prevention Week Proclamations & Resolutions** – In September of 2016 four local cities; Vallejo, Benicia, Fairfield and Vacaville, as well as the County of Solano, passed local proclamations/resolutions declaring September 5-11, 2016 as Suicide Prevention Awareness Week.
- **CalMHSA Know the Signs Toolkits** – SCBH partnered with the Solano County Office of Education to distribute “Suicide Prevention Know the Signs (KTS) Toolkits” during National Suicide Prevention Week. KTS Toolkits were delivered to 42 local middle and high schools.
- **National Suicide Prevention Lifeline** – 1457 calls were received on the Lifeline 1-800-273-TALK/8255 from Solano County residents.
- **Suicide Prevention Committee** – The Solano County Suicide Prevention Committee actively met throughout the year. The Committee planned and began facilitating a community planning process to create a countywide Suicide Prevention Strategic Plan. The plan includes prevention, intervention and postvention strategies tailored to meet the needs of the local community.

### Stigma and Discrimination Reduction Activities

The following stigma reduction and outreach activities to reach traditionally unserved and underserved populations were conducted FY 2016/17:

**Each Mind Matters “May is Mental Health Awareness Month”** –There were several events held to promote May is Mental Health Awareness Month to combat stigma and raise awareness about mental health including:

- On May 2, 2017, the Solano County Board of Supervisors adopted a County “May is Mental Health Awareness Month” Resolution. Consumers and staff from County and Community-based programs were present for the presentation.

# PREVENTION & EARLY INTERVENTION

## COMMUNITY-WIDE PREVENTION STRATEGIES

- The Solano County Behavioral Health Wellness & Recovery Unit sponsored a kickoff event attended by 200 consumers, family members, staff, contractors, members of the community and members of the media. Consumers shared stories of wellness and recovery as well as powerful poetry readings. Consumer artwork was displayed. The Consumer Champion Award and several Community Hero Awards were also presented.
- The Solano County Mental Health Advisory Board sponsored an art reception displaying consumer artwork, and a separate event was held for the viewing of "*Shattered Families*", a documentary by Dr. Steven Seager.
- The Solano County Behavioral Health MHSA Unit hosted a wellness event for County Health and Social Services staff that included a meditation room, an art table, and a photo booth activity promoting laughter and fun.
- Caminar held their 2nd Annual Art Inspiration exhibit at the Vallejo City Hall where consumers displayed their photography for all to see. They also hosted their 6th annual "Cammie Awards" celebrating consumer success stories and individuals who are working to reduce stigma.
- Circle of Friends Wellness Center sponsored a Cinco de Mayo BBQ which included a health fair attended by Solano County and Touro University providers who conducted blood pressure and diabetes checks and hosted a Mother's Day Tea Party with a sip and paint theme.
- St. Stephen CMH Church in Fairfield hosted a "Going Green for Mental Health Awareness" Day of Worship event, which included education and stigma reduction activities. Mount Calvary Baptist Church hosted the "Breaking the Silence" workshop, developed to address the full spectrum of mental health challenges, particularly as present and experienced in the African American family and community.

### Community Trainings and Support:

- **Mental Health First Aid (MHFA) Training:**  
2 MHFA trainings were provided in English for 21 unduplicated individuals.



# PREVENTION & EARLY INTERVENTION

## COMMUNITY-WIDE PREVENTION STRATEGIES

### Family and Peer Support Program—Contractor

**Agency Name:** National Alliance on Mental Illness (NAMI)

**Title of Program:** NAMI Solano County

**Description of Program:**

This program provides support and advocacy to individuals with mental illness and their family members through workshops and trainings to the local community as well as support groups for peer consumers. A key aim is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 376	
Program Deliverables	Annual Outcome
Conduct three “Family-to-Family” 12-week educational classes to help family members understand and support loved ones suffering from mental illness, with at least one class required to be offered in Spanish.	Conducted 5 English class series, with 47 unduplicated participants. Conducted one Spanish class and served 6 unduplicated participants.
Offer two “Peer-to-Peer” 10-week educational classes to train mentors to provide education and support resources related to mental health diagnoses and recovery	No “Peer-to-Peer” classes were offered due to the Program Coordinator resigning in July 2016. Two new trainers were identified and trained on the model.
Provide one “Basics” 6-week educational class geared to help caregivers of children and adolescents living with mental illness.	Conducted one class, with 2 unduplicated participants.
Partner with schools and youth agencies to provide 3 “Ending the Silence” in-service presentations to teach high school aged youth about mental illness.	Conducted 3 presentations, with 21 unduplicated participants.
Provide one “In Our Own Voice” presentation by 2 trained speakers who share personal stories related to their mental illness and recovery.	Conducted 83 presentations, with 177 participants.
A minimum of 50% of individuals attending Family-to-Family (F2F), Peer-to-Peer (P2P), and Basics classes will complete the class in its entirety.	100% for F2F English class 100% for F2F Spanish class Basics: The class is scheduled to end in FY 17/18.
50% of individuals attending Family-to-Family, Peer-to-Peer and Basics classes will demonstrate an increase in knowledge in at least one domain on the post participant survey	100% of all participants in all classes showed an increase in knowledge on the post evaluation.
Partner with local wellness and recovery centers to provide 3 “Connection” support groups per month.	Conducted 166 groups, with 108 unduplicated attendees.
Financial Report	
Cost per person for prevention activities	\$166

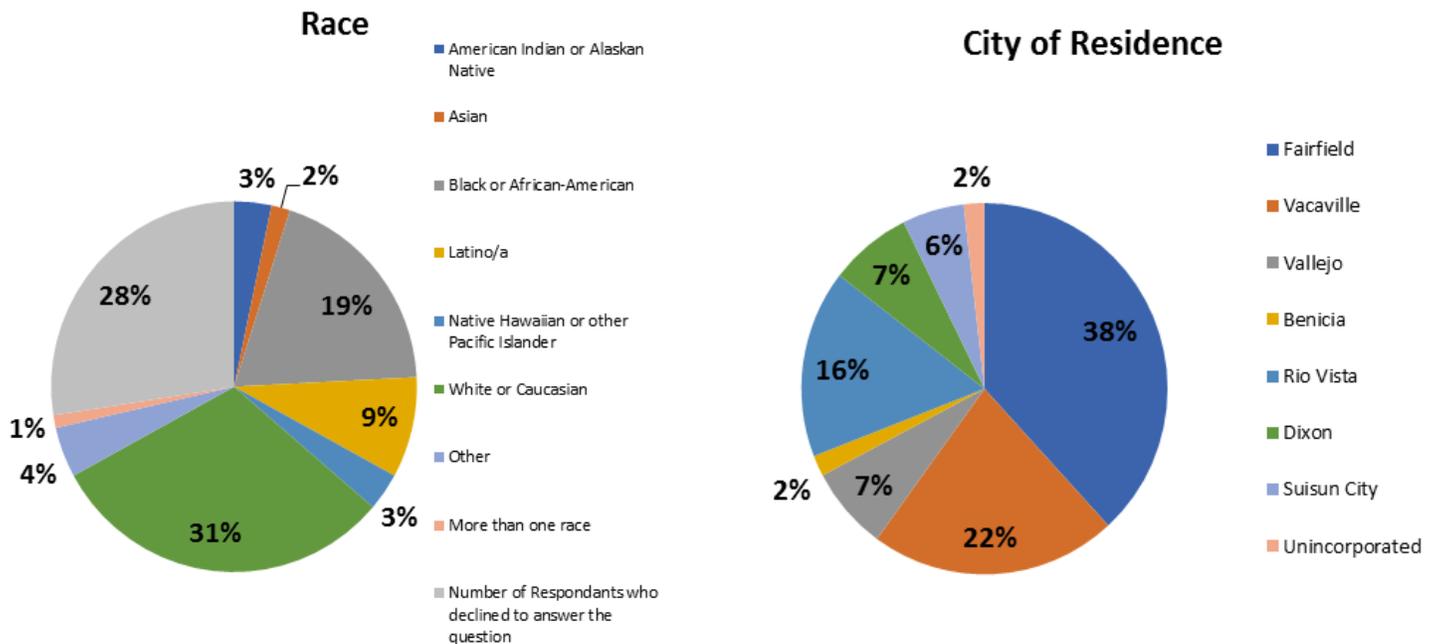
# PREVENTION & EARLY INTERVENTION

## COMMUNITY-WIDE PREVENTION STRATEGIES

### Demographic Breakdown of Direct Services:

Of the individuals served through the NAMI program, 2% were between the ages of 16-25, 44% were 26-59, 23% were 60 and older, and 31% declined to answer. 14% of the consumers identified their current gender identity as male, 32% identified as female, and 54% declined to answer. Regarding language, 44% of individuals served identified English as their primary language, 10% identified Spanish, while the remaining 46% did not identify a primary language. Six individuals identified as veterans.

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



### Highlights & Achievements

- The program outreached to the Latino community and six Spanish-speakers graduated from the Family-to-Family class.
- The NAMI program coordinated efforts with the Solano County Behavioral Health Wellness and Recovery Unit to work collaboratively for “May is Mental Health Month Awareness” events.
- Worked collaboratively with the African American Faith Based Initiative program to provide mini grants to local Mental Health Friendly Church communities to support awareness events and combat stigma. Two faith communities were awarded grants: Mount Calvary Baptist Church in Fairfield who hosted “Breaking the Silence Project” and St. Stephan CME Church in Fairfield who hosted the “Going Green for Mental Health Awareness” event in honor of “May is Mental Health Awareness Month”.
- NAMI participated in the KROC Health Fair and conducted outreach at a Genentech event.

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# PREVENTION & EARLY INTERVENTION

## COMMUNITY-WIDE PREVENTION STRATEGIES

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### *Challenges & Barriers*

- Recruitment challenges impacted NAMI's ability to provide groups. There were not enough volunteers for the local chapter, and there were transportation challenges for peer volunteer facilitators from other County chapters.
- The program was unable to provide Peer-to-Peer classes due to the vacancy of a volunteer Program Coordinator since July 2016. Two peers were trained in the Peer-to-Peer curriculum in April 2017, and the peers are expecting to conduct the class in the Summer of 2017.
- The program volunteers had not yet taken cultural competency training. In June of 2016 the County offered a Cultural Competency 101 training, and NAMI volunteers attended.

### *Changes in FY17/18*

None

## **s u c c e s s s t o r y**

Presentations were well received at the "Ending the Silence" presentation in May 2017 at Kyles' Temple Church in Vallejo. Youth presenters shared their mental health struggles and accomplishments, leaving the youth in the audience wanting more personal stories and additional presentations on mental health. Upon review of the evaluation sheets, comments included positive feedback about the presenters' interaction with the audience, their sharing of personal stories, and their enthusiasm for the subject matter. Additionally, there was positive feedback indicating an appreciation for information provided about mental health facts, how to identify warning signs of mental illness, and a desire to have had more time for the presentations. It was a day filled with awareness and unity!

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION STRATEGIES

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

**Consultants:** Gigi Crowder (lead), Pastor Horacio Jones and Minister Monique Tarver

**Title of Program:** Mental Health Friendly Communities (MHFC) for African Americans

**Description of Program:**

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

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 1042	
Program Deliverables	Annual Outcome
Provide community outreach and education to include the following training series: A. “Keepers of the Flock, Becoming a Caring Community of Faith”, designed for stakeholders B. “Mental Health 101” for African American Faith Leaders C. “Spirituality 101” intended for mental health providers D. “Bridge Over Troubled Waters” designed for stakeholders and providers  The goal for participants to demonstrate increased knowledge related mental health symptoms, stigma reduction, and referrals using a pre-post participation survey.	Number of trainings provided and number of individuals trained: A. Keepers of Flock: 2 trainings provided with 160 participants B. Mental Health 101: 4 trainings provided with 82 participants C. Spirituality 101: No trainings provided D. Bridge over Troubled Waters: 1 training provided with 100 participants  A total of 92% of participants demonstrated increased knowledge on the post-participation surveys.
Conduct outreach activities to raise awareness	# of outreach activities: 7 # of participants: 700
Provide didactics and supervision regarding the integration of Peer and Family Partners within the churches daily practice.	Total # of didactics/supervision: 20
Financial Report	
Cost per person for prevention activities	\$71

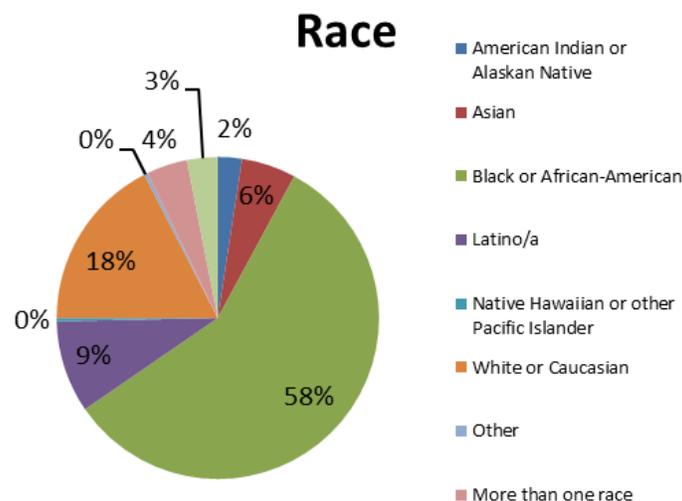
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Training Attendees:*

Of the individuals reached through the program 4% were ages 0-15, 7% were 16-25, 60% were between the ages of 26-59, 26% were 60 and older, and 3% declined to answer. 31% of the participants identified their current gender identity as male, 68% identified as female, and 1% declined to answer. Regarding language, 95% of individuals reached identified English as their primary language, 2% identified Spanish, 2% identified Tagalog, and 1% endorsed American Sign Language as their primary language. 19% of the participants identified as veterans.

The following chart provides additional demographic data for the individuals reached by this program:



### *Highlights & Achievements*

- One of the MHFC Faith Centers provided assistance to a consumer-run wellness center displaced from their space during the holidays due to building repairs, offering their Fellowship Hall as a temporary site. Thus, services were not interrupted during what is often a stressful time for peer consumers.
- One new Faith Center was identified to participate in the project, bringing the total to 6 faith communities in Solano County actively participating in the project.
- One of the new Faith Centers is an LGBTQ-friendly faith community.
- In collaboration with NAMI Solano County, two Faith Centers were identified to receive a mini-grant that enabled them to host Mental Health Awareness events in May.

### *Challenges & Barriers*

- Initially there was a delay with the mini-grant program. The issue was resolved through partnership and collaboration with NAMI Solano County serving as the fiscal agent for distribution of the MHFC mini-grant.

### *Changes in FY17/18*

None

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### s u c c e s s s t o r y

A young woman attending the Mental Health Awareness event at Mt. Calvary Baptist Church had recently left her first year in college because of “emotional issues.” She invited her mother to join her at the event, and it was there that her mother finally understood her daughter was likely living with a mental health challenge.

We connected both to the MHFC Ministry Team at Mt. Calvary. They followed-up with introductions to the family liaison and peer liaison so each of them have someone to talk to with similar life experience. The MHFC Faith Leader scheduled time to meet with each of them together and separately, with Pastor Jones offering technical assistance.

At our last check in we learned the young lady decided to go back to college locally and ultimately plans to return to her college when she is stabilized on her medication. The mother has since attended several NAMI events to further her education about mental illness so she can balance her faith with the clinical needs of her loved one.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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

**Agency Name:** Rainbow Community Center of Contra Costa County and Solano Pride Center

**Title of Program:** LGBTQ Outreach and Access Program

**Description of Program:**

The LGBTQ Outreach & Access Program, delivered by community-based organizations, is designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one’s identity.

Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 508	
Program Deliverables	Annual Outcome
Provide monthly support group programming to promote resilience and self-efficacy, and promote a sense of community affiliation in an effort to reduce stigma and isolation. Support groups included: lesbian/bisexual women’s group; gay/bisexual men’s group; transgender group; and a youth group.	40 support group sessions were offered with a total of 78 individual participants.
Provide social programming to raise awareness and promote resilience, reduce stigma and isolation, and provide opportunity to celebrate one’s identity. Events were varied, but included movie nights, comedy nights, an on-going book club, an annual pride festival, a senior luncheon, youth parties and awareness events.	40 social programming events were held with 430 participants.
Early Intervention Activities	
Unduplicated Individual Served: 13	
Program Deliverables	Annual Outcome
Provide assessment and a brief counseling to LGBTQ community members with identified needs.	13 unduplicated clients were served.
Linkage Services	
Provide linkage and referrals for LGBTQ youth, adults, and seniors.	The data related to this deliverable was not available.
Financial Report	
Cost per person for prevention activities	\$155
Cost per person for early intervention activities	\$155

**Demographic Breakdown of Direct Services:**

8% of the individuals served by the program were ages 16-25, 77% were adults ages 26-59, and 15% were 60 or older. In regards current gender identity 69% of the individuals served identified as female, 23% identified as male and 8% identified as genderqueer. 92% of those served through the program identified English as their primary language and 8% identified Spanish as their primary language. In regards to sexual orientation, 54% identified as gay or lesbian, 23% as queer, 15% as heterosexual or straight and 8% as questioning or unsure of their sexual orientation.

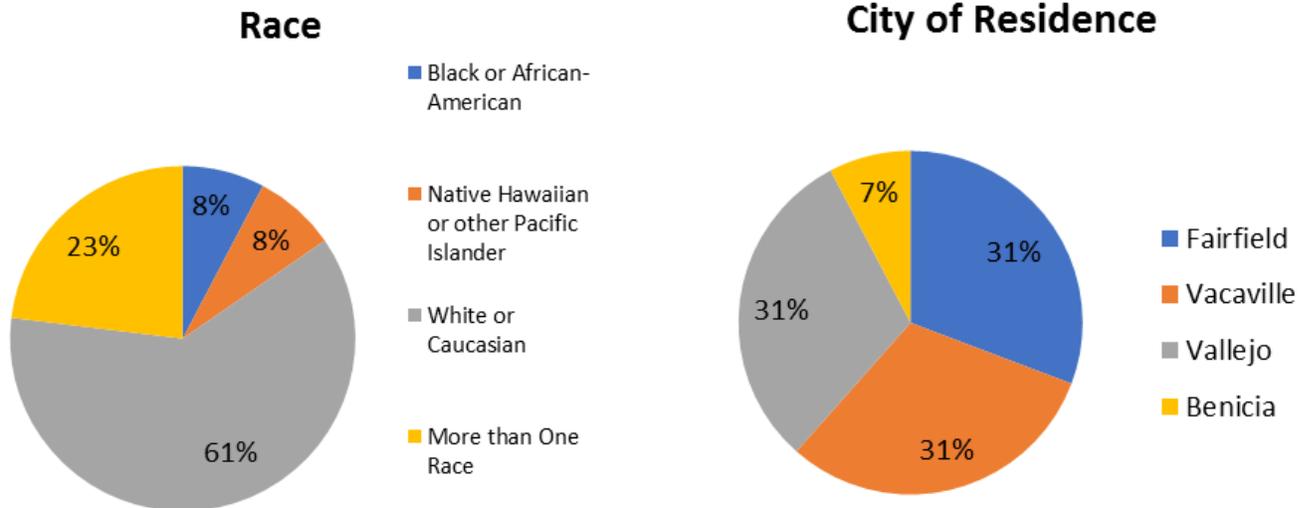
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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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



### Highlights & Achievements

- The Solano County LGBTQ Needs Assessment Report was completed; the document highlighted the specific needs of the community identified through a community survey.
- Planned and held the “Up Bay Pride Festival 2017” in downtown Fairfield, with an estimated 125 attendees.
- Responded to the needs of the community by forming an on-going Trans Male-To-Female (MTF) Peer Support Group.

### Challenges & Barriers

- This program has been delivered in partnership between Rainbow Community Center (RCC) of Contra Costa County, who had been awarded the contract, and local organization Solano Pride Center who was a subcontractor of RCC. Over the course of the contract there have been some challenges related to coordinating efforts between the two agencies. Additionally, RCC has had significant changes in leadership during FY 16/17.
- Although the Fairfield office is a centralized location for service provision, those residents from other cities within the County struggle to access services. There is a lack of effective inter-city transportation in Solano County which contributes to the inability to attend the Center’s activities. The Center continues to find opportunities to provide groups in other cities, but this has not been successful on an on-going basis.
- An RCC therapist intern provided counseling at the Center one day per week during the fiscal year; however due to staffing changes at RCC the intern discontinued services starting June 2017.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Changes in FY17/18*

A conjoint agreement between the County, the primary contractor and sub-contractor was made during fiscal year 16/17 to end the contract with Rainbow Community Center as of September 30, 2017. The County released a Request for Proposal (RFP) for this service in April 2017. Solano Pride was awarded the contract which will be effective October 1, 2017.

## S U C C E S S S T O R Y

In the summer of 2016, the program began a summer transgender (trans) youth program. Transgender youth often feel particularly marginalized, and may be reluctant to attend a regular youth group program. The Center offered a special group on a different day from the regular youth meeting. By the end of the summer, the trans and gender non-conforming youth were successfully incorporated into the regular youth program.

In the spring of 2017, the program began a Pride in Poetry youth program, led by two volunteers who found poetry to be a solace and a strength when they were young. This program is particularly attractive to girls and young women, and to youth of color. The Center now offers two meetings a month, one in Vallejo and one in Fairfield and has plans for a "Poetry Slam."

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

Early Childhood-Partnership for Early Access for Kids (PEAK) Program (Ages 0-5)—County and Contractors

**Agency Name:** First 5 Solano

**Title of Program:** Partnership for Early Access for Kids (PEAK)

**Description of Program:**

The PEAK Program, which is co-funded by SCBH and First 5 Solano, is delivered by three community-based organizations; Child Haven, Uplift Family Services, and Solano Family Children’s Services. Their focus is on providing parent and caregiver educational workshops, provider educational trainings on the topic of early mental health prevention and intervention, and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment.

### Performance Measures

#### Prevention Activities Unduplicated Individuals Served: 1198

Program Deliverables	Annual Outcome
Provide workshops or other educational activities to parents or other primary caregivers of children ages 0 to 5.	199 parents attended workshops; 99% of them demonstrated increased knowledge on the workshop topic
Provide workshops on early mental health prevention and early intervention with emphasis on providers who work with children ages 0-5 living in high-risk neighborhoods and in “stressed families.”	116 providers attended trainings; 100% of them demonstrated increased knowledge on the training topic
Uplift Family Services and Child Haven will complete PEAK screenings to identify children who need further assessment and/or treatment services, and will refer to appropriate services.	316 children aged 0-5, received screenings to determine need for further intervention
Solano Family and Children’s Services will operate the Help Me Grow (HMG) Solano line, providing linkage and referrals for children and parents to public and private long-term treatment or community services in order to support the child’s healthy development and/or caregiver’s mental health.	567 calls were taken by the HMG line and 72% of those calls resulted in referrals to appropriate services in the community

#### Early Intervention Activities Unduplicated Individual Served: 8

Program Deliverables	Annual Outcome
Provide assessment and treatment services to privately insured children aged 0-5 who are identified as needing additional services. Medi-Cal insured or uninsured clients are referred to County Mental Health for further assessment and treatment.	8 children were assessed and completed short-term treatment, and 100% (8) of those children demonstrated improvement on the Child Adolescent Needs & Strengths (CANS) tool.

### Financial Report

Cost per person for prevention activities	\$215
Cost per person for early intervention activities	\$2,051

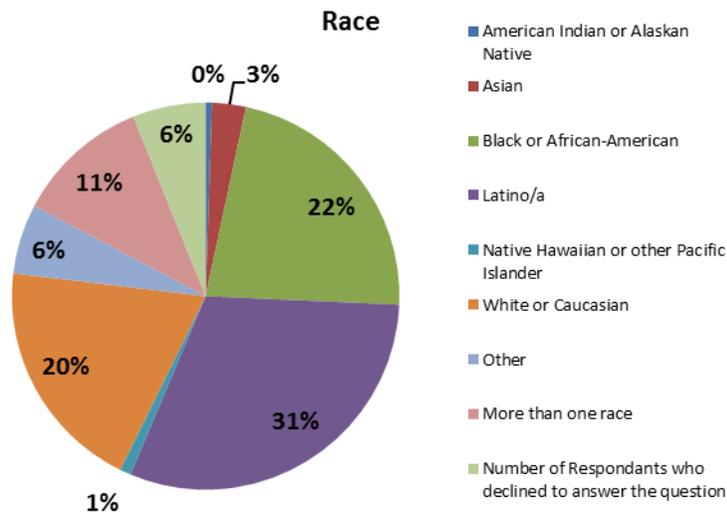
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Direct Services:*

67% of the individuals served by this program were children aged 0-5 and the remaining individuals served were adult parents/caretakers. 54% of individuals served endorsed their current gender identity as male and 46% as female. 81% of the individuals served identified English as their primary language, 18% identified Spanish, and 1% declined to state their primary language.

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



### *Highlights & Achievements*

- Solano Family and Children’s Services successfully transitioned the Help Me Grow Solano line to their program, creating an opportunity to ensure kids are connected to needed services in the community, including developmental and social-emotional screenings.
- Due to multiple factors, including improved communication and adjustments to the referral process for early childhood mental health services from the Help Me Grow line, there was an improvement in the timeliness of children being referred for appropriate services.
- First 5 Solano offered 2 trainings this past fiscal year on Structural Racism to the PEAK and Help Me Grow providers to address healthcare disparities that impact unserved/underserved communities.

### *Challenges & Barriers*

- At the beginning of the fiscal year a core local community-based agency providing early childhood (ages 0 -5) services—including operating the Help Me Grow Solano phone line—suddenly announced the agencies closure effective August 31, 2016. First 5 Solano and Solano County Behavioral Health worked closely with other local early childhood providers to reallocate service components including transferring of active cases and the operation of the Help Me Grow line.
- Data collection has been a challenge in regards to the setup of the database used by PEAK providers which does not have some of the demographic fields that MHSA tracks.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Changes in FY17/18*

First 5 Solano and Solano County Behavioral Health will partner and leverage funds in order to implement a universal developmental screening system in Solano's community family health clinics through technology-enabled innovations to expand access to early intervention services for low-income children. This project provides age-appropriate, evidence-based developmental screenings (Ages and Stages Questionnaire, Ages and Stages Questionnaire-Social Emotional, and the Modified Checklist for Autism in Toddlers) to children ages 0-5 during their routine well-child checks. Monitoring via pediatricians is provided for children with moderate risk, and linkage to intervention services is provided for high risk children. May 2018 is the anticipated go live date for implementing the new process.

The Help Me Grow Solano line will continue to be funded, and there will be the added option to refer to the PEAK providers for screenings as the universal developmental screening system is launching.

## S U C C E S S S T O R Y

Solano Family and Children's Services (SFCS) Help Me Grow Solano staff received a call from the mother of a 7-month-old girl. The mother was concerned because the child was exhibiting unusual behavior and the family was in a domestic violence situation with the father of the child. The mother explained that her child had witnessed a violent incident and that ever since that incident the child had been having nightmares. The mother and child were also looking for a safe place to live. Help Me Grow Solano staff connected the child to a partner agency for a screening and parenting classes. Additionally, the mom was connected to assistance with finding safe shelter and support for the domestic violence issues, including how to obtain a domestic violence restraining order. Upon follow-up, the mother shared that they are in a safe shelter and that a restraining order is in place. The mother and child are both receiving mental health services. The child is now able to sleep longer during the night, and the mother is also sleeping better because she feels safe. The child is interacting with other children and with family members. The mother shared that the parenting classes have helped her to better understand her child.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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

**Agency Name:** A Better Way

**Title of Program:** School-Based Mental Health Service Program

**Description of Program:**

The School-Based Mental Health Services program, provided by several community organizations, serves children and youth grades K-12 by providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County. Prevention services include education and support for school personnel and parents. In addition to school-based services, this vendor also provides services for youth involved in the Mentally Ill Offender Crime Reduction (MIOCR) diversion program. The MIOCR diversion program is the result of a multi-disciplinary partnership between Solano County Probation, Solano County Behavioral Health, Fairfield Suisun Unified School District, Fairfield Police Department, and A Better Way whereby students who are involved with the juvenile justice system are routed to the diversion program for specialized support from Probation and mental health services, including assessment and brief mental health treatment.

#### Program Performance Measures

##### Prevention Activities Unduplicated Individuals Served: 415

Program Deliverables	Annual Outcomes
Provide 22 workshops, trainings, or educational activities for school personnel, with a minimum of two trainings provided through the MIOCR diversion program.	22 trainings were provided, of which 2 were for the MIOCR diversion program, with a total of 126 training participants
Provide 18 workshops, trainings, or engagement activities to parents, with a minimum of one training provided for the MIOCR diversion program.	20 trainings were provided, of which 1 was for the MIOCR diversion program, with a total of 289 participants

##### Early Intervention Activities Unduplicated Individual Served: 156 through school-based and 28 through MIOCR

Program Deliverables	Annual Outcomes	
	School Sites	MIOCR
Conduct assessments to a minimum of 170 students, with a minimum of 12 youth through the MIOCR diversion program.	151 students were assessed	30 youth were assessed
Provide short-term mental health services to a minimum of 148 students, with a minimum of 10 youth through the MIOCR diversion program.	156 students received short-term treatment	28 youth received short-term treatment
At least 75% of the students receiving short-term mental health services will show improvement in at least one domain on the CBCL and/or BECK Inventories at 6-month mark or at discharge if sooner.	128 students were administered both a pre/post tests and 69% showed improvement in symptoms	23 youth were administered both a pre/posttests and 78% showed improvement in symptoms

#### Linkage Services

100% of children identified needing additional services shall receive referral and linkage services.	136 students	8 youth
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#### Financial Report

Cost per person for prevention activities	\$82
Cost per person for early intervention activities	\$5,323

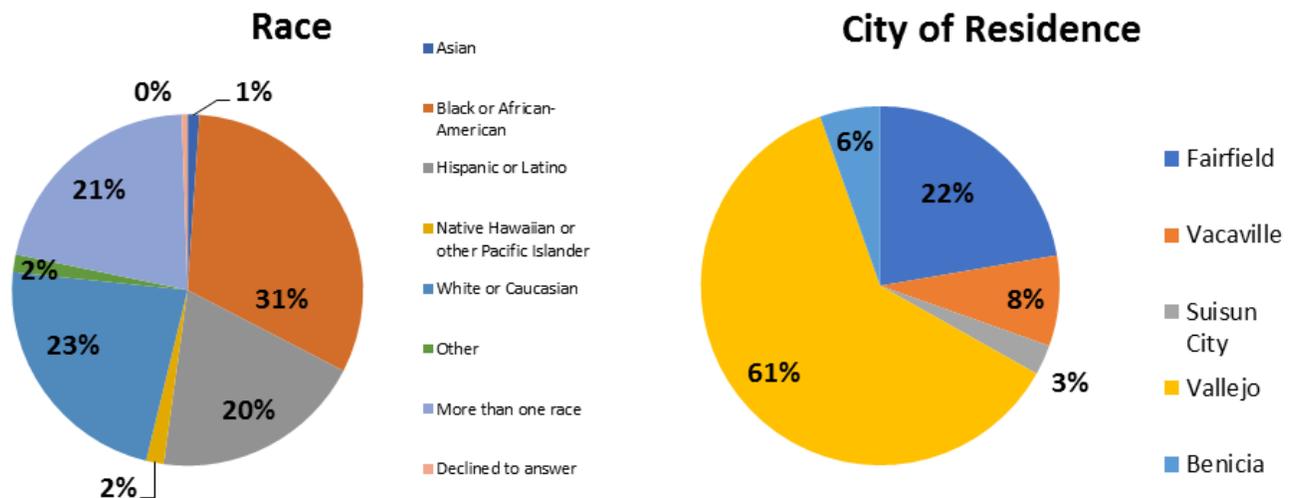
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### Demographic Breakdown of Direct Services:

Of the students served through A Better Way, 87% were between the ages of 0-15 and 13% were between the ages of 16-25. 60% of the youth identified current gender identity as male, 39% identified as female, and 1% identified as transgender. 98% of the youth served through the program identified English as their primary language and 2% of the youth identified Spanish as their primary language.

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



### Highlights & Achievements

- The contract with A Better Way was expanded to serve three new school districts (Fairfield/Suisun, Travis, and Vacaville). To meet the needs of these districts, four additional clinicians were hired. Given these changes and increased responsibilities, the program has been able to serve more youth and families in Solano County.
- The MIOCR (Mentally Ill Offender Crime Reduction) Program worked collaboratively with Solano County Probation and Solano County Behavioral Health to develop a program for adolescents in Juvenile Diversion. Through efforts and planning, the program has successfully been able to provide brief mental health treatment for 28 youth, which far exceeds the contract deliverable of 10 clients.
- Several staff participated in the Train-the-Trainer Primer for Commercial Sexual Exploitation of Children/Youth (CSEC) training developed to train parents and school personnel. Staff were then able to conduct trainings at various school sites in Vallejo to increase parents' awareness about CSEC risk and to recognize the signs of sexual exploitation in their children.
- Clinicians developed a 6-hour training curriculum to help teachers in Solano County identify and respond to trauma-related behaviors in school-aged youth.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Challenges & Barriers*

- A significant challenge was hiring and on-boarding new staff to respond to the expansion of the program. Unfortunately, there were a number of qualified clinicians who accepted positions but were then unable to come on-board for various reasons. The delay in hiring staff resulted in a late start in some school sites, and some of those school sites ultimately declined services due to the late start date. To address these barriers, staff were reassigned from other programs to meet the needs. Schools with the most need were prioritized first, and the program made efforts to maintain close communication with the schools regarding the hiring efforts.
- Several of the new schools struggled with getting sufficient referrals to clinicians, and there was some confusion around the referral process. Efforts were made to work with these schools to identify the obstacles towards getting referrals and the situations improved.
- There were some challenges around scheduling trainings at school sites once the school year had started as teachers had already committed to attend various trainings scheduled in advance. To address this barrier the program communicated directly with school site principals emphasizing the benefits for teachers, organized smaller trainings for teachers at times convenient for them, and created bulletins to disseminate important information about mental health conditions. Finally, the program worked with SCOE (Solano County Office of Education) to coordinate with school districts/sites to schedule trainings for teachers for the next school year.

### *Changes in FY17/18*

Starting in fiscal year 2017/18 all school-based programs will be offering preventative student workshops on topics such as anti-bullying, anger management, trauma, etc. A Better Way's clinical team used the summer months in 2017 to develop workshop curriculums and training curriculums for school personnel and parents.

## S U C C E S S S T O R Y

“Bobby” was referred to services due to ongoing depressive symptoms, anger issues, and frequent conflicts—both physical and verbal—with both adults and peers. He struggled to develop trusting relationships with adults. During the assessment process, it was revealed that

Bobby was estranged from his birth parents and was being raised by a grandparent. Bobby had experienced trauma early in his life, including allegations of physical abuse. Fortunately,

Bobby has a strong bond with grandmother, who is a strong advocate for him. His grandmother demonstrated a good balance of holding him accountable for his actions, while also recognizing his strengths and gifts.

Through treatment focused on attachment, modeling, and psychoeducation, Bobby was able to develop a sense of trust and safety with his grandmother, and with his clinician, over time.

His grandmother has commented that she now sees “his true self – a kind, caring, respectful, and intelligent young man”. He is now able to have positive interactions with his birth mother, which he was never able to do before.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

**Agency Name:** Rio Vista CARE, Inc.

**Title of Program:** School Based Mental Health Program

**Description of Program:**

The School-Based Mental Health Services program, provided by several community-based organizations, serves children and youth grades K-12 providing prevention services and early intervention mental health treatment services in selected school sites in the city of Rio Vista. Prevention services include education and support for school personnel.

Program Performance Measures	
<b>Prevention Activities</b> Unduplicated Individuals Served: 38	
Program Deliverables	Annual Outcomes
Provide training at assigned schools, targeted to teachers and school personnel. on topics including; early signs of untreated trauma, depression, anxiety, and mood disorders in children.	6 trainings were provided with a total of 38 training participants
<b>Early Intervention Activities</b> Unduplicated Individual Served: 49	
Program Deliverables	Annual Outcomes
Provide screening/assessment for a minimum of 30 students	49 students were screened/assessed
At least 30 students assessed having a mental health or socio/emotional need will receive short-term, targeted, individual and/or group therapy services	49 students received treatment services
<b>Linkage Services</b>	
Provide linkage and referrals for students identified needing additional services	5 students were linked to more intensive mental health services and 9 students were linked to lower levels of care
Financial Report	
Cost per person for prevention activities	\$633
Cost per person for early intervention activities	\$491

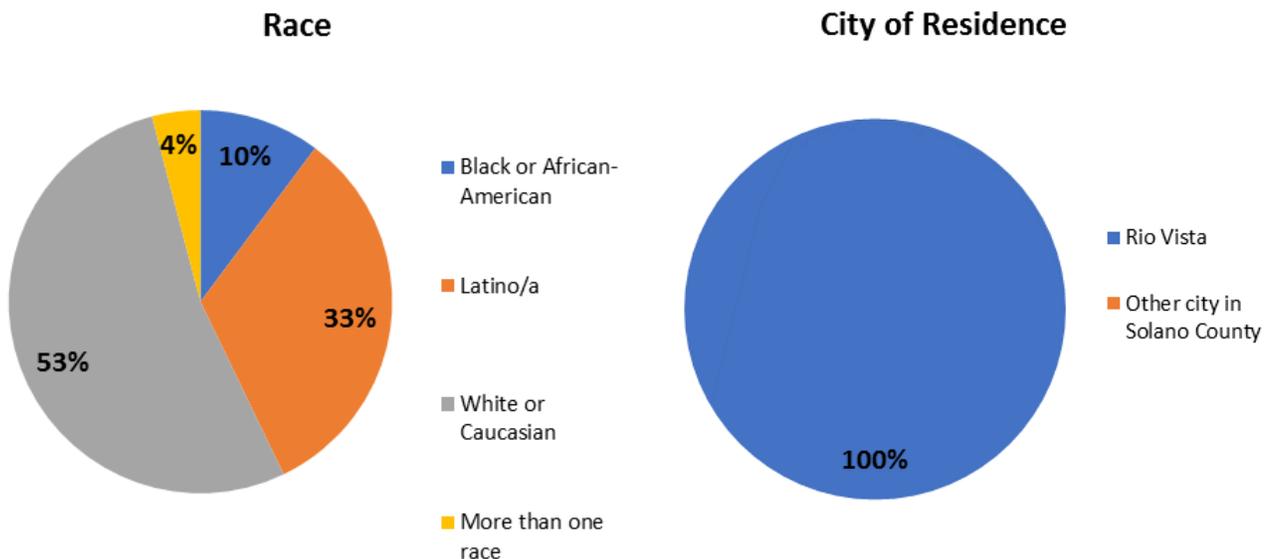
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Direct Services:*

Of the students served through Rio Vista Care, 84% were between the ages of 0-15 and 16% were between the ages of 16-25. 43% of the youth identified their current gender identity as male, 53% identified as female, 2% identified questioning or unsure of their identity, and 2% identified as Two-spirit. 80% of the youth served through the program identified English as their primary language and 20% of the youth identified Spanish as their primary language.

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



### *Highlights & Achievements*

- Clients reached their identified short-term goals in their treatment plans and transitioned to a maintenance phase prior to case closure.
- Throughout the school year, there was a steady increase in clients requesting and receiving therapeutic services.

### *Challenges & Barriers*

- Working collaboratively in the schools poses a challenge, where academics take precedent and staff often need psychoeducation regarding the benefit of mental health treatment to those students in need. The program has been working diligently to train and inform school staff on the importance of a collaborative approach for the success of the student/child.
- The County contracted directly with Rio Vista Care, who had been a sub-contractor of another vendor, after the County terminated the contract with the other vendor. This transition took place with short notice, and there were some challenges in regards to orienting the agency to the MHSA reporting requirements.
- The agency had changes in regards to clinical oversight which resulted in challenges with collecting pre/post tests to measure progress of students. The County continues to provide technical assistance.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Changes in FY17/18*

Starting in fiscal year 2017/18 all school-based programs will be offering preventative student workshops on anti-bullying, anger management, trauma, and other related topics.

### **s u c c e s s s t o r y**

A 12-year-old female student “Suzie” presented with suicidal ideation and danger to others, due to continuous bullying at school. Her treatment consisted of individual and family sessions, as well as targeted case management with school staff. She has since stabilized and is currently seeing a new therapist and working on addressing a history of trauma. Suzie is optimistic and looks forward to individual weekly sessions. She learned coping skills to reduce her anxiety, including the use of breathing exercises, and expression through art and music

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

**Agency Name:** Solano County Office of Education (SCOE)

**Title of Program:** MHSA Prevention Early Intervention School Age Program

**Description of Program:**

SCOE serves as a liaison between the County, contracted school-based mental health provider A Better Way, and local school districts to provide school-based prevention and early intervention services to children/youth ages 6-18. Additionally, SCOE staff provide trainings for school personnel and parents.

**Program Performance Measures**

**Prevention Activities**

Unduplicated Individuals Served: 225

Program Deliverables	Annual Outcome
Facilitate at least one service monitoring meeting per quarter, with each participating school district to include contractor, school district designee, the school-based provider, and County designee. <i>Given school schedules and summer breaks it was not realistic to hold a meeting each quarter.</i>	3 meetings were held for Fairfield-Suisun Unified School District, Travis Unified School District and Vacaville Unified School District  2 meetings were held for Vallejo City Unified School District
Facilitate at least one monthly in-person or phone conference meeting with each school district designee to address any barriers regarding delivery of the school-based program.	MHSA is an ongoing agenda item for monthly Solano Student Services meetings. Each district sends a representative to the meetings. A total of 9 meetings were held during the 2016/17 school year to check in about services and to engage those districts who were not receiving services
Provide at least one educational training on mental health conditions or stigma reduction to each participating school district for school district staff, and at least one targeted training for parents/caregivers.	4 trainings were facilitated by SCOE for Benicia, Fairfield- Suisun, Vacaville, and Dixon school districts.  225 school staff participated in trainings. Due to challenges with scheduling parent trainings SCOE was not able to provide a training for parents.
<b>Financial Report</b>	
Cost per person for prevention activities	\$129

**Demographic Breakdown of Direct Services:**

During FY 16/17 SCOE did not provide direct services therefore there was no demographic information collected.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Highlights & Achievements*

- SCOE has a diverse array of multicultural and multilingual staff. These staff are participating in the expansion of the direct services component provided by SCOE.
- SCOE continues to promote and train on the Positive Behavioral Intervention and Supports (PBIS) academic model for school districts. As a result, SCOE is able to support school districts in determining how the MHSA-funded, school-based mental health services can be leveraged to augment the student support system of care.

### *Challenges & Barriers*

- One challenge that continues to resurface is the rebuilding of relationships between the school districts and MHSA mental health school-based providers. This is primarily due to the poor performance of a previous MHSA school-based contractor, which led to three school districts not participating in the current program or limiting the number of schools allowed to participate. Additionally, when A Better Way was awarded a contract expansion with very little notice to replace the previous provider, it took several months to hire and on-board staff, which caused delays in providing services for some of the school districts. The rebuilding of the relationship requires frequent monitoring of the services provided and frequent check-ins with district representatives.
- Limited staffing impacted the contractor's ability to begin providing direct services in the Fall of 2016.
- The County awarded SCOE an increase in funding towards the end of FY 16/17 to provide additional trainings and to initiate student workshops. Unfortunately, the contract amendment was not in place until April, as the school year was ending, which prevented them from initiating student workshops. A tentative schedule has been set to begin workshops in Fall 2017.

### *Changes in FY17/18*

Starting in fiscal year 2017/18 all school-based programs will be offering preventative student workshops on topics such as anti-bullying, anger management, trauma, etc. The SCOE team identified and procured a bullying prevention curriculum to craft a 4-week student workshop. Staff have been identified and trained in the curriculum. Furthermore, an assessment tool was selected to measure the outcomes of the workshops, and a tentative schedule was created to map out when they will occur.

#### ***Cumulative School-based Services Prevention Activities:***

Total number of parents who participated in trainings: 289

Total number of school personnel who participated in trainings: 389

#### ***Cumulative School-based Services Early Intervention Activities:***

Total number of unduplicated students who received early intervention services: 233

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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

**Agency Name:** Aldea Children and Family Services

**Title of Program:** Supportive Outreach & Access to Resources (SOAR)

**Description of Program:**

The SOAR Program, delivered by a community-based organization, provides education and outreach activities within the community to heighten awareness about early signs of psychosis, and stigma reduction. The core component of the program is the provision of early intervention, including evidenced-based mental health treatment services to individuals between the ages of 12-30 who have experienced their first episodic break of psychosis, or who currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model.

#### Performance Measures

##### Prevention Activities Unduplicated Individuals Served: 319

Program Deliverables	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 250 individuals.	22 unique outreach and education activities were provided to 264 individuals
Conduct a minimum of 85 phone screenings to individuals referred to SOAR.	55 unduplicated individuals received phone screenings to determine eligibility for the program

##### Early Intervention Activities Unduplicated Individual Served: 61

Program Deliverables	Annual Outcomes
Based on need identified during the screening, clients will receive a comprehensive assessment, and treatment services will be provided to a minimum of 30 unduplicated clients.	58 unduplicated individuals received an assessment and 42 unduplicated individuals received treatment services
A minimum of 80% of the clients enrolled in treatment will receive education support or referral to an appropriate education institution and/or employment support program.	74% individuals received education support and/or referral to education institution and/or employment support program
Less than 10% of the clients enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	None (0%) of the clients served had psychiatric hospitalizations for greater than seven days.
25% of the clients enrolled in treatment will demonstrate improvement on the Clinical Global Impression (CGI) Scale at the 6-month mark, and by the 12-month mark 50% of the clients enrolled will demonstrate improvement on the CGI.	At the 6-month mark, 67% of the clients demonstrated improvement regarding overall symptom severity.  At the 12-month mark, 82% of clients demonstrated improvement regarding overall symptom severity.

#### Linkage Services

Provide linkage and referrals to higher or lower level of care dependent upon individual client need.	31 individuals were linked to alternate services including higher and lower levels of care
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#### Financial Report\*

Cost per person for prevention activities	\$212
Cost per person for early intervention activities	\$6,281

\*Please note this program is jointly funded by MHSa (56% of funding) and MHBG (44% of funding).

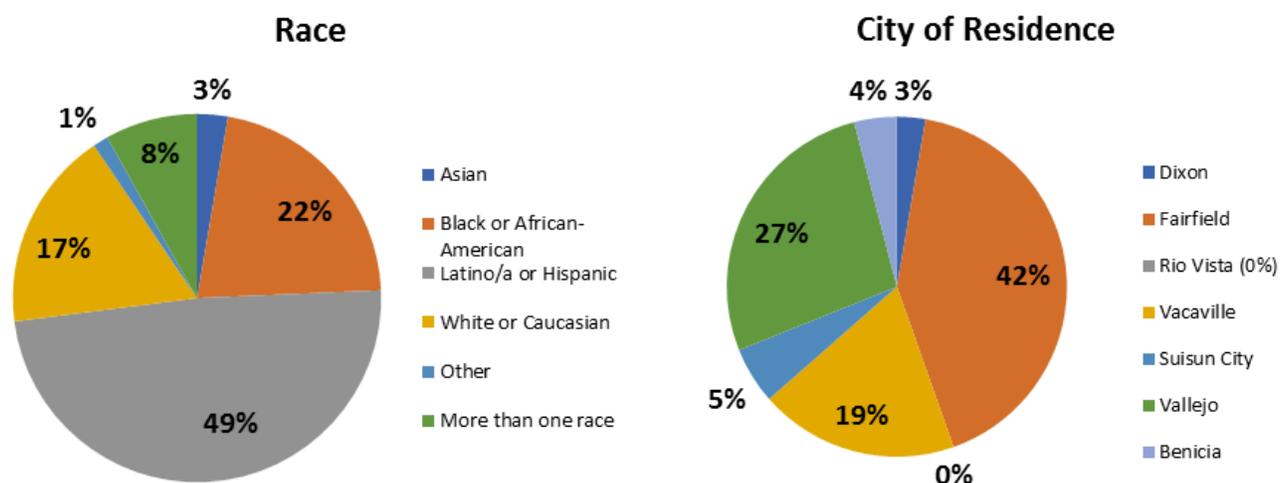
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Direct Services:*

Of the clients served through the SOAR program 39% were ages 0-15, 60% were ages 16-25, and 1% were 26-30. 49% of the clients classified their current gender identity as male, 38% identified as female, 1% identified as transgender, and 12% did not report current gender identity. 97% of the clients served through the program identified English as their primary language, 2% identified as other, and 1% as not reported. In regards to sexual orientation, 8% reported they were bisexual and 1% identified as lesbian.

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



### *Highlights & Achievements*

- Aldea cross-trained some of their existing staff from other programs in the early psychosis model, which allowed the program to serve more consumers. This new staffing model has led to greater staff retention.
- The selection of a new Clinical Supervisor, who stepped into the role in June 2016, provided enormous quality and stability to the SOAR program, allowing it to flourish in areas such as staff supervision, outreach, organization of client records, client services, and program leadership.
- Multi-Family, Peer, and Family Support Groups were held regularly and were well attended by clients and their family members.
- A triage system was instituted whereby clients can be transitioned to less intensive programs, according to need, with support of Multi-Family, Peer, and Family Support groups. Using the triage system, clients can also increase the frequency services as needed.
- The program increased their bilingual Spanish-speaking capacity, as evidenced by 24% of the consumers' families identifying Spanish as their primary language.

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### *Challenges & Barriers*

- In spite of numerous attempts to outreach, it was difficult to engage some key community partners in scheduling presentations and/or trainings due to those partners own unique challenges. This impacted referrals and screening deliverables.
- It has been a challenge to find appropriate services for clients who are not a good fit for the SOAR model and/or do not qualify for services. Staff members make every effort to support the family in transitioning to other services and in locating other available resources.
- The program did not initially understand the referral process for Department of Rehabilitation's (DOR) vocational services, which impacted their deliverable regarding referrals for employment services. SCBH provided support with the referral process, resulting in progress being made on that particular deliverable.

### *Changes in FY17/18*

The County began to leverage Substance Abuse Mental Health Services Administration (SAMHSA) Mental Health Services Block Grant (MHBG) First Episode Psychosis funding to increase capital so the program could expand to address an identified increased need for services for Solano County residents who had experienced an initial episode of psychosis between the ages of 15-30 years old. MHSA funds will continue to be used for youth ages 12-14 for which there has been a marked increase in identified cases of the onset of psychosis, and for outreach and prevention activities.

## S U C C E S S S T O R Y

One story involves a bright and happy 14-year-old girl who experienced a sudden change in her behavior and functioning. She withdrew from her friends, began to isolate herself, and struggled with school in the Winter of 2016. She began to hear voices saying mean things and telling her to kill herself, and began to think that someone or something was watching her and trying to drive her crazy. She started to feel like she wasn't in control of her body or her thoughts. She decided to ask her parents for help and was ultimately referred to SOAR. She has been participating in SOAR for about 16 months, during which time she and her family have been educated about psychosis symptoms and the factors affecting her symptoms so that they can better understand why they happen and what to do when they occur. She and her family have participated in Multi-Family Group and family therapy, and she has received individual therapy, medication management, supported education services and case management. Today her symptoms are well controlled with therapy and medication and she no longer hears voices or has urges to hurt herself. She and her family worked with the SOAR Supported Education Worker to seek accommodations and supports at school, and was able to earn straight A's. She worries at times that her symptoms may return some day, but is actively working on a relapse maintenance plan with her therapist and psychiatric provider.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

**Agency Name:** Regents of the University of California: Davis Campus

**Title of Program:** Early Diagnosis and Preventative Treatment (EDAPT) Program

**Description of Program:**

The EDAPT program, delivered by a California educational institution (UC Davis), provides technical assistance, training on the evidence-based model, and consultation for the Early Treatment Psychosis Program for the County of Solano which is delivered by Aldea Children and Family Services. The Early Intervention in Psychosis Program offers early identification and comprehensive evidenced-based treatment for individuals between the ages of 12-30 who have experienced their first psychotic break.

### Financial Report

Total Program Cost	\$125,097
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### Highlights & Achievements

- Two new Aldea clinicians were trained in all aspects of intervention techniques in the treatment model.
- Provided technical assistance in implementing a second Multi-Family Group to meet clients' needs.
- With training and consultation from UC Davis, the SOAR team started a weekly adolescent peer group, a weekly adult peer group, and a weekly family support group this past FY. These groups have continued and provide much needed peer support and guidance to clients.

### Challenges & Barriers

- Recruitment and retention of clinical staff has been an ongoing challenge for the Solano Aldea SOAR program, impacting their ability to serve more clients. This past FY, UC Davis supported SOAR in making several changes to combat this issue, including shortening the on-boarding process and adjusting the recruitment process to ensure ideal clinicians for this model are identified prior to training.
- Multiple changes in regards to the Aldea SOAR supervisory staff posed some barriers in terms of program workflow issues.

### Changes in FY17/18

Given the progress and growth of the direct service contractor receiving technical advisement and support, UC Davis will continue to decrease their level of program involvement in an effort to build program self-sufficiency and sustainability. Thus, the amount of funding UC Davis will receive will decrease by \$21,388 for FY 2017/18.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### Older Adult Services (Ages 60+)—Contractors

**Agency Name:** Area Agency on Aging

**Title of Program:** Prevention and Early Access Program for Seniors (PEAS)

**Description of Program:**

The PEAS Program, delivered by a community-based provider, conducts community outreach education, case management, screenings/assessments, and brief counseling for older adults who may have experienced a loss, are exhibiting signs of depression or anxiety, or who live with a mental illness and need support to continue to maintain their independence in the community. In addition, this program provides trainings on recognizing mental health conditions and on suicide prevention communitywide.

Performance Measures	
Prevention Activities Unduplicated Individuals Served: 1333	
Program Deliverables	Annual Outcomes
Offer targeted outreach and workshops/trainings to faith-based and service providers, to reach a minimum of 450 unduplicated individuals with a minimum of 30 unduplicated Latino individuals.	471 unduplicated individuals reached and of those 29 unduplicated individuals were Latino
Conduct stigma-reducing outreach activities to reach a minimum 300 individuals.	305 unduplicated individuals reached, and of those 155 unduplicated individuals were Latino
Provide suicide prevention trainings to include Applied Suicide Intervention Skills Training (ASIST) and safeTalk curriculums to reach a minimum of 100 individuals.	32 participants attended ASIST 163 participants attended safeTalk
Provide preventive, brief case management (previously called Brief Intervention Treatment) to a minimum of 60 unduplicated individuals with a minimum of 30 unduplicated Latino individuals.	207 unduplicated individuals served, and of those 25 unduplicated individuals were Latino
Early Intervention Activities Unduplicated Individual Served: 305	
Program Deliverables	Annual Outcomes
Provide comprehensive case management to a minimum of 60 unduplicated consumers with a minimum of 28 unduplicated Latino consumers.	93 unduplicated consumers served and of those served 25 unduplicated consumers were Latino
The Patient Health Depression Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), and Quality of Life-5 (Q of L-5) tools were used to monitor progress for consumers receiving case management services.	Of the consumers who had a pre/post screening tool administered, 78% demonstrated improvement on the PHQ-9; 72% demonstrated improvement on the GAD-7; and 86% demonstrated improvement on the Q of L-5
Provide brief mental health counseling to a minimum of 30 unduplicated consumers receiving two or more counseling sessions.	26 consumers served The program only has one provider to serve consumers which impacted the ability to meet the deliverable.
The Patient Health Depression Questionnaire (PHQ-9) and the Generalized Anxiety Disorder (GAD-7) tools were used to monitor progress for consumers receiving counseling.	Of the consumers who had a pre/post screening 90% demonstrated a decrease in depressive symptoms and 80% demonstrated a decrease in anxiety related symptoms
Linkage Services	
Provide linkage and referrals for older adults.	297 individuals were linked to care or other resources to address identified needs
Financial Report	
Cost per person for prevention activities	\$154
Cost per person for early intervention activities	\$1,343

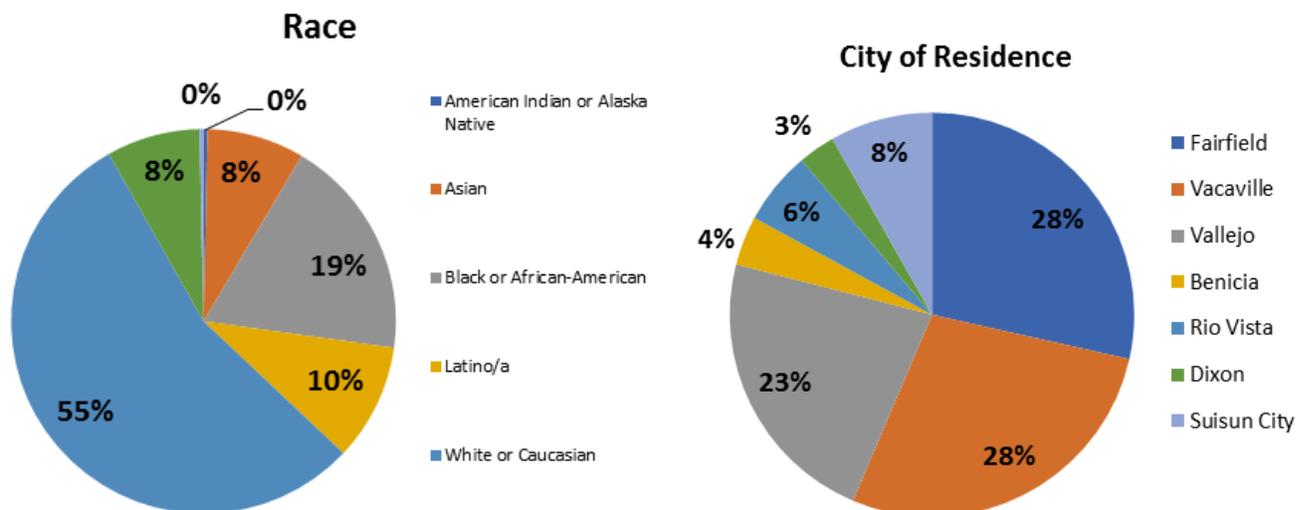
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Direct Services:*

All individuals served through the PEAS program are age 60 or over. 72% of the individuals served identified as female, with the remaining 28% identifying as male. Approximately 78% of the individuals served through the program identified English as their primary language, 17% identified Spanish as their primary language, 3% identified Tagalog as their primary language and 2% as other. Regarding sexual orientation, 93% reported they are heterosexual or straight and the remaining 7% identified LGBTQ. This number may not reflect a true representation of LGBTQ individuals, as older adults often underreport this information due to historical fear of discrimination by service providers. 7% of those served identified as veterans.

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



### *Highlights & Achievements*

- The PEAS program did a mass mailing to 736 recipients with information regarding stigma reduction and services available for seniors.
- The Education/Outreach Specialist received training in Mental Health First Aid (MHFA) which will be implemented this next fiscal year.
- The program responded to the community need to provide additional suicide prevention trainings, and ultimately exceeded its target for the number of suicide safeTALK trainings.
- The preventive, brief case management services proved vital in terms of quickly stabilizing older adult consumers, preventing them from needing higher levels of care.
- The clinical staff, Program Director and County clinical support team worked closely to improve workflow processes which have positively impacted the clinical services.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Challenges & Barriers*

- There were challenges in regards to administering the post-screening tools for the consumers receiving comprehensive case management and counseling services due to consumers declining in functioning, medical issues, or moving out of the service area.
- At the beginning of fiscal year, the program experienced staffing changes which impacted the contract deliverables. Since that time a new case manager has been hired.
- The number of referrals for Latino older adults was not enough to achieve the intended goals.

### *Changes in FY17/18*

None

## S U C C E S S S T O R Y

One success involved a female consumer who made initial contact through the Grief Support Group following the loss of her husband. She was transitioned to clinical services for individual therapy to address her ongoing grief. In addition to losing her husband this consumer suddenly lost her brother, which triggered increased depression. She actively engaged in treatment and at the time of discharge from the program she was active socially, engaging in different groups in the city where she lives, had found self-confidence and felt that she had successfully dealt with her grief.

Another success story highlights the impact the program is having in the community to prevent suicide. The Education Outreach Specialist conducted a suicide prevention training with students from a local high school. The following day, a student who had attended the training identified a peer who was at risk for suicide; in fact, the peer had been planning to commit suicide that day. The student accompanied his peer to the office to obtain further intervention and support. As a result, the young person in need received immediate crisis services.

# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

**Agency Name:** Faith in Action

**Title of Program:** Peer Counseling for Homebound Seniors (PCHS)

**Description of Program:**

The PCHS Program, delivered by a community-based provider, conducts in-person, group, and virtual mental health peer counseling to those individuals who are 60 years and above. Services also include referral and linkage to necessary programs including primary care and intensive mental health services as determined by need.

Performance Measures	
<b>Prevention Activities</b> Unduplicated Individuals Served: 175	
Program Deliverables	Annual Outcomes
Over 3,500 reassurance Phone Buddy calls to 50 unduplicated individuals	4,241 calls made to 94 unduplicated individuals
Provided 2,500 hours of home visits to 40 unduplicated individuals	3,381 hours of home visits provided to 81 unduplicated individuals
<b>Early Intervention Activities</b> Unduplicated Individual Served: 74	
Program Deliverables	Annual Outcomes
Provide in-home peer counseling, one hour weekly sessions, to 15 individuals	96 individuals
Provide in-person group counseling to 75 individuals	197 individuals
Provide virtual group counseling to 50 individuals	77 individuals
<b>Linkage Services</b>	
Provide linkage and referrals for older adults.	2 individuals
<b>Financial Report</b>	
Cost per person for prevention activities	\$181
Cost per person for early intervention activities	\$428

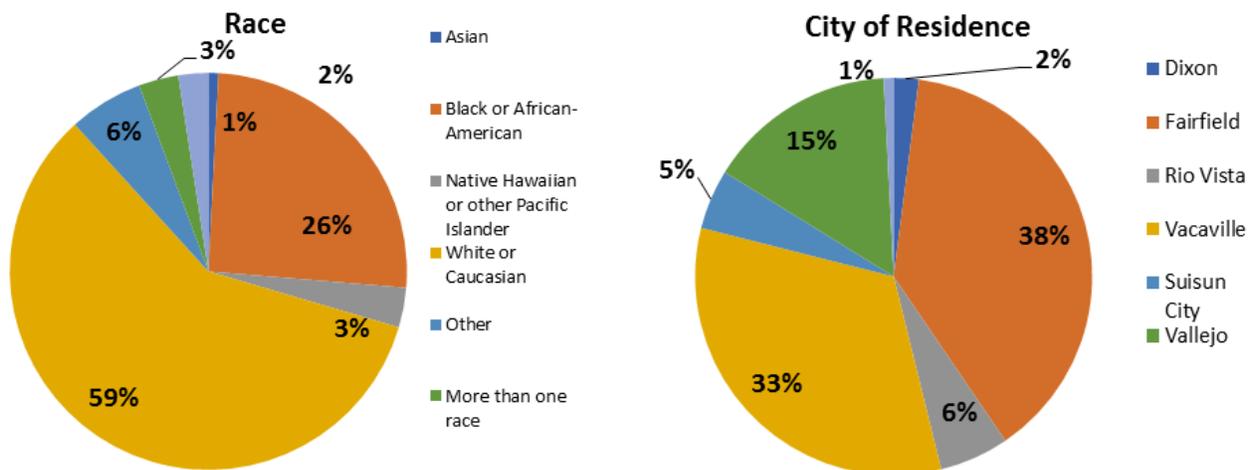
# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

### *Demographic Breakdown of Direct Services:*

All individuals served through the PCHS program are age 60 or over. 84% of the individuals served identified as female, with the remaining 16% identifying as male. All individuals identified English as their primary language. Regarding sexual orientation, 100% reported they are heterosexual or straight. This number may not reflect a true representation of LGBTQ individuals, as older adults often underreport this information due to historical fear of discrimination by service providers. 14% of those served identified as veterans.

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



### *Highlights & Achievements*

- The establishment of two new in-person “Caring and Sharing” support groups; one in Fairfield and one in Rio Vista.
- A total of 31 new volunteers were recruited and completed training to provide peer support.
- The program collaborated with Solano Pride Center and conducted outreach at the 1st Pride Festival in Fairfield to outreach to LGBTQ seniors.
- In collaboration with Meals on Wheels, 400 Faith in Action flyers were distributed to individuals via their volunteer drivers.

### *Challenges & Barriers*

- One in-person support group was determined to no longer be sustainable.
- Some of the outcome information is limited due to clients not returning the form or refusing to complete the outcome tool. The County will provide technical assistance to support the program in collecting outcome tools from service recipients.

### *Changes in FY17/18*

None

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# PREVENTION & EARLY INTERVENTION

## TARGETED PREVENTION & EARLY INTERVENTION STRATEGIES

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### S U C C E S S S T O R Y

With the help of her Volunteer Senior Peer Counselor, a female care recipient successfully navigated some difficult life transitions, including the loss of her only surviving sibling and the loss of her ability to live in her own home due to health issues compounded by a fall. Moving into assisted living following the death of her sibling led to a deep depression. As a result of receiving services from Faith in Action, she is now thriving, having even taken on leading an activity group for other residents to promote connection and friendship.



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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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In FY 2016/17, Solano County provided seven Full Service Partnership (FSP) programs both through county operated programs and contract providers, including: SCBH Children’s FSP (3 regional teams: Vacaville, Fairfield, Vallejo); Foster Care Treatment Unit FSP (initiated January 1, 2017); Seneca Transitional Age Youth (TAY) FSP; SCBH Adult FSP; Caminar Adult/Older Adult FSP; Caminar HOME (homeless) FSP; and the SCBH Adult Forensic FSP.

Individuals served by FSP programs have more severe mental health conditions defined as seriously emotionally disturbed (SED) children/youth or persistently seriously mentally ill (SMI) adults who are currently at risk of, or have recently been at risk of, the following; hospitalization, out of home placement, involvement with child welfare, homelessness, involvement with the juvenile/adult criminal justice system, incarceration, or who are part of an unserved/underserved population. FSP services involve a multidisciplinary approach including but not limited to; mental health clinicians, mental health specialists, peer/parent support counselors, and a psychiatrist (when indicated) working collaboratively with the consumer and family. Services are provided in homes, the community, and the office setting depending the need of the consumer. FSP intensive services must be culturally and linguistically appropriate with a focus on the promotion of wellness, recovery, and resiliency. Driven by a “whatever it takes” philosophy, FSP programs collaborate with a wide variety of community agencies and organizations to ensure a full array of services to meet housing, social/recreational, vocational, medical, and educational needs.

FSP programs are required to enter consumer outcomes data (hospitalizations, incarcerations, incidences of housing instability, and other key events) into the State’s Data Collections & Reporting (DCR) system. This system has proved challenging for our program, and for programs across the state. Challenges with the DCR have included but are not limited to; inability to set up new staff log-ins, entering individuals into the system that then do not display on reports making it appear that the program had fewer consumers than they were serving, challenges updating a change of provider, etc. The State is aware of these problems but has not yet been able to resolve them. Therefore, our programs are manually tracking this data and have reported it quarterly to the MHSA Unit and the SCBH Quality Improvement Unit.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Children’s Full Service Partnership (Ages 5-21)—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Children’s Full Service Partnership (FSP)

**Description of Program:**

The SCBH Children’s FSP program provides intensive services to children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, involved with child welfare, removed from their birth families or had multiple placement changes, experienced loss of school placements, etc. SCBH offers FSP services regionally through the Vallejo, Fairfield, and Vacaville Children’s clinics.

#### Program Performance Measures

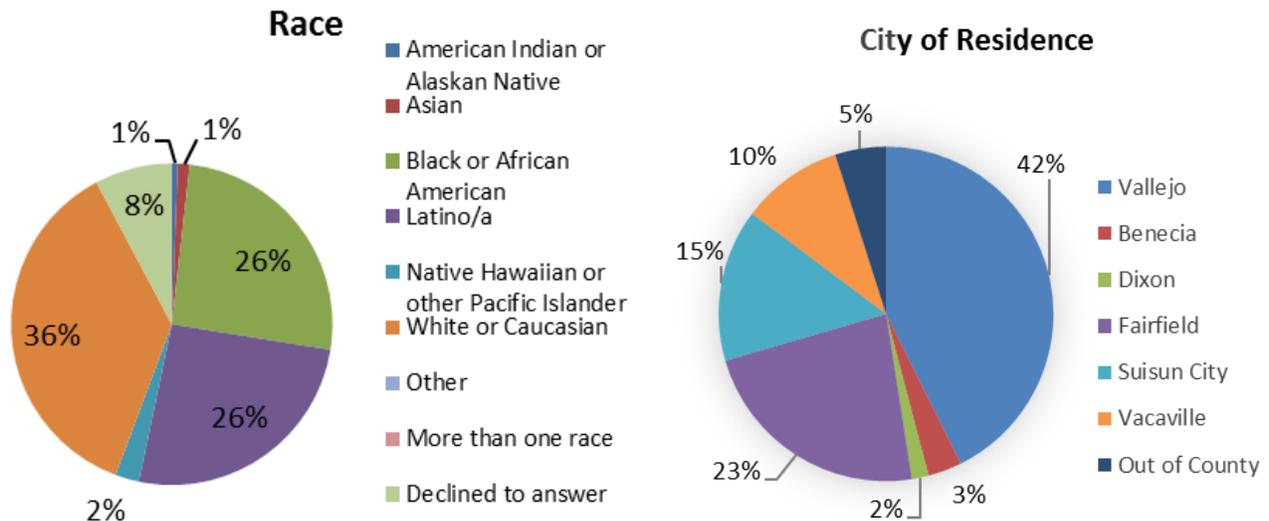
Unduplicated Individuals Served: 201

Program Deliverables	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	In FY 16/17, 4% of the consumers served were hospitalized 1 time (down from 12.5% in FY 15/16)  In FY 16/17, <1% of the consumers served were hospitalized 2 or more times (down from 4% from FY 15/16)
Reduce and/or prevent incidents of homelessness for FSP consumers.	An average of 4 consumers served experienced an incidence of homelessness each quarter of FY 16/17
Reduce and/or prevent incidents of incarceration for FSP consumers.	An average of 3 consumers served experienced an incidence of incarceration each quarter of FY 16/17
Financial Report	
Cost per person	\$13,724

### Demographic Breakdown of Direct Services:

Of the 201 children/youth served, 2% were between the ages of 0-5, 72% were between the ages of 6-15, and 25% were 16-25 years old. 56% were males and 44% were females. 88% identified English as their primary language, 9% identified Spanish as their primary language, and 3% as other non-English.

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



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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- During FY 16/17 the County-operated Children’s FSP team evolved from a countywide system based out of Fairfield, to a system that had clinicians and specialists co-located in the other outpatient clinics in Vacaville and Vallejo. This allowed the team to increase access and direct services. Additionally, the referrals appeared to be more seamless to families because team members were physically housed in the same location, which allowed for warm-hand-offs from County outpatient clinics.

### *Challenges & Barriers*

- A challenge experienced by the Vacaville FSP team consisting only of two male clinicians, which can be an issue if a client would prefer a female clinician to work with. The program has been able to address this issue by utilizing the female specialist to assist when needed, or reaching out to the Fairfield FSP team to assign a female clinician.
- For the first half of the FY, the Fairfield FSP team was without a Manager and a Supervisor. Other County Managers and Supervisors provided support during that time. The Manager position was filled in January 2017 and the supervisor returned from leave.
- The Vallejo FSP team experienced challenges in being able to provide bilingual Spanish language services. Until resources could be accessed from the Fairfield Children’s FSP team, the program utilized contracted interpreter services.

### *Changes in FY17/18*

None

**Number of children (0-5) clients served: 5**

**Number of children (6-15) clients served: 145**

**Number of TAY (16-25) clients served: 51**

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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### s u c c e s s s t o r y

“Tina” came to Solano County Children’s Mental Health after having a history of one psychiatric hospitalization and four Crisis Stabilization Unit admissions within a 12-month span. Once Tina established a rapport with her clinician, she openly shared that she had also overdosed three times in the past, requiring hospital interventions. At intake Tina was inconsistent in taking her medication, demonstrated extreme difficulty in sustaining relationships which lead to excessive conflict with others, and had a history of trauma. Through therapy, Tina developed insight about how consequences were linked to her own negative behaviors. She is now adhering to her medication and has learned to value healthy relationships. Tina has not reported any recent suicidal ideation, and has not needed to utilize the crisis hotline since April 2017. She demonstrates her newly developed skills by dealing with conflict appropriately at work and at home. With assistance from her family, she purchased her own vehicle and she has a job. Tina feels good about her future, home, and job.



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Foster Care Treatment Unit Full Service Partnership (Ages 6-18)—County

SCBH, with stakeholder approval, transitioned the County-operated Foster Care Treatment Unit (FCTU) to an FSP model as of January 1, 2017. This change was made in order to better address the increasing needs of children and youth involved with the Child Welfare system, and to prepare for the state-wide Continuum of Care Reform (CCR) which expanded the population eligible for services available under the *Katie A.* court settlement, as well as shifting the responsibility for Solano County to provide and pay for mental health services for foster youth placed here from other Counties.

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Foster Care Treatment Unit (FCTU) Full Service Partnership (FSP)

**Description of Program:**

The SCBH FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with the Child Welfare System. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, have continued involvement with child welfare, and may have had multiple placement changes, etc.

**Program Performance Measures**

Unduplicated Individuals Served: 60

Program Deliverables	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	1% of the consumers served were hospitalized 1 time and 2% were hospitalized 2 or more times (there is no data for FY 15/16 as this program was not an FSP until 1/01/17)
Reduce and/or prevent incidents of incarceration for FSP consumers.	An average of 0.5 consumers served experienced an incidence of incarceration each quarter of FY 16/17
Partner with Child Welfare Services (CWS), each foster youth, birth family and/or caretakers to secure stable, permanent placements for the youth served.	52% of the youth served are now in permanent placements, 21 youth are in stable placements or reunified with birth parents, and 11 youth are in the process of legal guardianship/adoption.

**Financial Report**

Cost per person	\$12,409
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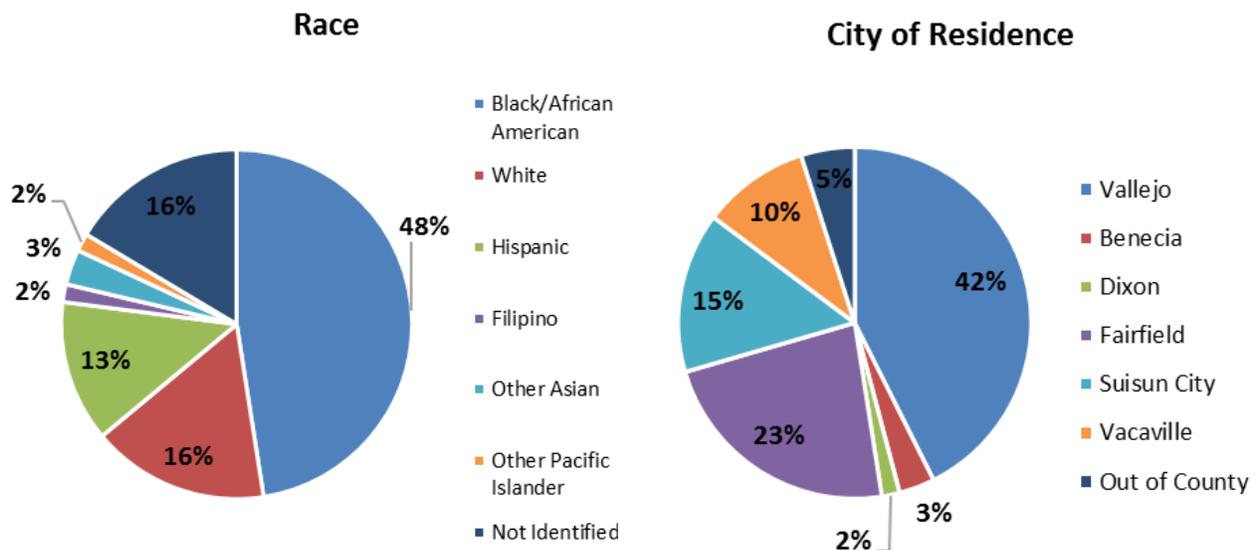
# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### *Demographic Breakdown of Direct Services:*

Of the clients served through the FCTU FSP, 3% were between the ages of 0-15, 77% were between the ages of 6-15, and 20% were between 16-25. 54% of the youth classified their current gender identity as male and 46% identified as female. 97% of the youth served through the program identified English as their primary language, 1% identified Spanish as their primary language, and for 2% a primary language was not identified.

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



### *Highlights & Achievements*

- The program collaborates with multiple partners (biological and foster families, social workers, attorneys, school personnel, and other community based organizations), creating a strong support system and resources for the foster youth the program serves.
- Program staff incorporated a new mandate to facilitate a Child Family Treatment (CFT) meeting prior to referring a youth for a medication evaluation, which led to a team approach in medication management for foster youth.

### *Challenges & Barriers*

- There was initially a barrier with obtaining authorizations from the legal counsel for foster youth to release information to coordinate care. This was resolved through a meeting facilitated by the program manager which included County Counsel and the new dependency attorneys to explain procedures.

### *Changes in FY17/18*

None

Number of children (0-5) clients served: 2

Number of children (6-15) clients served: 47

Number of TAY (16-25) clients served: 12

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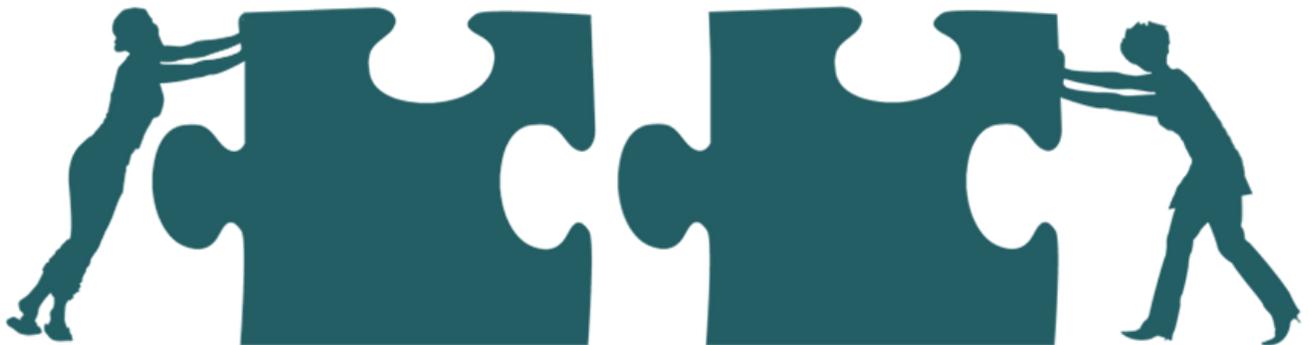
# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### s u c c e s s s t o r y

- A female client, “AJ”, was adopted by relatives as a toddler. She experienced ongoing trauma with her adoptive mother, and two years ago was placed in a group home due to her high-level mental health needs. AJ struggled with attending school all day and was triggered by school bells, sounds, and images. AJ utilized the emergency room and the crisis stabilization unit often.
- When she started treatment, she would not participate in her Child Family Team (CFT) meetings, struggled with engaging in mental health services, and did not trust providers. AJ rarely attended school during her freshman year due to her mental illness, which negatively impacted her grades. After engaging in treatment services, AJ started her senior year of high school, is excelling academically, and advocates for herself. AJ is now strengthening her independence skills, evidenced by searching for employment, making her own medical appointments, requesting support at school, and requesting CFT meetings when needed. AJ now fully engages and utilizes mental health services, employs healthy coping skills, and has had no hospitalizations in the last 5 months.



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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

**Agency Name:** Seneca Family of Agencies

**Title of Program:** Transition Age Youth (TAY) Full Service Partnership (FSP)

**Description of Program:**

The TAY FSP program, administered by a community-based organization, delivers intensive, strengths-based mental health services and support to high-need and high-risk youth ages 16-25. The TAY FSP Program places an emphasis on recovery and wellness while providing an array of mental health services.

**Program Performance Measures**

**Unduplicated Individuals Served: 19**

Program Deliverables	Annual Outcome
Provide an average 18-24 months intensive FSP services for consumers who meet the FSP criteria.	19 unduplicated TAY consumers served
In partnership with First Place for Youth (FPFY), a local community-based transitional housing program, up to 8 of TAY FSP clients will be housed the FPFY program.	10 unduplicated individuals were housed
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	5% of the consumers served were hospitalized 1 time (down from 6% in FY 15/16) and 2% were hospitalized 2 or more times (down from 6% in FY 15/16)
Use Child and Adolescent Needs and Strengths (CANS) and/or Adult Needs and Strengths Assessment (ANSA) as the primary outcome measurement tool at intake, 6-month mark, and discharge in order to prioritize treatment planning and measure clinical progress.	7 of the 10 youth discharged from the program during the fiscal year improved 100% in the following CANS domains; Behavioral/Emotional needs, Individual Strengths, Life Functioning Domain, Risk Behaviors, and Vocational/Career. The remaining 3 youth were successfully stepped down to Seneca's Intensive In-Home program.
Financial Report	
Cost per person	\$29,703

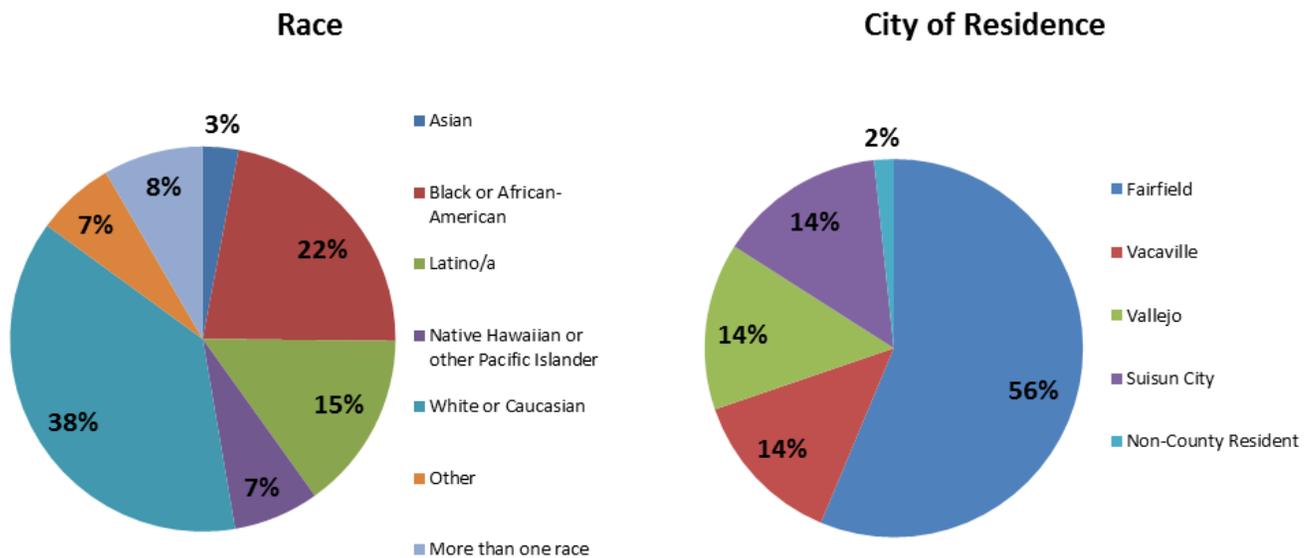
# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### *Demographic Breakdown of Direct Services:*

All of the clients served in this program are between the ages of 16-25. 78% of individuals served listed their current gender identity as male, 21% female, and 1% genderqueer. 100% of the individuals served identified English as their primary language. In regard to sexual orientation, 77% identified as heterosexual, 12% identified as gay, 10% identified as bisexual, and 1% identified as lesbian.

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



### *Highlights & Achievements*

- The program provided culturally sensitive, strengths-based, individualized treatment to TAY consumers by increasing the effectiveness of clinical skills with the team through a variety of trainings and educational opportunities including, but not limited to; Motivational Interviewing, Safety/Crisis Intervention Training, Family Finding and Creating a Forever Network with Keven Campbell, and Commercially Sexually Exploited Children (CSEC) and Human Trafficking training.
- Seneca created the Solano Youth Advisory Board (YAB), which is a group of current and former Seneca youth who are motivated to see changes for youth by providing a forum for promoting new ideas, problem solving, advocating, community involvement, and mentoring. The YAB group (including nine youth from the Solano TAY FSP program and other Seneca programs) met monthly and were invited to participate in a targeted focus group that SCBH held to discuss the County approach to addressing suicide risk for the TAY population.
- Seneca has been very involved in community planning to address the Commercially Sexually Exploited Children/Youth (CSEC) issue in Solano County. As a result, Seneca has provided treatment for number of youth with complex needs who were identified to be at risk of CSEC and/or were currently being exploited.

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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Challenges & Barriers*

- Staff transitions in the program internally and externally contributed to a lapse in consistent contractual oversight meetings and short staffing for a large portion of the year. The program actively recruited and hired several staff so that it is now able to accommodate referrals and maintain its treatment capacity.
- The referral process was inefficient and resulted in a significant waiting list for most of the year. The County implemented a new system of care monitoring process called Youth Transitions in Care (Y-TIC) that started meeting weekly in April 2017, which ultimately resolved this issue.

### *Changes in FY17/18*

During FY 16/17 and into FY 17/18 an increased need for services to appropriately treat transition-age youth and youth identified as at-risk for CSEC or who were currently being exploited was identified. During the FY 17/18 stakeholder process the community endorsed the need to provide comprehensive treatment services for the CSEC population. The Seneca FSP program serves the TAY population and has been providing FSP-level services to CSEC youth. During FY 17/18 this contract will be increased to meet this community need.

**Number of TAY (16-25) clients served: 19**

## S U C C E S S S T O R Y

- A TAY consumer “Dianna” was referred to TAY FSP program after discharge from a recent hospitalization. She was at risk of being homeless, lacked family and sustainable social support, and was diagnosed with a chronic physical condition complicating her mental health condition. She reported feeling frightened and alone, but still hopeful, as she adjusted to the idea of making her way through the world independently. She actively engaged in therapy and supportive counseling services, and has an active desire to learn skills and strategies to address her mental health diagnosis and recovery. She has learned to practice assertive communication skills and to advocate for her needs with others, including the treatment team, friends, and employers. Dianna has many recent accomplishments, which include becoming engaged to her significant other and interviewing for a peer partner position that would allow her to use her experiences and skills to support other youth who have similar experience with mental health. She has also created a plan to move to a new city, with the goal of starting fresh in a setting where she will be more financially stable due to a lower cost of living. She continues to meet with Seneca staff and to advocate for her needs.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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

**Agency Name:** Solano County Behavioral Health

**Title of Program:** County Adult Full Service Partnership (FSP)

**Description of Program:**

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

**Program Performance Measures**

**Unduplicated Individuals Served: 87**

Program Deliverables	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	For FY 16/17, 15% of the consumers served were hospitalized 1 time (down from 17% from FY 15/16) and 3% were hospitalized 2 or more times (down from 8% from FY 15/16).
Reduce and/or prevent incidents of homelessness for FSP consumers.	An average of 6 consumers served experienced an incidence of homelessness each quarter of FY 16/17.
Reduce and/or prevent incidents of incarceration for FSP consumers.	An average of 1 consumer served experienced an incidence of incarceration each quarter of FY 16/17.

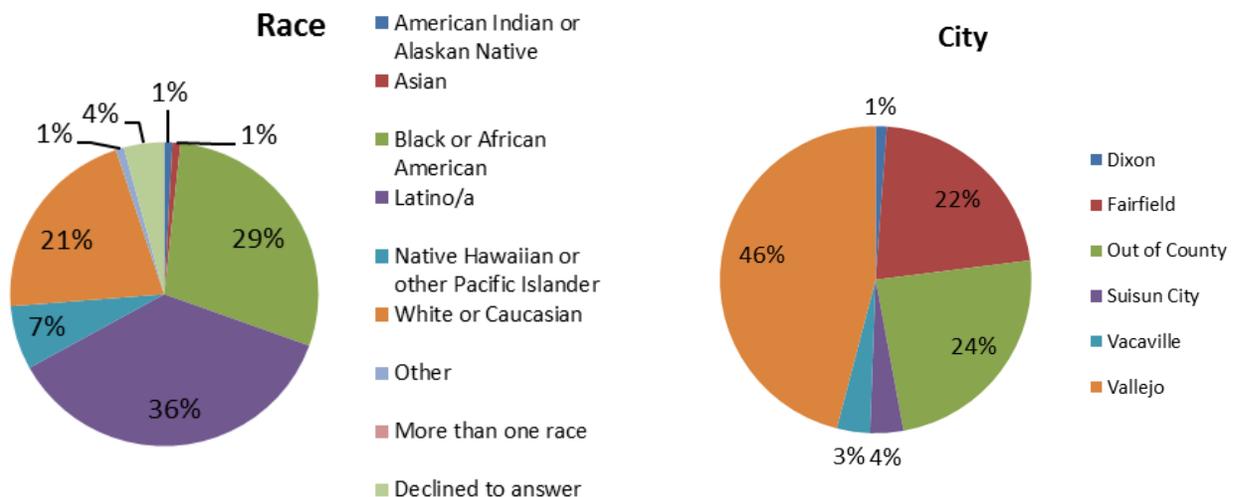
**Financial Report**

Cost per person	\$36,591
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**Demographic Breakdown of Direct Services:**

Of the 87 consumers served, 14% were between the ages of 16-25, 78% were between the ages of 26-59, and 8% were 60 and over. 68% of the consumers classified their gender identity as male and 32% identified as female. 97% identified English as their primary language, while the remaining 3% of consumers served identified their primary language as Spanish, Tagalog, or American Sign Language.

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



# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### *Highlights & Achievements*

- 13 consumers obtained employment.
- 21 consumers transitioned to a lower level of care.
- The addition of one bilingual/bicultural Mental Health Specialist to the County FSP team has increased the capacity to serve Spanish-speaking consumers.
- The program has developed relationships with a residential treatment program in Yolo County, a large Board and Care and Room and Board provider in Sacramento, and a Recovery program in El Dorado County. The consumers have been able to take advantage of these with a lot of support from the FSP team.

### *Challenges & Barriers*

- Safe and affordable housing with the appropriate level of structure and support continues to be the biggest challenge that our consumers face when trying to live successfully in the community.
- There are very few licensed Board and Cares remaining in the county with a concomitant increase in unlicensed Room and Boards that often are poorly run and overcrowded. These Room and Boards have no state licensing requirement and there is no formalized oversight.

### *Changes in FY17/18*

None

Number of TAY Adults (18-25) served: 12

Number of Adults (26-59) served: 68

Number of Older Adults (60+) served: 7

## S U C C E S S S T O R Y

A 31 year old consumer, "Chris", had been stable in the community for several years, living with his family in the community and receiving mid-level case management services. He found himself without housing when his family lost their Section 8 status and subsequently moved to San Francisco. Chris became homeless, and after 6 months of wandering the streets, losing a significant amount of weight, un-medicated, and floridly psychotic, he was hospitalized and then referred to the County FSP team. After several months of intensive services he gradually became more medication compliant, stopped using marijuana and improved significantly in his grooming and hygiene. With the FSP program's help, he eventually moved to a very supportive, clean and sober home. Chris applied for a job locally and has been able to maintain his employment for 6 months.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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

**Agency Name:** Caminar for Mental Health, Inc.

**Title of Program:** Adult & Older Adult Full Services Partnership (FSP)

**Description of Program:**

The FSP Program, delivered by a community-based provider, offers services for adults and older adults using the Assertive Community Treatment (ACT) model. The goal of this program is to support consumers in their efforts to live as independently as possible as members of the community, and in a setting of their choice.

Program Performance Measures	
Unduplicated Individuals Served: 68	
Program Deliverables	Annual Outcome
Provide FSP case management services to a minimum of 56 individuals, with specific age groups targeted as follows: <ul style="list-style-type: none"> <li>- 36 individuals between the ages of 18-59 (Adult Program)</li> <li>- 19 individuals age 60 or older (Older Adult Program)</li> </ul>	A total of 68 unduplicated consumers were served: <ul style="list-style-type: none"> <li>- 47 unduplicated adults 18-59</li> <li>- 21 unduplicated adults 60+</li> </ul>
No more than 25% of the FSP consumers will be admitted to the hospital for psychiatric treatment.	Of the adult consumers between 18-59 years old 11% were hospitalized 1 time and 4% were hospitalized 2 or more times  Of the older adult consumers age 60 and older 5% of the consumers served were hospitalized 1 time and no consumers were hospitalized 2 or more times  The inpatient hospital data for FY 15/16 combined adults and older adults. 6% of the total program consumers served were hospitalized 1 time and 1% were hospitalized 2 or more times
No more than 10% of the FSP consumers will have interactions with the legal system that result in an incarceration.	2% of the consumers served experienced an incidence of incarceration each quarter of FY 16/17
No more than 15% of the FSP consumers will experience a homeless episode.	7% consumers served experienced an incidence of homelessness each quarter of FY 16/17
Financial Report	
Cost per person	\$11,688

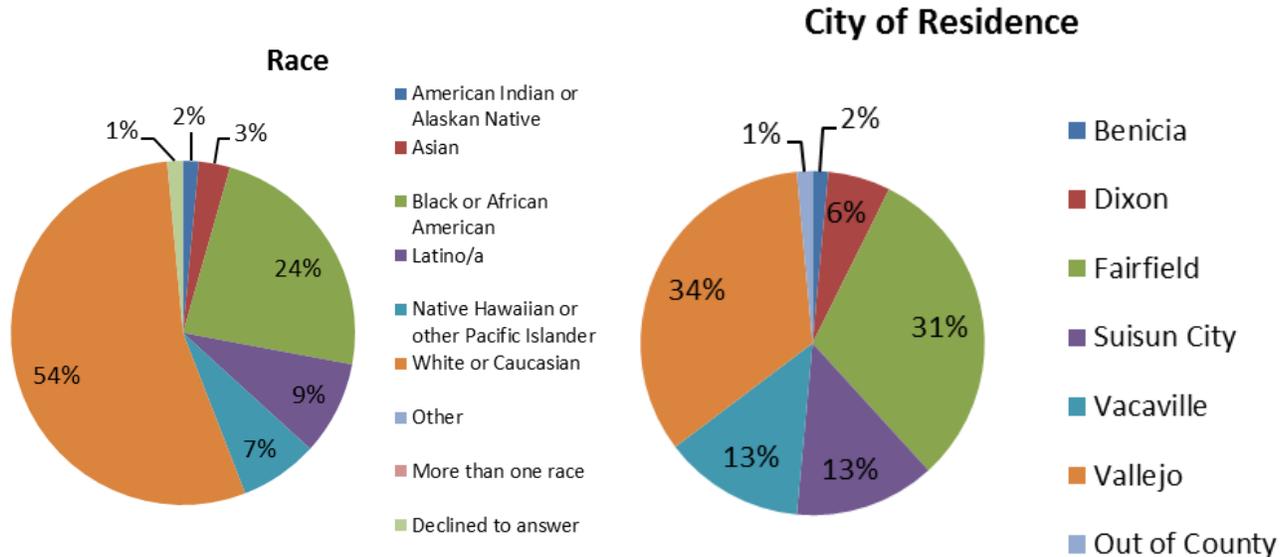
# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### Demographic Breakdown of Direct Services:

Of the 68 consumers served, 6% were between the ages of 16-25, 62% were between the ages of 26-59 and 32% were 60 and over. 44% of the consumers classified their gender identity as male and 56% identified as female. 97% identified English as their primary language, 2% identified their primary language as Farsi, and 1% as Spanish.

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



### Highlights & Achievements

- Adult FSP Unit: 7 consumers transitioned to lower levels of care and 4 graduated directly to the community from FSP level of service.
- Older Adult FSP Unit: 2 consumers stepped down to a lower level of care and 5 graduated directly to the community.
- In this past fiscal year, a new team of dedicated and passionate case managers were hired. The team has been very creative in finding ways to support consumers safely in the community by leveraging resources for housing and creating innovative treatment plans for individuals to keep them out of the hospital and in the community.
- Tele-psychiatry began this past fiscal year and deployed to reach individuals in the community who had refused to come into the office. While there were some initial challenges around documentation, with the help of the nursing team, the program was able to overcome this challenge.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### *Challenges & Barriers*

- At the beginning of the FY the program had challenges with staff retention and recruitment for case managers and psychiatric providers.
- The State ITWS Data Collection Reporting (DCR) system has been challenging. Many staff were not initially able to access the system and the program has been working with the County Liaison to facilitate this process. DCR data is now being collected in Caminar’s EHR, which creates the ability to access and provide this data to the County as well.
- A significant barrier for the FSP programs is the lack of safe and affordable housing in the community. This has impacted some consumers in transitioning safely and timely to the appropriate levels of care. The program has been working with multiple Room and Board (R&B) operators to insure safe living environments that are affordable to clients on a fixed income. Unfortunately, there is not adequate capacity at the various housing levels of care.

### *Changes in FY17/18*

None

**Number of TAY Adults (16-25) served: 4**

**Number of Adults (26-59) served: 42**

**Number of Older Adults (60+) served: 22**

## S U C C E S S S T O R Y

Just two years ago a consumer, “Jay”, was working, actively abusing narcotics, and living independently. Jay first lost all his belongings in a house fire, and then lost his car in an accident. For over a year he was homeless, utilizing the emergency room and Crisis Stabilization Unit as vestiges of safety when being homeless became too overwhelming. Jay struggles with intense anxiety, rapid mood swings and voices. When Caminar first met Jay over a year ago, he was living out of a suitcase. Despite everything seemingly working against him, Jay showed up every week for sessions ready to work, ready to talk, and wanting to change his life. Years of substance abuse led to him being estranged from his family and having a difficult time connecting with friends. The Harm Reduction, client-centered philosophy that Caminar utilizes made it possible for Jay to be honest about his substance use in a non-judgmental environment while asking for help. Jay is now enrolled in the vocational rehabilitation cooperative program, and is set to begin school at Solano Community College in the Fall.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

Homeless Mentally Ill Full Service Partnership (Ages 18+)—Contractor

**Agency Name:** Caminar for Mental Health, Inc.

**Title of Program:** Homeless (HOME) Full Service Partnership (FSP)

**Description of Program:**

The HOME program provides FSP services targeted to homeless adults using the Assertive Community Treatment (ACT) model, Housing First, Wellness Recovery Action Planning (WRAP) and Motivational Interviewing Techniques to meet their needs in mental health recovery and achieve residential stability with supported services and resources in Solano County.

### Performance Measures

Unduplicated Individuals Served: 39

Program Deliverables	Annual Outcome
Conduct at least ten (10) outreach activities per month.	48 outreach activities were conducted
Provider will maintain capacity to provide FSP services to 30-36 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	39 unduplicated consumers
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	None of the consumers served experienced an inpatient hospitalization during the FY
No more than 10% of program participants will have interactions with the legal system that result in an incarceration.	18% of the consumers served experienced an incarceration during the course of the FY
No more than 15% of program participants will experience an episode of homeless once engaged in the program and accepting stable housing.	51% of the consumers served experienced an incidence of homelessness during the FY  Unfortunately, due to co-occurring substance abuse disorders the consumers served by this program had a particularly difficult time maintaining housing due to restrictions regarding substance use at some of the local shelters and housing facilities.

### Financial Report

Cost per person	\$8,717
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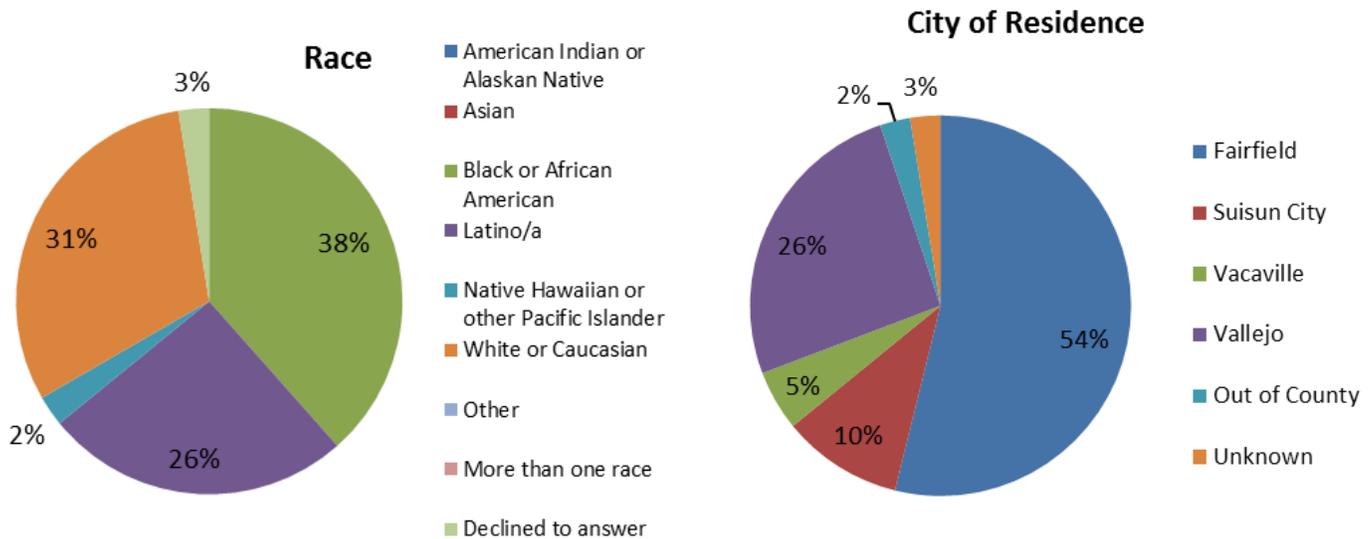
# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

### *Demographic Breakdown of Direct Services:*

For the consumers served by this program 95% were between the ages of 26-59 and 5% were 60 or older. 56% of the consumers served identified their current gender as male and 44% identified as female. 95% identified English as their primary language and 5% identified Spanish as their primary language. 10% of individuals identified as a veteran. In regard to sexual orientation, 51% of individuals identified as heterosexual, 3% as gay, and 46% either declined to answer or were not reported on.

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



### *Highlights & Achievements*

- This year, the HOME FSP program hired a peer counselor, a licensed vocational nurse, and a second case manager to round out the ability to engage individuals and support their recovery and access to services.
- The program developed a collaboration with Vallejo Police Homeless Outreach Unit to determine how Caminar and Vallejo PD can work together to support and assist individuals that the PD encounters on a regular basis.
- An outreach tracker was created for the staff to monitor where and when they completed outreach efforts and in which communities.
- The HOME FSP had access to 4 shelter beds through a partnership with Heather House. Starting FY 17/18 Caminar HOME FSP will have access to 6 beds through Heather House.

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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Challenges & Barriers*

- One of the challenges was hiring and maintaining staff members this fiscal year. In order to attract BBS registered interns the salary range was increased despite there not having been an increase in the contract amount.
- A weekly meeting was instituted between the Heather House Shelter staff and Caminar Case Managers to ensure effective communication.
- Another barrier that arose is the on-going challenge of finding individuals after engagement. The increased partnership of the HOME and County-operated homeless outreach team has helped in this matter, as well as better partnerships with the local law enforcement agencies.
- Due to some restrictions regarding substance use/abuse for shelters and housing options, placing consumers with co-occurring mental health and substance abuse often proved challenging.

### *Changes in FY17/18*

SCBH will work with Caminar to review the contract performance measures and may adjust the expectations regarding incarcerations and incidents of homelessness due to the unique challenges that face the consumers served by this program and lack of community resources.

**Number of TAY Adults (18-25) served: 0**

**Number of Adults (26-59) served: 37**

**Number of Older Adults (60+) served: 2**

## S U C C E S S S T O R Y

The HOME team met Navy veteran “Bob” when he was 57 years old. David Grant Medical Center had referred him and the team met him at the hospital where he was placed on a 5150 hold with no discharge plan due to being homeless. HOME helped find him a Room and Board so that he could begin to stabilize and the team could start to engage with him. Bob restarted his medication regime that required weekly blood testing. He shared that he noticed the difference in himself and was able to progress from weekly to monthly blood checks due to adherence to his medication regimen and having a stable place to live. With the help of his case manager, he has learned social skills and has been able to integrate into the community. He remained at the Room and Board until obtaining independent housing this year.

# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Forensic Assessment Community Treatment (FACT) Full Service Partnership (FSP)

**Description of Program:**

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

**Program Performance Measures**

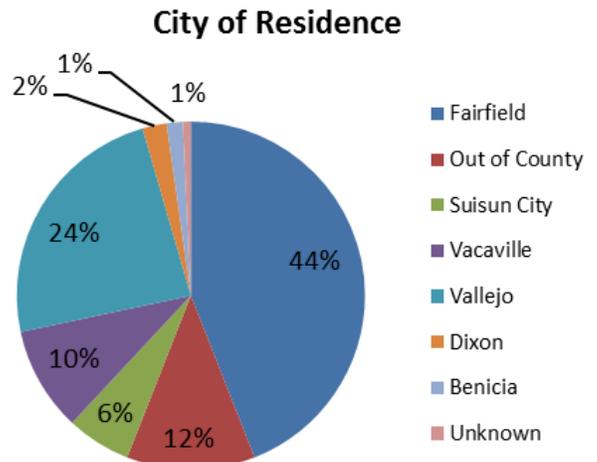
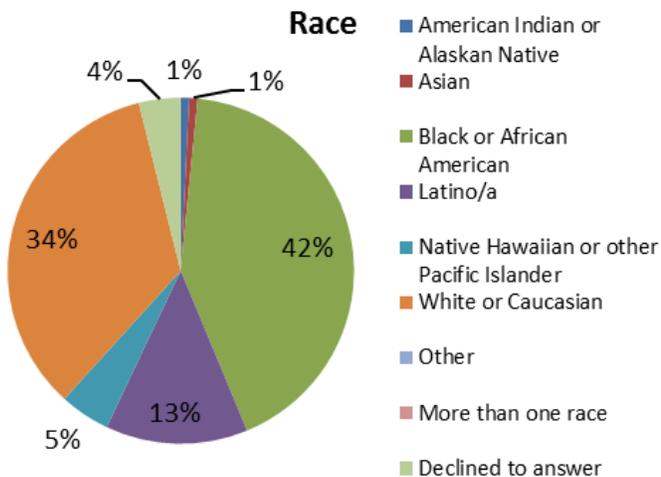
Unduplicated Individuals Served: 134

Program Deliverables	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	For FY 16/17, 4% of the consumers served were hospitalized 1 time (down from 9% from FY 15/16) and 1% were hospitalized 2 or more times (down from 2% from FY 15/16)
Reduce and/or prevent incidents of homelessness for FSP consumers.	An average of 9 consumers served experienced an incident of homelessness in each quarter of the FY
Reduce and/or prevent incidents of incarceration for FSP consumers.	An average of 9 consumers served experienced an incident of incarceration in each quarter of the FY
Financial Report	
Cost per person	\$12,187

**Demographic Breakdown of Direct Services:**

For the consumers served by the FACT program 19% were between the ages of 16-25, 79% were 26-59, and 2% were 60 or older. 67% of the consumers served identified their current gender as male and 33% identified as female. 95% identified English as their primary language and 2% identified Spanish as their primary language, and the remaining 3% identified Other Non-English or Unknown.

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



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# COMMUNITY SERVICES & SUPPORTS

## FULL SERVICE PARTNERSHIPS

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### *Highlights & Achievements*

- FACT added a peer support volunteer to the program in the role of co-facilitator of the WRAP group.
- The new partnership with Progress House, a substance abuse residential treatment facility, has been a great support for consumers who are in need of a dual-diagnosis treatment.
- A bilingual Clinician began working for the FACT program in June 2017, enhancing the program's ability to provide culturally and linguistically appropriate services.

### *Challenges & Barriers*

- The adult system of care has limited resources regarding housing within the County, and in particular, board and care and augmented board and care facilities. The program has worked to establish relationships with two potential new board and care operators that are outside of Solano County.

### *Changes in FY17/18*

None

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

**Number of Adults (26-59) served: 106**

**Number of Older Adults (60+) served: 3**

## S U C C E S S S T O R Y

A consumer, "Bill", is a 45-year-old consumer who was referred to the FACT program after his second prison sentence. He presented with symptoms secondary to chronic, complex trauma, including extreme institutional mistrust, paranoid delusions, and high levels of anxiety. When referred to the program Bill was also in the early phases of substance abuse recovery in the community. His symptoms were compounded by homelessness, lack of income, and limited skills to navigate community stressors and independent living. For the first several months of his engagement with the FACT program, Bill resisted the services offered, not believing that "the system" was there to support him. With continual outreach and engagement efforts and the support of the program staff, Bill began to trust his therapist and FSP team. He started to process his past traumatic experiences and identified many positive goals for his future. With the support of his FSP team, Bill tolerated group-living again as he worked toward his goal of having his own apartment. Once he moved into a room & board, Bill secured a part-time job, which he maintained for several months before obtaining a second part-time job. Several months into working two jobs Bill had saved enough money to secure his own apartment. After working with his FACT team for nearly a year, Bill has maintained his psychiatric stability, secured his own employment and housing, and as a result of his progress he has successfully petitioned the court for visitation with his children.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

In FY 2016/17 CSS General Systems Development (GSD) programming included the following strategies: Crisis Services and Supports; Wellness and Recovery Programming; Targeted System Supports; Mentally Ill Offender Programming; and MHSA Housing Supports.

### Crisis Stabilization Unit—Contractor

**Agency Name:** Exodus Recovery, Inc.

**Title of Program:** Solano Crisis Stabilization Unit (CSU)

**Description of Program:**

The Crisis Stabilization Unit (CSU), operated by a private organization, is the County’s provider for crisis stabilization services and urgent medication evaluation services. Operating 24 hours a day, 7 days a week, consumers may stay at the CSU for up to 23 hours while receiving comprehensive crisis services in Solano County.	
<b>Program Performance Measures</b>	
<b>Unduplicated Individuals Served: 1,721</b>	
<b>Program Deliverables</b>	<b>Annual Outcome</b>
The Crisis Stabilization Unit will provide crisis stabilization services.	1,721 unduplicated individuals were served, with 2,824 admissions
The Crisis Stabilization Unit will provide urgent medication services to prevent consumer deterioration resulting in inpatient hospitalization.	630 urgent medication services were provided (this is likely under-represented in the data)
Contractor will provide referral/linkage services to consumers being discharged from the unit.	70% of consumers discharged from the CSU were linked to outpatient services. An additional 19% were directly admitted to inpatient units to receive an appropriate level of care.
<b>Financial Report</b>	
Cost per person	\$2,262

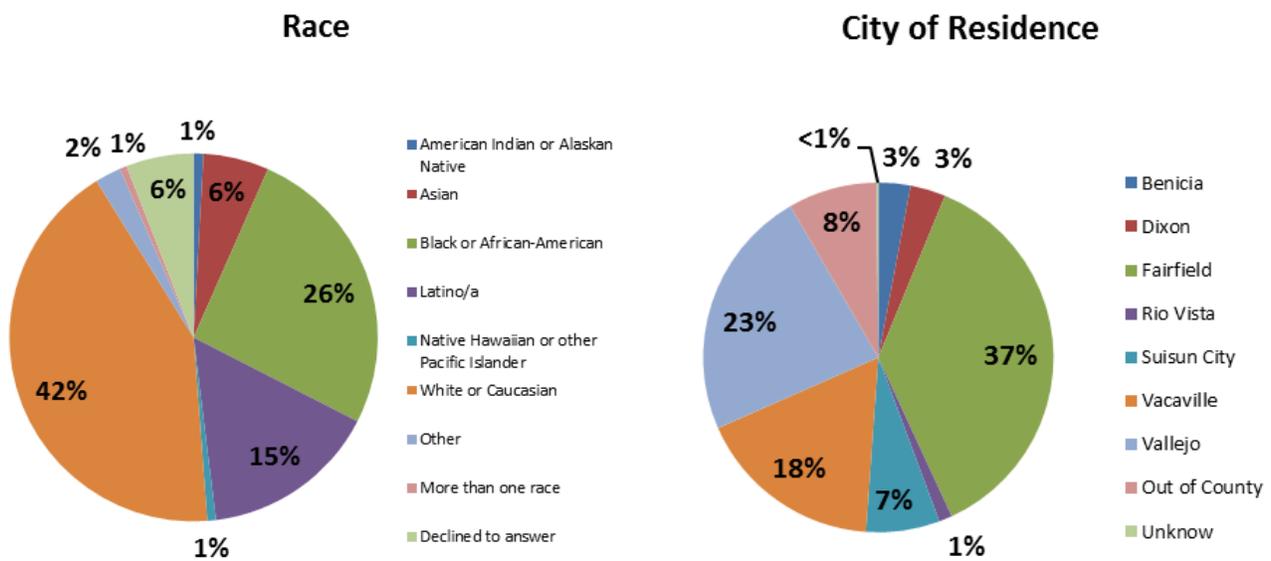
# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

### Demographic Breakdown of Direct Services:

For the consumers served by the CSU, 7% were between the ages of 0-15, 24% were ages 16-25, 62% were between the ages of 26-59 and 6% were 60 or older. 52% of the consumers served identified their current gender as male and 48% identified as female. 97% identified English as their primary language and 3% identified Spanish as their primary language. In regard to sexual orientation, 3% of individuals identified themselves as Gay, Lesbian, or Bisexual.

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



### Highlights & Achievements

- Exodus continues to work with law enforcement and, by accepting consumers directly from law enforcement without prior medical clearance, this results in a decrease in the number of consumers in local emergency departments waiting for mental health evaluations.
- Exodus social services staff attends the weekly Transitions in Care (TIC) meeting to discuss challenging cases. They have also implemented a daily meeting with the County-operated Hospital Liaison Unit to collaborate on and identify solutions to address overstays.
- In collaboration with County staff a new inpatient tracking tool was developed as a guide to attaining inpatient placements in County contracted facilities.

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# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

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### *Challenges & Barriers*

- The lack of available inpatient acute psychiatric hospital beds remains the most challenging barrier for Solano County as well as other surrounding Northern California Counties. The lack of appropriate higher level-of-care beds results in overstays within the CSU but most importantly, causes delays in client care.
- Lack of shelters and housing for homeless residents poses challenges for discharge planning. Discharging a client that was recently in crisis to the streets results in higher recidivism and is inconsistent with the Exodus philosophy. Bay Area Community Services (BACS) has been a great partner in collaborating with Exodus by accepting consumers from the CSU to their respite and after-care program.
- A lack of reliable, affordable transportation between the largest cities (Vallejo, Vacaville and Fairfield) limits access to available County resources. For residents from southern and northern parts of the County, accessing the CSU can be challenging.

### *Changes in FY17/18*

In order to streamline the admission process, Exodus has on-boarded specific staff to operate as intake workers.

## S U C C E S S S T O R Y

Early in 2017, Exodus began a shared journey with a 24-year-old SCBH/North Bay Regional Center (NBRC) shared client. This young man had a history of multiple CSU admissions, repeated difficulties maintaining housing resulting in homelessness, encounters with law enforcement, substance use and mental health issues. After numerous unsuccessful attempts at linking to lower levels of care, NBRC follow-up, and inpatient hospitalizations, the CSU found they had exhausted all local resources for this client and began a targeted effort to secure appropriate treatment and placement for this individual. With the assistance of many care providers, the CSU, and the County Hospital Liaison Unit appropriate treatment was identified for this client in Los Angeles. On the eve of his discharge from the CSU, nursing staff called the facility he was to transfer to and connected him with the treating staff there via phone and he could ask questions of his new providers before he left the CSU.

# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

### Relapse Prevention and Crisis After-care (Ages 18+)—Contractor

**Agency Name:** Bay Area Community Services (BACS)

**Title of Program:** Prevention Engagement Program (PEP)

**Description of Program:**

The BACS PEP program serves adults who have suffered an acute crisis resulting in inpatient hospitalization and/or accessed crisis services through the Crisis Stabilization Unit (CSU) or local emergency rooms. The program provides crisis after-care services including peer support, individual and group rehabilitation, therapy, linkage, and respite care for mental health consumers who agree to engage in aftercare services.

**Program Performance Measures**

**Unduplicated Individuals Served: 277**

Program Deliverables	Annual Outcome
PEP program to provide crisis after-care services to adults who have experienced an acute crisis.	157 unduplicated clients
Reduce inpatient recidivism rates for consumers who have been hospitalized or are high users of the CSU.	In FY 16/17, 9% of the consumers served were hospitalized 1 time and 6% of the consumers served were hospitalized 2 or more times after engaging with the program.
Engage consumers who are treated and released from the CSU, and for those served by BACS ensure that the consumers are linked to ongoing treatment services.	<u>30-day follow-up:</u> 19% of the total consumers who had timely follow-up were served by BACS. <u>Linkage:</u> 23% of adults received a medication service and 19% of adults received an outpatient service
Provide urgent respite housing for consumers for 1-3 nights.	120 unduplicated consumers
Financial Report	
Cost per person	\$5,753

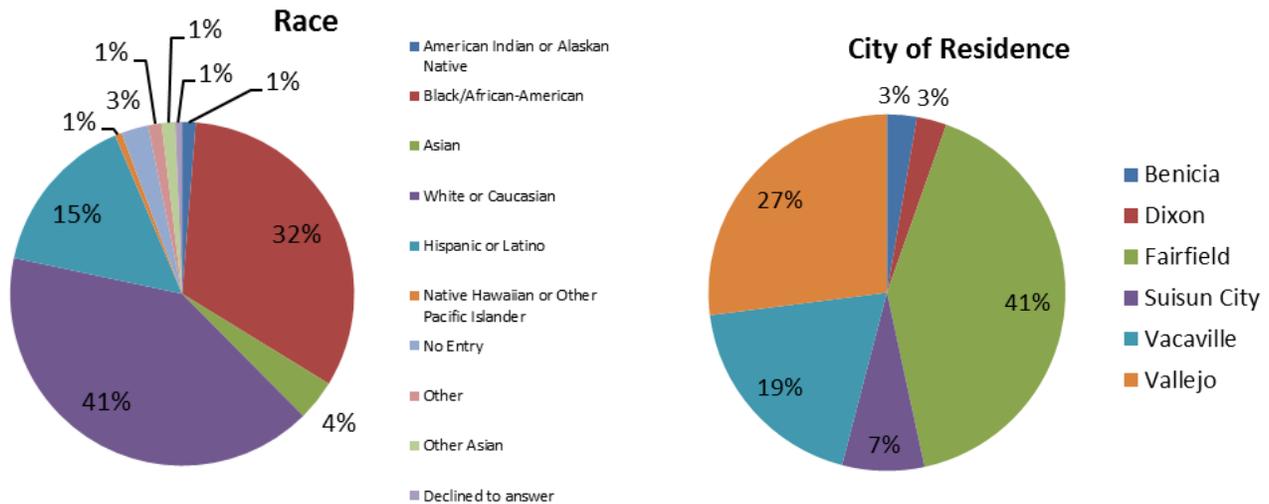
# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

### Demographic Breakdown of Direct Services:

For the consumers served by the PEP program for crisis aftercare services (minus respite only consumers), 15% were between the age 16-25, 79% were 26-59, and 6% were 60 and older. 47% identified as male and 53% identified as female. 99% identified English as their primary language and 1% identified Filipino dialect as their primary language.

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



### Highlights & Achievements

- The new program manager has worked to build collaborative partnerships with other mental health service providers, including County and community-based agencies, to better serve consumers who have experienced an acute crisis.
- The program increased its census from 17 people served in July 2016 to 50 people served in July 2017.
- Program staff have become more familiar with local resources and make every effort to assist consumers who utilize both the crisis after-care services and the respite component of the program link to necessary resources including SSI, housing, and government assistance and supports.

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# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

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### *Challenges & Barriers*

- Consumers who are homeless or at risk of losing placements became difficult to reach and locate after discharge from CSU and/or inpatient facilities, causing delays in initiating after-care direct service. One strategy used to address this barrier was to collaborate with the County MHA homeless outreach staff who work closely with local police and the homeless community in order to enlist support in locating consumers.
- High staff and management team turnover had an impact on various aspects of the program including consistent delivery of services, staff training, collaboration with community and County partners, and consistency in data collection.
- Due to a lack of housing in the community there was a high volume of referrals for urgent respite housing which made it challenging to meet all the needs. Efforts were made to improve communication with referring parties and the County program liaison to monitor the referral flow.

### *Changes in FY17/18*

BACS and the County agreed to separate the respite component from the crisis after-care program by creating a separate contract for respite. This should allow for better monitoring of each of the services being delivered as they are distinct from one another.

## S U C C E S S S T O R Y

“Bob” is a male in his early 60s who was living with his sister. Their household was facing an eviction notice. Bob’s sister was his payee and was refusing to allow Bob access to his money in order to move to stable housing. The PEP Case Manager worked on building rapport with the whole family in the hopes of helping the sister understand the importance of securing housing for Bob to prevent further deterioration of his mental health status. After building trust with the family, the sister agreed and the PEP Case Manager facilitated transfer of the payee status back to the consumer. This intervention came at the perfect time because a few days later the family received a 3-day notice. The PEP Case Manager supported Bob in moving into a room and board the very next day. As a result of the established working relationships that the PEP Case Manager has made with local room and board operators, he was able to expedite housing for Bob, who is now doing much better with his mental health.

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# COMMUNITY SERVICES & SUPPORTS

## GENERAL SYSTEMS DEVELOPMENT—CRISIS SERVICES & SUPPORTS

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### Crisis Evaluation & Support—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** County Evaluation and Support

**Description of Program:**

A County licensed clinician position is funded in order to provide crisis evaluations for the local emergency departments and overflow for the jails. The clinician conducts 5150 evaluations to expedite the process of placing consumers at the CSU or inpatient facilities and when safe discharging consumers home.

**Number of Clients Served:** 97

**Cost Per client:** \$1,556



# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Wellness & Recovery Unit (WRU)

**Description of Program:**

Program staff provide support, advocacy, peer counseling, mentoring, training, and employment preparation for consumers and family members. The team includes a consumer affairs liaison, a family liaison and two patient rights advocates (PRA). The PRA staff make contacts with consumers who are placed in the crisis stabilization unit and/or inpatient hospitals.

Program Performance Measures	
Unduplicated Individuals Served: 442	
Program Deliverables	Annual Outcome
Facilitate consumer support groups throughout the County and provide 1:1 support (phone or in-person) for consumers.	169 consumer support groups with 127 unduplicated consumers; 108 unduplicated 1:1 contacts
Facilitate family support groups throughout the County and provide 1:1 support for families as needed.	126 family support groups with 126 unduplicated family member participants; 7 unduplicated 1:1 contacts
Patient Rights Advocates will provide support for consumers in inpatient facilities.	412 consumers received support and advocacy while hospitalized in an inpatient facility
Increase the number of peer consumers trained in Speakers Bureau.	3 trainings held with 21 unduplicated participants
Financial Report	
Cost per person	\$2,217

**Demographic Breakdown of Direct Services:**

Demographic information for unduplicated consumers was not available for this program

**Highlights & Achievements**

- Consumer and Family Support groups continue to be held across the County with weekly sessions in Vallejo, Vacaville and Fairfield, and monthly sessions in Rio Vista.
- Program continued to provide the “Hidden Moods & Emotions” group; 15 sessions held with 80 participants.
- Program continued to provide the “Patients’ Rights Advocacy” Group; 5 groups held with 22 participants.
- 13 Wellness Recovery Action Plan (WRAP) groups were offered with 22 participants.
- The Consumer Family Advocacy Committee (CFAC) group was reinitiated in October 2016. Nine meetings held with 17 unduplicated participants.
- Program facilitated 5 Wellness Trainings with 76 participants.
- Staff attended two Community Resource Fairs with 49 participants.
- 6 trainings were held for County staff on the “Consumer Experience” with 90 staff attending.

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# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

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### *Challenges & Barriers*

- The program tracks data for various County initiatives, which can be challenging. Efforts will be made to align the desired outcomes and data reporting requirements to alleviate the burden on the program.

### *Changes in FY17/18*

No Changes

## S U C C E S S S T O R Y

One family member attended the family support group when her son was hospitalized for the first time on a 30-day hold. She came to group seeking support and education on what was happening to her son. She expressed concern and shock over his current symptoms. She attended the group for several months, and in that period of time she gained an understanding of his situation, brought three additional family members to the group, and her son attended the peer support groups. She was open to referrals to the community, and listened intently to the group members' suggestions regarding her and her loved one's situation. Her son stabilized while on medication, and the family member remarked how much better she felt about his situation by being supported by the weekly group meetings.



# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

**Agency Name:** Circle of Friends

**Title of Program:** Wellness & Recovery Center (WRC)

**Description of Program:**

The Circle of Friends WRC, serving Central County located in Fairfield, provides a safe and welcoming place for peer consumers who have a known mental illness. The drop-in Center is 100% peer-operated by individuals with lived experience who apply the principles of recovery to exemplify and promote hope, commitment, and action.

### Program Performance Measures

Unduplicated Individuals Served: 502

Program Deliverables	Annual Outcome
Serve 30 unduplicated consumers per month (360 annually)	502 unduplicated consumers
Facilitate WRAP groups at least once per quarter, with 5 attendees in each group.	40 WRAP groups were offered and 18 unduplicated peer consumers completed the WRAP group in its entirety
Consumers served will participate in on-site vocational rehab services, with the goal to have peer consumers serve in a volunteer position at the center and/or secure a job outside of the center.	62 vocational rehab groups were offered to 40 unduplicated peers and 250 peers have actively volunteered at the Center 5 peers returned to school to pursue their education 10 peers obtained employment
Provide linkage to other necessary services.	258 consumers were linked to other necessary services to meet their needs.
Financial Report	
Cost per person	\$704

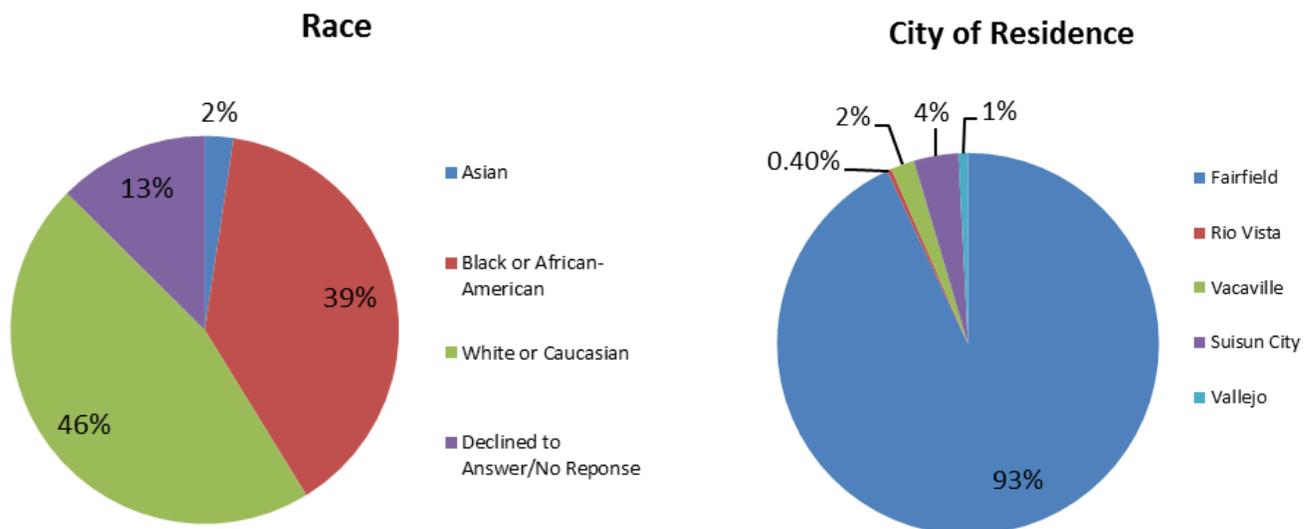
# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

### *Demographic Breakdown of Direct Services:*

Of the peer consumers served by the Circle of Friends WRC, 6% were between ages 16-25, 94% were 26-59, and less than 1% were 60 and older. 65% identified as male and 35% identified as female. 98% of the peers served indicated that English was their primary language, 1% identified Spanish as primary language, and 1% identified American Sign Language. Seven (1%) peers identified as veterans.

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



### *Highlights & Achievements*

- With an increase in funding, the program expanded from being open on the 1<sup>st</sup> and 3<sup>rd</sup> Saturdays to being open every Saturday from 8am-2pm.
- Peers assisted 28 individuals to register to vote for the first time in their lives for the 2016 elections.
- The program provided over 20,000 meals to peers and the homeless population.
- Six peers graduated from the Recovery Innovations International program and are now certified peer specialists. One of them became a full-time employee with Circle of Friends and the others are utilizing their training by facilitating groups.

### *Challenges & Barriers*

- Lack of safe and affordable housing with the appropriate level of structure and support continues to be the biggest challenge that peer consumers face when trying to live successfully in the community.
- In February 2017, Circle of Friends' Executive Director had an unexpected life event occur that impacted staffing and leadership. A new Financial Coordinator and Executive Director were appointed to ensure continuity of leadership to provide support to the program.

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# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

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- There were challenges in the implementation of quantitative outcome tracking for the following reasons: several peers were hesitant to complete the questionnaire or to contact others to complete it; some peers dropped out or did not want to participate in the program; and the tool being used was being administered too frequently (weekly) making it very difficult to manage the data and monitor outcomes. The County has provided technical assistance, has encouraged the program to use the outcome tool quarterly, and has provided a data tracking tool to capture outcomes.

### *Changes in FY17/18*

Due to increased funding from the County in FY17/18, Circle of Friends launched a satellite site at a local church in Vacaville in July 2017. The site is open every Wednesday and Thursday. This has successfully met the needs of local consumers who, prior to the Vacaville site opening, were frequently being transported by bus to the Fairfield site. Additionally, consumers accessing medication services through the County Vacaville Adult Psychiatry Clinic have been referred to Circle of Friends and have successfully engaged in the programming offered through the satellite site.

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## s u c c e s s s t o r y

“Sally” is a young woman in her mid-thirties. When she started the program she was very quiet, however she slowly started to trust the staff and made friends with her peers. She expressed to the staff that she would like to work at the center. She started by volunteering as a greeter and helping out in other areas when the opportunity would arise. Sally participated in the Peer Specialist Training and received her certificate with pride. She decided that she wanted to do more, and she now facilitates Life Skills classes and serves on various committees. Sally recently became employed in the community and is working part time at Discovery Kingdom. Sally continues to work on her wellness and participates in classes and training with the Circle of Friends.

# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

**Agency Name:** Caminar

**Title of Program:** Wellness & Recovery Center (WRC)

**Description of Program:**

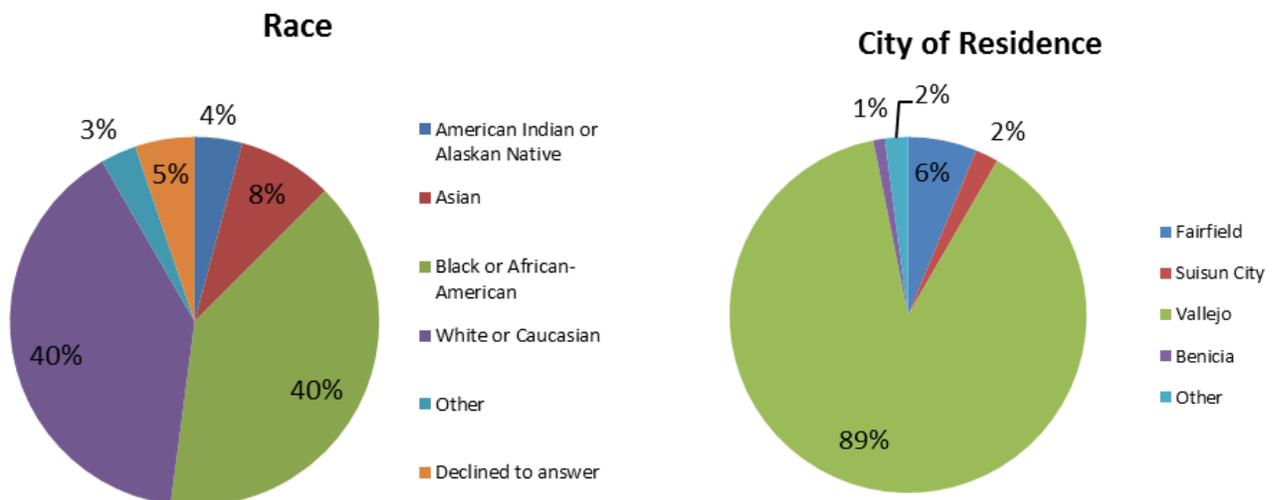
The Caminar WRC, serving Vallejo in southern Solano County, provides a safe and welcoming place for peer consumers who have a known mental illness. The drop-in Center employs several peers with lived experience who apply the principles of recovery to exemplify and promote hope, commitment, and action.

Program Performance Measures	
Unduplicated Individuals Served: 96	
Program Deliverables	Annual Outcome
Provide peer-run drop-in services to mental health consumers	96 unduplicated individuals
Consumers who have attended the Center more than one time will have an active Wellness & Recovery Action Plan (WRAP) on file at the Center	52 weekly WRAP groups were offered; the total unduplicated individuals who have a WRAP plan was not tracked this year.
Financial Report	
Cost per person	\$2,902

### Demographic Breakdown of Direct Services:

For the consumers served by the Caminar WRC program, 4% were between the ages of 16-25, 75% were 26-59, 14% were 60 or older and 7% did not report their age. 81% of the consumers served identified their current gender as male and 19% identified as female. 91% identified English as their primary language and 9% identified Spanish as their primary language

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



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# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

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### *Highlights & Achievements*

- The Caminar program secured Community Access Ticket Services, which provides free tickets to community events such as baseball games, theater events, music events and museum admissions. This has enabled many peer consumers the opportunity to participate in activities that they otherwise would not have access to due to their limited incomes and transportation challenges.
- Caminar hosted the annual “Cammie Awards” this year, wherein peer consumers who have made progress in their recovery and re-integrated into the community are honored. In FY 2016/17, seven of the nine awards went to individuals who participated regularly at the WRC.
- 16 Caminar WRC peer consumers participated in the 2nd Annual Art Inspiration event for “May is Mental Health Awareness Month”. Peer consumers were provided digital cameras and presented over 35 original digital images for the art show.

### *Challenges & Barriers*

- Lack of safe and affordable housing with the appropriate level of structure and support continues to be the biggest challenge that peer consumers face when trying to live successfully in the community.
- There were challenges in implementing the qualitative outcome tracking. The County has provided technical assistance and a data tracking tool to capture outcomes.

### *Changes in FY17/18*

None

## S U C C E S S S T O R Y

“Abe” has been an active participant and volunteer for the Caminar WRC for over a year now. From the beginning, he has been appropriate and respectful to WRC staff and fellow peers. He is dependable, soft spoken, and loves his anime videos. He always is receptive and asks “How can I help?” The WRC staff and peers have been fortunate to have him as he is very efficient with time and understands how to work in tandem with the WRC staff to “get it done” when it comes to lunch preparation and assisting our WRC staff and peers. Caminar has been so impressed with his work ethic and personality that the WRC Staff suggested he apply for the “on-call peer counselor position.” Ultimately Abe was hired and is now an employed peer with the Caminar WRC.

# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

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

**Agency Name:** Solano County Behavioral Health, CA State Department of Rehabilitation & Caminar for Mental Health

**Title of Program:** Cooperative Employment Program

**Description of Program:**

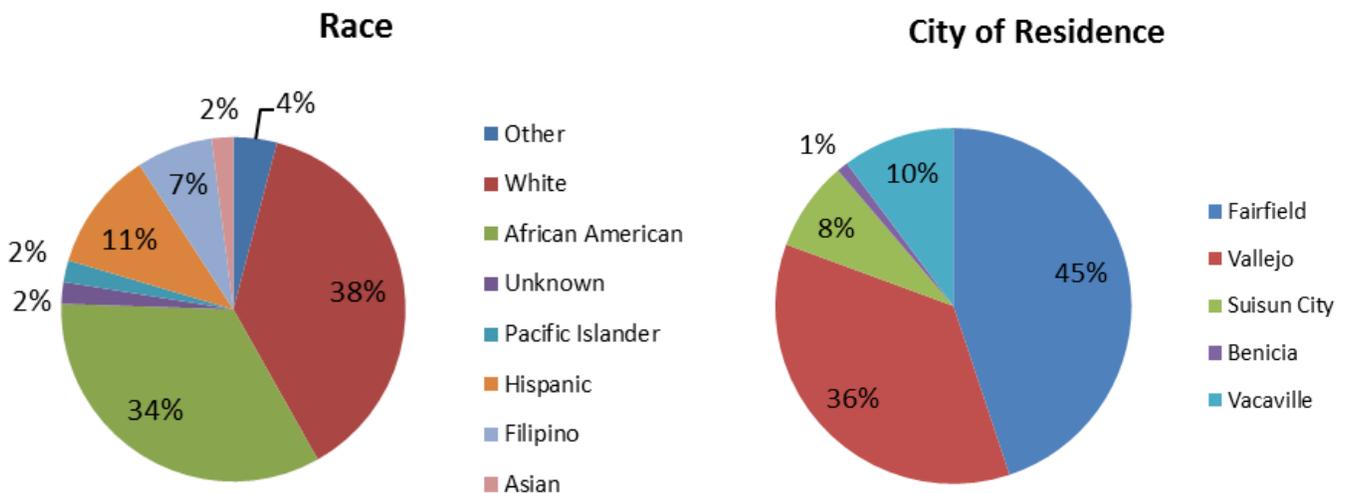
SCBH and the Greater East Bay District of the Department of Rehabilitation (DOR) have partnered to fund this vocational program in order to provide employment services to individuals with severe and persistent psychiatric disabilities. Caminar for Mental Health: Jobs Plus Program, a sub-contractor of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

Program Performance Measures	
Unduplicated Individuals Served: 98	
Program Deliverables	Annual Outcome
During fiscal year 2016/17, 90 SCBH/DOR consumers shall receive pre-employment services	98 consumers served
During FY 2016/17, at least 22 consumers who received pre-employment services will retain a job for a minimum of 90 days	26 consumers were employed and 23 consumers maintained employment for at least 90 days
Financial Report	
Cost per person	\$2,423

**Demographic Breakdown of Direct Services:**

Of the 98 consumers served by this program, all were adults 18 and over. 53% of the consumers identified as male and 47% identified as female. 100% of the consumers served reported that their primary language is English.

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



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# COMMUNITY SERVICES & SUPPORTS

## WELLNESS & RECOVERY PROGRAMMING

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### *Highlights & Achievements*

- The Cooperative has been operating with one Senior Vocational Rehabilitation Counselor, but has hired another Senior Vocational Rehabilitation Counselor to work with the cooperative who will begin in FY 2017/18.

### *Challenges & Barriers*

- During the course of the year there were some structural changes made in regards to the staffing associated with the cooperative. These changes were dictated by the State DOR office.
- The SCBH Clinician assigned to work with the cooperative retired. A SCBH Mental Health Specialist with many years of experience with job development was assigned to the cooperative to provide support for consumers served by the cooperative.

### *Changes in FY17/18*

Although the total budget appropriated for this effort has not changed, there has been a funding shift from the County administration budget to Caminar Jobs Plus to allow for more direct services to be provided. Technical assistance from DOR identified that the current structure of the program was not in alignment with other DOR cooperative structures and have since adjusted the renewal to reflect the correct structure. Moving forward, the cooperative hopes to better serve the clients of Solano County.

## S U C C E S S S T O R Y

- “Jim” was referred to the vocational program after being unemployed for six years. He reported difficulty searching and gaining employment on his own. He had no income, had been denied SSI, had limited transportation, had a gap in employment, and has a learning disability. After being approved by DOR, Jim was referred to the Caminar Jobs Plus program. Jim was disappointed after not being accepted for a position he had applied for which resulted in him losing some of his motivation to gain employment. With encouragement from his Job Developer, Jim agreed that he would apply for other employment opportunities, including several openings with a local retail store. He was ultimately hired as a Courtesy Associate. Jim has maintained his employment with a local retailer for the past 12 months and has received a customer service award. It has been reported that customers call and leave messages about the great, friendly service they receive from Jim.

# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

### Mental Health Collaborative—Contractor

**Agency Name:** Caminar

**Title of Program:** Mental Health Collaborative (MHC)

**Description of Program:**

The MHC is a coalition of Solano County Behavioral Health and our community partners that includes mental health, primary care, and other agencies that interface with the mental health system of care. The mission of the MHC has been for providers to work together to eliminate or reduce system barriers to individuals who receive mental health services in Solano County.

Program Performance Measures	
Program Deliverables	Annual Outcome
Organize and host, in conjunction with a Solano County Behavioral Health identified representative, four mental health collaborative (MHC) meetings/trainings per year.	A total of 2 MHC meeting/trainings were held.  Solano County Health & Social Services initiated a similar Provider Networking quarterly meeting which involves health, substance abuse, mental health and other community partners. Due to the advent of this group, the County and Caminar agreed to not hold the MHC meetings in the last 2 quarters of the year as this would be a duplication of effort.
Poll MHC participants once per year to identify what they would like the group to focus on and provide suggestions for training topics for the following year.	Two cycles of 2-day Co-occurring Disorders trainings were provided to over 50 mental health providers in Solano County
Financial Report	
Cost of Contract	\$4,750

### Highlights & Achievements

- The 2-day trainings were focused on how to effectively work with individuals who struggle with co-occurring substance use and mental health conditions and were held in Fairfield and Vallejo. There was an initial training and then a follow-up session one month later to help the staff with integrating what they learned.

### Challenges & Barriers

- The initial contract included content related to maintaining a Networker website for current mental health resources, however due to staffing changes at Caminar and consistent changes in terms of the provider network it was difficult for a non-County organization to allocate the resources needed to adequately maintain a website for current resources.

### Changes in FY 2017/18

Solano County Health & Social Services (H&SS) has hired staff who will be solely responsible to maintain the Network of Care site which will include mental health and substance abuse providers. Additionally, H&SS facilitates quarterly meetings with all vendors contracted with H&SS, including mental health vendors. During FY 16/17, H&SS hosted the 1<sup>st</sup> Annual Provider Networking Fair which included contracted vendors as well as many local organizations that serve the community but may not be contracted with H&SS. The Mental Health Collaborative was duplicative in nature, therefore the contract for the Mental Health Collaborative was not renewed for FY 2017/18.

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# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

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### Adult Psychiatry Clinic “On-Duty” Staff Support—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Integrated Care Clinic On-Duty Staff

***Description of Program:***

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

**Number of Clients Served: 531**

**Cost Per client: \$502**



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

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Bilingual Services for Children and Youth

***Description of Program:***

MHSA funding is used to increase bi-lingual services to improve mental health access to Latino and monolingual Spanish-speaking children and youth by supporting at least three bilingual providers to be assigned to any of the three County-operated Children’s regional clinics; Vallejo, Fairfield or Vacaville. The bi-lingual providers’ caseloads include at least 75% monolingual, bilingual, and bicultural consumers to whom they provide clinical services tailored to meet the needs of Latino consumers and families.

**Number of Clients Served: 50**

**Cost Per client: \$6,393**

# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

### CARE Clinic—Contractor

**Agency Name:** Child Haven

**Title of Program:** Solano Comprehensive Assessment Research and Evaluation (CARE) Clinic

**Description of Program:**

Utilizing the Comprehensive Assessment Research and Evaluation (CARE) model, the CARE Clinic offers an intensive, ten-week, daily menu of services for clients three to six years of age (up to 7<sup>th</sup> birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges who are at risk of or have been expelled from daycare or preschool settings. Each cohort is between 7-10 children with a high staff ratio from a multi-disciplinary team. In addition to SCBH funding the CARE Clinic, Solano County Special Education Local Plan Area (SELPA) funds children who have been assessed by SELPA to be eligible for the specialized services offered through the CARE clinic.

#### Program Performance Measures

Unduplicated Individuals Served: 13

Program Deliverables	Annual Outcome
Provide an intensive ten-week cohort, four-hours per day, with a menu of services for clients utilizing the CARE multidisciplinary mode.	During FY 16/17 three cohorts were conducted, with 13 unduplicated individuals (funded by SCBH MHSA) completing the ten-week cohort
80% of the children who complete the CARE Clinic will demonstrate improvement on the Child Behavior Checklist (CBCL) as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	92% clients demonstrated improvement
80% of the children and families who complete the CARE Clinic will demonstrate improved child/parent interactions as evidenced by a decrease in the T-score for both the intensity and problem scales on the Eyberg Child Behavior Inventory (ECBI).	92% clients demonstrated improved child/parent interactions
80% of the children who complete the CARE Clinic will successfully transition back to a school or daycare setting and will remain in the setting for 30 days or more.	100% of the clients successfully transitioned back to school and remained in the setting for 30 days or more
Financial Report	
Cost per person	\$24,863

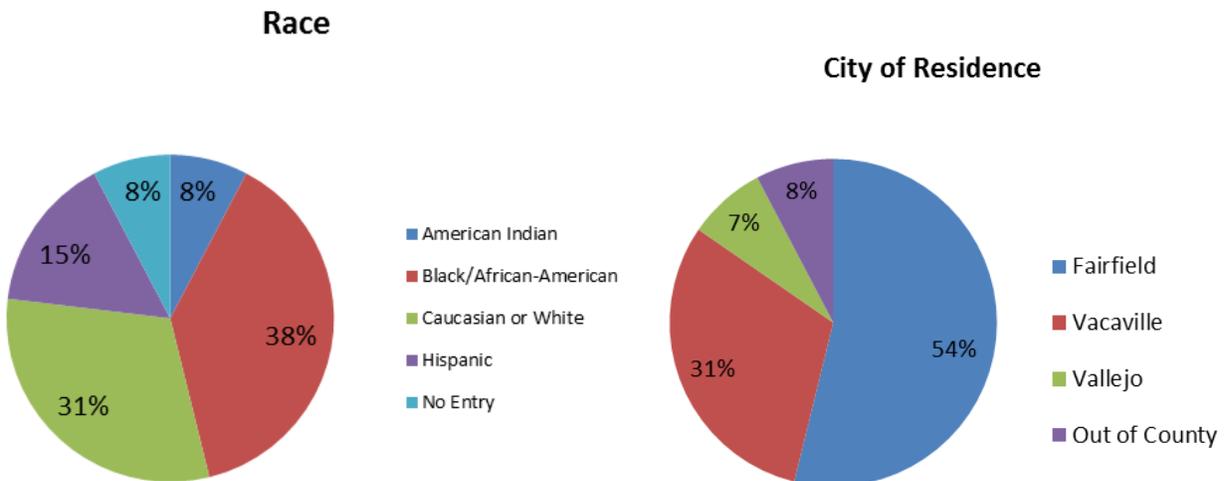
# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

### *Demographic Breakdown of Direct Services:*

Of the individuals served through the CARE program, 92% were between the ages of 0-5 and 8% (1 client) was between the ages of 6-21. 62% of the youth were identified as male, and 38% were identified as female. 84% of the youth served through the program identified English as their primary language, 8% identified Spanish, and 8% did not report their primary language.

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



### *Highlights & Achievements*

- The CARE program is new to Solano County and to Child Haven. Child Haven was introduced to this concept in February of 2016, and was trained by San Bernardino CARE Clinic staff and opened the CARE Clinic in just nine months.
- The collaboration and cooperation between the various partners including SELPA, Solano County Health & Social Services (H&SS), Solano County Behavioral Health (SCBH), First 5 Solano, North Bay Regional Center, the local school districts, community providers and Child Haven has been phenomenal.
- Parent reports, both during and after CARE Clinic services have been remarkable, with some parents reporting the program has been “life changing.”
- The CARE Clinic services are delivered in a manner to imitate a school setting. English is the primary language used in the “classroom” setting. However, for clients whose language is primarily Spanish in the home, the staff used both Spanish and English to assist the child with the transition. Monolingual Spanish-speaking parents received the parent education services in Spanish.
- The picture exchange communication system (PECS), a form of alternative communication, is introduced to clients, parents and educators when the child has extensive communication challenges caused by communicative, cognitive, and/or physical impairments.

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# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

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### *Challenges & Barriers*

- The initial vision of the CARE clinic involved several key community partners. There were challenges in determining how to leverage the various funding sources while adhering to the regulations tied to each funding stream. Ultimately SELPA and Solano H&SS/SCBH agreed to fund this intensive program.
- Child Haven was identified to be the direct service provider after it was determined that another community-based organization was not in a position to implement the program. This left limited time for Child Haven to be fully trained in the model. However, the San Bernardino County Desert Mountain team, who developed the model, came to Solano County for two weeks to train Child Haven staff on-site.
- There have been some challenges with the process whereby children are identified and referred to the program, which has caused a lower client count per-cohort than originally anticipated.

### *Changes in FY17/18*

None

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## S U C C E S S S T O R Y

- A 5-year old child, “Tim”, entered the CARE program exhibiting extreme aggression, delayed speech and a lack of social skills. His school was searching for alternative placement as general education classes were not an option due to his violent outbursts, which had resulted in injury to school personnel.
- Throughout the ten-week cohort, staff worked with Tim on his language development, sensory processing skills, peer interaction, transitions, behaviors, and his relationship with his parents. His parents participated in both parent education classes and Parent-Child Interaction Therapy (PCIT). In PCIT, the parents and child worked together to improve the quality of the parent-child relationship and his parents learned positive discipline strategies necessary to understand and manage his behaviors. Tim completed the CARE Clinic program and was re-assessed. At discharge his behaviors were rated within the normal range and his speech had also improved significantly. CARE staff joined Tim on his first day of school and made several follow up check-ins with both the school and his parents. Three months after transitioning back to school, educators reported that Tim had been placed full-time in a general education class and was doing wonderfully.

# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

### Foster Child and Family Services—County and Contractors

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Foster Care Treatment Unit (FCTU)

**Description of Program:**

The goal of the Foster Child and Family Services initiative is to allow children who have active child welfare cases and who have been identified as having mental health issues to remain with their birth families when possible, or to support their success and stability in foster care placement. This program represents a collaboration between SCBH and Child Welfare Services, and as such two mental health clinicians are co-located with Child Welfare. This report represents services from July 1, 2016—December 31, 2016. As of January 1, 2017, the FCTU program was transitioned to an FSP model.

**Number of Clients Served:** 60

**Cost Per client:** \$12,409

**Name:** Seneca Family of Agencies

**Title of Program:** Katie A. Services (KAS)

**Description of Program:**

The KAS program provides intensive outpatient mental health services for children and adolescents ages 6-21, with the targeted population being individuals who have been identified as the Katie A subclass or referred by County Child Welfare/or foster care system. A significant number of the youth served by this program are placed out of County.

**Program Performance Measures**

**Unduplicated Individuals Served: 46**

Program Deliverables	Annual Outcome
Provide outpatient mental health services for foster youth identified as Katie A subclass.	46 unduplicated children/youth served
Use the Child and Adolescent Needs and Strengths (CANS) and/or Adult Needs and Strengths Assessment (ANSA) as the primary outcome measurement tool to be administered at intake, every 6 months, and at discharge to prioritize treatment planning and measure clinical progress.	Of the 46 clients enrolled, 87% of the clients had achieved or partially achieved their treatment plan goals  33 out of 39 clients (85%) made improvement in one or more actionable CANS items. <i>Seven (7) clients with less than 6 months of service during the reporting period are not included in the data.</i>
Within 90 days of admission clients will receive a Child and Family Team (CFT) meeting with an emphasis on building each client's team with natural supports and concurrently focusing on placement stabilization.	93% of the clients had timely CFT meetings

**Financial Report**

Cost per person	\$9,961
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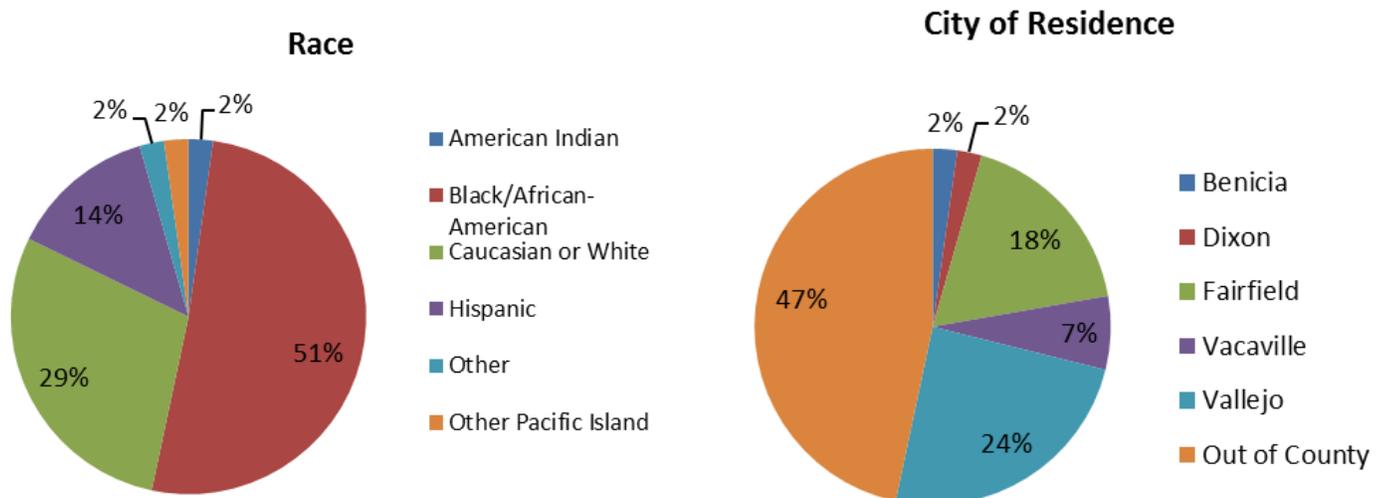
# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

### *Demographic Breakdown of Direct Services:*

For the children/youth served by the KAS Program, 5% were between the ages of 0-5, 84% were 6-15, and 11% were between 16-25. 16% of clients served listed their current gender identity as male, 44% female, and 40% did not report or declined to state. 100% of the individuals served identified English as their primary language.

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



### *Highlights & Achievements*

- The program has demonstrated great success in terms of placement stabilization as evidenced by 36 clients (78%) remaining in a stable placement and not experiencing an unplanned placement disruption. Out of 20 discharged clients, eight clients moved back or were already in their parents' care during this time period.
- 39 clients (85%) had an increase in natural supports involved in treatment and life.

### *Challenges & Barriers*

- The program has identified some areas of particular concern and risk behaviors for children and youth entering the KAS program, including relationship impermanence, lack of family and natural supports, and exposure to repeated complex traumas. Services conducted in the program focus on addressing these risks by addressing trauma and attachment first and foremost .

### *Changes in FY17/18*

None

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# COMMUNITY SERVICES & SUPPORTS

## TARGETED SYSTEM SUPPORTS

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### s u c c e s s s t o r y

A 9-year-old, “Abby”, and her 15-year-old half-sister were both referred to the KAS program because they were struggling in their placement with a relative and in the school setting. They were exhibiting similar symptoms including anxiety, hypervigilance and agitation, depressed mood, and sleep problems related to multiple traumas. The family speaks Spanish only. The biological father had made repeated threats towards the siblings’ caregivers, and the biological mother was unable to consistently attend meetings or visits.

Despite the many challenges, KAS staff was able to build trust and rapport with the sisters and their family/caregivers. There was a great deal of case collaboration, with many team meetings and case management coordination with the Katie A. Intensive Case Coordinator, therapists, support counselors, and Child Welfare Social Workers. With individual therapy provided to each of sibling, they were able to process trauma and grief issues. By improving their communication and positive coping skills, their functioning has increased significantly. The 15-year-old sister achieved her treatment goals after only 5 months of services and was able to be discharged. The 9-year-old is still receiving services and is working towards attaining her treatment goals as well.



# COMMUNITY SERVICES & SUPPORTS

## MENTALLY ILL OFFENDER PROGRAMMING

Mentally Ill Offender Crime Reduction (MIOCR) Program—Solano County Sheriff’s Department and Sub-Contractor

**Agency Name:** Solano County Sheriff’s Office

**Title of Program:** Mentally Ill Offender Crime Reduction (MIOCR) Re-entry Program

**Description of Program:**

The MIOCR program is a multi-agency, multi-disciplinary effort to provide a re-entry and diversion program for adult mentally ill offenders. The goals of the program are to provide necessary mental health treatment and referrals, divert individuals with untreated mental illness from the criminal justice system into community-based treatment and support services, and reducing recidivism. This program is jointly funded by the MIOCR grant that the Solano County Sheriff’s Department was awarded and SCBH MHSA funds. The Sheriff Department sub-contracted with Bay Area Community Services (BACS), a non-profit community-based organization, to provide direct re-entry mental health services.

### Program Performance Measures

**Unduplicated Individuals Served: 99**

Program Deliverables	Annual Outcome
In-custody assessment and discharge planning for inmates pending release	94 unduplicated individuals
Provide re-entry services for mentally ill offenders released to the community for 6-9 months	66 unduplicated individuals served and 4 successfully completed the program
Provide diversion services to mentally ill offenders involved in a current criminal case	66 unduplicated individuals

### Financial Report

Cost per person	\$1,726
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### Highlights & Achievements

- The program began the Pre-Booking Diversion aspect in October 2016, went out with Fairfield PD seven times and outreached to 34 individuals to conduct needs assessments.
- A new evaluator, engaged during the second quarter, helped update the MICOR grant evaluation plan.
- During the third quarter, the program revamped the Re-entry Program by requesting the California Forensic Medical Group (contracted jail mental health provider) to increase the referrals from 4 to 10 per week. Clients were also triaged based on release dates rather than court dates, allowing case managers to implement time with clients to build a relationship and preventing loss of the client due to unanticipated release.
- During the third quarter three clients completed the program. One client completed the program in the fourth quarter.

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# COMMUNITY SERVICES & SUPPORTS

## MENTALLY ILL OFFENDER PROGRAMMING

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### *Challenges & Barriers*

- Given there have been no services of this kind in the County, the initial year for the program was considered start-up and was focused on the development of the infrastructure needed to support the MIOCR program.
- The Sheriff Departments' Program Evaluator, who was a military reservist, was called to duty during the first quarter of the program which impacted the program's ability to collect the data for quarters 1 and 2.
- There have been challenges filling a key "Forensic Clinician" position, which has impacted the project.
- There was a delay in implementing the Mental Health Collaborative Court in Solano County, which was a key aspect of the diversion component of the program. Solano County Mental Health Court will begin early 2018.

### *Changes in FY17/18*

Now that the program has been in place this year, and there is stability in staffing, the Sheriff's Department anticipates being able to provide more services in the upcoming fiscal year. The MIOCR program will also be working on redefining the meaning of program "closure" to ensure that a time frame isn't the only component that dictates whether the program has successfully assisted a client.

## S U C C E S S S T O R Y

From the initial meeting/assessment with the MIOCR Re-entry Specialist at the jail, "Tony" presented himself as determined to be released and to never return to custody. Tony reported that during his stay at Napa State Hospital his psychiatrist finally got his medications right, which resulted in a decrease of psychotic symptoms and a resulting decrease in anxiety and behavior disruptions. Tony advocated for himself at the jail to ensure that his medications did not change, and worked with his MIOCR case manager to ensure that upon his release his medications would stay the same. Tony was also determined to stay clean and sober. He has successfully navigated his recovery and remains sober. While he experienced some stress upon his release, with the assistance of his MIOCR Case Manager Tony was able to stay focused and motivated. His mental health symptoms decreased and stabilized as he made positive choices to take his medications regularly and learned valuable coping skills. In his time with MIOCR, Tony gained confidence, became more positive in his thought process, did not settle, and was willing to try new strategies to reach his goals. Tony has a strong sense of self-advocacy, and because of this strength he was able to patiently wait out the difficult times at residential facilities, and now has his own apartment at a Senior Living Center. Through motivation, praise, encouragement, and modeling of skills by his MIOCR Case Manager, Tony graduated the MIOCR program in April 2017.

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# COMMUNITY SERVICES & SUPPORTS

## MENTALLY ILL OFFENDER PROGRAMMING

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**Jail Liaison: Mentally Ill Offenders—County**

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Jail Liaison

**Description of Program:**

During the FY 2014/15 Solano County MHSA Mid-Year Adjustment process, funding was made available to support a “Jail Liaison” clinician position, which would be co-located in the local jail facilities and would support mentally ill inmates who are being released to the community.

**Number of Clients Served: 96**

**Cost Per client: \$1,079**



# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

### Outreach & Engagement of Unserved/Underserved Communities—County

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Hispanic Outreach and Latino Access (HOLA)

**Description of Program:**

The HOLA Program is designed to decrease stigma and increase awareness regarding the mental health services available for the Latino community. Increased access through community engagement is a key component of the program.

Program Performance Measures	
Program Deliverables	Annual Outcome
Provide Mental Health First Aid trainings in Spanish and English.	2 workshops conducted in Spanish, with 21 participants
Conduct targeted outreach activities to spread awareness about the program in an effort to reduce stigma and increase access to mental health services.	27 outreach activities
As a direct result of program outreach, contacts will be received by the County Access line and/or HOLA coordinator.	172 HOLA direct calls to the Access Line/HOLA Line
Financial Report	
<b>Cost of program</b>	<b>\$80,111</b>

**Highlights & Achievements**

- Ongoing outreach with the County’s migrant camps has assisted in reaching a particularly underserved portion of the Latino community.

**Challenges & Barriers**

- The HOLA Coordinator was on a leave of absence for an extended portion of the fiscal year, resulting in a reduced number of outreach activities and direct calls to the program.
- The Latino community as a whole expressed particular vulnerability this past fiscal year due to social and political factors. The HOLA Coordinator responded to numerous concerns from the community about mental health vulnerabilities and offered some information on how to support those experiencing anxiety, depression and fear during this time.

**Changes in FY17/18**

None

**s u c c e s s s t o r y**

As a continued collaboration with the Migrant Education Program of Butte County, which covers Solano County, the HOLA Coordinator provided a Youth Mental Health First Aid training at the local migrant camp. This was an event that was held at the Dixon Housing Camp where families who are migrants gather between April and October. This event was held to help the youth at the camp to better understand anxiety, depression and the risk for suicide. The group consisted of youth from ages 16-21 years of age; they were very receptive and engaging. The best part of the training was to see how the youth were able to use the skills learned to identify how they could assist their peers.

# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

**Agency Name:** Solano County Behavioral Health

**Title of Program:** KAAGAPAY- Filipino Outreach Project

**Description of Program:**

The KAAGAPAY (English translation is “Helping Hand” or “Reliable Companion”) Program is designed to educate and provide information to the Filipino community on holistic wellness, including mental health topics and how to access local mental health services and programs for the Filipino community.

Program Performance Measures	
Program Deliverables	Annual Outcome
Conduct targeted outreach activities to spread awareness about the program in an effort to reduce stigma and increase access to mental health services.	121 outreach activities
As a direct result of program outreach, contacts will be received by the County Access line and/or KAAGAPAY coordinator.	60 direct calls to the Access Line
Provide brief case management services to aid consumers linking to necessary services.	11 unduplicated clients received brief case management services.
Financial Report	
Cost of program	\$69,684

**Highlights & Achievements**

- The KAAGAPAY Coordinator designed the following presentations and workshops as a means of addressing mental health issues within the Filipino community: “SIMPLENG KALUNGKUTAN o DEPRESYON” (Simple Sadness or Depression); “JOKE LANG! The Power of Humor to Heal”; and “Tagalog & Storytelling Class with Ms. Ro”. These workshops garnered 88 total participants.
- The KAAGAPAY Coordinator organized and sponsored a Filipino Health & Wellness Fair in October 2016. The Fair had 19 agency participants and approximately 250 attendees.
- The program disseminated over 300 brochures and flyers at the Annual “Pista Sa Nayon” Filipino festival in the city of Vallejo.

**Challenges & Barriers**

- There is still a need within the mental health system for bilingual/bicultural mental health professionals. The regional bilingual mental health staffing shortage – particularly Tagalog-speaking staff—continues to present difficulties for monolingual Tagalog-speaking individuals and families accessing services.
- There is also a lack of culturally relevant programs for those individuals with mild to moderate clinical needs.

**Changes in FY17/18**

None

# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

### s u c c e s s s t o r y

A consumer, “Carmen”, is a Tagalog-speaking Fil-American woman who recently migrated to the U.S. She exhibited symptoms including auditory & visual hallucinations, panic attacks, violent tendencies, sleep disturbances and very poor appetite. Family had brought Carmen to the Crisis Stabilization Unit (CSU) at least three times, where she was given the diagnosis of schizophrenia. Her family reached out to the KAAGAPAY program, as they felt hostage in their home and were uncertain of what harm Carmen could potentially do to herself or others. The KAAGAPAY Coordinator met with Carmen and her sister, established rapport and slowly put Carmen at ease regarding system processes. When Carmen’s sister reached out to report an escalation of symptoms, the KAAGAPAY Coordinator effectively advocated on their behalf. In collaboration with Solano County Behavioral Health, CSU staff, and the family, Carmen was successfully admitted and hospitalized. Following weeks of hospitalization and adhering to the treatment regimen, Carmen’s symptoms have greatly subsided and she is now working part-time. Carmen and her family have expressed great appreciation for the County’s mental health programs.



# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

**Agency Name:** Solano County Behavioral Health

**Title of Program:** Accessible Resources for the Community's Homeless (ARCH)

**Description of Program:**

The ARCH Program is designed to outreach to homeless transition-age youth (TAY) in an effort to link them into mental health services, housing, and other necessary resources. Additionally, the ARCH TAY Outreach Clinician educates the community on the issues that impact this special population and relays how to refer them for services.

Program Performance Measures	
Program Deliverables	Annual Outcome
Conduct targeted outreach activities to spread awareness about the program in an effort to raise awareness and increase appropriate referrals for ARCH TAY/Youth services.	65 outreach activities occurred
Provide brief case management and linkage services to referred homeless youth.	23 unduplicated individuals received brief case management and linkage services
When appropriate, screen for mental health and substance abuse. Link youth specifically to mental health services.	100% of those contacted were screened for mental health and substance abuse. 9 youth were successfully linked to mental health services. 47% of the individuals screened were referred for other supportive services.
Financial Report	
Cost of program	\$44,870

**Highlights & Achievements**

- The program established working relationships with multiple community resources that provide services to youth in Solano County, including the Solano County Office of Education, Planned Parenthood, local hospitals, local Police Departments, Solano Pride, homeless shelters, and other homeless resource centers.
- The ARCH TAY Outreach Clinician researched and created two informative PowerPoint presentations, one about Homelessness and Youth, and the other about Youth Suicide Prevention. Over 70 participants received the Youth Suicide Prevention training.
- Recognizing the particular vulnerability that homeless youth are exposed to related to human trafficking, the Clinician conducted a presentation on the topic of the intersection between exploitation and youth homelessness to 76 participants.

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# COMMUNITY SERVICES & SUPPORTS

## OUTREACH & ENGAGEMENT SERVICES

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### *Challenges & Barriers*

- There is a serious lack of housing for TAY youth, particularly if they have not been involved in Child Welfare or the Juvenile Justice system. This creates a clear barrier in regards to getting vulnerable youth off of the streets so that they can begin to stabilize.
- There is also a lack of shelter options for transgender youth, who are particularly vulnerable to becoming homeless, and once homeless, are at-risk for street harassment, physical/sexual attacks, and human trafficking.

### *Changes in FY17/18*

None

## S U C C E S S S T O R Y

- An 18-year-old transgendered male, “Billy”, left home due to familial rejection related to his gender identity. He then lost contact with his immediate and extended family. He was referred during his senior year of high school. He had been staying with a friend, but was informed that he would no longer be able to live with them after graduation. When Billy was referred, he was behind in academic credits, struggling with depression, had difficulty advocating for himself, and frequently avoided eye contact. The ARCH TAY Clinician met with him on a weekly basis, established rapport, explored options, and encouraged him to develop skills to advocate his wants and desires. Within the first month, the youth decided that he wanted to relocate. With support, Billy was linked to medical and mental health services in the state he planned to relocate to. He also strategized how to respond to seen and unseen stressors he may experience after he moved. After completing his move, Billy contacted the clinician to share that he was happy and safe in his new home.

# MHSA HOUSING

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

## Supported Housing—Contractor

**Agency Name:** Caminar

**Title of Program:** Supporting Housing

### *Description of Program:*

This program provides both permanent housing support services and transitional housing for individuals with psychiatric disabilities who are homeless or at risk of becoming homeless. The MHSA permanent housing sites include Signature at Fairfield, Heritage Commons in Dixon, and numerous apartment complexes in Solano County. Transitional housing is provided through the Gateway program.

### Program Performance Measures

**Unduplicated Individuals Served: 88**

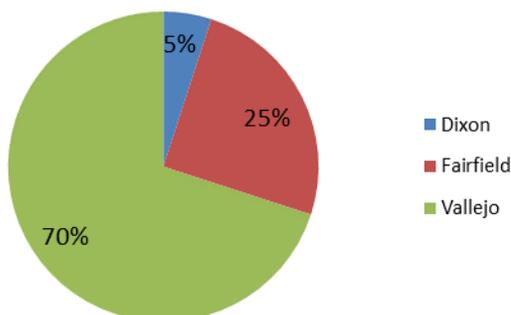
Program Deliverables	Annual Outcome
Provide Supportive Permanent Housing services using Motivational Interviewing Model to 35 to 60 unduplicated clients and assist clients with living skills	73 individuals were housed as follows: <ul style="list-style-type: none"> <li>Scattered Sites: 52 individuals</li> <li>Signature: 13 individuals</li> <li>Heritage: 8 individuals</li> </ul>
Provide Transitional Housing service through the Caminar Gateway program to 25 to 40 clients	17 individuals received transitional housing via the Gateway program
Financial Report	
Cost per person	\$3,519

### *Demographic Breakdown of Direct Services:*

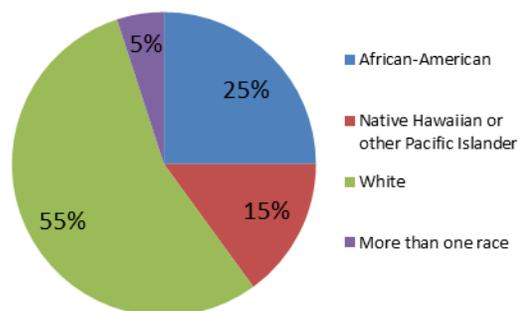
Of the 90 consumers served, 5% were ages 16-25, 65% were ages 25-59, and 30% were 60 and over. 15% of those served identified their current gender identity as male and 85% identified as female. 94% of consumers identified English as their primary language, and 6% report using American Sign Language.

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

**City of Residence**



**Race**



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# MHSA HOUSING

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## *Highlights & Achievements*

- The Caminar Supported Housing program has been successful in keeping clients in permanent housing in the community. The supported housing team works hard to keep individuals living independently in their own apartments, which serves to stabilize consumers' recovery.
- The program had turnover of both long-term housing Case Managers. After an exhaustive search, the program has added two individuals who bring many years of experience in the field. During this transition, the Housing Manager was able to maintain services adequately to support the consumers.

## *Challenges & Barriers*

- There continues to be a shortage of affordable housing in Solano County. The Housing Manager has been working with local property managers in attempts to create more relationships and expand the number of units available for this program.
- The program has been impacted by rent increases that landlords and property managers are implementing countywide.

## *Changes in FY17/18*

None

## **S U C C E S S S T O R Y**

“Matthew” is a two-year tenant of Caminar Supported Housing. He is a true testament to the success and recovery that is possible when a person is provided assistance and support. In 2014, Mathew began his journey with Caminar with a stay at the Laurel Creek crisis residential program, following a hospitalization for symptoms related to his diagnosis of Major Depressive Disorder. While at Laurel Creek, Caminar Supported Housing met Matthew and learned that he was not only without a place to live, but that he had never lived on his own in the community. Matthew had a long history of homelessness, living in shelters, vehicles, or couch surfing with family. Upon discharge from Laurel Creek, Matthew moved to Gateway, Caminar’s transitional housing program. While at Gateway he worked with the Caminar team to obtain General Assistance, apply for Social Security, and identify and obtain affordable permanent housing. Over the past two years, Matthew has had some struggles and things have not always gone smoothly, but through it all he has continued to develop his skills. He now cooks for himself, maintains his apartment within normal housekeeping standards, and pays all of his bills independently and on time. Most significantly he has been able to call the same apartment home for two years.

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# MHSA HOUSING

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## Shelter Housing—Contractor

**Agency Name:** Interfaith Council of Solano County

**Title of Program:** Heather House

### *Description of Program:*

Heather House provides shelter beds to Solano County mentally ill consumers who are homeless or at risk of homelessness. The Caminar Homeless FSP Program partners with Heather House to identify consumers for housing, and the two agencies work closely to support the consumers placed in the shelter with a goal to secure permanent housing within 12 months.

Unduplicated Individuals Served: 8

### Financial Report

Cost per person

\$9,999

### *Highlights & Achievements*

- Through encouragement of Heather House staff, consumers have participated in numerous trainings and workshops to help and support their wellness. Consumers have participated in community workshops focusing on life skills such as nutrition, money management and computer training.
- Consumers also increased socialization through volunteering on campus and attending community events, such as Thanksgiving Dinner, Christmas Dinner, a Spring BBQ and Fourth of July BBQ.
- Two consumers acquired a room for rent, one secured employment, and another maintained their employment throughout the program.
- Program staff supported two consumers to address chronic physical health conditions while being housed.

### *Challenges & Barriers*

- It is not uncommon for homeless mentally ill consumers to have co-occurring mental health and substance abuse disorders, and often they are not on medication at the time of intake and/or struggle with medication compliance. This can result in consumers being very disorganized, which has been challenging for shelter staff. The County has offered training to support staff.
- There had been some challenges regarding communication between the FSP case manager and the Heather House staff. Since then, weekly meetings between Caminar clinical case managers and Heather House case managers were arranged. Communication and teamwork continues to improve.

### *Changes in FY17/18*

In FY 17/18, MHSA added funding for this program to increase the number of beds from 4 to 6.

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# MHSA HOUSING

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## S U C C E S S S T O R Y

“Mr. P” entered with limited personal hygiene and was very quiet. He came out of his shell through participation in campus workshops such as computer training, money management, and nutrition. He developed a friendship with his roommate and became more social with staff and volunteers. Initially, Mr. P relied on Caminar and his mother to transport him, but he became more independent and started to walk to the store or to a nearby coffee shop to access internet. Once he adjusted to his new home and had showed significant improvements, staff began to motivate him to search for housing. He showed improvements in self-care and socialization. Mr. P found solace in playing online video games, which also provided an opportunity to socialize, as well as adult coloring books, and having his companion animal over to visit him occasionally. He had a great bond with his family’s pet pug and was always happy to have him visit. Within three months he stabilized and moved into a room for rent.



# INNOVATION

**Agency Name:** UC Davis Center for Reducing Health Disparities (CRHD)

**Title of Program:** *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*

**Description of Program:**

The ICCTM Innovation Project aims to increase culturally competent and appropriate services for County-specific unserved and underserved populations with low mental health service utilization rates in Solano County: the Latino, Filipino, and LGBTQ communities. The project includes the creation of a region-specific curriculum based on the National Enhanced Culturally and Linguistically Appropriate Standards (CLAS) and the local community’s perspective on culturally competent practices that should be integrated into the current local mental health system to increase access to targeted populations.

Program Performance Measures	
Program Deliverables	Annual Outcome
Facilitate key informant interviews with consumers, community leaders, advocates, faith-based community, schools, community-based organizations (CBO) representing the 3 target communities: Latino, Filipino, and LGBTQ individuals.	10 Latino, 9 Filipino and 11 LGBTQ individuals participated in key informant interviews
Facilitate key informant interviews with County staff/providers.	16 individuals participated in key informant interviews
Facilitate focus groups with the 3 target communities: Latino, Filipino, and LGBTQ.	25 Latino and 6 LGBTQ individuals participated in focus groups
Facilitate 3 separate community forums with the 3 target communities: Latino, Filipino, and LGBTQ.	19 Latino, 25 Filipino and 17 LGBTQ individuals participated in community forums
Conduct CLAS Self-Assessment Survey with local CBOs.	21 CBOs completed the CLAS Self-Assessment Survey
Provide Cultural Competency (CC) 101 Training for County and CBO staff at all levels; reception/office support, direct service providers, and leadership.	190 County and CBO staff were trained in CC 101
Use pre/post tests for the CC 101 training sessions to measure knowledge acquired as a result of the training.	Overall results indicated significant gains from the pretest with a mean of (M=3.97) to the posttest (M=4.36)

**Highlights & Achievements**

- UC Davis CRHD team has been able to build relationships with members of the community including consumers representing the three target communities, CBO providers, and County staff.
- The CRHD team responded swiftly to requests from the County to develop a Cultural Competency 101 curriculum to implement system-wide in order to ensure that all staff members working within the mental health system of care have a foundational framework and common language for cultural competency.

**Challenges & Barriers**

- There have been some challenges in regards to identifying and pulling the baseline data for the project due to historical information being maintained in the current electronic health record as well as the previous County database.
- Navigating contract amendments between a state academic institution and the County has been challenging due to different requirements and contracting policies.

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# INNOVATION

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## *Changes in FY17/18*

During Fiscal Year 2016/17 the County requested that UC Davis expand the scope of the project to provide Cultural Competency 101 training to all staff members linked to mental health programs—both County and CBO-operated. Additionally, the County requested that a Train-the-Trainer curriculum be developed to address cultural competency and health disparities to ensure sustainability in the future. Ten individuals, from both County and CBO programs were selected to become trainers. The trainers include mental health specialists, clinicians and supervisors working within the system of care who will be responsible for providing this training ongoing. The train-the-trainer portion of the project and the development and implementation of a Cultural Competency 102 training will be implemented during FY 17/18.

## *Annual Innovation Project Report*

Each year the County is required to provide a report detailing how the current Innovations project is going. The pages that follow include executive summaries of the first phase of the project which involved gathering information from the community regarding the needs related to the three identified unserved/underserved communities: Latino, Filipino, and LGTBQ. The first executive summary is an overview of findings collected directly from the three target communities; the second executive summary is an overview of findings collected from mental health providers; and the third executive summary is an overview of findings collected from County and community-based organization leadership. Due to the nature of this project the UC Davis CRHD team does not provide direct services, therefore demographic information is not required for individuals contacted via the project.

During FY 2017/18 the next phase of the project will launch which will include the implementation of the CLAS training with specialized cohorts comprised of consumers, family members, mental health providers, community partners, etc. of which members will represent the three target communities. These cohorts will be responsible for the development of quality improvement plans to address disparities in the mental health system of care in order to improve access and utilization of services for the Latino, Filipino, and LGBTQ communities here in Solano County.

## **EQUALITY VERSUS EQUITY**



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

# INNOVATION

## THE SOLANO COUNTY COMMUNITY PERSPECTIVE: Filipino American, Latino, and LGBTQ Voices on Improving Mental Health in Solano County

### Purpose

The purpose of these community member interviews and work groups was to obtain their diverse perspectives and experiences in the delivery, access, and utilization of mental health services appropriate to Filipino American, Latino, and LGBTQ populations residing in Solano County. These individuals offered their perspectives and experiences on mental health services including challenges to access and utilization, and strategies to reduce disparities for their underserved communities.

### Participants

A total of 66 individuals (53 community forum participants; 7 community-based organization leaders; 4 consumers; and 2 Solano County leadership staff) participated in a forum-type or individual interview format. Of the 66 participants, 26 identified as Filipino Americans, 21 as Latinos, and 19 as LGBTQ persons. The majority of the participants were women 46 (70%), 19 men (29%), and 1 (2%) as genderqueer/gender non-confirming.

### Procedure

All data collection activities were done within Solano County's cities (e.g., Fairfield, Rio Vista, Vallejo, etc.). These data were collected between February and May of 2017. At each of the data collection sessions, all participants were first provided information about the Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) project. For the individual interviews, participant's questions were answered and interviews recorded for accuracy. These 60-minute interviews were then transcribed, coded and analyzed. For the community forums, the participants were divided into small workgroups and provided specific questions with instructions. Each community forum was 2-hours in duration.

### Data Analysis

All data collection points (i.e., transcripts, researcher's notes, participants paper-pen responses) were combined and analyzed for major themes relating to disparities suffered by the three target groups. The initial open coding consisted of a line-by-line analysis of all notes and responses. The final level of coding rendered 12 overarching themes and 36-item descriptions (see Exhibit 1).

### Implications for Action

The findings from these interactions provide the basis for assessing the challenges and solutions that are community-defined through the community-based organization perspective, consumer experience, Solano County leadership staff, and general members of the Filipino American, Latino, and LGBTQ communities. The findings have important practice implications for improving access to and utilization of mental health services for these three communities.

#### *Filipino American Community*

- Ensure that mental health care happens where Filipino Americans live, work, study and worship.
- Engage and empower the young Filipino generation, so that they feel a sense of community and take a role as agents of change.
- Work with Filipino communities to identify a network of effective practices, programs, and human resources that are culturally and linguistically appropriate for Filipinos.
- Build on the communities' resiliency to reduce the stigma and shame associated with seeking services.

#### *Latino Community*

- Work with Latino immigrants to reduce their distress caused by the current political climate that has intensified fear, discrimination and racism.
- Recognize the negative political climate, and the social determinants (e.g., stigma, stress, poor housing conditions, etc.), that put Latinos in greater risk of a mental disorder.
- Increase training and education opportunities for staff with an incentive program based on their capabilities to culturally and linguistically appropriately serve Latinos.
- Build connections and community trust by going to where Latinos live, work, and study to provide services.

#### *LGBTQ Community*

- Promote social inclusion and ensure that the LGBTQ community feel a sense of community and that their life experiences and stories are valued.
- Recognize and build from the diversity and expertise within the LGBTQ communities toward improving their mental health outcomes.
- Support LGBTQ community-defined best practices and programs that are successful in appropriately serving LGBTQ people.
- Ensure safe community environments and use appropriate terminology/pronouns to connect and establish trust.

# INNOVATION

**Exhibit 1. Overarching Themes and Item Descriptions**

Filipino American	Latino	LGBTQ
<p><b>Theme 1: Health Literacy: Advocacy and Awareness</b></p> <p>Access to information on what a mental illness is and its early warning signs or risk factors.</p> <p>Caring and trusting environments that respect individuals and family’s cultural beliefs and privacy.</p> <p>Culturally and linguistically appropriate mental health advocates within the Filipino community.</p>	<p><b>Theme 1: Health Literacy: Access to Knowledge of Services</b></p> <p>Literature and knowledge about mental health care in people’s preferred language (Spanish).</p> <p>Culturally and linguistically relevant interpreters, interpretation and translation of information.</p> <p>Providers with familiarity with the Latino culture, language, and life experiences, to build trust.</p>	<p><b>Theme 1: Health Literacy: Knowledge of LGBTQ Community</b></p> <p>LGBTQ person-friendly and school programs that support LGBTQ youth exposed to bullying.</p> <p>LGBTQ person-friendly providers with knowledge and competency to meet the needs of LGBTQ persons.</p> <p>Think systemically and politically to influence change and address the challenges facing LGBTQ persons.</p>
<p><b>Theme 2: Social Determinants: Cultural Stigma and Access</b></p> <p>Cultural stigma and shame is strongly perceived as a barrier to seek mental health services.</p> <p>Cultural and immigration experiences must be understood to appropriately tailor services to the cultural needs of Filipino Americans.</p> <p>Inadequate services relevant to the needs of Filipino Americans (e.g., transportation, stigma).</p>	<p><b>Theme 2: Social Determinants: Cultural Stigma, Fear, and Access</b></p> <p>Latino consumers and families’ help seeking behaviors are strongly associated with cultural stigma.</p> <p>Discrimination combined with immigration status and fear of deportation, trauma, and other risk factors (e.g., poverty, transportation).</p> <p>Political climate/impact on mixed status Latino families and causing stress and fear of being separated.</p>	<p><b>Theme 2: Social Determinants: Social Exclusion, Inequity, and Access</b></p> <p>Build trust with LGBTQ communities and create a sense of culture, inclusion, and acceptance.</p> <p>Support and promote LGBTQ communities’ diversity and provide safe spaces to unite all LGBTQ groups and give a voice.</p> <p>Recognize that each LGBTQ person has an identity and the right to claim resources to achieve wellness.</p>
<p><b>Theme 3: Workforce: Filipino Youth Engagement and Workforce</b></p> <p>Generational differences among Filipino youth are seen as predictors of future mental health problems.</p> <p>Engage youth in conversations about specific risk factors that impacts their lives and community wellbeing.</p> <p>Develop Filipino youth leaders with opportunities to become future mental health professionals.</p>	<p><b>Theme 3: Workforce: Latino Youth Engagement and Workforce</b></p> <p>Generational/identity issues among Latino youth struggling to reconcile two cultures, and causing stress.</p> <p>Prevention and early intervention strategies for youth are strong predictors of mental health wellness.</p> <p>Workforce programs for Latino youth that help them recognize their language potential in mental health.</p>	<p><b>Theme 3: Workforce: LGBTQ Youth Engagement and Workforce</b></p> <p>Build on the LGBTQ youth bilingual and bicultural strengths to ensure a workforce for LGBTQ communities.</p> <p>Build school partnerships to increase workforce opportunities for LGBTQ youth interested in mental health.</p> <p>Focus on youth exposed to violence when they come out and reduce bullying while increasing acceptance.</p>
<p><b>Theme 4: Community Engagement: Resiliency and Life Experiences</b></p> <p>Build on the Filipino communities’ resiliency, life experiences, and family-focused practices to reduce stigma and increase access to care.</p> <p>Increase collaboration and resource sharing among county agencies serving the Filipino community.</p> <p>Take inventory of existing promising practices, resources, and approaches within the Filipino community that have effectively reduced disparities.</p>	<p><b>Theme 4: Community Engagement: Community Connections and Assets</b></p> <p>Community engagement through more county community forums for Latinos to engage in <i>pláticas</i> or conversations about access to care.</p> <p>Community connections or social networks essential to engage in these <i>pláticas</i> about community strengths.</p> <p>Latino community advocates (e.g., <i>promotoras/es</i>) that are visible and respected by the community are key partners to addressing disparities.</p>	<p><b>Theme 4: Community Engagement: Full Participation in Community Life</b></p> <p>Encourage personal narratives unique to LGBTQ persons and safe spaces to promote connectedness within the LGBTQ community.</p> <p>Recognize, appreciate, and celebrate the diversity and needs of the LGBTQ community.</p> <p>Create networking opportunities for LGTBQ people to dialogue with others to identify solutions to discrimination, bullying, and trauma.</p>

# INNOVATION

## THE SOLANO COUNTY MENTAL HEALTH PROVIDER PERSPECTIVE: Improving the Mental Health Needs of Filipino American, Latino, and LGBTQ Communities

UC Davis Center for Reducing Health Disparities Team

### Purpose

This executive summary highlights frequent perspectives and experiences of mental health providers when providing care to Filipino American, Latino, and LGBTQ populations in Solano County. Mental health professionals responded to structured interview questions on the challenges and strategies to reduce disparities for these three target communities.

### Participants and Procedure

The 12 interview participants (10 females and 2 males) were clinicians ( $n=5$ ), mental health service specialists and managers ( $n=5$ ), and supervisors ( $n=2$ ). Participants primarily included mental health professionals with experiences serving Latino, Filipino American, and LGBTQ populations living in Solano County. This was a purposeful sample, reflecting the desire to interview participants whose characteristics (mental health professionals with expertise and familiarity with the three target populations) matched the purpose of this investigation. During the initial telephone and in-person contact, the interviewer described the purpose of the project, interview, and benefits of their participation. The five overarching questions are shown in Exhibit 1.

### Exhibit 1. Provider Interview Key Guiding Questions

How would you describe your role(s) in providing mental health and/or health care services in Solano County?

What are the most significant challenges and/or opportunities in providing services to clients/patients in Solano County?

Specifically focusing on clients/patients who identify as Filipino American, Latino and LGBTQ, what are the most significant challenges or opportunities in providing behavioral health services in Solano County?

Describe the most common mental health needs of your patients? Including Filipino American, Latino and LGBTQ clients/patients?

Can you describe existing or ongoing effort(s) to improve the mental health system in Solano County as related to clients/patients and/or the unserved/underserved communities identified as Latino, Filipino and/or LGBTQ?

### Data Analysis

All data collected (transcripts and researcher's notes) was combined and analyzed for common patterns and themes. Data was analyzed using three levels of coding to develop themes and patterns across and within the interviews and researcher's notes. The initial coding consisted of line-by-line analysis of all transcribed interviews and notes. A second level of coding grouped the 53 open codes into 23 categories. The final level of coding rendered four major themes and multiple subthemes describing the provider perspective.

### Implications for Action

Major themes and subthemes reveal five important implications that can guide the Solano County Behavioral Health Division to improve the mental health needs of Filipino American, Latino, and LGBTQ communities of Solano County.

Providers must ensure that mental health services are culturally and linguistically appropriate and delivered incorporating the consumer's perspective.

Providers must ensure that services and treatment are provided in welcoming and safe locations, where consumers feel comfortable sharing their stories and identities.

Providers must recognize that mental health treatment should start in the community and actively be included in collaborations to have more significant cultural meaning.

Providers must recognize and address the negative consequences that stigma, cultural shame, and discrimination have on Filipino American, Latino, and LGBTQ communities seeking services.

Providers are expected to understand and adequately address the systemic and social determinants of health (e.g., transportation, housing, poverty, health literacy, etc.) that Filipino American, Latino, and LGBTQ communities at greater risk for more chronic mental disorders.

# INNOVATION

## Exhibit 1. Overarching Themes and Item Descriptions

<p><b>Theme 1: Impact of Inadequate Mental Health Services and Supports on Consumer Mistrust</b></p> <p>Mental health services/support are inadequate for low-income Filipino American, Latino, and LGBTQ clients/consumers with traumatic life experiences and high levels of mistrust.</p> <p>Low-income clients/consumers who experience traumatic life experience too often do not trust governmental health services</p> <p>Increase the number of bicultural and bilingual staff supports to improve quality care to Filipino American, Latino and LGBTQ clients/consumers</p> <p>Demonstrate a sense of responsibility toward building trust and relationships with the hardest-to-reach communities and seeing them through their recovery.</p> <p><b>Theme 2: Consistency with Mental Health Services to Increase Access and Utilization to Care</b></p> <p>Ensure that consumers consistently receive high quality services in welcoming and safe locations.</p> <p>Effective mental health programs that are consumer-driven and offer services in a context where consumers and families feel safe and comfortable, increase their trust in seeking services.</p> <p>Increase mental health provider’s efforts in providing mental health services in the communities where consumers live in a more consistent basis.</p> <p>Recognize the impact of negative political climates and address consumers fear of government and deportation when attempting to access and use mental health services.</p> <p><b>Theme 3: Training and Collaborative to Improve Consumer Engagement and Experiences</b></p> <p>Provide training programs that focus on collaborations between agencies, institutions, and communities.</p> <p>Tailor training programs to the cultural needs of Filipino American, Latino, and LGBTQ consumers and families.</p>	<p>Commit to training about cultural humility and reaching the hardest-to-reach underserved communities to make meaningful connections.</p> <p>Demonstrate a sense of collective responsibility among providers from agencies to build relationships with the hardest-to-reach communities.</p> <p><b>Theme 4: Social Determinants: Impact of Stigma, Shame, and Marginalization</b></p> <p>Pay close attention to the negative impact that stigma has on mental health consumer’s decisions to access services.</p> <p>Recognize the negative effects of cultural shame associated with seeking help for a mental health problem among Filipino American, Latino, and LGBTQ communities.</p> <p>Work with Filipino American, Latino, and LGBTQ communities to reduce marginalization and increase inclusion and full participation in community life.</p> <p>Advocate for cultural, gender, and sexual identity development among the three target communities with a commitment to their confidentiality.</p> <p>Engage the three target communities in shared decision-making along with providers to acquire community-defined strategies and solutions to addressing issues of stigma, cultural shame, and social exclusion.</p> <p>Work with communities to find solutions to challenges related to inadequate transportation, lack of housing, and poor living conditions that can exacerbate mental health issues.</p>
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# INNOVATION

## THE SOLANO COUNTY LEADERSHIP PERSPECTIVE: Improving the Mental Health Needs of Underserved Filipino American, Latino, and LGBTQ Communities

*UC Davis Center for Reducing Health Disparities Team*

<p><b>Purpose</b></p> <p>For this brief report, the participants were asked to focus on underserved Filipino American, Latino, and LGBTQ communities. A total of five major themes and 26 item descriptions emerged that speak to the challenges and opportunities to achieve cultural diversity in service delivery to the three target underserved communities, and its implications to providing mental health services that are culturally, linguistically and contextually appropriate.</p> <p><b>Participants and Procedure</b></p> <p>The data for this brief report came from 12 participants (9 females and 3 males) who serve in leadership positions for Solano County Behavioral Health Division and Solano County Health &amp; Social Services. This group also serve in the Cultural Competence and Mental Health Collaborative committees. This was a purposeful sample, reflecting a cohort of individuals whose characteristics (project managers and administrators) and experiences (worked with Filipino American, Latino, and LGBTQ populations) matched the project’s inclusion criteria. For this data collection process, the participants were asked to focus on the three target underserved communities.</p> <p><b>Data Analysis</b></p> <p>All transcripts and notes were independently read the and marked meanings and themes representing key concepts were identified. A list of themes or concepts emerged and written summaries were created. As part of the process of triangulation, or consideration of multiple meanings, the County leadership participants were contacted and asked to review the themes and provide feedback. Participants responded positively and no new ideas were provided.</p> <p><b>Implications for Action</b></p> <p>The findings from these data revealed 11 important implications that can help guide the work of the Solano County Behavioral Health and Health &amp; Social Services Divisions toward increasing cultural competence and increasing access and utilization of behavioral health services, not only for these three target communities, but for all underserved communities of Solano County.</p>	<p>Engage in culturally, linguistically, and contextually relevant practices that tap into personal (and lived) experiences are important to building trust with Filipino American, Latino, and LGBTQ communities.</p> <p>Increase transparency and bi-directional communication between the County staff and Filipino American, Latino, and LGBTQ communities that promote intrinsic trust, meaningful collaborative efforts, and remain in tune with core cultural and community values.</p> <p>Increase community participation in the planning, designing and implementation processes of solutions is important toward developing new community-defined approaches that creates the change that matters most to Filipino American, Latino, and LGBTQ communities.</p> <p>Create opportunities for Filipino American, Latino, and LGBTQ communities, and increase their visibility that can lead to real change.</p> <p>Create supportive and safe environments for Filipino American, Latino, and LGBTQ populations that increase inclusion and reduce stigma, racism and discrimination.</p> <p>Ensure that procedures and practices, and staff training components are flexible and linked to increasing equitable access to treatment for Filipino American, Latino, and LGBTQ communities.</p> <p>Increase experiential learning (with feedback loop) opportunities that will enable the County staff to put into practice the CLAS standards training principles in real-life situations.</p> <p>Work with religious leaders and law enforcement that interact with Filipino American, Latino, and LGBTQ communities, that can benefit from and help improve CLAS standards training sessions.</p> <p>Align the CLAS standards with the County’s Cultural Competence Plan that centers on staffs’ sets of skills and capabilities in the treatment of Filipino American, Latino and LGBTQ communities.</p> <p>Embrace storytelling and other narrative methods that tap into peoples’ life experiences, that can lead to meaningful connections with Filipino American, Latino, and LGBTQ communities.</p> <p>Build a systemic-change purpose in future trainings that enables County staff to recognize confidentiality as an important component in creating a work culture that promotes respect and trust.</p>
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# INNOVATION

## Exhibit 1. Overarching Themes and Item Descriptions

### **Theme 1: Culturally, Linguistically, and Contextually Appropriateness**

Ensure that the County procedures and practices are consistent with the culture and language of individuals and families, and advance their continuum of care in a culturally and linguistically appropriate manner.

Recognize language as an oral and written tool to engage both consumers and families in dialogue with providers that increases the appreciation of diverse backgrounds and life experiences.

Achieve a context with representations (e.g., pictures, artifacts, etc.) that consumers and families can identify with will help them feel safe and comfortable, and increase their trust in seeking services.

Empower and connect communities through storytelling, and create opportunities for people to share perspectives and personal stories about their life experiences.

Embrace cultural differences, treat people with respect, and show a genuine interest of wanting to learn more about their culture and life experiences.

### **Theme 2: Commitment to Cultural Inclusivity and Community-Driven Solutions**

Promote the notion that mental health begins at the community level, working with schools, faith-based organizations, law enforcement,

Serve underserved communities where they live, where people thrive and feel celebrated and accepted.

Ensure that county staff working closely with underserved communities are equipped to identify interventions or treatments compatible to communities' unique blend of cultural values.

Prepare a workforce that mirrors the cultural diversity of underserved communities, and display a genuine interest to value diversity and inclusivity.

Invest in human resources with the capacity to work with foster care youth and youth transitioning out of foster care, and assist with their transition into community life with adequate life and job skills.

Commit to outreaching, recruiting and persevering in locating and hiring a diverse workforce.

Convey to consumers and families the message that they are the priority and the most important persons or group at that moment.

### **Theme 3: Creating Opportunities to Build Partnerships and Trust with Communities**

Commit to cultural humility and reaching the hardest-to-reach underserved communities to make meaningful connections.

Demonstrate a sense of responsibility toward building trust and relationships with the hardest-to-reach communities and seeing them through their recovery.

Recognize community dialogue as a path toward cultural knowledge that gives a voice and hope to historically underserved communities.

Create partnerships with schools, faith-based organizations, law enforcement, and other community-based organizations to join the fight against stigma, and increase communities' trust in community mental health.

Be transparent with communities and deliver on promises in a timely manner to build community trust.

Make sure to not alienate individuals and families from participating in shared decision-making, trusting them and letting them guide mental health transformation for their community.

### **Theme 4: Cultural Competence From a Leadership Perspective**

Demonstrate openness, patience, empathy and willingness to work with people from diverse backgrounds.

Show courage (be brave) and stand up to discrimination and confront racist dynamics within cultures and communities.

Speak as an advocate for cultural, gender, and sexual identity development among individuals and communities with a commitment to their confidentiality.

Demonstrate the willingness to be a good listener and not make assumptions.

Display the willingness to be warm, welcoming and treat people like human beings.

Relate to communities by being visible and accessible in neighborhoods and at community-based events.

### **Theme 5: Measuring Cultural Competence**

Engage in community-driven research that involves input from Filipino American, Latino, and LGBTQ communities.

Use culturally and linguistically appropriate instruments/tools to collect meaningful data that assess communities' and County staffs' attitudes, behaviors and motivations toward mental health treatment.

# WORKFORCE EDUCATION & TRAINING

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

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

**Title of Program:** Crisis Intervention Training

**Description of Program:**

Two-day training designed to increase first responder's knowledge and understanding about mental illness, and to help develop skills and strategies to interact and intervene with individuals with mental illness.

## Program Performance Measures

Program Deliverables	Annual Outcome
Conduct Crisis Intervention Trainings for law enforcement in the Solano Community	CIBHS provided nine trainings from January 17, 2017 to April 4, 2017 and trained 335 individuals from the Solano County Sheriff's Department

**Title of Program:** Trauma Focused Cognitive Behavioral Theory (TF-CBT)

**Description of Program:**

The TF-CBT is a model of therapy that has been shown to be 80-85% effective in resolving a diagnosis of Post-Traumatic Stress Disorder in children aged 3-18. It is a short-term model that typically spans 12-20 sessions, with clinicians teaching the client and their family effective coping skills to aid them in being able to cognitively and emotionally process the traumatic events that were experienced.

## Program Performance Measures

Program Deliverables	Annual Outcome
Train staff in the TF-CBT model	10 staff were certified in the TF-CBT model during FY 16/17
Treat clients utilizing the TF-CBT model	36 clients were treated with the model. 100% of clients who completed the post assessment demonstrated improvement in PTSD symptoms.

**Title of Program:** Internship Stipends

**Description of Program:**

SCBH will provide internship opportunities and stipends to students completing Master's level programs and Pre/Post-doctoral interns in the fields of psychology, counseling and social work. Stipends will be awarded to students providing services to the unserved/underserved communities in the County

## Program Performance Measures

Program Deliverables	Annual Outcome
Provide stipends to interns who served unserved/underserved clients in Solano County	MHSA provided a stipend for one intern who served the County from 8/3/16 through 5/5/17

# CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

Capital Facilities & Technological Needs (CFTN) funds are used to develop or improve buildings used for the delivery of MHSA services and to improve the technological infrastructure for the mental health system such as electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families.

## *Capital Facilities*

In FY 2016/17 there were no new Capital Facilities projects.

## *Technology Needs*

**Agency Name:** Netsmart Technologies

**Title of Program:** Avatar – Electronic Health Record (EHR)

### *Description of Program:*

Avatar is the County Behavioral Health Electronic Health Record, which houses client mental health records and is also utilized for financial management. Phase 1 and Phase 2 of the implementation are complete.

### Program Performance Measures

Program Deliverables	Annual Outcome
Continue to implement components of Phase 3	<p><b>Phase 3 Technology Needs that are completed:</b></p> <ul style="list-style-type: none"> <li>• ePrescribing of Controlled Substance</li> <li>• eLab Order &amp; Results</li> <li>• Migration to hosted system (fully implemented the beginning of July 2017)</li> </ul> <p><b>Technology Needs still in progress:</b></p> <ul style="list-style-type: none"> <li>• Point of Service Scanning</li> <li>• Data Analytics/KPI Dashboard</li> <li>• Enhanced data warehouse</li> <li>• Health Information Exchange</li> <li>• Mobile Connect</li> </ul>

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	MHSA Funding Actuals					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. FY 2016/17 Funding</b>						
1. Unspent Funds from Prior Fiscal Years	15,842,386	5,094,847	3,035,949	657,075	478,571	2,756,881
2. New FY 2016/17 Funding	13,310,282	3,525,515	942,711	5,522	4,876	23,274
3. Transfer in FY 2016/17a/	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2016/17	0	0	0	0	0	0
5. Available Funding for FY 2016/17	29,152,668	8,620,362	3,978,660	662,597	483,447	2,780,155
<b>B. FY 2016/17 MHSA Expenditures</b>	14,933,079	2,730,432	933,073	68,875	125,813	0
<b>G. FY 2016/17 Unspent Fund Balance</b>	14,219,589	5,889,929	3,045,587	593,722	357,634	2,780,155

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

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

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	Fiscal Year 2016/17 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>FSP Programs</b>						
1. Adult and Older Adult FSP	2,769,836	2,072,337	684,466		0	13,034
2. Adult Forensics FSP	1,633,114	1,029,068	598,486		0	5,560
3. Adult Homeless FSP	443,584	443,584	0		0	0
4. Children's FSPs	2,687,778	1,524,951	1,159,715		0	3,112
5. Foster Care Treatment Unit	685,218	453,974	231,244		0	0
6. TAY FSP	565,778	378,259	187,519		0	0
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19.						
<b>Non-FSP Programs</b>						
1. Crisis Services & Supports	5,396,270	3,647,990	1,689,949			58,331
2. Mentally Ill Offender Programming	306,382	306,382	0			0
3. MHSAs Housing Supports	462,332	462,332	0			0
4. Outreach & Engagement	129,085	129,085	0			0
5. Targeted System Supports	1,953,790	1,882,342	0			71,448
6. Wellness & Recovery Programming	1,632,475	1,176,725	455,633			117
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CSS Administration	1,655,543	1,426,052	229,491			
CSS MHSAs Housing Program Assigned Funds						
<b>Total CSS Program Expenditures</b>	<b>20,321,185</b>	<b>14,933,079</b>	<b>5,236,503</b>	<b>0</b>	<b>0</b>	<b>151,603</b>
FSP Programs as Percent of Total	58.8%	< Assumes ALL non-MHSA revenues are achieved				
	43.2%	< Assumes ALL non-MHSA revenues are NOT achieved				

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	Fiscal Year 2016/17 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>PEI Programs - Prevention</b>						
1. Community-Wide Prevention	118,731	118,731				
2. Targeted Prevention	206,766	206,766				
3.						
4.						
5.						
6.						
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9.						
10.						
<b>PEI Programs - Early Intervention</b>						
1. Targeted Prevention & Early Intervention	2,530,395	2,289,506	234,619			6,270
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3.						
4.						
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10.						
<b>PEI Administration</b>	115,429	115,429	0			
<b>PEI Assigned Funds CalMHSA</b>	0	0				
<b>Total PEI Program Expenditures</b>	2,971,322	2,730,432	234,619	0	0	6,270

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	Fiscal Year 2016/17 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>INN Programs</b>						
1. Systemic Approach Cultural Integration	930,650	930,107	543			0
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19.						
20.						
<b>INN Administration</b>	2,966	2,966	0			
<b>Total INN Program Expenditures</b>	933,616	933,073	543	0	0	0

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	Fiscal Year 2016/17 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>WET Programs</b>						
1. Education & Training	63,430	63,430				0
2. Workforce Development & Recruitment	0	0				0
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>WET Administration</b>	5,445	5,445				
<b>Total WET Program Expenditures</b>	68,875	68,875	0	0	0	0

# BUDGET WORKSHEETS

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

County: Solano

Date: 10/12/17

	Fiscal Year 2016/17 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support the entire Mental Health Plan						
2.						
3.						
4.						
5.						
6.						
7.						
<b>CFTN Administration</b>	228,883	125,813	103,069			0
<b>Total CFTN Program Expenditures</b>	228,883	125,813	103,069	0	0	0

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# PUBLIC COMMENT

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## Solano County Mental Health Advisory Board Special Meeting

### Public Hearing of the Solano County Mental Health Services Act (MHSA) FY2017/2018 Annual Update Thursday, December 14, 2017

The Mental Health Advisory Board of Solano County met on Thursday, December 14, 2017 at 4:00PM in the Joseph Room of the John F. Kennedy Library, 505 Santa Clara Street, Vallejo CA 94590. Board Members present: Jules (J.D.) Hatchett, Mike Wright, Vice-Chair John Mackenzie, Board Chair Heather Theaux Venezio, Board of Supervisor Monica Brown.

Agenda as posted:

MHSA Public Hearing Call to order/roll call

Public Hearing procedure and guidelines

Presentation: Solano County FY2017/2018 MHSA Annual Update Review – Tracy Lacey

Public Comments: *This is your opportunity to address and submit comments on the MHSA Annual Update. Please submit a Speaker Card to the clerk with your name and comments for record.*

Board Comments/Questions/Recommendations

Close Public Hearing

Board Chair Heather Theaux Venezio welcomed all in attendance to receive the presentation of the Solano County MHSA FY2017/2018 Annual Update.

Tracy Lacey, Senior Mental Health Services Manager and MHSA Manager started the presentation at 4:07pm. The purpose of the presentation is to go over the annual update for the MHSA plan, highlight snapshots of achievements and challenges, take a closer look at the performance outcomes of some of the programs, and then receive public comments and questions and talk about next steps. Ms. Lacey reminded the audience that the Fiscal Year (FY) 2017/2018 Annual Update and power point presentation will be looking at the MHSA services delivered during FY 2016/2017 (last fiscal year) and final year of the MHSA Three-Year Integrated Plan for FY 2014/2017.

The draft of the *Mental Health Services Act Annual Update for Fiscal Year 2017/18: A Review of Services Rendered in Fiscal Year 2016/17* was posted on the Solano County MHSA web page <http://www.solanocounty.com/depts/mhs/involvement.asp> and [http://www.solanocounty.com/depts/mhs/mhsa/ann\\_plan/default.asp](http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp) on October 27, 2017.

The 30-Day Public Comment period was from October 27, 2017 – November 27, 2017. Public Comment forms were posted on the website and made available at local stakeholder meetings. During the hearing copies of the Power Point presentation were distributed and a copy of the FY 2017/2018 Annual Update was available for review.

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# PUBLIC COMMENT

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## Public Comments:

1. Rachel Ford, County Employee in the MHSA CSS funded Wellness Recovery Unit:

*I want to thank MHSA, the State and County, for funding my program, myself and my eight volunteer staff who serve anyone who lives or works in Solano County with a suspected or known mental health issue. We are able to see people where they are, offering resources, suicide prevention, individual counseling and support groups with a diverse staff serving the homeless, veterans, County consumers and others just to name a few of the things we do.*

**County Response:** Ms. Ford was thanked for her comment.

2. Brenda Crawford, Community Member

Ms. Crawford clarified that she had several questions and concerns to raise regarding MHSA programs specific to the lack of services for the African American community in the City of Vallejo. The following were her questions/comments in the order she presented them with the County response for each item:

a) *How many people in Vallejo were served [through MHSA]?*

**County Response:** During the Public Hearing Ms. Lacey provided statistics regarding MHSA-funded programs that bill Medi-Cal, including FSP programs, the Crisis Stabilization Unit, the Early Psychosis program, etc., noting that of the 2800 consumers served through MHSA-funded programs that bill Medi-Cal, 26% identified Vallejo as their city of residence. In the FSP programs, 32% of the 676 consumers served identified their city of residence as Vallejo.

Following the public hearing the County ran expanded data to evaluate PEI and CSS MHSA funded service delivery programs by city of residence and race. Figures 1 and 2 further demonstrate the MHSA-funded services by city of residence and race/ethnicity (on the following pages).

# PUBLIC COMMENT

Figure 2

The programs outlined in the chart to the right included MHSa funded programs that have a direct service “early intervention” component and does not included the prevention only programs such as NAMI, AAFBI and the First 5 contract. After reviewing this data further, it appears that in FY 2016/17 the MHSa services are appropriately distributed to the larger cities in Solano County, specifically with 28% of the individuals served residing in Vallejo. The County recognizes that additional effort may need to be made in outreach efforts to the more rural cities in Solano County—Dixon and Rio Vista—as well as the cities of Benicia and Suisun City, in order to ensure that the residents living in those communities are able to benefit from MHSa funded services.

FY 2016/2017 Solano County MHSa Funded PEI Early Intervention and CSS Treatment Programs Services Demographic by City of Residence																						
Funding Stream	Target Population Age/Service Type/Specialty	Agency/Program Name Program Name	Direct Services (Early Intervention/Group/Treatment) Number of People	Total Served (Included Outreach/Training & Direct Services) Number of people	Dixon		Fairfield		Rio Vista		Vacaville		Suisun		Vallejo		Benicia		Other/Non-County City		Declined to Answer	
					%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Prevention Early Intervention	LGBTQ Access	Rainbow Center/Solano Pride	13	621	0%	31%	0%	31%	0%	31%	0%	31%	0%	31%	0%	31%	0%	31%	0%	31%	0%	>1%
	Seniors	Area Agency On Aging	124	1457	3%	28%	6%	28%	6%	28%	8%	23%	4%	23%	1%	23%	4%	23%	1%	23%	0%	0%
Community Services & Supports	Seniors	Faith in Action	74	249	2%	38%	2%	38%	6%	33%	5%	15%	1%	15%	0%	15%	0%	15%	0%	15%	0%	0%
	School-Age (Only Rio Vista City)	Rio Vista CARE	49	87	0%	0%	0%	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	School-Age (Cross County)	A Better Way	184	599	0%	22%	0%	22%	0%	22%	0%	22%	0%	22%	0%	22%	0%	22%	0%	22%	0%	0%
	Early Psychosis/Ages 12-30	ALDEA SOAR	61	380	3%	42%	3%	42%	0%	19%	5%	27%	4%	27%	4%	27%	4%	27%	4%	27%	0%	0%
	Forensic Adult	FACT Forensic FSP	119	119	2%	44%	0%	44%	0%	10%	6%	24%	1%	24%	1%	24%	1%	24%	1%	24%	1%	1%
	Child/Youth (County Full Service Partnership)	Vallejo Youth FSP	31	31	0%	23%	0%	23%	0%	3%	3%	61%	10%	61%	0%	61%	0%	61%	0%	61%	0%	0%
	Child/Youth (County Full Service Partnership)	Vacaville Youth FSP	29	29	14%	21%	0%	21%	0%	27%	14%	3%	7%	14%	3%	7%	14%	3%	7%	14%	3%	0%
	Child/Youth (County Full Service Partnership)	Fairfield Youth FSP	141	141	3%	47%	0%	47%	0%	8%	10%	20%	5%	20%	7%	20%	5%	20%	7%	20%	5%	0%
	Child/Youth (County Full Service Partnership)	Foster Care Treatment Unit FSP	60	60	3%	22%	0%	22%	0%	11%	7%	38%	5%	38%	5%	38%	5%	38%	5%	38%	5%	0%
	Adult (County Full Service Partnership)	Vallejo Adult FSP	87	87	1%	22%	0%	22%	0%	3%	4%	46%	0%	46%	0%	46%	0%	46%	0%	46%	0%	0%
Adult Crisis Aftercare	BACS Crisis Aftercare	157	157	3%	41%	3%	41%	0%	19%	7%	27%	3%	27%	3%	27%	3%	27%	3%	27%	0%	0%	
Adult and Older Adult Full Service Partnership	Camarin FSP	68	68	6%	31%	6%	31%	0%	13%	13%	34%	2%	34%	2%	34%	2%	34%	2%	34%	0%	0%	
Adult Homeless	Camarin HOME	39	39	0%	54%	0%	54%	0%	5%	10%	26%	0%	26%	0%	26%	0%	26%	0%	26%	0%	3%	
Adult Wellness Recovery Center (Vallejo)	Camarin Wellness Recovery Center	96	96	0%	6%	0%	6%	0%	0%	2%	89%	1%	89%	2%	89%	1%	89%	2%	89%	0%	0%	
Child Ages 0-5	Child Haven CARE Clinic	13	13	0%	54%	0%	54%	0%	31%	0%	7%	0%	7%	0%	7%	0%	7%	0%	7%	0%	0%	
Adult Wellness Recovery Center (Fairfield/Vacaville)	Circle of Friends Wellness Recovery	502	502	0%	93%	>1%	93%	>1%	2%	4%	1%	0%	4%	1%	0%	0%	4%	1%	0%	0%	0%	
23-Hours Crisis Stabilization Unit	Exodus Recovery	1721	1721	3%	37%	1%	37%	1%	18%	7%	23%	3%	23%	3%	23%	3%	23%	3%	23%	3%	>1%	
Transitional Age Youth (TAY) Full Service Partnership	Seneca - TAY FSP	19	19	0%	56%	0%	56%	0%	14%	14%	14%	0%	14%	14%	14%	0%	14%	14%	14%	0%	2%	
Child/Youth Foster Care	Seneca KAS Outpatient	45	45	2%	18%	0%	18%	0%	7%	0%	24%	2%	24%	0%	24%	2%	24%	0%	24%	2%	0%	
<b>Total/Average%</b>			<b>6520</b>	<b>6520</b>	<b>2%</b>	<b>35%</b>	<b>2%</b>	<b>35%</b>	<b>6%</b>	<b>14%</b>	<b>6%</b>	<b>28%</b>	<b>6%</b>	<b>28%</b>	<b>3%</b>	<b>28%</b>	<b>3%</b>	<b>28%</b>	<b>3%</b>	<b>28%</b>	<b>7%</b>	<b>0%</b>

continued →

# PUBLIC COMMENT

**Figure 3**

The programs outlined in the chart to the right included MHSa funded programs that have a direct service “early intervention” component and does not include the prevention only programs such as NAMI, AAFBI and the First 5 contract. After reviewing this data further, it appears that in FY 2016/17 for the MHSa services rendered 30% of those served identified their race as Black/African American. The identified unserved/underserved communities remain consistent with the Hispanic/Latino and Asian/Pacific Islander (Filipino) communities not accessing services at the same rate as other racial groups. Additionally, only 2% of the individuals served in MHSa programs identified their race as Native American/Alaskan Native which is in part may be attributed to individuals identifying as more than one race. Furthermore, per the most recent census data less than 1% of Solano County residents identify as Native American.

FY 2016/2017 Solano County MHSa Funded PEI Early Intervention and CSS Treatment Programs Services Demographic by RACE														
Funding Stream	Target Population Age/Service Type/Specialty	Agency/Program Name Program Name	Direct Services (Early Intervention/Group/Treatment)		Total Served (Included Outreach/Training & Direct Services)	Race							Declined to Answer	
			Number of People	%		Black/African-American	Hispanic/Latino	White/Caucasian	Asian	Native American or Alaskan Native	Pacific Islander	More than One Race		Other Race
Prevention Early Intervention	LGBTQ Access	Rainbow Center/Solano Pride	13	8%	621	8%	0%	61%	>1%	8%	0%	0%	23%	0%
	Seniors	Area Agency On Aging	124	19%	1457	19%	10%	55%	8%	>1%	0%	0%	0%	8%
	Seniors	Faith in Action	74	26%	249	26%	0%	59%	1%	0%	3%	6%	3%	2%
	School-Age (Only Rio Vista City)	Rio Vista CARE	49	10%	87	10%	33%	53%	0%	0%	0%	4%	0%	0%
	School-Age (Cross County)	A Better Way	184	31%	599	31%	20%	23%	1%	0%	2%	21%	2%	>1%
	Early Psychosis/Ages 12-30	ALDEA SOAR	61	22%	380	22%	45%	17%	3%	0%	0%	8%	1%	0%
	Forensic Adult	FACT Forensic FSP	119	40%	119	40%	13%	35%	4%	1%	2%	>1%	1%	4%
	Child/Youth (County Full Service Partnership)	Vallejo Youth FSP	31	32%	31	32%	32%	26%	0%	0%	3%	1%	0%	6%
	Child/Youth (County Full Service Partnership)	Vacaville Youth FSP	29	17%	29	17%	10%	59%	7%	3%	0%	1%	0%	3%
	Child/Youth (County Full Service Partnership)	Fairfield Youth FSP	141	25%	141	25%	28%	34%	4%	1%	1%	0%	0%	7%
Community Services & Supports	Child/Youth (County Full Service Partnership)	Foster Care Treatment Unit FSP	60	45%	60	45%	13%	25%	3%	4%	2%	0%	2%	7%
	Adult (County Full Service Partnership)	Vallejo Adult FSP	87	38%	87	38%	14%	29%	10%	1%	1%	0%	1%	6%
	Adult Crisis Aftercare	BACS Crisis Aftercare	157	32%	157	32%	15%	41%	4%	1%	1%	1%	1%	4%
	Adult and Older Adult Full Service Partnership	Caminar FSP	68	24%	68	24%	9%	54%	7%	2%	2%	1%	0%	1%
	Adult Homeless	Caminar HOME	39	38%	39	38%	31%	31%	0%	0%	2%	0%	0%	3%
	Adult Wellness Recovery Center (Vallejo)	Caminar Wellness Recovery Center	96	40%	96	40%	0%	40%	8%	4%	0%	0%	0%	5%
	Child Ages 0-5	Child Haven CARE Clinic	13	38%	13	38%	15%	31%	0%	0%	8%	0%	0%	8%
	Adult Wellness Recovery Center (Fairfield/Vacaville)	Circle of Friends Wellness Recovery	502	39%	502	39%	0%	46%	2%	0%	0%	0%	0%	13%
	23-Hours Crisis Stabilization Unit	Exodus Recovery	1721	26%	1721	26%	15%	42%	6%	1%	1%	1%	2%	6%
	Transitional Age Youth (TAY) Full Service Partnership	Seneca - TAY FSP	19	22%	19	22%	15%	38%	3%	7%	0%	8%	7%	0%
Child/Youth Foster Care	Seneca KAS Outpatient	45	51%	45	51%	14%	29%	0%	2%	2%	0%	2%	0%	
			<b>Total/Average%</b>		<b>6520</b>	<b>30%</b>	<b>16%</b>	<b>39%</b>	<b>4%</b>	<b>2%</b>	<b>1%</b>	<b>4%</b>	<b>2%</b>	<b>4%</b>

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# PUBLIC COMMENT

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## 2. Brenda Crawford, Community Member (cont.)

- b) *Since the UC Davis Innovation project does not consider African Americans underserved, and the programs that you have to serve us [African Americans] are the faith based programs, who is servicing African Americans in Solano County?*

County Response: The African American Faith-Based Initiative (AAFBI) program is delivered by three independent consultants: Horacio Jones (Pastor), Monique Tarver (Minister), and Gigi Crowder (lead consultant).

The County would like to note that all mental health programs funded by the County, regardless of funding source, serve African Americans residents, with the exception of the Latino and Filipino Outreach programs (two half-time Clinician positions). The MHSA School-Based Mental Health Services, provided by three community-based organizations, one of which is A Better Way, provides prevention and early intervention services in schools throughout the County. Through a strong partnership between the County, the Vallejo Unified School District, and A Better Way currently has clinicians are co-located at 11 schools in the city of Vallejo. 61% of the students served by A Better Way were residents of Vallejo and 31% of those students identified as African American. We encourage readers to review in the Annual Update to see the breakdown of services rendered by each MHSA program by city of residence as well as race.

In regards to the Innovation Project the County would like to highlight that MHSA legislation mandates that the Innovation funding be spent on communities that are identified as “unserved/underserved” in the County. In order to determine which communities are unserved/underserved the County uses data collected, specifically penetration rates and retention rates, for various ethnic and racial groups accessing County mental health services. Penetration rates are determined by looking at the percentage of Solano residents by race/ethnicity who are eligible for Medi-Cal services compared to the percentage of Solano residents by race/ethnicity who access County mental health services. When the Innovation Plan was developed the three unserved/underserved communities identified were: Latino, Filipino and the LGBTQ. The African American community in Solano County is not unserved/underserved (see Figures 4 and 5 below demonstrating 2015 penetration rates), though we hear the concern about whether these services are “appropriate” and do realize that African Americans are somewhat over-represented in our forensic program. This is largely due to the criminal justice system and is not unique to Solano County. While the Innovation project is focused on three distinct populations, the County has every intent and belief that the systemic changes made as a result of the Innovation project, particularly increasing cultural competency in order to improve access to unserved/underserved communities, will also positively impact every consumer that walks through our doors regardless of their race, ethnicity, sexual orientation, gender identity, etc.

*continued —>*

# PUBLIC COMMENT

The County anticipates that what we learn through this process will also positively impact how we work with the African American community and other communities who access our services.

Figure 3

Medi-Cal Eligible Population Solano County 2015

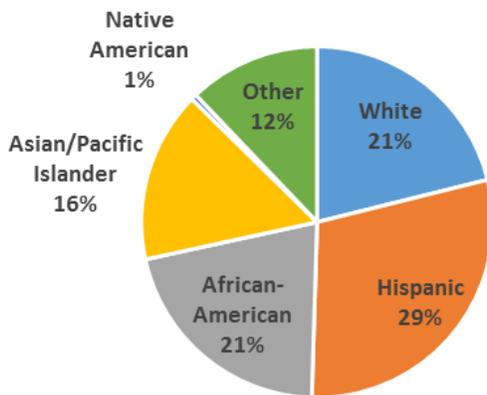
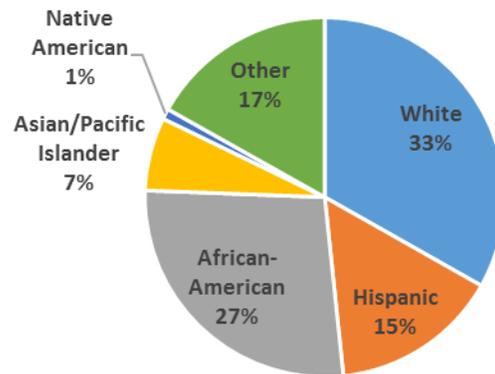


Figure 4

Beneficiaries Served Solano County 2015



- c) *I want to see feedback sheets from the faith-based program where you claim 300-plus people were served. I highly doubt those numbers.*

County Response: The AAFBI program is funded with Prevention and Early Intervention (PEI) funds and is one of our county-wide targeted prevention programs that is primarily focused on stigma reduction, community education, and linkage services for the African American community in Solano County. The program is not intended to provide direct mental health services. The AAFBI Team works with local faith centers deploying an educational model to develop “Mental Health Friendly Communities” (MHFC). This model is used to reach the African American community by educating faith leaders about how to recognize mental illness and to provide support to congregants, including how to make referrals when a congregant is presenting with a serious mental illness. In addition, the AAFBI Team works with each faith center to develop their own internal support system for congregants with mental illness, including education events and support groups. Another component of the program incorporates the provision of trainings for the greater community, including mental health and health care providers, regarding best practices when working with the African American community. The 342 training participants referenced in the slide presentation during the public hearing were pulled from sign-in sheets from each training session. The trainings are broken down as such:

- “Keepers of the Flock”: 2 trainings provided with a total of 160 participants
- “Mental Health 101”: 4 trainings provided with a total of 82 participants
- “Bridge Over Troubled Waters”: 1 training provided with 100 participants

*continued —>*

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# PUBLIC COMMENT

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## 2. Brenda Crawford, Community Member (cont.)

County Response (cont.): The County is confident that the numbers of participants are accurate given several members of the County MHSA team attended or provided support for both sessions of “Keepers of Flock” and the “Bridge Over Troubled Waters” training session and were able to observe the large turnout for the trainings. See page Appendix pages 149-151 for a sample of the training evaluation forms used for both the clergy and community trainings provided by the AAFBI consultants.

Currently the AAFBI Program is working with 6 MHFC faith centers that represent over 10,000 African American congregants. Three of the churches are located in the City of Vallejo and one of these churches is an identified LGBTQ friendly church. Additionally, the AAFBI Team has begun working with 4 additional faith communities including 2 additional churches located in Vallejo. Active Faith Centers: Friendship Church (Vallejo); Emmanuel Temple (Vallejo); New Revelations (Vallejo); St. Stephens CME (Fairfield); Mount Calvary Baptist Church (Fairfield); and Bethel Community Church (Fairfield). Pending Faith Centers: St. Matthews (Vacaville); First Baptist Church (Vallejo); Taylor CME (Vallejo); and outreach has begun with Imam Desmond Wazuz (scattered sites), who leads an African American Islam congregation.

c) *I want to know what you are going to do in terms of comparable services to Vallejo? In a County like Contra Costa County where it is widely diverse, they have what they call comparable services. These do not exist in Solano County. Most of the services are housed in Fairfield and we all know of the transportation problems to Fairfield.*

County Response: In addition to the County having both adult and children outpatient clinics that are county-operated, the majority of both child and adult contractors serve consumers from across the county regardless of where the agency office is located.

County-funded mental health programs located in Vallejo (MHSA and/or other funding sources):

- Solano County-operated Adult Integrated Care Clinic serving adult Seriously Mentally Ill (SMI) population.
- Solano County-operated Children/Youth outpatient clinic serving children and youth who are considered to have severe mental illness or are severely emotionally disturbed (SED).
- Solano County-operated Adult Full Service Partnership (FSP): serves adult SMI consumers across the county but office located in VJO.
- Solano County-operated Child/Youth FSP regional team serving children and youth who are considered to have severe mental illness or are severely emotionally disturbed (SED).
- Bay Area Community Services (BACS) Crisis Aftercare Relapse Prevention program: serves adult SMI consumers who have recently had a crisis and were served at the CSU or released from an inpatient facility. This BACS office is located in Vallejo and they serve consumers across the county.
- BACS Crisis Residential Treatment (CRT) facility serves adult SMI consumers who have recently had a crisis and were served by the CSU or released from an inpatient facility. The CRT is located in Vallejo and they serve consumers from across County.

*continued —>*

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# PUBLIC COMMENT

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- BACS SHAPE program serves adult SMI consumers from across County.
- Crestwood Psychiatric Health Facility (PHF) provides inpatient services for adult consumers from across County.
- Child Haven recently opened a 2<sup>nd</sup> office in Vallejo and they serve children/youth ages 0-21yro severe mental illness or are severely emotionally disturbed (SED).
- Caminar Wellness & Recovery Center serves adult SMI consumers: open Mon-Friday.
- Caminar Case Management program for adult SMI consumers from across County
- Caminar Jobs Plus vocational rehab program co-funded by MHSA & Department of Rehab serves adult SMI consumers.
- Area Agency on Aging-MHSA funded older adult PEI program that serve mild to moderate seniors across the County.

Programs that do not have offices located in Vallejo but serve clients across the County including residents of Vallejo:

- Exodus Crisis Stabilization Unit (CSU)
- A Better Way provides MHSA funded school-based services in 11 schools in Vallejo with goal to provide prevention services such as trainings for parents/teachers and student workshops, as well as early intervention brief counseling services to youth in order to prevent the development of more serious mental health conditions.
- The Solano County-operated Foster Care Treatment Unit FSP serves children/youth involved with foster care system which includes serving children across the County. They serve children/youth ages 0-21yro severe mental illness or are severely emotionally disturbed (SED).
- Aldea SOAR early psychosis program serves clients ages 12-30 across the County who have been diagnosed with a psychotic disorder and are considered SED or SMI.
- Seneca Transition Aged Youth (TAY) FSP program serves TAY clients across County. Program serves youth ages 16-25yro who are SED or SMI.
- Seneca Therapeutic Behavioral Support (TBS) and WRAP high-end services are provided for children/youth across the County who have a severe mental illness or are severely emotionally disturbed (SED).
- Seneca Katie A Services (KAS) contract serves child/youth consumers who reside primarily out of county where the foster youth consumers reside but in some cases consumers reside in Solano County including in the city of Vallejo. They serve children/youth ages 0-21yro severe mental illness or are severely emotionally disturbed (SED).
- Uplift Family Services provides child/youth outpatient services including services for children/youth in Vallejo who have severe mental illness or are severely emotionally disturbed (SED).

*continued —>*

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# PUBLIC COMMENT

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d) County Response (cont.):

- Solano County-operated Adult Forensic FSP program. Referrals come directly from the Courts or Probation. The program serves adult SIM consumers involved with the criminal justice system. The program serve consumers from across the County. Consumers who live in VJO are transported Mon-Friday to the Fairfield offices for groups.
- Caminar Supported Housing program is housing 16 consumers in Vallejo who are either adult SMI consumers or families with a child with SED.
- Mentally Ill Offender Crime Reduction (MIOCR) adult early release program co-funded by Sheriffs MIOCR grant and MHSA. This program serves adult SMI consumers recently released from jail.

MHSA funded Prevention & Early Intervention (PEI) programs serving residents across County: All PEI programs are intended to serve individuals who have not yet developed a mental health condition and/or are considered mild to moderate.

- Solano Pride LGBTQ Access program
- NAMI
- African American Faith-Based Initiative (AAFBI) works with local faith-based communities on stigma reduction, early detection of mental health conditions and referral for early intervention

e) *I also want to know if your senior outreach program included seniors from Vallejo.*

County Response: The Area Agency on Aging, PEI program focused on serving older adults is located in the city of Vallejo, however they serve seniors across the County. 23% of the consumers served by this agency identified the city of Vallejo as their city of residence. The Faith in Action, PEI program is focused on serving older adults across the county and 15% of the consumers served by this agency identified the city of Vallejo as their city of residence.

f) *Your LGBTQ numbers; how many of those people are specifically from Vallejo? I understand that the LGBTQ program had an increase in funding. I would like to know if there are plans to open a center in Vallejo. There is much more diversity and differences in Vallejo, just as there were in Contra Costa County and that county chose to address the problems by again having comparable services.*

County Response: For FY 2016/17 the LGBTQ Outreach & Access Program, delivered by Rainbow Community Center of Contra Costa County with direct services provided by Solano Pride, served LGBTQ individuals across the county. 31% of those served identified the city of Vallejo as their city of residence. The additional funding for the LGBTQ program was specifically to increase services in local schools to better support LGBTQ students in the school settings. This need was identified during the MHSA community planning process in 2016 and is included in the new MHSA Three-Year Integrated Plan for FY 2017/2020. As a PEI-funded program, the LGBTQ Outreach & Access program is intended to reduce stigma, educate the community and provide support for LGBTQ individuals who are experiencing mild to moderate mental health conditions. It is not intended to serve the persistently seriously mentally ill population.

*continued —>*

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# PUBLIC COMMENT

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It is also important to note that in October of 2017 the County entered into a new contract directly with Solano Pride, a local LGBTQ community-based organization, to provide services to the Solano County LGBTQ community. The Solano Pride LGBTQ Center is located in Fairfield, however the program makes efforts to provide support groups and various social activities in the city of Vallejo by leveraging partnerships with local churches and businesses for space to provide services. This strategy has proven successful for other PEI funded programs which have found a way to expand their geographical reach with existing funding.

g) *Again, I want to see feedback from the African American Faith Based program. I highly question those.*

County Response: See response to letter “c”.

h) *Peer support needs to be honored and [peers need to] receive payment [for work provided].*

County Response: Several MHSA funded programs employ peers which is an integral part of these particular programs such as: the two Wellness and Recovery Centers, FSP programs, BACS Crisis Aftercare, and the county-operated Wellness and Recovery Unit. The County currently has several employees that identify as peers and/or family members. Additionally, the County has 9 consumer volunteers and Mental Health Administration is working closely with HR with hopes to develop job positions/classification specific to peer workers to allow the County to expand upon the current peer/family member workforce through civil service employment.

Brenda Crawford, Community Member’s response to County’s responses provided during the public hearing:

*My concern isn’t so much about your prevention work in the African American Community, my concern is about those who are seriously mentally ill and that are on our streets. Also, very few people know that MHSA got its roots in Vallejo by Rose King who lost her son and husband to suicide; she was the inventor of MHSA and Daryl Steinberg gets credit. I want to ensure that her legacy of providing services to the most serious and persistently mentally ill people in our community is honored and it is not being honored in the current MHSA structure.*

County Response: Please refer to “Figure 5” on the following page which highlights services rendered for individuals who are considered seriously mentally ill including FSP programs as well as other intensive case management programs—MHSA and non-MHSA funded—serving both adults and children/youth.

See “Figure 5” on the following page.

*continued —>*

# PUBLIC COMMENT

Figure 5

FY 2016/2017 Solano County Intensive Treatment Programs for SMI/SED Population													
Target Population Age/Service Type/Specialty	Agency/Program Name Program Name	Total Served (Included Outreach/Training & Direct Services) Number of people	Race										City of Residence
			Black/African-American %	Hispanic/Latino %	White/Caucasian %	Asian %	Native American or Alaskan Native %	Native Hawaiian or Pacific Islander %	More than One Race %	Other Race %	Declined to Answer %	Vallejo %	
Early Psychosis/Ages 12-30	ALDEA SOAR	380	22%	49%	17%	3%	0%	0%	8%	1%	0%	27%	
Forensic Adult	FACT Forensic FSP	119	40%	13%	35%	4%	1%	2%	>1%	1%	4%	24%	
Child/Youth (County Full Service Partnership)	Vallejo Youth FSP	31	32%	32%	26%	0%	0%	3%	1%	0%	6%	61%	
Child/Youth (County Full Service Partnership)	Vacaville Youth FSP	29	17%	10%	59%	7%	3%	0%	1%	0%	3%	3%	
Child/Youth (County Full Service Partnership)	Fairfield Youth FSP	141	25%	28%	34%	4%	1%	1%	0%	0%	7%	20%	
Child/Youth (County Full Service Partnership)	Foster Care Treatment Unit FSP	60	45%	13%	25%	3%	4%	2%	0%	2%	7%	38%	
Adult (County Full Service Partnership)	Vallejo Adult FSP	87	38%	14%	29%	10%	1%	1%	0%	1%	6%	46%	
Adult Crisis Aftercare	BACS Crisis Aftercare	157	32%	15%	41%	4%	1%	1%	1%	1%	4%	27%	
Adult and Older Adult Full Service Partnership	Caminar FSP	68	24%	9%	54%	7%	2%	1%	0%	2%	1%	34%	
Adult Homeless	Caminar HOME	39	38%	26%	31%	0%	0%	2%	0%	0%	3%	26%	
Child Ages 0-5	Child Haven CARE Clinic	13	38%	15%	31%	0%	8%	0%	0%	0%	8%	7%	
Transitional Age Youth (TAY) Full Service Partnership	Seneca - TAY FSP	19	22%	15%	38%	3%	7%	0%	8%	7%	0%	14%	
Child/Youth Foster Care	Seneca KAS Outpatient	45	51%	14%	29%	0%	2%	2%	0%	2%	0%	24%	
Adult Case Management (non-MHSA)	BACS-SHAPE	67	33%	13%	33%	3%	16%	2%	0%	0%	0%	54%	
Adult Case Management (non-MHSA)	Caminar CCM	134	26%	8%	50%	2%	13%	0%	0%	1%	0%	45%	
Child/Youth WRAP Services (non-MHSA)	Seneca WRAP	34	62%	6%	23%	3%	6%	0%	0%	0%	0%	18%	
Child/Youth Therapeutic Behavioral Services (non-MHSA)	Seneca TBS Child/Youth	61	33%	18%	44%	0%	5%	0%	0%	0%	0%	31%	
		1484	34%	18%	35%	3%	4%	1%	1%	1%	3%	29%	

County Response (cont.): The programs listed in the chart above do not include County or Contractor-operated routine outpatient programs given the specific question was related to concerns about more seriously mentally ill community members. Additionally, in order to provide a more comprehensive picture several non-MHSA funded programs providing more intensive services were included in order to represent the Mental Health system of care. In reviewing the data it appears that of the individuals served during FY 2016/17 in intensive programs 34% of them identified Black/African American as their race, and 29% of the individuals served identified Vallejo as their city of residence.

Vice-Chair John Mackenzie’s response to Ms. Crawford regarding the founders of MHSA:

Mr. Mackenzie indicated that he would be interested in talking about this more and supporting the Vallejo community in finding a way to honor Rose King.

### 3. Anne Bergman, Community Member

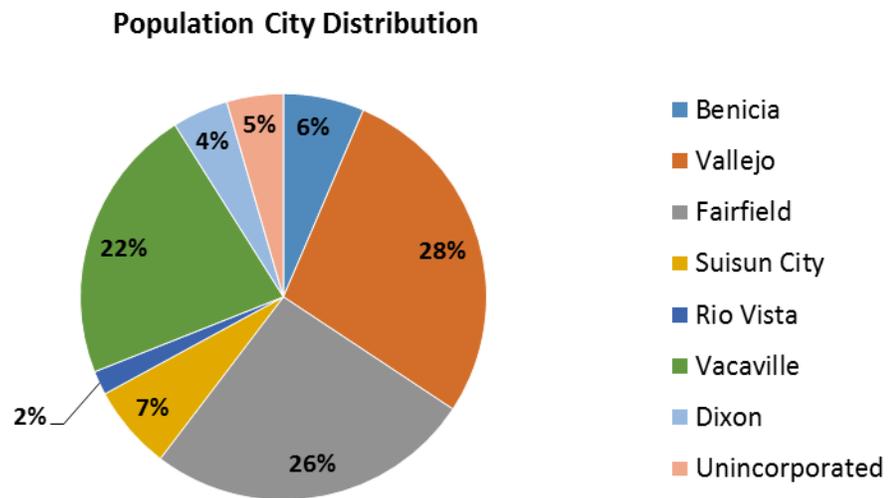
- a) *How much of your funding is being spent in Vallejo and what proportion of Vallejo’s population is the population of the County?*

**County Response:** Please see items 2a, 2b, 2d, and 2ff, for how MHSA funding is allocated to Vallejo residents. Regarding the question related to the proportion of Vallejo’s population in relation to the overall County population please see the chart below which highlights the most current data related to population by city.

*continued —>*

# PUBLIC COMMENT

Figure 6



Source: Solano County Website

- b) *Is there a breakdown of the needs by city? I don't think Vallejo is getting its fair share.*

**County Response:** Stakeholder meetings are held across the County in order to gather information regarding the needs of County residents. In general, we have noted that the needs identified in one community are relevant to community members across the County. MHSA does not require the County to breakdown the needs by city but rather address identified needs across the County as identified by community stakeholders and as funding permits.

- c) *Regarding training people in the jail and sheriff's system, are they going to train the police forces in the city so they won't be beating people up on the streets of Vallejo. I would like to know if the MHSA is going to train in jails and the city police forces in assessing whether or not the people they are dealing with have mental health issues. What about suicide by cop's prevention – we need some kind of action and we need the cops to stop killing people.*

**County Response:** Currently the County uses MHSA Workforce and Education Training (WET) funds to provide Crisis Intervention Training (CIT) for local law enforcement. Last FY the Solano County Sheriff's Department had 335 officers trained in CIT. Annually Mental Health offers CIT to all local law enforcement departments and we are positioned to leverage MHSA funds with funding that local law enforcement departments receive for staff development.

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# PUBLIC COMMENT

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b) County Response (cont.): In addition to the MHSA funded programs listed above the County Health and Social Services has 2 full-time staff dedicated to working with the homeless population. Additional Mental Health funds one full-time Mental Health Specialist position using PATH Grant funding to conduct outreach and engagement services with the homeless population across the County as well as two full-time Patient Benefits Specialist positions who provide support for individuals to apply for benefits. All of these staff work closely with local law enforcement, shelters, libraries, etc. to coordinate care for the homeless population.

c) *I have a need to see improvement in the crisis center [Crisis Stabilization Unit (CSU)]. My experience so far with Exodus is complicated. Staff appear to be lazy; staff contacted son that did not speak Spanish and [they] did not find someone to speak Spanish. Ms. Michel recommends County start looking at the contract with Exodus more closely.*

County Response: The County continues to work closely with Exodus to address concerns raised regarding consumer care at the CSU. The County tracks grievances regarding all programs including the CSU.

d) *Need to see police support and training, a protocol needs to be followed.*

County Response: Please see response for “4c”

e) *A protocol needs to be followed and I do not see anything regarding increase in staff to cover case management.*

County Response: In addition to case management provided by FSP programs and the other MHSA funded treatment programs, there are children and adult outpatient clinics that are not MHSA funded but do in fact provide case management. In fact, several adult case management programs currently have capacity to take new cases. The adult psychiatry clinics have initiated brief treatment (individual therapy and groups) and case management services are provided on an as needed basis by on-duty staff who are funded by MHSA.

f) *The services fall short on coverage to cover Spanish-speaking consumers and I am concerned about not having the services in place.*

County Response: It was not clear if this particular concern was exclusively related to linguistic capacity for the CSU or the overall system of care. The CSU is required to use translation services for any consumer who identifies a primary language other than English. County and contractor operated programs are also required to access translation services as needed in order to communicate effectively with consumers. As determined by the State review of local populations, Solano County’s threshold language is Spanish; therefore all forms used in clinics are required to be translated in Spanish and available. MHSA funding is used to fund several bilingual County staff members to provide linguistically appropriate services through the children’s system of care. In FY 2016/17 three staff (Clinicians and/or Mental Health Specialists) were funded by MHSA. In FY 17/18 the County intends to further expand bilingual Spanish speaking staff and actively seeks Spanish speaking staff.

*continued —>*

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# PUBLIC COMMENT

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5. Reverend Dawn Roginski, Community Member:

- a) *Regarding the Faith Based Initiative; is that only African American communities or broader? I have been serving in Vallejo for four years and have not been contacted.*

**County Response:** The AAFBI Project was specifically initiated to address needs identified on behalf of the African American community in Solano following a specific workgroup that was held in 2014. That said, during the 2016 community planning process numerous stakeholders highlighted how successful the strategy was to provide prevention and stigma reduction services. As a result, in the current MHSA Three-Year Integrated Plan FY 2017/2020 content was included to use this approach with other communities in Solano County. Our Latino and Filipino Outreach Coordinators have been doing outreach directly to local faith communities known to serve those specific target populations. The County will work directly with Reverend Roginski to determine the needs of her particular faith center which may include offering trainings: Mental Health First Aid, suicide prevention, and trainings on how to access County Mental Health services. We are pleased with the enthusiasm to participate.

- b) *City of Vallejo transferred a pot of money to serve the homeless, what plans are there to see that money gets to the right place to serve the community and the people on the streets?*

**County Response:** The County clarified during the public hearing that the particular funding referenced by Reverend Roginski is not related to MHSA but rather is City of Vallejo funding. It is the County's understanding that the City of Vallejo has identified property to rehab and use for the homeless population and that Health and Social Services, including Mental Health, will partner with the City of Vallejo to provide housing support and case management for SMI homeless residents housed at these properties.

- c) *Are you working with the Veteran's Administration (VA) at all because a lot of homeless population are vets?*

**County Response:** The County does collaborate with the VA on specific cases. The Caminar HOME FSP program that is exclusively focused on working with the homeless population do collaborate with the VA when a consumer is identified as being a veteran. County provides Patient Rights Advocacy services to David Grant Hospital. The County recently initiated a new data collection process that will include capturing data on veterans so that we can accurately reflect how many veterans are served.

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# PUBLIC COMMENT

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- d) *What are you doing for the LGBTQ homeless youth in Vallejo?*

County Response: The expanded funding for the LGBTQ Outreach & Access PEI program was specifically to address a need identified during the 2016 community planning process whereby stakeholders highlighted the need to have more support and education in the schools to better support LGBTQ youth. Solano Pride has hired a Youth Outreach Coordinator who will be working with schools across the County, including the City of Vallejo. The County currently funds a full-time Clinician position dedicated to outreach and engagement of homeless children and youth. A significant number of the youth that this Clinician contacts are LGBTQ and/or Commercially Sexually Exploited Children/Youth (CSEC). The Clinician refers many of the youth to the Seneca Transitional Age Youth (TAY) FSP for intensive mental health services which includes housing supports.

6. Orfita Michel, Community Member:

- a) *I don't see much follow up on the Mobile Crisis Response Unit.*

County Response: The MHSA Unit is poised to post an RFP for Mobile Crisis, however there are concerns regarding the implementation of new programs due to questions about County Mental Health's current overall budget and sustainability into future years. We are hoping we can get the County Administrator's Office (CAO) questions answered and demonstrate plans that will allay their concerns. This is a high priority to the County as well.

- b) *I do not see a lot for the homeless.*

County Response: Approximately \$1 Million in MHSA funds are dedicated to addressing the needs of the homeless population. These programs include:

- Caminar HOME FSP which is specifically focused on serving SMI adults that are homeless or at risk of homelessness (see page 56 detailed information)
- Caminar Supported Housing Program which specifically provides housing for SMI consumers of families who have a child identified as SED (see page 93 for detailed information)
- BACS Urgent Respite Housing which provides 1-3 nights of urgent housing for SMI adults (see page 64 for detailed information)
- ARCH Outreach and Engagement program focused on serving TAY homeless youth (see page 91 for detailed information)
- Shelter Housing for up to 12 months for consumers receiving Caminar HOME FSP services (see page 95 for detailed information)
- All FSP programs have funding allocated to urgent housing supports.

*continued —>*

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# PUBLIC COMMENT

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- g) *Lastly, not seeing trauma services and need trauma informed services in the CSU.*

County Response: MHSA funds have been used to have children's staff trained and certified in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based model of treatment. During FY 16/17 10 staff were certified in TF-CBT. The County acknowledges that as a system we need to use an overall trauma-informed approach when working with consumers.

## Vice-Chair John Mackenzie's response to Ms. Michel's comments:

He acknowledged that the MHSA presentation did touch on trauma based therapy, cultural competency and contract evaluation. He further assured the attendees that the mission is to take these comments and make sure that every contract is serviced and public funds are being used appropriately.

## Board Comments:

### 1. Mike Wright, MHAB Member:

- a) *Tracy [and the MHSA Team] did a remarkable improvement over a request to modify and do more with numbers [data] and it is appreciated. When I first became a board member, I remember the distribution of mental health report and to my recollection 1/3 of people with mental health issues served were in Vallejo, 20% in Vacaville, 5% in Benicia, and 1/3 in Fairfield. Considering Fairfield is the County seat and the center of the County, 33% in Vallejo seems adequate to me and fair.*

**County Response: County thanked Mr. Wright for his comments regarding the improvement in data reported out.**

- b) *I have a family member with mental health issues too and have been working in collaboration with law enforcement, district attorney, the jail and mental health to make things better. Most people don't understand that the mental health system is difficult to manage through and for people with mental health issues it is nearly impossible. I have been navigating through the system for ten years and am still learning. HIPPA rules apply to protect mentally ill people and can create a problem because unless a person with mental health issues wants help, they can deny the opportunity to get help. Until that process changes, it is a challenge for family members of people with mental health issues. Overall, staff are doing a good job, we just need more collaboration between programs.*

**County Response:** Thank you for this feedback. We continue to strive to improve collaboration across our own programs and with others.

### 2. Heather Theaux Venezio, MHAB Chair:

- a) *Aldea SOAR Program: How much retention do they have in the program?*

County Response: Since July 2015, Aldea SOAR has served 86 individuals, with a caseload of 48 clients on 12/31/17. For cases that have closed (n=38), only 4 cases were closed within 60 days of the admission. Excluding those 4 cases, the average length of service for cases that have since closed was 0.85 years. Of all 38 cases closed, 29% had reason "client withdrew" at discharge. In addition, 83% of those clients were served for 6 months or more; half of those were served one year or longer. For cases currently open, they have been served for an average of 0.96 days, with a median of 0.60 years. The length of engagement in Aldea SOAR is increasing.

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# PUBLIC COMMENT

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b) *Recommendation: when putting in the percentages, going forward, put in raw numbers.*

County Response: Thank you for that feedback.

c) *CSU: I see that there were 1721 customers served, do we know the volume of the previous year?*

County Response: In FY16-17, the CSU had 3856 admissions serving 1721 unduplicated individuals. In FY15-16, there were 3724 admissions serving 1698 individuals. There was a slight increase between the two years. The number of individuals is less than the number of admissions because over the course of the year some clients are seen two or more times.

d) *Of the 1721 customers only 97 were in ER and jails?*

County Response: The 97 consumers evaluated at the ER and jails represents the small number of clients who were evaluated at the hospital ER by a County staff. Last year the County trained local hospital staff and certified them to place and release 5150 holds as appropriate. If not released, those clients seen at the ER may be transferred to the CSU or directly to an inpatient setting.

e) *Regarding Qualitative outcomes for Exodus: 70% show discharge from Exodus. Do we know many actually follow up?*

County Response: The answer to this question can depend upon how one defines “follows up” with a program. For example, about 10% of clients have private insurance and are not referred to County programs. Some clients are already engaged in services and therefore are likely to have a prompt follow-up. Other clients are not enrolled in services and may refuse to do so. We are currently conducting an analysis that separates out these two client types (already in County services versus not) to determine the rates of follow-up. That said, the rate varies by program, type of service received, and adult/child, the rate varies from 20% to 50% following up after their CSU visit. More analysis is pending.

f) *Do we know out of all the clients served through Exodus were any successful in suicide?*

County Response: The County is working with the Coroner’s Office to get live information. The majority of the suicides in Solano County did not come through the CSU and are not typically previously served through County Mental Health.

g) *For CSU 70% discharged and an additional 20% recommended to inpatient; what happened to the other 10%?*

County Response: This is based upon Exodus’ report of status at the time of discharge. 70% are discharged home to self/family. The “other” 10% includes: leaving without being seen; leaving prior to proper discharge; discharge to drug treatment, sober living, or other less frequent discharge locations.

h) *Did the CSU ever get their washer and dryer? Monica recommended to get it done.*

County Response: Not yet but we have some optimism that we can accomplish this.

*continued —>*

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# PUBLIC COMMENT

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i) *Regarding CIT: The MHAB received a presentation a while back from law enforcement on CIT Training that captured data not the same as in this plan. If there isn't your own training available for law enforcement, are there more funds to train them? Tracy answered, law enforcement has training funds and they send some staff to 40-hour week CIT training and then this is a condensed version that is offered in partnership with our contractor and they did not capture the same data as the one presented to the MHAB by law enforcement.*

**County Response:** See earlier response in 4(c).

j) *You did say that a number of your programs generate Medi-cal revenues – where does that money go?*

**County Response:** This revenue offsets other costs and supports the overall MH program budget.

### 3. John Mackenzie, MHAB Vice Chair

*Most important to me, is that this funding is so specific. There are a billion things that everyone in this room would like to do with the funds. This is specifically a pot of MHSA funds with a limited amount of money distributed to specific programs. If you have ideas and thoughts, we want to find out new ways to make that happen. People who are making decisions on the Crisis Response, that is the best way to get people involved is at the beginning of the system. Let's identify the problem and fix it.*

*Regarding the Rose King comment: it is very important, and let's see if there is a way to put your own money aside for this because it won't come from MHSA funds but if there is a way to make it happen and it is important and culture and tradition and heritage and history are important to Vallejo, so if there is a way to make something happen around that, I would be interested in your response.*

### Close of Public Hearing

Tracy Lacey announced that the FY 2017/18 MHSA Annual Update will go to the Board of Supervisors on January 23, 2017 and then afterward will be submitted to the state of California, Mental Health Oversight and Accountability Commission (MHOAC) for approval.

Heather Theaux Venezia thanked everyone for coming, and thanked the MHSA Team for the work that had been done on the Annual Update. On a motion made by John Mackenzie and seconded by Mike Wright, the Mental Health Advisory Board voted to approve the FY 2017/18 MHSA Annual Update and recommended that the document be forwarded to the Board of Supervisors for review and approval. Motion approved by the Board.

*continued —>*

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# PUBLIC COMMENT

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## Conclusion

The County appreciates the individuals that made time to provide public comments and for the questions that were presented during the Public Hearing. Following the review and response to public comments received for the FY 2017/18 MHSA Annual Update, which is the report that closes the final year of the outgoing MHSA Integrated Three-Year Plan for FY 2014/17, no changes were necessary to the report. At this time, the County does not plan to make any substantial changes to the programs that are in the current FY 2017/2020 MHSA Integrated Three-Year Plan. That said, the County recognizes that additional effort may need to be made in outreach efforts to the more rural cities in Solano County—Dixon and Rio Vista—as well as Benicia and Suisun City, in order to ensure that the residents living in those communities are able to benefit from MHSA funded services.

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# PUBLIC COMMENT

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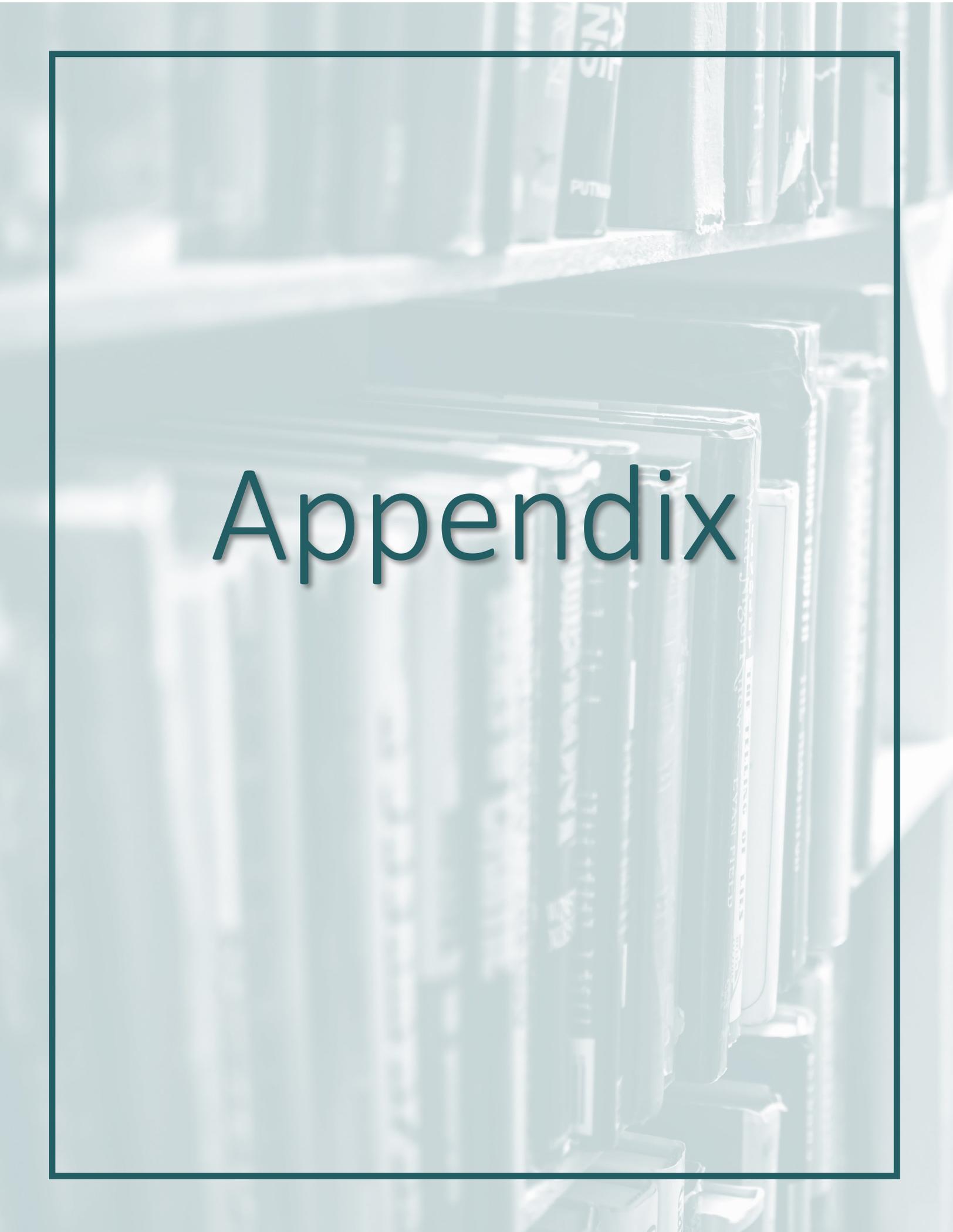
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# Appendix

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# APPENDIX

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# APPENDIX

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## Solano County Suicide Prevention Strategic Planning 2017

3/15/17, Suicide Prevention Strategic Planning – Opening Forum (Fairfield)  
County Administration Center  
675 Texas St- Multipurpose Rooms 1600, 1610 and 1620, Fairfield CA 94533  
2:00pm-4:00pm

4/6/17, 1<sup>st</sup> Breakout Session (Fairfield)  
Solano County H&SS  
2101 Courage Drive-Multipurpose Room, Fairfield CA 94533  
4:00pm-6:00pm

4/11/17, 2<sup>nd</sup> Breakout Session- (Dixon)  
Miracle Christian Worship Center  
470 East H Street, Dixon CA 95620  
9:00am-11:00am

4/18/17, 3<sup>rd</sup> Breakout Session- (Vallejo)  
Vallejo JFK Library  
505 Santa Clara St-Joseph Room, Vallejo CA 94590  
1:00pm-3:00pm

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# APPENDIX

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## Suicide Prevention Forum



Sponsored by: the Solano County Behavioral Health Suicide Prevention Committee and Solano County Behavioral Health Mental Health Services Act

### Please join us to assist in the development of a County-wide Suicide Prevention Strategic Plan

Not only is suicide a growing national concern, it has become a major health issue for the Solano community. Statistics provided by the 2015 California Health Interview Survey indicate that during that time period, **approximately 28,000 County residents seriously contemplated suicide.**

This initial forum will bring together community-based organizations, County and city agencies, school districts, first responders, health providers, elected officials, and individuals and families impacted by suicide to begin the discussion around creating a prevention plan for the Solano community. Expect to come away with the following information:

- Solano County suicide statistics
- Goals for the County-wide Suicide Prevention Strategic Plan
- How you can be more involved in the development of the plan
- Current County sponsored suicide prevention trainings and activities

**Date:** Wednesday, March 15, 2017

**Time:** 2:00 pm - 4:00 pm

**Location:** Solano County Administration Center  
675 Texas Street, 1st Floor, Rooms 1600/10/20  
Fairfield, CA 94533

**To RSVP, please email [SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com)  
By March 8, 2017**

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# APPENDIX



## FORO DE PREVENCIÓN DEL SUICIDIO

PATROCINADO POR: EL COMITÉ DEL CONDADO DE SOLANO DE SALUD DE COMPORTAMIENTO PREVENCIÓN DEL SUICIDIO Y EL ACTO DE SERVICIOS DEL CONDADO DE SOLANO SALUD DE COMPORTAMIENTO SALUD MENTAL



### Por favor únase a nosotros para ayudar en el desarrollo del plan estratégico de prevención del suicidio

No solo el suicidio está incrementando la preocupación nacional, si no también ha sido el mayor problema de salud para el Condado de Solano y su comunidad. En el 2015, las estadísticas proporcionadas por la Encuestas de California Entrevistas de Salud determinaron que, durante ese periodo de tiempo, aproximadamente 28,000 residentes del condado consideraron seriamente el suicidio. Este foro inicial, reunirá a las agencias comunitarias, agencias municipales del condado y la ciudad, el distrito escolar, primeros auxilios, proveedores de salud, los funcionarios electos, y las personas y familiares que han sido afectadas por el suicidio para iniciar el debate sobre la creación de un plan de prevención para la comunidad de Solano. Esperamos se lleve las siguientes informaciones:

- Estadísticas de suicidio del condado de Solano
- Metas para el plan estratégico de prevención del suicidio
- Como puedes participar más en el desarrollo del plan
- Entrenamientos y actividades para la prevención del suicidio patrocinados por el Condado de Solano

Fecha: miércoles, 15 de marzo del 2017

Hora: 2:00 pm - 4:00 pm

Lugar: Solano County Administration Center  
675 Texas Street, 1st Floor, Rooms 1600/10/20  
Fairfield, CA 94533

Para reservaciones, favor de mandar un correo electrónico:

[SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com)

Antes del 8 de marzo, 2017

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# APPENDIX

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## SUICIDE PREVENTION FORUMS



SPONSORED BY:

SOLANO COUNTY BEHAVIORAL HEALTH SUICIDE PREVENTION COMMITTEE & THE MENTAL HEALTH SERVICES ACT

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### Please join us to assist in the development of a County-wide Suicide Prevention Strategic Plan

Not only is suicide a growing national concern, it has become a major health issue for the Solano community.

Statistics provided by the 2015 California Health Interview Survey indicate that during that time period,

**approximately 28,000 County residents seriously contemplated suicide.**

Solano County Behavioral Health and the Suicide Prevention Committee would like to invite you to participate in community breakout planning meetings provide input for the development of a strategic plan for preventing suicide in Solano County. Community-based organizations, county and city agencies, school districts, first responders, mental and physical health providers, elected officials, and individuals and family members impacted by suicide are welcome to attend to share and discuss the following:

- *Current suicide prevention training or curriculum you endorse*
- *Current screening tools/mechanisms used by your organization, or that you find effective*
- *Current evaluation/assessment tools used by your organization, or that you find effective*
- *Effective treatment models*
- *Postvention models or tasks*

<b>Date:</b>	Tuesday, May 23, 2017
<b>Time:</b>	10:00 am - 12:00 pm
<b>Location:</b>	Benicia Unified School District 350 East K Street Board Room Benicia, CA 94510

<b>Date:</b>	Wednesday, May 31, 2017
<b>Time:</b>	3:00 pm - 5:00 pm
<b>Location:</b>	Vacaville Public Library One Town Square Place Town Square Meeting Room Vacaville, CA 95688

To RSVP, please email [SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com)

By Friday May 19, 2017

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# APPENDIX



## FOROS PARA LA PREVENCIÓN DEL SUICIDIO



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**Por favor venga a nuestro foro para ayudar en el desarrollo de un Plan Estratégico para la Prevención del Suicidio en el Condado.**

El suicidio es una preocupación que está creciendo nacionalmente y en nuestra comunidad de Solano. Las estadísticas del 2015 proporcionadas por el California Health Interview Survey indica que para ese año **aproximadamente 28,000 residentes del Condado de Solano seriamente contemplaron el suicidio.**

El departamento de Salud Mental y Bienestar con el Comité de Prevención del Suicidio quisieran invitarlos a participar en las reuniones de planificación de la comunidad para aportar ideas para el desarrollo de un plan estratégico para prevenir el suicidio en el Condado de Solano. Las organizaciones de base comunitaria, las agencias municipales, los distritos escolares, agentes de primeros auxilios, los proveedores de salud mental y física, los oficiales electos y las personas y miembros de la familia afectados por el suicidio son bienvenidos a compartir y discutir lo siguiente:

- Formación o currículo actual de prevención del suicidio que apruebas
- Herramientas / mecanismos actuales de detección usados por su organización, o que encuentre efectivos
- Herramientas actuales de evaluación utilizadas por su organización, o que encuentre efectivas
- Modelos de tratamiento eficaces
- *Postvention models or tasks*

**Fecha:** Martes, 23 de mayo 2017

**Hora:** 10:00 am - 12:00 pm

**Local:** Distrito Escolar de Benicia  
350 East K Street  
Board Room  
Benicia, CA 94510

**Fecha:** Miercoles, 31 de mayo 2017

**Hora:** 3:00 pm - 5:00 pm

**Local:** Biblioteca Central de Vacaville  
One Town Square Place  
Town Square Meeting Room  
Vacaville, CA 95688

**Para reservar su espacio llame 784-8320  
O al correo electrónico [SolanoMHSA@SolanoCounty.com](mailto:SolanoMHSA@SolanoCounty.com)**

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## APPENDIX

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# SUICIDE PREVENTION RIO VISTA TEACHER & PARENT FORUM

SPONSORED BY THE SOLANO COUNTY BEHAVIORAL  
HEALTH SUICIDE PREVENTION COMMITTEE  
AND THE MENTAL HEALTH SERVICES ACT

## PLEASE JOIN US TO DISCUSS SUICIDE PREVENTION AND INTERVENTION IN SOLANO COUNTY

Not only is suicide a growing national concern, it has become a major health issue for the Solano Community. Statistics provided by the 2015 California Health Interview Survey indicate that during that time period, approximately 28,000 County residents seriously contemplated suicide. Additionally, suicide is the third leading cause of death of adolescents and young adults according to the National Adolescent Health Information Center.

**Suicide is an issue that impacts the whole community.  
Please come to learn more about this important issue, and to share  
your thoughts and ideas.**

□ ————— □  
Date: Wednesday, May 24, 2017

Time: 6:00 pm—7:30 pm

Location: D.H. White Elementary School

Tapella Building

500 Elm Street, Rio Vista, CA 94571  
□ ————— □

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## APPENDIX

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# PREVENCIÓN DEL SUICIDIO RIO VISTA FORO DE MAESTROS Y PADRES

**PATROCINADO POR EL COMITÉ DE PREVENCIÓN DEL SUICIDIO DEL CONDADO DE SOLANO SALUD MENTAL Y BIENSTAR Y POR EL ACTO DE SERVICIOS DE SALUD MENTAL.**

## **POR FAVOR VENGAN A PLATICAR ACERCA DE LA PREVENCIÓN Y INTERVENCIÓN EN EL CONDADO**

El suicidio es una preocupación que está creciendo nacionalmente y en nuestra comunidad de Solano. El suicidio es un problema que afecta la comunidad entera pero especialmente nuestros jóvenes. El suicidio es la causa número tres de muerte en los adolescentes y jóvenes según el National Adolescent Health Information Center.

**Por favor venga a compartir sus ideas y pensamientos en como podemos ayudar a nuestros jóvenes y nuestra comunidad entera.**

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Fecha: Miercoles, May 24, 2017

Hora: 6:00 pm—7:30 pm

Locale: Escuela D. H. White  
Edificio Tapella

500 Elm Way, Rio Vista, CA 94571

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# APPENDIX

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The ad shown below ran in local newspapers throughout Solano County on Sunday, September 17, 2017 and Sunday, September 24, 2017. Newspapers that ran the ad include; The Fairfield Daily Republic, The Vacaville Reporter, The Vallejo Times-Herald, The Benicia Times-Herald, and The Dixon Tribune.

Join Solano County Mental Health for a presentation of the Mental Health Services Act (MHSA) Annual Update and to learn how to get involved in future planning efforts. There will also be a brief presentation of the countywide Suicide Prevention Strategic Plan.

**Monday, September 25, 2017**  
**9:00 am – 11:00 am**  
**Solano County Administration Center**  
**675 Texas Street, Fairfield, CA**  
**Multi-Purpose Rooms 1600 & 1610**

Please arrive 10-15 minutes early to allow time for parking and registration

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

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



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# APPENDIX

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## Be a part of the Community Planning Process for the MHSA Annual Update

The Mental Health Services Act (MHSA) provides funding to support and enhance the County Mental Health System of Care. MHSA is a community driven process which includes an opportunity for advocates and for individuals whose lives are affected by mental illness to provide input into the development and review of the MHSA Plan.

### Join us on

**Monday September 25, 2017**  
**from 9:00 am—11:00 am**  
**at the County Administration Center,**  
Conference Rooms 1600-1620  
675 Texas Street, Fairfield

**Please arrive 10-15 minutes early to allow time  
for parking and registration.**

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

Join us for a presentation of the MHSA Annual Update and find out how to get involved in planning for future programming. During the last 30 minutes of the meeting we will present on the countywide Suicide Prevention Strategic Plan.

Space is limited so please RSVP to Joecilla San Nicolas at:

Phone: 707-784-8320 OR

Email: [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)

Solano County does not discriminate against people with disabilities or those with special linguistic needs. If you need a disability modification or translation services in Spanish or Tagalog in order to participate in the meeting, please call 707-784-8320 at least 24 hours in advance of the meeting.



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INFORMED CONSUMER & FAMILY  
MEMBER PARTICIPATION IS  
STRONGLY ENCOURAGED

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# APPENDIX

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## Sea parte del proceso para la Planificación del Reporte Anual

La Ley de Servicios de Salud Mental (MHSA) provee fondos para apoyar y mejorar el Sistema de Cuidado de Salud Mental del Condado. MHSA es un proceso impulsado por la comunidad que incluye una oportunidad para las personas que abogan y para las personas cuyas vidas están afectadas por la enfermedad mental para proporcionar aportes en el desarrollo y revisión del Plan MHSA.

Únete a nosotros  
lunes 25 de septiembre de 2017  
de 9:00 am a 11:00 am  
en el Centro de Administración del Condado,  
Salas de conferencias 1600-1620  
675 Texas Street, Fairfield  
Por favor llegue 10-15 mins temprano para  
estacionarse y registrarse.

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

Únase a nosotros para una presentación de la actualización anual de MHSA y descubra cómo involucrarse en la planificación para la programación futura. Durante los últimos 30 minutos de la reunión presentaremos sobre el Plan Estratégico de Prevención de Suicidio en todo el condado.

El espacio es limitado así que por favor confirmar su asistencia a Mara Leon

Teléfono: 707-784-8469 o

E-mail: [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)

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



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SE ANIMA LA PARTICIPACIÓN DE  
CONSUMIDORES INFORMADOS Y DE  
FAMILIARES

# APPENDIX



## Maging Bahagi sa Proseso ng Pagpaplano sa iyong komunidad (Community Planning) Para sa MHSA Taunang Update

Ang Mental Health Services Act (MHSA) ay nagbibigay pondo upang suportahan at mapagbuti ang pagaalaga na iyong natatanggap mula sa County Mental Health System. Ang MHSA ay isang sistema na nakikinig sa pangangailangan ng kanyang nasasakupan. Layon din nito na lumikha ng oportunidad para sa mga advokates at mga indibidwal na apektado ng sakit na pangkaisipan (Mental Illness) na maibahagi ang kanilang kuro-kuro sa pag-usad ng isang istema na maghahatid ng epektibong serbisyo.

### Makilahok sa

Lunes September 25, 2017  
mula 9:00 am—11:00 am

sa County Administration Center,  
Conference Rooms 1600-1620  
675 Texas Street, Fairfield

Mangyari lamang na dumating 10-15 minutos sa nakatakdang oras para bigyang sapat na panahon ang sarili sa parking.

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

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

Ang huling 30 minutos ng pagtitipon ay magiging patungkol sa countywide Suicide Prevention Strategic Plan.

Limtado ang upuan. Maari lamang mag-RSVP kay Joecilla San Nicolas at:

Telepono: 707-784-8320 OR

Email: [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)

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



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Ang paglahok ng Isang Konsumer o/ang kanyang pamilya ay hinihikayat

# APPENDIX



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

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

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

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



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WELLNESS RECOVERY RESILIENCY

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

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

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

<b>Edad</b>	<b>Etnicidad – No Hispana o No-Latino</b>	<b>Orientación Sexual</b>
<input type="checkbox"/> 0-15 yrs. <input type="checkbox"/> 16-25 yrs. <input type="checkbox"/> 26-59 yrs. <input type="checkbox"/> 60-84 yrs. <input type="checkbox"/> 85+ <input type="checkbox"/> Desconocido <input type="checkbox"/> Prefiero no responder	<input type="checkbox"/> Africano <input type="checkbox"/> Indio Asiático/Asiático del Sur <input type="checkbox"/> Camboyano <input type="checkbox"/> Chino <input type="checkbox"/> Europeo del Este <input type="checkbox"/> Europeo <input type="checkbox"/> Filipino <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Medio oriental <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro _____ <input type="checkbox"/> Mas de una etnicidad <input type="checkbox"/> Prefiero no responder <b>Género Asignado Al Nacer</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Prefirió no responder <b>Identidad De Su Género Actual</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transgénero <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Dos Espiritus <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbiana <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder <b>Lenguaje Preferido</b> <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Vietnamita <input type="checkbox"/> Cantonés <input type="checkbox"/> Mandarín <input type="checkbox"/> Tagalo <input type="checkbox"/> Khmer <input type="checkbox"/> Hmong <input type="checkbox"/> Ruso <input type="checkbox"/> Farsi <input type="checkbox"/> Árabe <input type="checkbox"/> Otro: _____ <b>Estatus Veterano</b> <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Prefiero no responder <b>¿ Se identifica con alguno de estos grupos? (marque todos que le correspondan)</b> <input type="checkbox"/> LGBTQ <input type="checkbox"/> Involucrado con el Sistema Legal <input type="checkbox"/> Jóvenes en Cuidado Tutelar (Foster Care) <input type="checkbox"/> Prefiero no responder <b>Discapacidades del Individuo</b> <input type="checkbox"/> Ninguna Deseabilidad <input type="checkbox"/> Tengo una discapacidad, incluyendo: (marque todos que le correspondan) <input type="checkbox"/> Discapacidad de comunicación, tales como dificultad para ver, oír o dificultad del habla, u otro. <input type="checkbox"/> Discapacidad en el dominio mental sin incluir la enfermedades mentales (incluyendo trastornos del aprendizaje, discapacidades del desarrollo, la demencia, el autismo) <input type="checkbox"/> Discapacidad en el dominio físico/movilidad <input type="checkbox"/> Condición crónica de salud física (por ejemplo: Fibromialgia) <input type="checkbox"/> Condición crónica de salud mental ( depresión, ansiedad, estrés-posttraumático) <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder

Comentarios/Notas:

# APPENDIX

**African American Faith–Based Initiative  
Mental Health Friendly Communities (MHFC)  
Solano County  
Clergy Training Evaluation**



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Facilitators: \_\_\_\_\_

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

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

Name (Optional): \_\_\_\_\_ Phone Number (Optional): \_\_\_\_\_

As a result of today's training, I feel I gained an increased understanding of the topics below:	Disagree	My Knowledge Stayed the Same	Agree
How to identify the difference between facts about mental health and untrue commonly held beliefs			
How to better identify mental health symptoms and mental health diagnoses/conditions			
Skills to use in order to address concerns about mental illness directly with members of my congregation and/or their family members			
How to employ responses and approaches that meet the specific spiritual and cultural needs of my congregants and their families			
How to access the mental health resources available in the community			

(Feel free to write additional comments on the back)

Thank you for your feedback!

This training was funded by Solano County Behavioral Health—Mental Health Services Act. For more information, contact <http://www.solanocounty.com/depts/mhs/mhsa/default.asp>

# APPENDIX

**African American Faith-Based Initiative  
Mental Health Friendly Communities (MHFC)  
Provider Training Evaluation**



Facilitators: \_\_\_\_\_

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

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

Name (Optional): \_\_\_\_\_ Phone Number (Optional): \_\_\_\_\_

As a result of today's training, I feel I gained an increased understanding of the topics below:	Disagree	My Knowledge Stayed the Same	Agree
I am now much more acquainted with the role faith and spirituality plays as an essential recovery tool for African American consumers, clients and their families and can easily identify the difference between facts and untrue commonly held beliefs.			
How to include clients' faith and cultural practices into their treatment plans when requested by the client.			
How to address concerns as they arise by employing responses and approaches that meet the specific cultural needs of your African American clients and consumers who identify their faith as an essential recovery tool.			
How to access faith-based resources available in the community.			

(Feel free to write additional comments on the back)

**Thank you for your feedback!**

This training was funded by Solano County Behavioral Health—Mental Health Services Act. For more information, contact <http://www.solanocounty.com/depts/mhs/mhsa/default.asp>

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# APPENDIX

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## MHFC Evaluation Survey Questions

1. I am a (check the one that best describes you):
  - Pastor
  - Faith Leader
  - Health Ministry Leader
2. I participated in the following MHFC programs and trainings (check all that apply):
  - Community kickoff event for Mental Health Friendly Communities initiative
  - Mental Health 101 Training for Faith Leaders
  - Closing event for Mental Health Friendly Communities (A Bridge Over Troubled Waters)
  - Calls regarding Technical Assistance to implement the MHFC program at my church
3. I found the information provided at the trainings informative and valuable  
(Strongly Agree, Agree, Disagree, Strongly Disagree)
4. *I now have a better understanding of Mental Health challenges and believe I can recognize and assist those in need*  
(Strongly Agree, Agree, Disagree, Strongly Disagree)
5. *I am aware of the mental health resources available in my community*  
(Strongly Agree, Agree, Disagree, Strongly Disagree)
6. *A better partnership was formed between local churches and County mental health providers* (Strongly Agree, Agree, Disagree, Strongly Disagree)
7. I believe that we can sustain this initiative at my church into the future  
(Strongly Agree, Agree, Disagree, Strongly Disagree)
8. Have you had the opportunity to counsel any of your congregants on mental health issues since being part of the MHFC program? If yes, how many people did you counsel?
9. Do you have any suggestions about how to make the MHFC program more effective?
10. Is there anything else you would like to share with us?

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# APPENDIX

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