



SOLANO COUNTY BEHAVIORAL HEALTH

M H S A
ANNUAL
UPDATE
FY 2018/2019





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County Compliance Certification

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 December 11, 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)


Signature Date 12/20/18

Fiscal Accountability Certification

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

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: Sandra Sinz	Name: Phyllis Taynton
Telephone Number: (707) 784-8332	Telephone Number: (707) 784-6280
E-mail: SLSinz@solanocounty.com	E-mail: PTaynton@solanocounty.com
Local Mental Health Mailing Address: 275 Beck Avenue, MS 5-200 Fairfield, CA 94533	

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

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

Sandra Sinz
Local Mental Health Director (PRINT)

Sandra Sinz 12/19/18
Signature Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 12-28-2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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 Taynton
County Auditor Controller / City Financial Officer (PRINT)

Phyllis Taynton 12/31/18
Signature Date

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

Solano County Board of Supervisors 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*

Tuesday, December 11, 2018

8:30 AM

Board of Supervisors Chambers

- 28 [18-834](#) Approve the Mental Health Services Act (MHSA) FY2018/19 Annual Update for mental health services rendered in FY2017/18 as required by law
Approved

MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR

Mental Health Services Act funds continue to support, improve, and expand our service delivery across the systems of care that serve children and adults. MHSA programming requires that the community assists us in identifying gaps in our service delivery so that we are continually responsive to the mental health needs of our community. This involves both prevention activities as well as intervention programs for individuals with mental illness, aligned with MHSA's intention to programming is intended to both treat and prevent severe mental illness across the lifespan.

Solano County uses MHSA funds with full intention to help transform the system in its orientation toward principles of inclusion, recovery, wellness and resilience. This requires prioritizing efforts to strengthen the consumer and family voice in the systems and services offered. We invite additional input into this process through various Behavioral Health committees and work groups, the monthly Local Mental Health Board meeting, and the annual MHSA stakeholder process. We continue to benefit from an active stakeholder process that informs our services and planning.

One of the significant accomplishments over the last year was converting our Crisis Stabilization Unit model to one where the space is more welcoming and inviting and the staffing includes Recovery Coaches and staff with lived experience. We understand that this service needs to be provided within a continuum of services designed to prevent or intervene appropriately in crisis situations. We hear the community's desire for a community-based mobile crisis program and will prioritize this along with other programs that are informed by evidence. The reader will note throughout this report that MHSA programs have contributed to improvement in peoples' lives.

The Behavioral Health division continues to strive to be more welcoming and person centered across all programs. Our cultural competence initiatives are designed to support a welcoming and responsive array of services that can address the needs of all individuals in our community. We endeavor to eliminate racial disparities in health outcomes and in access to healthcare services through stigma reduction and the delivery of services that are culturally appropriate and community driven. Community engagement and feedback and are critical to achieve these results.

This year's "May is Mental Health Month" theme was "*There is no health without mental health.*" As leaders and providers in Behavioral Health, we are defined by a mission to improve the health and well-being of those in need. In service of this mission, we thank the people who participate in our services, their families, those who deliver the services, and our community partners, all working together to contribute to improving lives.



Sandra Sinz, LCSW
Solano County Behavioral Health Director

Introduction

The purpose of this document to provide both the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2018/19 which is a review of services and programs rendered during FY2017/18 including: Prevention and Early Intervention programs, Community Services and Supports programs, the Innovation project, Workforce Education and Training initiatives, and Capital Facility and Technological Needs projects; and to provide the first multi-year Prevention and Early Intervention (PEI) Evaluation Report.

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 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 through five 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.

Introduction

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 inter-agency collaboration. 5% of the MHSA PEI funding is allocated to Innovation. 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 MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding. Once WET funding is exhausted CSS funds can be used to fund particular projects that are intended to develop and grow the workforce, provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

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 MHSA funding. Once CFTN funding is exhausted, CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure, provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

Mental Health Service Act Vision & Core Values

- ◇ Community collaboration and stakeholder involvement, including consumers and family members, to develop a shared vision for mental health services.
- ◇ Provision of services that are culturally and linguistically competent to effectively serve all consumers including consumers from unserved and underserved communities.
- ◇ Community education to combat stigma and to reduce suicide risk.
- ◇ Consumer and family driven programs that empower individuals in their recovery.
- ◇ A philosophy of wellness 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.

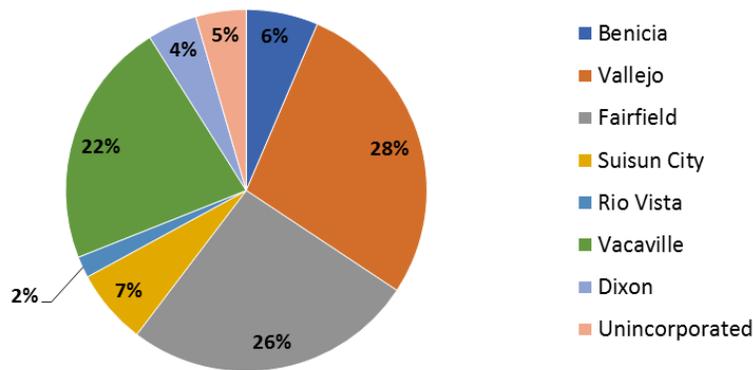
Solano County Demographics

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 *County of Solano 2017 Annual Report* the County's population was 436,023 in 2017¹. 49.7% of the population is male and 50.3% of the population is female².

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.

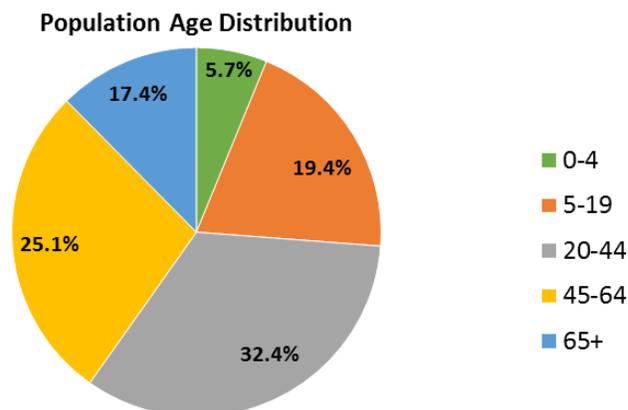
Population City Distribution (January 2015)



Source: *Solano County Website*³

Population Age Distribution

The median age in Solano County is 36 years old⁴. 25.1% of the population are children/youth under the age of 19 years old, 57.5% of the population are adults between the ages of 20-64 and 17.4% are older adults over the age of 65.

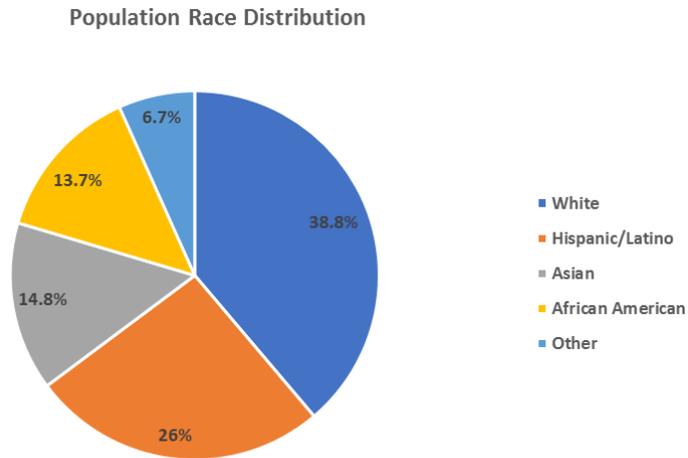


Source: *County of Solano 2017 Annual Report*

Solano County Demographics

Population Race Distribution

38.8% of the residents identify as White, 26% of the residents identify as Latino/Hispanic, 14.8% as Asian/Pacific Islander, 13.7% as African American; and the remaining 6.7% identified as multiracial/other⁵. Approximately 61.2% of the population identified with a race other than White or Caucasian. Recently Solano County was ranked as the 5th most racially diverse County in the United States⁶.



Source: County of Solano 2017 Annual Report

Community Planning

Stakeholder Engagement

The MHSA Unit engaged community stakeholders in a comprehensive community planning process which included eight stakeholder community planning meetings held in six of the seven cities. These meetings included 86 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

Solano County MHSA Community Planning Meetings 2018	# Attendees
September 6, 2018 Opening Session – CAC, 675 Texas St. Multi-Purpose Room, Fairfield	23
September 10, 2018 Breakout Session Benicia – Public Library, 150 East L St., Benicia	6
September 10, 2018 Breakout Session Vallejo – JFK Library, 505 Santa Clara St., Vallejo	13
September 12, 2018 Breakout Session Rio Vista – Public Library 44 South 2 nd St., Rio Vista	2
September 13, 2018 Breakout Session Vacaville – 1119 E. Monte Vista Ave., Vacaville	24
September 13, 2018 Breakout Session Dixon – American Legion #208, 1305 N 1 st St., Dixon	3
September 17, 2018 Closing Session – CAC, 675 Texas St., Multi-Purpose Room, Fairfield	31

The community stakeholder meetings included a presentation of data related to MHSA funded programs and services rendered during FY 2017/18, followed by an open space activity “Graffiti Wall” and group discussion to elicit feedback from stakeholders regarding community needs, new ideas and/or gaps within the mental health system of care.

Community planning meetings were advertised through the following avenues: email announcements to over 450 community stakeholders; emails to all County Health and Social Services staff; meeting fliers printed in English and Spanish posted in County and Contractor clinic lobbies; posts on the Solano County Website; and posts on the Solano MHSA Facebook page. Additionally, advertisements for the MHSA community planning meetings were run in the local newspapers in Solano County’s major cities.

Community Planning Meetings Participant Demographics

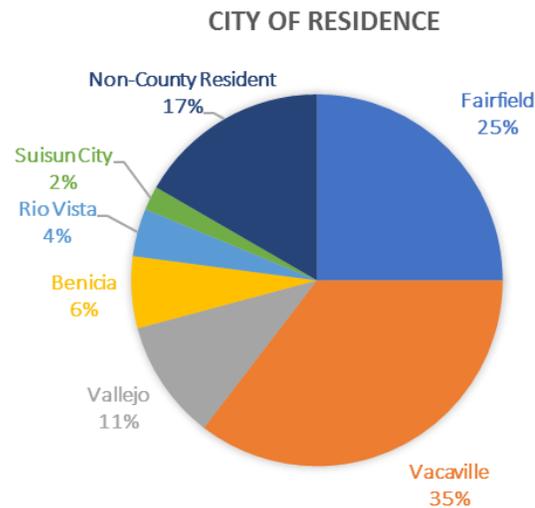
Demographic information was collected at each community planning meeting and included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran’s status, and disability.

Of the 86 unduplicated meeting attendees, 57 completed and submitted the demographic survey. 77% were between the ages of 26-59, 21% were between the ages of 60-84, and 2% declined to answer. With regard to race/ethnicity, 57% of the attendees identified as White, 15% as Latino, 8% as African American, 3% as American Indian/Alaska Native, 2% as Asian and the remaining attendees identified as other, more than one race, or declined to answer. English was the primary language for 85% of the attendees, 8% Spanish, and the remaining attendees identified Tagalog or Greek as their primary language.

Community Planning

Of the 54 attendees who answered the question related to current gender identity, 85% identified as female and 15% as male. Regarding sexual orientation of the 54 attendees who answered this question 83% identified as heterosexual, 6% as lesbian, 7% as gay, 2% as queer, and 2% declined to answer. In addition, 12% 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. However, in spite of holding a meeting in the city of Dixon, none of the meeting participants identified as being residents of that city.



MHSA Steering Committee

The MHSA Steering Committee was convened on October 10, 2018. The Committee includes representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's unserved/underserved Latino, Filipino and the LGBTQ communities. Prior to the meeting the Steering Committee members were provided the slide presentation from the community planning meetings, which included program performance data for currently funded MHSA programs. During the committee meeting, members were presented information summarizing and ranking the community stakeholder feedback for each of the following categories: children, transition aged youth, adults, older adults, special populations, and housing/homelessness. Additionally, committee members were provided system maps for both the Children's and the Adult systems of care to assist them with having a sense of what programs and services are currently funded through MHSA and through other funding sources. The Committee was informed that due to funding constraints the County would not be able to fund all of the identified needs, and pending the scope of the need, may have to fund smaller projects or expand existing programs rather than implementing large new programs.

Community Planning

The following items were the top priorities planned for implementation pending the availability of funding:

1. Implement Mobile Crisis:
 - A Mobile Crisis program was endorsed and approved on January 24, 2017 via the *FY 2017/18-2019/20 MHSA 3-Year Integrated Plan*. Due to concerns regarding a potential fiscal downturn that may impact both MHSA and non-MHSA funded County mental health programs, County Administration has taken a conservative stance in terms of implementing new costly programs, therefore Mobile Crisis has not been implemented to date.
 - Using CSS funds, Mobile Crisis continues to be the highest priority or need identified during community stakeholder meetings. Once Behavioral Health receives approval from County Administration to move forward, an RFP procurement process will be initiated.
2. Increase School-Based Mental Health Services:
 - Expand existing contracts using PEI funding to increase workshops and individual treatment for students, trainings for school personnel and parents/caretakers, and implementation of parent/caretaker support groups.
3. Increase Trauma-Informed Care:
 - Expand trauma informed care with PEI funds in order to educate providers, community partners, and the community on the impact of trauma on an individual's functioning and the community at large.
4. Support for Seniors:
 - Expand current MHSA PEI Senior programs in order to expand support groups including groups for grandparents raising grandchildren.
5. Training for Co-Occurring Mental Health and Developmental Disabilities:
 - Utilize WET funds to provide training for county and CBO providers.
6. Increase Support for the Homeless Community:
 - Increase funding for housing for seriously mentally ill consumers and partner with community members to provide needed services such as mobile showers and laundry.
7. Case Management & Support for Adult Consumers:
 - Consider use of CSS funds to support existing adult case management vendors to hire peer counselors, vocational specialists, and housing specialists to improve the service approach to adult case management.
8. Pregnancy and Post-Partum Maternal Support:
 - Expand the current PEI funding allocated to the Public Health Maternal Child and Adolescent Health Bureau to expand services.
9. Expansion of Vocational Programming:
 - Consider the implementation of a more consumer-friendly and timely vocational model for adults and transition aged youth using CSS funding.
10. Support for Commercially Sexually Exploited Children/Youth (CSEC):
 - SCBH to engage CSEC partners, which may include: Child Welfare, Probation, law enforcement, schools, etc. to determine what specific services are needed to support CSEC children/youth.

Community Planning

Local Review Process

The draft of the *MHSA Annual Update for FY 2018/19* was posted on the Solano County MHSA web page at http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp.

on October 17, 2018 for 30-day Public Comment. In addition, the Mental Health Services Act (MHSA) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via e-mail to over 450 community stakeholders; email to all County Health and Social Services staff; and fliers posted at the mental health clinics.

The 30-Day Public Comment period will be held from October 17, 2018 – November 16, 2018. Public Comment forms were posted on the website and made available at the Public Hearing.

The Public Hearing scheduled to be held at the Solano County local Mental Health Advisory Board (MHAB), on November 13, 2018, will include a presentation of the *MHSA Annual Update* with a request for the MHAB to recommend that the document be forwarded to the Solano County Board of Supervisors (BOS).

The *MHSA Annual Update for FY 2018/19* was presented to the Solano County Board of Supervisors on December 11, 2018.





MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

In this section of the document programs funded by MHSA during FY 2017/18 will be reviewed to include: unduplicated count of individuals served when possible; cost per person for programs or total program cost; program performance outcomes; participant demographics; program highlights and achievements; program barriers and challenges; and success stories for some of the programs. In regards to success stories names and other identifying information has been changed to protect the privacy of individual consumers and/or family members.

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.

Prevention & Early Intervention Programs & Services

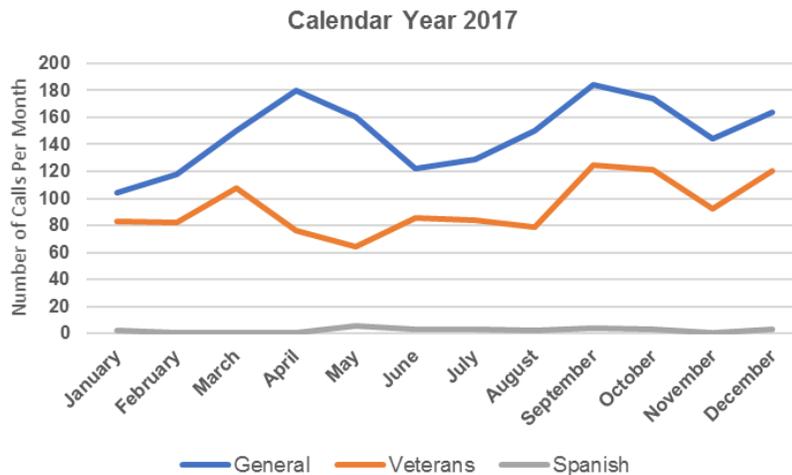
PEI-Community-Wide Prevention Strategies

During FY 2017/18 Solano County Behavioral Health (SCBH) continued to work with the California Mental Health Services Authority (CalMHSA) who spearheads the statewide effort 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 2017/18.

Suicide Prevention

The following suicide prevention activities were conducted FY 2017/18:

- **safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings**– 5 trainings were provided with a total of 107 participants.
- **National Suicide Prevention Week Proclamations & Resolutions** – In September of 2017 six local cities: Vallejo, Benicia, Fairfield, Suisun City, Dixon, and Vacaville; and the County of Solano, passed local proclamations/resolutions declaring September 10-16, 2017 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 45 local middle and high schools.
- **National Suicide Prevention Lifeline** – In calendar year 2017 there were 2,929 calls from Solano County residents received by the national Suicide Prevention Lifeline 1-800-273-TALK/8255. Of the 2,229 calls 1,779 were general calls, 1,120 were calls from veterans, and 30 of the calls were from Spanish-speaking callers.



- **Firearms Safety Campaign** – In partnership with the Solano County Sheriffs Office, SCBH developed “The 10 Commandments of Gun Safety” brochure (Appendix page F). One thousand brochures were distributed to the local businesses that sell firearms in Solano County.
- **Suicide Prevention Committee** – In partnership with the Solano County Suicide Prevention Committee a countywide *Suicide Prevention Strategic Plan* was created and presented to the community in September of 2017. The plan includes prevention, intervention, and postvention strategies tailored to meet the needs of the local community.

Prevention & Early Intervention Programs & Services

Stigma and Discrimination Reduction Activities



The following stigma reduction and outreach activities were conducted during FY 2017/18:

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 April 24, 2018, 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.

- The 4th annual “May is Mental Health Month” (MMHM) community event was held on May 12, 2018 attended by consumers, family

members, staff, contractors, members of the community & members of the media. The event which was attended by over 100 community members, included vendors, a “Hero Awards” ceremony, and activities to promote wellness and recovery.

- The SCBH Wellness & Recovery Unit sponsored two screenings of *Crazy Wise*, a documentary on alternative mental health treatments from different cultures.
- The SCBH MHSA Unit hosted the 3rd annual Wellness Event for County Health and Social Services staff that included a meditation room, an opportunity for art, and a photo booth activity promoting laughter and fun.
- Caminar held their 3rd annual Art Inspiration exhibit at the Vallejo City Hall where consumers displayed their photography for all to see. Caminar also hosted their 7th annual "Cammie Awards" celebrating consumer success stories and working to reduce stigma.
- Circle of Friends Wellness Center sponsored a BBQ which included a health fair attended by Solano County and Touro University providers who conducted blood pressure and diabetes checks. Additionally, the Center held a Mother’s Day Tea Party which included a fashion show.

Prevention & Early Intervention

Prevention Services

Family and Peer Support Program-Contractor

Agency Name: National Alliance on Mental Illness (NAMI) Solano Chapter

Description of Program:

The NAMI program provides support and advocacy to individuals with mental illness and their family members through workshops, trainings, and presentations for 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. Pre/post surveys are used to evaluate the program's impact on those served.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 765	
Program Indicators	Annual Outcome
Provide educational and support services for individuals to include consumers, family members, and community partners	A total of 765 unduplicated individuals received educational and/or support services.
<p>Provide educational classes and presentations for individuals with mental health illness and their families to include:</p> <ul style="list-style-type: none"> 7 courses including: "Family-to-Family" (F2F) [at least one in Spanish], "Peer-to-Peer" (P2P), and "Basics". <p>50% of individuals attending F2F, P2P and Basics classes will complete course in its entirety, and at least 50% of those individuals will demonstrate an overall increase in knowledge per the post participant survey.</p> <ul style="list-style-type: none"> At least 1 two-hour "In Our Own Voice" (IOOV) presentation 3 "Ending the Silence" (ETS) in-service presentations for high school aged youth and school personnel 	<ul style="list-style-type: none"> Provided a total of 4 courses and served a total of 59 unduplicated individuals: <ul style="list-style-type: none"> 1 F2F/English class 2 P2P classes 1 Basic class <p>69% (41) of individuals completed the courses and 93% (38) of those individuals demonstrated an increase in knowledge on the post survey.</p> <ul style="list-style-type: none"> Provided 31 IOOV presentations to 359 unduplicated individuals. Provided 8 ETS presentations, to 347 unduplicated participants. On post surveys 88% (305) of the participants endorsed increased knowledge on how to help themselves or a friend displaying the warning signs for mental illness.
Early Intervention Activities Unduplicated Individuals Served: 64	
Program Indicators	Annual Outcome
Provide 3 "Connection" relapse prevention support groups per month (36 groups annually) for adults living with serious mental health illness.	<p>Provided 50 groups to a total of 64 unduplicated individuals</p> <p>79% (51) of the consumers strongly agreed that the support group was helpful to them and 87% (36) strongly agreed that they had learned information new to them per post survey.</p>
Linkages	
Provide linkage and referrals for individuals needing other supports.	No referrals were made by the program.
Financial Report	
Cost per person for prevention activities	\$50
Cost per person for early intervention activities	\$106

Prevention & Early Intervention

Prevention Services

Highlights & Achievements

- The “Ending the Silence” outreach program to raise awareness for youth about signs and symptoms of mental illness was immensely successful.
- NAMI hosted a training for new “Basics” course teachers, and was able to add one additional teacher in Solano County. Additionally, several new resources were identified to aid in outreach to potential “Basics” participants for future courses.

Challenges & Barriers

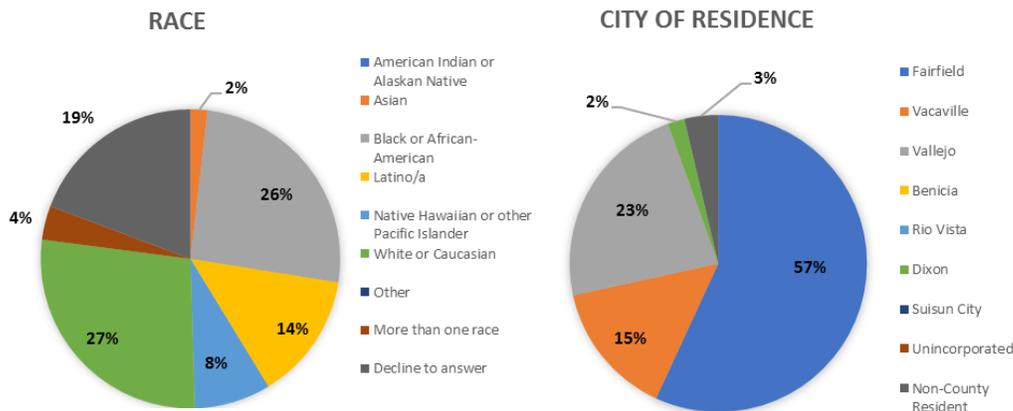
- The local NAMI Chapter has a shortage of teachers for most of the peer run programs, and have significant challenges recruiting Spanish-speaking volunteer facilitators for the “Family-to-Family” Spanish group.
- Recruiting individuals with lived experience with mental illness, particularly youth and young adults, for the “Ending the Silence” program has been difficult.

Changes in FY18/19

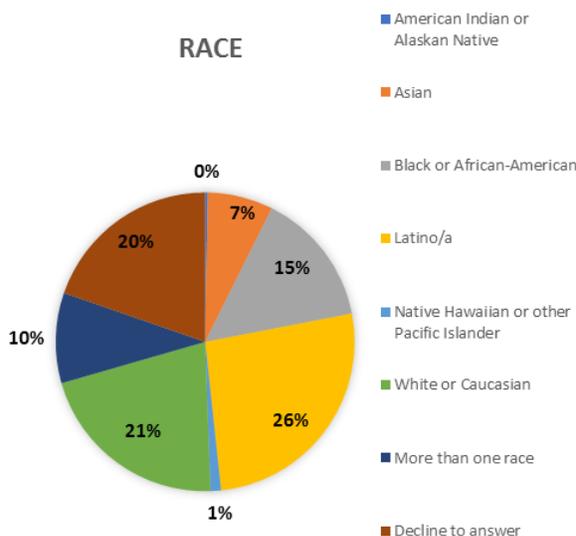
None.

The following charts and table on the following page provides demographic data for the individuals who were served by NAMI.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Outreach Services:



Prevention & Early Intervention

Prevention Services

Demographic Summary			Program Name: NAMI		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	0%	1%	Yes	1%	5%
16-25	4%	59%	No	52%	54%
26-59	81%	34%	Decline to answer	47%	41%
60+	15%	4%	Primary Language		
Decline to answer	0%	2%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	0%	0%	English	74%	88%
Asian	2%	7%	German	0%	0%
Black or African-American	26%	15%	Hindi	0%	0%
Latino/a	14%	26%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	8%	1%	Japanese	0%	0%
White/Caucasian	27%	21%	Korean	0%	0%
Other	0%	0%	Mandarin	0%	1%
More than one race	4%	10%	Other	2%	<1%
Decline to answer	19%	20%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	38%	38%	Spanish	1%	9%
Female	62%	48%	Tagalog	0%	<1%
Intersex	0%	0%	Unknown/Not Reported	23%	2%
Decline to answer	0%	14%	Vietnamese	0%	<1%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	31%	36%	Caribbean	0%	0%
Female	50%	46%	Central American	0%	4%
Transgender	0%	<1%	Mexican/Mexican-American/Chicano	0%	10%
Genderqueer	0%	0%	Puerto Rican	0%	0%
Questioning/unsure	1%	<1%	South American	6%	1%
Two-spirit	0%	0%	Other	0%	0%
Another gender identity	0%	0%	More than one ethnicity	0%	0%
Decline to answer	18%	18%	Decline to answer	94%	85%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	3%	3%	African	0%	<1%
Lesbian	2%	1%	Asian Indian/South Asian	0%	1%
Heterosexual/straight	33%	24%	Cambodian	0%	0%
Bisexual	4%	2%	Chinese	0%	0%
Questioning/unsure	0%	1%	Eastern European	0%	0%
Queer	0%	0%	European	1%	0%
Other/another sexual orientation	0%	0%	Filipino	0%	<1%
Decline to answer	58%	69%	Japanese	0%	0%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	0%	0%	Middle Eastern	1%	0%
Mental domain (learning, developmental, dementia)	46%	12%	Vietnamese	0%	0%
Physical/mobility domain	1%	2%	Other	0%	0%
Chronic physical health condition	1%	1%	More than one ethnicity	0%	0%
Chronic mental health condition	23%	11%	Decline to answer	98%	99%
No disability	1%	9%			
Other disability	1%	0%			
Decline to answer	27%	65%			

Prevention & Early Intervention

Prevention Services

African American Faith-Based Initiative (AAFBI) Mental Health Friendly Communities (MHFC)-Contractors

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

Description of Program:

The Mental Health Friendly Communities (MHFA) project is delivered in partnership with three independent contractors, several of which are faith-leaders themselves, with a goal to create mental health friendly communities to support individuals with mental illness and their families at local African American faith communities. Consultants provide trainings for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions within the faith community, which includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide trainings for mental health providers on best practice to utilize when working with African American consumers.

Program Performance Measures

Prevention Activities

Unduplicated Individuals Served: 877

Program Indicators	Annual Outcome
Overarching Goal: Provide community outreach and education events and activities to reach a minimum of 200 individuals	A total of 157 individuals were trained through educational events. A total of 720 individuals were outreached through outreach events.
Provide educational events and activities including the following training series: <ul style="list-style-type: none"> “Mental Health 101” designed for African American Faith Leaders “Spirituality 101” designed for mental health providers and community partners “Keepers of the Flock: Becoming a Caring Community of Faith” designed for mental health providers and community partners “A Bridge Over Troubled Waters” designed for mental health providers and community partners <p>The goal is for at least 75% of the training participants to demonstrate increased knowledge on culturally appropriate practices to utilize when serving the targeted population or on mental health topics covered during trainings, measured by a pre/post training survey.</p>	A total of 157 individuals were reached with 12 trainings: <ul style="list-style-type: none"> “Mental Health 101”: 4 trainings provided with 33 participants “Spirituality 101”: 1 training provided with 46 participants “Keepers the of Flock”: 6 trainings provided with 69 participants “A Bridge Over Troubled Waters”: 1 training provided with 9 participants <p>A total of 100% (157) of the participants demonstrated increased knowledge on post surveys.</p>
Conduct outreach activities to raise awareness about mental health by: <ul style="list-style-type: none"> Providing a minimum of 8 in-service presentations Participating in 2 major community-wide outreach events for Black History Month and May is Mental Health Month 	A total of 720 individuals were reached through 16 outreach events including: <ul style="list-style-type: none"> 7 in-service presentations provided to 143 participants 9 community events with 577 participants
Provide outreach, consultation, technical assistance, and a sustainable “train the trainer” curriculum to build an infrastructure for participating Mental Health Friendly Communities (MHFC) faith centers/ churches to solidify their commitments and continue as MHFC. <p>At least 50% of MHFC faith centers have an identified mental health lead that will provide ongoing training for congregants using the MHFC curriculum.</p>	A total of 9 faith centers were served, of which 78% (7) identified a mental health lead.
Linkage Services	
Provide linkage and referrals for individuals needing other supports.	One individual was linked to the County Access Line to address identified needs.
Financial Report	
Cost per person for prevention activities	\$94

Prevention & Early Intervention

Prevention Services

Highlights & Achievements

- In February and May, MHFC team members visited African American Faith Centers throughout the County as invited speakers for Sunday Worship Services and were able to distribute green ribbons and share the importance of seeking mental health support when needed. In May, the MHFC team was able to distribute church fans with stigma reduction information and mental health resources, including local resources.
- The annual “Spirituality 101” provider training was highly anticipated, and the day was spent with an enthusiastic group of providers who wanted to better address the needs of African Americans and gain an understanding of the significant role faith and spirituality plays towards wellness.
- Connected with one church in Vacaville with a significant veteran population and continue to work towards identifying a mental health lead.
- Provided in-service presentation to the County Black Infant Health Program.

Challenges & Barriers

- The MHFC Team is the primary referring party for the MHFC mini grants that are administered in partnership thru the NAMI Solano program. Only two mini grant applications were received during FY 2017/18 which resulted in unspent funds. The MHFC Team will work during the next FY to encourage faith communities to submit for mini grants throughout the year.
- The MHFC Team reported that they continue to experience challenges in regards to collecting the expanded PEI demographic information, particularly related to the categories for ethnicity and LGBTQ status.
- Capturing referrals and linkages that are a result of this project has been challenging primarily due to the fact that the MHFC consultants do not provide direct services and are primarily acting in a mentor/consultant role with the local faith centers. Given the County does not have contractual relationship with the faith centers directly it is difficult to institute a system to track referrals.

Changes in FY18/19

In an effort to reach and engage more faith centers in Solano County the funding was increased. Additionally, the County is working with the MHFC consultants to implement a new referral process for MHFC faith communities’ faith leads and identified church staff to refer directly to the County Access Line in such a way that the County can track referrals coming from the active MHFC churches.

Prevention & Early Intervention

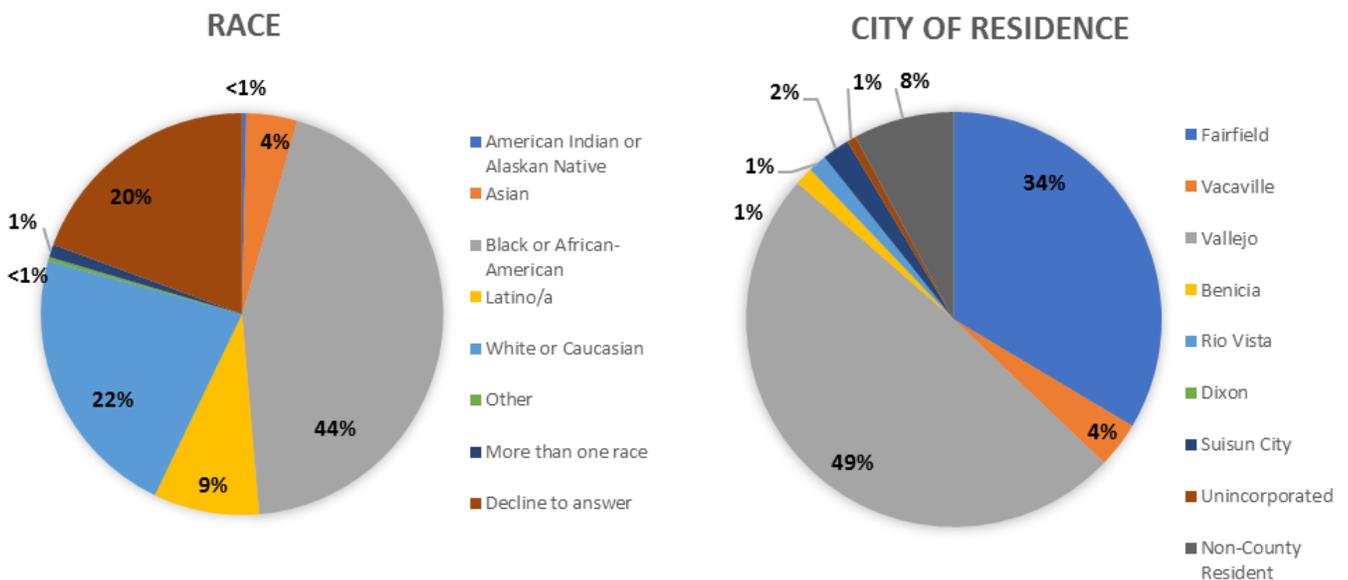
Prevention Services

Success Story

The MHFC Team worked closely with a situation involving an African American 14-year-old runaway foster youth who lives with mental illness. Her foster mom attended a service at one of the MHFC churches and reached out to seek support with getting fliers out to the community. When the youth was picked up and returned the young person was given the MHFC Team lead's number which was on an outreach fan. Since then the youth has been connected with a MHFC Ministry Team member and they talk frequently. The youth now wants to set up a Transition Aged Youth (TAY) Support Group at her

The following charts and table on the following page provides demographic data for the individuals who were served by AAFBI MHFC.

Demographic Breakdown of Trainings/In-Services:



Prevention & Early Intervention

Prevention Services

Demographic Summary	
Age	Outreach
0-15	1%
16-25	3%
26-59	62%
60+	22%
Decline to answer	12%
Race	
American Indian/Alaskan Native	<1%
Asian	4%
Black or African-American	44%
Latino/a	9%
Native Hawaiian/other Pacific Islander	0%
White/Caucasian	22%
Other	<1%
More than one race	1%
Decline to answer	20%
Gender Assigned At Birth	
Male	22%
Female	68%
Intersex	0%
Decline to answer	10%
Current Gender Identity	
Male	25%
Female	75%
Transgender	0%
Genderqueer	0%
Questioning/unsure	0%
Two-spirit	0%
Another gender identity	0%
Decline to answer	0%
Sexual Orientation	
Gay	1%
Lesbian	1%
Heterosexual/straight	69%
Bisexual	1%
Questioning/unsure	0%
Queer	0%
Other/another sexual orientation	0%
Decline to answer	28%
Disability	
Communication (seeing, hearing, speech, other)	1%
Mental domain (learning, developmental, dementia)	17%
Physical/mobility domain	4%
Chronic physical health condition	5%
Chronic mental health condition	26%
No disability	47%
Other disability	0%
Decline to answer	0%

Program Name: AAFBI	
Veteran Status	Outreach
Yes	7%
No	93%
Decline to answer	0%
Primary Language	
American Sign Language (ASL)	1%
Cantonese	1%
English	87%
German	0%
Hindi	0%
Ilocano	0%
Japanese	0%
Korean	0%
Mandarin	0%
Other	0%
Other Indic (Indian) Language	0%
Other Pacific Island Language	0%
Spanish	3%
Tagalog	0%
Unknown/Not Reported	8%
Vietnamese	0%
Ethnicity: Hispanic or Latino	
Caribbean	0%
Central American	19%
Mexican/Mexican-American/Chicano	48%
Puerto Rican	5%
South American	19%
Other	0%
More than one ethnicity	9%
Decline to answer	0%
Ethnicity: Non-Hispanic or Latino	
African	72%
Asian Indian/South Asian	0%
Cambodian	0%
Chinese	7%
Eastern European	1%
European	7%
Filipino	4%
Japanese	0%
Korean	0%
Middle Eastern	2%
Vietnamese	0%
Other	2%
More than one ethnicity	5%
Decline to answer	0%

Prevention & Early Intervention

Outreach for Increasing Recognition of Early Signs of Mental Illness

Several of the PEI funded programs employ strategies to provide education and training for the community in the recognition of the early signs of mental illness, however those programs are more weighted towards prevention/early intervention therefore those programs will be reported on in the pages to follow. That said, SCBH has ensured that MHSA funds a specific community training curriculum designed to educate community members to become potential responders.

Mental Health First Aid (MHFA) Trainings-County and Contractor

Agency Name: SCBH Staff and Area Agency on Aging Staff

Number of Trainings: 4 trainings in English and 1 training in Spanish

Number Served: 68 total participants of which 11 were monolingual Spanish-speaking parents

MHFA is an 8-hour course that teaches training participants to recognize the signs of mental illness and substance use disorders. Training participants learn skills need to provide support to someone who may be developing a mental health or substance use problem, or experiencing a crisis. There is a portion of the training focused on recognizing the signs of suicide thus this curriculum further supports the County's suicide prevention efforts.

Highlights & Achievements

During FY2017/18 the County identified a second staff member to attend the MHFA Train-the-Trainer course increasing our ability to provide MHFA trainings for the community. The staff person completed the MHFA certification process during the FY.

Challenges & Barriers

The MHFA training facilitators did not collect demographic information from training participants during FY2017/18.



Prevention & Early Intervention

Access and Linkage to Treatment

Partnership for Early Access for Kids (PEAK)-County

Agency Name: First 5 Solano

Description of Program:

The PEAK Program, which is co-funded by SCBH and First 5 Solano, is delivered by three community-based organizations including Child Haven, Uplift Family Services, and Solano Family Children’s Services. The 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. Additionally, the Help Me Grow (HMG) Solano phone line is co-funded by SCBH and First 5 Solano and is a point of access for many resources needed for children ages 0-5.

Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 2740 (1080 workshops/screening + 1660 HMG calls)	
Program Indicators	Annual Outcome
Provide workshops or other educational activities for parents/primary caregivers of children ages 0-5.	543 individuals attended workshops; 100% (543) of the attendees demonstrated increased knowledge on the workshop topic on the post survey.
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.”	213 providers attended trainings; 98% (208) of them demonstrated increased knowledge on the training topic per the post survey.
PEAK developmental/mental health screenings will be conducted to identify children who need further assessment and/or referral to treatment services.	324 children aged 0-5 received screenings to determine need for further intervention.
HMG Solano line will provide linkage and referrals for children and parents to public and private community resources, including referrals for PEAK developmental/mental health screenings, to support the child’s healthy development and/or caregiver’s mental health.	1660 HMG calls were received and of those calls 1378 referrals to services were made. 20% (329) of the calls were routed for PEAK screenings. The other referrals were to other appropriate services in the community.
Early Intervention Activities	
Unduplicated Individual Served: 11	
Program Indicators	Annual Outcome
Child Haven will provide assessments and brief mental health treatment services to privately insured children aged 0-5 who are identified as needing the additional services. Medi-cal insured or uninsured children are referred to County Mental Health for further assessment and treatment.	11 privately insured children were assessed and completed short-term treatment. 100% (11) of the children demonstrated improvement on the <i>Child and Adolescent Needs and Strengths (CANS)</i> post measure.
Linkage Services	
Referrals made to link children and caregivers to appropriate level of services for mental health, community, primary care, etc.	A total of 1,537 individuals were linked. This number includes linkages thru the HMG line and linkages made by PEAK screeners. Of the total linkages, 32% (488) were referred to mental health services which includes PEAK screenings and referrals for County Mental Health.
Financial Report	
Cost per person for prevention activities*	\$89
Cost per person for early intervention activities*	\$3,155

*Cost per person reflects the MHSA funding contribution only and does not include First 5 Solano matching funds.

Prevention & Early Intervention

Access and Linkage to Treatment

Highlights & Achievements

- The PEAK partners did an excellent job of collaborating to make sure that children and families received the needed services and linkages.
- HMG staff conducted outreach activities throughout the year, including attending Kindergarten Round-ups and community events, and outreaching to the Migrant Center in Dixon. The outreach efforts resulted in an overall increase in the calls to the HMG Line from 567 calls in FY 2016/17 to 1660 calls in FY 2017/18.

Challenges & Barriers

- During this program year the PEAK partners experienced staff turnover, including the loss of bilingual staff. In order to address this barrier, the agencies worked together very closely to ensure that the children with monolingual Spanish-speaking parents/caretakers were referred to whichever program had bilingual capacity. By the end of the FY all three of the contractors had hired bilingual staff.
- The program did not collect the demographic data for all program participants. This may be in part due to the fact that the vendors providing the services are contracted to do so by First 5 Solano, therefore SCBH does not have a direct reporting relationship with the vendors. Going forward efforts will be made to work with First 5 to have direct access to the vendors to guide the data reporting process.
- HMG continues to work on breaking barriers to establishing relationships with medical providers and other staff within the healthcare system in Solano. To address this barrier, the HMG team increased the amount of outreach activity for this target group.

Changes in FY18/19

In FY 2018/19, HMG Solano will continue to provide linkages to community resources, including mental health services and Child Haven will continue to provide developmental and mental health screenings. Also, beginning in FY 2018/19 First 5 Solano and SCBH will be co-funding the “Triple P- Positive Parent Program” evidenced-based parent education curriculum, which has been shown to improve child behavior and reduce parental stress and anxiety.

Success Story

Child Haven received a referral for a PEAK screening for a 15-month-old female foster child. The child had been exposed to drugs in utero and was removed from her birth mother at the time of birth. She was reunited with her mother at 3 months; however, at 6 months she was again removed from her mother due to severe neglect. After being removed from her mother, she was placed in two different foster homes. During this time, she was believed to be on the autism spectrum because she had no communication skills other than crying and grunting. She did not have the capacity to communicate if she was hungry, needed a diaper change, and she did not engage in play or express curiosity when presented with simple toys.

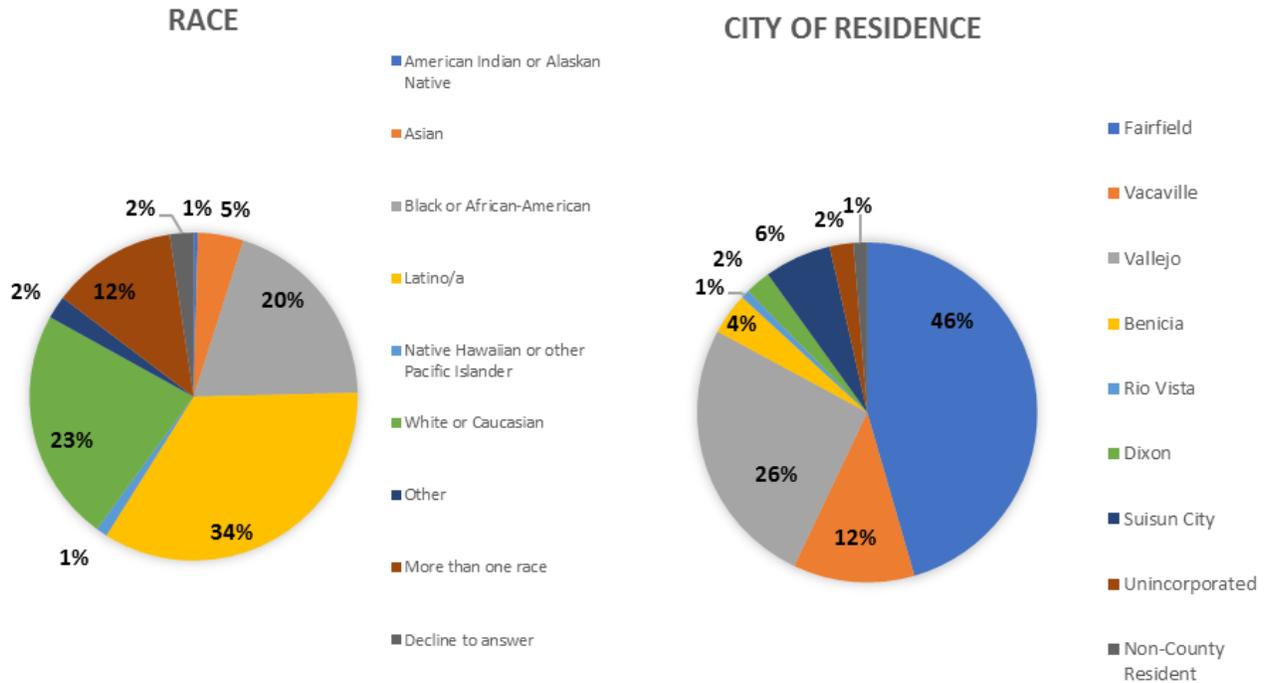
Child Haven provided treatment services for the child and her foster parents, which included Parent Child Interactive Therapy (PCIT), introducing Circle of Security (COS) principles to enhance their attachment, building rapport, and building parenting skills from a trauma-informed lens. Within one month of services the child started speaking spontaneously, engaging in play, expressing a range of positive emotions, and demonstrated age-appropriate tantrums from time to time. It became clear that she was not autistic; rather her symptoms were the result of trauma, severe neglect, failure to thrive, and ruptures in bonding and attachment. After six months of services the child and her perspective adoptive family graduated from PCIT and the adoption is expected to be finalized in 2018.

Prevention & Early Intervention

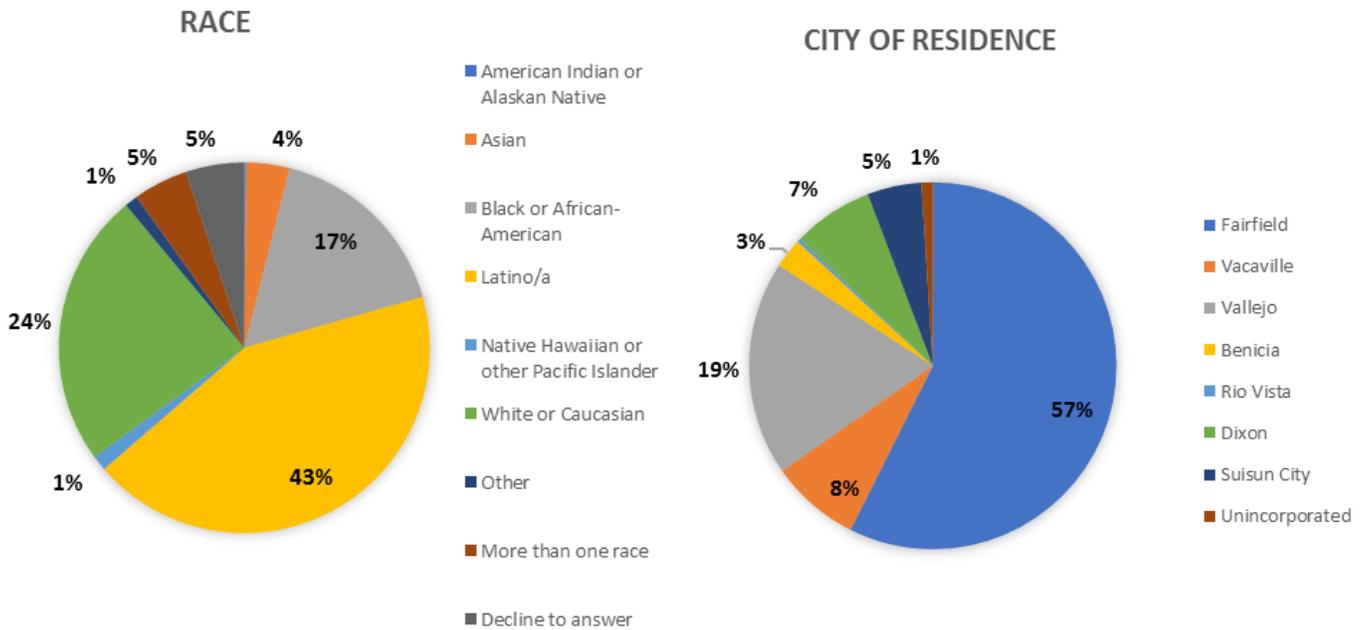
Access and Linkage to Treatment

The following charts and table on the following page provides demographic data for the individuals who were served by First 5 Solano PEAK Providers.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Outreach and Training Services:



Prevention & Early Intervention

Access and Linkage to Treatment

Demographic Summary			Program Name: First 5		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	100%	0%	Yes	0%	0%
16-25	0%	43%	No	0%	0%
26-59	0%	57%	Decline to answer	100%	100%
60+	0%	0%	Primary Language		
Decline to answer	0%	0%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	1%	<1%	English	79%	79%
Asian	5%	4%	German	0%	0%
Black or African-American	20%	17%	Hindi	0%	0%
Latino/a	34%	43%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	1%	1%	Japanese	0%	0%
White/Caucasian	23%	24%	Korean	0%	0%
Other	2%	1%	Mandarin	0%	0%
More than one race	12%	5%	Other	<1%	0%
Decline to answer	2%	5%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	50%	33%	Spanish	20%	21%
Female	50%	67%	Tagalog	<1%	0%
Intersex	0%	0%	Unknown/Not Reported	1%	0%
Decline to answer	0%	0%	Vietnamese	<1%	0%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	0%	0%	Caribbean	0%	0%
Female	0%	0%	Central American	0%	0%
Transgender	0%	0%	Mexican/Mexican-American/Chicano	0%	0%
Genderqueer	0%	0%	Puerto Rican	0%	0%
Questioning/unsure	0%	0%	South American	0%	0%
Two-spirit	0%	0%	Other	0%	0%
Another gender identity	0%	0%	More than one ethnicity	0%	0%
Decline to answer	100%	100%	Decline to answer	100%	100%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	0%	0%	African	0%	0%
Lesbian	0%	0%	Asian Indian/South Asian	0%	0%
Heterosexual/straight	0%	0%	Cambodian	0%	0%
Bisexual	0%	0%	Chinese	0%	0%
Questioning/unsure	0%	0%	Eastern European	0%	0%
Queer	0%	0%	European	0%	0%
Other/another sexual orientation	0%	0%	Filipino	0%	0%
Decline to answer	100%	100%	Japanese	0%	0%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	0%	0%	Middle Eastern	0%	0%
Mental domain (learning, developmental, dementia)	0%	0%	Vietnamese	0%	0%
Physical/mobility domain	0%	0%	Other	0%	0%
Chronic physical health condition	0%	0%	More than one ethnicity	0%	0%
Chronic mental health condition	0%	0%	Decline to answer	100%	100%
No disability	0%	0%			
Other disability	0%	0%			
Decline to answer	100%	100%			

Prevention & Early Intervention

Prevention and Early Intervention Programs

Agency Name: Maternal, Child and Adolescent Health (MCAH) Bureau of Public Health Division

Title of Program: Pregnant & Postpartum Maternal Support (PPMS)

Description of Program:

The PPMS Program provides perinatal mental health prevention and intervention services, including screening and brief treatment through home visits and group activities. This enhances existing home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral therapy, Attachment therapy, and psychoeducation, using one-on-one and group modalities.

Performance Measures	
Prevention Activities Unduplicated Individuals Served: 51	
Program Indicators	Annual Outcomes
Provide mental health screening and referrals to 30 individuals (prorated 13 due to late implementation).	A total of 22 consumers received screening services.
70% of the “Mothers and Babies” (MB) group participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale</i> .	Of the 7 consumers who completed the MB Group, 86% (6) reported a decrease in depression and/or anxiety based on the <i>Edinburgh Depression Scale</i> .
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale</i> .	Of the 7 consumers who completed the MB Group, 71% (5) reported a decrease in perceived stress levels as measured by the <i>Perceived Stress Scale</i> .
20-30 MCAH home visiting staff will be trained on the evidence-based “Mothers and Babies Perinatal Depression Prevention Intervention” model.	A total of 29 MCAH home visiting and management staff received the training.
Early Intervention Activities Unduplicated Individual Served: 16	
Program Indicators	Annual Outcomes
Provide 2- 3 cycles (6-weeks) of the MB Groups for a minimum of 15 individuals.	A total of 2 groups were provided, with 11 unduplicated participants.
Direct service: Provide brief intervention crisis services by MSW social worker for women who are high risk due to mental health and/or co-occurring substance abuse conditions.	A total of 5 unduplicated consumers received brief intervention services. There was a delay in implementation due to hiring process at county.
Linkage Services	
Provide referrals and linkages to necessary services.	4 individuals received linkage services.
Financial Report	
Cost per person for prevention activities	\$5,288
Cost per person for early intervention activities	\$2,585

Highlights & Achievements

- MCAH established a service contract with New Dawn Corporation in Vallejo to provide childcare services during groups to alleviate barriers to group attendance. In addition, a second agreement was established with the City of Vallejo Parks and Recreation for facility use for Mothers and Babies Group Sessions.
- MCAH successfully completed two cohorts of the 6-week Mothers and Babies groups at two central locations in the cities of Fairfield and Vallejo.

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements (cont.)

- Participant feedback forms were distributed and collected from participants at the end of each session containing 3 key evaluation questions. The tallied results showed that 100% of participants felt the sessions were enjoyable, understandable and useful.

Challenges & Barriers

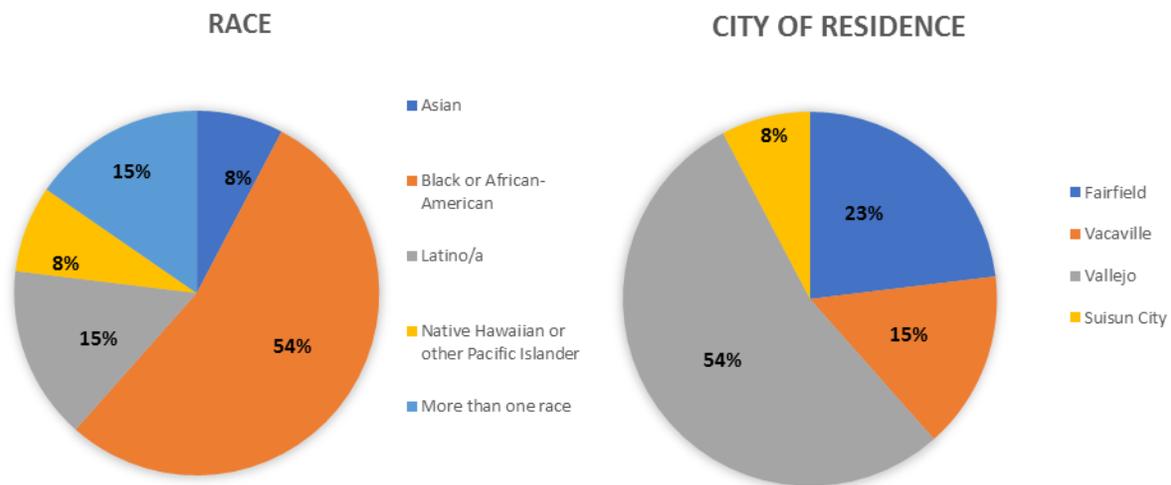
- In the first two quarters of FY 2017/18 challenges with contracting with Northwestern University for the “Mothers and Babies” curriculum training caused a delay in the training date for staff, which in turn delayed implementation of the Mothers and Babies Group intervention.
- Mothers and Babies Groups faced several challenges early in implementation. In Cohort 2, most of the participants assessed with high mental health concerns, medical health issues, and presented with untreated post-traumatic stress disorder.
- MCAH experienced challenges related to the scheduling of groups. MB Cohort 1 was offered in the winter months which presented barriers for group attendance due to illness of both mothers and babies, inclement weather, and less referrals received during holiday months. MCAH creatively addressed challenges by making slight allowable modifications to the curriculum, providing transportation to groups, and offering childcare. Beginning FY 2018/19 MCAH will adjust the schedule of the groups to avoid winter months; groups will be held in late summer, fall and the spring months.

Changes in FY18/19

None.

The charts and table on the following page provides demographic data for the individuals who were served by MCAH.

Demographic Breakdown of Direct Services:



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Summary		Program Name: MCAH	
Age	Direct	Veteran Status	Direct
0-15	8%	Yes	8%
16-25	8%	No	92%
26-59	84%	Decline to answer	0%
60+	0%	Primary Language	
Decline to answer	0%	American Sign Language (ASL)	0%
Race		Cantonese	0%
American Indian/Alaskan Native	0%	English	100%
Asian	8%	German	0%
Black or African-American	54%	Hindi	0%
Latino/a	15%	Ilocano	0%
Native Hawaiian/other Pacific Islander	8%	Japanese	0%
White/Caucasian	0%	Korean	0%
Other	0%	Mandarin	0%
More than one race	15%	Other	0%
Decline to answer	0%	Other Indic (Indian) Language	0%
Gender Assigned At Birth		Other Pacific Island Language	0%
Male	0%	Spanish	0%
Female	100%	Tagalog	0%
Intersex	0%	Unknown/Not Reported	0%
Decline to answer	0%	Vietnamese	0%
Current Gender Identity		Ethnicity: Hispanic or Latino	
Male	0%	Caribbean	0%
Female	100%	Central American	0%
Transgender	0%	Mexican/Mexican-American/Chicano	75%
Genderqueer	0%	Puerto Rican	0%
Questioning/unsure	0%	South American	0%
Two-spirit	0%	Other	25%
Another gender identity	0%	More than one ethnicity	0%
Decline to answer	0%	Decline to answer	0%
Sexual Orientation		Ethnicity: Non-Hispanic or Latino	
Gay	0%	African	72%
Lesbian	0%	Asian Indian/South Asian	0%
Heterosexual/straight	84%	Cambodian	0%
Bisexual	8%	Chinese	0%
Questioning/unsure	0%	Eastern European	0%
Queer	0%	European	14%
Other/another sexual orientation	0%	Filipino	14%
Decline to answer	8%	Japanese	0%
Disability		Korean	0%
Communication (seeing, hearing, speech, other)	0%	Middle Eastern	0%
Mental domain (learning, developmental, dementia)	0%	Vietnamese	0%
Physical/mobility domain	0%	Other	0%
Chronic physical health condition	0%	More than one ethnicity	0%
Chronic mental health condition	86%	Decline to answer	0%
No disability	0%		
Other disability	0%		
Decline to answer	14%		

Prevention & Early Intervention

Prevention and Early Intervention Programs

LGBTQ Outreach and Access Program-Contractor

Agency Name: Solano Pride Center (contract effective on Oct 1, 2017, deliverables prorated*)

Description of Program:

Solano Pride Center is a community-based social support program designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one’s identity. The program provides education to the community, social/support groups for LGBTQ individuals, and brief counseling for LGBTQ consumers with mild mental to moderate mental health conditions.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 1665 (1323 from tabling events+342 unduplicated in social/support group activities)	
Program Indicators	Annual Outcome
Reach an annual minimum of 150, (*prorated to 112) individuals through targeted mental health stigma reduction outreach and education activities.	A total of 16 outreach and education activities were offered with a total of 1323 participants.
Collaborate with 10 (*prorated to 7.5) Solano County schools to engage in the “Welcoming Schools” program to provide education and trainings in the schools to promote LBGTQ inclusive schools and prevent bullying.	Collaborated with 8 local schools.
Reach an annual minimum of 50 (*prorated to 38) unduplicated consumers through social activities and support groups	A total of 342 unduplicated consumers were served.
A minimum of 50% of individuals receiving social/support group prevention services shall demonstrate improvement on a <i>Quality of Life (QoL) Scale</i> . This tool was initiated later in the FY and due to staffing issues and the use of volunteers to facilitate the support groups there were challenges implementing this outcome measure.	A total of 21 unduplicated consumers completed the baseline <i>QoL</i> tool during FY 2017/18, however the tool was not administered again during the FY.
Early Intervention Activities Unduplicated Individuals Served: 36	
Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 20 (*prorated to 15) unduplicated consumers. 75% of consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	A total of 36 unduplicated consumers were served, with 21 of those attending two or more counseling sessions. A total of 94% (16) of consumers who completed a follow-up <i>QoL Scale</i> showed improvement in functioning.
Linkage Services	
Provide referrals and linkages for LGBTQ youth, adults, and seniors.	A total of 3 referrals and linkages were made to housing and other non-mental health services.
Financial Report	
Cost per person for prevention activities	\$44
Cost per person for early intervention activities	\$254

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements

- The 2nd annual local Pride Festival, organized by the Solano Pride Center, was held at the Vallejo waterfront. Additionally, the program facilitated several other Pride Month events/activities held throughout the County including author readings, a film screening, a youth dance, an adult gala, and an LGBTQ night at Vallejo Admirals.
- One of biggest successes remains the Solano Pride Youth Group, with an average of 15-20 youth in attendance at the bi-weekly meetings.
- In preparation of June being Pride Month, Solano Pride Center partnered with residents from the six local cities: Vallejo, Benicia, Fairfield, Suisun City, Dixon, and Vacaville; and the County of Solano, to pass local proclamations/resolutions declaring the month of June Pride Month in Solano County. The program was particularly proud of having prevailed in having a proclamation passed in the city of Vacaville as this has been a challenge in the past.

Challenges & Barriers

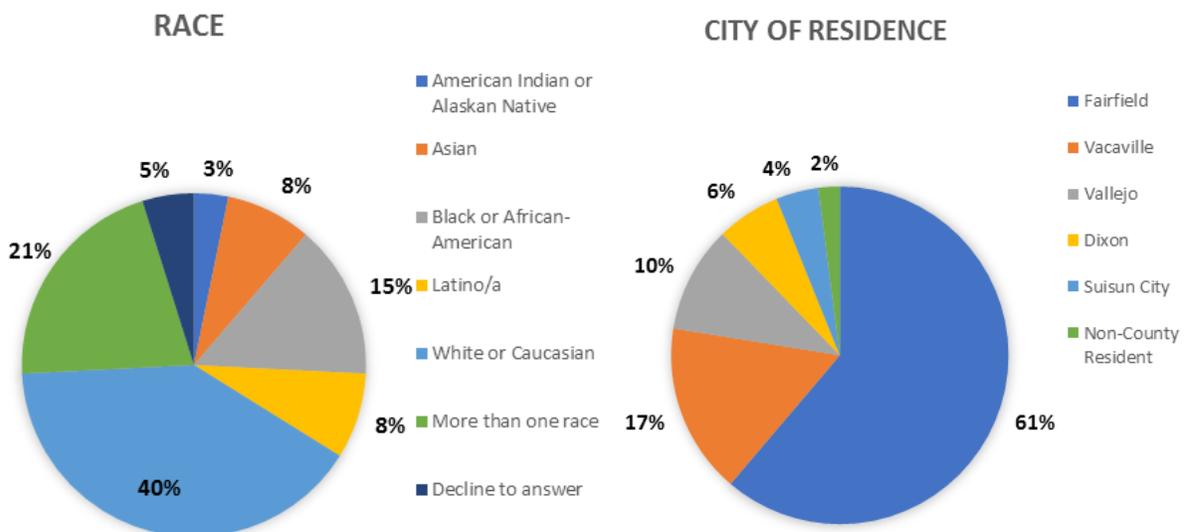
- The organization experienced challenges recruiting staff for the program.
- The program had a difficult time systemizing the collection of demographic data for program participants as well as administering the *QoL Scale* pre/post qualitative measure. This was in part due to staffing challenges. The SCBH MHA team continues to provide technical assistance to address these barriers.

Changes in FY18/19

Rebecca Nord, the Managing Director, retired in July of 2018 and the Solano Pride Board is currently in the process to recruit a new Director.

The charts and table on the following page provides demographic data for the individuals who were served by Solano Pride.

Demographic Breakdown of Direct Services:



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Breakdown of Outreach/Training Services:

No demographic information is available due to outreach services being provided thru tabling at fairs and community events.

Demographic Summary		Program Name: Solano Pride	
Age	Direct	Veteran Status	Direct
0-15	18%	Yes	6%
16-25	41%	No	86%
26-59	21%	Decline to answer	8%
60+	20%	Primary Language	
Decline to answer	0%	American Sign Language (ASL)	0%
Race		Cantonese	0%
American Indian/Alaskan Native	3%	English	90%
Asian	8%	German	0%
Black or African-American	15%	Hindi	0%
Latino/a	8%	Ilocano	0%
Native Hawaiian/other Pacific Islander	0%	Japanese	2%
White/Caucasian	40%	Korean	0%
Other	0%	Mandarin	0%
More than one race	21%	Other	2%
Decline to answer	5%	Other Indic (Indian) Language	0%
Gender Assigned At Birth		Other Pacific Island Language	0%
Male	46%	Spanish	4%
Female	50%	Tagalog	2%
Intersex	0%	Unknown/Not Reported	0%
Decline to answer	4%	Vietnamese	0%
Current Gender Identity		Ethnicity: Hispanic or Latino	
Male	38%	Caribbean	7%
Female	35%	Central American	7%
Transgender	8%	Mexican/Mexican-American/Chicano	43%
Genderqueer	13%	Puerto Rican	15%
Questioning/unsure	4%	South American	14%
Two-spirit	0%	Other	7%
Another gender identity	0%	More than one ethnicity	0%
Decline to answer	2%	Decline to answer	7%
Sexual Orientation		Ethnicity: Non-Hispanic or Latino	
Gay	34%	African	6%
Lesbian	16%	Asian Indian/South Asian	0%
Heterosexual/straight	4%	Cambodian	0%
Bisexual	20%	Chinese	0%
Questioning/unsure	2%	Eastern European	0%
Queer	10%	European	18%
Other/another sexual orientation	12%	Filipino	9%
Decline to answer	2%	Japanese	9%
Disability		Korean	0%
Communication (seeing, hearing, speech, other)	3%	Middle Eastern	0%
Mental domain (learning, developmental, dementia)	7%	Vietnamese	0%
Physical/mobility domain	12%	Other	7%
Chronic physical health condition	15%	More than one ethnicity	20%
Chronic mental health condition	0%	Decline to answer	31%
No disability	46%		
Other disability	15%		
Decline to answer	2%		

Prevention & Early Intervention

Prevention and Early Intervention Programs

School-Based Mental Health Service Programming-Contractors

Agency Name: A Better Way

Title of Program: School-Based Mental Health Service Program

Description of Program:

The A Better Way school-based program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across Solano County as determined by school districts. Prevention services include trainings for school personnel and parents; and student group workshops. Early intervention services include assessments and brief mental health treatment. Through a multi-disciplinary partnership between Solano County Behavioral Health, Solano County Probation, Fairfield Suisun Unified School District, Fairfield Police Department (FPD), and A Better Way, students who receive a citation by FPD are routed to the Mentally Ill Offender Crime Reduction (MIOCR) diversion program for assessment and brief mental health treatment.

Program Performance Measures

Prevention Activities

Unduplicated Individuals Served: 1501

Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 1422 students, school personnel and parents.	A total of 1501 individuals received a prevention service.
Provide 22 trainings/consultation services for school personnel, with a minimum of 2 trainings provided through the MIOCR diversion program.	A total of 26 trainings were provided, of which 3 were for the MIOCR diversion program, with a total of 528 training participants.
Provide 18 trainings/engagement activities to parents and caregivers, with a minimum of 1 training provided for the MIOCR diversion program.	A total of 19 trainings were provided, of which 1 was for the MIOCR diversion program, with a total of 601 participants.
Provide a minimum of 4 workshops for students for each participating school districts.	A total of 64 workshops were provided with a total of 372 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.	A total of 496 participants were administered both a pre/post survey and of those 79% (378) showed increased knowledge in the training/workshop topic.

Early Intervention Activities

Unduplicated Individual Served: 111 through school-based and 30 through MIOCR

Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 300 students, with a minimum of 12 youth thru the MIOCR diversion program.	A total of 141 youth received an assessment: <ul style="list-style-type: none"> 111 students were assessed thru local school sites 30 youth were assessed thru the MIOCR diversion program
At least 75% of the students receiving short-term mental health services will demonstrate improvement in overall score on an assessment tool which may include the <i>BECK Depression Inventory</i> , <i>BECK Anxiety Inventory</i> , <i>BECK Disruptive Behavior Inventory</i> , <i>BECK Self- Concept Inventory</i> , <i>BECK Anger Inventory</i> , and/or the <i>Child Behavioral Checklist (CBCL)</i> at 6-months or at discharge if sooner.	Of the 111 students receiving services thru local school sites, 86 students were administered both a pre/post measure during the reporting period and of those 67% (58) showed improvement in symptoms. Of the 30 youth receiving services thru the MIOCR diversion program, 24 youth were administered both a pre/post measure during the reporting period and of those 79% (19) showed improvement in symptoms.

Linkage Services

Provide linkage and referrals for students identified as needing additional services.	68 unduplicated individuals received referral and linkage services through school-based services and 27 through the MIOCR diversion program. <ul style="list-style-type: none"> 89 individuals were referred for mental health services either through County or private insurance 2 individuals were referred to primary care 4 individuals were referred to other resources, included housing, food bank, other social services, etc.
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Financial Report

Cost per person for prevention activities	\$178
Cost per person for early intervention activities	\$7,569

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements

- With expanded funding for FY 2017/18 the agency was able to hire more clinicians and now have staff co-located at 19 schools in the Vallejo, Benicia, Travis, Fairfield/Suisun, and Vacaville School Districts. 6 new schools were added during FY 2017/18 and the school-based staff were able to quickly establish strong working relationships with school site staff.
- Due to the strong partnership with Vallejo Unified School District program staff have been present at each Family Night event offered at assigned school sites and were able to provide parent training sessions at many of the Family Night events.
- The program provided a 6-hour training *Developmentally Sensitive Approaches to Working with Students Impacted by Trauma*, with 20 participants representing Travis, Vallejo, and Dixon School Districts.
- The program successfully implemented the prevention student workshops as evidenced by providing 64 workshops on various topics such as social skills, anti-bullying, safe social media, etc. Students do not need to undergo a mental health assessment in order to participate in a workshop, which results in more students receiving services.
- As a result of a positive working relationship between the clinician co-located with the MIOCR Diversion Program and Solano County Probation staff, a request was made to expand services to youth involved with the juvenile justice system resulting in Probation funding a second clinician position.

Challenges & Barriers

- Program staff continue to experience challenges related to low referrals from some school sites resulting in an underutilization of clinicians. This is in part, due to changes in school personnel each school year, as well as the criteria and process each district determines in regards to which students are referred to the program. There have also been challenges with scheduling trainings and workshops. The County and A Better Way leadership continue to meet with school district representatives to address these barriers.
- The program was not able to meet the deliverable of assessing a minimum of 300 children/youth. In addition to the challenges described above, there was a heavier focus during FY 2017/18 on providing prevention services to children/youth through student workshops. While the program did not meet the deliverable related to number of assessments, they did serve considerably more students in the school setting from 156 students served during FY 2016/17 to a total of 483 students served during FY 2017/18. This increase is due to the implementation of the student workshops referenced above. In order to position the program to provide more assessments during the next school year, the County is working with A Better Way leadership to identify strategies which may include: identifying 1-2 intake clinicians who will travel to various school sites to provide assessments and then refer to the clinician/s co-located at the school site for brief treatment; revision of the current assessment tool being used; and training for staff in briefer therapy models.
- Meeting the linguistic needs of the schools that the programs serves, particularly schools with higher percentages of students with Spanish-speaking families, was challenging. One of the program supervisors is bilingual and she has supported several clinicians with intakes and follow up calls acting as an interpreter with monolingual Spanish-speaking parents/caretakers. This strategy has allowed the program to provide more culturally and linguistically appropriate services and supports for the students and families served.

Prevention & Early Intervention

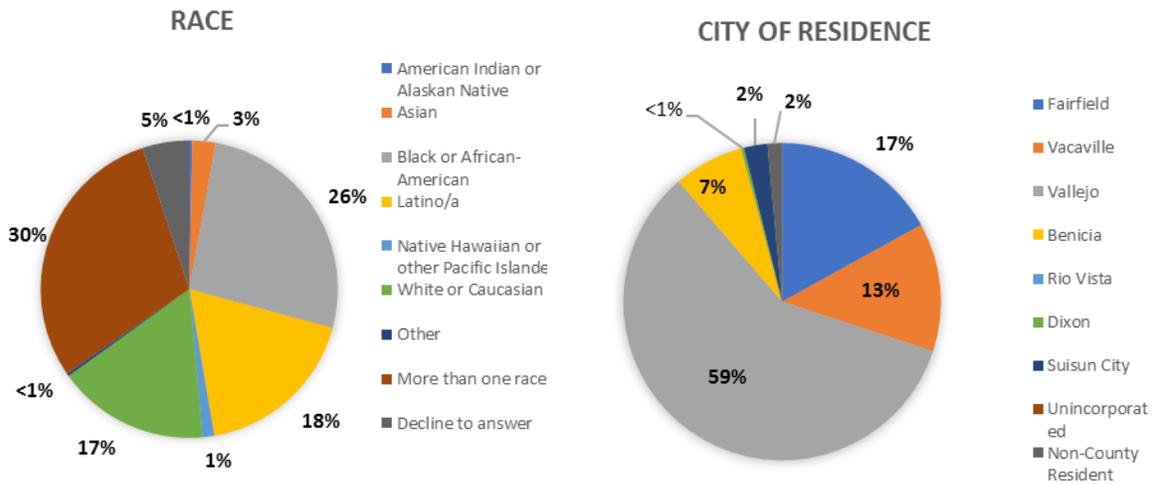
Prevention and Early Intervention Programs

Changes in FY18/19

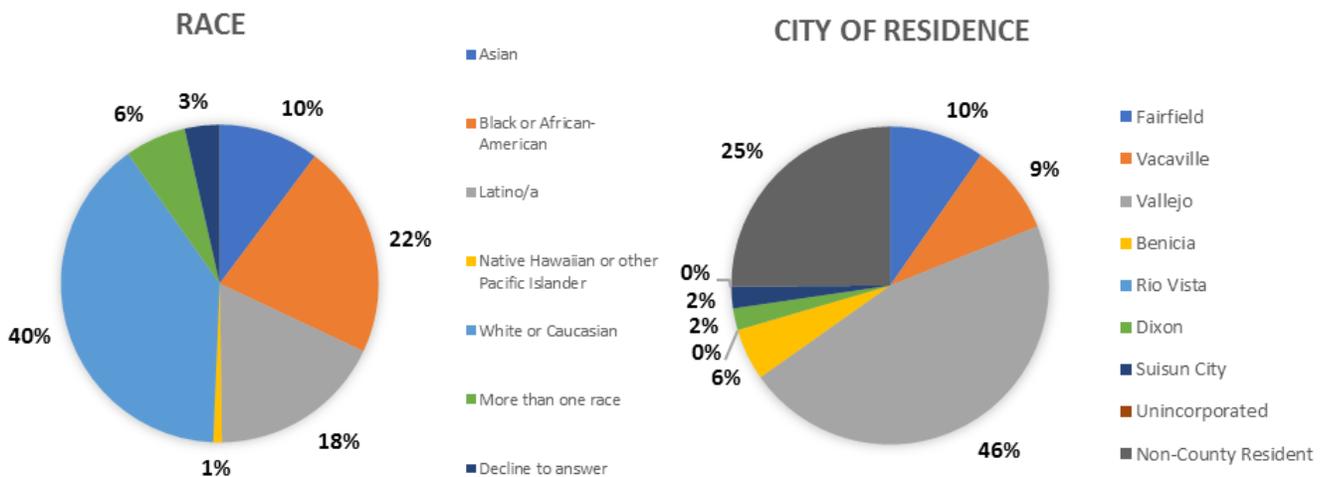
Dixon Unified School District has agreed to leverage the MHTA funded school-based services; therefore, A Better Way will provide a clinician to be co-located 2 days per week in a Dixon school site/s to be determined. Solano County Probation has entered into a contract directly with A Better Way to provide mental health service for children/youth involved with the juvenile justice system. The funds that had been allocated to the solely dedicated clinician for the MIOCR program will be redirected to the school-based services. During the Annual Update community planning process, the need for more mental health services in the schools was identified. The County, in partnership with the MHTA Steering Committee, will explore how to best meet this need.

The following charts and table on the following page provides demographic data for the individuals who were served by A Better Way.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Training Services



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Summary			Program Name: A Better Way		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	87%	1%	Yes	0%	3%
16-25	13%	4%	No	100%	87%
26-59	0%	81%	Decline to answer	0%	10%
60+	0%	12%	Primary Language		
Decline to answer	0%	2%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	<1%
American Indian/Alaskan Native	<1%	0%	English	96%	88%
Asian	3%	10%	German	0%	0%
Black or African-American	26%	22%	Hindi	0%	0%
Latino/a	18%	18%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	1%	1%	Japanese	0%	0%
White/Caucasian	17%	40%	Korean	0%	0%
Other	<1%	0%	Mandarin	0%	0%
More than one race	30%	6%	Other	0%	<1%
Decline to answer	5%	3%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	54%	22%	Spanish	4%	5%
Female	46%	77%	Tagalog	0%	5%
Intersex	<1%	0%	Unknown/Not Reported	0%	2%
Decline to answer	0%	1%	Vietnamese	0%	0%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	53%	21%	Caribbean	0%	0%
Female	46%	76%	Central American	4%	3%
Transgender	<1%	0%	Mexican/Mexican-American/Chicano	87%	94%
Genderqueer	0%	0%	Puerto Rican	0%	0%
Questioning/unsure	1%	0%	South American	0%	0%
Two-spirit	0%	<1%	Other	9%	3%
Another gender identity	<1%	0%	More than one ethnicity	0%	0%
Decline to answer	<1%	3%	Decline to answer	0%	0%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	0%	1%	African	37%	25%
Lesbian	0%	1%	Asian Indian/South Asian	<1%	1%
Heterosexual/straight	60%	79%	Cambodian	0%	0%
Bisexual	2%	2%	Chinese	0%	1%
Questioning/unsure	8%	0%	Eastern European	0%	0%
Queer	<1%	0%	European	19%	47%
Other/another sexual orientation	1%	0%	Filipino	3%	10%
Decline to answer	29%	17%	Japanese	0%	0%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	10%	2%	Middle Eastern	<1%	0%
Mental domain (learning, developmental, dementia)	3%	3%	Vietnamese	0%	0%
Physical/mobility domain	<1%	3%	Other	2%	1%
Chronic physical health condition	1%	5%	More than one ethnicity	33%	9%
Chronic mental health condition	1%	<1%	Decline to answer	6%	6%
No disability	68%	74%			
Other disability	1%	<1%			
Decline to answer	16%	13%			

Prevention & Early Intervention

Prevention and Early Intervention Programs

Agency Name: Rio Vista CARE, Inc.

Title of Program: School-Based Mental Health Service Program

Description of Program:

The Rio Vista CARE school-based program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services at 3 school sites, D.H White Elementary, Riverview Middle School, and Rio Vista High School, in the city of Rio Vista. Prevention services include trainings for school personnel and parents; and student group workshops. Early intervention services include assessments and brief mental health treatment.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 96	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 198 students, school personnel and parents.	A total of 9 trainings and 6 student workshops were provided with a total of 96 participants.
Provide a minimum of one training for school personnel at each assigned school site.	A total of 2 trainings were provided with a total of 47 participants.
Provide a minimum of one training for parent/caretakers at each assigned school site.	A total of 7 trainings were provided with a total of 42 participants.
Provide a minimum of one student workshop at each assigned school site.	A total of 6 workshops were provided with a total of 7 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys. 60% of student workshop participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	The post survey was not collected for school personnel. Only 4 post surveys were collected from parents and of those 100% demonstrated increased knowledge. Only 3 post surveys were collected from students and of those 67% demonstrated increased knowledge on the workshop topic.
Early Intervention Activities Unduplicated Individual Served: 24	
Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 30 students.	A total of 24 youth received an assessment.
At least 75% of the students who receive short-term mental health treatment will show improvement in overall score on an assessment tool which may include the <i>Quality of Life (QoL) Scale</i> or the <i>Child and Adolescent Needs and Strengths (CANS)</i> tool	A total of 16 students received treatment services. Of those, 14 completed the pre/post outcome measure, with 79% (11) having shown improvement in functioning and symptoms.
Linkage Services	
Provide linkage and referrals for students identified as needing additional services.	A total of 9 students were linked to additional services; of those 78% (7) were referred to mental health services.
Financial Report	
Cost per person for prevention activities	\$106
Cost per person for early intervention activities	\$992

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements

- System processes were put into place to streamline the referral process for students in need of services, and an internal process was created to route them into appropriate treatment in a timely manner.
- The focus of workshops and group education aided mental health staff in providing supportive education to a wider group of students than before.
- Consumers were able to reach identified short-term goals in their treatment plan and transition to a maintenance phase prior to case closure.

Challenges & Barriers

- Due to the fact that there are 3 counties associated with the River Delta School District, determining appropriate eligibility for services can be a challenge.
- The agency has continued to implement changes in regards to clinical and supervisory oversight which resulted in challenges with collecting pre/post measures. SCBH continues to provide technical assistance for the program.
- There was a significant challenge in regards to the school sites not taking advantage of MHSA services including trainings and prevention student workshops.

Changes in FY18/19

During the Annual Update community planning process, the need for more mental health services in the schools was identified. The County, in partnership with the MHSA Steering Committee, will explore how to best meet this need.

The following charts and table on the following page provides demographic data for the individuals who were served by Rio Vista CARE.

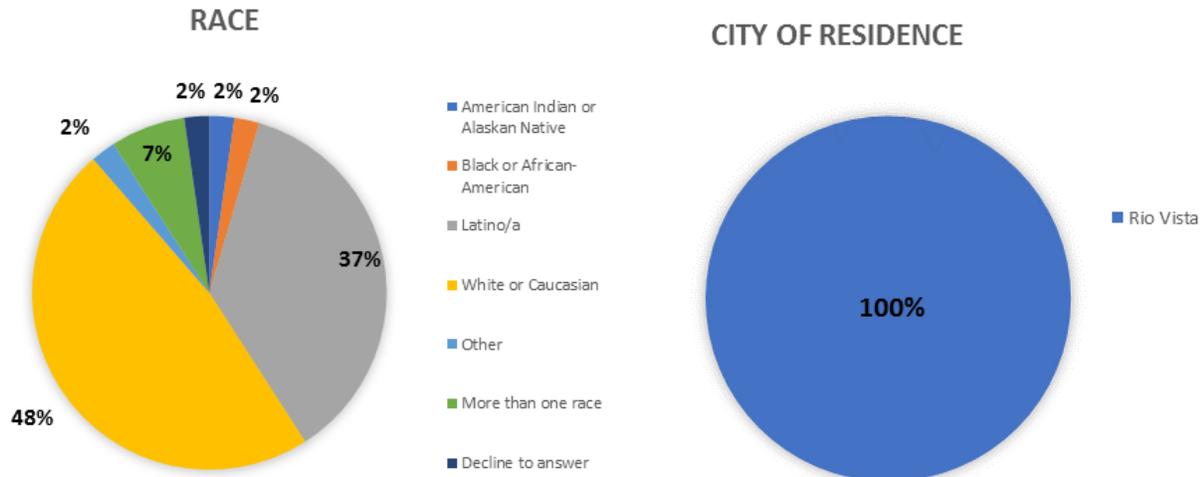


Prevention & Early Intervention

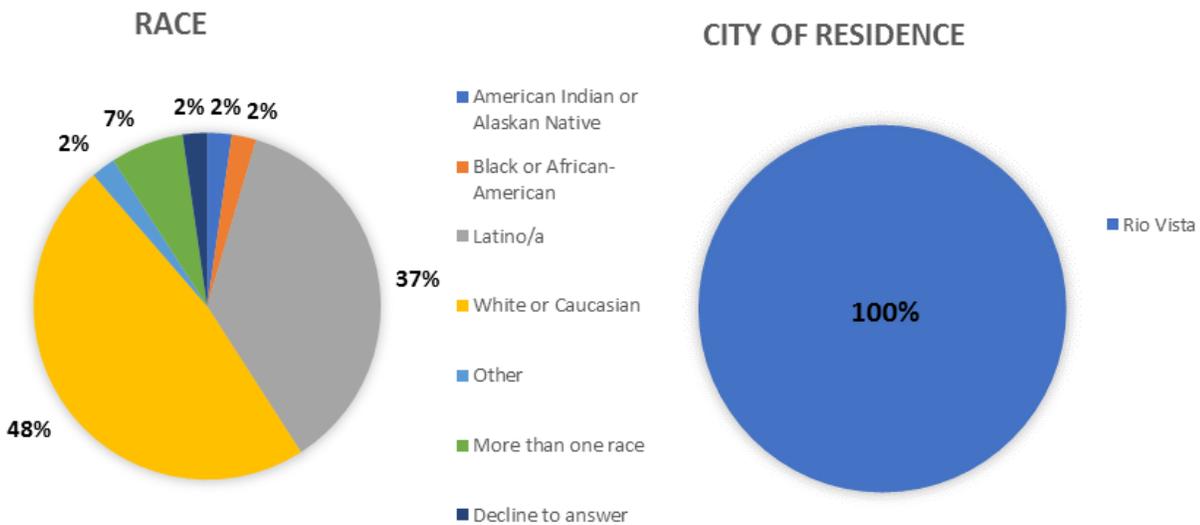
Prevention and Early Intervention Programs

The following charts and table on the following page provides demographic data for the individuals who were served by Rio Vista CARE.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Training Services:



Due to the small number of consumers served and rural community the program is located in, consumer detailed demographic data is not included in this report in order to protect the privacy for the consumers served.

Prevention & Early Intervention

Prevention and Early Intervention Programs

Agency Name: Solano County Office of Education (SCOE)

Title of Program: School-Based Mental Health Service Program

Description of Program:

SCOE serves as a liaison between County Behavioral Health, 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 6-21. Additionally, SCOE staff provide trainings for school personnel and parents, as well as prevention workshops for students.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 286	
Program Indicators	Annual Outcome
Provide a minimum of 2 trainings for school personnel for participating school districts.	A total of 2 trainings were provided with a total of 42 participants.
Provide a minimum of 2 trainings/engagement activities for parents/caregivers for participating school districts.	A total of 2 trainings were provided with a total of 66 participants.
Provide a minimum of 3 workshops for participating school districts.	A total of 8 workshops were provided with a total of 178 students.
At least 60% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post training surveys.	80% (34) of the school personnel demonstrated an increase in knowledge in the training topic. There is no data available for parent/caretaker trainings as post surveys were not administered. A total of 163 students were administered the pre/post survey and of those 75% (125) increased knowledge in the workshop topic.
Early Intervention Activities Unduplicated Individual Served: N/A	
Program Indicators	Annual Outcomes
SCOE does not provide early intervention services.	N/A
Linkage Services	
Provide linkage and referrals for students identified as needing additional services.	A total of 3 students had referrals made to non-mental health resources.
Financial Report	
Cost per person for prevention activities	\$174

Highlights & Achievements

- A total of 10 monthly meetings were provided to each school district between Aug 2017 to May 2018.
- The main milestone for this reporting period has been getting the word out to the other schools about the program, which resulted in another elementary school requesting anti-bullying workshops for their middle school students due to a rise in bullying behavior.
- Staff were able to provide the anti-bullying workshops for three 7th grade classrooms at a K-8 school in Fairfield. Prior to the workshops the school had a major incident with the 7th grade classes which had stemmed from social media posts between students and parents at the school. The principal reported a “tremendous improvement with [their] 7th grade student interactions and incidences on campus. Students seem more reflective on their interactions and have taken additional empathy towards their peers.”

Prevention & Early Intervention

Prevention and Early Intervention Programs

Challenges & Barriers

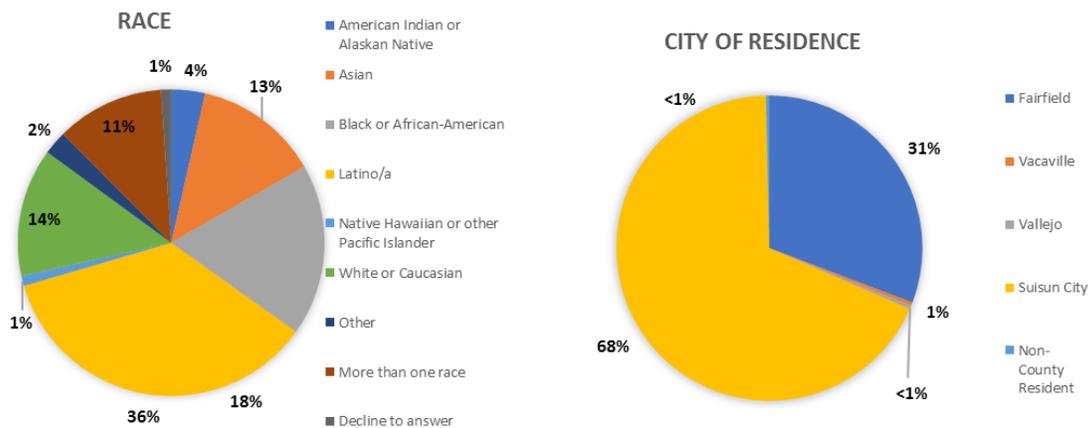
- A significant challenge in providing the trainings for school personnel and parents as well as the student workshops, is building relationships with the schools, principals, and teachers in order to get trainings/workshops scheduled. It can be challenging to connect regularly with school staff during the school year and due to high turnover of both administrators and teaching staff this results in having to build new relationships with the new administrators and staff. This barrier has been identified by all 3 of the school-based contractors.
- Another challenge has been identifying which students or which grades would benefit the most from the workshops and making sure that the students have been correctly identified.

Changes in FY18/19

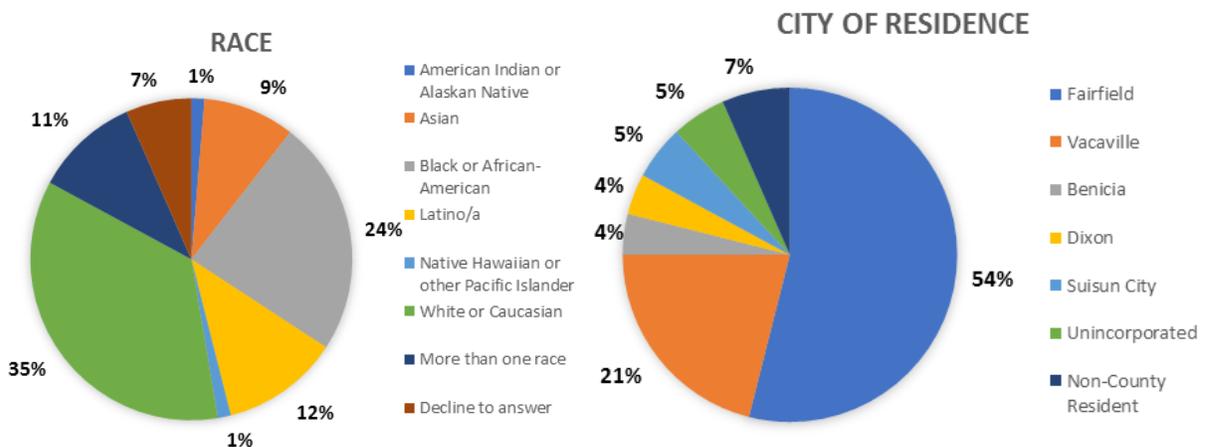
During the Annual Update community planning process, the need for more mental health services in the schools was identified. The County, in partnership with the MHSA Steering Committee, will explore how to best meet this need.

The following charts and table on the following page provides demographic data for the individuals who were served by SCOE.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Training Services:



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Summary			Program Name: SCOE		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	94%	5%	Yes	0%	4%
16-25	5%	8%	No	100%	85%
26-59	0%	78%	Decline to answer	0%	11%
60+	0%	4%	Primary Language		
Decline to answer	1%	5%	American Sign Language (ASL)	1%	2%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	4%	1%	English	71%	86%
Asian	13%	9%	German	0%	0%
Black or African-American	18%	24%	Hindi	0%	0%
Latino/a	36%	12%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	1%	1%	Japanese	0%	0%
White/Caucasian	14%	35%	Korean	0%	0%
Other	2%	0%	Mandarin	0%	0%
More than one race	11%	11%	Other	4%	1%
Decline to answer	1%	7%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	49%	20%	Spanish	20%	5%
Female	49%	71%	Tagalog	3%	0%
Intersex	0%	0%	Unknown/Not Reported	1%	5%
Decline to answer	2%	9%	Vietnamese	0%	1%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	49%	17%	Caribbean	0%	6%
Female	49%	71%	Central American	1%	6%
Transgender	0%	0%	Mexican/Mexican-American/Chicano	25%	29%
Genderqueer	0%	0%	Puerto Rican	1%	6%
Questioning/unsure	0%	0%	South American	1%	0%
Two-spirit	0%	0%	Other	62%	0%
Another gender identity	0%	0%	More than one ethnicity	3%	6%
Decline to answer	2%	12%	Decline to answer	7%	47%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	0%	0%	African	40%	14%
Lesbian	1%	0%	Asian Indian/South Asian	6%	3%
Heterosexual/straight	25%	78%	Cambodian	0%	0%
Bisexual	<1%	4%	Chinese	2%	2%
Questioning/unsure	1%	0%	Eastern European	0%	5%
Queer	0%	0%	European	27%	22%
Other/another sexual orientation	0%	0%	Filipino	25%	0%
Decline to answer	73%	18%	Japanese	0%	0%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	4%	3%	Middle Eastern	0%	2%
Mental domain (learning, developmental, dementia)	1%	5%	Vietnamese	0%	0%
Physical/mobility domain	0%	1%	Other	0%	3%
Chronic physical health condition	0%	3%	More than one ethnicity	0%	3%
Chronic mental health condition	0%	1%	Decline to answer	0%	46%
No disability	86%	72%			
Other disability	0%	0%			
Decline to answer	9%	15%			

Prevention & Early Intervention

Prevention and Early Intervention Programs

Cumulative School-based Services Prevention Activities:

Total number of school personnel who participated in trainings: 617 up from 389 the previous year.

Total number of parents who participated in trainings: 709 up from 289 the previous year.

Total number of students who participated in workshops: 557 (this was the first year for workshops).

Cumulative School-based Services Early Intervention Activities:

Total number of unduplicated students who received early intervention services: 165 down from 233 the previous year.

While the number of students receiving individual therapy has decreased, the implementation of the student workshops resulted in significantly more children and youth receiving services for a total of 722 students up from 233 last FY.



Prevention & Early Intervention

Prevention and Early Intervention Programs

Early Treatment Psychosis Program-Contractors

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 of psychosis or currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model.	
Performance Measures	
Prevention Activities Unduplicated Individuals Served: 265	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 250 individuals.	A total of 14 presentations and trainings were provided to 216 individuals.
Conduct a minimum of 85 screenings to individuals referred to SOAR.	49 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities Unduplicated Individual Served: 43	
Program Indicators	Annual Outcomes
Provide mental health treatment services to 40 unduplicated consumers.	43 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	91% (39) of individuals received education support and/or referral to educational institution and/or employment support program
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	5% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the <i>Clinical Global Impression (CGI) Scale</i> at the 6- month mark; and by the 12-month mark 50% of the consumers enrolled will demonstrate improvement on the <i>CGI</i> .	Of the 12 consumers opened for 6 months, 92% (11) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 9 consumers opened for 12 months, 56% (5) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .
Linkage Services	
Provide linkage and referrals to higher or lower level of care dependent upon individual consumer need.	59 individuals were linked to alternate services including higher and lower levels of care within the mental health system.
Financial Report	
Cost per person for prevention activities	\$191
Cost per person for early intervention activities	\$6,681

Highlights & Achievements

- Aldea SOAR successfully hired a Bilingual Therapist in January 2018. This has been particularly helpful in seamlessly integrating monolingual Spanish parents of consumers into services. This is extremely important as the model is designed in recognition of the importance of family knowledge of early psychosis, which allows the family to be involved in, and supportive of, the consumer’s treatment and relapse prevention.

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements (cont.)

- The program continued to provide group support through the Multi-Family Group and Family Support Group (each offered twice a month) as well as Adult Peer and Teen Peer Groups (each offered weekly).
- From March – August 2018, 14 consumers and 5 clinicians used an updated version of the MOBI app platform as part of the program's efforts to enhance early psychosis care. Using the app on their smartphones, consumers responded to surveys about symptoms and medication adherence on a daily and weekly basis. Their responses were summarized on a secure web-based dashboard that clinicians could access and review in between sessions, enabling rapid response to any signs of symptom exacerbation or worsening. Clinicians also reviewed responses in sessions with consumers as part of treatment. Consumers reported that the app was useful for their treatment and understanding their symptoms and clinicians reported that they would like to continue to use the app as part of standard care.

Challenges & Barriers

- This year's screening deliverable was not met. This is due to a reduction in community referrals, which is believed to be the result of the community having a better sense of appropriate people to refer to the program. For the first 3 years of the program, Aldea SOAR sought to educate the community on the criteria for appropriate referrals which appears to have been successful. The County recognizes this shift and as a result has reduced the screening deliverable to 60 for FY 2018/19.
- While SOAR was able to fill vacant therapist and clinical supervisor positions, the need for a substantial amount of time for training and orienting new staff to the Aldea SOAR Solano program resulted in delays in initiating annual outreaches activities, and at times impacted timeliness for assessments and assigning eligible consumers to a therapist.

Changes in FY18/19

The SOAR program, in partnership with SCBH, UC Davis, and several other counties, will participate in an Early Psychosis Learning Healthcare Network (EPLHCN). iPads will be used with consumers to administer self-reporting assessment tools which will bring consumer-level data to the clinician's fingertips for real-time sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US. MHS Innovation reversion funds are being used to fund this project as outlined in the Solano County MHS Reversion Plan which can be found at the following link: http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp.

Prevention & Early Intervention

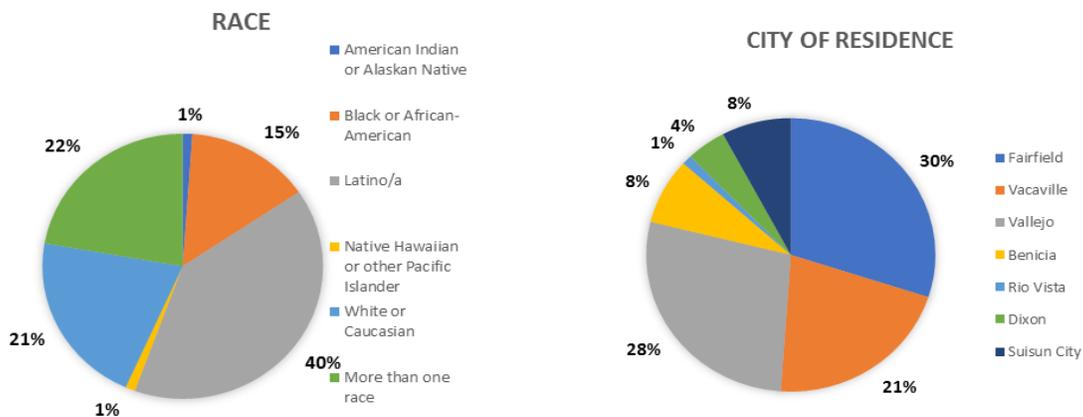
Prevention and Early Intervention Programs

Success Story

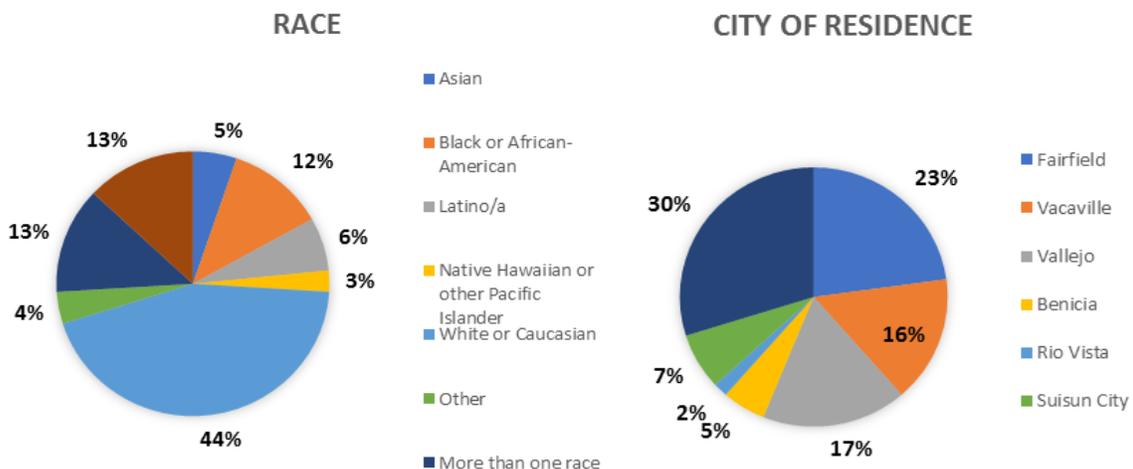
“Paul” was 19-years-old when he received his diagnosis of Schizophrenia from another clinic and was referred to the Aldea SOAR Solano program. Paul had experienced paranoid thoughts and was convinced that he was being followed by someone. His paranoia was so great that Paul purchased a gun to protect himself. Paul stopped attending school where he played on a sports team and stopped working at his job at a restaurant. Paul had great difficulty with medication compliance prior to intake and for a period of time after starting the program. He and his family fully utilized the “coordinated specialty care model” of the SOAR program and participated in individual therapy, family therapy, collateral support, peer group, family support group, and Multi-Family Group as well as supportive employment services. Paul has learned problem solving, communication, and symptom management skills and has identified the triggers and warning signs of his psychosis symptoms. He has developed a relapse prevention plan and now has excellent medication compliance. Paul has reached his initial goal of effectively managing his psychosis symptoms and securing and maintaining a job. Paul worked with the Solano County Department of Rehabilitation office to get support re-entering the workforce. He started his job in late 2017 and is currently working full-time. He will be graduating successfully from the Aldea SOAR Solano program within the next month.

The charts and table on the following page provides demographic data for the individuals who were served by Aldea.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Outreach and Training Services:



Prevention & Early Intervention

Demographic Summary			Program Name: Aldea SOAR		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	42%	0%	Yes	0%	13%
16-25	57%	3%	No	100%	75%
26-59	1%	83%	Decline to answer	0%	12%
60+	0%	5%	Primary Language		
Decline to answer	0%	9%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	1%	0%	English	100%	90%
Asian	0%	5%	German	0%	0%
Black or African-American	15%	12%	Hindi	0%	0%
Latino/a	40%	6%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	1%	3%	Japanese	0%	0%
White/Caucasian	21%	44%	Korean	0%	0%
Other	22%	4%	Mandarin	0%	0%
More than one race	0%	13%	Other	0%	1%
Decline to answer	0%	13%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	53%	12%	Spanish	0%	0%
Female	47%	72%	Tagalog	0%	1%
Intersex	0%	0%	Unknown/Not Reported	0%	8%
Decline to answer	0%	16%	Vietnamese	0%	0%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	51%	12%	Caribbean	0%	0%
Female	39%	70%	Central American	2%	0%
Transgender	2%	0%	Mexican/Mexican-American/Chicano	74%	27%
Genderqueer	0%	0%	Puerto Rican	2%	6%
Questioning/unsure	2%	0%	South American	0%	0%
Two-spirit	0%	0%	Other	0%	20%
Another gender identity	2%	0%	More than one ethnicity	20%	20%
Decline to answer	4%	18%	Decline to answer	2%	27%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	0%	1%	African	18%	5%
Lesbian	0%	4%	Asian Indian/South Asian	0%	0%
Heterosexual/straight	76%	67%	Cambodian	0%	3%
Bisexual	12%	4%	Chinese	0%	3%
Questioning/unsure	2%	0%	Eastern European	5%	3%
Queer	0%	0%	European	29%	31%
Other/another sexual orientation	4%	1%	Filipino	2%	5%
Decline to answer	6%	23%	Japanese	0%	0%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	1%	0%	Middle Eastern	0%	5%
Mental domain (learning, developmental, dementia)	1%	1%	Vietnamese	0%	0%
Physical/mobility domain	0%	3%	Other	0%	3%
Chronic physical health condition	0%	4%	More than one ethnicity	24%	24%
Chronic mental health condition	0%	1%	Decline to answer	22%	18%
No disability	98%	77%			
Other disability	0%	0%			
Decline to answer	0%	14%			

Prevention & Early Intervention

Prevention and Early Intervention Programs

Agency Name: UC Davis Behavioral Health Center of Excellence

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

Description of Program:

<p>The EDAPT program, delivered by a California educational institution, 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.</p>	
Financial Report	
Total Program Cost	\$48,670

Highlights & Achievements

- Trained two Spanish-speaking Clinicians in the Multi-Family Group (MFG) treatment model in December 2017.
- Provided support to Aldea, the direct service provider, in improving the clinical outcomes data collection protocol in the program.
- With MHBG funding provided by Solano County, UC Davis completed a large translation project in which the core treatment documents were translated into Spanish in order to improve linguistic and cultural competency in the program. In FY 2018/19 the program will provide additional Spanish-language competency training to support implementation of these newly translated tools. The translated program documents will now be available to consumers receiving services in Napa and Sacramento Counties.

Challenges & Barriers

- Recruitment and retention of clinical staff has been an ongoing challenge for the Aldea SOAR program, which results in the UC Davis staff having to repeatedly train new staff. In order to address this barrier Aldea leadership, with the support of UC Davis, have been better able to address staff turnover by cross training several individuals in their organization so that they can provide coverage and/or join the SOAR team if a staff member leaves.
- The UC Davis program had staff turnover as well resulting in a vacant Outcomes Analyst position throughout the year.

Changes in FY18/19

None.

Prevention & Early Intervention

Prevention and Early Intervention Programs

Older Adult Programming

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, conducted community outreach education and assessments for older adults who may have experienced a loss, are exhibiting signs of depression or anxiety, or who live with a mental illness and need support to continue to maintain their independence in the community. In addition, this program provides trainings on recognizing mental health conditions and suicide prevention communitywide.

Performance Measures	
Prevention Activities Unduplicated Individuals Served: 644	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities geared towards working with older adults.	A total of 233 unduplicated individuals were reached.
Provide 5 suicide prevention trainings, serving 80 unduplicated individuals.	Provided 5 suicide prevention trainings, with 107 participants. *Outcome is also reported on page 15
Conduct mental health screenings for a minimum of 200 older adults.	A total of 173 unduplicated older adults received a screening.
Provide brief preventative case management to a minimum of 120 older adults.	A total of 161 unduplicated older adults received brief case management services.
Early Intervention Activities Unduplicated Individuals Served: 71	
Program Indicators	Annual Outcomes
Provide brief mental health services (2 or more counseling sessions) for 30 unduplicated older adults.	A total of 22 unduplicated older adults were served.
Provide case management services to 60 unduplicated older adults.	A total of 49 unduplicated older adults were served.
75% of the consumers shall demonstrate improvement in symptoms based on at least one pre/post measure: <ul style="list-style-type: none"> • A reduction in overall <i>Patient Health Depression Questionnaire (PHQ-9)</i> score • A reduction in overall <i>Generalized Anxiety Disorder (GAD-7)</i> score • An increased overall score on <i>Quality of Life Scale</i> 	Of the 37 older adults who completed a pre/post measure during the reporting period, 86% (32) demonstrated improvement in symptoms and functioning.
Linkage Services	
Provide linkage and referrals for older adults.	166 individuals were linked to other resources to address identified needs, and of these 24 individuals were referred to mental health services.
Financial Report	
Cost per person for prevention activities	\$255
Cost per person for early intervention activities	\$5,395

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements

- The brief case management strategy continued to allow the program to stabilize older adults which averted the need for crisis services and/or the comprehensive long-term case management services.
- Case management services provided through home visits were offered countywide including Rio Vista, Dixon, and Benicia.

Challenges & Barriers

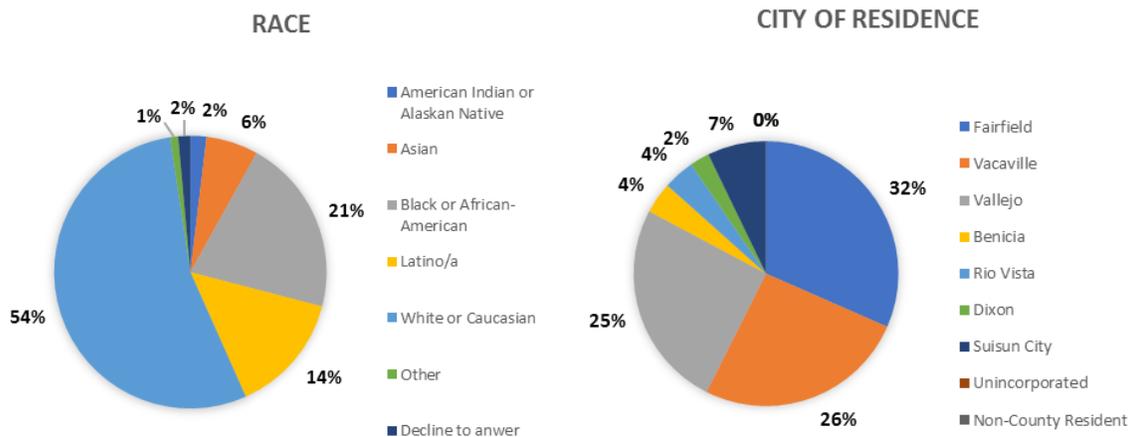
- Due to the dissolution of the Area Agency on Aging agency, the PEAS program had to stop taking new referrals in April of 2018 and the program closed as of May 31, 2018, therefore the PEAS contract with the County was also discontinued resulting in annual performance deliverables not being met.

Changes in FY18/19

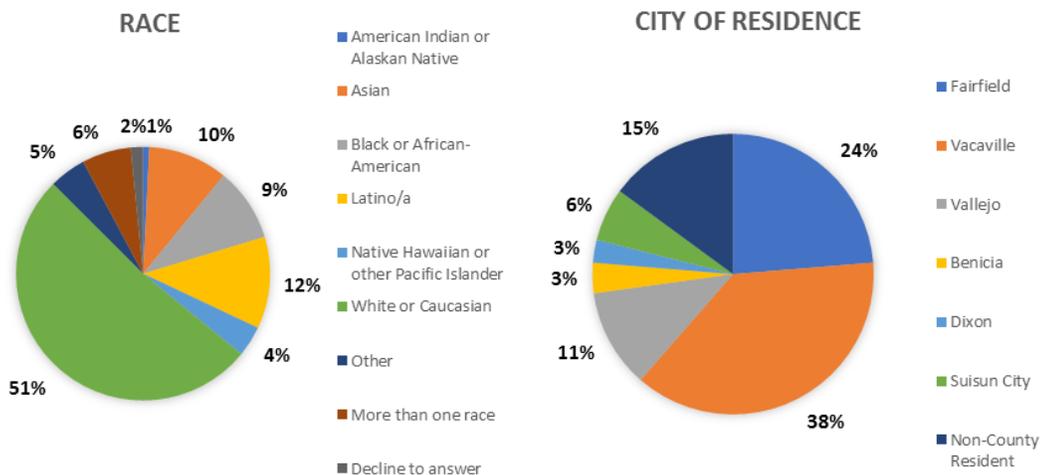
The County moved forward with the RFP procurement process and have identified Choice in Aging to provide the PEAS program for the Solano County community starting in October of 2018.

The following charts and table on the following page provides vide demographic data for the individuals who were served by Area Agency on Aging.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Outreach and Training Services:



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Summary			Program Name: AAoA		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	0%	0%	Yes	10%	9%
16-25	0%	5%	No	79%	84%
26-59	0%	69%	Decline to answer	11%	7%
60+	100%	24%	Primary Language		
Decline to answer	0%	2%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	2%	1%	English	85%	88%
Asian	6%	10%	German	0%	0%
Black or African-American	21%	9%	Hindi	0%	0%
Latino/a	14%	12%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	0%	4%	Japanese	0%	0%
White/Caucasian	54%	51%	Korean	1%	0%
Other	1%	5%	Mandarin	0%	0%
More than one race	0%	6%	Other	1%	1%
Decline to answer	2%	2%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	33%	24%	Spanish	10%	7%
Female	67%	70%	Tagalog	3%	2%
Intersex	0%	0%	Unknown/Not Reported	0%	2%
Decline to answer	0%	6%	Vietnamese	0%	0%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	30%	25%	Caribbean	0%	0%
Female	60%	69%	Central American	10%	18%
Transgender	1%	0%	Mexican/Mexican-American/Chicano	35%	82%
Genderqueer	0%	0%	Puerto Rican	3%	0%
Questioning/unsure	0%	0%	South American	0%	0%
Two-spirit	0%	0%	Other	7%	0%
Another gender identity	0%	0%	More than one ethnicity	0%	0%
Decline to answer	9%	6%	Decline to answer	45%	0%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	0%	1%	African	24%	6%
Lesbian	1%	1%	Asian Indian/South Asian	1%	3%
Heterosexual/straight	83%	92%	Cambodian	0%	0%
Bisexual	0%	1%	Chinese	0%	1%
Questioning/unsure	0%	0%	Eastern European	60%	5%
Queer	0%	0%	European	1%	12%
Other/another sexual orientation	0%	0%	Filipino	6%	15%
Decline to answer	16%	5%	Japanese	0%	3%
Disability			Korean	1%	0%
Communication (seeing, hearing, speech, other)	20%	0%	Middle Eastern	1%	3%
Mental domain (learning, developmental, dementia)	8%	1%	Vietnamese	0%	0%
Physical/mobility domain	6%	0%	Other	2%	4%
Chronic physical health condition	41%	4%	More than one ethnicity	0%	26%
Chronic mental health condition	1%	1%	Decline to answer	4%	22%
No disability	3%	90%			
Other disability	11%	1%			
Decline to answer	10%	3%			

Prevention & Early Intervention

Prevention and Early Intervention Programs

Agency Name: Faith in Action

Title of Program: Peer Counseling for Seniors (PCS)

Description of Program:

The PCS Program, delivered by a community-based provider, conducts in-person 1:1 and group peer counseling, virtual (conference call) peer counseling, and reassurance calls for older adults 60 and over who are often homebound.	
Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 837	
Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 250 unduplicated individuals to include older adult consumers and community partners.	A total 672 individuals were reached.
Conduct 2 outreach and engagement activities per month for a total of 24 activities annually.	A total of 33 outreach/engagement events were provided.
Serve 80 unduplicated older adults with a minimum of 4000 reassurance calls.	Served 87 unduplicated older adults with 4100 reassurance calls.
Conduct a minimum of 2500 home visiting hours for a minimum of 75 unduplicated homebound older adults.	Provided 3227 hours of home visiting to a total of 77 unduplicated older adults.
Early Intervention Activities	
Unduplicated Individual Served: 72	
Program Indicators	Annual Outcomes
Provide mental health peer counseling for a minimum of 75 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 72 unduplicated older adults were served.
75% of the older adults participating in 1:1 counseling services will demonstrate an overall improved score on the <i>Geriatric Depression Scale (GDS)</i>	Of the 24 older adults who completed a pre/post <i>GDS</i> measure, 88% (21) demonstrated improvement in symptoms and functioning.
75% of those older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50% of the <i>Quality of Life Scale</i> survey domains.	Of the 66 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 83% (55) of demonstrated improvement in functioning.
Linkage Services	
Provide linkage and referrals for older adults.	10 older adults were linked to other resources to address identified needs, and of these 1 consumer was referred to mental health services.
Financial Report	
Cost per person for prevention activities	\$39
Cost per person for early intervention activities	\$450

Highlights & Achievements

During FY 2017/18 Faith in Action successfully ran four different *Senior Voices* (conference call) 10-week support groups: *Tired of Doctors*, *An Attitude of Gratitude*, *Senior Chat*, and *Surviving Cancer Together*, which were popular with participating seniors. Participants in these groups represented every segment of the county, from Rio Vista, to Vacaville, to Vallejo. Both the *An Attitude of Gratitude* and *Senior Chat* groups were so well received that they were run for a second cycle. All participants, almost all of whom were homebound, showed an improvement between the pre/post *Quality of Life* scores.

Prevention & Early Intervention

Prevention and Early Intervention Programs

Highlights & Achievements (cont.)

- In an effort to reach out and serve more LGBTQ seniors, Faith in Action collaborated with the Solano Pride Center to establish a support/social/educational group for LGBTQ seniors entitled *Gay and Grey*. Group participants listened to presentations, discussed issues pertaining to their LGBTQ status, learned about various resources, and developed connections with other participants.
- Faith in Action made connections with other agencies at outreach events facilitating an increase in cross referrals and assistance promoting mutual program services.
- There were five Faith in Action *Volunteer Orientation* trainings held for new senior peer volunteers during FY 2017/18. Thirty-three volunteers were trained during the reporting period.

Challenges & Barriers

- Despite a variety of ways to promote Faith in Action's *Senior Voices* group for LGBTQ seniors, (*Silver Rainbow*), it was not successful in getting off the ground. Marketing was done in partnership with the Solano Pride Center and several LGBTQ groups throughout Solano County. A re-introduction of this group to the community is planned for FY 2018/19.
- Faith in Action's demographics for the number of Latinos served in FY 2017/18 was not as high as it could be. Plans for FY 2018/19 include targeting bilingual volunteers and working with Solano County's Hispanic Chamber of Commerce.

Changes in FY18/19

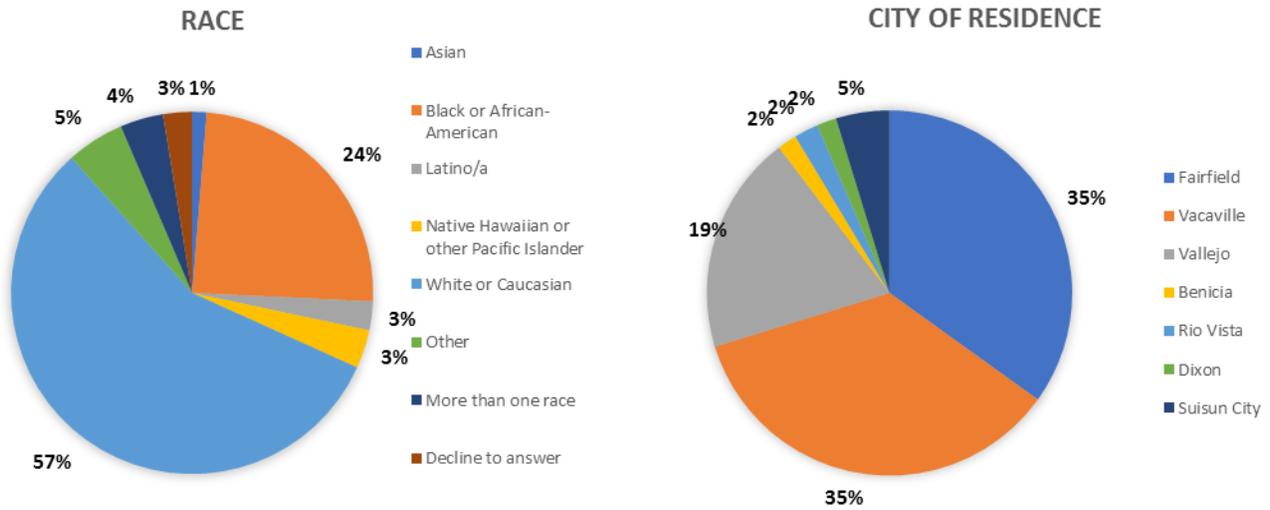
During the Annual Update community planning process, the need for more support groups for older adults was identified. The County, in partnership with the MHSA Steering Committee, will explore how to best meet this need.

Prevention & Early Intervention

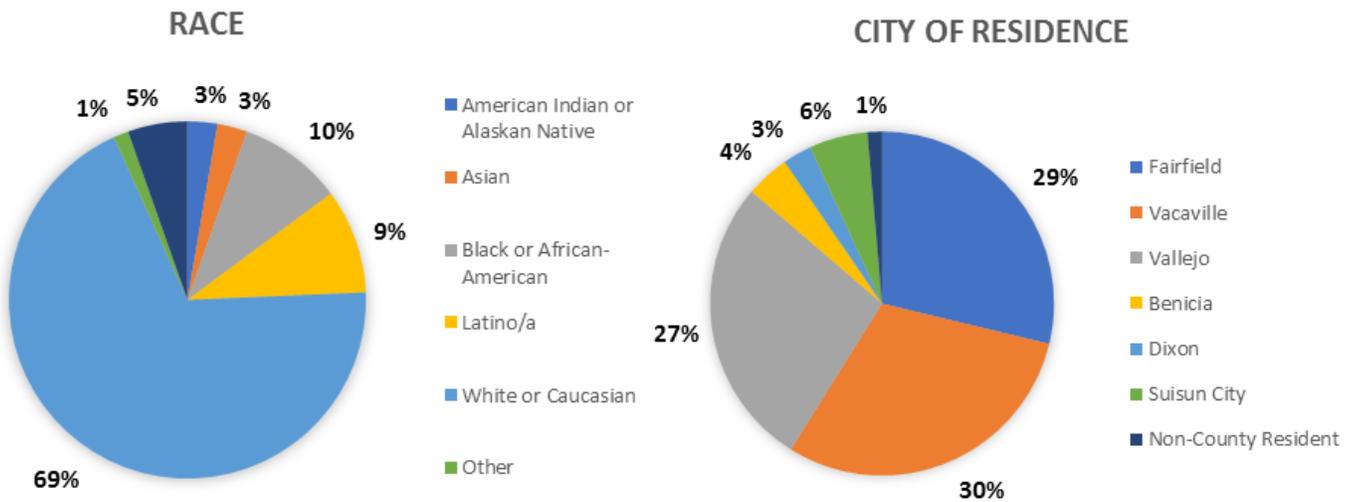
Prevention and Early Intervention Programs

The following charts and table on the following page provides demographic data for the individuals who were served by Faith in Action.

Demographic Breakdown of Direct Services:



Demographic Breakdown of Outreach and Training Services:



Prevention & Early Intervention

Prevention and Early Intervention Programs

Demographic Summary			Program Name: Faith in Action		
Age	Direct	Outreach	Veteran Status	Direct	Outreach
0-15	0%	0%	Yes	18%	8%
16-25	0%	0%	No	75%	92%
26-59	2%	18%	Decline to answer	7%	0%
60+	98%	81%	Primary Language		
Decline to answer	0%	1%	American Sign Language (ASL)	0%	0%
Race			Cantonese	0%	0%
American Indian/Alaskan Native	0%	3%	English	100%	100%
Asian	1%	3%	German	0%	0%
Black or African-American	24%	10%	Hindi	0%	0%
Latino/a	3%	9%	Ilocano	0%	0%
Native Hawaiian/other Pacific Islander	3%	0%	Japanese	0%	0%
White/Caucasian	57%	69%	Korean	0%	0%
Other	5%	1%	Mandarin	0%	0%
More than one race	4%	5%	Other	0%	0%
Decline to answer	3%	0%	Other Indic (Indian) Language	0%	0%
Gender Assigned At Birth			Other Pacific Island Language	0%	0%
Male	22%	23%	Spanish	0%	0%
Female	78%	77%	Tagalog	0%	0%
Intersex	0%	0%	Unknown/Not Reported	0%	0%
Decline to answer	0%	0%	Vietnamese	0%	0%
Current Gender Identity			Ethnicity: Hispanic or Latino		
Male	22%	23%	Caribbean	0%	0%
Female	78%	77%	Central American	0%	0%
Transgender	0%	0%	American/Chicano	100%	90%
Genderqueer	0%	0%	Puerto Rican	0%	0%
Questioning/unsure	0%	0%	South American	0%	0%
Two-spirit	0%	0%	Other	0%	0%
Another gender identity	0%	0%	More than one ethnicity	0%	0%
Decline to answer	0%	0%	Decline to answer	0%	10%
Sexual Orientation			Ethnicity: Non-Hispanic or Latino		
Gay	3%	11%	African	0%	0%
Lesbian	5%	15%	Asian Indian/South Asian	0%	0%
Heterosexual/straight	92%	71%	Cambodian	0%	0%
Bisexual	<1%	3%	Chinese	0%	0%
Questioning/unsure	0%	0%	Eastern European	0%	0%
Queer	0%	0%	European	62%	81%
Other/another sexual orientation	0%	0%	Filipino	31%	13%
Decline to answer	0%	0%	Japanese	0%	6%
Disability			Korean	0%	0%
Communication (seeing, hearing, speech, other)	3%	7%	Middle Eastern	0%	0%
Mental domain (learning, developmental, dementia)	2%	3%	Vietnamese	0%	0%
Physical/mobility domain	18%	27%	Other	4%	0%
Chronic physical health condition	28%	10%	More than one ethnicity	0%	0%
Chronic mental health condition	3%	3%	Decline to answer	3%	0%
No disability	39%	47%			
Other disability	0%	0%			
Decline to answer	7%	3%			

Community Services & Supports

Full Service Partnerships

In FY 2017/18, 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); SCBH Foster Care Treatment Unit FSP; 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 as 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 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 consumers and their families. Services are provided in homes, the community, and the office setting depending on 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.



Community Services & Supports

Full Service Partnerships

Children’s Full Service Partnership (FSP) Programming (Ages 0-21)—County

Agency Name: Solano County Behavioral Health

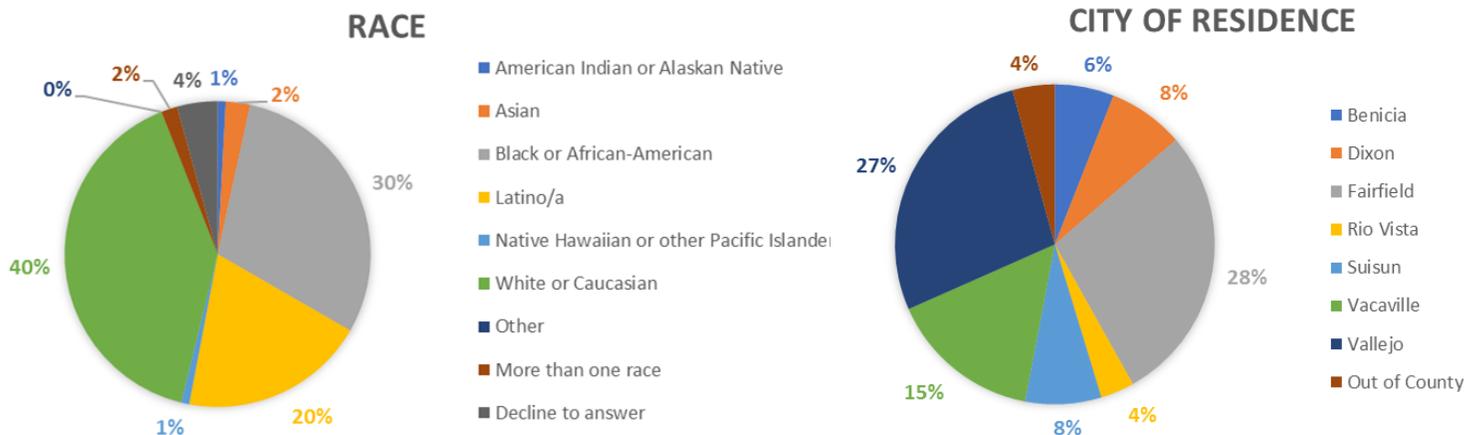
Title of Program: SCBH Children’s Full Service Partnership (FSP)

Description of Program:

The SCBH Children’s FSP program provides intensive services for children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, 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: 117	
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	13% (15) of the consumers served were hospitalized 1 time. 2% (2) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	3% (3) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	3% (4) of the consumers served experienced an incident of incarceration.
Reduce incidents of placement loss for children/youth.	An average of 9% (10) consumers served experienced an incidence of placement loss.
Financial Report	
Cost per person	\$18,551

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



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: County Child/Youth FSP	
Age		Primary Language	
0-15	3%	American Sign Language (ASL)	1%
16-25	79%	Cantonese	0%
26-59	18%	English	89%
60+	0%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	2%	Korean	0%
Black or African-American	29%	Mandarin	0%
Latino/a	18%	Other	1%
Native Hawaiian/other Pacific Islander	3%	Other Indic (Indian) Language	0%
White/Caucasian	42%	Other Pacific Island Language	0%
Other	2%	Spanish	9%
More than one race	0%	Tagalog	0%
Decline to answer	3%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	57%	Ethnicity: Hispanic or Latino	
Female	43%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	78%
Current Gender Identity		Puerto Rican	0%
Male	49%	South American	0%
Female	48%	Other	22%
Transgender	1%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	1%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	1%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	1%	European	0%
Heterosexual/straight	78%	Filipino	0%
Bisexual	5%	Japanese	0%
Questioning/unsure	3%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	3%	Vietnamese	0%
Decline to answer	10%	Other	84%
Veteran Status		More than one ethnicity	0%
Yes	1%	Decline to answer	16%
No	99%		
Decline to answer	0%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- One of the most significant milestones for the Fairfield FSP was seeing a reduction of cancellations and consumers needing crisis services.
- The Vacaville FSP team experienced successes in linking consumers and their families to community resources to enable them to access such services, resulting in increased overall sustainability and self-reliance. Examples of community resources included, but were not limited to: Vacaville and Dixon Family Resource Centers, churches, shelters, food banks, the Boys and Girls Club, and the PAL Center in Vacaville and Fairfield.
- The Vacaville FSP program Supervisor provided training for both the FSP Clinician and the Mental Health Specialist in DBT interventions and both staff members have utilized DBT skills with their consumers.
- The Vallejo FSP program saw a reduction in inpatient hospitalizations, incarceration, and school suspensions for consumers served by the team.

Challenges & Barriers

- A significant challenge has been not having enough bilingual staff to serve children/youth with monolingual Spanish-speaking parents/caretakers.
- Due to a decrease in referrals for children/youth FSP programs, several of the County FSP staff positions were moved to other programs that had vacancies or needs. This resulted in a significant reduction in staffing particularly for the Vacaville and Vallejo FSP teams. To address this barrier the County FSP programs utilize FSP staff from whichever team has capacity.

Changes in FY18/19

None.

Number of children (0-5) served: 4

Number of children (6-15) served: 92

Number of TAY (16-25) served: 21



Community Services & Supports

Full Service Partnerships

Agency Name: Solano County Behavioral Health

Title of Program: SCBH Foster Care Treatment Unit (FCTU) FSP

Description of Program:

The 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: 91

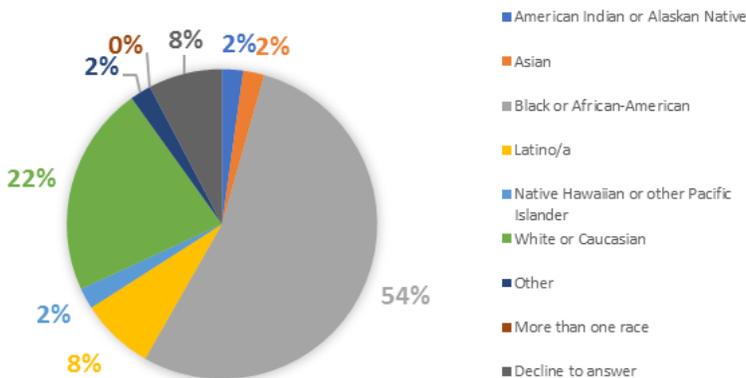
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	5% (5) of the consumers served were hospitalized 1 time; and none of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of incarceration for FSP consumers.	None of the consumers served experienced incarceration.
Partner with CWS, each foster youth, birth family, and/or caretakers to secure stable permanent placements for the youth served.	21% (19) of the youth had loss of placement.

Financial Report

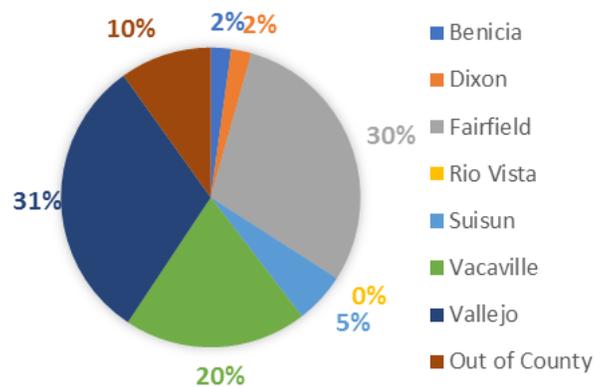
Cost per person	\$13,272
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The following charts and table provide demographic data for the consumers served by this program:

RACE



CITY OF RESIDENCE



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: Foster Care Treatment Unit	
Age		Primary Language	
0-15	6%	American Sign Language (ASL)	0%
16-25	80%	Cantonese	0%
26-59	14%	English	100%
60+	0%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	2%	Japanese	0%
Asian	2%	Korean	0%
Black or African-American	54%	Mandarin	0%
Latino/a	8%	Other	0%
Native Hawaiian/other Pacific Islander	2%	Other Indic (Indian) Language	0%
White/Caucasian	22%	Other Pacific Island Language	0%
Other	2%	Spanish	0%
More than one race	0%	Tagalog	0%
Decline to answer	8%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	46%	Ethnicity: Hispanic or Latino	
Female	54%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	58%
Current Gender Identity		Puerto Rican	0%
Male	41%	South American	0%
Female	46%	Other	9%
Transgender	1%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	33%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	1%	African	0%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	11%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	0%
Heterosexual/straight	57%	Filipino	0%
Bisexual	3%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	1%	Middle Eastern	0%
Other/another sexual orientation	1%	Vietnamese	0%
Decline to answer	37%	Other	91%
Veteran Status		More than one ethnicity	0%
Yes	0%	Decline to answer	9%
No	98%		
Decline to answer	2%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- FCTU FSP program worked collaboratively with Child Welfare Services in the development and implementation of a new State mandate for *Child and Adolescent Needs and Strengths (CANS)* treatment planning tool to be completed for every foster youth.
- Active participation in Child and Family Team meetings has helped stabilize placements.
- Clinical staff have participated in advanced trainings for ongoing clinical and professional growth including *EMDR, Treatment and Interventions for Eating Disorders*, and *The National Adoption Competency Mental Health Training*.
- FCTU FSP team improved the timeliness of assessments so that foster youth could receive treatment services faster.

Challenges & Barriers

- With the loss of the FCTU FSP program Mental Health Specialist and staffing issues with other programs it became challenging to refer for In Home Behavior Services. To address the barrier clinicians included individual rehab in their own service delivery.
- Foster youth often have several treatment team members who participate in the Child and Family Team meetings and at times it can be challenging to have everyone agree on the best course of action. This challenge is addressed by maintaining professionalism and continuously having open communication.

Changes in FY18/19

None.

Number of children (0-5) served: 5

Number of children (6-15) served: 73

Number of TAY (16-25) served: 13

Success Story

“Jessica” entered foster care after witnessing her father murder a man and her mother driving the get-away car with Jessica and two siblings in the car. Prior to entering foster care, Jessica witnessed domestic violence, experienced unstable housing, and had low school attendance negatively impacting her academic performance. When Jessica began treatment she had nocturnal enuresis, nightmares, property destruction behaviors, low self-esteem, avoided talking about her trauma, and struggled with engaging with peers. Jessica moved to several foster homes, where her basic needs were not always met. After two years of treatment, Jessica was reunified with her mother. She has made significant progress and is excelling academically, enjoys reading, is able to verbalize her feelings, has positive peer relationships, and was able to process her trauma. Jessica successfully met all of her treatment goals and was able to graduate from mental health services.

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: The Transition Age Youth (TAY) Full Service Partnership (FSP)

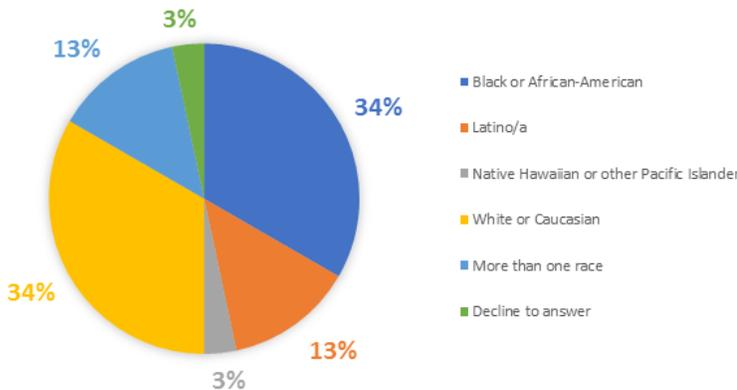
Description of Program:

The Transition Age Youth (TAY) FSP program, administered by a community-based organization, delivers intensive strengths-based mental health services and support to high-need and high-risk youth ages 16-25 (can serve age 10-15 CSEC cases). The TAY FSP Program places an emphasis on recovery and wellness while providing an array of mental health services.

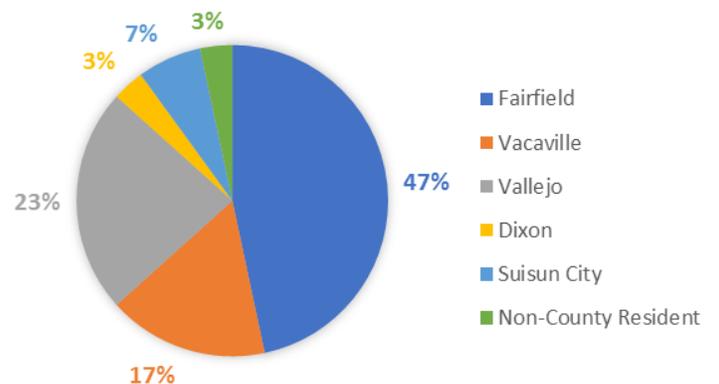
Program Performance Measures	
Unduplicated Individuals Served: 30	
Program Indicators	Annual Outcome
Provide FSP level services to minimum of 23 youth (prorated from 40-60 individuals based on a contract amendment in March 2018).	30 unduplicated consumers received TAY FSP services.
At least 75% of consumers will experience a reduction in psychiatric hospitalization and/or criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	77% of the consumers served experienced a reduction in hospitalizations. Only 13% (8) of the consumers served have been re-admitted to psychiatric hospital since engaging with the FSP team. None of the consumers served experienced a reduction/maintain in criminal arrest.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score, or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Of the 16 consumers who have had a follow-up <i>CANS/ANSA</i> administered at the 6-month mark, 55% have achieved or partially achieved at least one treatment goals.
At least 70% of the consumers will achieve and/or maintain stable housing.	89% (17) of the consumers have achieved/maintained stabling housing.
At least 75% of the consumers will improve their knowledge, understanding, and skills associated with independent living tasks and responsibilities per skills-based assessment tool	Of the 14 consumers who had a pre/post measure 7% (1) demonstrated improvement in independence skills.
Financial Report	
Cost per person	\$9,049

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

RACE



CITY OF RESIDENCE



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: Seneca TAY FSP	
Age		Primary Language	
0-15	10%	American Sign Language (ASL)	0%
16-25	90%	Cantonese	0%
26-59	0%	English	100%
60+	0%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	34%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	0%	Mandarin	0%
Latino/a	13%	Other	0%
Native Hawaiian/other Pacific Islander	3%	Other Indic (Indian) Language	0%
White/Caucasian	34%	Other Pacific Island Language	0%
Other	0%	Spanish	0%
More than one race	13%	Tagalog	0%
Decline to answer	3%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	23%	Ethnicity: Hispanic or Latino	
Female	77%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	67%
Current Gender Identity		Puerto Rican	0%
Male	23%	South American	0%
Female	77%	Other	0%
Transgender	0%	More than one ethnicity	33%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	17%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	4%	European	17%
Heterosexual/straight	59%	Filipino	0%
Bisexual	17%	Japanese	0%
Questioning/unsure	3%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	17%	Other	4%
Veteran Status		More than one ethnicity	8%
Yes	0%	Decline to answer	54%
No	100%		
Decline to answer	0%		

Community Services & Supports

Full Service Partnerships

Success Story

“Morgan” was referred for services due to a pervasive history of trauma and exposure to sexual violence, exploitation, familial criminal behavior, intimate partner neglect and physical abuse, homelessness, and food insecurity. When initially referred, she struggled to believe in her own inherent value, and expressed fear of being in the world without her batterer who had aggressively instilled the belief that she could not be safe or successful without his direct supervision or support. As services progressed, she began to increase her belief in self-efficacy and began to address her history of trauma including identifying triggers of post traumatic stress disorder. Morgan is now living independently, has a job, and is engaging in weekly services. She recently enrolled in school and plans to explore the cosmetology field in order to fund her long-term educational goal of pursuing a career in child psychology. Her desire to share her strengths and progress with others has resulted in her willingness to become involved with the Seneca Youth Advisory Board to advocate systemic changes.

Highlights & Achievements

- Last FY the TAY FSP program accepted an increased number of referrals for very challenging cases, including youth identified as Commercially Sexually Exploited Children/Youth (CSEC). In March 2018 funding was increased to meet an increase in the number of referrals for CSEC youth and the County expanded the contract to allow the program to serve children/youth age 10-15 identified as CSEC. Between March-June 2018 a total of 12 consumers identified as CSEC received FSP services and of those 9 were between the ages of 12-17 and 3 were between the ages of 18-21.
- The program has met the goal regarding a reduction in consumer readmissions to inpatient facilities and there has been a reduction in the CANS assessment tool “suicide risk” domain from 40% at intake to zero at the time of discharge.
- In order to provide more comprehensive supervision, the program now has both a Program Supervisor to support Clinicians, and a Support Counselor Supervisor to supervise the Support Counselors.
- During this reporting period, the program began a Dialectical Behavioral Therapy (DBT) Skills group for consumers, focusing on the four skills modules of DBT: Core Mindfulness, Distress Tolerance, Emotional Regulation and Interpersonal Regulation.

Community Services & Supports

Full Service Partnerships

Challenges & Barriers

- The increase of enrollment of CSEC involved youth has presented unique challenges with initial engagement, particularly when consumers are homeless or go missing for periods of time. In order to address this, the program strives to meet with CSEC consumers within 24 hours of the referral to begin engagement, supportive services, and develop safety plans to address risk factors and needs. This approach has resulted in better engagement, however it can be challenging to meet the 24-hour contact goal given the current staffing structure and high level of needs of the non-CSEC FSP clients.
- While engagement with consumers' collateral supports (family, friends, community, other, etc.) in order to build a natural support team is a program goal, this continues to pose challenges due to consumers' distrust from previous unpleasant experiences with some of the collateral support persons. At time this manifests in consumers refusing to sign releases or withholding necessary information staff need to communicate with collateral supports. Additional training has been provided for the staff to assist them in having difficult conversation related to permanency and building natural support systems.

Changes in FY18/19

None.

Number of children (6-15) consumers served: 3 (CSEC cases)

Number of TAY (16-25) consumers served: 27



Community Services & Supports

Full Service Partnerships

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

Agency Name: Solano County Behavioral Health

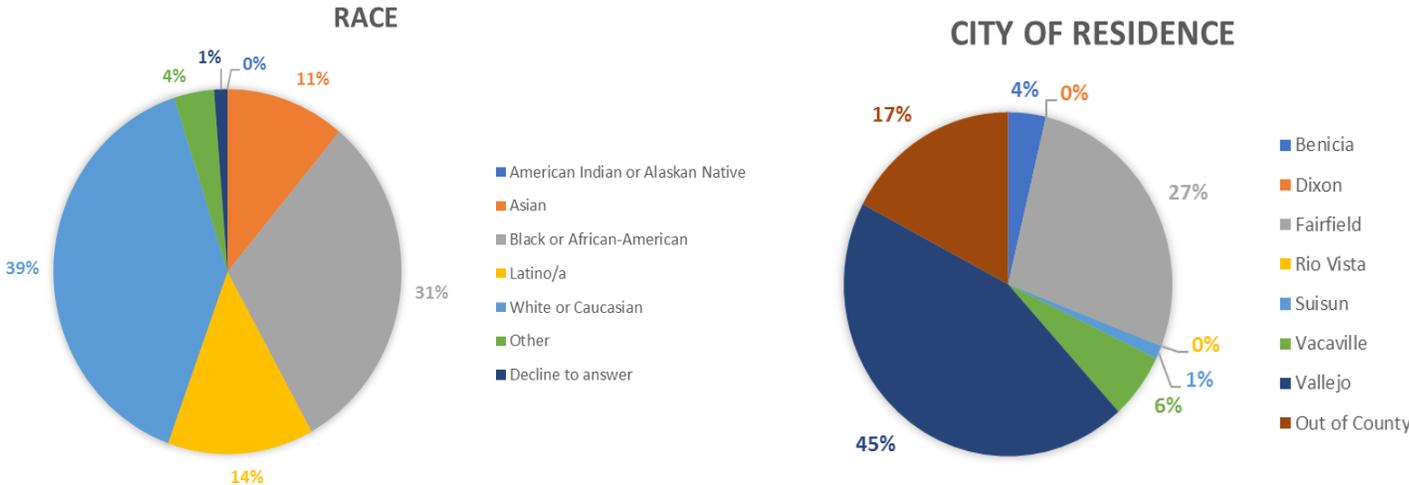
Title of Program: County Adult Full Service Partnership (FSP)

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 treatment facilities to return to a less restrictive level of care in Solano County.

Program Performance Measures	
Unduplicated Individuals Served: 81	
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	17% (14) of the consumers served were hospitalized 1 time; and 9% (7) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	5% (4) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	16% (13) of the consumers served experienced an incident of incarceration.
Financial Report	
Cost per person	\$15,695

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



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: County Adult FSP	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	0%	Cantonese	0%
26-59	12%	English	94%
60+	77%	German	0%
Decline to answer	11%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	0%	Japanese	0%
Asian	11%	Korean	0%
Black or African-American	31%	Mandarin	0%
Latino/a	14%	Other	0%
Native Hawaiian/other Pacific Islander	0%	Other Indic (Indian) Language	0%
White/Caucasian	40%	Other Pacific Island Language	0%
Other	4%	Spanish	2%
More than one race	4%	Tagalog	4%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	70%	Ethnicity: Hispanic or Latino	
Female	30%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	50%
Current Gender Identity		Puerto Rican	0%
Male	60%	South American	0%
Female	24%	Other	39%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	11%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	16%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	4%	Eastern European	0%
Lesbian	0%	European	0%
Heterosexual/straight	68%	Filipino	0%
Bisexual	5%	Japanese	0%
Questioning/unsure	1%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	22%	Other	100%
Veteran Status		More than one ethnicity	0%
Yes	86%	Decline to answer	0%
No	4%		
Decline to answer	10%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- Program staff supported consumers with employment goals resulting in 8 consumers obtaining employment.
- The program was able to successfully stabilize and step down 22 FSP consumers to lower levels of care.
- Program staff continue to make efforts to locate and identify community partners who may be interested in providing appropriate living environments for our consumer to succeed with our support.
- The Vallejo Adult FSP team has begun to implement the Assertive Community Treatment (ACT) model of service delivery. This evidenced-based model is more consumer driven, with an emphasis on community-based services that are designed to improve the functioning of consumers. In order to implement the ACT model appropriately the team may be expanded to include peer counselors, substance abuse counselors and vocational rehab counselors.

Challenges & Barriers

- Securing safe, 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 left in the County and unfortunately there is an increase in unlicensed Room and Boards that often are poorly run and overcrowded.

Success Story

“Sally” is currently living independently with family in the community after several years of multiple acute hospitalizations, episodes of state hospital admissions, and step downs to long term Augmented Board and Care programs. With the assistance of the FSP program, Sally has created longer term stability in her functioning and has participated successfully in a peer provider training program to the point of going through a process to eventually be hired in a peer provider position.

Changes in FY18/19

None.

Number of TAY Adults (18-25) served: 10

Number of Adults (26-59) served: 62

Number of Older Adults (60+) served: 9

Community Services & Supports

Full Service Partnerships

Agency Name: Caminar, Inc.

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

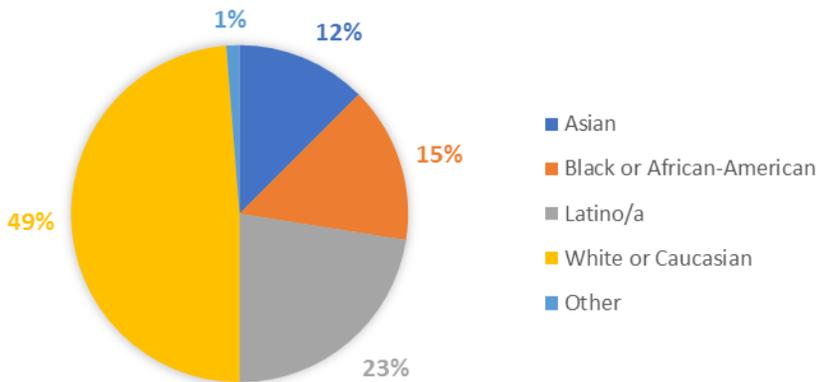
Description of Program:

The Caminar FSP Program offers services for adults and older adults referred through the County Transitions in Care (TIC) Committee who have been stepped down from an inpatient facility or are high users of the crisis stabilization unit. The program's goal 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.

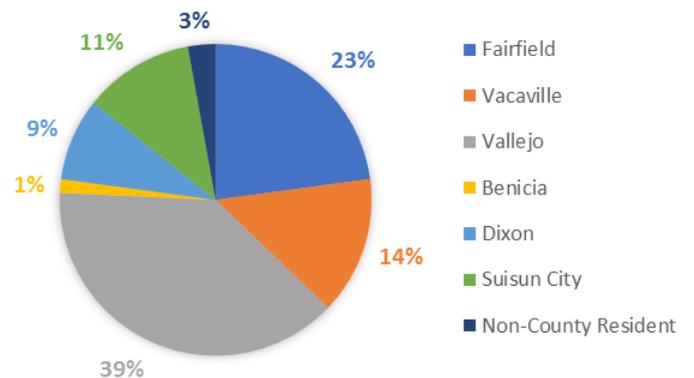
Program Performance Measures	
Unduplicated Individuals Served: 70	
Program Indicators	Annual Outcome
Provide FSP services to a minimum of 56 consumers (36 between the ages of 18-59 and 20 age 60 or older)	A total of 70 unduplicated consumers were served of which 52 were age 18-59 and 18 were 60 or older.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	Of the 70 consumers served, 20% experienced a hospitalization for psychiatric treatment.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	Of the 70 individuals served, 6% experienced an incarceration.
No more than 15% of program participants will experience an episode of homelessness.	Of the 70 individuals served, 19% experienced an episode of homelessness.
Financial Report	
Cost per person	\$12,165

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

RACE



CITY OF RESIDENCE



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: Caminar FSP	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	3%	Cantonese	0%
26-59	70%	English	100%
60+	27%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	0%	Japanese	0%
Asian	12%	Korean	0%
Black or African-American	15%	Mandarin	0%
Latino/a	23%	Other	0%
Native Hawaiian/other Pacific Islander	0%	Other Indic (Indian) Language	0%
White/Caucasian	49%	Other Pacific Island Language	0%
Other	1%	Spanish	0%
More than one race	0%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	50%	Ethnicity: Hispanic or Latino	
Female	50%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	22%
Current Gender Identity		Puerto Rican	0%
Male	50%	South American	11%
Female	50%	Other	67%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	20%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	1%	Eastern European	0%
Lesbian	0%	European	0%
Heterosexual/straight	99%	Filipino	13%
Bisexual	0%	Japanese	1%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	0%	Other	64%
Veteran Status		More than one ethnicity	2%
Yes	0%	Decline to answer	0%
No	100%		
Decline to answer	0%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- One of the program consumers was awarded the “Achievement in Social Support/Skills/Abilities” at the annual Cammie Award ceremony.
- Caminar moved into a new location on Empire Street in Fairfield that is more accessible and consumer-friendly.
- During FY 2017/18, Caminar hired a new Program Director for the FSP program.
- Training was provided in the following areas: Motivational Interviewing, Mindfulness Training, Working with Trauma-Informed Care, Peer Boundary Trainings, and Cultural Competency.

Challenges & Barriers

Staff turnover and challenges with staff recruitment continue to impact the program.

Success Story

“Tracy” is a 65-year-old woman who was initially referred through the Transitions in Care committee 18 months ago. She had been isolating, having difficulty managing her medications and was on the verge of being homeless due to her behavior being erratic and disruptive. She had a history of hospitalizations and visits to the CSU, which usually resulted in Tracy being less trusting of helping professionals. Initially it was difficult to engage Tracy in treatment which manifested in no showing for her medication appointments, not answering phone calls, and refusing to leave her home. In order to address these barriers, her Case Manager provided services in the home and providing transportation to her medication appointments. As she became more compliant with her medication her symptoms were less acute and a new Tracy began to appear. She continues to demonstrate an innate ability to advocate for herself and pursue her desire to obtain and maintain a healthy lifestyle. With the support of her Case Manager, Tracy has become an expert in navigating public transportation, which has supported her to get to her appointments on time. Tracy now attends groups 7-8 times per week and volunteers her time as a mentor to others. Part of Tracy’s recovery journey includes activities such as crocheting. Tracy purchases supplies and makes winter hats for the homeless. In the past year, Tracy has made over 100 hats, which she has donated to Homeless Veterans. Tracy is an example of an individual demonstrating extraordinary tenacity, courage and living a full life while pursuing her goals.

Changes in FY18/19

SCBH will offer the Caminar FSP team training in the ACT model, which is an evidenced-based model that is more consumer driven, with an emphasis on community-based services that are designed to improve the functioning of consumers.

Number of TAY Adults (18-25) served: 10

Number of Adults (26-59) served: 62

Number of Older Adults (60+) served: 9

Community Services & Supports

Full Service Partnerships

Agency Name: Caminar, Inc.

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

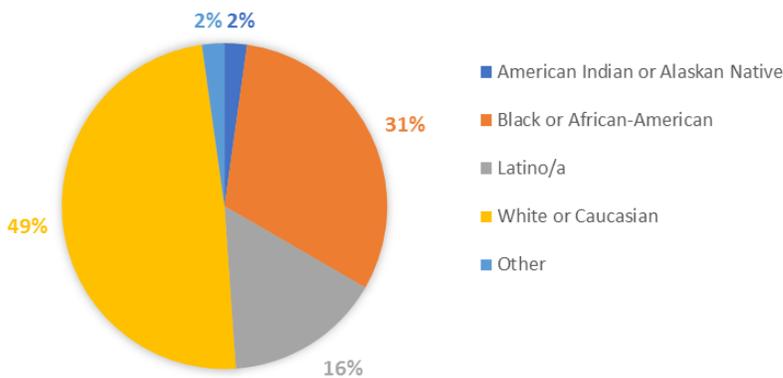
Description of Program:

The HOME FSP program provides intensive services for homeless mentally ill adults using the “Housing First” model, “Wellness Recovery Action Planning” (WRAP), and the “Motivational Interviewing” model to meet consumers’ needs working towards residential stability and recovery. Program staff partner with local law enforcement departments and conduct outreach to homeless encampments and other locations that the homeless community congregate in order to identify and screen consumers who would benefit from FSP level services.

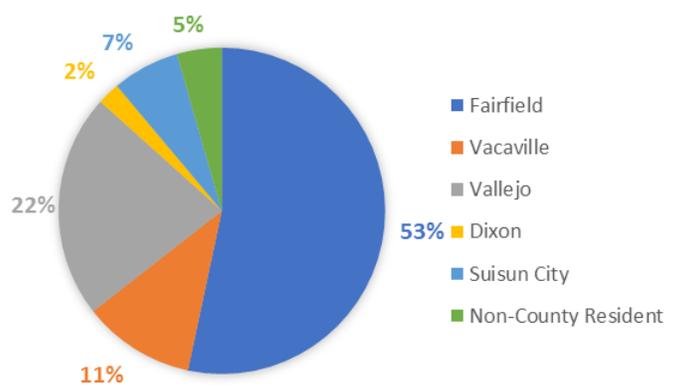
Performance Measures	
Unduplicated Individuals Served: 45	
Program Indicators	Annual Outcome
Provide FSP services to 30-36 chronically homeless individuals with severe and persistent mental illness.	A total of 45 unduplicated consumers were served.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	Of the 45 consumers served, 9% experienced a hospitalization for psychiatric treatment.
No more than 10% of program participants will have interactions with the legal system that result in an incarceration.	Of the 45 consumers served, 4% experienced an incarceration.
Once enrolled for six months, no more than 25% of the consumers will experience an episode of homelessness.	Of the 45 consumers served, 44% experienced an episode of homelessness.
15% of the consumers served will be stepped down or will graduate to a lower level of care including a case management program, one of the adult psychiatry clinics, or another community-based organization.	Of the 45 consumers served, 9% were stepped down to appropriate services.
Financial Report	
Cost per person	\$13,191

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

RACE



CITY OF RESIDENCE



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: Caminar HOME	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	4%	Cantonese	0%
26-59	80%	English	100%
60+	16%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	2%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	31%	Mandarin	0%
Latino/a	16%	Other	0%
Native Hawaiian/other Pacific Islander	0%	Other Indic (Indian) Language	0%
White/Caucasian	49%	Other Pacific Island Language	0%
Other	2%	Spanish	0%
More than one race	0%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	40%	Ethnicity: Hispanic or Latino	
Female	60%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	12%
Current Gender Identity		Puerto Rican	0%
Male	40%	South American	0%
Female	60%	Other	88%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	30%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	11%
Heterosexual/straight	100%	Filipino	0%
Bisexual	0%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	0%	Other	57%
Veteran Status		More than one ethnicity	2%
Yes	2%	Decline to answer	0%
No	42%		
Decline to answer	56%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- One of the seasoned clinical Case Managers was selected by Caminar and SCBH to attend a cultural competency train-the-trainer program; he then was equipped to provide trainings within Caminar and to outside providers.
- Program staff are building relationships with Vallejo PD to expand the referral sources and support the Vallejo Community.
- Within 48 hours of being notified that the Heather House shelter was closing all 6 consumers residing there had been relocated.

Challenges & Barriers

- Staff turnover and challenges with staff recruitment continue to impact the program.
- The program has had a difficult time meeting the deliverables related to decreasing homelessness and step downs. Caminar leadership and the County agree that this is attributed to the population being served.
- The closure of the Heather House shelter as an housing option for the HOME team has been challenging. That said, 4 of the beds in a new transitional housing program have been earmarked for the HOME FSP program.

Changes in FY18/19

SCBH will offer the Caminar FSP team training in the ACT model, which is an evidenced-based model that is more consumer driven, with an emphasis on community-based services that are designed to improve the functioning of consumers.

Number of TAY Adults (16-25) served: 2

Number of Adults (26-59) served: 38

Number of Older Adults (60+) served: 5



Community Services & Supports

Full Service Partnerships

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. Referrals come directly from the Courts or Probation.

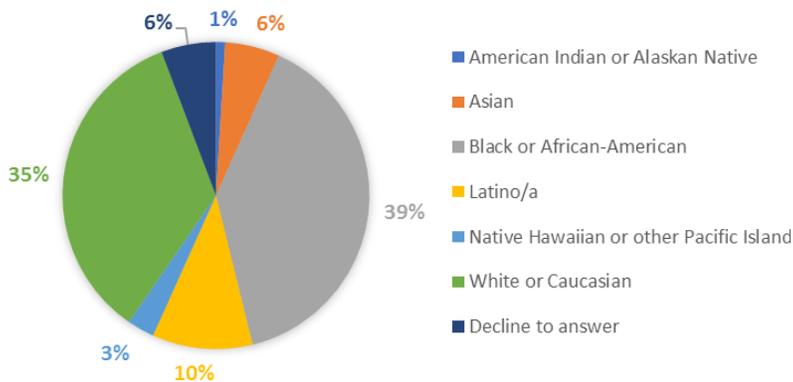
Program Performance Measures

Unduplicated Individuals Served: 104

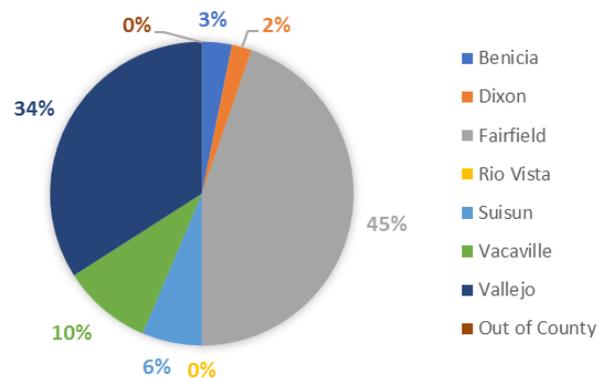
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	9% (9) of the consumers served were hospitalized 1 time; and 2% (2) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	5% (5) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	13% (13) of the consumers served experienced incidents of incarceration.
Financial Report	
Cost per person	\$14,833

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

RACE



CITY OF RESIDENCE



Community Services & Supports

Full Service Partnerships

Demographic Summary		Program Name: FACT & AB109	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	0%	Cantonese	0%
26-59	18%	English	86%
60+	79%	German	0%
Decline to answer	3%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	6%	Korean	0%
Black or African-American	39%	Mandarin	0%
Latino/a	10%	Other	10%
Native Hawaiian/other Pacific Islander	4%	Other Indic (Indian) Language	0%
White/Caucasian	35%	Other Pacific Island Language	0%
Other	0%	Spanish	3%
More than one race	0%	Tagalog	1%
Decline to answer	6%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	62%	Ethnicity: Hispanic or Latino	
Female	38%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	41%
Current Gender Identity		Puerto Rican	0%
Male	60%	South American	18%
Female	38%	Other	41%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	2%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	1%	Eastern European	0%
Lesbian	0%	European	0%
Heterosexual/straight	88%	Filipino	0%
Bisexual	7%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	4%	Other	95%
Veteran Status		More than one ethnicity	0%
Yes	3%	Decline to answer	5%
No	96%		
Decline to answer	1%		

Community Services & Supports

Full Service Partnerships

Highlights & Achievements

- The FACT team has begun to implement the Assertive Community Treatment (ACT) model of service delivery. This evidenced-based model is more consumer driven, with an emphasis on community-based services that are designed to improve the functioning of consumers. In order to implement the ACT model appropriately the team may be expanded to include peer counselors, substance abuse counselors and vocational rehab counselors.
- The FACT team has developed and implemented a “Healthy Living” group that was designed to foster the improvement of self-care skills for our consumers. The group will be ongoing and will be provided in various settings in the community.

Challenges & Barriers

- The FACT team experienced significant staffing changes however the team developed ways to maintain good consumer care by fostering open communication with the new supervisor, openly solving problems as a team and engaging all staff in collaboration to meet the needs of the consumers.
- Given that FACT consumers live throughout Solano County, transportation needs can be such that staff are required to travel great distances or to multiple sites to pick up/drop off consumers before and after services. Progression toward the ACT model, and more shared clinical and transportation duties across disciplines (Clinicians and Mental Health Specialists), meant there was a shift in historical duties amongst team members. After an adjustment period and support for the team, FACT staff stepped up to support transportation needs and worked with the Supervisor to find creative ways to consolidate transportation duties while continuing to provide quality care.
- Housing resources have become scarce in Solano County, and many FACT consumers currently reside in local residential facilities. FACT staff have taken good care to foster and maintain strong working relationships with facility operators to ensure an ongoing commitment to secure housing for our consumers. Also, FACT staff continue to put effort into maintaining open communication with County Probation Officers to secure additional housing resources to support our shared consumers.

Changes in FY18/19

The program may begin providing services for Laura’s Law AB 1421 and AB 1810 diversion cases for mentally ill offenders.

Number of TAY Adults (18-25) served: 17

Number of Adults (26-59) served: 84

Number of Older Adults (60+) served: 3

Success Story

“Ben” was referred to the FACT program one year ago upon his release from jail. He initially received treatment at a substance abuse treatment facility before beginning outpatient mental health services through FACT. During individual therapy sessions he was able to address his trauma history and resolve lingering significant issues surrounding his sexual orientation. Ben participated in the DBT group, and maintained medication compliance throughout his treatment. During his treatment, he reconnected with family, re-discovered his dream to pursue a college degree and reported having a nearly complete resolution of his psychiatric symptoms. At the time of termination with the FACT program, Ben successfully completed the terms of his probation, was reconnected with estranged family members, and had been accepted to a local university where he secured on-campus housing for the following semester.

Community Services & Supports

Full Service Partnerships

The following table provides information related to key benchmarks that the FSP programs track related to inpatient hospitalizations, incarcerations, episodes of homelessness and placement loss for children/youth.

Total FSP Consumers Served	Hospitalized 1 Time During Annual Period	Hospitalized 2 or More Times During Annual Period	Incarcerated During Annual Period	Experienced 1 Episode of Homelessness During Annual Period	Experienced Placement Loss (children/youth only) During Annual Period
Adult FSP Programs Served 303 consumers	11% (33)	3% (9)	5% (14)	6% (18)	NA
Youth FSP Programs Served 246 consumers	10% (25)	2% (6)	2% (4)	6% (14)	15% (36)

Community Services & Supports

General Systems Development

In FY 2017/18 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.



Community Services & Supports

General Systems Development—Crisis Services & Supports

Crisis Stabilization Unit—Contractor

Agency Name: Exodus Recovery, Inc.

Title of Program: Solano Crisis Stabilization Unit (CSU)

Description of Program:

Exodus provided Crisis Stabilization Unit (CSU) services, 24 hours a day 7 days a week, for consumers experiencing an acute crisis on either a voluntary basis or via a 5150 hold. Additionally, urgent medication services were available thru the Exodus CSU program for consumers who, without a refill or adjustment to medications could decompensate requiring hospitalization.

Program Performance Measures

Unduplicated Individuals Served: 1622

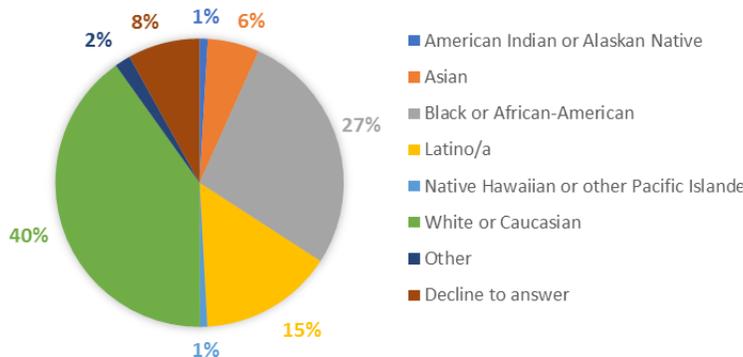
Program Indicators	Annual Outcome
Serve as Solano County’s ACCESS Line after-hours (after 5pm to 8:30am daily) telephone services. To ensure quality of service, for the after-hour access calls, at least 90% of the test calls made will pass the threshold of meeting the state criteria.	A total of 13 after-hour test calls were made, with 23% (2) calls meeting the DHCS criteria.
Provide linkage/referral services for at least 90% of the consumers being discharged to the community.	During FY2017/18 there were 2614 admissions to the CSU serving 1622 unduplicated consumers. There were 2626 discharges from CSU, and 98% (2582) were provided with linkage/referral at discharge.
At least 70% of the consumers who complete the CSU <i>Consumer Satisfaction Survey</i> upon discharge will report overall satisfaction with the services.	A total of 608 surveys were submitted and 92% (561) of consumers served endorsed overall satisfaction with services.

Fiscal Report

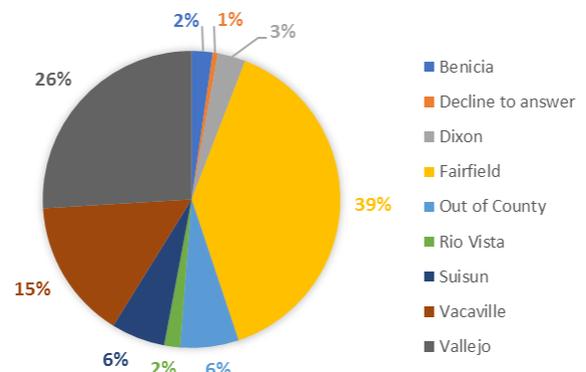
Cost per person	\$2,485
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The following charts and table provide additional demographic data for the consumers served by this program:

RACE



CITY OF RESIDENCE



Community Services & Supports

General Systems Development—Crisis Services & Supports

Demographic Summary		Program Name: Exodus CSU	
Age		Primary Language	
0-15	10%	American Sign Language (ASL)	<1%
16-25	24%	Cantonese	<1%
26-59	60%	English	93%
60+	6%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	6%	Korean	0%
Black or African-American	27%	Mandarin	0%
Latino/a	15%	Other	<1%
Native Hawaiian/other Pacific Islander	1%	Other Indic (Indian) Language	0%
White/Caucasian	40%	Other Pacific Island Language	0%
Other	2%	Spanish	4%
More than one race	0%	Tagalog	<1%
Decline to answer	8%	Unknown/Not Reported	2%
Gender Assigned At Birth		Vietnamese	<1%
Male	53%	Ethnicity: Hispanic or Latino	
Female	47%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	74%
Current Gender Identity		Puerto Rican	5%
Male	49%	South American	0%
Female	45%	Other	21%
Transgender	<1%	More than one ethnicity	0%
Genderqueer	<1%	Decline to answer	0%
Questioning/unsure	<1%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	<1%	African	0%
Another gender identity	<1%	Asian Indian/South Asian	0%
Decline to answer	5%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	1%	Eastern European	0%
Lesbian	1%	European	0%
Heterosexual/straight	84%	Filipino	0%
Bisexual	3%	Japanese	0%
Questioning/unsure	1%	Korean	0%
Queer	<1%	Middle Eastern	0%
Other/another sexual orientation	1%	Vietnamese	0%
Decline to answer	10%	Other	88%
Veteran Status		More than one ethnicity	0%
Yes	2%	Decline to answer	12%
No	96%		
Decline to answer	2%		

Community Services & Supports

General Systems Development—Crisis Services & Supports

Highlights & Achievements

- In partnership with SCBH, Exodus increased the number of referrals and linkages to Solano County Outpatient Mental Health for consumers that were seen by CSU but not previously opened to the County.
- The program increased the nursing staff to assist with urgent medication services, support for the physician, and reading TB tests to improve timely discharges.
- Exodus' staff was diverse which helped improve the quality of care. The Solano CSU Program had staff who spoke Spanish, Tagalog, Hmong, Romanian, French, Punjabi, Hindi and Japanese.

Challenges & Barriers

- The unavailability of inpatient beds in psychiatric hospitals has been a significant barrier, leading to overstays at the CSU but most importantly, caused delays in consumer care.
- The lack of housing, including shelter beds, was another significant barrier for consumers who had stabilized on the unit, and did not require hospitalization, but did not have a safe environment to discharge to. The Bay Area Community Service (BACS) team and Solano County were great partners in discharge planning, particularly for difficult cases.

Changes in FY18/19

The Exodus contract was terminated per mutual agreement between County and Exodus. An RFP process was completed and Crestwood Behavioral Health won the bid and entered into a contract with the County effective June 1, 2018. Exodus' last day of service was June 19, 2018. The CSU was closed for a week in order for work to be done on the unit including changes to the environment to promote a more consumer friendly space. The CSU was re-opened on June 28, 2018 under the management of Crestwood Behavioral Health. The program model is recovery focused and includes a trauma-informed approach and peer services.

Number of Children (0-15) served: 162

Number of TAY Adults (16-25) served: 389

Number of Adults (26-59) served: 973

Number of Older Adults (60+) served: 97

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)

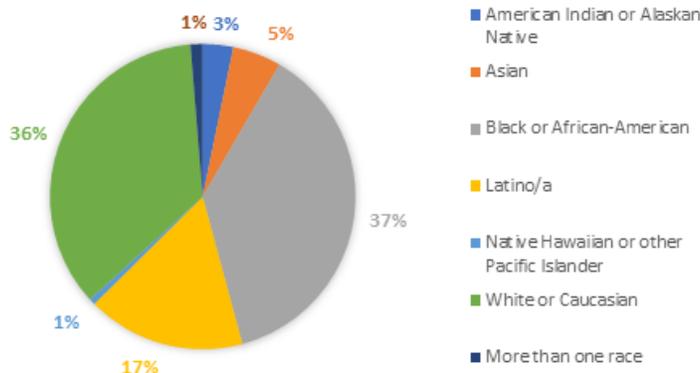
Description of Program:

The PEP program serves adults who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the Crisis Stabilization Unit (CSU) or other emergency services. The program provides an average of 60 days of engagement and crisis after-care services including peer support, individual and group rehabilitation, therapy, linkage for basic needs including housing, general assistance, etc. The program collaborates closely with the BACS Urgent Respite program and the BACS Rosewood Crisis Residential Treatment (CRT) program.

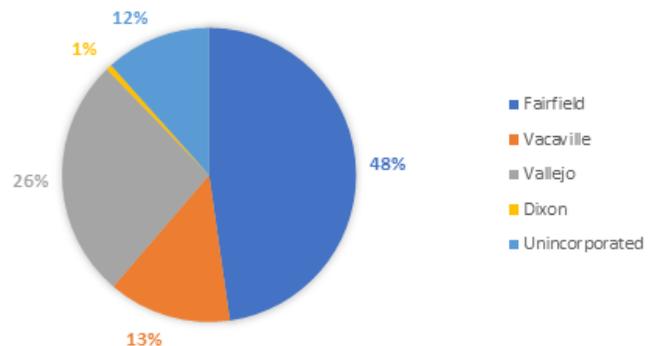
Program Performance Measures	
Unduplicated Individuals Served: 200	
Program Indicators	Annual Outcome
Decrease the psychiatric inpatient readmission rate for consumers served by the PEP program by 50%.	6% (12) unduplicated consumers were readmitted to psychiatric inpatient hospitals after engagement with the PEP program.
A minimum of 90% of the individuals served will receive the <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</i> to assess for substance abuse and for those identified to have a substance abuse diagnosis 100% will be referred to the Solano County Substance Abuse Unit in order to be referred to a provider for more in-depth treatment.	A total of 170 consumers were admitted to the program and 82% (140) of these new unduplicated individuals have received the <i>SBIRT</i> screening at intake ¹ . A total of 84 unduplicated consumers identified as having a substance abuse diagnosis and 100% (84) consumers were referred to Substance Abuse services.
80% of the consumers will show improvement based on the <i>Partners for Change Outcome Management System (PCOMS)</i> at point of re-administration of the tool compared to admission <i>PCOMS</i> .	A total of 68 unduplicated consumers received a follow-up <i>PCOMS</i> measure, and 40% (27) of these consumers showed improvement on the <i>PCOMS</i> .
90% of consumers opened to the PEP program will attend first appointment with the long-term mental health service provider prior to discharge from PEP program.	Of the 157 total discharges, 52% (81) of clients attended first mental health appointment prior to discharge from PEP program.
Financial Report	
Cost per person	\$2,663

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

RACE



CITY OF RESIDENCE



¹The SBIRT is designed to be administered at intake or as needed. The program had a total of 170 unduplicated consumers admitted during the FY. 30 consumers were in treatment the previous FY and continued services into FY 2017/18

Community Services & Supports

General Systems Development—Crisis Services & Supports

Demographic Summary		Program Name: BACS-PEP	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	17%	Cantonese	0%
26-59	69%	English	98%
60+	14%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	3%	Korean	0%
Black or African-American	32%	Mandarin	0%
Latino/a	16%	Other	0%
Native Hawaiian/other Pacific Islander	1%	Other Indic (Indian) Language	0%
White/Caucasian	45%	Other Pacific Island Language	0%
Other	0%	Spanish	2%
More than one race	0%	Tagalog	0%
Decline to answer	2%	Unknown/Not Reported	1%
Gender Assigned At Birth		Vietnamese	1%
Male	52%	Ethnicity: Hispanic or Latino	
Female	48%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	76%
Current Gender Identity		Puerto Rican	0%
Male	47%	South American	0%
Female	43%	Other	24%
Transgender	<1%	More than one ethnicity	0%
Genderqueer	<1%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	9%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	<1%	Eastern European	0%
Lesbian	<1%	European	0%
Heterosexual/straight	89%	Filipino	0%
Bisexual	2%	Japanese	0%
Questioning/unsure	3%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	1%	Vietnamese	0%
Decline to answer	5%	Other	94%
Veteran Status		More than one ethnicity	0%
Yes	3%	Decline to answer	6%
No	92%		
Decline to answer	6%		

Community Services & Supports

General Systems Development—Crisis Services & Supports

Highlights & Achievements

- Caseloads are consistently full. Due to the services the PEP team provides for consumers there has been a reduction in re-admissions to inpatient facilities for consumers served by the program, and consumers are consistently housed.
- The PEP team has established a positive and effective working relationship with the CRT to help consumers stabilize.

Challenges & Barriers

- At the beginning of the FY there were staff vacancies, however the program hired staff and now have a full team.
- There have been some challenges in regards to coordinating appointments with the County adult psychiatry clinics to get required clinical documentation completed due to scheduling issues and consumers being resistant to attending appointments with a different provider.
- The program has held onto cases longer than the intended duration of the program, which impacts the ability to take on new cases. PEP program leadership and County are working on addressing this barrier by educating the other mental health system partners and the PEP direct service staff on the short-term program model.
- At the beginning of the FY the clinicians in the program had not been trained on the SBIRT or PCOMS measures which impacted the program's ability to implement the tools successfully throughout the year.

Changes in FY18/19

None.

Success Story

A PEP staff member worked with “Jason” from January 2018 to March 2018. At the beginning of services, Jason was very depressed and anxious, experienced frequent suicidality, and was a frequent user of the Crisis Stabilization Unit (CSU). Over the course of services, he and the PEP staff worked on building coping skills to manage his suicidal ideation and depression; worked to build social skills, conflict resolution skills; and developed goals for him to work towards obtaining SSI, independent housing, and more involvement in the community. At the end of services, Jason was acting more independently, became more involved with church and spent more time with friends. He achieved his goals of getting SSI and getting on a section 8 waitlist. He was mentally preparing himself to move out of his current living arrangement, something which he was fearful of doing at intake. Jason was participating in, and enjoying, a group at the county and became more social through the group. He only had one admission to the CSU during this time period. At discharge Jason was better able to manage his emotions via positive coping skills and reported being less depressed and having significantly less thoughts of suicide. He stated that he was feeling better than he had in a long time.

Community Services & Supports

General Systems Development—Crisis Services & Supports

Crisis Evaluation & Support- County

Agency Name: Solano County Behavioral Health

Title of Program: County Crisis Evaluation and Support

Description of Program:

A County Clinician position was 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, inpatient facilities, or when safe discharging consumers home.

Number of Clients Served: 0

Cost Per client: \$0

Changes in FY18/19

During FY 2016/17 Solano County Behavioral Health began an initiative to train and certify local emergency department (ED) staff in 5150 holds to streamline the process and support EDs to transfer consumers on holds directly to inpatient facilities when possible to eliminate the need to transfer consumers in crisis unnecessarily to the CSU. As a result this county position was reallocated to the adult forensic FSP program.

Crisis Residential Treatment (CRT) - Contractor

Agency Name: Bay Area Community Services (BACS)

Title of Program: Rosewood CRT

Description of Program:

The CRT is a residential facility with 24/7 supervision/care for individuals who did not meet the threshold for inpatient hospitalization but may still have risk factors for harm to self, harm to others, or gravely disabled. CRT services are available for up to 14 days.

Changes in FY18/19

During FY 2016/17 a new CRT facility was opened in the city of Vallejo and the building has the capacity for increased beds. Pending approval from the city of Vallejo regarding zoning issues, SCBH intends to use CSS funding to expand the current CRT capacity from 10 beds to 15 beds starting during FY 2018/19.

Community Services & Supports

Wellness & Recovery Programming

Wellness & Recovery Unit—County

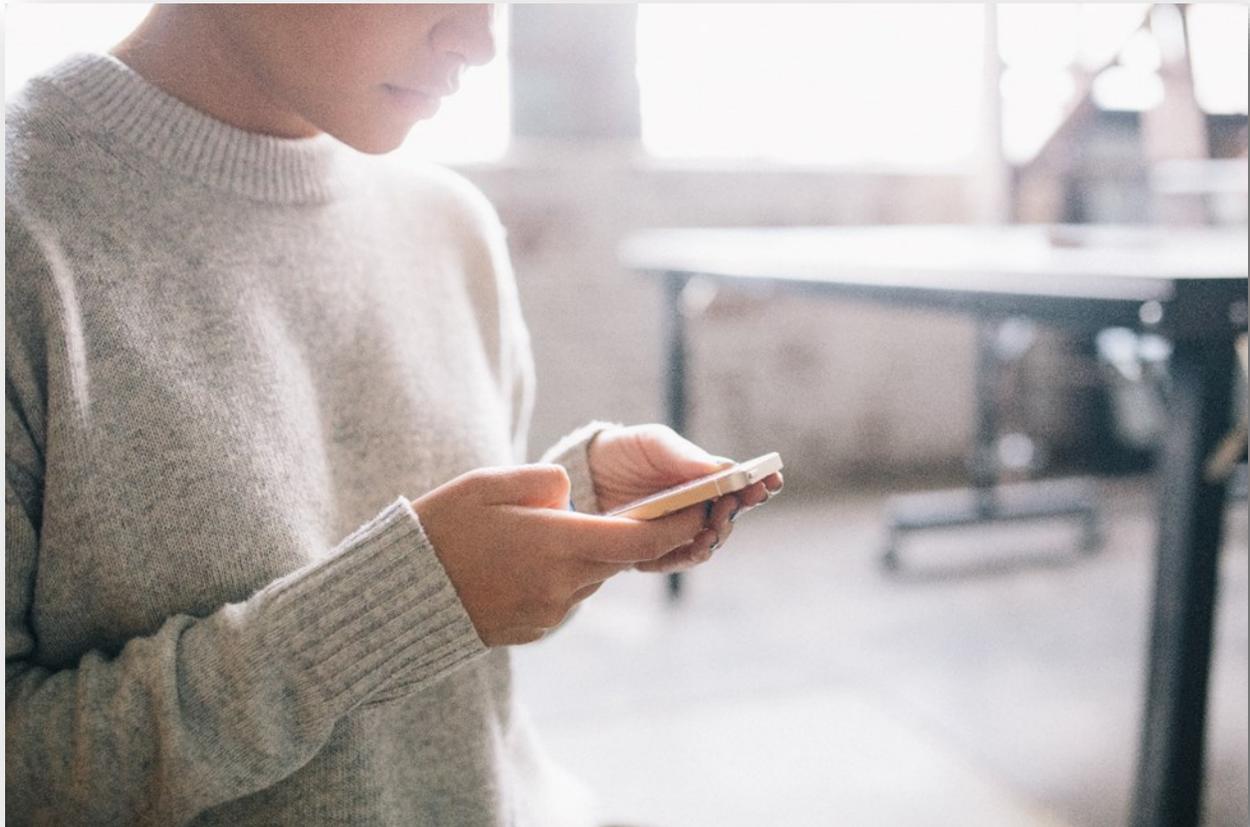
Agency Name: Solano County Behavioral Health

Title of Program: Wellness & Recovery Unit (WR Unit)

Description of Program:

WR Unit 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: 339	
Program Indicators	Annual Outcome
Facilitate peer consumer support groups throughout the County.	Peer consumer support groups held were held throughout the County with 191 unduplicated consumers.
Facilitate family support groups throughout the County.	Family support groups were held throughout the County with 148 unduplicated family member participants.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 7 trained PSS, from diverse backgrounds, providing support for consumers accessing services through the County system of care.
Fiscal Report	
Cost per person	\$4,725



Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- WR Unit staff and Peer Support Specialist volunteers facilitated quarterly Education Nights for consumers and family members on a wide range of topics and participated in community outreach activities ranging from fairs, presentations at clinic staff meetings, etc. One such example was the Veterans Stand Down held in Dixon in November 2017. The team provided support and information for Veterans living in, or returning to Solano County, on how to navigate the County mental health system when not using VA services. Additionally, team members regularly attend local NAMI meetings, and visit both adult Wellness and Recovery Centers operated by local community-based organizations.
- Patient's Right Advocate staff members supported Behavioral Health Administration in working with County Administration and the Solano County Board of Supervisors to approve the use of 5270 holds allowing consumers more time to stabilize when being held against their will. In the past, if a consumer did not stabilize while on 5150/5250 hold, a temporary conservatorship had to be used. The use of 5270 holds helps consumers retain their rights and it saves the county money on unnecessary conservatorships.
- 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.
- In February 2018, in partnership with Circle of Friends the WR Unit, hosted a Regional Peer Forum sponsored by CAMPHRO. There were 150 participants including representation from 17 CA Counties. Since the Forum the WR Unit has launched quarterly Regional Peer Webinars.
- WR Unit staff participated in California State Assembly and Senate hearings on SB 906 to approve State Peer Certification.
- In May 2018 the WR Unit Family Liaison began a Native American Women's "Talking Circle" group at the local TANF office to help address stigma and historical trauma the Native American community continues to be impacted by today.

Challenges & Barriers

- It has been challenging for PPS to secure space at the County adult psychiatry clinics in order to provide peer counseling. While there have been great strides in addressing the stigma related to peer providers who have lived experience, there is still work to be done in regards to peer providers being valued as members of the treatment team.
- Patient's Right Advocates continue to work diligently to address stigma in locked inpatient facilities where at times mental health consumers are treated like criminals rather than people who have a mental health condition.
- Both the WR Unit Manager and the Office Assistant are split between other programs which has made it difficult to adequately support the team.

Changes in FY18/19

The WR Unit began initiating qualitative measures with the ongoing consumer and family member support groups in order to better measure the impact these services are having.

Community Services & Supports

Wellness & Recovery Programming

Wellness & Recovery Centers (WRC) Programming—Contractors

Agency Name: Circle of Friends

Title of Program: Wellness & Recovery Center (WRC)

Description of Program:

<p>The Circle of Friends, drop-in WRC, is 100% peer-operated and provides a safe and welcoming place for consumers who have a known mental illness. Staff members apply the principles of recovery to exemplify and promote hope, commitment, and action. The WRC in Fairfield operates 6 days per week (Monday thru Saturday) and a second satellite site operates in Vacaville 2 days per week (Wednesdays and Thursdays).</p>	
<p>Program Performance Measures</p>	
<p>Unduplicated Individuals Served: 549</p>	
<p>Program Indicators</p>	<p>Annual Outcome</p>
<p>Provide wellness and recovery services to 350 unduplicated consumers through the Centers located in Fairfield and the Vacaville satellite site.</p>	<p>A total of 549 unduplicated consumers were served, of which 160 unduplicated individuals have attended the Centers more than one time.</p>
<p>At least 85% of the consumers who attend the Center more than one time will have an active <i>Wellness and Recovery Action Plan (WRAP)</i> on file.</p>	<p>Of the 160 consumers who attended the Center more than one time, 73% (117) had an active WRAP plan on file.</p>
<p>Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5, or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter.</p>	<p>Of the 163 consumers who completed the intake and at least one follow-up <i>QoL Scale</i>, 59% (96) of the consumers demonstrated either maintaining or improving their functioning.</p>
<p>50% of the consumers attending the Center regularly will participate in the vocational/employment services offered thru the Center.</p> <ul style="list-style-type: none"> • Of the consumers who participate in the vocational/employment services offered thru the Center, 75% will serve in a volunteer position at the Center. • Of the consumers who participate in the vocational/employment services offered thru the Center, 25% will secure a job outside of the Center. 	<p>A total of 44% (70) unduplicated consumers participated in vocational/employment services.</p> <p>76% (53) of the consumers became volunteers at the Center.</p> <p>39% (27) of the consumers secured a job outside of the Center.</p>
<p>Financial Report</p>	
<p>Cost per person</p> <p><i>The high number of individuals who only attend the Center one time, 389 during FY2017/18, is factored into the cost per person and therefore results in a lower cost per person.</i></p>	<p>\$717</p>

Community Services & Supports

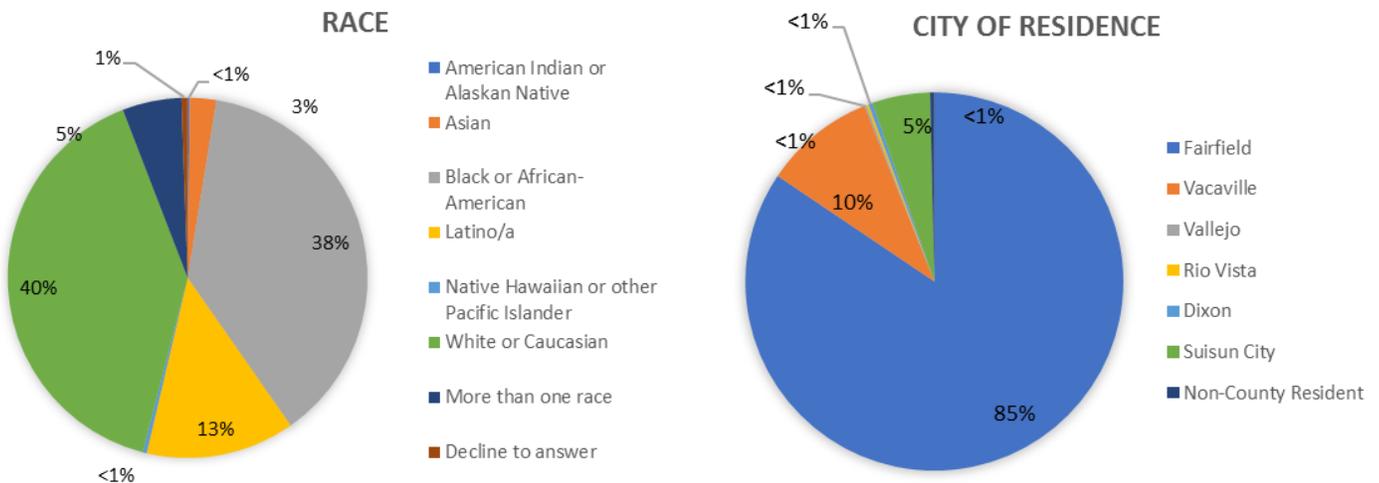
Wellness & Recovery Programming

Success Story

“George” came to the Center because he was homeless and hungry. After attending the Center for several months, he then asked if he could volunteer. He started taking out the garbage and cleaning the bathrooms. He would attend workshops and started building his WRAP. George started the Vocational Training program and enjoyed getting a stipend check. He has learned to manage his money and now has the ability to buy things he wants which makes him feel very empowered. He has been so successful that he was able to secure his own apartment and with support and encouragement he was able to move in. The peers rallied around and gave him household essentials like a TV, dishes, a microwave, etc.

George no longer has a payee and is independently managing his own finances. He struggles at times with his mental health issues but knows he can get the support and encouragement from his peers at the Center to keep going. He has expressed that when staff and peers validate his thoughts and decisions it makes him feel good. George works on his wellness and he has improved his quality of life by implementing the skills and tools he has developed at the Center.

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



Community Services & Supports

Wellness & Recovery Programming

Demographic Summary		Program Name: Circle of Friends	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	1%
16-25	5%	Cantonese	0%
26-59	92%	English	96%
60+	3%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	<1%	Japanese	0%
Asian	3%	Korean	0%
Black or African-American	38%	Mandarin	0%
Latino/a	13%	Other	0%
Native Hawaiian/other Pacific Islander	<1%	Other Indic (Indian) Language	0%
White/Caucasian	40%	Other Pacific Island Language	0%
Other	0%	Spanish	2%
More than one race	5%	Tagalog	1%
Decline to answer	1%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	58%	Ethnicity: Hispanic or Latino	
Female	41%	Caribbean	10%
Intersex	0%	Central American	8%
Decline to answer	1%	Mexican/Mexican-American/Chicano	59%
Current Gender Identity		Puerto Rican	0%
Male	57%	South American	0%
Female	41%	Other	0%
Transgender	<1%	More than one ethnicity	23%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	40%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	2%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	1%	Eastern European	0%
Lesbian	0%	European	45%
Heterosexual/straight	96%	Filipino	2%
Bisexual	1%	Japanese	1%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	<1%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	2%	Other	0%
Veteran Status		More than one ethnicity	12%
Yes	0%	Decline to answer	0%
No	100%		
Decline to answer	0%		

Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- A book “Coming Full Circle” was written about peers, by a peer attending this program, and includes stories from peers sharing their journey with mental illness. A new book is in the works, “Circle of Friends Cookbook” and will be used in fundraising efforts.
- The Vocational Training Program is proof that wellness can happen, and meaningful employment can be very satisfying and empowering. During the initial phase of the program peer consumers are encouraged to volunteer at the Center, which is an essential part of the Center’s community. Volunteers are recognized with a certificate of appreciation and a special celebration. Peers consumers are provided support through the entire process and beyond. Approximately 39% of the peer consumers have been successful in gaining meaningful employment, and with ongoing coaching the program reports longer employment retention time.
- Skills building among peer consumers continues to positively impact the lives of those being served. Examples include one of our peer consumers becoming a responsible “key holder” for the Vacaville center and a group of peer consumers partnered up and pooled their limited resources together and were able to secure their own 2-bedroom apartment.

Challenges & Barriers

- Due to limited space and funding, Circle of Friends has not been able to expand services beyond 2-days per week in the Vacaville community, nor have they been able to expand classes/workshops in the Fairfield Center. Agency leadership continues to explore other funding sources including grants, fundraising, etc.
- The Center, particularly the Fairfield site, experiences a high volume of individuals who attend the Center one time and do not return which is attributed to the high volume of homeless individuals in Fairfield who come to the Center to get some of their basic needs met, such as food. While Center staff make efforts to engage these individuals and get them linked to other mental health services, they are often not successful. Given the lack of other supports for the homeless population in Solano County, Circle of Friends staff continue to provide services when they can, however the high volume of individuals coming just one time can be a drain on program resources and staff. The County continues to work with Circle of Friends leadership on this issue.

Changes in FY18/19

None.

Community Services & Supports

Wellness & Recovery Programming

Agency Name: Caminar, Inc.

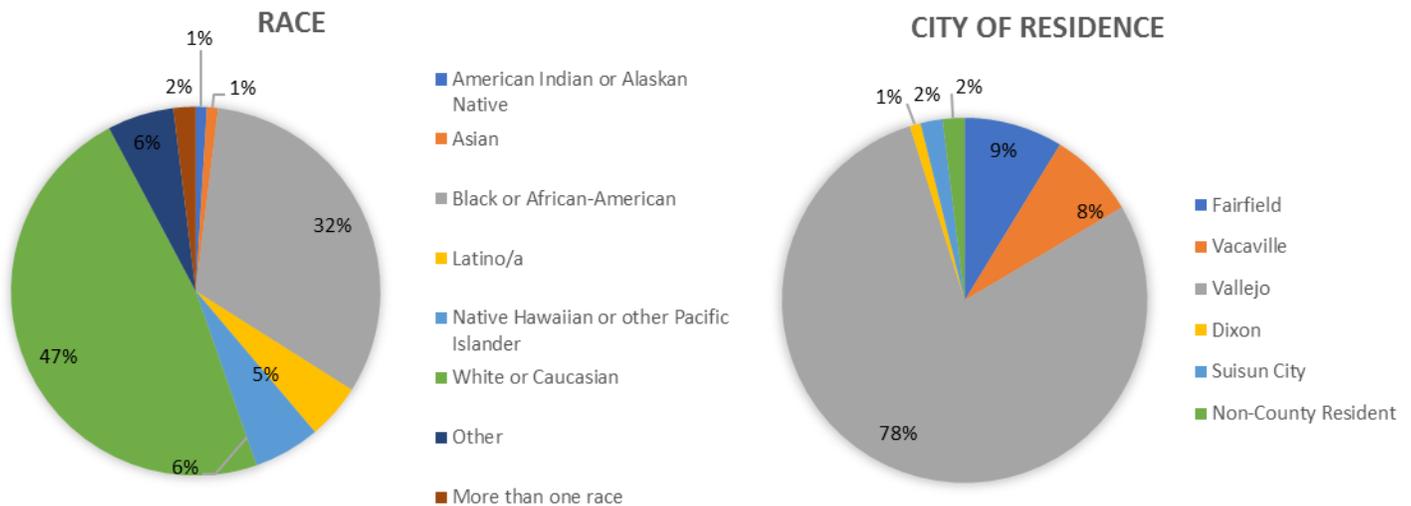
Title of Program: Wellness & Recovery Center (WRC)

Description of Program:

The Caminar WRC provides a safe and welcoming place for consumers who have a known mental illness. Staff members at the Center, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. The Caminar WRC in Vallejo operates 5- days per week (Monday thru Friday).

Program Performance Measures	
Unduplicated Individuals Served: 102	
Program Indicators	Annual Outcome
Provide wellness and recovery services to a minimum of 150 unduplicated consumers through the Center located in Vallejo.	A total of 102 unduplicated consumers were served and of those a total of 101 attended more than one time.
At least 85% of the consumers who attend the Center more than one time will have an active <i>Wellness and Recovery Action Plan (WRAP)</i> on file.	Of the 101 individuals who attended more than one time, 100% had an active WRAP on file.
Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5, or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter.	Of the 68 individuals who had their quarterly <i>QoL</i> measured, 72% of (49) individuals maintained or improved their functioning.
Financial Report	
Cost per person	\$3,118
<p><i>The cost per person is greater for the Caminar Wellness & Recovery Center due to the fact that they have a stable consumer base, meaning they consistently have the same consumers attending the Center. Circle of Friends served 389 individuals who only attended the Center one time.</i></p>	

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



Community Services & Supports

Wellness & Recovery Programming

Demographic Summary		Program Name: Caminar WRC	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	1%
16-25	2%	Cantonese	0%
26-59	86%	English	97%
60+	12%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	1%	Korean	0%
Black or African-American	32%	Mandarin	0%
Latino/a	5%	Other	0%
Native Hawaiian/other Pacific Islander	6%	Other Indic (Indian) Language	0%
White/Caucasian	47%	Other Pacific Island Language	0%
Other	6%	Spanish	0%
More than one race	2%	Tagalog	2%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	68%	Ethnicity: Hispanic or Latino	
Female	32%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	50%
Current Gender Identity		Puerto Rican	0%
Male	68%	South American	5%
Female	32%	Other	39%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	6%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	36%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	0%
Heterosexual/straight	95%	Filipino	8%
Bisexual	4%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	1%	Vietnamese	0%
Decline to answer	0%	Other	52%
Veteran Status		More than one ethnicity	4%
Yes	1%	Decline to answer	0%
No	99%		
Decline to answer	0%		

Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- The entire Caminar WRC team attended a WRAP training hosted by the Alameda County PEERS program. This enhanced and refreshed the staffs' understanding and use of this evidence-based practice model.
- Two peer consumers from the Center were award recipients acknowledged at the annual Cammie Awards event for "Volunteer Acknowledgement" and "Maintaining a Clean and Sober Lifestyle for 1-year or Longer".
- WRC has hosted Disability Rights California monthly for the past year to ensure that peer consumers have the correct information about their rights as well as employment readiness.
- There is a robust volunteer group at the Center; many of the peer consumers attend daily and have been providing volunteer services for multiple years. Volunteers are acknowledged on a weekly basis at the Center and Caminar will be incorporating "Volunteer Awards" at the annual Cammie Event.
- Two of the peers consumer who had attended the Center as service recipients were hired as Peer Counselors.

Challenges & Barriers

- There was a vacancy in the Program Coordinator role for 5 months during the reporting period. The Assistant Case Manager was eventually promoted into the role of Program Coordinator.
- The program had not yet developed protocols for when individuals were asked to leave due to intoxication or behaviors that were impacting other peer consumers at the Center. Protocols have now been created, so that peer consumers are aware of the expectations of the Center and the staff are following the same protocols for all peer consumers.
- The program was not able to meet the deliverable to serve 150 unduplicated consumers. The County recognized that the expectation to serve 150 was too high given the number of peer consumers served over the last several FYs. The contract was amended for the next FY to decrease the expected number of unduplicated consumers served to 90.

Changes in FY18/19

None.

Success Story

"Gary" is a 59 year-old male who has been a long-time service recipient of the Wellness and Recovery Center. George had been employed in the past in the janitorial field, but due to some challenges, ended his employment and had not worked for over a year. George however, attended the WRC daily and was a phenomenal volunteer, taking pride in his work as volunteer and being recognized by the staff and his peers at the WRC. A position came available as a Peer Counselor, and George expressed interest and was able to be connected with the Caminar Jobs Plus program to support his employment goal. He received support on resume updates and interviewing skills. George was successful in his interview and has been a valuable member of the WRC team as a Peer Counselor for over six months.

Community Services & Supports

Wellness & Recovery Programming

Cooperative Employment Program (CEP)—State and Contractor

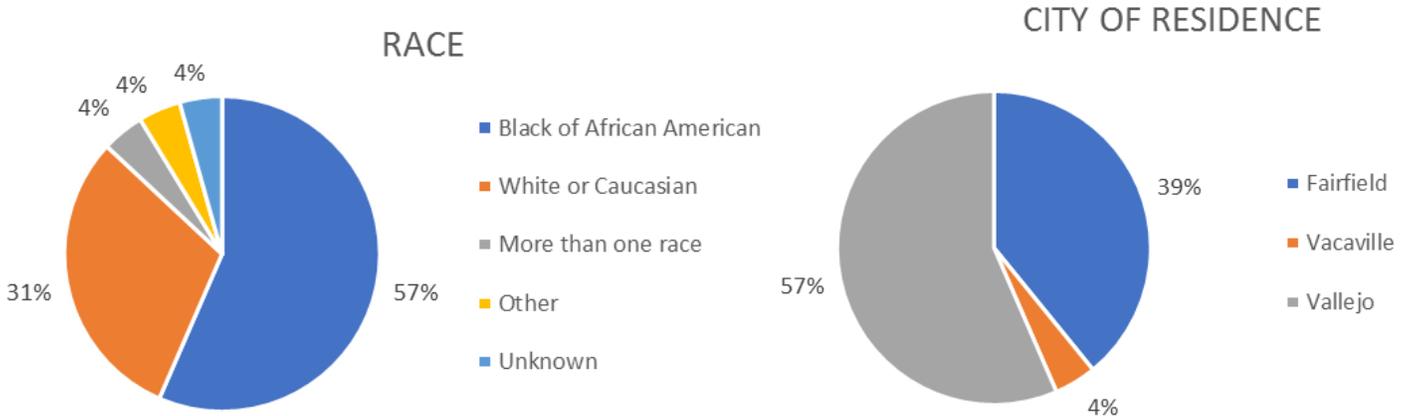
Agency Name: CA State Department of Rehabilitation (DOR) & Caminar, Inc.

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 employment program in order to provide employment services to individuals with severe and persistent psychiatric disabilities. Caminar Jobs Plus Program, a sub-contractor of DOR, provides the direct job development services. Referrals primarily come from Solano County Behavioral Health's, adult psychiatry clinics.	
Program Performance Measures	
Unduplicated Individuals Served: 23	
Program Indicators	Annual Outcome
During fiscal year 2017/18, 90 SCBH/DOR consumers shall receive pre-employment services.	23 consumers received employment services.
During FY 2017/18, at least 60 consumers who received pre-employment services will retain a job for a minimum of 90 days.	13 consumers were employed and 11 consumers maintained employment for at least 90 days.
Financial Report	
Cost per person	\$7,054

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



Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- The Caminar Jobs Plus program staff continue to be dedicated to recruiting potential employers within Solano County to better serve the consumers in the program.
- The three organizations, Solano County Behavioral Health (SCBH), DOR and Caminar have continued to work collaboratively to address barriers to services, which have included staff vacancies at DOR, challenges with consumer engagement for the DOR intake process, etc. Changes were made to the referral process, including: a revision of the referral form, and the DOR office agreed to pilot an expedited DOR approval process.
- SCBH initiated having the On-Duty staff in the three adult psychiatry clinics be more directly involved with the referral process in order to support consumers in being able to successfully complete the application for DOR and to remain engaged in the program.

Challenges & Barriers

- There continues to be significant delays in regards to timely access to employment services. This is in part due to a barrier with consumers not engaging with the DOR Counselor during the intake/eligibility phase of the program which results in consumers not being referred to the Caminar Jobs Plus program in a timely fashion. The DOR Counselor has indicated that she has been challenged by consumers not showing up for the intake appointments and/or contact information not being correct. As mentioned above, efforts have been made to address the barriers by changing the process for referrals and engaging more County staff to provide hands on support for consumers interested in the program.
- Given consumers cannot be served by Caminar Jobs Plus until the DOR Counselor determines eligibility and develops an Individual Employment Plan (IEP), delays and timeliness issues resulted in less referrals to Caminar and ultimately significantly less consumers successfully completing the program.
- There are some philosophical differences between the state-defined model DOR uses for such cooperative employment programs, and the model that the County and Caminar would like to use with our consumers who are seriously and persistently mentally ill.

Changes in FY18/19

During the annual MHS community stakeholder planning process supportive employment services was the highest priority for adult consumers (excluding mobile crisis which was the highest priority overall). SCBH will be exploring different employment models, including the evidenced-based Individual Placement Support (IPS) employment model, to better support mental health consumers who have expressed a desire to return to the workforce.

Community Services & Supports

Wellness & Recovery Programming

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

Agency Name: Solano County Behavioral Health (SCBH)

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, provide primarily medication services to adults who have been diagnosed with a serious mental health condition. Each clinic employs a Mental Health Specialist who is assigned the “On Duty” (OD) role, primarily focused on providing crisis intervention and emergent case management for consumers to address basic needs such as food, clothing and shelter. OD staff provide linkages to Patients Benefits Specialist as well as linking consumers to other vital resources such as Employment & Eligibility Services (CalFresh), local shelters, etc.

Number of Consumers Served: 1079

Cost Per Consumer: \$267



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, and/or Access.

Number of Consumers Served: 83

Cost Per Consumer: \$3,975

Community Services & Supports

Wellness & Recovery Programming

CARE Clinic—Contractor

Agency Name: Child Haven

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

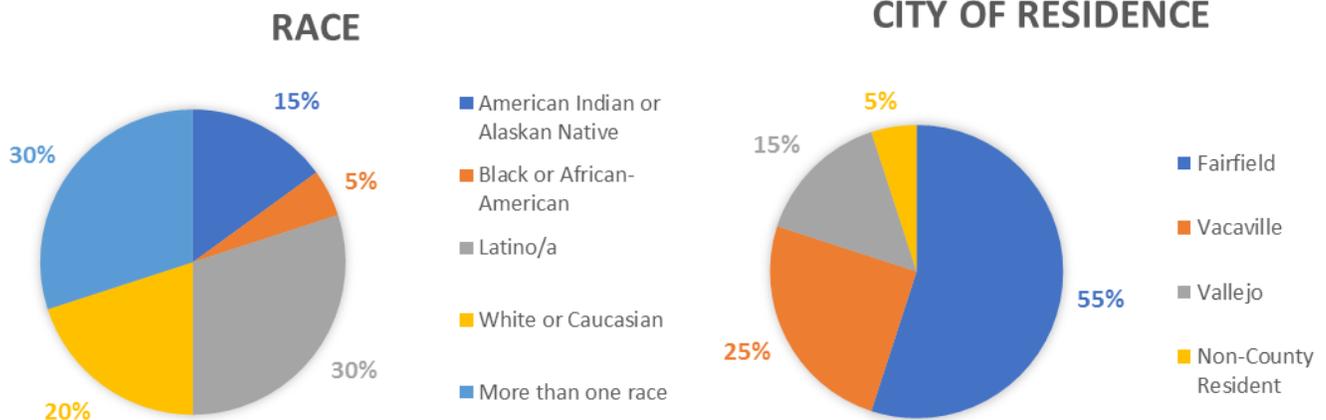
Description of Program:

The CARE clinic, delivered by a community-based provider, offers an intensive ten-week, daily menu of services for consumers ages 2-6 years of age (up to 7th birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges, utilizing the Comprehensive Assessment Research and Evaluation (CARE) model. The Solano County Special Education Local Plan Area (SELPA) also refers children to the program and fully funds the children they refer.

Program Performance Measures	
Unduplicated Individuals Served: 20	
Program Indicators	Annual Outcome
Annually to provide 4 intensive ten-week cohorts, four-hours per day, with a menu of services for clients utilizing the CARE multidisciplinary model, and serve a maximum of 30 unduplicated children.	A total of 4 cohorts were conducted, with 20 unduplicated children (MHSA funded) completing the ten-week cohort.
80% of the children who complete the CARE Clinic will demonstrate improvement on the <i>Child Behavior Checklist (CBCL)</i> as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	The <i>CBCL</i> was completed for 19 children, of which 84% (16) demonstrated improvement. * <i>CBCL</i> was not completed for 1 child due to her age
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 <i>Eyberg Child Behavior Inventory (ECBI)</i> .	85% (17) of the children demonstrated improved child/parent interactions on the <i>ECBI</i> .
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% (20) children successfully transitioned back to school and remained in the setting for 30 days or more.
Financial Report	
Cost per person	\$32,243

9 additional children were served but were funded by SELPA and the outcomes or expenditures for these children are not included in this report.

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



Community Services & Supports

Wellness & Recovery Programming

Demographic Summary		Program Name: Child Haven CARE	
Age		Primary Language	
0-15	100%	American Sign Language (ASL)	0%
16-25	0%	Cantonese	0%
26-59	0%	English	100%
60+	0%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	15%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	5%	Mandarin	0%
Latino/a	30%	Other	0%
Native Hawaiian/other Pacific Islander	0%	Other Indic (Indian) Language	0%
White/Caucasian	20%	Other Pacific Island Language	0%
Other	0%	Spanish	0%
More than one race	30%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	75%	Ethnicity: Hispanic or Latino	
Female	25%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	86%
Current Gender Identity		Puerto Rican	0%
Male	75%	South American	0%
Female	25%	Other	0%
Transgender	0%	More than one ethnicity	14%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	33%
Heterosexual/straight	0%	Filipino	0%
Bisexual	0%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	100%	Other	25%
Veteran Status		More than one ethnicity	42%
Yes	0%	Decline to answer	0%
No	100%		
Decline to answer	0%		

Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- A dissertation proposal submitted June of 2018, to the Wright Institute Graduate School of Psychology, by J. Mohammadioun in partial fulfillment of his degree of Doctor of Psychology titled, The Solano Comprehensive Assessment, Research, and Evaluation (CARE) Program’s Impact on Executive Functioning in Preschool Aged Children highlighted the positive “behavioral changes” and outcomes for children as a result of participation in the CARE Program. The hope is that the child mental health community will recognize the value of such intensive mental health programs for very young children as prevention for more serious mental health conditions later in life.
- The CARE Clinic has seen a 54% increase in EPSDT/MHSA funded clients over last fiscal year from 13 clients to 20.
- The CARE Clinic staff is a diverse representation of the Solano community. The staff makeup includes 44% Caucasian; 11.5% African American; 11.5% Latino; and 33% Asian.

Challenges & Barriers

- The decline in 0-5 mental health referrals throughout Solano County continues to be a problem for CARE Clinic referrals. Child Haven has been attempting to utilize available staff to assist with outreach, but with no dedicated funding for outreach this service is limited.

Changes in FY18/19

None.



Foster Child and Family Services—County and Contractors

New Program FY 2018/19

Agency Name: Solano County Behavioral Health

Title of Program: Foster Care Treatment Unit (FCTU) CANS Assessors

Description of Program:

The goal of the initiative is to fund two solely dedicated FCTU Clinicians to conduct Child and Adolescent Needs and Strengths (CANS) assessments for all foster youth entering the Solano County Child Welfare system in order to identify mental health and other social service needs. This initiative represents a collaboration between Behavioral Health and Child Welfare Services (CSW) and meets a state mandate for CWS.

No outcomes to report for FY 2017/18 due to implementation of the program in FY 2018/19.

Community Services & Supports

Wellness & Recovery Programming

Agency Name: Seneca Family of Agencies

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

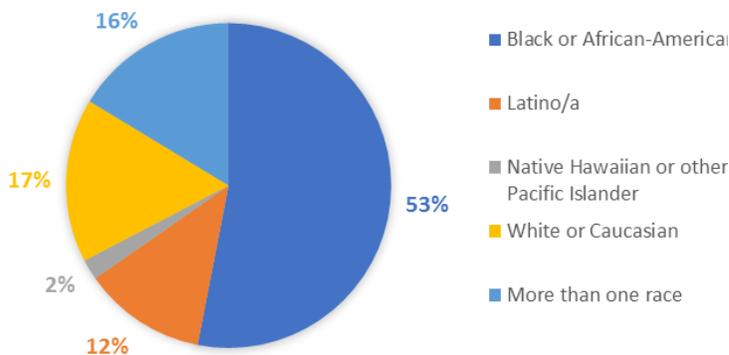
Description of Program:

The KAS Program provides outpatient mental health services for children and adolescents ages 6-21 (up to 21st birthday), with targeted population being those youth identified as the Katie A sub-class or referred by Solano County Child Welfare or Behavioral Health. A particular emphasis is placed on building the child’s natural supports which is vital for children involved with the child welfare system.

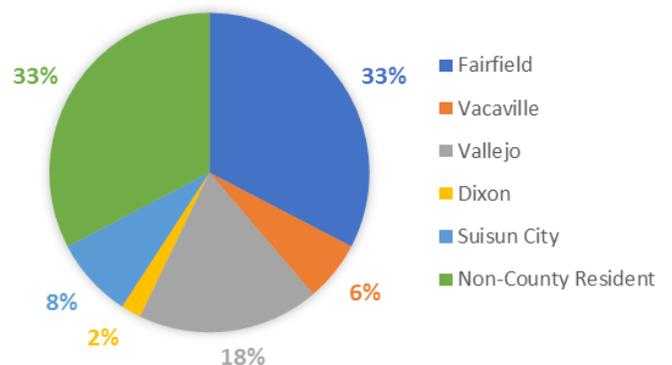
Program Performance Measures	
Unduplicated Individuals Served: 45	
Program Indicators	Annual Outcome
Provide outpatient mental health services for 50 unduplicated child/youth consumers identified as Katie A. eligible.	A total of 45 unduplicated consumers were served.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score, or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Of the 31 consumers who have had a follow-up CANS/ANSA administered at the 6-month mark, 94% (29) have achieved or partially achieved at least one treatment goals. Of the 21 consumers who have had a follow-up CANS/ANSA administered at discharge, 90% (19) have achieved or partially achieved at least one treatment goals.
At least 80% of consumers served will have an increase in on-going natural support people involved in their treatment.	Of the 45 consumers served, 67% (30) had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then monthly thereafter, consumers will receive Child and Family Team (CFT) meetings with an emphasis on building each consumer’s team with natural supports and concurrently focusing on placement stabilization.	87% (39) of the consumers received timely CFT meetings.
Financial Report	
Cost per person	\$13,191

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

RACE



CITY OF RESIDENCE



Community Services & Supports

Wellness & Recovery Programming

Demographic Summary		Program Name: Seneca KAS	
Age		Primary Language	
0-15	88%	American Sign Language (ASL)	0%
16-25	12%	Cantonese	0%
26-59	0%	English	100%
60+	0%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	0%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	53%	Mandarin	0%
Latino/a	12%	Other	0%
Native Hawaiian/other Pacific Islander	2%	Other Indic (Indian) Language	0%
White/Caucasian	17%	Other Pacific Island Language	0%
Other	0%	Spanish	0%
More than one race	16%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	43%	Ethnicity: Hispanic or Latino	
Female	57%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	46%
Current Gender Identity		Puerto Rican	0%
Male	43%	South American	0%
Female	55%	Other	0%
Transgender	0%	More than one ethnicity	54%
Genderqueer	2%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	11%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	5%
Heterosexual/straight	14%	Filipino	0%
Bisexual	8%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	78%	Other	0%
Veteran Status		More than one ethnicity	3%
Yes	0%	Decline to answer	81%
No	100%		
Decline to answer	0%		

Community Services & Supports

Wellness & Recovery Programming

Highlights & Achievements

- Eighty-one percent of the consumers served remained in stable housing, while eight (8) consumers had unplanned and negative placement disruptions.
- Seven of the consumers and their families served over this reporting period received services in Spanish through bilingual and certified staff. There are also multiple Employee Resource Groups offered by Seneca agency for staffs support and growth, including a Bilingual Staff group to promote cultural and linguistically appropriate services.

Challenges & Barriers

- The different levels of expectations from each unit at Child Welfare Services (CWS) around family involvement in Child and Family Team Meetings, and in treatment in general, created some challenges for program staff. A focus of this program for the upcoming year is to increase collaboration with CWS, county partners, and community partners to increase the focus in bringing in family members, natural supports, and community resources so that each child/youth ends services with a healthy, safe, and robust network of support.

Changes in FY18/19

None.

Community Services & Supports

Wellness & Recovery Programming

Mentally Ill Offender Programming

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 re-entry and diversion program for adult mentally ill offenders with the goals of providing necessary mental health treatment and referrals, diverting individuals with untreated mental illness from the criminal justice system into community-based treatment and support services, and reducing recidivism. This program was jointly funded by the MIOCR grant that the Solano County Sheriff's Office was awarded and SCBH MHSA funds. The Sheriff Office 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: 101

Program Indicators	Annual Outcome
In-custody assessment and discharge planning for inmates pending release.	101 unduplicated consumers served.
Provide re-entry services for mentally ill offenders released to the community for 6-9 months.	65 unduplicated consumers served.
Provide diversion services to mentally ill offenders involved in a current criminal case.	57 unduplicated consumers served.

Financial Report

Cost per person	\$2,369
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Highlights & Achievements

- The MIOCR Program continues to gain recognition from the courts as judges and lawyers consistently make referrals to the program.
- Sheriff's Office staff and BACS direct service staff have participated in a workgroup to plan and implement a Mental Health Court (MHC) in Solano County. This has required coordination with the Public Defender's Office, District Attorney's Office, and the Court (judges) to identify new eligibility and exclusionary criteria for felony cases. These meetings and discussions provided valuable recommendations to improve the MHC screening, referral, and case processes.

Challenges & Barriers

- The re-entry/aftercare component of the program has had difficulty with consumer engagement and retention due to a variety of factors such as: unplanned releases from custody, consumers being sentenced to prison, Case Managers missing consumers at release time, consumer disengagement, staffing issues, etc. Training of staff and staffing adjustments have been implemented to address these issues including engaging consumers sooner while in custody to build rapport, creating re-entry plans while individuals are still in custody, and better tracking consumers' court and release dates.
- The program had limited access to the BACS Respite Program, which provides short-term emergency housing, due to the County bed approval process for the Respite Program. The County approval process was often not timely for consumers who were being released from local jail facilities immediately.

Changes in FY18/19

The MIOCR grant that the Sheriff's Office was using to co-fund this program ended June 30, 2018, however the Sheriff's Office secured a different funding source in order to continue to fund the program. MHSA increased funding for the program to provide support to house consumers who are being released from local jails and would otherwise be homeless likely leading to reoffending. Additionally, a portion of the increased MHSA funding will be directed to the pilot Mental Health Court program. During FY 2018/19 the Sheriff's Office will identify a new vendor to sub-contract with to provide the direct services.

Community Services & Supports

Wellness & Recovery Programming

Agency Name: Solano County Behavioral Health

Title of Program: Jail Liaison

Description of Program:

A Solano County Behavioral Health Mental Health Clinician is co-located in the local jail facilities in order to support mentally ill inmates who are being released to the community. Additionally, this Clinician conducts 5150 evaluations for inmates that are at risk of suicide in the jails.

Program Performance Measures

Unduplicated Individuals Served: 35

Program Indicators	Annual Outcome
Provide discharge and linkage services for mentally ill consumers in-custody in local Solano County jails.	35 consumers served.

Financial Report

Cost per person	\$3,324
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Community Services & Supports

Outreach & Engagement Services

Outreach & Engagement Services—County

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



¡hola!

Hispanic Outreach
And Latino Access



Community Services & Supports

Outreach & Engagement Services

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 Indicators	Annual Outcome
Provide presentations/workshops for the community in Spanish and English.	Total of 41 outreach activities provided included: 19 presentations and 22 workshops with a total of 189 participants.
Conduct targeted outreach activities to spread awareness about the program in an effort to reduce stigma and increase access to mental health services.	4 outreach activities/events and served 425 participants.
Provide brief case management services to aid consumers linking to necessary services.	Contacted a total of 13 unduplicated individuals, and of these 11 individuals received a screening. Out of these screenings, 91% (10) of individuals have received case management and linkage services. 30% (3) successfully linked to MH services 10% (1) successfully re-linked to MH services
As a direct result of program outreach, contacts will be received by the County Access line and/or HOLA coordinator.	103 HOLA direct calls to the Access Line/HOLA Line
Financial Report	
Cost of program	\$67,302

Highlights & Achievements

- Participated in multiple forums that focused on the topics of Mental Health and Trauma, as it relates to immigration from Latin America into the United States.
- Collaborated with Fairfield Library to offer linkage services during hosted “Spanish Story Times” attended by Latino families.
- The HOLA Coordinator continued to provide the “Café con Amigas” support group for Latina women, covering a range of pertinent topics.

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 – including Spanish-speaking staff—continues to present difficulties for monolingual Spanish-speaking individuals and families accessing services.
- The Latino community as a whole expressed particular vulnerability this past year due to social and political factors specifically related to immigration issues. 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 FY18/19

None.

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 Indicators	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.	38 outreach activities/events
Provide brief case management services to aid consumers linking to necessary services.	31 individuals received a screening, case management, and/or linkage
As a direct result of program outreach, contacts will be received by the County Access line and/or KAAGAPAY coordinator.	31 calls were received by the Access Line and supported by a Tagalog-speaking Access Line Clinician or the KAAGAPAY coordinator
Financial Report	
Cost of program	\$67,208

Highlights & Achievements

- The KAAGAPAY Coordinator provided a “Tagalog & Storytelling with Ms. Ro” series at the Vallejo Public Library. The class sought to introduce positive parenting skills to parent attendees, while building a sense of cultural pride in the youth who attended.
- During the reporting period the KAAGAPAY Coordinator created a curriculum for Filipino women, focused on overall wellness and safe care.

Challenges & Barriers

- The KAAGAPAY Coordinator was on a leave of absence for an extended portion of the fiscal year, leading to a reduction in number of outreach activities and calls to the Access Line.
- 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 Filipino individuals with mild to moderate mental health needs.

Changes in FY18/19

None.



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 how to refer them for services.

Program Performance Measures	
Program Indicators	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.	Total of 36 outreach activities occurred and included: 13 presentations, 6 workshops, and 17 community events
Provide brief case management and linkage services to referred homeless youth.	62 unduplicated individuals received a screening, brief case management, and/or linkage services
When appropriate, screen for mental health and substance abuse. Link youth specifically to mental health services.	62 individuals contacted were screened for mental health and substance abuse and of those: 27% (17) successfully enrolled as new consumers to the mental health system 29% (18) were re-enrolled/re-connect to mental health services 5% (3) secured housing funds or were housed by outreach team 65% (40) successfully linked to resource or service for basic needs Also include the data related to re-connecting consumers to MH services
Financial Report	
Cost of program	\$135,027

Highlights & Achievements

- The program established working relationships with multiple community resources that provide services for youth in Solano County such as local Police Departments, Solano County Office of Education, schools, Solano Pride Center, homeless shelters, and other homeless resource centers.
- Recognizing the particular vulnerability that homeless youth are exposed to related to human trafficking or Commercially Sexually Exploited Children/Youth (CSEC), the ARCH Clinician conducted a presentation on the topic of the intersection between exploitation and youth homelessness.
- ARCH Clinician conducted 7 presentations to various community entities on the issue of homelessness and available ARCH services.
- The ARCH Clinician provided 3 presentations on suicide prevention.

Challenges & Barriers

- There is a 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 FY18/19

None

Mental Health Services Act Housing Programs

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



MHSA Housing

Supported Permanent Housing—Contractor

Agency Name: Caminar

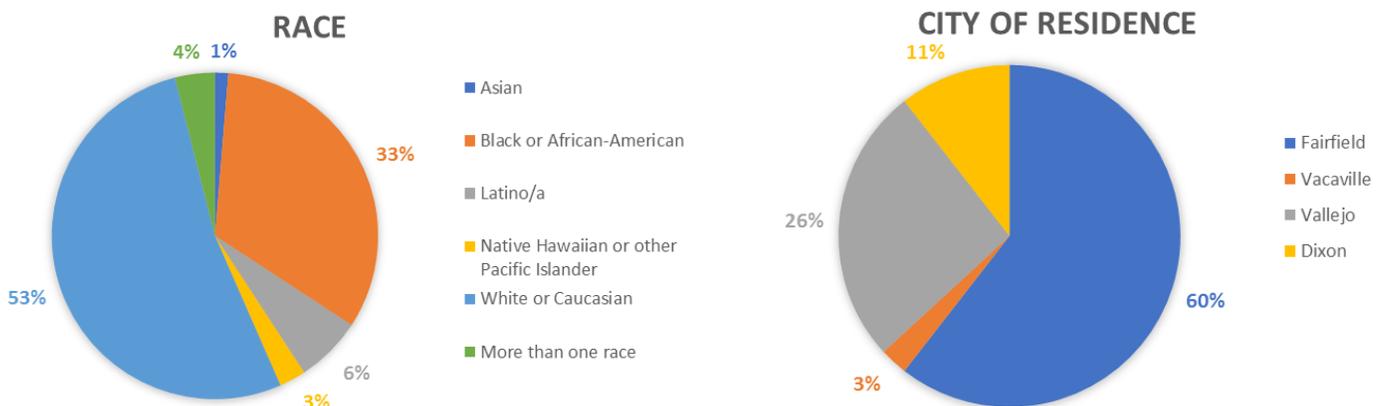
Title of Program: Supported Housing Program

Description of Program:

The Program provides housing services for individuals with psychiatric disabilities who are homeless or at risk of becoming homeless. The program provides permanent supported housing services to consumers in the MHSA Housing sites: Signature at Fairfield and Heritage Commons in Dixon, as well as numerous scattered sites/apartments in Solano County. 30-day transitional housing is provided through the Gateway Program.

Program Performance Measures	
Unduplicated Individuals Served: 76	
Program Indicators	Annual Outcome
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 67 unduplicated individuals were housed as follows: Scattered Sites: 43 individuals Signature: 13 individuals Heritage: 9 individuals
Provide transitional housing services through the Caminar Gateway program to 25 to 40 individuals (30 days/4 beds)	11 unduplicated individuals received transitional housing via the Gateway program (average length of stay was 71 days)
Provide case management services to 75 unduplicated individuals	100% (11) of the individuals served by the Gateway Program received case management services and 100% (67) of individuals served thru the permanent housing received case management.
<u>Permanent Housing Program:</u> Administer the <i>Quality of Life Scale</i> to maintain a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains (administered at intake and annually thereafter).	Of the 33 individuals who completed the annual measure during the reporting period, 27% (9) of individuals maintained or improved their score in functioning
<u>Gateway Transitional Housing:</u> 90% of the individuals exiting transitional housing will have initiated or obtained benefits. 75% of the individuals exiting transitional housing will move to stable housing.	Of the 7 individuals who discharged from transitional housing, 100% (7) of individuals had initiated or obtained benefits. 71% (5) of the consumers discharged successfully moved to stable housing. The two consumers who did not obtain stable housing had significant substance use, which caused a barrier in securing housing.
Financial Report	
Cost per person	\$5,840

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



MHSA Housing

Demographic Summary		Program Name: Caminar Supported Housing	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	0%	Cantonese	0%
26-59	73%	English	100%
60+	27%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	0%	Japanese	0%
Asian	1%	Korean	0%
Black or African-American	33%	Mandarin	0%
Latino/a	6%	Other	0%
Native Hawaiian/other Pacific Islander	3%	Other Indic (Indian) Language	0%
White/Caucasian	53%	Other Pacific Island Language	0%
Other	0%	Spanish	0%
More than one race	4%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	43%	Ethnicity: Hispanic or Latino	
Female	57%	Caribbean	0%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	100%
Current Gender Identity		Puerto Rican	0%
Male	41%	South American	0%
Female	56%	Other	0%
Transgender	3%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	0%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	4%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	1%	Eastern European	0%
Lesbian	3%	European	11%
Heterosexual/straight	94%	Filipino	3%
Bisexual	1%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	1%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	0%	Other	82%
Veteran Status		More than one ethnicity	0%
Yes	3%	Decline to answer	0%
No	97%		
Decline to answer	0%		

MHSA Housing

Highlights & Achievements

- Caminar was able to bring increased services to the clients at Laurel Gardens in the last quarter of the fiscal year by providing a case manager who is located on site to offer resources, provide education and linkage to other needed services.
- An increased number of clients provided information about their LGBTQ status to their case managers, demonstrating trust between consumers and their providers.
- Overall housing stability was a milestone this fiscal year. Furthermore, an additional unit was added to the total number of permanent supported housing stock.
- The Caminar Supported Housing program has been successful in keeping consumers housed 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.

Challenges & Barriers

- The program did not meet their deliverable related to number of individuals to receive 30-day transitional housing. This was in part due to not having adequate housing in the community to discharge consumers to. The County recognizes this barrier and has adjusted the deliverable from 25-40 individuals served to 20-30 served per year.
- Over the course of the year there had been a decrease in referrals to the Gateway Transitional Housing Program, which was attributed to a lack of understanding about the referral process. To assuage this, Caminar is now presenting bed availability at the weekly Transitions in Care meeting attended by mental health providers who serve the adult population. Additionally, program staff met with the staff at the Crisis Residential Treatment (CRT) program, to orient them to the referral process.
- In the early portion of this fiscal year, there were some challenges around the retention of staff, and there was a period of three months without sufficient staffing.
- Rent increases were another area of concern for the fiscal aspect of this program. Many units had increases this fiscal year, which the program has been able to manage without losing units.
- 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.

Success Story

One success story is a female client who came to Gateway Transitional Housing in March of this year after participating in Laurel Creek's Crisis Residential Program. Prior to her stay at Laurel Creek, she had experienced a significant amount of medical and psychological trauma and depression that left her homeless and acutely depressed and hopeless. Her medical issues interrupted a successful career in the medical field, which led to her having to go on disability. Coupled with this was continued family conflict involving her son's own mental health and substance use issues. She was able to successfully participate in Gateway's program to increase independent living skills and seek case management services despite chronic depression that rendered her feeling quite helpless at times. In April, she was able to transition to a two-bedroom apartment in Vallejo with the continued assistance of Caminar's Supported Housing Program Team. She has successfully transitioned to independent living and is able to more effectively advocate for herself despite her ongoing

Changes in FY18/19

None.

MHSA Housing

Shelter Housing—Contractor

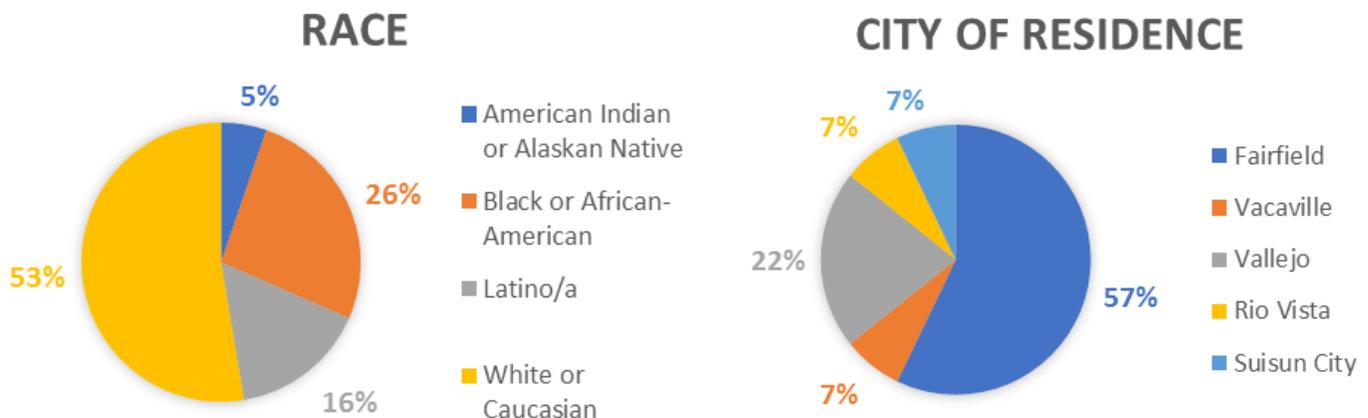
Agency Name: Interfaith Council of Solano County

Title of Program: Heather House

The program provided 24/7 shelter housing for 6-12 months and on-site support for homeless mentally ill consumers served thru the Caminar HOME FPS program.

Performance Measures	
Unduplicated individuals served: 16	
Program Indicators	Annual Outcomes
Provide beds to house six (6) consumers at any given time with a minimum of 6 unduplicated consumers served per year.	16 unduplicated consumers were housed thru the program.
Functional Improvement: 1. Consumer will demonstrate a 50% improvement in daily living skills and overall functioning at the 1 st quarter mark. 2. Consumers will demonstrate a 70% improvement above the entry status at discharge from the program	Data is unavailable due to the program not initiating the surveys.
Transitioned to long-term housing: 50% or more of the consumers served will be transitioned to long-term alternative housing at discharge.	Data is incomplete due to the program not tracking data and closure of program/agency unexpectedly. Data Reported: Of the 5 consumers discharged, 20% (1) of consumers were transitioned to long-term alternative housing at discharge.
Financial Report	
Cost per person	\$5,000

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



MHSA Housing

Demographic Summary		Program Name: Heather House	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	0%	Cantonese	0%
26-59	74%	English	100%
60+	26%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	5%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	26%	Mandarin	0%
Latino/a	16%	Other	0%
Native Hawaiian/other Pacific Islander	0%	Other Indic (Indian) Language	0%
White/Caucasian	53%	Other Pacific Island Language	0%
Other	0%	Spanish	0%
More than one race	0%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	33%	Ethnicity: Hispanic or Latino	
Female	67%	Caribbean	17%
Intersex	0%	Central American	0%
Decline to answer	0%	Mexican/Mexican-American/Chicano	0%
Current Gender Identity		Puerto Rican	0%
Male	33%	South American	0%
Female	67%	Other	0%
Transgender	0%	More than one ethnicity	0%
Genderqueer	0%	Decline to answer	83%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	27%
Another gender identity	0%	Asian Indian/South Asian	0%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	0%	Eastern European	0%
Lesbian	0%	European	37%
Heterosexual/straight	67%	Filipino	0%
Bisexual	0%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	33%	Other	9%
Veteran Status		More than one ethnicity	0%
Yes	6%	Decline to answer	27%
No	87%		
Decline to answer	7%		

MHSA Housing

Highlights & Achievements

- Three consumers obtained temporary jobs with assistance from staff. This gave the consumers a sense of competence, helped with their socialization and created an overall positive outlook and attitude in the community on campus.

Challenges & Barriers (as reported in the program's bi-annual report)

- There was a period of time where the Heather House shelter staff were not accepting consumers who had tested positive for drugs/alcohol at intake resulting in empty beds. The County intervened and supported Heather House staff to understand the expectation to use the "Housing First" model which would mean consumers could not be turned away if they had a positive drug test at the intake.

Changes in FY18//19

In April of 2018 Interfaith Council of Solano County informed the County that the agency was being dissolved and as a result the MHSA funded shelter program was terminated on May 1, 2018. The Caminar HOME FSP staff that case managed the consumers placed in the Heather House shelter were able to secure alternate housing for the 6 consumers residing in the shelter.

The City of Fairfield owns the property that the shelter was located at and the County is waiting to learn whether a new shelter vendor will be selected or if the property will be used for alternate purposes. Pending the decision of the city, the shelter program may or may not be funded in the future. The funds that had been budgeted for the Heather House shelter have been directed to the BACS Transitional Housing program in order to continue to house 4 of the HOME FSP consumers that had previously been housed at Heather House.

MHSA Housing

Respite Care - Contractor

Agency Name: Bay Area Community Services (BACS)

Title of Program: Respite Housing

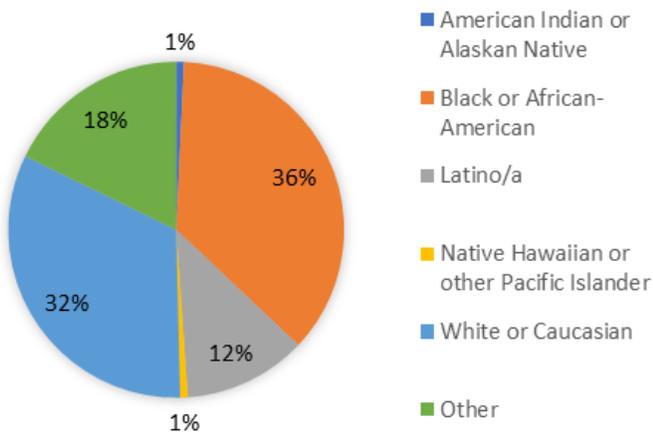
Description of Program:

The program provides 1 to 5 nights respite housing for adults who have an identified mental illness and would benefit from 24/7 monitoring and support, but do not qualify for a Crisis Residential Treatment program or placement in an inpatient facility. Services include on-site peer supervision, as well as linkage and referral to appropriate services.

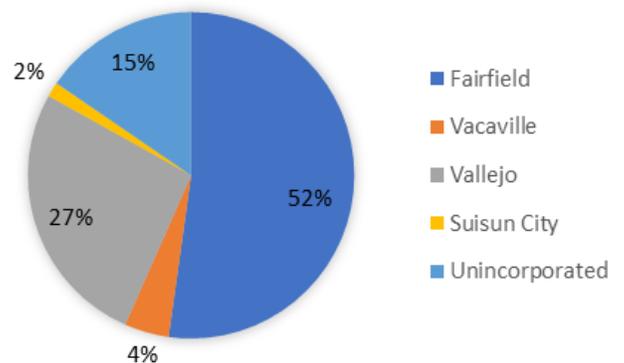
Program Performance Measures	
Unduplicated Individuals Served: 135	
Program Deliverables	Annual Outcome
Serve a minimum of 125 unduplicated consumers with mental health conditions. Provide linkage/referral services to a minimum of 50% of consumers who exclusively use the respite program	135 total unduplicated consumers were served 86% (116) unduplicated consumers have received linkages/referral
Financial Report	
Cost per person	\$2,724

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

RACE



CITY OF RESIDENCE



MHSA Housing

Demographic Summary		Program Name: BACS-Respite	
Age		Primary Language	
0-15	0%	American Sign Language (ASL)	0%
16-25	8%	Cantonese	0%
26-59	84%	English	99%
60+	8%	German	0%
Decline to answer	0%	Hindi	0%
Race		Ilocano	0%
American Indian/Alaskan Native	1%	Japanese	0%
Asian	0%	Korean	0%
Black or African-American	36%	Mandarin	0%
Latino/a	12%	Other	0%
Native Hawaiian/other Pacific Islander	1%	Other Indic (Indian) Language	0%
White/Caucasian	32%	Other Pacific Island Language	0%
Other	18%	Spanish	1%
More than one race	0%	Tagalog	0%
Decline to answer	0%	Unknown/Not Reported	0%
Gender Assigned At Birth		Vietnamese	0%
Male	57%	Ethnicity: Hispanic or Latino	
Female	43%	Caribbean	0%
Intersex	0%	Central American	3%
Decline to answer	0%	Mexican/Mexican-American/Chicano	8%
Current Gender Identity		Puerto Rican	1%
Male	57%	South American	0%
Female	43%	Other	0%
Transgender	0%	More than one ethnicity	3%
Genderqueer	0%	Decline to answer	85%
Questioning/unsure	0%	Ethnicity: Non-Hispanic or Latino	
Two-spirit	0%	African	0%
Another gender identity	0%	Asian Indian/South Asian	50%
Decline to answer	0%	Cambodian	0%
Sexual Orientation		Chinese	0%
Gay	4%	Eastern European	25%
Lesbian	1%	European	0%
Heterosexual/straight	95%	Filipino	0%
Bisexual	0%	Japanese	0%
Questioning/unsure	0%	Korean	0%
Queer	0%	Middle Eastern	0%
Other/another sexual orientation	0%	Vietnamese	0%
Decline to answer	0%	Other	25%
Veteran Status		More than one ethnicity	0%
Yes	3%	Decline to answer	0%
No	96%		
Decline to answer	1%		

MHSA Housing

Highlights & Achievements

- Respite has a racially diverse staff that matches the consumers served within their program. All of BACS staff have access to a 24-hour language line that is easy to use and gives access to several different languages.

Challenges & Barriers

- Respite's biggest challenge is getting people set up with a safe place to discharge to within 5 days, due to the lack of housing options within Solano County.



Innovation

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

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

Description of Project:

The ICCTM Innovation Project aims to increase access and utilization of culturally and linguistically appropriate services for County-specific unserved and underserved populations that have historically shown to have low mental health service utilization rates throughout Solano County: the Latino, Filipino-American, and LGBTQ communities. The project includes the creation of a region-specific curriculum based on the nationally Culturally and Linguistically Appropriate Standards (CLAS) and the local community’s perspective on community-defined strategies to achieve culturally and linguistically appropriate practices that when integrated into the mental health system can increase access and utilization of treatment for the target populations. Phase I consisted of UC Davis, Center for Reducing Health Disparities (CRHD) conducting a comprehensive health assessment (e.g., focus groups, individual interviews, community forums) to better understand Solano County’s mental health system of care specific to the three target underserved populations. Phase I was completed between January 2016 and June 30, 2017. The key findings from Phase 1 were incorporated into the CLAS standards to develop a unique Solano County training curriculum.

In Phase II, CRHD started conducted the CLAS trainings with three cohorts representing multi-disciplines including direct mental health services and/or working closely with behavioral health staff to serve consumers. The CLAS training consists of four sessions totaling 17 hours of in-person training delivered by CRHD staff over the course of a six week period. During the CLAS trainings the cohort is broken up into smaller groups and tasked with creating Quality Improvement (QI) action plans to help improve access and utilization to services for the target underserved communities, and in doing so improve the system of care to ensure Solano County Behavioral Health (SCBH) and our vendors demonstrate culturally-responsive practices for ALL consumers served. In partnership with SCBH, CRHD provides coaching sessions for the CLAS cohorts for up to 6 months to support the groups in continuing to refine the QI action plans.

In Phase III, the County will implement and, in partnership with CRHD, evaluate the QI action plans to measure their effectiveness in improving access and utilization of care for the three underserved communities.

Program Performance Measures

Program Indicators	Annual Outcome
<p>Conduct CLAS trainings for 3 cohorts for up to 30 participants each cohort.</p> <p>Training cohorts included participants that represented the three target communities and were from multi-disciplines including: County and community-based mental health providers, Child Welfare, Public Health, law-enforcement, faith communities, local education plans, and most importantly consumers or family members using services.</p>	<p>CLAS cohort 1 was completed in April of 2018 with a total of 19 participants</p> <p>CLAS cohort 2 was completed in June of 2018 with a total of 18 participants.</p> <p>CLAS cohort 3 is scheduled for FY2018/19.</p>
<p>The CRHD team will provide technical assistance to CLAS training participants to develop their QI action plans.</p>	<p>A total of 8 QI action plans were developed by CLAS cohorts 1 and 2. Of these QI action plans 4 focused on outreach/stigma reduction efforts and 4 concentrated on workforce development/pipelines.</p> <p>See the Appendix for an overview of all 8 QI action plans.</p>
<p>The CRHD team will provide small group coaching sessions to CLAS cohorts to assist in refining their QI action plans and their readiness for implementation.</p>	<p>A total of 7 coaching sessions for CLAS cohorts 1 and 2 were completed.</p>

Financial Report

Total Annual Expenditures	\$1,297,541
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Innovation

Highlights & Achievements

- The CRHD team completed the baseline evaluation reports to examining for the *Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys* which the County administers twice per year as required by the Department of Health Care Services (DHCS). The purpose was to evaluate how Solano County's Mental Health Plan (MHP) is meeting the needs of beneficiaries served. The CRHD team received the MHSIP data from the SCBH Division after it was administered and collected from consumers receiving mental health services in 2014 and 2015. This baseline period reflects the overall MHSA Innovation Project timeframe. In order to provide meaningful information the CRHD provided two reports; one reporting findings for child/youth consumers, and a second report providing the findings for adult/older adult consumers. These reports have been posted on the County Mental Health webpage.
 - *Mental Health Statistics Improvement Program Results for Youths and Families Population* can be accessed at: <http://www.solanocounty.com/depts/mhs/cc.asp>
 - *Mental Health Statistics Improvement Program Results for Adult and Older Adult Population* can be accessed at: <http://www.solanocounty.com/depts/mhs/cc.asp>
- The CRHD team created community narrative reports summarizing feedback obtained from the 3 target communities; Latino, Filipino-American, and LGBTQ. These reports will be available in English, Spanish and Tagalog. The English versions of the community narrative reports are currently posted on the County Mental Health webpage. Once the reports are translated into Spanish and Tagalog these versions will also be posted on the website.
 - *Latino Voices: Community Narratives about Mental Health in Solano County* can be accessed at: <http://www.solanocounty.com/depts/mhs/cc.asp>
 - *Filipino-American Voices: Community Narratives about Mental Health in Solano County* can be accessed at: <http://www.solanocounty.com/depts/mhs/cc.asp>
 - *LGBTQ Voices: Community Narratives about Mental Health in Solano County* can be accessed at: <http://www.solanocounty.com/depts/mhs/cc.asp>
- The CRHD sub-contracts with three community-based organizations (CBOs) that represent the three target communities; Rio Vista CARE (serving the Latino community), Fighting Back Partnership (serving the Filipino-American community), and Solano Pride (serving the LGBTQ community). Each of the agencies were able to hire CLAS Project Coordinators and CRHD staff provided support to onboard these staff in order to orient them to the large project.
- CLAS cohorts 1 and 2 were comprised of a diverse group of individuals. The cohorts combined included 36 participants who reported race as 6% as Multiracial (Latino, Middle Easterner, and German), 11% as Other (Mexican, Nicaraguan), 14% as African American, 26% as Asian, and 43% as Caucasian. Sixty nine percent of the participants identified as current gender identity as female, 27% identified as male, and 3% declined to answer. For sexual orientation the CBOs and external partners reported the following 6% identified as bisexual, 6% as lesbian, 6% preferred not to answer, 18% identified as gay/homosexual, and 65% reported as straight/heterosexual. In regards to sexual orientation the participants who were County staff: 6% identified as queer, 6% preferred not to answer, and 89% identified as straight/heterosexual.
- Several CLAS participants continued to provide support related to the QI action plans beyond the initial time commitment of 6 months demonstrating dedication to the overall mission of the project.

Innovation

Challenges & Barriers

- Both the County and CRHD had vacant positions at the beginning of the FY that required existing team members to take on additional responsibilities to keep the project moving forward. During the course of the year CRHD hired a Project Manager and the CLAS Sustainability Coordinator; and the County hired a Project Manager.
- It was challenging to recruit staff and community partners to participate in the CLAS cohorts given the time commitment required. In order to address this County staff leveraged relationships with community partners to secure participants that would bring value to the project and be able to commit for the length of the project. In spite of much effort, a total of 5 participants were not able to continue with the project through the 6 month coaching portion of the CLAS Cohorts.

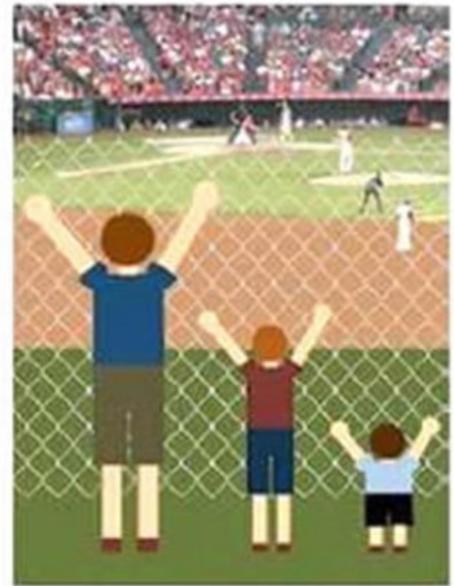
EQUALITY VERSUS EQUITY



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.

Workforce Education & Training (WET)

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:

CIBHS works collaboratively with the County to proctor trainings to address identified training needs in the mental health system of care to include: evidenced-based models, trainings to address co-occurring disorders, trainings specific to mental health disorders, etc. Additionally, CIBHS proctors the 8 hour Crisis Intervention Team (CIT) Training offered to local law enforcement departments. Through the partnership with CIBHS, Solano County is able to continue to provide an intern program, including the provision of intern stipends, in order to build a diverse workforce.

Program Performance Measures

Program Indicators	Annual Outcome
Provide Crisis Intervention Team (CIT) Training for law enforcement in Solano County.	CIBHS provided 2 trainings for 24 peace officers from the Solano County Sheriff's Office and local police departments.
Provide trainings for the Mental Health Plan as requested by Solano County Behavioral Health.	An Eating Disorder training was provided to a total of 35 providers from the County Mental Health Plan, Partnership, and several surrounding counties.
Administer the Solano County internship stipends for Master's level and Pre/Post-doctoral interns who represent and serve unserved/underserved consumers in Solano County.	MHSA provided a stipend for one intern who served the County from December 4, 2017 through June 30, 2018 (intern is still working within the system of care)

Financial Report

Total Annual Expenditures	\$14,007
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Capital Facilities & Technology Needs (CFTN)

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 2017/18 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 (EHR) Record, houses consumer mental health records and is also utilized for financial management including billing to the state and other funders. Phase I and II are completed and Phase III is still underway.

Program Performance Measures

Program Indicators	Annual Outcome
Continue to implement components of Phase 3	<p>Phase 3 Technology Needs that are completed:</p> <ul style="list-style-type: none"> • ePrescribing of Controlled Substance • Data Analytics/Key Performance Indicators (KPI) Dashboard <p>Technology Needs still in progress:</p> <ul style="list-style-type: none"> • Point of Service Scanning • Health Information Exchange • Mobile Connect
Financial Report	
Total Annual Expenditures	\$457,902

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PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Introduction

This Prevention and Early Intervention (PEI) Evaluation Report highlights the outcomes and community impacts related to the Solano County Behavioral Health (SCBH) Mental Health Services Act (MHSA) PEI programs and services delivered for fiscal years (FY) 2016/17 through 2017/18. The findings of this report will be used to continue to assist the County in identifying strategies to: reduce stigma and suicide deaths; address disparities within our system of care; and to improve timely access and linkage to services, particularly for the underserved communities in Solano County.

Prevention and Early Intervention Regulations

PEI strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—in particular to traditionally unserved and underserved communities.

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

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

The six regulatory approaches for PEI programs and services include:

- ◇ **Suicide Prevention** – organized activities that the County undertakes to prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.
- ◇ **Stigma and Discrimination Reduction** – includes direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
- ◇ **Outreach for Increasing Recognition of Early Signs of Mental Illness** – activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- ◇ **Access and Linkage to Treatment** – activities to connect children, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.
- ◇ **Prevention** – activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing serious mental illness.
- ◇ **Early Intervention & Treatment** – to include treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Local PEI Programs

SCBH ensures that the PEI programming and services include the following strategies: community-wide prevention; targeted prevention; and targeted prevention and early intervention programs. Many of the PEI programs embody two or more of the state-defined PEI approaches, however for reporting purposes SCBH has organized the programs in the following manner:

Suicide Prevention

ASIST and safeTalk Trainings
CalMHSA: Know the Signs Campaign

Stigma & Discrimination Reduction

CalMHSA: Each Mind Matters Campaign
Family and Peer Support Program
African American Faith-Based Initiative

Outreach for Increasing Recognition of Early Signs of Mental Illness

Mental Health First Aid Training

Access and Linkage to Treatment

First 5 Solano

Prevention and Early Intervention

LGBTQ Outreach & Access Program
School-Based Mental Health Services
Early Intervention Psychosis Program
Prevention and Early Access for Seniors (PEAS)
Peer Counseling for Homebound Seniors

In addition to further defining required PEI strategies, the new regulations passed also require expanded data collection to include the collection of state-defined demographic data to include; age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, and disabilities for participants receiving services.

Implementation Plan

SCBH began planning for implementation of the new regulatory requirements during FY 2015/16 with a goal to approach the initiative in two phases. During Phase I the County worked with the PEI funded programs to initiate the data collection and reporting requirements. SCBH met with each contractor providing PEI programming to identify and/or refine program outcomes and indicators to track that were meaningful to the program type or service delivery approach. Unique program specific monthly outcome reporting tools were developed for each PEI funded program. Additionally, the County provided a self-reporting demographic tool *Solano County Mental Health Services Act Program-Demographic Information* form (Appendix page G-H) in English and Spanish, that programs could use to gather demographic information from their program participants. For programs providing early intervention services technical assistance was provided to support programs to gather demographic information through face-to-face clinical interviews.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Implementation Plan (cont.)

In addition to the practical implementation of the data collection process, PEI contracts were amended to include the new requirements.

Phase II consisted of instituting the tracking of timely access, and referral/linkage activities. Due to the complexity of this new requirement related to tracking whether individuals followed through with referrals and duration of untreated illness, SCBH is implementing this in two stages. During FY 2016/17 PEI programs began to track the number of referrals and linkages they were making and reporting that to SCBH. During FY 2017/18 an expanded referral and linkage tool was implemented (Appendix page I-K) to assist PEI programs in tracking their referral and linkage activities. The tool pulls for referrals to programs that are identified as Solano County Mental Health Plan (MHP) programs. The data collected will be compared to the SCBH electronic health record (EHR) to analyze timeliness related to access and linkage to treatment under the Solano MHP.

The SCBH MHSA Unit collects data from each contractor on a monthly basis and on a bi-annual basis a Narrative Report is collected in January and July to elicit additional program performance data, highlights, and barriers being experienced. On a quarterly basis the SCBH MHSA Unit meets with MHSA funded contractors to provide quarterly snapshots of performance outcomes, fiscal expenditures, and demographics of participants served.

Challenges and Barriers

The new PEI regulations have been challenging to implement in terms of data collection systems and current workflows, particularly for some of our PEI contractors who are small non-profit organizations with limited resources. All the MHSA program contracts were multi-year contracts and many of them did not contain performance measures and/or contained too many performance measures, therefore the SCBH MHSA Team had to work closely with the vendors to develop performance indicators that were meaningful for each program. In some cases, contract amendments were initiated to incorporate agreed upon performance indicators, or content was added at the time of the planned contract renewal.

The tracking of duration of untreated illness and linkages to treatment has been particularly challenging. Specific program barriers are included in the report to follow. Overall the PEI contractors have been open and responsive to the regulatory changes and new data reporting requirements. The SCBH MHSA team continues to provide technical assistance for PEI programs related to data collection and reporting practices.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Suicide Prevention

SCBH, in partnership with the Solano County Suicide Prevention Committee, continues to work towards implementing strategies to educate the community about suicide risk factors, protective factors, and how to recognize the signs of suicide. As a community working together we can combat mental health stigma and reduce suicide deaths through timely and effective responses.

Program Indicators	FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Provide suicide prevention trainings for mental health and health care providers, school personnel, faith communities, and the community at large. Trainings may include general suicide prevention material and/or the following curriculums: safeTALK or Applied Suicide Intervention Skills Training (ASIST).	Conducted 10 trainings (both safeTALK and ASIST) to a total of 195 participants.	Conducted 5 trainings (both safeTALK and ASIST) to a total of 107 participants.
Provide local middle and high schools with suicide prevention toolkits containing materials from Each Mind Matters "Know the Signs" (KTS) suicide prevention campaign.	SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 42 schools.	SCBH partnered with the Solano County Office of Education to distribute KTS toolkits to 45 schools.
Increase community awareness about the National Suicide Prevention Lifeline 24/7 hotline.	In calendar year 2016 there were 2,239 calls from Solano County residents received by the hotline. Of those calls 1314 were general calls, 911 were calls from veterans, and 14 of the calls were from Spanish-speaking callers.	In calendar year 2017 there were 2,929 calls from Solano County residents received by the hotline. Of those calls 1,779 were general calls, 1,120 were calls from veterans, and 30 of the calls were from Spanish-speaking callers.
Conduct outreach to local businesses that sell firearms to distribute the firearm safety brochure (see Appendix) that was developed locally in partnership with, SCBH, the Solano County Sheriff's Office, and local firearms instructors.	1000 firearm safety brochures were distributed to local businesses that sell firearms.	1000 firearm safety brochures were distributed to local businesses that sell firearms.
Develop a county-wide suicide prevention plan to be used as a guide for public agencies, non-profits, County and private health care providers, schools, and individual community members to implement strategies to combat stigma and reduce suicide deaths in Solano County.	Between March 2017 through August 2017 SCBH, and members of the Suicide Prevention Committee, engaged in a comprehensive community planning process that included 8 community forums held across the County and 6 focus groups with high risk populations.	In September 2017 the <i>Solano County Suicide Prevention Strategic Plan</i> was presented to the community and the Board of Supervisors. During the remainder of the FY efforts have been made to implement training and public service campaigns as outlined in the Plan.

Access & Linkages

The suicide prevention trainers were not required to track referrals and linkages made.

Challenges & Barriers

There were only two providers who were trained in the suicide prevention curriculums during FY 2016/17 and FY 2017/18, which made it difficult to meet the community's needs. In order to address this barrier SCBH provided funding for one additional staff to be trained as an ASIST trainer, and partnered with SCOE to have two more County staff attend the ASIST train-the-trainer course.

Program Impact

Providing education for the community about the warning signs of suicide prevention is aligned with the countywide *Suicide Prevention Strategic Plan* goal to work towards a community with zero suicide deaths.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Stigma Reduction and Discrimination Reduction

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

Agency Name: National Alliance on Mental Illness (NAMI): Solano Chapter

Title of Program: Family and Peer Support Program

The NAMI program provides support and advocacy to individuals with mental illness and their family members through workshops, trainings, and presentations for 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. Pre/post surveys are used to evaluate the program's impact on those served.

Program Indicators	FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Conduct "Family-to-Family" (F2F) twelve-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 F2F class series, with 47 unduplicated participants. Conducted one Spanish class and served 6 unduplicated participants.	Conducted 1 English F2F class with 20 unduplicated participants. No Spanish F2F class was offered due to not having a Spanish-speaking teacher.
Conduct "Peer-to-Peer" (P2P) ten-week educational classes to train mentors to provide education and resources related to mental health conditions and recovery.	No P2P classes were offered due not having trained teachers.	Conducted 2 P2P classes with 37 unduplicated participants.
Provide "Basics" six-week educational class geared to help caregivers of children and adolescents living with mental illness.	Conducted 1 Basic class, with 2 unduplicated participants.	Conducted 1 Basic class, with 2 unduplicated participants.
50% of individuals attending F2F, P2P and Basics classes will demonstrate an increase in knowledge in at least one domain on the post participant survey.	100% of participants in all classes showed an increase in knowledge on the post survey.	93% of participants in all classes showed an increase in knowledge on the post survey.
Partner with schools and youth agencies to provide "Ending the Silence" (ETS) in-service presentations to teach high school aged youth about mental illness in order to combat stigma.	Conducted 3 ETS presentations, with 21 unduplicated participants.	Conducted 8 ETS presentations, with 347 unduplicated participants. 88% of participants endorsed increased knowledge on how to help themselves or a friend who displaying the warning signs for mental illness on post surveys.
Provide "In Our Own Voice" (IOOV) presentations by two trained speakers who share personal stories related to their mental illness and recovery.	Conducted 83 IOOV presentations, with 177 participants.	Conducted 31 IOOV presentations, with 359 participants.
Partner with local wellness and recovery centers or other programs serving consumers living with serious mental illness to provide "Connection" support groups focused on relapse prevention.	Provided 166 groups, with 108 unduplicated attendees. The "Connection" support group data was captured as a prevention activity during FY 16/17.	Provided 50 groups to a total of 64 unduplicated individuals. 79% of the support group participants strongly agreed that the group was helpful to them and 87% strongly agreed that they had learned information new to them per post surveys administered.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
376	765	0 N/A	64

Access & Linkage

The NAMI Family and Peer Support program, funded with SCBH MHSA funds, did not make any referrals for services. That said, the NAMI regional program operated a warmline and the warmline operators provided referrals and linkages to necessary services, however given SCBH did not fund the warmline the linkage data will not be reported as part of the PEI Evaluation Report.

Challenges & Barriers

Due to limited program staff, the program has had a difficult time recruiting volunteer class facilitators in general, and Spanish-speaking volunteers in particular, to provide F2F, P2P and the Basics classes. Additionally, data collection has been challenging due in part to the use of volunteers. SCBH continues to work closely with the program to develop mechanisms to track and report the required data.

Program Impact

There was an 103% increase in the number of individuals receiving prevention services from FY 2016/17 to FY 2017/18. In part this was due to a significant increase in the number of ETS presentations delivered at local high schools. The outcome related to 88% of the students reporting increased knowledge about mental health issues and how to help themselves and/or their peers can have a significant impact on combatting stigma and discrimination of individuals with mental illness in the Solano community. The NAMI program supports the families and loved ones living with mental illness through the F2F classes providing psychoeducation directly to family members. F2F, P2P and Basics class participants continue to report increased knowledge on post surveys which impacts consumers and family members directly. Consumers attending the Connection support groups, focused on relapse prevention, are endorsing that the group is helpful in their recovery and that they continue to learn new information about their mental illness and wellness strategies. The continued delivery of ETS and IOOV presentations provides the opportunity to reach significantly more Solano County residents.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

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

Title of Program: African American Faith-Based Initiative (AAFBI): Mental Health Friendly Communities

The Mental Health Friendly Communities (MHFA) project is delivered in partnership with three independent contractors, several of which are faith-leaders themselves, with a goal to create mental health friendly communities to support individuals with mental illness and their families at local African American faith communities. Consultants provide trainings for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions within the faith community, which includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide trainings for mental health providers on best practice to utilize when working with African American consumers.

Program Indicators				FY 16/17 Annual Outcome		FY 17/18 Annual Outcome	
<p>Provide educational events and activities including the following training series:</p> <p>A. "Mental Health 101" designed for African American Faith Leaders</p> <p>B. "Spirituality 101" designed for mental health providers and community partners</p> <p>C. "Keepers of the Flock: Becoming a Caring Community of Faith", designed for mental health providers and community partners</p> <p>D. "A Bridge Over Troubled Waters" designed for mental health providers and community partners</p> <p>The goal is for at least 75% of participants to demonstrate increased knowledge on culturally appropriate practices to utilize when serving the target population or on mental health topics covered during trainings, measured by a pre/post training survey.</p>				<p>A total of 342 individuals were reached with 7 trainings:</p> <p>A. "Mental Health 101": 4 trainings provided with 82 participants</p> <p>B. "Spirituality 101": No trainings provided</p> <p>C. "Keepers of Flock": 2 trainings provided with 160 participants</p> <p>D. "A Bridge Over Troubled Waters": 1 training provided with 100 participants</p> <p>A total of 92% of participants demonstrated increased knowledge on the post surveys.</p>		<p>A total of 157 individuals were reached with 12 trainings:</p> <p>A. "Mental Health 101": 4 trainings provided with 33 participants</p> <p>B. "Spirituality 101": 1 training provided with 46 participants</p> <p>C. "Keepers the of Flock": 6 trainings provided with 69 participants</p> <p>D. "A Bridge Over Troubled Waters": 1 training provided with 9 participants</p> <p>A total of 100% of participants demonstrated increased knowledge on the post surveys.</p>	
<p>Conduct outreach activities to raise awareness about mental health including the provision of in-service presentations and participating in community events.</p>				<p># of outreach activities: 7</p> <p># of participants: 700 (this number included individuals who attended events at the local faith centers when the consultants were not present)</p>		<p>A total of 720 individuals were reached with 16 outreach events including:</p> <p>A. In-service Presentations: 7 presentations provided to 143 participants</p> <p>B. Community Events: 9 events with 577 contacts made</p>	
<p>Provide outreach, consultation, technical assistance, and a sustainable "train the trainer" curriculum to build an infrastructure for participating Mental Health Friendly Communities (MHFC) faith centers/churches to solidify their commitments and continue as MHFC.</p> <p>The goal is at least 50% of MHFC faith centers have identified a mental health lead trainer that will provide ongoing training for congregants using the MHFC curriculum (added FY 2017/18)</p>				<p>A total of 6 faith centers were served.</p>		<p>A total of 9 faith centers were served, of which 78% (7) had a mental health lead identified.</p>	
Number Served Prevention Activities				Number Served Early Intervention Activities			
FY 2016/17		FY 2017/18		FY 2016/17		FY 2017/18	
1042		877		0 N/A		0 N/A	

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Access & Linkage

The MHFC consultants are not direct service providers and instead act as mentors for local faith communities. As such the consultants did not make referrals for services. In an effort to better track the impact of this program, SCBH is working with the MHFC consultants to implement a process whereby the local MHFC faith centers can refer to the County Access Line in a manner in which we can track the referrals made.

Challenges & Barriers

The MHFC program consultants did report some barriers in regards to collecting demographic information, as well as referral/linkage data as this involved collecting identifying information. The primary issue identified was the pervasive stigma associated with mental health within the African American community, which is further compounded by the setting of faith communities.

Program Impact

The trainings that the MHFC consultants provide for the local faith center leads is invaluable in terms of addressing mental health stigma within the African American community. Leveraging local faith centers and churches to further educate the community about mental health and stigma reduction has the potential to have a significant impact on the community. Generally, the African American community tends to approach a trusted faith lead in times of trouble, therefore by increasing knowledge about mental health and suicide risk within local faith centers this increases the likelihood that individuals will be routed for treatment sooner reducing the length of time mental health conditions go untreated. This is particularly important given African Americans tend to be over represented within the mental health system of care and particularly at higher levels of care including Full Service Partnerships and/or forensic programs. Several of the faith centers have been awarded mini-grants in order to fund events focused on suicide prevention and stigma reduction. Given families attend church together, the use of the MHFC approach can positively impact multiple generations of the families attending MHFC churches. The majority of the churches that have been deemed MHFC have an identified lead to ensure that locally within the church there is a person responsible to carry forward the message of wellness and seeking help when help is needed. The trainings that the MHFC consultants provide for the community and mental health providers is aligned with SCBH's goal to address disparities within the system of care and health outcomes. The findings per the training post surveys for the four core trainings provided indicate an increase in knowledge and shift in attitudes related to mental health.

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Outreach for Increasing Recognition of Early Signs of Mental Illness

Several of the PEI funded programs employ strategies to provide education and training for the community in the recognition of the early signs of mental illness, however those programs are more weighted towards prevention/early intervention, therefore those programs will be reported on in the pages to follow. That said, SCBH has ensured that MHSA funds a specific training curriculum designed to educate community members to become potential responders.

Agency Name: SCBH staff and Area Agency on Aging staff

Title of Strategy: Mental Health First Aid (MHFA) Training

MHFA is an 8-hour course that teaches participants to recognize the signs mental illness and substance use disorders. Training participants learn skills need to provide support to someone who may be developing a mental health or substance use problem, or experiencing a crisis. There is a portion of the training focused on recognizing the signs of suicide thus this curriculum further supports the County's suicide prevention efforts.

Program Indicators				FY 16/17 Annual Outcome		FY 17/18 Annual Outcome	
Provide MHFA training to community members to combat stigma and provide training participants the skills to recognize when someone is developing a mental health condition or substance abuse problem.				A total of 2 trainings were held with 21 participants.		A total of 5 trainings were held with 68 participants. One training was offered in Spanish with 11 monolingual Spanish-speaking parents.	
Number Served Prevention Activities				Number Served Early Intervention Activities			
FY 2016/17		FY 2017/18		FY 2016/17		FY 2017/18	
21		68		0 N/A		0 N/A	

Access & Linkages

The MHFA trainers were not required to track referrals and linkages made.

Challenges & Barriers

There were only two providers who were trained in the MHFA curriculum during FY 2016/17 and FY 2017/18, which made it difficult to meet the community's needs. Additionally, during FY 2016/17 one of the trainers was on an extended leave. In order to address this barrier SCBH provided funding for another County staff person to attend the MHFA train-the-trainer course to expand the pool of MHFA trainers.

Program Impact

Providing education for the community about the warning signs of mental illness and substance abuse increases the number of "first responders" in our community who can refer individuals who are suffering to appropriate services. One of the MHFA trainers has also been certified in MHFA Spanish which enhances SCBHs ability to reach the Latino community which is one of the underserved populations in Solano County. Additionally, this staff person is certified in Youth-MHFA in both English and Spanish, which allows her to provide MHFA trainings for local schools and organizations that serve children/youth. The CBO staff person is certified in Older Adult-MHFA and focused primarily on providing MHFA for organizations that serve the older adult (60+) community in Solano County.

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Access and Linkage to Treatment

Agency Name: First 5 Solano

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

The PEAK Program, which is co-funded by SCBH and First 5 Solano, is delivered by three community-based organizations including Child Haven, Uplift Family Services, and Solano Family Children’s Services. The 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. Additionally, the Help Me Grow (HMG) Solano phone line is co-funded by SCBH and First 5 Solano and is a point of access for many resources needed for children ages 0-5.

Program Indicators		FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Provide workshops or other educational activities for parents/primary caregivers of children ages 0-5.		199 individuals attended workshops; 99% of them demonstrated increased knowledge on the workshop topic on the post survey.	543 individuals attended workshops; 100% of them demonstrated increased knowledge on the workshop topic on the post survey.
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 on the post survey	213 providers attended trainings; 98% (208) of them demonstrated increased knowledge on the training topic on the post survey
PEAK developmental/mental health screenings will be conducted to identify children who need further assessment and/or referral to treatment services.		316 children aged 0-5 received screenings to determine need for further intervention.	324 children aged 0-5 received screenings to determine need for further intervention.
HMG Solano line will provide linkage and referrals for children and parents to public and private community resources, including referrals for PEAK developmental/mental health screenings, to support the child’s healthy development and/or caregiver’s mental health.		567 calls were received and of those 72% were routed for appropriate services in the community.	1660 calls were received and of those 20% (329) were routed for PEAK screenings. The other referrals were to other appropriate services in the community.
Child Haven will provide assessments and brief mental health treatment services to privately insured children aged 0-5 who are identified as needing the additional services. Medical insured or uninsured children are referred to County Mental Health for further assessment and treatment.		8 privately insured children were assessed and completed short-term treatment. 100% of the children demonstrated improvement on the <i>Child Adolescent Needs and Strengths (CANS)</i> post measure.	11 privately insured children were assessed and completed short-term treatment. 100% of the children demonstrated improvement on the <i>CANS</i> post measure.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
1198	2740	8	11

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Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18 between the PEAK providers and the HMG line 1,537 consumers/family members received a referral for needed services. Of those 32% (488) were referrals for mental health services including referrals for PEAK screenings and/or referrals to County Mental Health for EPSDT services. For the 144 children referred to County Mental Health 60% (87) followed through with at least one contact. The average length of time from referral to the County and the first contact was 46 days, however the County tracked the average duration from referral to first offered appointment which was 10 days. SCBH continues to work on a system to track the duration of untreated mental illness. SCBH is working with the Frist 5 Solano, and its sub-contractors, to implement a process to better track and follow through with referrals made, particularly referrals for mental health services.

Challenges & Barriers

For FY 2016/17 data collection was a challenge in regards to the setup of the database used by PEAK providers, which did not have many of the demographic fields, outcome measures, or linkage data that MHSA tracks. Additionally, SCBH does not contract directly with the PEAK providers as these providers are under contract with First 5 Solano and the multi-year contracts were initiated prior to the implementation of the PEI regulations. SCBH continued to work closely with First 5 Solano to refine the data collection process.

Program Impact

The provision of PEAK screenings to identify developmental and/or mental health concerns for children ages 0-5 embodies the intent of MHSA PEI programming to identify mental health conditions early and to provide intervention in a timely fashion to avoid continued suffering and/or the development of more serious mental health conditions. The partnership between SCBH and First 5 Solano and leveraging of funds allows for us to reach more children ages 0-5 and their families. The provision of trainings and parent education for parents is invaluable in terms of helping parents/caretakers identify that there is a concern with their child and to be empowered to request services and support. The HMG phone line is a significant resource for the community in regards to linking children and families to necessary services to avoid further deterioration, and the HMG line acts as an important access point for County Mental Health. For children with Medi-cal who are screened and determined to need further assessment and treatment, the family is referred to County for services. For children who are screened with private insurance and need further attention Child Haven is able to provide short term mental health services. In both scenarios when a child is referred for further assessment and treatment the providers focus the interventions on building skills with parents/caretakers, thus serving the family. In regards to the trainings provided by the three vendors, the findings per the training post surveys indicate an increase in knowledge and shift in attitudes related to mental health.

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Prevention and Early Intervention

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

Title of Program: Lesbian, Gay, Bisexual, Transgendered, Queer (LGBTQ) Outreach and Access Program

It is important to note that for FY 2016/17 SCBH had contracted directly with Rainbow Community Center (RCC) of Contra Costa County and Solano Pride Center was a sub-contractor for RCC. The contract with RCC was terminated upon mutual agreement between SCBH and RCC. An RFP process ensued and Solano Pride Center was selected to carry forward the LGBTQ Outreach & Access Program through a new contract which was effective October 1, 2017.

The LGBTQ Outreach and Access Program provides social activities and support groups designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ community residing in Solano County. Services raise awareness and promote resilience, while offering the opportunity to celebrate one's identity. The program provides education to the community, social/support groups for LGBTQ individuals, and brief counseling for LGBTQ consumers with mild mental to moderate mental health conditions.

Program Indicators		FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Engage in outreach activities and provide educational trainings for the community to combat stigma related to mental health and LGBTQ status.		This measure was not a program deliverable for FY 2016/17.	A total of 16 outreach and education activities were offered with a total of 1323 participants.
Collaborate with Solano County schools to engage in the "Welcoming Schools" program to provide education and trainings in the schools to promote LGBTQ inclusive schools and prevent bullying.		The "Welcoming Schools" program was not a deliverable for FY 2016/17.	Collaborated with 8 local schools.
Provide social activities and support groups on various topics for LGBTQ community members.		430 unduplicated individuals were served.	342 unduplicated individuals were served.
A minimum of 50% of individuals receiving social/support group prevention services shall demonstrate improvement on a <i>Quality of Life (QoL) Scale</i> .		This qualitative measure was not a program deliverable for FY 2016/17.	A total of 21 unduplicated individuals completed the baseline <i>QoL</i> tool during FY2017/18, however the tool was not re-administered during the reporting period.
Provide brief mental health counseling for LGBTQ consumers with mild to moderate mental health conditions. 75% of consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.		A total of 13 unduplicated consumers were served. The use of the <i>QoL Scale</i> was not a program deliverable for FY 2016/17.	A total of 36 unduplicated consumers were served. A total of 94% (16) of consumers who completed a follow-up <i>QoL Scale</i> during the reporting period showed improvement in functioning.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
508	13	1665	36

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Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18 three consumers received a referral for needed services, however none of the referrals made were to County Mental Health.

Challenges & Barriers

Both Rainbow Community Center and Solano Pride Center reported barriers in regards to collecting demographic information and identifying information. The primary issue identified was pervasive stigma associated with both mental health and LGBTQ status. While members of the LGBTQ community are accessing support and services through the Solano Pride Center, there are some individuals who are not comfortable providing any identifying information. There were challenges with setting up data collection and tracking systems with Solano Pride Center once a direct contract was in place with the organization. This was attributed to staff vacancies and the use of volunteers to provide the social/support groups thru the Center. It is also important to note that the program indicators for FY 2017/18 only represent 9 months, October 2017-June 2018, due to the fact that the Solano Pride Center contract was approved as of October 1, 2017.

Program Impact

The provision of PEI services for the LGBTQ community is vital in regards to reducing stigma related to both mental health and one's LGBTQ status. The LGBTQ community is at greater risk for isolation, depression, anxiety, and suicidality. By providing a safe space for LGBTQ individuals to gather, the program is helping to reduce the isolation members of the LGBTQ community often experience. The LGBTQ community is an identified underserved community in Solano County. The services provided by the program, including the trainings for the community on challenges the LGBTQ community face, is aligned with SCBH's mission to address health disparities in our community.

The implementation of the "Welcoming Schools" program in FY 2017/18, has been quite successful as evidenced by 8 local schools engaging in the program. SCBH will work with Solano Pride Center to develop a meaningful way to measure the impact of the Welcoming Schools program. Given the program is geared to create more inclusive school environments free from bullying the potential positive impact on the LGBTQ community and larger community is expected to be significant. While there appears to be a decrease in the overall number of LGBTQ consumers accessing the Center for social/support groups, the program reports that the consumers who do participate are more consistent in their attendance. This is particularly true for the Youth Group which has 15-20 youth in attendance at the bi-weekly meetings. A significant achievement for the program is related to the increase in the number of LGBTQ consumers who received brief counseling with a total of 36 consumers served (over 9 months) in FY 2017/18 up from 13 consumers (over 12 months) served in FY 2016/17. Of the consumers who received brief counseling, 98% demonstrated an improvement in symptoms and functioning.

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Agency Name: Maternal, Child and Adolescent Health (MCAH) Bureau of Public Health Division

Title of Program: Pregnant & Postpartum Maternal Support (PPMS)

Description of Program:

The PPMS Program provides perinatal mental health prevention and intervention services, including screening and brief treatment through home visits and group activities. This enhances existing home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral therapy, Attachment therapy and psychoeducation, using one-on-one and group modalities.

Program Indicators				FY 16/17 Annual Outcome		FY 17/18 Annual Outcome	
Provide mental health screening and referrals for pregnant women or new mothers.				This program was not funded during FY 2016/17.		A total of 22 consumers received screening services.	
70% of the “Mothers and Babies” (MB) group participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale</i> .				This program was not funded during FY 2016/17.		86% of the participants who completed the MB Group reported a decrease in depression and/or anxiety based on the <i>Edinburgh Depression Scale</i> .	
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale</i> .				This program was not funded during FY 2016/17.		71% of the participants who completed the MB Group reported a decrease in perceived stress levels as measured by the <i>Perceived Stress Scale</i> .	
20-30 MCAH home visiting staff will be trained on the evidence-based “Mothers and Babies Perinatal Depression Prevention Intervention” model.				This program was not funded during FY 2016/17.		A total of 29 MCAH home visiting and management staff received the training.	
Direct service: Provide brief intervention crisis services by MSW social worker for women who are high risk due to mental health and/or co-occurring substance abuse.				This program was not funded during FY 2016/17.		A total of 5 unduplicated consumers received brief intervention services.	
Number Served Prevention Activities				Number Served Early Intervention Activities			
FY 2016/17		FY 2017/18		FY 2016/17		FY 2017/18	
0 N/A		51		0 N/A		16	

Access & Linkages

The PPMS program was not initiated until FY 2017/18. Four consumers received a referral for needed services, however none of the referrals made were to County Mental Health.

Challenges & Barriers

There was a significant delay in being able to implement the core component of the program “Mothers and Babies” (MB) evidenced-based group model, resulting in not instituting direct services until January 2018. Additionally, there was a delay in hiring the social worker to provide the 1:1 crisis services. The MCAH team was a new partner to MHSA and had to be oriented to the MHSA data collection requirements.

Program Impact

The provision of PEI services for pregnant women and new mothers is vital in regards to reducing stigma related to mental health and preventing potential child abuse or neglect as a result of a parent’s untreated mental health condition. The partnership between SCBH and Public Health, and leveraging of funding allows us to expand prenatal and postnatal services in our community. The implementation of the “Mothers and Babies” group curriculum will allow for significantly more women to receive prevention and early intervention services. Eighty-six percent of the consumers who completed the MB group reported a decrease in depression and/or anxiety, and 71% of the women reported a decrease in perceived stress. An additional value of the MB group model is building a social network for women that can become a natural support system once services are terminated.

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Agency Name: A Better Way, Solano County Office of Education (SCOE), and Rio Vista CARE

Title of Program: School-Based Mental Health Service Program

The MHA School-based Mental Health program is delivered by two community-based organizations and a County partner. These three organizations provide services for children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across Solano County, as determined by school districts. Prevention services include trainings for school personnel and parents, and student group workshops. Early intervention services include assessments and brief mental health treatment. One of the agencies, A Better Way, also provided prevention mental health services for the Mentally Ill Offender Crime Reduction (MIOCR) diversion program.

Program Indicators			
Program Indicators		FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Provide trainings/consultation services for school personnel on issues related to mental health. Similar trainings will be provided for the partners working in the MIOCR diversion program.		A total of 32 trainings were provided, of which 2 were for the MIOCR diversion program, with a total of 389 training participants.	A total of 30 trainings were provided, of which 3 were for the MIOCR diversion program, with a total of 671 training participants.
Provide trainings/engagement activities to parents and caregivers of students on issues related to mental health. Similar trainings will be provided for the parents/caretakers of youth involved with the MIOCR diversion program.		A total of 20 trainings were provided, of which 1 was for the MIOCR diversion program, with a total of 289 participants.	A total of 28 trainings were provided, of which 1 was for the MIOCR diversion program, with a total of 709 participants.
Provide prevention student workshops on various topics related to mental health, anti-bullying, social skills, etc. for participating school districts.		Student workshops were not a program deliverable for FY 2016/17.	A total of 78 workshops were provided with a total of 557 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post surveys.		Tracking of pre/post measures for trainings was not a program deliverable for FY2016/17. Student workshops were not a program deliverable for FY2016/17	<u>A Better Way:</u> A total of 496 participants were administered both a pre/post survey and of those 79% (378) showed increased knowledge in the training/workshop topic. <u>SCOE and Rio Vista CARE:</u> The agencies did not collect the post training surveys consistently.
At least 75% of the students receiving short-term mental health services will demonstrate improvement as measured by agreed upon tools administered at the intake and 6-month mark or at discharge if sooner.		<u>A Better Way:</u> A total of 128 participants were administered both a pre/post survey and of those 69% showed increased knowledge in the training/workshop topic. <u>Rio Vista CARE & SCOE:</u> This was not a deliverable for the Rio Vista CARE during FY2016/17 and SCOE does not provide short-term mental health services.	<u>A Better Way:</u> A total of 111 students received short-term mental health services. Of those, 86 students were administered both a pre/post measure during the reporting period, and of those 67% (58) showed improvement in symptoms and functioning. Of the 30 youth receiving services thru the MIOCR diversion program, 24 youth were administered both a pre/post measure during the reporting period, and of those 79% (19) showed improvement in symptoms and functioning. <u>Rio Vista CARE:</u> A total of 16 students received short-term mental health services. Of those, 14 students were administered both a pre/post measure during the reporting period, and of those 79% (11) showed improvement in symptoms and functioning.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
678	1,883	233	165

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Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18 between the three MHSA School-Based Mental Health Services programs 41 children/youth received a referral for needed services. Of those 10% (4) were referrals for mental health services including referrals to County Mental Health and/or other mental health programs under the Mental Health Plan (MHP). For the four children referred to County only 25% (1) followed through with at least one contact. The duration of time from referral to the County and the first contact was 16 days. SCBH was not able to institute a system to track the duration of untreated mental illness. SCBH is working with the three vendors to implement a process to better track and follow through with referrals made, particularly referrals for mental health services.

Challenges & Barriers

The three vendors have consistently reported challenges related to the scheduling of trainings for school personnel and parents/caretakers; and determining the referral process for the student workshops and for individual therapy. While all three vendors, and SCBH, have made efforts to build the necessary relationships with school district personnel, school site administrators, and teachers in order to get trainings scheduled and to determine the referral process for student workshops and individual therapy, due to turnover of school district and school site personnel each school year this has proven difficult. Two of the programs have had a difficult time instituting post training surveys and/or administering post measures for clinical services. SCBH is working closely with these programs to address these issues.

Program Impact

The provision of PEI services for the children and youth in Solano County is vital in regards to reducing stigma, preventing the development of mental health conditions, and/or identifying mental illness early in order to route children and youth to the most appropriate services to prevent mental health conditions from becoming disabling. Furthermore, by providing trainings for school personnel and parents/teachers on topics related to mental health we expand the pool of first responders who can be called into action when a young person is suffering. Currently A Better Way has staff co-located in nineteen schools across the County, Rio Vista CARE has staff co-located in the three schools that are in Solano County, and SCOE provides services for any of the six school districts as requested. Seventy-nine percent of the training/workshop participants who completed a post survey for trainings provided by A Better Way, endorsed improved knowledge on the training topic. The implementation of the student workshops was hugely successful and resulted in significantly more children/youth being served, 722 children/youth up from 233 children/youth served the year prior. The student workshops are intended to be preventative and reach more children/youth and as such the students do not need to undergo a mental health assessment in order to be referred to a workshop. During each MHSA community planning process stakeholders have highlighted the need to provide more mental health services in the schools. SCBH, in partnership with the three vendors, continues to explore strategies to increase the number of students who will receive a PEI service. A potential strategy may be utilizing 1-2 clinicians from A Better Way to travel to various schools throughout the county in order to provide mental health assessments to better route students to the most appropriate level of care. The youth served through the MIOCR diversion program demonstrated improvement in functioning and the use of a multi-disciplinary team comprised of mental health and probation staff proved to be a successful model. Addressing mental health issues for youth involved in the juvenile justice system can significantly impact the trajectory of a youth's life and prevent future involvement with the criminal justice system.

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Agency Name: Aldea Children and Family Services, and

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

The SOAR Program, delivered by a community-based organization in partnership with an academic institution, 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 of psychosis or currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model.

Program Indicators		FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Engage in outreach activities and provide educational trainings to educate the community on the early signs of psychosis.		A total of 22 presentations and trainings were provided to 264 individuals.	A total of 14 presentations and trainings were provided to 216 individuals.
Conduct screenings for individuals referred to SOAR to determine eligibility for the program.		55 unduplicated individuals received screenings.	49 unduplicated individuals received screenings.
Provide mental health treatment services using the evidence-based Cognitive Behavioral Therapy (CBT)-Psychosis.		62 unduplicated consumers received treatment services.	43 unduplicated consumers received treatment services.
80% of the consumers served will receive education support or referrals to an employment support program.		74% (46) of individuals received education support and/or referral to educational institution and/or employment support program	91% (39) of individuals received education support and/or referral to educational institution and/or employment support program
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.		None of the consumers served had psychiatric hospitalizations for greater than 7 days.	5% (2) of the consumers served had psychiatric hospitalizations for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the <i>Clinical Global Impression (CGI) Scale</i> at the 6-month mark; and by the 12-month mark 50% of the consumers enrolled will demonstrate improvement on the <i>CGI</i> .		67% of the consumers demonstrated improvement regarding overall symptom severity on the <i>CGI</i> at the 6-month mark. 82% demonstrated improvement regarding overall symptom severity on the <i>CGI</i> at the 12-month mark.	92% of the consumers demonstrated improvement regarding overall symptom severity on the <i>CGI</i> at the 6-month mark. 56% demonstrated improvement regarding overall symptom severity on the <i>CGI</i> at the 12-month mark.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
319	265	61	43

Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18, a total of 59 consumers received a referral for needed services and of those 54% (32) were referrals for County mental health services. Only 15% (9) of the consumers referred to the County followed through with at least one contact. The average duration of time from referral to the County and the first contact was 18 days. SCBH continues to work on a system to track the duration of untreated mental illness. SCBH will work with the Aldea SOAR program and other County mental health plan (MHP) programs to ensure that consumers referred from the SOAR program are linked to services quickly.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Challenges & Barriers

The most significant barrier the SOAR program has identified is challenges with staff retention. This is particularly challenging in terms of timely access to the program given the training for the program model takes 4-6 months. In order to address this barrier Aldea has cross-trained staff that work in their other Solano County mental health programs. This strategy has increased the program's bandwidth to continue providing the core program components including groups and psychoeducation. Another barrier identified was related to the ability to provide culturally and linguistically appropriate services for Spanish-speaking consumers and families. In order to address this SCBH leveraged another funding source to support the translation of program materials into Spanish.

Program Impact

The provision of screenings to identify early psychosis in the Solano community embodies the intent of MHSA PEI programming to identify mental health conditions early, and to provide intervention in a timely fashion to avoid continued suffering and/or the development of more serious disabling mental health conditions. In addition to funding the Aldea SOAR program, SCBH funds a contract with UC Davis Behavioral Health Center of Excellence, an academic institution, to provide training in the evidenced-based model, consultation, and data analysis for the direct service program. SCBH leverages SAMSHA Mental Health Block Grant (MHBG) first episode psychosis (FEP) funds with MHSA PEI funds to provide a robust early psychosis program. During FY 2017/18 a portion of the MHBG funds were used to translate all of the written program materials into Spanish to better serve consumers and their families that represent the underserved Latino community in Solano County. The translated materials will now be available for similar programs operating in Napa and Sacramento counties.

The provision of trainings for the community, school personnel, and mental health providers in the recognition of early psychosis has been invaluable in terms of timely assess for consumers who are at risk of developing a disabling mental health condition without early intervention. In addition to the use of the evidenced-based Cognitive Behavioral Treatment for Psychosis (CBT-P), the program has a heavy emphasis on providing support and education for consumers' families, including a Multi-Family Group and Family Support group.

Consumers served by the SOAR program are responding well to treatment as evidenced by improvement on the *Clinical Global Impression (CGI) Scale* at the 6-month mark; and the 12-month mark. A reduction in symptoms has contributed to consumers engaging in support related to school performance and the development of vocational skills. One of the most significant impacts of the SOAR program is related to the low usage of inpatient hospital stays for consumers served. In FY 2016/17 none of the consumers served experienced a hospitalization, and during FY 2017/18 only two (5%) of the consumers served had psychiatric hospitalizations for greater than 7 days.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Agency Name: Area Agency on Aging

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

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

Program Indicators		FY 16/17 Annual Outcome	FY 17/18 Annual Outcome
Engage in outreach activities and provide educational trainings for the community to combat stigma related to mental health and on issues specific to older adults.		A total of 471 unduplicated individuals were reached.	A total of 233 unduplicated individuals were reached.
Provide suicide prevention trainings given older adults are more at risk for suicide.		Provided suicide prevention trainings, with 195 participants.	Provided 5 suicide prevention trainings, with 107 participants.
Conduct mental health screenings for older adults.		This deliverable was not tracked during FY 16/17.	A total of 173 unduplicated older adults received a screening.
Provide brief preventative case management for older adults to prevent the need for crisis services or longer-term services.		A total of 207 unduplicated older adults received brief case management services.	A total of 161 unduplicated older adults received brief case management services.
Provide brief mental health services for older adults.		A total of 26 unduplicated older adults were served.	A total of 22 unduplicated older adults were served.
Provide longer-term case management services for older adults to stabilize them in order to prevent homelessness and further deterioration.		A total of 93 unduplicated older adults were served.	A total of 49 unduplicated older adults were served.
75% of the consumers served with counseling and/or longer-term case management shall demonstrate improvement in symptoms based on at least one pre/post measure: <ul style="list-style-type: none"> • A reduction in overall <i>Patient Health Depression Questionnaire (PHQ-9)</i> score • A reduction in overall <i>Generalized Anxiety Disorder (GAD-7)</i> score • An increased overall <i>Quality of Life (QoL) Scale</i> 		For consumers receiving counseling services who had a post measure administered, 90% demonstrated improvement on the <i>PHQ-9</i> and 80% demonstrated a decrease in anxiety symptoms on the <i>GAD-7</i> .	Of the 37 older adults who completed a pre/post measure during the reporting period, 86% (32) demonstrated improvement in symptoms and functioning.
Number Served Prevention Activities		Number Served Early Intervention Activities	
FY 2016/17	FY 2017/18	FY 2016/17	FY 2017/18
1333	644	305	71

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18, 166 consumers received a referral for needed services and of those 24 were referrals made for mental health services. Unfortunately, when reviewing the referral log it was not clear whether the referrals were made to the program's internal mental health clinician, and/or, if referrals were made to County Mental Health. Due to the closure of the agency SCBH was not able to clarify questions related to the linkage data.

Challenges & Barriers

Regarding the data collection of demographics, the program reported barriers regarding the identification of sexual orientation and current gender identity for senior participants, and in particular, those participants that now live in assisted living due to fear of stigma and discrimination. There were some challenges related to the tracking and administration of follow-up measures for consumers receiving the long-term case management and counseling services. The most significant challenge was the closure of the Area Agency of Aging organization, which resulted in the closure of the PEAS program. The program stopped taking referrals starting in April and closed the program as of May 31, 2018.

Program Impact

The provision of PEI services for older adults age 60 and over has been instrumental in addressing urgent needs of the senior population in Solano County, including meeting basic needs to prevent deterioration and the need for crisis services or longer-term services. The older adult community is at greater risk for isolation, depression, anxiety, and suicidality, therefore providing screenings for older adults is a vital community service. The PEAS program provided trainings for community members to be gatekeepers, or first responders, for older adults who may be at risk for mental illness, suicidality, and/or homelessness. Additionally, the program provided safeTalk and ASIST suicide prevention trainings for the community, including providers and community partners that work primarily with the older adult population. Of the consumers who received brief counseling, and were administered a post measure, 86% demonstrated an improvement in symptoms and functioning.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Agency Name: Faith in Action

Title of Program: Peer Counseling for Seniors (PCS)

The PCS Program, delivered by a community-based provider, conducts in-person 1:1 and group peer counseling, virtual (conference call) peer counseling, and reassurance calls for older adults 60 and over who are often homebound.

Program Indicators				FY 16/17 Annual Outcome		FY 17/18 Annual Outcome	
Engage in outreach activities and provide educational trainings for the community to combat stigma related to mental health and on issues specific to older adults.				This outcome was not added until FY 2017/18.		A total 672 individuals were reached.	
Provide peer-to-peer reassurance calls for older adults identified to be at risk of developing a mental health condition.				Served 94 unduplicated older adults with 4241 reassurance calls.		Served 87 unduplicated older adults with 4100 reassurance calls.	
Provide peer-to-peer in-home visits for older adults identified to be at risk of developing a mental health condition.				Provided 3381 hours of home visiting to a total of 81 unduplicated older adults.		Provided 3227 hours of home visiting to a total of 77 unduplicated older adults.	
Provide mental health peer counseling for older adults, including individual, group, and virtual group counseling.				total of 71 unduplicated older adults were served.		A total of 72 unduplicated older adults were served.	
75% of the older adults participating in 1:1 peer counseling will demonstrate an overall improvement on the <i>Geriatric Depression Scale (GDS)</i> .				This outcome was not added until FY 2017/18.		Of the 24 older adults who completed a pre/post measure, 88% (21) demonstrated improvement in symptoms and functioning.	
75% of the older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50 % of the <i>Quality of Life Scale</i> survey domains.				This outcome was not added until FY 2017/18.		Of the 66 older adults who completed a pre/post survey during the reporting period, 83% (55) of demonstrated improvement in functioning.	
Number Served Prevention Activities				Number Served Early Intervention Activities			
FY 2016/17		FY 2017/18		FY 2016/17		FY 2017/18	
175		837		74		72	

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Access & Linkages

During FY 2016/17 the tracking of referrals and linkages was more general and did not include the details associated with tracking the outcome of referrals made. For FY 2017/18 ten consumers received a referral for needed services, and of those one referral was for mental health services. However, it was not clear whether that referral was made to County mental health or private mental health services. SCBH continues to work on a system to track the duration of untreated mental illness.

Challenges & Barriers

Regarding the data collection of demographics, like Area Agency on Aging the Faith in Action program reported barriers regarding the identification of sexual orientation and current gender identity for senior participants, and in particular, those participants that now live in assisted living due to fear of stigma and discrimination.

Program Impact

The provision of PEI services for older adults age 60 and over has been instrumental in addressing urgent needs of the senior population in Solano County, in order to prevent further deterioration and/or the need for crisis services or longer-term services. The older adult community is at greater risk for isolation, depression, anxiety, and suicidality, therefore providing peer-to-peer counseling can significantly reduce the isolation older adults experience. Peer counselors can be first responders, for older adults who may be at risk for mental illness, suicidality, and/or homelessness. A significant portion of the consumers served are homebound, therefore using peers to conduct home visits to provide peer counseling addresses the isolation a homebound senior would otherwise experience. During FY 2017/18 of the consumers who participated in group or virtual counseling and were administered a post measure, 83% demonstrated an improvement in symptoms and functioning. Of the consumers who received 1:1 peer counseling services, and were administered a post measure, 88% demonstrated an improvement in symptoms and functioning.

PEI Evaluation Report

Mental Health Services Act: A Review of Services Provided FY2016/17-2017/18

Summary

SCBH and our PEI contractors have made every effort to implement the new PEI regulations with limited resources. Many of our PEI programs are provided by small community-based organizations that do not have sophisticated data tracking systems. SCBH—and our contractors—recognize the spirit behind the regulations to ensure access to underserved communities and to improve timely linkage to treatment services. Efforts are currently underway to strengthen the data collection process related to access and linkages. The SCBH MHSA Unit will continue to explore tools and mechanisms to support our contractors to adhere to the regulations, which will include providing technical assistance as needed.

Budget Worksheets

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

County: Solano

Date: 10/10/18

	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
A. FY 2017/18 Funding						
1. Unspent Funds from Prior Fiscal Years	14,219,589	5,889,929	3,045,586	593,722	357,636	2,780,155
2. New FY 2017/18 Funding	16,160,876	3,892,582	1,042,831	6,825	3,483	37,288
3. Transfer in FY 2017/18a/	(500,000)				500,000	
4. Access Local Prudent Reserve in FY 2017/18						
5. Available Funding for FY 2017/18	29,880,465	9,782,511	4,088,417	600,547	861,119	2,817,443
B. FY 2017/18 MHSA Expenditures	14,687,591	3,181,229	1,204,013	99,897	457,902	0
C. FY 2017/18 Unspent Fund Balance	15,192,874	6,601,282	2,884,404	500,650	403,217	2,817,443

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2017	2,780,155
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Local Prudent Reserve Balance on June 30, 2018	2,817,443

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

County: Solano

Date: 10/10/18

	Fiscal Year 2017/18 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Adult and Older Adult FSP	2,804,688	1,981,498	794,661			28,529
2. Adult Homeless FSP	578,118	578,118				
3. Adult Forensics FSP	1,795,377	1,214,897	560,603			19,877
4. Children's FSPs	2,396,090	1,049,325	1,344,480			2,285
5. Foster Care Treatment Unit	1,331,184	687,273	643,911			
6. TAY FSP	673,568	444,574	224,456			4,538
7.						
8.						
9.						
10.						
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17.						
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19.						
Non-FSP Programs						
1. Crisis Services & Supports	5,421,410	3,338,189	1,991,672			91,549
2. Mentally Ill Offender Programming	412,005	412,005				
3. MHSA Housing Supports	591,529	591,529				
4. Outreach & Engagement	230,071	230,071				
5. Targeted System Supports	1,838,743	1,835,448				3,295
6. Wellness & Recovery Programming	1,740,522	1,733,241				7,281
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CSS - Administration	982,960	591,422	391,538			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Actual Expenditures	20,796,266	14,687,591	5,951,321	0	0	157,354
FSP Programs as Percent of Total	65.2%					

Budget Worksheets

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

County: Solano

Date: 10/10/18

	Fiscal Year 2017/18 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
PEI Programs - Prevention						
1. Community-Wide Prevention	142,656	142,656				
2. Targeted Prevention Strategies	88,982	88,982				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
1. Targeted Prevention & Early Intervention	3,041,184	2,823,725	205,033			12,426
2.						
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9.						
10.						
PEI Administration	125,866	125,866				
PEI Assigned Funds	0	0				
Total PEI Program Actual Expenditures	3,398,688	3,181,229	205,033	0	0	12,426

Budget Worksheets

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

County: Solano

Date: 10/10/18

	Fiscal Year 2017/18 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
1. Innovation	1,198,197	1,198,197				
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INN Administration	7,010	5,816	1,194			
Total INN Program Actual Expenditures	1,205,207	1,204,013	1,194	0	0	0

Budget Worksheets

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

County: Solano

Date: 10/10/18

	Fiscal Year 2017/18 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
WET Programs						
1. Education & Training	29,655	29,655				
2. Workforce Development & Recruitment	59,063	59,063				
3.						
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WET Administration	11,179	11,179				
Total WET Program Actual Expenditures	99,897	99,897	0	0	0	0

Budget Worksheets

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

County: Solano

Date: 10/10/18

	Fiscal Year 2017/18 Actuals					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
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CFTN Programs - Technological Needs Projects						
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.						
CFTN Administration	546,353	457,902	88,451			
Total CFTN Program Actual Expenditures	546,353	457,902	88,451	0	0	0

References

¹Solano County Website. (2018, September 30). *County of Solano 2017 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27869>

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³Solano County Website. (2017, August 8). *County Facts and Figures*. Retrieved from http://www.solanocounty.com/about/county_facts_n_figures.asp

⁴Suburban Stats. (2018, September 30). *Current Solano County, California Population, Demographics and stats in 2017, 2018*. Retrieved from <https://suburbanstats.org/population/california/how-many-people-live-in-solano-county>

⁵Solano County Website. (2018, September 30). *County of Solano 2017 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27869>

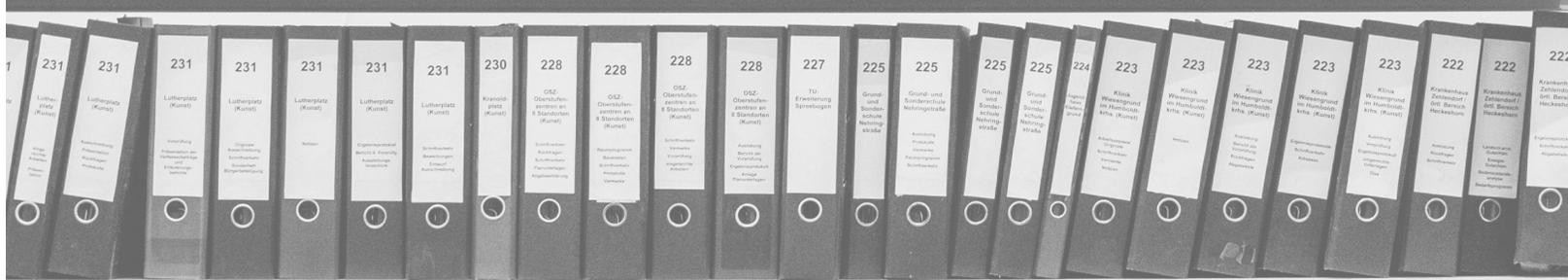
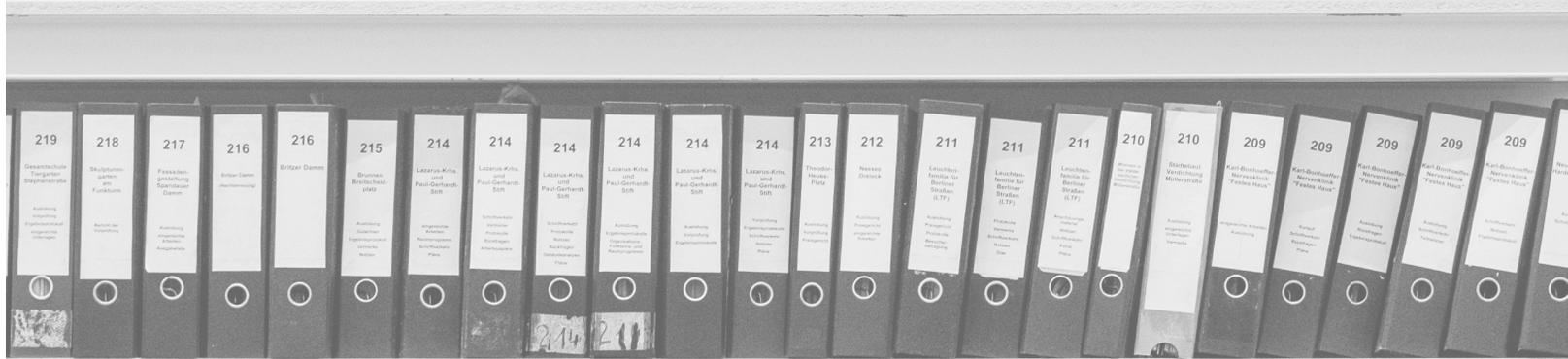
⁶The Atlantic. (2017, August 21). Narula, Svati Kirsten. *The 5 U.S. Counties Where Racial Diversity is Highest—and Lowest*. Retrieved from <http://www.google.com/amp/s/www.theatlantic.com/amp/article/361388>

Public Comments

No public comments were received during the 30-day public comment period or the Public Hearing held at the local Mental Health Advisory Board meeting.

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Appendix



Appendix

MHSA Innovations Project: Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

CLAS Quality Improvement (QI) Action Plans
Cohorts 1 & 2

CLAS-based Trainings

The National CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

- 1 Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 8 Provide easy-to-understand print and multimedia materials and signage in the language commonly used by the populations in the service area.

Governance, Leadership and Workforce

- 2 Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and associated measures.
- 3 Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4 Educate and train governance, leadership and workforce in culturally and linguistically appropriate practices and practices in an ongoing basis.

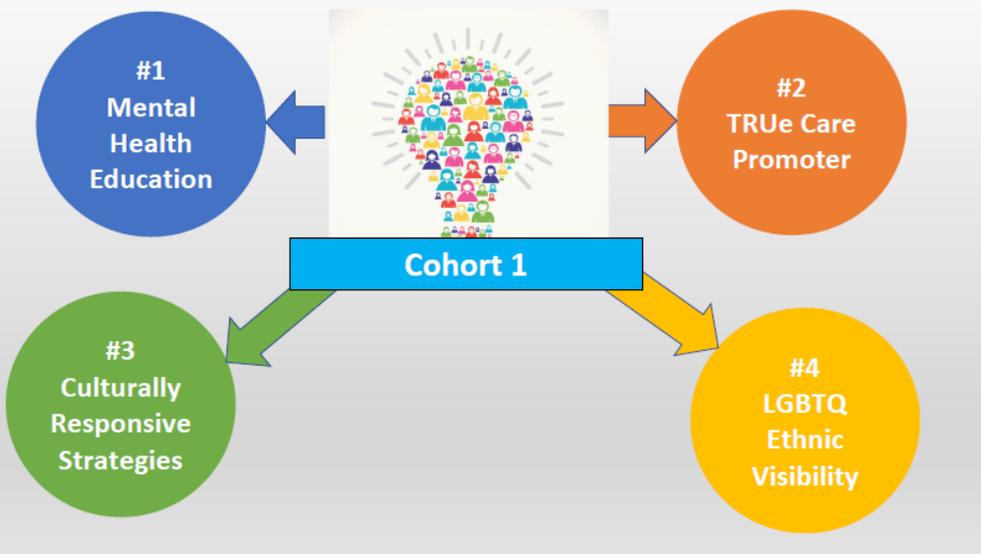
Communication and Language

- 5 Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6 Inform all individuals of the availability of language assistance services orally and in their preferred language, verbally and in writing.
- 9 Establish culturally and linguistically appropriate goals, policies and management accountability, and integrate them throughout the organization's planning and operations.
- 10 Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment, measurement and continuous quality improvement activities.
- 11 Collect and maintain accurate and reliable data, integrate data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12 Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13 Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

Culturally and Linguistically Appropriate Services (CLAS)

CLAS Standards:

- Promote health equity as integral to the operational environment and strategic planning process of health care organizations



Appendix

Cohort 1
Group 1
Mental
Health
Education

Goal

- Provide mental health education in the Faith-based community for youth in all three target communities

Proposed Intervention

- Culturally and linguistically specific outreach and prevention education

How they will reach that goal

- Partnerships with faith-based organizations and youth ministries
- Informal conversation spaces



Cohort 1
Group 2
TRUe Care
Promoter

Goal

- Reduce stigma, increase access, utilization, and retention for the Latino, Filipino, and LGBTQ populations

Proposed Intervention

- Create a mental health road map and peer navigator system (TRUe Care Promoters) to “hand hold” individuals through accessing services from start to finish

How they will reach that goal

- Break down the County System of Care into meaningful pieces to create a road map of mental health access and services from community and consumer perspectives
- Partner with the County / CBOs to create a comprehensive process to train volunteers on cultural competency and CLAS standards



Cohort 1
Group 3
Culturally
Responsive
Strategies

Goal

- Develop, recruit and retain bilingual staff pool

Proposed Intervention

- Adapt the current bilingual job classification so the language skill follows the employee, not the position
- Support diverse workforce recruitment and retention

How they will reach that goal

- Meet with County Leadership and Union
- Document how to adapt job description from both county and union perspective

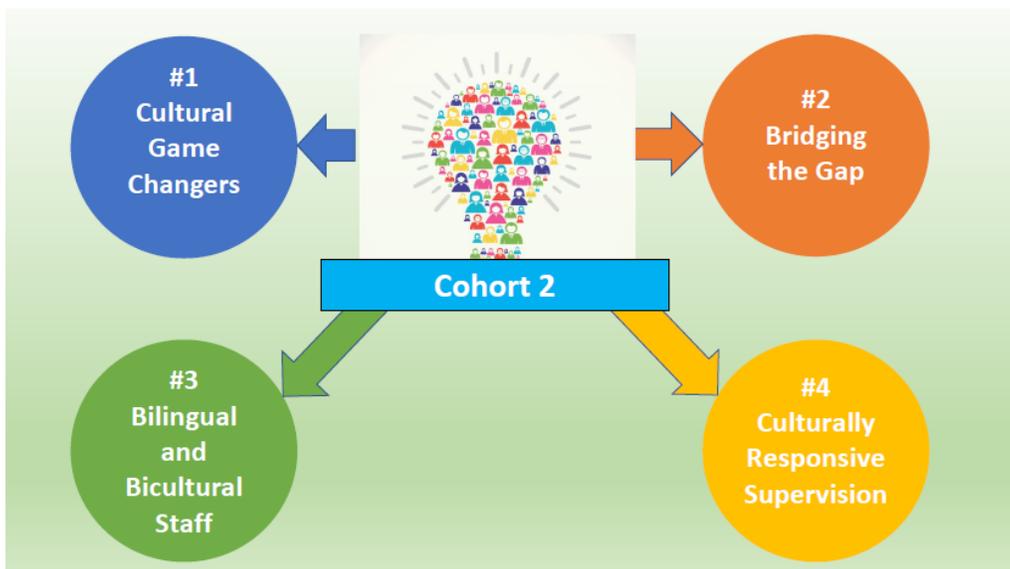


Appendix

Cohort 1
Group 4
LGBTQ
Ethnic
Visibility

<p style="text-align: center;"><u>Goal</u></p> <ul style="list-style-type: none"> Improve the reach of LGBTQ mental health resources within the Filipino and Latino LGBTQ Communities
<p style="text-align: center;"><u>Proposed Intervention</u></p> <ul style="list-style-type: none"> Culturally and Linguistically appropriate signage for Filipino and Latino LGBTQ consumers
<p style="text-align: center;"><u>How they will reach that goal</u></p> <ul style="list-style-type: none"> Culturally appropriate translations (Tagalog and Spanish) of current available trainings, curriculum, education and outreach materials





Cohort 2
Group 1
Cultural
Game
Changers

<p style="text-align: center;"><u>Goal</u></p> <ul style="list-style-type: none"> Increase County's capacity to serve bilingual and bicultural consumers
<p style="text-align: center;"><u>Proposed Intervention</u></p> <ul style="list-style-type: none"> Create a Special Skills Classification as part of recruitment and hiring Recruitment of diverse workforce - pipeline strategies with schools
<p style="text-align: center;"><u>How they will reach that goal</u></p> <ul style="list-style-type: none"> Partnership with Human Resources to develop Special Skills Classification Partnership with schools to develop recruitment pipeline strategies



Appendix

**Cohort 2
Group 2
Bridging
the Gap**

Goal

- Reduce stigma associated with Mental Health through outreaching and community empowerment

Proposed Intervention

- Focus community outreach efforts on NON-Mental Health events to expand reach of services

How they will reach that goal

- Partnerships with local community organizations to outreach at local events



**Cohort 2
Group 3
Bilingual &
Bicultural
Staff**

Goal

- Improve culturally and linguistically competent Mental Health services for Latino and Filipino consumers

Proposed Intervention

- Mental Health Internships for bilingual and bicultural workforce – pipeline strategies
- Establish a Mental Health Internship Coordinator to be responsible for recruiting bilingual and bicultural interns at various levels

How they will reach that goal

- Partner with Human Resources and Unions to review current policies
- Create a collaborative team (County staff, consumers, and CBOs) to guide efforts



**Cohort 2
Group 4
Cultural
Responsive
Supervision**

Goal

- Improve the capacity and level of support provided by supervisors, to their bilingual/multicultural staff

Proposed Intervention

- Train supervisors to :
 - ✓ Provide culturally responsive supervision
 - ✓ Provide appropriate support, mentoring, and guidance to their staff on providing bilingual/multicultural care to consumers

How they will reach that goal

- Develop curriculum based on best practices
- Pilot test these trainings, then large scale roll out



Appendix



CLAS Standards Addressed by Cohorts 1 and 2 Action Plans

■ ■ ■	Standard 2.	Leadership that promotes CLAS through policy, resources
■ ■ ■ ■	Standard 3.	Recruit, promote, support diverse workforce
■ ■ ■ ■ ■	Standard 4.	Train workforce, leadership, and governance on CLAS
■ ■ ■ ■ ■	Standard 5.	Offer language assistance
■ ■ ■ ■ ■	Standard 6.	Inform consumers about language supports
■ ■ ■ ■ ■	Standard 7.	Ensure competence of interpreters/translators
■ ■ ■ ■ ■	Standard 8.	Provide language appropriate print, multimedia, and signage
■ ■ ■ ■ ■	Standard 9.	CLAS infused into goals and policies
■ ■ ■ ■ ■	Standard 10.	Ongoing assessment of CLAS related activities
■ ■ ■ ■ ■	Standard 11.	Collect and maintain demographic data
■ ■ ■ ■ ■	Standard 12.	Utilize community health assets/needs assessments
■ ■ ■ ■ ■	Standard 13.	Partner with Community to design, implement, evaluate CLAS
■ ■ ■ ■ ■	Standard 14.	CLAS conflict and grievance processes
■ ■ ■ ■ ■	Standard 15.	Communicate CLAS efforts to stakeholders and general public

■ = Cohort 1
 ■ = Cohort 2

Appendix

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

Outdoor Gear Am. Canyon & Fairfield	707-647-2511 29outdoorgear.com
Baptist Security Training Vacaville	www.BaptistSecurityTraining.com
Blue Ridge Consulting & Firearms Vacaville	707-689-0172 BRCArms.com
Dobbs Firearm Training Fairfield & Vacaville	888-486-0250 dobbsfirearmstraining.com
Eagle Defense Sloughhouse, CA	www.eagledef.com
Kennedy Consulting Fair Oaks, CA	530-617-1GUN jonkennedyconsulting.com
Liberty Firearms Training Sloughhouse & Walnut Grove	916-476-4987 libertyfirearmstraining.com
Northern Firearms Instruction Vacaville	530-776-4855 usgunpro.com
R&D Training Napa	707-592-3113
Security & Firearms Training Academy North Highlands	916-500-1442 safta-inc.com



get in touch

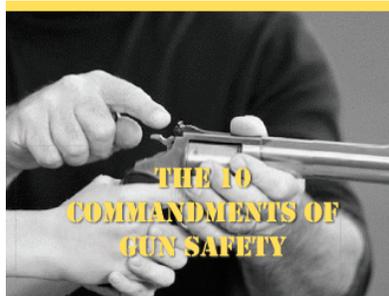
For 24 Hour SUICIDE PREVENTION, call the National Suicide Prevention Lifeline (800) 273-TALK (8255)
<http://www.suicideispreventable.org>

For 24 / 7 CRISIS SERVICES, call the Solano County Crisis Stabilization Unit
2101 Courage Drive, Fairfield
(707) 428-1131

Mental Health Access
(800) 547-0495

THE 10 COMMANDMENTS OF GUN SAFETY

Brought to you by the Solano County Sheriff's Office and the Department of Health & Social Services

1. **Treat every firearm as if it is loaded** - It might be, even if you think it isn't.
2. **Always point the muzzle in a safe direction** - Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others.
3. **Keep your finger off the trigger until you've made the conscious decision to shoot.**
4. **Be sure of your target and what's beyond.**
Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. Never fire in a direction where there are people or any other potential for mishap.
5. **Seek proper instruction**
Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm. Before handling a new gun, learn how it operates.

6. **Store your guns safely and securely to prevent unauthorized access.**



7. **Don't mix alcohol or drugs with shooting.**



8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.
9. **Never handle a firearm if you are angry or depressed.**



THE 10TH COMMANDMENT

Consider temporary off-site storage if a family member may be suicidal.

When a friend or family member has experienced an emotional crisis such as a break-up, job loss, or legal trouble – or if you notice a major change in someone's behavior such as depression, violence, or heavy drinking, or drug use, simply consider off-site storage of firearms.

Most gun shops and law enforcement agencies will be glad to store guns outside the home until the situation improves.



Appendix



WELLNESS • RECOVERY • RESILIENCE

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 provided to Solano County Mental Health Services Act (MHSA) Program. Solano County MHSA is required to report to the State of California on the reach and impact of local prevention and early intervention programs funded by MHSA.

Date: _____ Name of Event or Meeting: _____ City of Residence _____

Age	Ethnicity – Non Hispanic or Non-Latino	Sexual Orientation
<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	<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	<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
Race <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	Gender Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to answer Current Gender Identity <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	Primary Language <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 _____
Ethnicity - Hispanic or Latino <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	Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer Do you identify with any of these groups? (mark all that apply) <input type="checkbox"/> LGBTQ <input type="checkbox"/> Involved w/Legal System <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Decline to answer	Individual's disability <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

Comments/Notes:

Appendix



Solano County Mental Health Services Act Program – Información Demográfica

Apreciamos su tiempo en llenando esta forma OPCIONAL de información demográfica. Esta información será proveída al Condado de Solano al programa de MHSA. El programa del Condado de Solano MHSA esta requerido por el estado de California a reportar el impacto y el alcance de los programas de prevención e intervención que tiene fondos de MHSA. Gracias.

Fecha: _____ Nombre del Evento o Junta: _____ Ciudad de Residencia _____

Edad	Etnicidad – No Hispana o No-Latino	Orientación Sexual
<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 Género Asignado Al Nacer <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Prefirió 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
Raza <input type="checkbox"/> Blanca <input type="checkbox"/> Latino <input type="checkbox"/> Negra/ Afro Americana <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Nativo Hawaiano/ Isla Pacifica <input type="checkbox"/> Otro _____ <input type="checkbox"/> Más de una raza <input type="checkbox"/> Prefiero no responder	Identidad De Su Género Actual <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transgénero <input type="checkbox"/> Dos Espiritus <input type="checkbox"/> Cuestionando/Indeciso <input type="checkbox"/> Otro: _____ <input type="checkbox"/> Prefiero no responder	Lenguaje Preferido <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: _____ Estatus Veterano <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Prefiero no responder
Etnicidad- Hispana o Latino <input type="checkbox"/> Caribeña <input type="checkbox"/> Centro Americano <input type="checkbox"/> Mexicano/Mexicano-Americano/Chicano <input type="checkbox"/> Puertorriqueño <input type="checkbox"/> Sur Americano <input type="checkbox"/> Otro _____ <input type="checkbox"/> Mas de una etnicidad <input type="checkbox"/> Prefiero no responder	¿ Se identifica con alguno de estos grupos? (marque todos que le correspondan) <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	Discapacidades del Individuo <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: Fibromiagia) <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

Demographic Data Collection Form - Outreach, Events Trainings Fiscal Year 2017-2018

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Gender												
Assigned at birth:												
Male												
Female												
Intersex												
Number of respondents who declined to answer the question												
Current gender identity:												
Male												
Female												
Transgender												
Genderqueer												
Questioning or unsure of gender identity												
Two-spirit												
Another gender identity												
Number of respondents who declined to answer the question												
Sexual Orientation												
Gay												
Lesbian												
Heterosexual or Straight												
Bisexual												
Questioning or unsure of sexual orientation												
Queer												
Another sexual orientation												
Number of respondents who declined to answer the question												
Veteran Status												
Yes												
No												
Number of respondents who declined to answer the question												
Does participant identify with any of these groups (not required):												
LGBTQ												
Involved with the legal system												
Foster Care youth												
Decline to answer												
City of Residence												
Fairfield												
Vacaville												
Vallejo												
Benicia												
Rio Vista												
Dixon												
Suisun City												
Unincorporated												
Non-County Resident												

Appendix

Demographic Data Collection Form - Outreach, Events Trainings Fiscal Year 2017-2018

Primary Language												
American Sign Language (ASL)												0
Arabic												0
Armenian												0
Cambodian												0
Cantonese												0
English												0
Farsi												0
French												0
Hebrew												0
Hmong												0
Ilocano												0
Italian												0
Japanese												0
Korean												0
Lao												0
Mandarin												0
Mien												0
Other Chinese Dialects												0
Other Non-English												0
Other Sign Language												0
Polish												0
Portuguese												0
Russian												0
Samoan												0
Spanish												0
Tagalog												0
Thai												0
Turkish												0
Unknown/Not Reported												0
Vietnamese												0
Disability												
Communication Domain:												
Difficulty Seeing												0
Difficulty Hearing, or having speech understood												0
Other (specify)												0
Mental domain not including mental illness (including but not limited to learning disability, developmental disability, dementia, autism, etc...)												0
Physical/mobility domain												
Chronic physical health condition												0
Chronic mental health condition												0
No disability												0
Number of respondents who declined to answer the question												0

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