



MHSA 3-YEAR PLAN

FY 2020 - 2023

SOLANO COUNTY
BEHAVIORAL HEALTH

Page left intentionally blank

Table of Contents

Attestation Pages	Vi
Board of Supervisors Minute Order	Viii
Message from the Behavioral Health Director	ix
Introduction	1
Solano County Demographics	3
Impact of Coronavirus	5
Mental Health Plan System Capacity	7
Community Program Planning Process	10
MHSA Three-Year Plan	16
Prevention & Early Intervention	17
Community Services & Supports	33
Workforce Education & Training	47
Capital Facilities & Technological Needs	49
Innovation	50
Budget Worksheets	61
Public Comments	79
References	81
Appendix	82

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 non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 12, 2021.

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 12/16/2020
 Date

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, LCSW	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: Solano County Health & Social Services Behavioral Health Administration 275 Beck Avenue, MS 5-250 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.

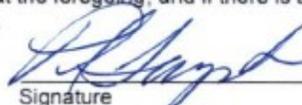
Sandra Sinz, LCSW
Local Mental Health Director (PRINT)

 3/25/21
Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, 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 _____ for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, 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)

 3-26-21
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

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

Monica Brown (Dist. 2), Vice-Chair
(707) 784-3031

Erin Hannigan (Dist. 1)
(707) 553-5363

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

Mitch Mashburn (Dist. 5)
(707) 784-6130

Tuesday, January 26, 2021

9:00 AM

Board of Supervisors Chambers

26

[21-28](#)

Receive a presentation and approve the Mental Health Services Act (MHSA) Annual Update FY2020/21 for services rendered in FY2019/20 and the MHSA Three-Year Plan for FYs 2020/23

Attachments:

[A - Presentation](#)

[B - Links to Annual Update and Three-Year Plan](#)

On motion of Supervisor Brown, seconded by Supervisor Hannigan, the Board approved the Mental Health Services Act (MHSA) Annual Update FY2020/21 for services rendered in FY2019/20 and the MHSA Three-Year Plan for FY2020/23. So ordered by 5-0 vote.

MESSAGE FROM THE DIRECTOR

Mental Health Services Act funds have been critical for supporting, improving, and expanding the services being delivered today across the systems of care for children and adults in Solano County. We use MHSA funds, blended with other funding sources where possible, to maximize services and to achieve the intended system transformation based in principles of inclusion, recovery, wellness and resilience. This requires prioritizing efforts to strengthen the consumer and family voice in the systems and services offered. An important principle in mental health recovery is the concept of hope. Our Peer Support Specialists are live symbols of recovery and the potential to thrive; they continue to strengthen a consumer-focused approach to services across the systems of care.

The County has faced immediate budget reductions resulting from the economic disruption of the COVID-19 global pandemic. At a time when people feel more isolated and stressed, County Mental Health Services are even more important. Sadly, with economic downturn, a greater need for services is generally paired with fewer public funds to deliver those services. Over the span of this Three-Year Plan, the County will need to prioritize the delivery of critical services to the youth and adults with mental health needs, with careful attention to the availability of funding, MHSA and otherwise. The outcomes of care for the consumers with the most severe and complex needs are especially relevant to guide prioritizing programs and service populations. Despite financial challenges, we remain committed to the principles of MHSA – hopeful and continuing in the battle of stigma in all its forms as we work towards equity in service access and individualized recovery.

Anticipating fluctuations in funding, we will be seeking input from the community as the Three-Year Plan is implemented, and particularly when funding reductions may put critical services at risk. 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.



Sandra Sinz, LCSW

Solano County Behavioral Health Director

INTRODUCTION

Purpose of This Document

The purpose of the Solano County Behavioral Health (SCBH) MHSA Three-Year Plan is 1) to keep the community and local stakeholders informed of the MHSA funded programs and strategies in the County; 2) to provide an update on program changes; 3) provide information related to the MHSA budget; and 4) to ensure that the County is providing the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS)—both state agencies responsible for the oversight and monitoring of MHSA—the information they need to be informed about the services provided locally and to ensure that the County is adhering to MHSA regulations.

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 can result in the development of disabling mental health conditions, an increase in suicide deaths, and staggering public costs related to: health care, psychiatric hospitalizations, incarceration, homelessness, and other public services.

In November 2004 California voters passed Proposition 63, the landmark Mental Health Services Act imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services. MHSA calls for each county to create a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery for all age groups from birth to the end of life. The Act, which was implemented in 2005, was written in partnership between community leaders, advocates, individuals affected by mental illness, and their families. Under the MHSA, funds are distributed to counties to expend pursuant to a local Plan for specified purposes and includes different components which include:

1. Prevention & Early Intervention (PEI)

PEI funds, representing 19% of the annual allocation, are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services for individuals with mild to moderate mental health conditions in an effort to avert mental health crises and the development of more severe disabling mental illnesses. Countywide stigma reduction and suicide prevention activities are also funded through PEI funding. Fifty-one percent (51%) of the PEI 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 representing 76% of the annual allocation 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 responsive and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and the 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, the CSS component 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 with serious mental health conditions. Up to 5% of the annual CSS funding can be used by counties to support a robust community program planning (CPP) process with community stakeholders. Additionally, up to 20% of the CSS funding can be transferred to support initiatives related to workforce development, infrastructure building, and/or to the Prudent Reserve account. Transfers for these reasons are cumulative up to 20%.

3. Innovation (INN)

INN funds, representing 5% of the annual allocation, are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved groups, to improve the quality of services, demonstrate better outcomes, to promote interagency collaboration and sharing of lessons learned. Each INN project requires a separate CPP process and Plan, and must be approved by the MHSOAC prior to the project commencing. Additionally, an annual INN Report is required for each project and at the end of the project a comprehensive evaluation must be submitted to the state. INN projects are generally three year projects, or with special approval from the MHSOAC projects can be up to five years.

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

WET funds are used to develop and grow a diverse, linguistically and culturally responsive mental health workforce. The focus includes the training of existing providers, 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, therefore there has been no new WET funding since 2014. With stakeholder endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHSA Three-Year Plan includes content addressing an identified need and how the funds will be used.

5. **Capital Facilities & Technology Needs (CF/TN)**

CF/TN funds are intended to be used to develop or improve buildings used specifically for the delivery of mental health services for the seriously mentally ill population and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. Similar to the WET funding, CF/TN funds were only made available for the first 10 years of MHSA funding, therefore there has been no new CF/TN funding since 2014. With stakeholder endorsement, CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure, provided the current MHSA Three-Year Plan includes content addressing an identified need and how the funds will be used.

Prudent Reserve (PR)

In addition to the WET and CF/TN components listed above, counties are permitted to allocate up to 33% of the five-year average of incoming CSS funds to the prudent reserve (PR) fund with stakeholder endorsement and provided the current MHSA Three-Year Plan includes the identification of PR funds. The purpose of maintaining PR funds is to safeguard the continuity of critical programs and services in the event that there is a budget crisis. In order to access PR funds counties must secure approval from the state, which includes providing a justification of why the PR funds are needed and what component the PR funds will be transferred to (this requirement was waived FY 2020/21).

MHSA 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 responsive and 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.

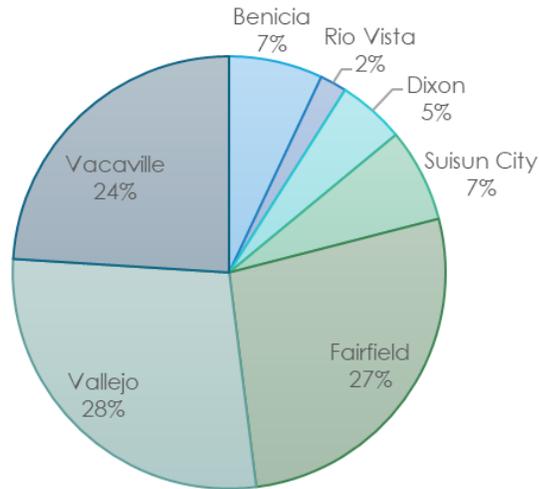
SOLANO COUNTY DEMOGRAPHICS

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 the *Solano County 2019 Annual Report* the County’s population was 441,307 in 2019¹. Forty-nine point eight percent (49.8%) of the population is male and 50.1% 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

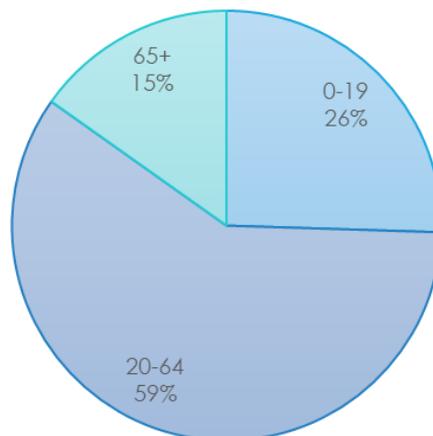


Source: U.S. Census Bureau, www.census.gov³

Population Age Distribution

The median age in Solano County is 36 years old⁴. Twenty-six percent (26%) of the population are children/youth under the age of 19 years old, 59% of the population are adults between the ages of 20-64 and 15% are older adults over the age of 65⁵.

POPULATION AGE DISTRIBUTION

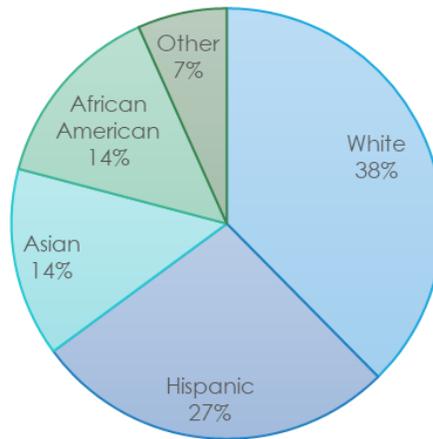


Source: *Solano County 2019 Annual Report*

Population Race/Ethnicity Distribution

Thirty-eight percent (38%) of the residents identify as White, 27% of the residents identify as Hispanic, 14% as Asian, 14% as African American; and the remaining 7% identified as Other. Approximately 62% of the population identified with a race other than White or Caucasian⁶. Recently Solano County was ranked as the 5th most racially diverse County in the United States⁷.

POPULATION RACE DISTRIBUTION



Source: Solano County 2019 Annual Report

IMPACT OF CORONAVIRUS

The SCBH Mental Health Plan (MHP) continues to provide critical behavioral health services and supports for the community of Solano County while navigating the impacts of the Coronavirus global pandemic herein referred to as COVID-19. Of greatest concern is the impact on the vulnerable populations our system serves; and adding to the complexity, COVID-19 economic impacts have quickly affected our system's financial, staffing, infrastructure, and other resources, creating new challenges to address. Very quickly SCBH, in partnership with the County IT department worked to expand telehealth services for consumers, and clinics adapted to the COVID-19 safety measures including mask wearing, increased hygiene practices and social distancing.

COVID-19 immediately impacted local tax revenues which in part fund County services, including core Mental Health Plan services. Additionally, the current economic disruption is expected to result in a significant decrease in MHSA incoming revenues expected in FY 2022/23. Assembly Bill 81 Public Health Funding was passed in response to COVID-19 and included language to allow for the following flexibilities related to MHSA:

- **Extended time to submit new 3-Year Plans & Annual Updates**
SCBH requested an extension for the new Three-Year Plan.
- **Allowed transfer of Prudent Reserve to PEI & CSS without obtaining special permission from the state**
SCBH does plan to transfer PR to the CSS component starting in FY 2020/21 to address projected budget shortages that will impact funding starting in FY 2021/22 through FY 2022/23. By taking this action SCBH will preserve critical CSS services.
- **Flexibility in how CSS funding is allocated during FY 2020/21**
SCBH implemented this option.
- **Extended funds that were reverting in June 2020 through June 2021**
SCBH had funds that were at risk of reverting by June 2020 and due to COVID-19 would not have been able to be spent down, however; we now have until June 2021 to spend the funds.

While the MHSA revenue has not been immediately impacted, a decrease in local tax revenues due to the statewide Stay-at-Home Order issued by Governor Newsom significantly impacted SCBH's core programming (and all County Mental Health entities across the State that are funded by Realignment), resulting an immediate \$4,500,000 budget shortage impacting both FY 2019/20 and FY 2020/21. To ensure the continuity of essential services and to respond to increased mental health needs for the community, SCBH worked diligently to identify strategies to mitigate impacts. The following actions were taken:

- Moved formerly Realignment-funded positions and one adult contract to MHSA, for positions/programs that are consistent with MHSA principles and rules associated with non-supplantation
- Instituted reductions for several Realignment-funded contracts
- Froze most vacant County positions that were funded by Realignment
- Developed a comprehensive plan to step down consumers who are stable and receiving medication only service to their primary care physicians for ongoing medication management
- Planned reductions in inpatient hospitalizations and placement in long-term care facilities

IMPACT OF CORONAVIRUS

Based on the most recent projections of incoming MHSA funding through FY 2022/23 and the current funding allocations for MHSA programs and strategies, the local MHSA budget for the CSS component is projected to have a deficit starting in FY 2021/22, and both CSS and PEI components are projected to have a deficit in FY 2022/23. Given the anticipated shortfall is more significant for FY 2022/23 SCBH must begin to implement strategies to mitigate the budget deficit starting no later than FY 2021/22 in order preserve critical programming:

- Transfer Prudent Reserve to the CSS component starting FY 2020/21.
- Fund the Mobile Crisis program and associated Crisis Transport contract under PEI as suicide prevention programs.
- Suspend all county expenses related to non-essential training and travel for trainings.
- Defund or reduce contracts that are not supporting direct services for consumers or family members; e.g. training and consultation contracts.
- For contracts that have not expended the annual budget for 2 or more years the contract will be reduced by the average of unspent funds over a 2 or 3 year period.
- Begin reducing PEI contracts by 5%-10% pending the contract amount starting FY 2021/22 and 10%-15% pending the contract amount for FY 2022/23.
- Begin reducing CSS contracts by 15% starting FY 2021/22 and 20% for FY 2022/23.

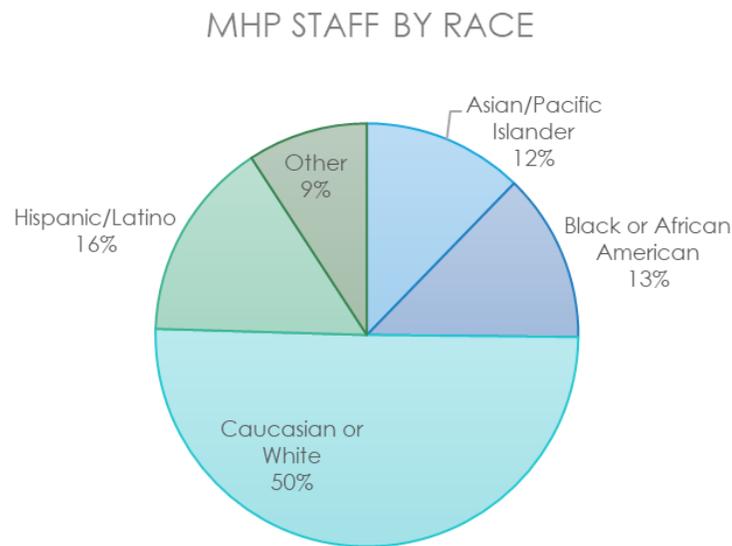
It is important to note that MHSA funding is unpredictable and therefore the projections from the state regarding the anticipated decrease in incoming MHSA funding may ultimately not be as significant as what is currently predicted. Additionally, each year typically there are allocated funds that are unspent as a result of county and contractor budgets not being totally expended for various reasons (primarily staffing vacancies). SCBH will continue to closely monitor the budget and if the fiscal landscape changes, the County will adjust accordingly to ensure our most vulnerable populations receive the service and supports they need. The Annual Updates will be particularly important during the course of this Three-Year Plan as the actual dollars available become known over the course of the Plan.

MENTAL HEALTH PLAN SYSTEM CAPACITY

System Capacity Report

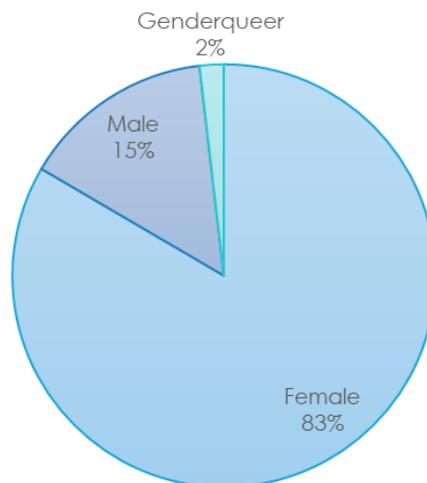
Starting in December of 2017, SCBH began to administer an annual survey of the MHP workforce to gather data related to the diversity of our workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the MHP. The “Workforce Equity Survey” was administered in September of 2020 and yielded 174 responses. The results show that:

- Seventy-six percent (76%) of the total respondents reported receiving Cultural Responsivity training in the past year
- Sixty-three percent (63%) of the respondents reported having been trained in how to access interpreter services



Source: Solano County Workforce Equity Survey 2020

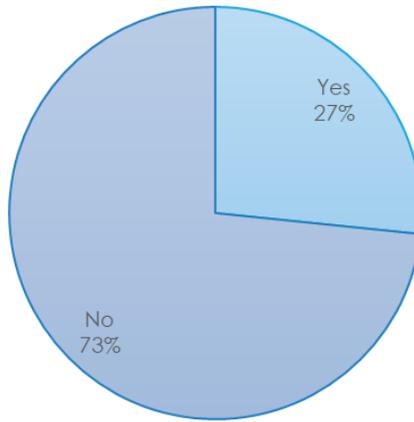
MHP STAFF BY CURRENT GENDER IDENTITY



Source: Solano County Workforce Equity Survey 2020

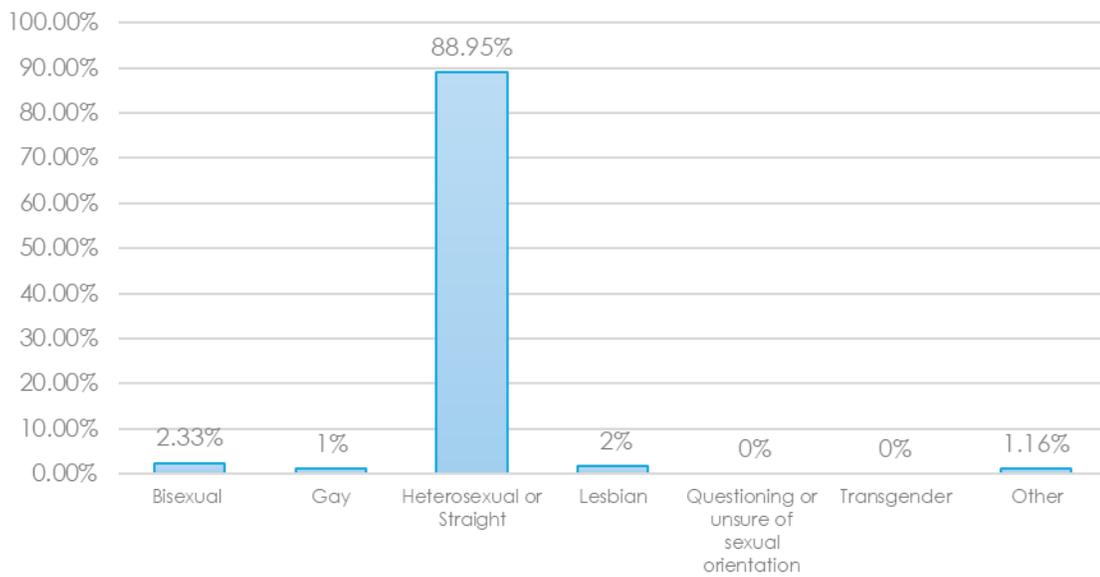
MENTAL HEALTH PLAN SYSTEM CAPACITY

MHP STAFF BY BILINGUAL STATUS



Source: Solano County Workforce Equity Survey 2020

MHP STAFF BY SEXUAL ORIENTATION

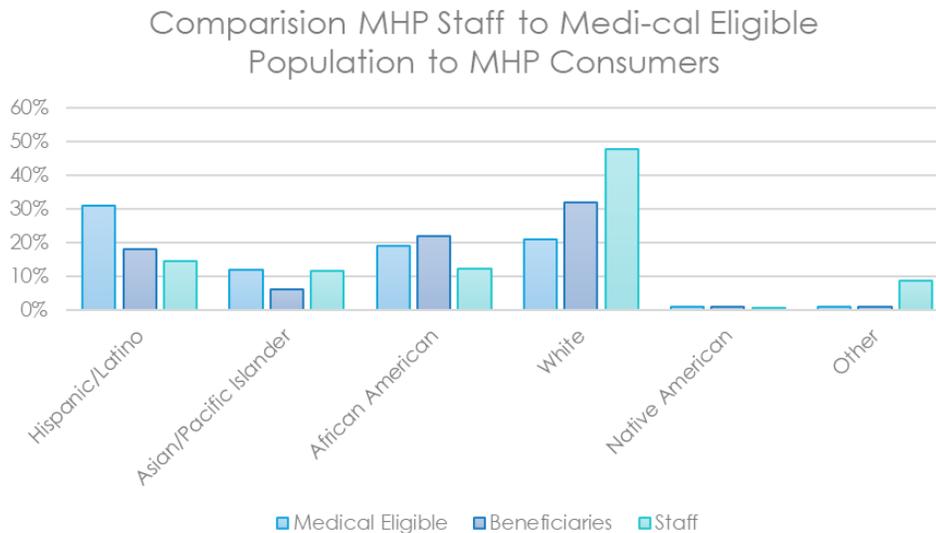


Source: Solano County Workforce Equity Survey 2020

MENTAL HEALTH PLAN SYSTEM CAPACITY

Furthermore, the chart below shows a disparity between eligible Medi-Cal population (those who receive the Medi-Cal insurance benefit), current beneficiaries served by the MHP, and the MHP staff:

Figure 8: Mental Health Plan (MHP) Staff Compared to Medi-Cal Eligible Population & Current MHP Consumers



Source: Solano County Workforce Equity Survey 2020, EQRO Report, SCBH Electronic Health Record

Inferences can be made regarding eligible beneficiaries who might not have engaged with the MHP and are therefore not receiving necessary treatment due either insufficient outreach and/or being off put by a system whereby staff do not represent their culture, particularly with the Hispanic/Latino, African-American, and Asian/Pacific Islander communities. SCBH and our contractors hire quality, bi-lingual and bi-cultural staff whenever possible, however this continues to be a workforce challenge generally experienced statewide. There has been a historical shortage of applicants who speak Spanish and Tagalog, our top two non-English languages. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.

One of the SCBH Innovation projects, the *Interdisciplinary Collaboration and Cultural Transformation Model* (ICCTM), is currently addressing health disparities within the system of care and there have been (14) quality improvement (QI) action plans that are focused on workforce development, training, and community engagement. Information about this project is provided in the Innovation section on pages 51-60.

MHP Network Adequacy

In February of 2018, County MHPs were informed by the DHCS that they would need to track and report on the adequacy of the MHP network of services it uses to serve Medi-cal eligible individuals. This process of certifying to DHCS will now be an annual submission, that Solano MHP’s network meets adequacy standards, and consists of providing evidence to demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children’s Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the electronic health record, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY 2019/20, Solano County received both the annual and quarterly certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards.

COMMUNITY PROGRAM PLANNING PROCESS

Stakeholder Engagement

The MHSA Unit had scheduled eight CPP meetings across Solano County intended to start during the month of March 2020 in order to develop the new Three-Year Plan; however due to COVID-19 and the Stay-at-Home Order by Governor Newsom those in-person meetings had to be cancelled. As it became clear that SCBH was not going to be able to hold in-person meetings due to COVID-19, SCBH secured a virtual platform that is conducive to the CPP process.

The MHSA Unit engaged community stakeholders in a virtual CPP process which included scheduling 10 virtual stakeholder meetings (see flyers Appendix, pg. 82-86). The CPP meetings included 157 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 underserved and marginalized communities.

Community Program Planning (CPP) Meetings 2020	# Attendees
August 17, 2020; 3:30PM-6PM—Youth Innovation Idea Lab	47
August 18, 2020; 3:30PM-6PM—Youth Innovation Idea Lab	70
September 29, 2020; 12PM-3PM	31
September 30, 2020; 9AM-12PM (cancelled due to low participation) *	0
September 30, 2020; 3PM-6PM	13
October 1, 2020; 1PM-4PM	18
October 5, 2020; 9AM-12PM	28
October 6, 2020; 4PM-7PM	27
October 7, 2020; 12PM-3PM	25
October 8, 2020; 9A-11AM	47
October 13, 2020; 4:30PM-6PM (Spanish)	12

*Three attendees logged on for the meeting, two of which had attended a CPP meeting the day before. All three attendees were registered for an alternate meeting.

The Youth Innovation Idea Lab was initially scheduled to take place on March 23, 2020 as hosted by Solano County in partnership with the MHSA, the Youth Innovation Project Planning Committee, Yolo County and Sacramento County; however the event had to be cancelled due to COVID-19 and the Governor’s Stay-at-Home Order. All of the partners shifted gears and planned virtual meetings that were held in August of 2020. The Youth Innovation Idea Lab brought together youth from Solano, Yolo and Sacramento Counties and adult allies to participate in a collaborative thinking environment to identify innovative approaches to improve mental health services accessible to California’s youth. There were 70 participants who attended the virtual Innovation Idea Lab sessions. In addition to breakout sessions used to solicit feedback from youth, artwork and other forms of media (photography, poetry, etc.) created by youth from the three participating Counties was used to promote awareness and help start dialogues during the virtual meetings. Feedback from the attendees is included in the overall feedback gathered during the Solano County CPP process.

Additional CPP meetings held by SCBH included a presentation on the history and components of MHSA; the role of the community in the CPP process; state and local MHSA updates; the system of care programs and services; and data related to MHSA funded programs and services rendered during FY 2019/20. The presentation was followed by breakout sessions with targeted questions (see Appendix, pg. to prompt group discussions to elicit feedback regarding 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 475 community stakeholders; emails to all County Health and Social Services staff which includes 1,171 employees; emails sent out through partner email distribution lists; meeting fliers (see Appendix) printed in English and Spanish posted in County and Contractor clinic lobbies; posts on the SCBH Website and on social media platforms including Facebook, Instagram and Twitter. Additionally, advertisements for the MHSA CPP meetings were placed in the local newspapers in Solano County’s major cities including Vallejo, Benicia, Fairfield, Vacaville and Dixon.

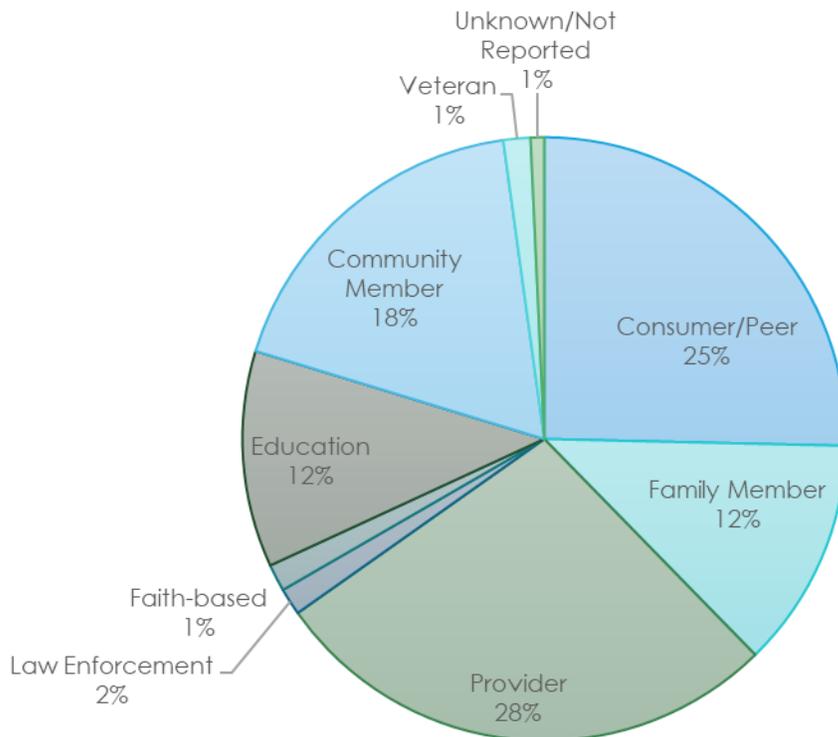
COMMUNITY PROGRAM PLANNING PROCESS

CPP Participant Demographics

Demographic information was collected through an electronic survey at the point of registration and then verified against the actual attendance records for the meetings. The survey included the following elements: stakeholder type, age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, stakeholder type, and whether the individual had lived experience.

Of the 157 unduplicated meeting attendees, 138 completed the survey questions at the point of registration. 64% were between the ages of 26-59, 15% were over the age of 60, 8% were between the ages of 16-25 and 13% responded "prefer not to answer". With regard to race/ethnicity, 39% of the attendees identified as White, 17% as African American, 9% as Hispanic/Latino, 6% as more than one race, 5% as Asian/Pacific Islander, 4% as "other", 1% as American Indian/Alaska Native and the remaining attendees responded, "prefer not to answer". English was the primary language for 78% of the attendees, 4% Spanish and the remaining declined to answer. Of the 120 attendees who answered the question related to current gender identity, 65% identified as female, 32% as male, 2% identified as genderqueer and 1% responded "prefer not to answer". Regarding sexual orientation of the 113 attendees who answered this question 83% identified as heterosexual, 4% as lesbian, 4% as gay, 3% as queer, 2% as bisexual and 4% responded "prefer not to answer". 6% of the attendees identified as veterans. In regards to lived experience 32% of the attendees identified as having lived experience as a consumer and 30% as a loved one of a consumer.

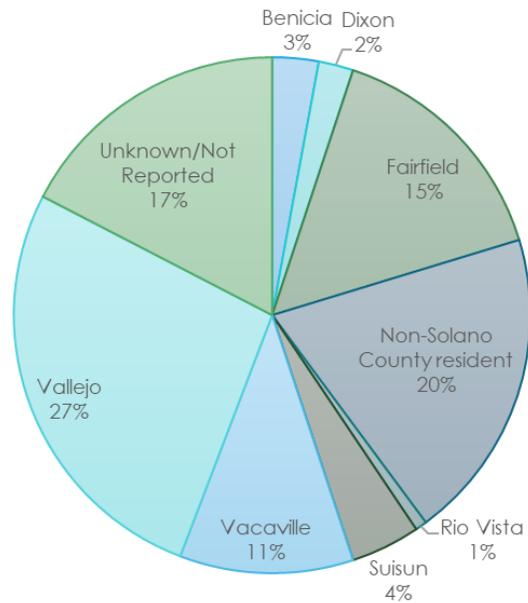
CPP Meeting Stakeholder Type



Source: Solano County CPP Registration Survey

COMMUNITY PROGRAM PLANNING PROCESS

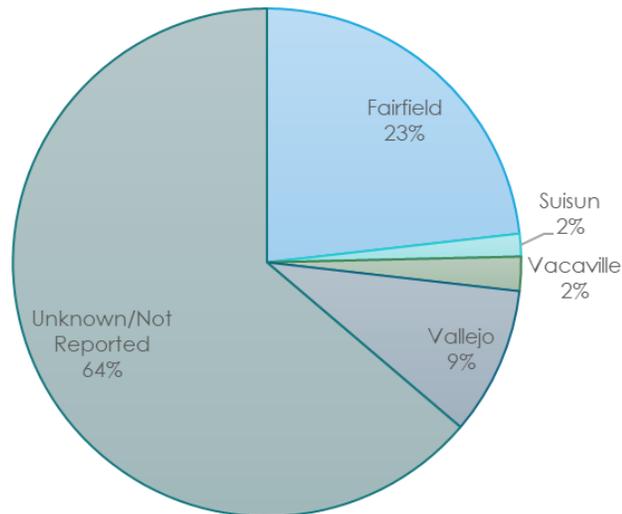
CPP Participants by City of Residence



Source: Solano County CPP Registration Survey

When reviewing CPP participant by city of residence it appears that there was good representation from the various regions in the County, however it appears targeted outreach is needed to engage the Benicia, Rio Vista and Dixon communities. Regarding the large representation from non-county residents, SCBH also included a survey question to elicit what community the person primarily works in. The following chart includes this information and indicates that there was additional strong representation for the communities of Vallejo and Fairfield.

Non-County Resident, Which City Attendees Work



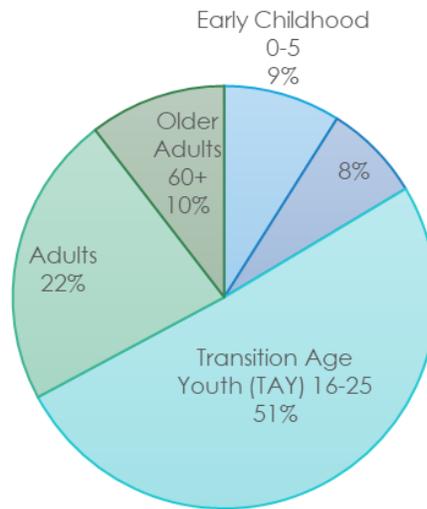
Source: Solano County CPP Registration Survey

COMMUNITY PROGRAM PLANNING PROCESS

During the CPP virtual meetings several polling questions were asked and the charts below summarize the outcomes of these polls.

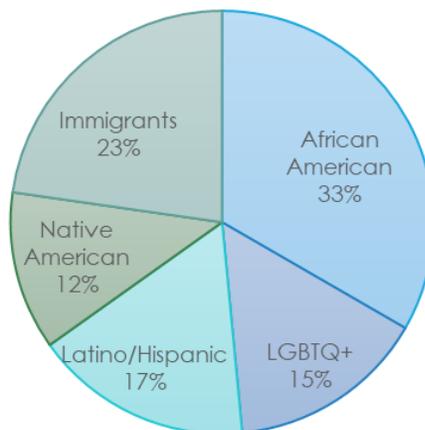
Which age group do you feel is at the highest risk for being impacted by gaps in care?

Age Range Most at Risk



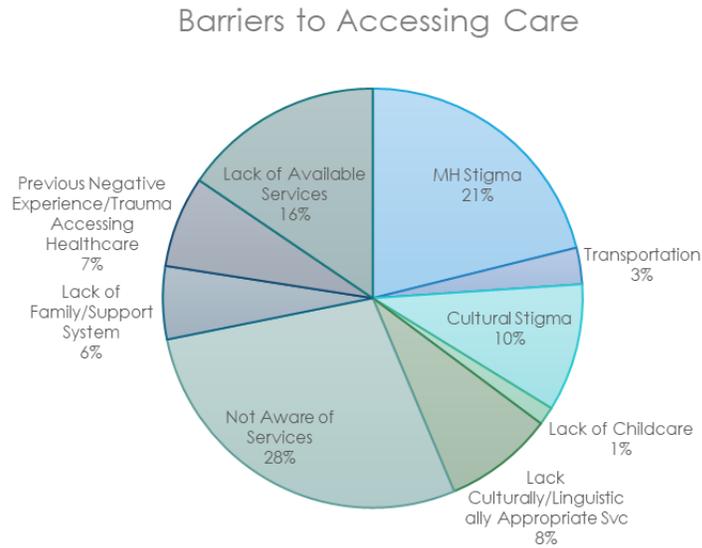
In thinking about communities that are historically marginalized, which do you feel is impacted the most by gaps in care?

Marginalized Community Most Impacted by Gaps in Care



COMMUNITY PROGRAM PLANNING PROCESS

What do you think impacts access to care the most?



The following items were the top priorities identified through the CCP process. SCBH currently funds programs and strategies that address many of the identified needs. Due to anticipated reductions in MHSA revenues (incoming funds), SCBH will not be expanding or implementing any new programs. However, should funds become available SCBH will consider making adjustments to current MHSA funded contracts to expand services and strategies to address the needs identified by the community.

Below are the top five priorities/needs identified by youth during the Youth Innovation Idea Lab virtual meetings:

1. Many students are not aware of the mental health services available to them through schools.
2. Poor follow-up after inquiring about mental health services at school, and if there is follow-up it is not enough or takes too long to receive it.
3. Due to COVID, many students are not able to receive in-person services.
4. Many students feel as though there is nowhere to go for mental health support on campus.
5. There is a lack of peer-led or peer-supported services.

Below are the top five priorities/needs identified by stakeholders during the CPP virtual meetings:

1. Navigation services and coordination of care.
2. Services for uninsured and privately insured community members.
3. Appropriate services for immigrants with special attention to the Latinx community.
4. Services for the homeless population.
5. Expanded services for children and youth.

The following populations were identified as being disproportionately impacted by gaps in care during the CPP virtual meetings:

1. Transition Age Youth
2. LGBTQ+ community members with special attention to Trans people of color and seniors
3. Homeless individuals
4. African Americans
5. Uninsured and privately insured community members

COMMUNITY PROGRAM PLANNING PROCESS

During the CPP meetings stakeholders were asked to provide feedback on the services that should be prioritized in the event that there is a budget shortfall.

Below are the top five priorities to be preserved identified by the community:

1. Prevention/early intervention services with a particular emphasis on stigma reduction
2. Youth and school-based services
3. Crisis services and supports
4. Services for the homeless population
5. LGBTQ+ community, seniors, and pregnant/new moms



*“Start with the
root, not the
fruit”*

In addition to identifying what programs or services to preserve in a budget crisis, community stakeholders also recommended considering a reduction of funding based program performance and/or reducing program budgets proportionately across the board. In order to address a significant budget shortfall impacting both the CSS and PEI funding components anticipated for FY 2022/23—the third year of the new MHSAs Three-Year Plan—due to economic turmoil resulting from COVID-19, SCBH has had to implement planned reductions in contracts for both FY 2021/22 and FY 2022/23. SCBH will monitor the fiscal situation closely and should there be more unspent funds and/or new MHSAs revenue than anticipated at the writing of this Plan SCBH will make adjustments accordingly.

MHSA Steering Committee

The MHSA Steering Committee was convened on November 2, 2020. 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 underserved and marginalized communities. SCBH provided information regarding the outcome of the CPP process and current budget considerations. The Committee endorsed SCBH’s plans to address the budget shortfall that will impact MHSAs over the next three years.

Local Review Process

On November 2, 2020 draft versions of both the *MHSA Annual Update Fiscal Year 2020/21* and the new *MHSA Three-Year Plan FYs 2020/23* were posted on the Solano County MHSAs web page at http://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp 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 475 community stakeholders; and an email was sent to 1,171 County Health and Social Services staff.

The 30-Day Public Comment period was from November 2, 2020 thru December 1, 2020. A Public Hearing was held virtually in partnership with the Solano County Local Mental Health Advisory Board (MHAB) on December 1, 2020, 4PM-5:30PM in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20. Community members were advised to submit public comments through the SolanoMHSA@SolanoCounty.com email and comments were taken both verbally and via the comment box through the Zoom platform during the Public Hearing.

Following the Public Hearing the both the Annual Update and new MHSAs Three Year Plan will be presented to the Solano County Board of Supervisors on January 12, 2021 for approval and then will be submitted to MHSOAC and DHCS.

MHSA THREE-YEAR PLAN

The *MHSA Three-Year Plan FYs 2020/23* describes a vision for mental health services in Solano County, characterized by services that span the lifespan of our consumers from early childhood through the older adult years and trace a continuum of services including prevention activities, early intervention services, intensive treatment and recovery-oriented services.

In addition to the core values of MHSA, the *MHSA Three-Year Plan FYs 2020/23* also emphasizes SCBH's commitment to:

- Expand services to underserved marginalized communities.
- Provide mental health treatment services that are effective, and when appropriate utilize evidenced-based practices (EBP) or best practices.
- Collaborate with public and private agencies across systems, so that consumers and families experience an integrated service experience.
- Assist those with private insurance to get linked to services covered by their insurance carrier.
- Ensure accountability regarding the use of MHSA funding which includes enhanced data collection and program oversight.
- Leverage MHSA dollars with alternative funding sources, such as Early Periodic Diagnosis, Screening and Treatment (EPSDT), Specialty Medi-cal, Medicare, Mental Health Block Grant, and/or other grants when possible in order to expand services.

In the pages to follow, we describe the programs and strategies in more detail for each age group funded by the MHSA continuum of care which is comprised of prevention, early intervention, intensive treatment, and recovery services, as well as targeted strategies to improve the system as a whole including efforts to reduce disparities, workforce development and training. Given SCBH has worked diligently to develop strong and comprehensive programming funded by MHSA, many of the existing program components and targeted strategies will remain intact. The annual budget listed for each program/strategy is for FY 2020/21 unless otherwise indicated and will be adjusted based on true funding available and according to the mitigation strategies listed on page 6 of this document. While the stakeholders and the County are in support of maintaining the foundational elements of the MHSA programs and strategies there may be changes in the providers delivering the programs and/or strategies, consistent with the County's procurement practices. As such please note that throughout the body of the new plan you will see references to "Contractor" rather than the name of an agency or vendor unless the program or strategy is provided by a County entity.

PREVENTION & EARLY INTERVENTION

PEI programs and strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—in particular to traditionally underserved marginalized 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 to better track and evaluate referrals to treatment services for individuals identified as having a serious mental health condition in order to ensure individuals are linked and engage in treatment and to determine duration of untreated mental illness.
- **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.

PREVENTION & EARLY INTERVENTION

Local PEI Programs & Strategies

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

Suicide Prevention

Community-wide Suicide Prevention Efforts
Trainings: safeTALK, ASIST, etc.
Suicide Prevention Crisis Call Center
Mobile Crisis Services
Crisis Transport

Stigma & Discrimination Reduction

Community-wide Stigma Reduction Efforts
Family & Peer Support Program
African American Faith Based Initiative

Outreach for Increasing Recognition of
Early Signs of Mental Illness

Mental Health First Aid Trainings

Access & Linkage to Treatment

Early Childhood Services

Prevention & Early Intervention

Pregnant & Postpartum Maternal Support
LGBTQ+ Outreach & Access Program
School-Based Mental Health Services
Early Psychosis Treatment Program
Older Adult Case Management & Treatment
Older Adult Peer-to-Peer Program

Senate Bill (SB) 1004

SB 1004 legislation, passed in September of 2018, required the MHSOAC to establish priorities for the use of PEI funds and to develop a statewide strategy for monitoring the implementation of PEI services. This includes enhancing the public's understanding of PEI and creating metrics for assessing the effectiveness of how PEI funds are used and the outcomes that are achieved. This bill authorizes counties to include other priorities, as determined through the CPP process, either in place of, or in addition to, the established priorities. If a county chooses to include other programs, the bill requires the county to include a description in their annual update or three-year plan of why those programs are included and metrics to measure program effectiveness.

PREVENTION & EARLY INTERVENTION

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

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs/ conditions.
 - The **Early Childhood Services** strategy co-funded by MHSOAC and First 5 Solano addresses this priority through screenings and the use of Triple P parent education model.
 - The **Pregnant & Postpartum Maternal Support** strategy provides support for pregnant and new mothers to prevent and/or address postpartum depression which can lead to child abuse or neglect if untreated.
 - **School-based Mental Health Services** programming includes trainings for parents/caretakers to build skills and prevent abuse, strategies to identify children/youth who are in need of mental health services, student workshops/groups, and the provision of mental health assessments and brief counseling for 3-5 months for students in schools K-12.
2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan.
 - The **Early Psychosis Treatment Program** includes trainings for key partners including schools and providers on the early identification of psychosis, screenings and assessments for individuals ages 12-30 referred for services, and treatment for individuals determined to be eligible for the program. During the screening and assessment process if an individual is identified to have a mood disorder rather than a psychotic disorder the individual is linked to appropriate services.
 - **School-based Mental Health Services** programming includes strategies to identify children/youth who are in need of mental health services as well as the provision of mental health assessments and brief counseling for 3-5 months for students. Pending each individual student's need, referrals are made to the most appropriate level of care and treatment program. Additionally, one of the contractors provides suicide prevention trainings for school personnel, parents/caretakers, etc.
 - **School-based Wellness Center Initiative (SWCI)** Thirty-five (35) culturally responsive school wellness centers in K-12 and adult education sites were funded using MHSOAC INN funds via the ICCTM project. PEI funded programs will be leveraged to support the SWCI; e.g. school sites with a wellness center can leverage the MHSOAC funded School-based Mental Health Services contractors for trainings, student workshops, and direct services. Additionally, other PEI funded contractors have deliverables related to outreach and training in schools.
 - **Suicide Prevention** strategies include outreach efforts to raise awareness about suicide prevention; suicide prevention trainings provided by SCBH and contractor staff including specific suicide prevention trainings focused on the older adult community; funding for a suicide prevention hotline; Mobile Crisis Services and Crisis Transport; a countywide Suicide Prevention Committee; and a Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs.
 - **School-based Mental Health Services** programming includes student workshops/groups, strategies to identify children/youth who are in need of mental health services, the provision of mental health assessments and brief counseling for 3-5 months for TAY students.
 - The **Early Psychosis Treatment Program** provides screening, assessments and treatment for individuals ages 12-30 thus addressing needs of the TAY population.
 - The **SWCI** includes wellness centers on adult education campuses. SCBH will continue to work directly with the Solano Community College leadership to explore implementing wellness centers on college campuses.

PREVENTION & EARLY INTERVENTION

4. Culturally competent and linguistically appropriate prevention and intervention services.
 - All of the PEI programs are closely tracking the demographics of program participants. Additionally, starting in FY 2019/20 SCBH began to require all contractors to develop their own agency Cultural Responsivity Plans guided by the national Culturally and Linguistically Appropriate Services (CLAS) standards. Additionally, SCBH has provided numerous trainings focused on culturally responsive practices and social justice for both County and contractor providers.
 - The **LGBTQ+ Outreach and Access Program** provides support/social groups and short-term counseling for the LGBTQ+ community. Additionally, the program provides training and education for the community.
 - The **African American Faith Based Initiative** strategy: the consultants engage local faith centers serving African American congregations to provide training and support to certify faith centers as Mental Health Friendly Communities (MHFC).
 - Pending available funding, during FY 2021/22 SCBH will release a Request for Proposal (RFP) to explore new additional strategies to address the needs of the African American and Native American communities.
 - While the **Hispanic Outreach and Latino Access (HOLA) Latino Outreach Coordinator** strategy is funded by CSS Outreach and Engagement (O/E), the county Clinician engages the Latino/Hispanic community to combat stigma and discrimination and to increase access to mental health services.
 - While the **KAAGAPAY Asian/Pacific Islander Outreach Coordinator** strategy is funded by CSS Outreach and Engagement (O/E), the county Clinician engages the local Asian/Pacific Islander community to combat stigma and discrimination and to increase access to mental health services.
 - During FY 2020/21 SCBH will continue to fund the **ICCTM INN Project** which is focused on addressing health disparities through a system of care that is responsive to the cultural and linguistic needs of the consumers and communities we serve. As a result of this project SCBH has fully adopted the national Culturally and Linguistically Appropriate Service (CLAS) standards into our policy development, contracting and procurement processes, and hiring. For more information on the ICCTM Project see the INN section pages 51-60.
5. Strategies targeting the mental health needs of older adults.
 - SCBH currently funds **Older Adult** programming which includes two contractors serving older adults 60 and over. One program provides trainings for the community, screenings, case management and short term counseling. The other program is a peer-to-peer model providing home visits, reassurance calls, virtual groups, etc. to prevent isolation.
6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression and psychosis.
 - All of the funded PEI strategies and programs providing screening and direct early intervention services are addressing this particular PEI priority. Additionally, the SWCI provides additional access points for students experiencing mental health symptoms.

PREVENTION & EARLY INTERVENTION

PEI Community-Wide Prevention Strategies

Suicide Prevention

SCBH continues to utilize PEI funding to support the different suicide prevention strategies outlined in the pages to follow as provided by County staff and/or Contractors who are funded through PEI.

Solano County Suicide Prevention Committee

SCBH continues to hold and facilitate the longstanding countywide Suicide Prevention Committee which meets monthly and provides guidance and direction for both public and private sectors in relation to suicide prevention efforts locally. The multi-sector Committee is comprised of representatives from County agencies, community-based organizations, law enforcement, primary care, education, mental health consumers, survivors and family members impacted by suicide, and representatives from at-risk populations.

Committee Mission Statement

To inspire, equip, and mobilize all people in Solano County to work towards a stigma and suicide free community.

Suicide Prevention Strategic Plan

A countywide *Solano County Suicide Prevention Strategic Plan* was presented to Board of Supervisors in September of 2017. This Plan is intended to be a guide for the entire County—both public and private sectors—in how to work collaboratively to combat suicide in our community. Solano County is one of seven California counties to have a suicide prevention plan and during Spring of 2021 the SCBH MHSA Unit will be engaging the community in a CPP process to complete an update to the *Suicide Prevention Strategic Plan*. To read the Plan and become more familiar with the strategies being used to prevent suicide deaths locally click [here](#), or visit www.solanocounty.com/depts/bh/sp.

Community Education & Awareness

SCBH MHSA continues to provide and fund through PEI contracts free countywide suicide prevention trainings including several best practice suicide prevention curriculums to include:

- **safeTALK**: A 3 hour training with a maximum of 30 participants per session. This is an introductory training for individuals 15 years and older on “talking about suicide”. This training can help community members recognize warning signs of suicide and feel comfortable in asking questions surrounding suicide.
- **Applied Suicide Intervention Skills Training (ASIST)**: A two day, 16 hour training with a maximum of 25 participants per session. This is an in-depth training for individuals 16 years and older on suicide and unpacks stigma towards suicide. This training is geared towards community members, professionals, parents and anyone who would like more training on how to identify the warning signs of suicide, how to intervene, and how to ensure someone’s safety. Pathway to Assisting Life (PAL) is the intervention taught in ASIST and it is geared towards reducing the need to feel that only the police or crisis workers can help someone who may be having suicidal thoughts.

In addition to funding trainings, SCBH and community partners continue to distribute stigma reduction and suicide prevention materials countywide through targeted outreach events, tabling events, suicide prevention walks, etc. In observance of “**National Suicide Prevention Week**” over several years SCBH has conducted outreach to local coffee shops and bar establishments to distribute coffee sleeves and bar coasters developed by Each Mind Matters (EMM) highlighting the “Know the Signs” suicide prevention campaign intended to target middle-aged men who are at the highest risk of suicide.

Annually in observance of “**National Suicide Prevention Week**”, “**Recovery Month**”, and “**May is Mental Health Awareness Month**” SCBH and our partners organize and host various activities and events to raise awareness. Additionally, SCBH puts forth Board Resolutions through the County Board of Supervisors and works with partners to secure City Counsel Proclamations.

PREVENTION & EARLY INTERVENTION

Gun Safety Campaign

Annually SCBH conducts outreach to local businesses that sell firearms in Solano County to distribute firearm safety brochures, which were developed in 2017 in partnership between SCBH, the Solano County Sheriff's Office, and local firearms instructors. The brochure (see Appendix, pg. 99) includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources: the 24-hour National Suicide Prevention Lifeline number, the local Crisis Stabilization Unit address and phone number, and the SCBH Access Line number.

Support for Local Schools

SCBH works closely with the Solano County Office of Education (SCOE), the six Solano County school districts, and the district that oversees schools in the city of Rio Vista to provide information related to suicide prevention and stigma reduction including the provision of resources through email communications, presentations, and free trainings. Additionally, upon request SCBH provides technical assistance (TA) regarding district Suicide Prevention Plans and crisis protocols.

SCBH partners with SCOE on an annual basis to distribute the National Suicide Prevention Week "**School Suicide Prevention Toolkits**" to the 50 middle schools and high schools in Solano County. Additionally, SCBH heavily promotes the statewide "**Directing the Change**" video contest for middle and high schoolers which helps reduce stigma and promotes content on suicide prevention. To learn more about the "[Directing the Change](#)" campaign click [here](#), or visit www.directingchange.org.

SCBH MHSa INN funds were used in FY 2018/19 and FY 2019/20 to implement **35 culturally responsive school-based wellness centers/rooms on school campuses K-12 and adult education sites**. Five (5) pilot centers opened before COVID-19 and the resulting school closures. These wellness centers will focus on stigma reduction, increasing access to services for students, suicide prevention and the promotion of whole person wellness.

Support for First Responders

SCBH continues to fund Crisis Intervention Team (CIT) training for local law enforcement. MHSa WET funding is used to provide the 8 hour CIT Introduction training for all municipality law enforcement departments and the Sheriff's Office. Currently SCBH, in partnership with Fairfield Police Department, NAMI Solano, and the Solano County Sheriff's Office is developing a 40 hour week CIT training that will be launched in Spring of 2021 and will be made available to all local law enforcement departments with a plan to expand to other first responders such as fire departments and medic providers. The 40 hour curriculum will include the 3 hour safeTALK training to better equip first responders working with community members in crisis but will also provide first responders the skills they need to support one another as first responders themselves are at great risk for suicide. Additionally, SCBH continues to provide local law enforcement and fire departments suicide screening tools and suicide prevention resources specific to first responders.

PREVENTION & EARLY INTERVENTION

New Strategies

In September 2020 the Suicide Prevention Committee completed a project focused on increasing suicide screening efforts across Solano County. The Committee ultimately developed a letter (see Appendix, pgs. 87-89) that was sent to local behavioral health and healthcare providers recommending two suicide screening questions be added to existing workflows.

During FY 2020/21, in addition to doing an update to the *Suicide Prevention Strategic Plan*, SCBH and the Suicide Prevention Committee will focus on at least 2 new strategies to implement:

- A **Suicide Death Review Team** will be initiated, modeled after the Child Death Review Team process. A selected group of law enforcement, behavioral health and health providers, members of the Suicide Prevention Committee, and other key stakeholders will review each suicide death to identify system improvements needed and to improve outreach, education and prevention strategies.
- **Human Resources (HR) Outreach** will be initiated with the County Human Resource (HR) Department and HR Departments of local businesses to train on the signs of mental health conditions and suicide risk.

Suicide Prevention Hotlines & Resources

SCBH continues advertise and highlight the following suicide prevention crisis support resources:

- **National Suicide Prevention Lifeline: (800) 273-TALK (8255)**
 - ◇ 24/7 suicide prevention hotline staffed by crisis specialists
 - ◇ (888) 628-9454 Spanish line
 - ◇ Callers who are veterans will be routed to a special veteran’s line by pressing “1”
- **Lifeline for Deaf & Hard of Hearing: (800)-799-4889**
- **Friendship Line (seniors 60+): (800) 971-0016**
- **Crisis Text Line: Text “Hello” or “Home” to 741741**
24/7 suicide prevention texting crisis service staffed by crisis specialists
- **Trans Lifeline: (877) 565-8860**
Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project: (866) 488-7386**
 - ◇ Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) youth ages 25 and under
 - ◇ Trevor Text Line: Text “START” to 678678 Mon-Friday 12p-7pm

Name of Strategy: Community-wide Suicide Prevention & Stigma Reduction Efforts—State entity

Strategy Description	
SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through <i>Each Mind Matters (EMM)</i> executed through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California counties. EMM includes suicide prevention campaigns such as “Know the Signs” and the “Directing the Change” video contest. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails and social media campaign content that are then distributed throughout the county.	
Funding	
Funding FY 2020/21 \$95,0000 total with \$47,500 allocated to suicide prevention and \$47,500 to stigma reduction. This will be reduced to \$50,000 for FY 2021/22 and 2022/23	Estimated Cost per Person Prevention Activities: Unknown due to nature of materials being distributed county-wide

PREVENTION & EARLY INTERVENTION

Name of Program: Suicide Prevention Call Center—Contractor thru CalMHSA JPA

Program Description	
SCBH will continue to fund the North Valley Suicide Prevention Hotline (NVSPH) through the CalMHSA JPA. The NVSPH is vendor contracted through Yolo County. The NVSPH fields calls that come through the National Suicide Prevention Lifeline and a portion of these calls are from Solano County residents. During FY 2019/20 the NVSPH call center answered close to a third of calls coming from Solano residents.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Stabilize callers by phone reducing the need for in-person acute crisis services Link County residents in acute crisis to appropriate in-person crisis services as needed Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$53,687 and estimated cost per person: \$54	Projected # of individuals to be served: 994

Name of Program: Mobile Crisis Services—Contractor

Program Description	
The Mobile Crisis Services Program, administered by a CBO, will provide services for the County which will include the provision of emergency crisis intervention services to Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up service including, but not limited to, referring individuals to the crisis stabilization unit (CSU) or a local emergency department (ED). Services will be delivered in partnership with law enforcement as needed.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Stabilize consumers in the community Reduce or prevent admissions to the CSU or local EDs Reduce or prevent hospitalizations Link consumers to ongoing community-based treatment and support services Consumer satisfaction Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$2,000,000 and estimated cost per person: \$2,075	Projected # of individuals to be served: 964

Name of Strategy: Crisis Transport—Contractor

Strategy Description	
SCBH will contract directly with an ambulance company to provide Basic Life Support (BLS) medic transport for consumers in acute crisis who have been placed on a 5150 by mobile crisis staff and/or local law enforcement agencies. The provision of transportation by medical professionals rather than law enforcement is expected to better meet the unique needs of consumers experiencing an acute psychiatric crisis.	
Strategy Deliverables & Indicators	
Timely response to requests for transport to crisis stabilization facilities including the CSU and local EDs.	
Funding	
Total Annual Funding: \$100,000 and estimated cost per person: \$400	Projected # of individuals to be served: 250

PREVENTION & EARLY INTERVENTION

Stigma & Discrimination Reduction

The following PEI programs/strategies are primarily focused on implementing stigma and discrimination reduction strategies including efforts to reduce disparities for underserved marginalized communities, however they may also engage in prevention activities including relapse prevention for individuals in recovery from a mental health condition.

Name of Program: Family & Peer Support Program—Contractor

Program Description		
<p>The Family & Peer Support Program will continue to be delivered by the National Alliance of Mental Illness (NAMI) Solano Chapter. NAMI is uniquely equipped to provide support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Conduct outreach to reduce stigma and raise awareness of mental health services and supports • Provide NAMI endorsed courses “Family-to-Family” (F2F), “Peer-to-Peer” (P2P), and “Basics” • Provide “In Our Own Voices” (IOOV) and “Ending the Silence” (ETS) presentations • Provide “Connection Recovery” support groups for adult consumers impacted by serious mental illness to prevent relapse <p>Performance will be measured by number of participants who complete the NAMI courses and post evaluations for courses and presentations.</p>		
Funding		
Total Annual Funding: \$181,515	Estimated Cost per Person Prevention Activities: \$363 and projected # of individuals to be served: 500	Estimated Cost per Person Early Intervention Activities: N/A

Name of Strategy: African-American Faith-based Initiative—Contractor/s

Strategy Description	
<p>This strategy is delivered by three independent contractors, several of whom are faith-leaders themselves, with a goal of creating Mental Health Friendly Communities (MHFC) to support individuals with mental illness and their families through African American faith communities. The core component of the project is to certify faith centers as MHFC following trainings and consultation for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions. This includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide in-services and trainings for mental health providers and community partners on best practices when working with African American consumers. The primary goal of the strategy is to combat stigma in the African American community and to increase access to mental health services.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> • Conduct outreach to new faith centers • Total number of faith centers certified as MHFC • Provide the following trainings/in-service presentations: <ul style="list-style-type: none"> ◊ “Mental Health 101” for faith leaders ◊ “Keepers of the Flock” for community members ◊ “A Bridge Over Troubled Waters” for providers and community partners <p>Performance will be measured by number of new faith centers certified as MHFC, number of participants who complete the trainings/in-services, and post evaluations for trainings/presentations.</p>	
Funding	
Total Annual Funding for FY 2020/21: \$100,060 and estimated cost per person: \$47	Projected # of individuals to be served: 2,129

PREVENTION & EARLY INTERVENTION

During the last several rounds of CPP, community stakeholders continued to identify concerns related to stigma that impacts underserved/marginalized communities in Solano County and specifically the LGBTQ+, African American, Native American, Latino/Hispanic and Asian/Pacific Islander communities.

During the most recent CCP process several strategies were identified and include:

- Increase community outreach and engagement
- Work through the schools to reach marginalized communities
- Increase stigma reduction efforts with culturally responsive education
- Use targeted social media and other forms of public service announcements
- Distribute resources more widely—including expanding the reach of the outreach materials developed through the current MHSA Innovation ICCTM Project which would include posting materials at transit centers and local businesses

During FY 2020/21 SCBH will continue to fund the ICCTM Innovation Project focused on reducing health disparities for the Latino, Filipino and LGBTQ+ communities. This particular project resulted in fourteen (14) quality improvement (QI) action plans being developed that focus on workforce development, community outreach, and training. SCBH will continue to fund the QI action plans developed beyond the termination of the ICCTM Project. While the QI action plans were initially focused on the populations listed above, all of the plans are anchored in system improvements to provide culturally responsive services to all populations. Media materials developed include images of all diverse communities in Solano County. SCBH strives to be welcoming to all individuals in need of care.

SCBH continues to prioritize education and outreach to those communities that are under-represented in receiving mental health services, including the ongoing funding two half time Clinicians to provide outreach and navigation services for the highly under-represented Latino and Asian/Pacific Islander communities. In addition, PEI funds are used to support a program fully dedicated to outreach and services for the LGBTQ+ community. Pending the availability of funding, SCBH will release a Request for Proposal (RFP) to solicit projects that will focus primarily on the African American community and also expand the reach of these activities to Native American community, with the primary goal of combating stigma and to increase access to mental health services.

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 outlined in the pages to follow. SCBH continues to fund a specific community training curriculum designed to educate community members to become potential responders for individuals with a mental health condition.

Name of Strategy: Mental Health First Aid (MHFA) Trainings—County & Contractors

Strategy Description	
MHFA is an 8-hour course that teaches the signs of mental illness and substance use disorders. Training participants learn skills needed 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. The primary goal of this strategy is to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.	
Funding	
Total Annual Funding: Built into several PEI contracts	Estimated Cost per Person: \$75

PREVENTION & EARLY INTERVENTION

Access & Linkage to Treatment

Name of Strategy: Early Childhood Services—County thru First 5 Solano & Sub-Contractor/s

Strategy Description		
<p>SCBH and First 5 Solano will continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several community-based organizations via sub-contracts with First 5 Solano. Strategies deployed include the provision of parent and caregiver educational workshops utilizing the “Triple P” evidence-based parenting model; provider trainings on the topic of early childhood mental health; and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth-5, including early access to mental health treatment. The primary goals of this strategy are to increase access to treatment for young children, better equip parents to respond to their children’s needs, and provide resources for families in need.</p>		
Strategy Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide parent education using the Triple P model to include Levels 2-4 • Facilitated provider trainings • Provide developmental/social-emotional screenings for children ages 0-5 • Provide family navigation services • HMG line will link children and families to needed resources • Increased and timely access for children ages 0-5 in need of mental health services <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and post surveys for trainings and Triple P interventions.</p>		
Funding		
<p>Total Annual Funding: \$680,000 MHSa funding and \$520,000 First 5 Solano funding</p>	<p>Estimated Cost per Person Prevention Activities: \$85 and projected # of individuals to be served: 4,039</p>	<p>Estimated Cost per Person Early Intervention Activities: \$84 and projected # of individuals to be served: 309</p>

*Estimated cost per person reflects MHSa funding only

PREVENTION & EARLY INTERVENTION

Prevention and Early Intervention Programs

SCBH’s targeted prevention and early intervention programs will identify and assess individuals showing early signs of mental illness, provide services to prevent illnesses from becoming severe and disabling, and provide linkages to appropriate mental health services as early as possible. Additionally, SCBH through PEI Programs will aim to:

- Serve low-income communities throughout the County;
- Serve underserved marginalized communities;
- Increase accessibility to services by providing services in schools, in the home, or in settings where people congregate, such as childcare settings, churches, or local senior centers;
- Identify and assess individuals showing signs of mental illness using standardized tools;
- Ensure that consumers who need more intensive treatment are linked in a timely fashion;
- Use evidence-based or best practices, when available, to provide short-term early intervention treatment;
- Use standardized protocols to collect and report out required demographic information and outcomes of treatment;
- Leverage alternate funding, Early Periodic Diagnosis, Screening and Treatment (EPSDT), Specialty Medical, Medicare, Mental Health Block Grant, or other funding sources when possible in order to expand PEI dollars in order to serve more individuals.

Below are descriptions of the programs providing both targeted prevention and early intervention services that will be funded with PEI funds in FYs 2020/23.

Name of Strategy: Pregnant & Postpartum Maternal Support (PPMS)—County through Public Health: Maternal, Child and Adolescent Health (MCAH) Bureau

Strategy Description		
<p>The PPMS strategy provides perinatal mental health prevention and intervention services including screening and brief mental health treatment through 1:1 counseling and group modalities for pregnant and new mothers. This strategy, co-funded by SCBH and Public Health, enhances existing Public Health 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. The primary goal of this strategy is to provide early intervention and treatment to pregnant and new mothers at risk of postpartum depression or other mental health conditions that could impact their ability to connect to and parent their children.</p>		
Strategy Deliverables & Indicators		
<ul style="list-style-type: none"> • Screen pregnant and new mothers • Provide 1:1 counseling as needed • Provide train-the-trainer support in the MB group model for local health care providers and provide technical assistance to implement and sustain the groups <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.</p>		
Funding		
<p>Total Annual Funding: \$250,000 MHSa funding and \$106,039 Public Health funding</p>	<p>Estimated Cost per Person Prevention Activities: \$634 and projected # of individuals to be served: 59</p>	<p>Estimated Cost per Person Early Intervention Activities: \$3,593 and projected # of individuals to be served: 59</p>

*Estimated cost per person reflects MHSa funding only

PREVENTION & EARLY INTERVENTION

Name of Strategy: LGBTQ+ Outreach & Access Program—Contractor

Program Description		
<p>The program, delivered by a CBO, provides social support designed to decrease isolation, depression, and suicidal ideation among members of the LGBTQ+ community residing in Solano County by providing services that raise awareness and promote resilience, while offering the opportunity to celebrate one’s identity. The program provides education to the community, social/support groups for LGBTQ+ individuals, and brief counseling for LGBTQ+ consumers with mild to moderate mental health conditions. The primary goals of this program are to reduce isolation for the LGBTQ+ community and to promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide training and education for the community to reduce stigma for the LGBTQ+ community • Outreach to local schools to provide the “Welcoming Schools” curriculum • Provide social and support groups for LGBTQ+ youth and adults • Provide brief counseling for LGBTQ+ consumers <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.</p>		
Funding		
Total Annual Funding: \$200,000	Estimated Cost per Person Prevention Activities: \$84 and projected # of individuals to be served: 2,646	Estimated Cost per Person Early Intervention Activities: \$510 and projected # of individuals to be served: 39

Name of Program: School-Based Mental Health Services—Contractor/s

Program Description		
<p>The School-based Mental Health Services programming, delivered by two CBOs and SCOE, serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in school sites across the Solano County. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools as determined by participating school districts based on each district’s need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students. The primary goals of this programming is to provide preventive services in schools that promote public awareness around the issue of mental illness in an effort to reduce associated shame and stigma, and to provide early and timely access to treatment for students who have a mild to moderate and/or more serious mental health conditions.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide trainings for school personnel • Provide trainings for parents/caretakers • Provide workshops/groups for students • Co-locate staff in identified schools to provide assessments and brief counseling for students <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.</p>		
Funding		
Total Annual Funding: \$1,886,768	Estimated Cost per Person Prevention Activities: \$264 and projected # of individuals to be served: 1,086	Estimated Cost per Person Early Intervention Activities: \$5,575 and projected # of individuals to be served: 287

PREVENTION & EARLY INTERVENTION

Name of Program: Early Psychosis (EP) Treatment Program—Contractor

Program Description		
<p>The EP Treatment Program, delivered by a CBO in partnership with an academic entity, provides education and outreach activities within the community to heighten awareness about stigma reduction and how to recognize the early signs of psychosis. In addition to outreach, the program provides comprehensive assessments and early intervention treatment services using the using the Coordinated Specialty Care (CSC) evidenced-based model for individuals between the ages of 12-30 who experienced their first episodic of psychosis within the last two years or currently have subthreshold symptoms of psychosis as determined by the Early Diagnosis and Preventative Treatment (EDAPT) model. The primary goals of this program are to promote public awareness around the signs of early psychosis and to intervene early in an individual’s illness to prevent the development of a more disabling mental health condition. SCBH leverages Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds to fund this EP Treatment Program.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide trainings for community members school personnel • Provide screenings for psychosis and provide CSC treatment for eligible consumers • Prevent hospitalizations • Train providers in the EP model <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.</p>		
Funding		
<p>Total Annual Funding: \$492,432 in MHSA PEI for both direct services provider and academic entity, \$384,255 MHBG funding, and \$24,582 MHSA IINN funding</p>	<p>Estimated Cost per Person Prevention Activities: \$188 and projected # of individuals to be served: 230</p>	<p>Estimated Cost per Person Early Intervention Activities: \$6,617 and projected # of individuals to be served: 37</p>

*Estimated cost per person reflects MHSA funding only

PREVENTION & EARLY INTERVENTION

Name of Program: Older Adult Case Management & Treatment—Contractor

Program Description		
<p>The program, delivered by a CBO, conducts community outreach and education in how to recognize the signs of mental health conditions or suicide risk for older adults, 60 years and over. The program also provides screenings, brief and comprehensive case management, and brief counseling for older adults. The primary goals of this program are to promote public awareness around the signs of mental illness and/or suicide risk for older adults and to provide early intervention services to prevent seniors from developing disabling mental health conditions.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide suicide prevention trainings • Increase awareness regarding the unique needs of older adults through outreach and education • Provide screenings • Provide brief and comprehensive case management • Provide assessments and brief counseling <p>Performance will be measured by number of participants who are served through the various program activities, successful linkages, and clinical pre/post measures.</p>		
Funding		
Total Annual Funding: \$599,998	Estimated Cost per Person Prevention Activities: \$535 and projected # of individuals to be served: 414	Estimated Cost per Person Early Intervention Activities: \$2,606 and projected # of individuals to be served: 154

Name of Program: Older Adult Peer-to-Peer Program—Contractor

Program Description		
<p>The program, delivered by a CBO, utilizes seniors to support other seniors through a peer-to-peer model consisting of home visits and reassurance calls for older adults 60 and over who are often homebound. Additionally, the program provides in-person 1:1 and virtual group peer counseling. The primary goals of this program are to reduce the isolation of seniors and to provide early intervention services to prevent seniors from developing disabling mental health conditions.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Provide reassurance calls and home visiting for homebound seniors • Provide peer counseling to include 1:1 and group formats • Recruit peer volunteers <p>Performance will be measured by number of participants who are served through the various strategies, successful linkages, and clinical pre/post measures.</p>		
Funding		
Total Annual Funding: \$160,000	Estimated Cost per Person Prevention Activities: \$378 and projected # of individuals to be served: 212	Estimated Cost per Person Early Intervention Activities: \$1,639 , and projected # of individuals to be served: 49

COMMUNITY SERVICES & SUPPORTS

The CSS funding component is used to enhance the mental health service delivery system in order to provide treatment and recovery services for children and youth, transition age youth, adults and older adults. Seventy-six percent (76%) of all MHA funds are directed to CSS programming and strategies to improve the overall mental health system. CSS programming consists of four components:

- **Full Service Partnerships (FSP)** – programs that provide intensive mental health and case management for children, youth, adults and older adults who are eligible.
- **General Systems Development (GSD)** – programs or strategies geared to improve the County’s mental health service delivery system for all consumers.
- **MHA Housing and Supports** – housing programs for persistently seriously mentally ill adult consumers, and when available housing for children/youth who are seriously emotionally disturbed, and their families.
- **Outreach and Engagement (O&E)** – strategies used to identify and engage underserved marginalized communities in order to increase access and reduce disparities identified by the County.

In addition to the services, strategies and programs referred to above, CSS funding will also be utilized in order to continue efforts geared to the training and development of the mental health workforce and peer consumers which was previously funded by WET funding. The use of CSS funding for these purposes continues to be endorsed by the community through the CPP process.

COMMUNITY SERVICES & SUPPORTS

Full Service Partnerships

Full Service Partnerships (FSP) Programs are delivered by both the County and contract providers for consumers who are determined to be eligible for FSP level services. 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, homelessness, involvement with the juvenile/adult criminal justice system, incarceration or are part of an unserved/underserved population. FSP services involve a multidisciplinary approach delivered by teams comprised of: mental health clinicians, mental health specialists, peer/parent support counselors, co-occurring specialists, nursing staff, and psychiatry providers (when indicated), working collaboratively with consumers and their families. The FSP provider in collaboration with the consumer, and when appropriate the consumer's family, develops Individual Services & Supports Plans in order to provide a full spectrum of community services to assist consumers in achieving identified goals. Services are provided in homes, the community and the office setting pending the need of the consumer. FSP intensive services are delivered in a manner that are culturally and linguistically responsive with a focus on the promotion of wellness, recovery and resiliency.

FSP intensive services may include the following:

- Individual Therapy
- Individual Rehab
- Family Therapy
- Group Rehab, Group Therapy or Collateral Groups for family members
- Collateral Support: psycho-education and support for family members, caretakers, and other identified support persons
- Intensive Case Management: referral and linkage to community resources
- Psychiatric Evaluation and Medication Management
- Nursing Services
- Crisis Intervention Services
- 24/7 Warmline Support

SCBH uses a Transitions in Care (TIC) Committee process to review cases referred for FSP level services in order to determine the most appropriate level of care and eligibility for FSP. If an FSP level of treatment is warranted the TIC Committee refers the consumer to the most appropriate FSP program.

Several of the FSP Programs serve specialty populations which includes: children involved with Child Welfare, children and youth who are identified as commercially sexually exploited children/youth (CSEC), adults involved with the criminal justice system, and adults who are homeless. All of the FSP adult programs funded by SCBH have been trained in the Assertive Community Treatment (ACT) evidenced-based practice (EBP) and all of the FSPs programs serving youth have been trained in the Transitions to Independence Process (TIP) EBP.

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. All FSP programs must be accountable, and report data on consumer hospitalizations, use of emergency mental health services, homelessness, incarceration, and out-of-home placements using the state Data Collection Reporting (DCR) system.

COMMUNITY SERVICES & SUPPORTS

Name of Program: SCBH Child/Youth FSP—County

Program Description		
<p>The SCBH Child/Youth FSP program provides intensive services for children and youth up to 21 years old and their families. In addition to the FSP mental health services listed on page 34, the program also provides educational support, family stabilization, and linkage to substance abuse services when indicated. The children/youth served by this program are referred through the Youth Transitions in Care (Y-TIC) Committee and 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 throughout Solano County.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness • Reduce or prevent placement loss <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>		
Estimated Consumers to be Served by Age		
Ages 0-5: 3	Ages 6-15: 100	Ages 16-25: 18
Funding		
Total Annual Funding: \$3,341,570		Estimated Cost per Person: \$26,733 and projected # of individuals to be served: 125

Name of Program: SCBH Foster Care Treatment Unit (FCTU) FSP—County

Program Description		
<p>The SCBH FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with the Child Welfare Services (CWS). In addition to the FSP mental health services listed on page 34, the program also provides educational support, family stabilization, and linkage to substance abuse services when indicated. The children and youth served by the program are referred directly from Solano County CWS and have recently been removed from their birth families/primary caretakers, have not been stabilized at lower levels of care and are at risk of, or have been: hospitalized, involved with the juvenile justice system and may have had multiple placement changes, etc.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness • Reduce or prevent placement loss <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>		
Estimated Consumers to be Served by Age		
Ages 0-5: 6	Ages 6-15: 12	Ages 16-25: 75
Funding		
Total Annual Funding: \$1,323,240		Estimated Cost per Person: \$13,929 and projected # of individuals to be served: 95

COMMUNITY SERVICES & SUPPORTS

Name of Program: Transition Age Youth (TAY) FSP—Contractor

Program Description		
<p>The TAY FSP program, delivered by a CBO, provides intensive strengths-based mental health services and support to high-need and high-risk youth ages 16-25. The TAY FSP Program places an emphasis on recovery and wellness while providing an array of mental health services. In addition to the FSP mental health services listed on page 34, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program sub-contracts with another CBO partner to secure 8 transitional housing beds for adult TAY consumers. The youth served by this program are referred through the Youth Transitions in Care (Y-TIC) Committee and 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. Additionally, the program specializes in serving commercially sexually exploited children/youth (CSEC). While the program primarily serves TAY aged consumers, SCBH approved the program to serve children as young as 10 years old who have been identified to be at risk of CSEC or currently being exploited. In FY 2018/19 fifteen (15) consumers served were identified as CSEC; and in FY 2019/20, this number increased to 25 consumers demonstrating the need to have a program specializing in serving these vulnerable youth. A TAY Collaborative, co-facilitated by SCBH and the CBO partner, was launched in FY 2020/21 to better support the various organizations that serve the TAY population in order to improve the quality of services and coordination of resources.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, child welfare, and police.</p>		
Program Deliverables & Indicators		
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the juvenile justice system • Reduce or prevent homelessness/placement loss • Increase independent living skills • Reduce risk factors for CSEC <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>		
Estimated Consumers to be Served by Age		
Ages 0-5: N/A	Ages 6-15: 10	Ages 16-25: 35
Funding		
Total Annual Funding: \$1,381,451	Estimated Cost per Person: \$30,699 and projected # of individuals to be served: 45	

COMMUNITY SERVICES & SUPPORTS

Name of Program: SCBH Assertive Community Treatment (ACT) FSP—County

Program Description				
<p>The SCBH ACT FSP program serves persistently seriously mentally ill adults who have recently been discharged from an inpatient hospital or are currently involved with the criminal justice system, including consumers recently released from a local jail and/or are incarcerated and pending eminent release to the community. In addition to the FSP mental health services listed on page 34, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The adults served by this program are referred through the TIC Committee or through the Forensic Triage Team who receives referrals directly from the Courts, Probation, and Assisted Outpatient Treatment (AOT). The goals of the program include: supporting consumers in creating stable lives, preventing recidivism and homelessness, increasing employment, and promoting wellness through independence, hope, personal empowerment, and resilience.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police.</p>				
Program Deliverables & Indicators				
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>				
Estimated Consumers to be Served by Age				
Ages 0-5: N/A	Ages 6-15: N/A	Ages 16-25: 20	Ages 26-59: 100	Ages 60+: 24
Funding				
Total Annual Funding: \$3,396,967		Estimated Cost per Person: \$23,267 and projected # of individuals to be served: 146		

Name of Program: Contractor Adult FSP—Contractor

Program Description				
<p>The Contractor Adult FSP program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been: hospitalized, involved with the criminal justice system, or homeless. In addition to the FSP mental health services listed on page 34, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. Consumers are referred through the Transitions in Care (TIC) Committee.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services and police.</p>				
Program Deliverables & Indicators				
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>				
Estimated Consumers to be Served by Age				
Ages 0-5: N/A	Ages 6-15: N/A	Ages 16-25: 10	Ages 26-59: 65	Ages 60+: 18
Funding				
Total Annual Funding: \$1,530,029		Estimated Cost per Person: \$16,106 and projected # of individuals to be served: 95		

COMMUNITY SERVICES & SUPPORTS

Name of Program: Contractor Adult HOME FSP—Contractor

Program Description				
<p>The Homeless Outreach Motivation & Engagement (HOME) FSP program, operated by a CBO, serves the County’s seriously mentally ill adults who are experiencing homelessness (situational or long-term) or those who are at risk of becoming homeless. The program conducts outreach and engagement activities at local shelters, homeless encampments, and at locations in which the homeless community congregates in order to identify individuals that have disabling mental health conditions that have contributed to them being homeless. The initial focus is to promote engagement in treatment and linkage to transitional and permanent housing. In addition to the FSP mental health services listed on page 34, the program also provides community and social integration services to assist individuals with developing skill-sets that support self-sufficiency; e.g. housing support, vocational/employment services, educational support, independent living skills, peer counseling, and linkage to substance abuse services when indicated. The program uses the Housing First model to meet consumers’ needs working towards residential stability and recovery.</p> <p>The program is designed to enhance each person’s quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the crisis services, shelters, and police.</p>				
Program Deliverables & Indicators				
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent involvement with the criminal justice system • Reduce or prevent homelessness • Increase employment <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>				
Estimated Consumers to be Served by Age				
Ages 0-5: N/A	Ages 6-15: N/A	Ages 16-25: 8	Ages 26-59: 60	Ages 60+: 8
Funding				
Total Annual Funding: \$960,630		Estimated Cost per Person: \$12,640 and projected # of individuals to be served: 76		

COMMUNITY SERVICES & SUPPORTS

General Systems Development

The MHSa Three-Year Plan FYs 2020/23 CSS General Systems Development (GSD) programs and strategies will include:

- Crisis Services and Supports
- Wellness and Recovery Programming
- Targeted System Supports
- Mentally Ill Offender Programming

Crisis Services & Supports

The following programs provide crisis services and supports for individuals currently experiencing an acute crisis or having recently experienced an acute crisis and include crisis stabilization services through the Crisis Stabilization Unit (CSU) and Crisis Aftercare and Relapse Prevention services for adult consumers who have recently been discharged from an inpatient facility or are high users of the CSU.

Name of Program: Crisis Stabilization Unit (CSU)—Contractor

Program Description	
<p>The Crisis Stabilization Unit (CSU), operated by a CBO, provides crisis stabilization services and linkages to a spectrum of mental health services. Operating 24 hours a day, 7 days a week, consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of the CSU program is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals experiencing a psychiatric emergency, providing assessment and emergency treatment and when their crisis has abated, linking individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placements in order to ensure consumer and community safety.</p>	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Link consumers to ongoing community-based treatment and support services • Consumer satisfaction <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$4,480,836	Estimated Cost per Person: \$4,797 and projected # of individuals to be served: 934

Name of Strategy: Crisis Aftercare & Relapse Prevention—County

Strategy Description	
<p>The Crisis Aftercare & Relapse Prevention strategy, delivered by SCBH, serves adults (18+) who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high utilizers of the crisis stabilization unit (CSU) or other emergency services. The County staff will provide up to 60 days of engagement and crisis after-care services to ensure linkage to ongoing community-based treatment services including a follow-up service within seven (7) days of discharge from an inpatient facility and a medication service within thirty (30) days of discharge from an inpatient facility.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> • Reduce recidivism/reentry to inpatient facilities • Provide a follow-up appointment within 7 days of discharge from an inpatient facility • Coordinate a follow-up appointment with a psychiatry provider within 30 days of discharge from an inpatient facility. • Link consumers to ongoing community-based treatment and support services <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$518,279	Estimated Cost per Person: \$3,031 and projected # of individuals to be served: 171

COMMUNITY SERVICES & SUPPORTS

Wellness & Recovery Programming

The following programs are focused on providing programming that is focused on the values of wellness and recovery with an emphasis on the resiliency of peer consumers and families who have been impacted by mental illness. These programs include the SCBH Wellness and Recovery Unit, Wellness and Recovery Centers for adult peer consumers, and the Employment Services and Support Program.

Name of Program: Wellness & Recovery Unit (WRU)—County

Program Description	
The SCBH WRU program provides direction for wellness and recovery activities in the County, and provides regular consumer-run support groups, family support groups, trainings and educational events for the community. The WRU recruits consumers and family members to provide the consumer voice and perspective for MHSa planning and evaluation activities. This program also recruits and trains peer consumer volunteers and during FY 2018/19 expanded to include three hired County Peer Support Specialists (PSS) positions. The PSS staff are co-located in the county-operated ACT FSP and the three county-operated Integrated Care Clinics that provide psychiatry and medication services.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Provide peer run consumer support groups • Provide support groups for families impacted by mental illness • Provide peer-to-peer support in county operated adult programs Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$1,001,712	Estimated Cost per Person: \$1,145 projected # to be served: 875

Name of Program: Wellness & Recovery Center (WRC) - Contractor

Program Description	
The WRCs, operated by a CBO, function as drop-in centers providing a safe and welcoming place for adult consumers with serious persistent mental illness. Staff at the WRCs, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment and wellness. They support peer consumers in building on their strengths to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans; support groups, 12-step support; peer counseling and mentoring; employment preparation; and workshops on self-management, health and life skills, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided. One WRC located in Fairfield is open 6 days a week, another WRC is located in Vallejo and is open 5 days per week, and 2 days a week WRC services are provided through a satellite site in Vacaville.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Provide peer consumer support groups • Create WRAP plans with consumers served • Provide opportunities for volunteerism and employment services Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$938,770	Estimated Cost per Person: \$5,690 projected # to be served: 165

Name of Program: Employment Services & Support—Contractor

Program Description	
The Employment Services & Support Program is delivered by a CBO in partnership with SCBH. The program provides employment and educational services for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment utilizing the Individual Placement and Support (IPS) evidenced-based model. Services include a collaborative assessment and employment plan, employment preparation, job development and placement, job coaching and follow-up/retention support. The goal of this program is for consumers to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Provide pre-employment services and support • Place consumers in competitive employment positions • Increase the employment rate for consumers Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$663,026	Estimated Cost per Person: \$3,525 projected # to be served: 188

COMMUNITY SERVICES & SUPPORTS

Targeted System Supports

The following programs and/or strategies are geared to address specific gaps or needs for particular populations including: adult consumers in need of case management; non-English speaking consumers; young children at risk of expulsion from daycare/preschool; and foster children/youth including strategies to support recent legislative changes including Katie A. and Continuum of Care Reform (CCR).

Name of Strategy: Integrated Care Clinic (ICC) On-Duty (OD) Staff—County

Strategy Description	
Each of the three Solano County Behavioral Health-operated regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville primarily provide medication services for adult consumers who have been diagnosed with a serious mental health condition. Each clinic employs a mental health specialist who is assigned the "On-Duty" (OD) role, primarily focused on providing emergent case management for consumers to address basic needs such as food, clothing and shelter. In addition to case management activities, the OD staff may provide crisis support in the clinics, up to and including initiating a 5150 and/or referring to the Crisis Stabilization Unit.	
Strategy Deliverables & Indicators	
Provide urgent case management for consumers accessing psychiatry services thru the ICC sites Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.	
Funding	
Total Annual Funding: \$523,116	Estimated Cost per Person: \$650 projected # to be served: 805

Name of Program: Adult Community Case Management (CCM) Program—Contractor

Program Description	
During FY 2019/20 MHSAs was used to fund three (3) Peer Support Specialist positions and one (1) Co-occurring Case Manager position for the contract with a local CBO. This was implemented in response to stakeholder feedback that additional case management support was needed for adult consumers with persistent serious mental health conditions that do not meet the criteria for an FSP program but need more support than what is provided through the county-operated ICC psychiatry clinics – also emphasizing the importance of peer support in consumer recovery. Starting FY 2020/21 the CCM contract was moved to MHSAs, in part due budget reductions resulting from COVID-19, but also in acknowledgement that the program has been retooled with a more assertive, wellness focus. This program provides case management services two to four times per month (depending upon consumer need) for adult consumers and includes nursing support, peer delivered services and support to address consumers who have co-occurring mental health and substance use conditions.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Reduce or prevent hospitalizations • Reduce or prevent homelessness • Provide stabilization services to include peer support Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$1,295,582	Estimated Cost per Person: \$6,478 projected # to be served: 200

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: Expanded Bilingual Services—County

Strategy Description	
SCBH funds bilingual positions in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. The bilingual providers' caseloads will include at least 75% monolingual, bilingual, and bicultural consumers to whom they will provide clinical services tailored to meet the needs of consumers and families. For bilingual staff working in the Access Unit these staff will primarily field in-coming calls from non-English speaking callers and conduct assessments as needed.	
Strategy Deliverables & Indicators	
Increase services rendered in consumers' preferred language eliminating the need for interpreters when possible Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.	
Funding	
Total Annual Funding: \$1,071,447	Estimated Cost per Person: \$8,572 projected # to be served: 125

Name of Program: CARE Clinic—Contractor

Program Description	
The CARE Clinic, operated by a CBO, offers an intensive, ten-week, Monday-Friday four hour a day program with a menu of services for children ages three to six (up to 7th birthday) with complex presentations including a mental health diagnosis; developmental, social, behavioral and communication challenges who are at risk of or have been expelled from daycare or preschool settings. The program utilizes the Comprehensive Assessment Research and Evaluation (CARE) best practice model. Each cohort is between 7-10 children with a high staff ratio comprised of a multi-disciplinary team. The Solano County Special Education Local Plan Area (SELPA) funds children who have been assessed by SELPA to be eligible for the specialized services offered through the CARE Clinic. The goal of the program is to mainstream children back into their daycare/pre-school settings.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Teach children self-regulation and social skills necessary to be successful in daycare/preschool settings Children will return to their daycare or preschool setting upon discharge from the program Prevent future expulsions for daycare/preschool settings Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$596,270 of which \$400,000 is MHSA	Estimated Cost per Person: \$30,837 projected # to be served: 13

Name of Strategy: Child Family Team (CFT) Initiative

Strategy Description	
The Child Family Team (CFT) Initiative is delivered by one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether being served by County outpatient programs, CBO outpatient programs and/or FSP programs. CFT meetings include the child/youth, all providers, all social workers involved in the case, birth parents, foster parents, etc. and are intended to bring the treatment team together to ensure all the needs of the child/youth are being addressed.	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> Ensure eligible children/youth consumers have CFT meetings in a timely fashion Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.	
Funding	
Total Annual Funding: \$196,169	Estimated Cost per Person: \$980 projected # to be served: 200

COMMUNITY SERVICES & SUPPORTS

Name of Program: Katie A. Services (KAS) Program—Contractor

Program Description	
The KAS Program, delivered by a CBO, provides intensive outpatient mental health services for children and adolescents ages 6-21, with the targeted population being children/youth who have been identified as the Katie A. subclass and/or referred by County Child Welfare or SCBH. The program strives to stabilize the placements for the youth served and to build natural support systems.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Reduce or prevent placement loss • Increase natural support people involved with the children/youth served by the program • Ensure eligible children/youth consumers have CFT meetings in a timely fashion Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$650,000 of which \$610,000 is MHSA	Estimated Cost per Person: \$12,708 in MHSA projected # to be served: 48

Mentally Ill Offender Programming

The following programs are geared to address the needs of vulnerable mentally ill consumers who are involved with the criminal justice system which may include individuals being released from a local jails, individuals referred by Probation or the Courts and individuals referred through Assisted Outpatient Treatment (AOT) also known as Laura’s Law.

Name of Program: Jail Release Re-entry Program—County Sheriff’s Office and Sub-contractor previously named the Mentally Ill Offender Crime Reduction (MIOCR) Re-entry Program

Program Description	
The program is a multi-agency, multi-disciplinary effort to provide a re-entry and diversion services for adult mentally ill offenders. The goals of the program are to provide necessary mental health treatment and referrals, divert individuals with untreated mental illness from the criminal justice system into community-based treatment and support services and to reduce recidivism. Services include case management, housing support and linkage to ongoing treatment services. This program is jointly funded by the Solano County Sheriff’s Office and SCBH MHSA funds.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Reduce or prevent homelessness • Reduce recidivism • Link consumers recently released from jail to ongoing behavioral health services and supports Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$282,915	Estimated Cost per Person: \$2,290 projected # to be served: 124

Name of Program: Forensics Triage Team (FTT) - County

Program Description	
This program, operated by SCBH, was implemented during FY 2019/20 in order to meet increased need to provide support for pre-trial diversion cases following the passage of SB 215. The program will provide assessments and triage services for mentally ill adult offenders who have been referred for diversion services through the Courts, Probation, and local jails. Additionally, the program will provide assessments for individuals referred via AOT. Once the appropriate level of care is determined consumers are routed to the most appropriate level of treatment including Full Service Partnership (FSP) programs.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Assess and triage consumers to the most appropriate level of care • Provide timely response to Courts as required Performance will be measured by number of consumers served and outcomes based on the program indicator listed above.	
Funding	
Total Annual Funding: \$644,220	Estimated Cost per Person: \$9,074 projected # to be served: 72

COMMUNITY SERVICES & SUPPORTS

MHSA Housing & Supports

The following programs are focused on providing transitional housing and permanent housing to individuals with serious mental illness (SMI) in order to prevent homelessness which can lead to hospitalizations and involvement with the criminal justice system.

Name of Program: Transitional Housing—Contractor

Program Description	
SCBH leveraged California Housing Finance Agency (CalHFA) funds to help fund a CBO to purchase of a property in Fairfield that includes a small 2 bedroom house and seven 2-bedroom town houses. Part of the CalHFA agreement is a 20 year MOU between SCBH and the CBO partner to provide transitional housing services for SCBH consumers. The Program provides 16 supportive transitional housing beds for 6-12 months for seriously mentally ill adult consumers who are homeless or at risk of homelessness. The program has a Housing Coordinator who provides case management and intensive support to secure permanent housing.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$305,875	Estimated Cost per Person: \$8,739 projected # to be served: 35

Name of Program: Bridge Transitional Housing—Contractor

Program Description	
The Program, operated by a CBO, expanded transitional housing by an additional 12 beds for Solano County. The CBO partner owns the property which was previously used as a crisis residential treatment (CRT) facility. The program provides supportive transitional housing for 30-90 days for seriously mentally ill adult consumers who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$650,000	Estimated Cost per Person: \$13,265 projected # to be served: 49

Name of Program: Shelter Solano—Contractor

Program Description	
Shelter Inc., a CBO contracted by the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for seriously mentally ill adult consumers who are homeless or at risk of homelessness. MHSA funds 15 beds. Services include case management, tenant education and/or financial assistance and support to transition to permanent housing.	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> Consumers will secure permanent housing upon discharge Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.	
Funding	
Total Annual Funding: \$500,000	Estimated Cost per Person: \$6,608 projected # to be served: 76

COMMUNITY SERVICES & SUPPORTS

Name of Program: Supported Housing—Contractor

Program Description	
<p>During FY 2011/12 SCBH leveraged CalHFA funds to help fund several permanent housing projects to serve adults who are seriously mentally ill, and children with severe emotional disorders and their families. In order to qualify, the identified consumer must be homeless or at risk of becoming homeless, as defined by the MHSA regulations. Signature at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes 7 two-bedroom units reserved for families in which one member qualifies for MHSA housing support, and 3 two-bedroom apartments shared by two unrelated adults. The Heritage Commons project in Dixon is a 65-apartment older adult project. Seven units are reserved for consumers 55 years or older. The project began accepting applications in July 2013. Since that time the CBO who delivers this program has been able to expand permanent housing sites through Housing and Urban Development (HUD) grants they have received.</p> <p>The Program provides case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 90 days which includes housing case management to secure permanent housing upon discharge.</p>	
Program Deliverables & Indicators	
<ul style="list-style-type: none"> • Consumers will remain housed in permanent housing units • Consumers served through transitional housing will secure permanent housing upon discharge <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$551,840	Estimated Cost per Person: \$8,115 projected # to be served: 68

Name of Program: Augmented Board & Care (ABC) Step-downs—County

Strategy Description	
<p>SCBH leverages MHSA housing support funding to support seriously mentally ill consumers who had been living in locked facilities called Mental Health Rehab Centers (MHRC), also referred to as Institutions of Mental Disease (IMD), to step down to Augmented Board and Care (ABC) facilities to provide services in a residential setting that assists them in integrating back into the community.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> • Consumers will be stepped down to ABCs moving towards community integration <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$250,000	Estimated Cost per Person: \$13,889 projected # to be served: 18

Outreach & Engagement

The following Outreach and Engagement initiatives are primarily focused on increasing access to the Solano County underserved marginalized communities. Outreach can include the provision of presentations and trainings for priority communities 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.

Name of Strategy: Patients' Benefits Specialists (PBS)—County

<p>The PBS strategy is staffed by two full-time PBS staff who are tasked to provide support for consumers who are currently admitted to the Crisis Stabilization Unit and/or an inpatient facility to sign up for Medi-cal benefits and other government assistance (GA). Additionally, PBS staff will be leveraged to assist with homeless outreach to streamline setting up necessary benefits for individuals who are homeless.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> • Number of individuals who are contacted thru outreach efforts • Number of individuals who complete benefits packages <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$261,558	Estimated Cost per Person: \$872 projected # to be served: 300

COMMUNITY SERVICES & SUPPORTS

Name of Strategy: Hispanic Outreach and Latino Access (HOLA): Latino Outreach Coordinator—County

Strategy Description	
<p>The HOLA strategy is staffed by a half-time Clinician who fulfills the role of Outreach Coordinator tasked with increasing awareness regarding mental health services available for the Hispanic/Latino community and engaging the community in stigma reduction activities with a primary goal to increase access for the Hispanic/Latino community who are underserved in Solano County. Services include community presentations/trainings, outreach at events, building community partnerships, screenings and system navigation.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> Engage the Latino/Hispanic community in order to reduce stigma Increase access to SCBH services for the Latino/Hispanic community <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$78,389	Estimated Cost per Person: \$65 projected # to be served: 1,206

Name of Strategy: KAAGAPAY: Asian/Pacific Islander (A/PI) Outreach Coordinator—County

Strategy Description	
<p>The KAAGAPAY (English translation is “Helping Hand” or “Reliable Companion”) strategy is staffed by a half-time Clinician who fulfills the role of Outreach Coordinator who is focused on community outreach designed to decrease stigma and increase awareness regarding the mental health services available for the A/PI community. Increasing access through community engagement is a key component of the program. Services include community presentations/trainings, outreach at events, building community partnerships, screenings and system navigation.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> Engage the A/PI community in order to reduce stigma Increase access to SCBH services for the A/PI community <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$78,389	Estimated Cost per Person: \$65 projected # to be served: 1,206

Name of Strategy: Accessible Resources for the Community's Homeless (ARCH): Homeless Outreach—County

Strategy Description	
<p>The ARCH strategy is staffed by a full-time Clinician who fulfills the role of Homeless Outreach Coordinator tasked with increasing awareness regarding mental health services available specifically for the transition aged youth (TAY) homeless population in Solano County. The primary goal is to link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH Outreach Coordinator educates the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/Youth (CSEC). This position is co-funded by Child Welfare Services (CWS) in order for the Clinician to serve foster youth who are identified as homeless and at risk for CSEC. The Clinician works closely with local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness. Services include community presentations/trainings, outreach at events, building community partnerships, screenings and system navigation.</p>	
Strategy Deliverables & Indicators	
<ul style="list-style-type: none"> Engage the TAY homeless community in order to reduce stigma Increase access to SCBH services for TAY who are at risk of or are homeless <p>Performance will be measured by number of consumers served and outcomes based on the program indicators listed above.</p>	
Funding	
Total Annual Funding: \$156,778	Estimated Cost per Person: \$65 projected # to be served: 2,412

WORKFORCE EDUCATION & TRAINING

Workforce Education and Training (WET) funds are used to develop and grow a diverse, linguistically and culturally responsive behavioral health workforce which includes the training of existing providers, increasing the diversity of individuals entering the behavioral health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. In addition to providing trainings for behavioral health providers, SCBH funds training for key stakeholder partners, provides stipends for interns, and retention stipends for psychiatry providers. Starting in FY 2020/21 SCBH will also provide funding for a loan assumption program.

Solano County stakeholders continue to endorse WET strategies to support the overall system of care with an emphasis on building a diverse workforce, and as such Solano County will transfer CSS funding to the WET component to continue to fund workforce education and training efforts.

Name of Strategy: Workforce and Community Training & Technical Assistance—Contractor

Strategy Description	
Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public mental health workforce and key community partners by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. Trainings may include but are not limited to: <ul style="list-style-type: none"> • Evidence-based practices as determined by system needs • Training in the treatment of co-occurring mental health and substance abuse disorders • Risk assessment and intervention • Trainings targeted to better serve particular age groups or underserved populations • Crisis Intervention Team (CIT) training for first responders 	
Strategy Indicators	
Performance will be measured by number of training participants and post evaluations for trainings/presentations.	
Funding	
Total Annual Funding: \$143,039	Estimated Cost per Person: N/A this is a system improvement strategy and not a direct service project

Name of Strategy: Residency & Internships—County in partnership with Contractor

Strategy Description	
Annually SCBH provides stipends for Master’s level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a CBO partner.	
Strategy Indicators	
Performance will be measured by the number of interns offered internship placements and the number of interns who represent diverse communities and/or are bilingual.	
Funding	
Total Annual Funding: \$20,000	Estimated Cost per Person: Dependent on the level of education of the interns accepted

WORKFORCE EDUCATION & TRAINING

Name of Strategy: Financial Incentives—County

Strategy Description	
Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service.	
Strategy Indicators	
Performance will be measured by the number of new hires of psychiatric providers.	
Funding	
Total Annual Funding: \$50,000	Estimated Cost per Person: \$12,500 projected # to be served: 4

Name of Strategy: Loan Assumption Program—County

Strategy Description	
The Office of Statewide Health Planning and Development (OSHPD) is providing \$210M and have asked California counties to collectively provide a 33% match in order to implement a statewide Five-Year WET Plan. CA counties were organized by region and each region was tasked with developing regional WET Plans with agreed upon strategies. Solano County is part of the Bay Area Region which agreed to focus on reimplementing a loan assumption program. SCBH and contractor providers who represent Solano County’s diverse underserved marginalized communities will be eligible to apply for the loan assumption program. Payments will be made after a year of service under the public behavioral health system.	
Strategy Indicators	
Performance will be measured by the number of providers who represent diverse communities and/or are bilingual awarded loan assumption payments.	
Funding	
Total Solano County Funding for 5-Year WET Plan: \$128,910 total for five years and \$25,782 annually	Estimated Cost per Person: \$10,000 projected # to receive loan repayment dependent on the OSHPD matching funds

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

Capital Facilities & Technological Needs (CF/TN) funds are earmarked for the development or improvements for the delivery of MHSA services and to improve the technological infrastructure for the mental health system such as electronic health record implementation.

SCBH did receive some CF/TN revenue from the state as a result of the state reallocating funds that had previously been reverted to the state. SCBH will use the CF/TN funding to support the implementation of a new level of care tool that will be used with adult consumers to ensure that consumers are routed to the most appropriate level of care.

There are no capital facility projects planned.

INNOVATION

Innovation (INN) projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved marginalized groups: to improve the quality of services: demonstrate better outcomes: and to promote inter-agency collaboration. Currently SCBH has two (2) INN projects running concurrently which are described in the pages to follow.

Name of Project: Early Psychosis Learning Health Care Network (EP LHCN)—Contractor and Multi-Counties

Project Description	
<p>The EP LHCN is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties including Solano, San Diego, LA, Orange, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the U.S. This project is due to end December 31, 2023.</p>	
Project Indicators	
<p>Long term goals for the project include the following:</p> <ul style="list-style-type: none"> • Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment • Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes • Improve consumer outcomes • Decrease per capita costs • Share best practices and models of care for EP programs 	
Funding	
<p>Total Annual Funding: UCD contract FY 2020/21 \$22,761, FY 2021/22 \$22,279, FY 2022/23 \$21,394 CBO EP Treatment Program contract: \$24,582 per year</p>	<p>Estimated Cost per Person: N/A this is a system improvement project and not a direct service project</p>

INNOVATION

Name of Project: Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)—Contractor

Project Description	
<p>The ICCTM Project, delivered in partnership between SCBH, UC Davis Center for Reducing Health Disparities, three CBOs Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community. The Project aims to increase culturally responsive and appropriate services for County-specific underserved populations with low mental health service penetration and utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The project is anchored in the national Culturally and Linguistically Appropriate Service (CLAS) Standards, community engagement practices, and the Quadruple Aim framework. The project included the creation of a region-specific curriculum based on the CLAS standards and the local community’s perspective on culturally responsive practices that should be integrated into the current local mental health system to increase access for the three priority populations. Three (3) training cohorts have been completed and the training participants developed ten (10) quality improvement (QI) action plans that SCBH began to implement during FY 2018/19. In addition to the 10 plans developed by training participants, each of the three CBOs created their own action plan and the three CBOs then partnered on a collaborative plan. All of the QI action plans are focused on community engagement, workforce development and training. This project will end in June of 2021.</p>	
Project Indicators	
<p>Long term goals for the project include the following:</p> <ul style="list-style-type: none"> ● Reduce shame and stigma related to accessing mental health services ● Increase timely access, service utilization and retention rates for the Latino, Filipino, and LGBTQ+ communities in Solano County ● Develop a culturally responsive and diverse workforce <p>Quadruple Aim Goals:</p> <ul style="list-style-type: none"> ● Improve consumer outcomes ● Improve consumer satisfaction ● Decrease per capita costs ● Improve provider satisfaction 	
Funding	
<p>Total Funding for UCD CRHD contract for FY 2020/21: \$1,150,316</p>	<p>Estimated Cost per Person: N/A this is a system improvement project and not a direct service project</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Mental Health Education	Standard 1 Standard 3 Standard 4 Standard 13	<p>This QI action plan aims to train faith leaders on mental health promotion to help support mental health of their congregants from diverse backgrounds (3); highlights ways to bridge culture and mental health (4); and aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13).</p> <p>Funding Needs: Training for Trainers (T4T) trainings for the following curriculums: Applied Suicide Intervention Skills Training (ASIST) safeTALK, and Mental Health First Aid (MHFA)</p> <p>Status of Plan: SCBH began the process of contracting with the developers of the curriculums listed above with a plan to provide training for trainers (T4T) trainings in Spring of 2020, however these plans were put on hold due to the COVID-19 pandemic. SCBH hopes to implement these trainings in spring of 2021 provided the developers allow for virtual trainings.</p>
TRUECare Promoter: Roadmap	Standard 1 Standard 6 Standard 8 Standard 13	<p>This QI action plan component will provide information for consumers about the availability of services in their preferred language (6); by creating a resource Roadmap which will utilize easy-to-understand print and signage in Spanish, Tagalog and English as well as developing a web-based version of the Roadmap (8).</p> <p>Funding Needs: Graphic designer to design print and signage materials and support development of web-based version. Printing of materials.</p> <p>Status of Plan: The paper versions of the TRUEcare Maps have been created in English, Spanish and Tagalog and the web-based versions are being tested. See page 58 to view the English</p>
TRUECare Promoter: Navigator	Standard 1 Standard 3 Standard 4 Standard 5	<p>This QI action plan's Navigator component aimed to recruit people from diverse communities to become navigators (3) with the hope to train these navigators on CLAS services available for diverse consumers (4), and the plan aimed to identify navigators who are bilingual (5).</p> <p>Funding Needs: N/A Solano County Health and Social Services (H&SS) has hired 4 positions to support all Divisions within H&SS including Behavioral Health.</p> <p>Status of Plan: This component of the TRUEcare QI Action Plan will not be implemented through SCBH with MHSA funding at this time as this is a duplication of County efforts.</p>
LGBTQ+ Ethnic Visibility	Standard 1 Standard 8 Standard 13	<p>This QI action plan aims to develop easy-to-understand outreach and linguistically appropriate signage for LGBTQ+/ Filipinx and LGBTQ+/Latinx communities (8) to combat stigma and discrimination related to mental health and identifying as LGBTQ+.</p> <p>Funding Needs: Graphic designer to design signage which will contain QR codes. Printing of signage and distribution including bus stop ads and billboards.</p> <p>Status of Plan: Seven (7) posters have been developed in partnership with community stakeholders, SCBH and the graphic designer. These posters will be distributed throughout the County during FY 2020/21. The posters will include QR codes and web shorteners that will navigate community members to a SCBH webpage focused on supporting the LGBTQ+ community. SCBH is also working with community partners to develop posters that will represent the LGBTQ+/African American and LGBTQ+/Native American communities and will use PEI funding for these materials. See page 58 to view samples of the LGBTQ+ Ethnic Visibility posters.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Bridging the Gap	Standard 1 Standard 8	<p>This QI action plan aims to provide easy-to-understand outreach and linguistically appropriate materials with a focus on holistic wellness to use for tabling at non-health community events (8).</p> <p>Funding Needs: Graphic designer to design outreach print materials, and giveaways to include logos for table clothes, backdrops, prize spinning wheel. Printing of materials and ordering of outreach giveaways.</p> <p>Status of Plan: The spinning wheel imagery and a Solano County specific backdrop were developed in partnership with community stakeholders, SCBH and the graphic designer. Due to COVID-19 these materials have not been able to be used at community outreach events. See page 59 to view the backdrop and spinner wheel.</p>
Takin' CLAS to the Schools	Potentially: 1-15	<p>This QI action plan aims to open culturally responsive school-based wellness centers/rooms on K-12 and adult education sites across Solano County with a focus on stigma reduction, socio-emotional supports, and will be used as access points for students to be linked to behavioral health treatment. This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers/rooms</p> <p>Funding Needs: Support the start-up of wellness centers/rooms on school campuses to include furnishings, culturally and linguistically appropriate signage, wellness supplies, and trainings as needed for up to 45 school sites, K-12 and adult education campuses across Solano County.</p> <p>Status of Plan: SCBH has funded 35 culturally responsive school-based wellness centers in K-12 and adult education sites across Solano County. SCBH has contracted with the Solano County Office of Education (SCOE) to support the implementation of the wellness center initiative in Solano County. Five (5) pilot centers opened between August-December 2019. The remaining 30 wellness centers have been set up however due to the COVID-19 pandemic schools are closed and therefore the wellness centers are not currently in use. SCOE is currently supporting school districts and wellness center school sites to implement virtual wellness centers for students. SCBH will explore funding 5-10 more wellness centers pending the impact of COVID-19 on our community. See page 60 to view images of some of the wellness centers.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Cultural Game Changers: HR	Standard 2 Standard 3 Standard 4 Standard 7	<p>This QI action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2); also aims to change the county’s job position descriptions to provide better outreach to diverse communities with regard to job postings (3); and address the County’s bilingual certification process.</p> <p>Funding Needs: This QI action plan will not require any specific funding.</p> <p>Status of Plan: The QI action plan group developed an “Inclusion Statement” that is used for every job posting for SCBH. Additionally they developed three (3) hiring questions focused on equity and are being used for new hires. SCBH Administration will continue to partner with County Human Resources to make changes to job descriptions and to address the bilingual certification process.</p>
Cultural Game Changers: Pipeline	Standard 3 Standard 8	<p>This component of the same QI action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs and the development of easy-to-understand outreach materials to use for mental health career fair events (8).</p> <p>Funding Needs: Graphic designer to design pipeline outreach materials for middle school, high school, and college pipeline events. Printing of materials. Support pipeline events with middle and high school students in Solano County.</p> <p>Status of Plan: The graphic designer has developed outreach materials for career pipelines for the middle school, high school and college levels. Due to COVID-19 there have not been career pipeline events.</p>
CLAS Gap Finders	Standard 10 Standard 11	<p>This QI action plan aims to establish a position or SCBH internal process that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement. A strategy involves supporting contracted vendors to develop their own agency Cultural Responsivity Plans by both requiring this contractually but also providing technical assistance for agencies in the development of plans.</p> <p>Funding Needs: This QI action plan will not require any specific funding.</p> <p>Status of Plan: SCBH inserted language in vendor contracts requiring funded vendors to develop their own Cultural Responsivity Plans. During FY 2019/20 eleven (11) agencies submitted Plans. SCBH continues to provide support and technical assistance for partners. During FY 2020/21 SCBH anticipates an additional four (4) Plans to be submitted. SCBH has inserted a new section “Cultural and Linguistic Considerations” in all new and renewed policies.</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<p>This QI action plan aims to advance and sustain leadership that promotes CLAS through policy changes by train mid-level leadership and workforce personnel on improving CLAS practices through supervision (4); includes components of how supervisors can support a diverse clinical staff (3); and making changes to the current supervisory log guidelines (2).</p> <p>Funding Needs: Contract with Dr. Kenneth Hardy to provide a 2-Day “Promoting Cultural Sensitivity in Clinical Supervision” trainings four months apart for at least two cohorts of MHP supervisors and managers providing supervision for direct service staff, and coaching consultation sessions once per month between Day 1 and Day 2 training sessions. Three (3) sessions of “Trauma in the Trenches” will be held to provide training for reception and direct service staff in order to train staff on concepts related to providing trauma-informed care for marginalized communities.</p> <p>Status of Plan: During FY 2018/19 the first cohort of “Promoting Cultural Sensitivity in Clinical Supervision” was completed. During FY 2019/20 the second cohort was completed though the 2nd day of the training had to be provided virtually. Monthly consultation calls will be arranged for participants who completed the supervision training. One session of “Trauma in the Trenches” was completed during FY 2019/20, however the final two sessions had to be cancelled due to COVID-19.</p>
ISeeU	Standard 1 Standard 4 Standard 6 Standard 8	<p>This QI action plan aims to train frontline reception staff on CLAS policies and practices that are most relevant (4); develop easy-to-understand print media or imagery to welcome diverse consumers (8); and to train staff how to inform individuals of availability of language assistance (6).</p> <p>Funding Needs: Purchasing posters and signage that represents the diverse communities of Solano County to make available for both County-operated and CBO operated mental health programs. Graphic designer to design materials for lobbies as needed. Printing of materials. Translation of newer forms into Spanish, threshold language and translation of all MHP forms into Tagalog, Solano County’s sub-threshold language.</p> <p>Status of Plan: SCBH has leveraged the contract with UCD CRHD to develop a training curriculum geared towards supporting reception staff. This training will be provided virtually during FY 2020/21. SCBH will leverage culturally responsive stigma reduction and suicide prevention materials developed through Each Mind Matters for lobbies. SCBH funded a BHIT training session solely dedicated to reception staff which included a section on how to access Language Link. SCBH has had all newer forms translated into Spanish (threshold language) and have submitted all Mental Health Plan forms for translation into Tagalog (sub-threshold language).</p>

INNOVATION

Action Plan Name	CLAS Standards Addressed	QI Action Plan Description
Cultural Humility Champions	Standard 4 Standard 6	<p>This QI action plan aims to train staff about consumers from diverse backgrounds which will include the development of unique trainings (4); also aims to inform individuals of the availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings.</p> <p>Funding Needs: Contract with training consultants who specialize in the use of interpreters in the behavioral health system of care. Purchase software to develop improved trainings in cultural responsiveness. Consider purchase of software to assist in gathering pre/post surveys for trainings.</p> <p>Status of Plan: SCBH and contract providers developed an on-line training “Diversity & Social Justice” which was completed by all SCBH staff during FY 2019/20. Additionally, an on-line recorded training focused on working with the Filipino community was developed. SCBH funded a “Tulong, Alalay, at Gabay (TAG)” training which is anchored in the Psychology First Aid curriculum and is unique to the Filipino community. This 4-day training included 2 days focused on train-the-trainer to promote the expansion and sustainability of the TAG training. During FY 2019/20 SCBH funded 2 sessions of Behavioral Health Interpreter Training (BHIT) as provided by the National Latino Behavioral Health Association. One of the sessions was focused on bilingual staff to enhance skills related to mental health terminology. There was a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of our community. An additional 2 sessions of BHIT had been scheduled for the spring but had to be cancelled due to the COVID-19 pandemic. SCBH worked with the trainers and these trainings were rescheduled and provided virtually in FY 2020/21.</p>
Rio Vista CARE’s (RVC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 8	<p>This CBO QI action plan aims to raise mental health awareness and education in the Latino community by providing trainings in the community, partnering with medical providers, and thru community engagement events. Enhance community outreach and engagement efforts in the Latino community to ensure early access to mental health services and reduce stigma through signage, collaboration with community partners, etc.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 RVC partnered with NAMI to facilitate the first Spanish Family-to-Family (F2F) teacher training course with a goal to have Spanish-speaking community members become future certified F2F teachers in Solano County. Unfortunately, the course had to be cancelled due to COVID-19 and was not completed. Due to disparities related to access to technology the course was not able to be held virtually. RVC partnered with 1st Step, a local organization focused on combating stigma related to mental health. RVC participated in the 2nd annual Mental Health Awareness and Suicide Prevention Walk held in the city of Rio Vista. RVC also participated in the 2nd Annual Dia de los Muertos celebration. RVC conducted Mental Health 101 presentation at the new Parent Center at Armijo High School and the Mobile Mexican Consulate.</p>

INNOVATION

Action Plan	CLAS Standards Addressed	QI Action Plan Description
<p>Solano Pride Center's (SPC) QI Action Plan</p>	<p>Standard 1 Standard 3 Standard 4 Standard 13</p>	<p>This CBO QI action plan aims to establish an alliance between Solano Pride Center and Solano Community College students and faculty through collaborative events and the exploration of an intern program. The plan also aims to establish a relationship between Solano Pride Center and LGBTQ affirming faith-based organizations through training and collaboration.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 SPC created Q Chat Series which is a discussion on intersectionality, religion, being LGBTQ+, mental health and more topics important to the LGBTQ+ communities. SPC hosted Pride and Faith Summit at St. Paul's Episcopal Church in Benicia. SPC has also collaborated with Faith in Action to host the first Rainbow Seniors Luncheon and Book Club. The two organizations continue to co-facilitate a Rainbow Seniors support group that has been very successful and has been vital for this vulnerable population</p>
<p>Fighting Back Partnership's (FBP) QI Action Plan</p>	<p>Standard 1 Standard 2 Standard 3 Standard 4 Standard 8 Standard 13</p>	<p>This CBO QI action plan aims to raise community outreach and engagement efforts in the Filipino-American community by talking about stigma and barriers to care; establishing a coalition called Filipinx Mental Health Initiative (FMHI-Solano) which launched in FY 2018/19; and developing a social media page, education materials and workshops. Additionally, FBP aims to raise awareness in communities by working with cities and the county to create counsel proclamations and board resolutions.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: During FY 2019/20 FBP created #UsapTayo (Let's Talk) Digital Story Telling in Solano County and held filming sessions at FBP. After the filming sessions, the #UsapTayo video series launched on Facebook and YouTube. FBP identified an important training, Tulong, Alalay, At Gabay (TAG) which was developed specifically for the Filipino community. SCBH funded the training series and FBP organized and hosted the training at St. Catherine's church. A component of the TAG training included training trainers and FBP has continued to organize monthly TAG trainings which are now being held virtually. FBP hosted the Filipinx Mental Health Initiative (FMHI)- Solano Core Team Vision Retreat. Out of the retreat, came the first</p>
<p>CBO Partners' Joint QI Action Plan: Pride People of Color (PPOC)</p>	<p>Standard 1 Standard 9 Standard 13</p>	<p>This conjoint CBO QI action plan aims to develop, share, and implement strategies for Filipinx and Latinx LGBTQ+ communities by: creating a Queer Trans People of Color (QTPOC) group, develop marketing materials for the group, and providing co-located groups and activities in each other's spaces. The partners will coordinate a stigma reduction project once a year.</p> <p>Funding Needs: The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH.</p> <p>Status of Plan: The QTPOC group is being held in partnership between SPC and FBP. Additionally, the CBOs meet quarterly to collaborate on stigma reduction and awareness efforts. Some examples of events included hosting a movie screening for the Latinx community during Pride Month, participating in community events such 'Feria De Regreso a la Escuela' at St. Mark's Lutheran Church, the largest annual community event targeting Pre-school – 12th grade students and families residing in the Fairfield/Suisun community. Finally, this group launched a Photo Voice project.</p>

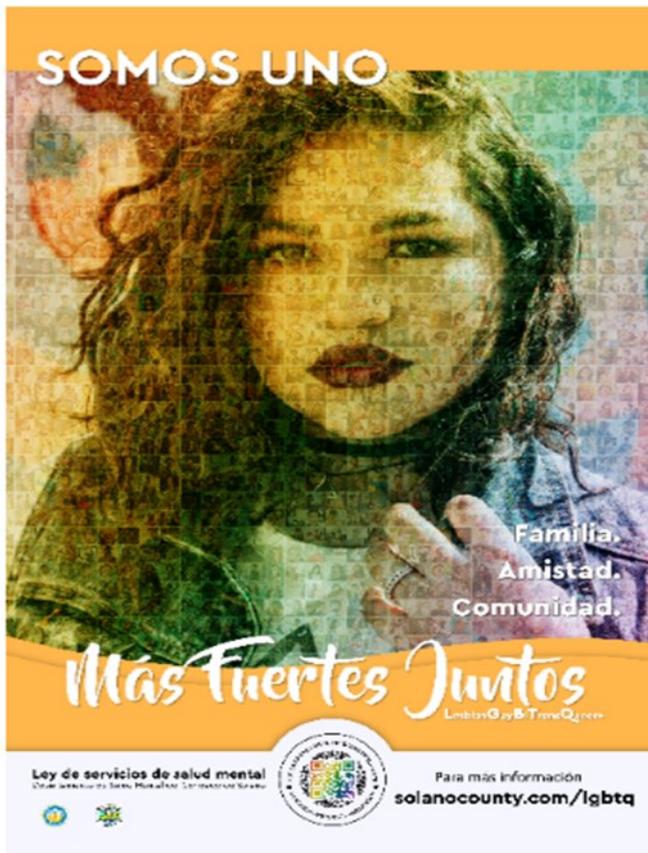
INNOVATION

On the pages to follow we have shared samples of materials developed to support the QI action plans.

TRUEcare Promoter Roadmap QI Action Plan English Version



LGBTQ+ Ethnic Visibility QI Action Plan Samples of Posters



INNOVATION

Bridging the Gap QI Action Plan Backdrop and Prize Wheel Images



INNOVATION

Takin CLAS to Schools QI Action Plan Images of Wellness Centers



Vallejo Adult Education Site



Golden Hills Alternative Education Site

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan Estimated Funding Summary

County: Solano

Date: 11/2/20

	MHSA Funding Estimated					
	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 2020/21 Funding						
1. Unspent Funds from Prior Fiscal Years	14,996,926	7,187,196	1,343,470	341,435	1,944	2,938,194
2. New FY 2020/21 Funding	15,798,068	3,992,192	1,030,286	2,955	0	0
3. Transfer in FY 2020/21	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2020/21	2,938,194	0	0	0	0	(2,938,194)
5. Available Funding for FY 2020/21	33,733,188	11,179,388	2,373,756	344,390	1,944	0
B. FY 2020/21 MHSA Expenditures	23,088,915	5,721,547	1,074,561	241,392	1,944	
C. FY 2020/21 Unspent Fund Balance	10,644,273	5,457,841	1,301,195	102,998	0	0

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2020	0
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	(2,938,194)
4. Local Prudent Reserve Balance on June 30, 2021	0

Pursuant to Welfare and Institutions Code Section 5802(b), Counties may use a portion of their CSS funds for WET, CFYI, 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.

Notes:

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan Community Services and Supports (CSS) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2020/21 Estimated					
	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 Full Service Partnership (FSP) Programming	5,924,814	4,569,272	1,308,007			47,535
2. Children/Youth Full Service Partnership (FSP) Programming	4,662,256	2,879,747	1,781,355			1,154
3. Transitional Age Youth (TAY) Full Service Partnership (FSP) Programming	1,492,394	911,849	571,526			9,019
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Non-FSP Programs						
1. Crisis Services & Supports	5,583,917	3,688,587	1,807,483			87,847
2. Wellness & Recovery Programming	2,616,849	2,616,849				
3. Targeted Systems Supports	3,109,302	1,927,625	971,059			210,618
4. Mentally Ill Offender Programming	2,149,800	2,149,800				
5. MHSA Housing & Supports	2,881,624	2,881,624				
6. Outreach & Engagement	466,560	466,560				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
CSS - Administration	1,513,439	997,002	516,437			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Actual Expenditures	30,400,955	23,088,915	6,955,867	0	0	356,173
FSP Programs as Percent of Total	40%					

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2020/21 Estimated					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
PEI Programs						
1. Suicide Prevention	103,723	103,723				
2. Stigma & Discrimination Reduction	342,364	342,364				
3. Outreach for Increasing Recognition	0	0				
4. Access & Linkage to Treatment	712,093	712,093				
5. Prevention and Early Intervention	3,758,616	3,567,609	175,951			15,056
6. Crisis Services & Supports	852,086	852,086				
7.						
8.						
9.						
10.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	143,672	143,672				
PEI Assigned Funds	0					
Total PEI Program Actual Expenditures	5,912,554	5,721,547	175,951	0	0	15,056

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan Innovations (INN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2020/21 Estimated					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
Interdisciplinary Collaboration and Cultural						
1. Transformation Model (ICCTM)	1,005,137	1,005,137				
Early Psychosis Learning Health Care						
2. Network (EP LHCN)	49,556	49,556				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	24,148	19,868	4,280			
Total INN Program Actual Expenditures	1,078,841	1,074,561	4,280	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2020/21 Estimated					
	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. Training/Technical Assistance	163,039	163,039				
2. Residency/Internship	18,226	18,226				
3. Financial Incentive	50,000	50,000				
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration	10,127	10,127				
Total WET Program Actual Expenditures	241,392	241,392	0	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2020/21 Mental Health Services Act Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2020/21 Estimated					
	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.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
1. Reach and Recover Project	1,944	1,944				
2.						
3.						
4.						
5.						
6.						
7.						
CFTN Administration	0	0	0			
Total CFTN Program Actual Expenditures	1,944	1,944	0	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2021/22 Mental Health Services Act Three Year Plan Estimated Funding Summary

County: Solano

Date: 11/2/20

	MHSA Funding Estimated					
	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 2021/22 Funding						
1. Unspent Funds from Prior Fiscal Years	10,644,273	3,437,841	1,301,195	102,998	0	0
2. New FY 2021/22 Funding	13,291,477	3,875,663	999,621	2,955	0	0
3. Transfer in FY 2021/22	(111,162)	0	0	111,162	0	0
4. Access Local Prudent Reserve in FY 2021/22	0	0	0	0	0	0
5. Available Funding for FY 2021/22	23,824,588	9,333,506	2,300,816	217,115	0	0
B. FY 2021/22 MHSA Expenditures	20,196,220	6,286,811	1,073,295	217,115	0	0
C. FY 2021/22 Unspent Fund Balance	3,628,368	3,046,695	1,423,521	0	0	0

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2021	0
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Local Prudent Reserve Balance on June 30, 2022	0

Pursuant to Welfare and Institutions Code Section 5802(b), Counties may use a portion of their CSS funds for WET, CITN, 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.

Notes:

BUDGET WORKSHEETS

Fiscal Year 2021/22 Mental Health Services Act Three Year Plan Community Services and Supports (CSS) Funding

County Solano

Date: 11/2/20

	Fiscal Year 2021/22 Estimated					
	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 Full Service Partnership (FSP) Programming	5,121,376	3,969,165	1,111,806			40,405
2. Children/Youth Full Service Partnership (FSP) Programming	4,119,667	2,604,534	1,514,152			981
3. Transitional Age Youth (TAY) Full Service Partnership (FSP) Programming	1,268,535	775,072	485,797			7,666
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Non-FSP Programs						
1. Crisis Services & Supports	4,762,320	3,151,290	1,536,361			74,670
2. Wellness & Recovery Programming	2,256,304	2,256,304				
3. Targeted Systems Supports	2,674,889	1,668,292	827,571			179,025
4. Mentally Ill Offender Programming	1,901,954	1,901,954				
5. MHSA Housing & Supports	2,454,710	2,454,710				
6. Outreach & Engagement	417,897	417,897				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
CSS - Administration	1,513,439	997,002	516,437			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Actual Expenditures	26,491,091	20,196,220	5,992,123	0	0	302,747
FSP Programs as Percent of Total	40%					

BUDGET WORKSHEETS

Fiscal Year 2021/22 Mental Health Services Act Three Year Plan Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2021/22 Estimated					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
PEI Programs						
1. Suicide Prevention	81,709	81,709				
2. Stigma & Discrimination Reduction	207,140	207,140				
3. Outreach for Increasing Recognition	0					
4. Access & Linkage to Treatment	507,002	507,002				
5. Prevention and Early Intervention	3,413,418	3,245,202	155,392			12,824
6. Crisis Services & Supports	2,102,086	2,102,086				
7.						
8.						
9.						
10.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	143,672	143,672				
PEI Assigned Funds	0					
Total PEI Program Actual Expenditures	6,455,028	6,286,811	155,392	0	0	12,824

BUDGET WORKSHEETS

Fiscal Year 2021/22 Mental Health Services Act Three Year Plan Innovations (INN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2021/22 Estimated					
	A Total Mental Health Expenditures	B INN Funding	C Medi-Cal FFP	D 1991 Realignment	E Behavioral Health Subaccount	F Other Funding
INN Programs						
Interdisciplinary Collaboration and Cultural						
1. Transformation Model (ICCTM)	1,005,837	1,005,837				
Early Psychosis Learning Health Care						
2. Network (EP LHCN)	49,591	49,591				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	24,148	19,868	4,280			
Total INN Program Actual Expenditures	1,079,575	1,075,295	4,280	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2021/22 Mental Health Services Act Three Year Plan
Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2021/22 Estimated					
	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. Training/Technical Assistance	138,039	138,039				
2. Residency/Internship	18,949	18,949				
3. Financial Incentive	50,000	50,000				
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration	10,127	10,127				
Total WET Program Actual Expenditures	217,115	217,115	0	0	0	0

BUDGET WORKSHEETS

**Fiscal Year 2021/22 Mental Health Services Act Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding**

County: Solano

Date: 11/2/20

	Fiscal Year 2021/22 Estimated					
	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.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support MHSA						
1. programs.	0					
2.						
3.						
4.						
5.						
6.						
7.						
CFTN Administration	0	0	0			
Total CFTN Program Actual Expenditures	0	0	0	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan Estimated Funding Summary

County: Solano

Date: 11/2/20

	MHSA Funding Estimated					
	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 2022/23 Funding						
1. Unspent Funds from Prior Fiscal Years	5,628,368	3,046,695	1,425,521	0	0	0
2. New FY 2022/23 Funding	11,717,733	2,871,242	755,590	0	0	0
3. Transfer in FY 2022/23	(217,144)			217,144	0	0
4. Access Local Prudent Reserve in FY 2022/23	0			0	0	0
5. Available Funding for FY 2022/23	17,128,957	5,917,937	2,181,111	217,144	0	0
B. FY 2022/23 MHSA Expenditures	16,794,312	5,896,541	1,076,059	217,144	0	
C. FY 2022/23 Unspent Fund Balance	334,645	19,396	1,105,052	0	0	0

H. Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2022	0
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Local Prudent Reserve Balance on June 30, 2023	0

Pursuant to Welfare and Institutions Code Section 5802(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.

Notes:

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan Community Services and Supports (CSS) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2022/23 Estimated					
	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 Full Service Partnership (FSP) Programming	4,185,797	3,264,028	889,445			32,324
2. Children/Youth Full Service Partnership (FSP) Programming	3,454,758	2,242,652	1,211,321			785
3. Transitional Age Youth (TAY) Full Service Partnership (FSP) Programming	1,014,828	620,057	388,638			6,133
4.						
5.						
13.						
14.						
15.						
Non-FSP Programs						
1. Crisis Services & Supports	3,826,486	2,537,662	1,229,088			59,736
2. Wellness & Recovery Programming	1,838,304	1,838,304				
3. Targeted Systems Supports	2,174,908	1,369,631	662,057			143,220
4. Mentally Ill Offender Programming	1,599,172	1,599,172				
5. MHSA Housing & Supports	1,969,312	1,969,312				
6. Outreach & Engagement	356,492	356,492				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
CSS - Administration	1,513,439	997,002	516,437			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Actual Expenditures	21,933,496	16,794,312	4,896,986	0	0	242,198
FSP Programs as Percent of Total	39%					

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan Innovations (INN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2022/23 Estimated					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
Interdisciplinary Collaboration and Cultural						
1. Transformation Model (ICCTM)	1,006,565	1,006,565				
Early Psychosis Learning Health Care						
2. Network (EP LHCN)	49,627	49,627				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	24,148	19,868	4,280			
Total INN Program Actual Expenditures	1,080,339	1,076,059	4,280	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan Prevention and Early Intervention (PEI) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2022/23 Estimated					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
PEI Programs						
1. Suicide Prevention	82,131	82,131				
2. Stigma & Discrimination Reduction	190,146	190,146				
3. Outreach for Increasing Recognition	0					
4. Access & Linkage to Treatment	510,775	510,775				
5. Prevention and Early Intervention	3,016,111	2,869,732	135,478			10,900
6. Crisis Services & Supports	2,102,086	2,102,086				
7.						
8.						
9.						
10.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	143,672	143,672				
PEI Assigned Funds	0					
Total PEI Program Actual Expenditures	6,044,920	5,898,541	135,478	0	0	10,900

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan Workforce, Education and Training (WET) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2022/23 Estimated					
	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. Training/Technical Assistance	138,039	138,039				
2. Residency/Internship	18,978	18,978				
3. Financial Incentive	50,000	50,000				
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration	10,127	10,127				
Total WET Program Actual Expenditures	217,144	217,144	0	0	0	0

BUDGET WORKSHEETS

Fiscal Year 2022/23 Mental Health Services Act Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

County: Solano

Date: 11/2/20

	Fiscal Year 2022/23 Estimated					
	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.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support MHSA						
1. programs.	0					
2.						
3.						
4.						
5.						
6.						
7.						
CFTN Administration	0	0	0			
Total CFTN Program Actual Expenditures	0	0	0	0	0	0

PUBLIC COMMENT

1. Michael Schocket Executive Director, Caminar Jobs Plus, (public comment received 11/13/2020 via email):
As a provider of MHSA employment services under Caminar Jobs Plus we have provided over 100 solano county residents with disabilities securing competitive employment. These folks have not worked in years. The MHSA funding for this program is crucial for recovery and wellness for Solano County residents with disabilities. Without the funding clients have no advocate for them to secure employment and to begin their journey towards a career.
County Response: SCBH values the Caminar Jobs Plus program and recognize the positive outcomes and impacts that the program has for our mental health consumers. SCBH will continue to fund the Jobs Plus program, though the funding for next fiscal year will be reduced due to the significant budget shortfall as a result of the COVID-19 global pandemic. The 15% reduction in funding for Jobs Plus program is consistent with the reductions being applied to all MHSA community services and supports (CSS) programs. SCBH will continue to closely monitor the annual MHSA revenue (incoming funding) and our overall budget with the hope that in the future—post-COVID—available funding will be more stable allowing us to increase funding.

2. Denise Coleman, SCBH employee in the role of a Peer Support Specialist and member of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 12/01/2020):
 - a. *I am thrilled that the suicide rate went down from 63% to 39% compared to last year. I am curious was the reason COVID or lower number of kids due to distance learning.*
County Response: SCBH in partnership with the Suicide Committee are tracking suicide deaths closely. We are not entirely sure why the suicide deaths have decreased 33% from the year prior for the same time period of January 1, 2020 thru November 16, 2020. Until recently, there were no minors who died by suicide. Generally, individuals who die by suicide in Solano County are middle-aged group, though there has been a recent increase in 19-29 year olds dying by suicide this calendar year. Some factors that may be contributing to the decrease may include:
 - The local data only includes individuals who died by suicide here in Solano County. If a county resident dies by suicide in another county the suicide will be captured in that county's suicide death data.
 - SCBH and our partner Solano County Office of Education are working closely with school districts to provide support regarding how to identify students who may be at risk which is unique given the virtual learning platform. SCOE has developed webinars for districts to provide for their staff regarding recognizing risk factors such as keeping camera off, not appearing to be attending to hygiene, not engaging, etc. as well as looking for signs of potential child abuse or increased stress in the home.
 - SCBH has significantly increased efforts related to community education and raising awareness through our social media platforms.
 - b. *For the [Crisis Stabilization Unit (CSU) outcome related to] 90% of the clients that were linked to services, how many were new to services or were they linked back to back to a service they were already in? For example, if the client is terminated from housing, becomes homeless, goes to the CSU, are they relinked to another housing service?*
County Response: This data is specific to consumers who are not hospitalized but rather are discharged to the community from the CSU and includes both new consumers to the Mental Health Plan and consumers who were already open to a treatment program. The data tracking report in the County electronic health record allows us to track consumers linked to Access from the CSU and then the date for the follow up treatment service.

PUBLIC COMMENT

- b. *Can [Solano County] utilize peer support volunteers once they have completed the peer support program as volunteers or interns so that they can practice their skills and gain employment, while helping individuals [consumers] that need peer support.*

County Response: SCBH recognizes the value of peers in our system of care. Peer volunteers certainly can continue to volunteer with the County in order to gain additional experience. While the SCBH has a policy that will allow us to administer gift cards for peer consumers who attend and participate in various committees such as Suicide Prevention Committee, Diversity & Equity Committee, Quality Improvement Committee, MHSA community program planning meetings, etc. this policy falls under the umbrella of the Solano County gift card policy which precludes SCBH from administering gift cards as stipends or payment for individuals in a “volunteer” capacity as this then implies an employer-employee relationship. SCBH does have an intern program for master’s level, Ph. D and Psy.D post-doctoral students however due to the budget crisis as a result of COVID-19 SCBH had to reduce the funding for the intern program. SCBH will explore if there is a mechanism to expand the intern program to peers in the future.

3. Heather Theaux-Venezio, Director of Emergency Services at NorthBay and Chair of the Mental Health Advisory Board (MHAB) (public comments received during the Public Hearing on 12/01/2020):

- a. *I am happy to see the performance measures being included as this was not the case several years back. I also appreciated seeing the slides that showed which programs are funded by MHSA. This was helpful to see this and have a better understanding.*

County Response: SCBH offered to do a more in depth presentation at a future MHAB on the various programs, what services the programs provide and target populations.

- b. *Ms. Theaux-Venezio commented that she liked Ms. Coleman’s idea about the Peer Support [Volunteers] gaining experience. She indicated she is open to the idea and helping volunteers gain experience by coming into the hospitals to interact with consumers a few hours a day and to interact with medical staff one on one.*

County Response: SCBH is of course in support of peer volunteers trained by SCBH having the opportunity to gain experience in emergency departments and will coordinate with Ms. Theaux-Venezio.

REFERENCES

- ¹ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ² United States Census Bureau. (2020, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>
- ³ United States Census Bureau. (2020, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>
- ⁴ Suburban Stats. (2020, October 2). *Current Solano County, California Population, Demographics and stats in 2020, 2019*. Retrieved from <https://suburbanstats.org/population/california/how-many-people-live-in-solano-county>
- ⁵ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ⁶ Solano County Website. (2020, September 25). *Solano County 2019 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31549>
- ⁷ The 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>

**SALUD MENTAL DEL CONDADO
DE SOLANO (MHSA)**

REUNION DE PARTES INTERESADAS

La Ley de Salud Mental (MHSA) proporcionó la primera oportunidad en muchos años para aumentar los fondos, personal y otros recursos para apoyar los programas de salud mental del condado. MHSA es un sistema guiado por la comunidad y el proceso de planificación de la comunidad MHSA crea una oportunidad para que los que abogan y para individuos cuyas vidas se ven afectadas por una enfermedad mental de proporcionar su opinión sobre desarrollo del sistema de servicios de salud mental.

Martes Octubre 13, 2020

4:30-6:00 pm

**OPRIMA AQUI:
[HTTPS://ZOOM.US/J/96981643712](https://zoom.us/j/96981643712)**

SOLANO COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER MEETINGS

FOR THE FY 2020-2023 THREE-YEAR PLAN & ANNUAL UPDATE

The Mental Health Services Act (MHSA) provided the first opportunity in many years to increase funding, personnel and other resources to support County behavioral health programs. MHSA is a community-driven system and the MHSA Community Planning Process creates an opportunity for advocates and for individuals whose lives are affected by mental illness to provide input into the development of the behavioral health service delivery system.

<p>TUESDAY Kick-Off Meeting September 29, 2020 12:00 pm - 3:00 pm</p>	<p>WEDNESDAY September 30, 2020 9:00 am - 12:00 pm</p>	<p>WEDNESDAY September 30, 2020 3:00 pm - 6:00 pm</p>	<p>THURSDAY October 1, 2020 1:00 pm - 4:00 pm</p>
<p>MONDAY October 5, 2020 9:00 am - 12:00 pm</p>	<p>TUESDAY October 6, 2020 4:00 pm - 7:00 pm</p>	<p>WEDNESDAY October 7, 2020 12:00 pm - 3:00 pm</p>	<p>THURSDAY Closing Session October 8, 2020 9:00 am - 11:00 am</p>

To RSVP, please use the following link: <https://www.surveymonkey.com/r/KN8JZKP>

Meetings will be held virtually via Zoom and will be recorded.

Meeting links will be sent 2 days before the meeting.

This meeting will be held in English, however efforts will be made to facilitate small breakout groups in Spanish and Tagalog, provided that need is identified per the participant registration.



WELLNESS • RECOVERY • RESILIENCE



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

SALUD MENTAL DEL CONDADO DE SOLANO (MHSA)

REUNIONES DE PARTES INTERESADAS

PARA EL AÑO FISCAL 2020-2023 PLAN DE TRES AÑOS Y ACTUALIZACIÓN ANUAL

La Ley de Servicios de Salud Mental (MHSA) proporcionó la primera oportunidad en muchos años para aumentar los fondos, personal y otros recursos para apoyar los programas de salud mental del condado. MHSA es un sistema guiado por la comunidad y el proceso de planificación de la comunidad MHSA crea una oportunidad para que los que abogan y para individuos cuyas vidas se ven afectadas por una enfermedad mental de proporcionar su opinión sobre el desarrollo del sistema de servicios de salud mental.

<p>MARTES Reunión de Inicio September 29, 2020 12:00 pm - 3:00 pm</p>	<p>MIÉRCOLES September 30, 2020 9:00 am - 12:00pm</p>	<p>MIÉRCOLES September 30, 2020 3:00 pm - 6:00 pm</p>	<p>JUEVES October 1, 2020 1:00 pm - 4:00 pm</p>
<p>LUNES October 5, 2020 9:00 am - 12:00 pm</p>	<p>MARTES October 6, 2020 4:00 pm - 7:00 pm</p>	<p>MIÉRCOLES October 7, 2020 12:00 pm - 3:00 pm</p>	<p>JUEVES Sesión de Clausura October 8, 2020 9:00 am - 12:00 pm</p>

Para RSVP, utilice el siguiente enlace: <https://www.surveymonkey.com/r/KN8JZKP>

Las reuniones se llevarán a cabo virtualmente a través de Zoom y se grabarán.

Los enlaces a la reunión se enviarán dos días antes de la reunión.

Esta reunión se llevará a cabo en inglés, sin embargo, se harán esfuerzos para facilitar pequeños grupos de ruptura en español y tagalo, siempre que esa necesidad se identifique por el registro del participante.



WELLNESS • RECOVERY • RESILIENCE



El Condado de Solano no discrimina a las personas con discapacidades o necesidades lingüísticas especiales. Si necesita una modificación o servicios de intérprete, por favor llame al 707-784-8320 con 24 horas de anticipación.



YOUR IDEAS MATTER!

JOIN US AT CALIFORNIA'S NEXT YOUTH INNOVATION IDEA LAB.

AUGUST 17TH & 18TH // 3:30 – 6:00 PM // VIRTUAL EVENT

WHY:

California needs *innovative* new approaches to **Youth Mental Health**. You have been identified as a youth leader and champion for mental health in your community! We want to invite YOU to be part of the conversation in planning for the future of Youth Mental Health Services across California!

WHO:

Youth and adult allies from **Solano, Yolo, Sacramento** and surrounding counties will join the Mental Health Services Oversight and Accountability Commission's Youth Innovation Committee.

WHERE:

Virtual event hosted through Zoom

WHAT:

The idea lab is an intensive, interactive, and free-thinking environment where you will join with adult allies to immerse yourselves in a collaborative thinking process and together, imagine a positive community change that improves the mental health services accessible to California's youth.

You will be joining a state-wide movement that needs your expertise, vision and dreams of what youth mental wellness can look like. The workshop will result in the development of innovative concepts to increase preventative mental health services in schools using youth-led approaches.



HOW:

There are two main ways to participate in the 2020 Innovation Idea Lab, first and most importantly, RSVP, show up and participate in the workshop itself. Optionally, you can also choose to submit your own artwork, why not go for it and do both?

For further details on submitting artwork to the 2020 Innovation Idea Lab, please see the reverse side of this flyer, or contact Jennifer Lopez jenniferslopes@mednet.ucla.edu 310-494-1058

For all RSVPs please complete the interest form [here](#).





CREATE BETTER WELL-BEING IN YOUR SCHOOL.

In preparation for the next Innovation Idea Lab, Youth Innovation Committee members ages 15-25, in partnership with Solano, Yolo and Sacramento Counties, are asking students to use different forms of media (e.g. photography, poetry, drawings, etc.), to illustrate something about your school or community that you would like to change in the name of student wellness and mental health.

It could be something totally new! Or an improvement to something that already exists! More of this?! Less of that?! It's all up to YOU! Have fun and get creative! Just remember, the form of media you use needs to answer the following questions in 2-3 sentences each:

- (1) What are we looking at?
- (2) What's the context? What's really going on here?
- (3) How has this impacted you or others?
- (4) What should be done about this?

How to Submit:

Submit your media and the responses to these four questions to: **Jennifer Lopez** at **ACT-CA** jenniferslopez@mednet.ucla.edu for the chance to be featured in the second MHSOAC Youth Regional Innovation Lab. **You can also text or call Jennifer at 310-494-1058** if you would like help in creating the pieces and to talk through supports you may need with school dismissal approvals, transportation, and meals etc.

Don't miss this opportunity to collaborate with youth throughout **Solano, Yolo and Sacramento Counties**. We will be using these submissions as the centerpieces for designing youth-led approaches to improving school and community environments to improve well-being. Your solutions can make a difference and we want to make sure you're included in this unique opportunity to make them a reality!



Submission Deadline:

AUGUST 7TH, 2020





September 1, 2020

As we prepare to observe national Suicide Prevention Week September 6-12, 2020 this letter is being sent to you on behalf of the **Solano County Suicide Prevention Committee** to share information regarding how suicide impacts our local Solano community, to share local efforts to prevent suicides deaths, and to request your partnership in increasing screenings for suicide risk. This request is aligned with a [new resource letter](#) recently received the California Department of Health Care Services and California Department of Public Health, as endorsed by both the California Surgeon General and the Governor which also highlights the importance of normalizing and systemizing screening for suicide risk.

Suicide continues to be the 10th leading cause of death in the U.S. and the 2nd leading cause of death for children/youth ages 10-19 years old. Suicide is a local preventable public health issue that requires collaboration and partnership by multi-sector organizations. The following 2019 suicide death data was provided by the Solano County Sheriff-Coroner's Office:

- There were 56 suicide deaths in Solano County which represents a 10% decrease from the year before
- Forty-one percent (41%) of the suicide deaths were adults ages 30-59, 34% were seniors 60 and over, 16% ages 19-29, and 9% of the suicide deaths were minors ages 14-17
- Eighty percent (80%) of the suicide deaths were males and 20% were females
- 8 veterans died by suicide
- Seventy-one percent (71%) of the suicide deaths were White residents, 12% Latino, 10% Asian/Pacific Islander, and 7% Black
- Forty-three percent (43%) of the individuals died by hanging, 36% by firearm, 12% due to an overdose, 4% involved a train/vehicle, 3% by asphyxia, and 2% involved sharps

The three largest and most populated cities of, Vallejo, Fairfield and Vacaville consistently experience higher rates of suicide within Solano County. It is also important to note that only 16% (9) of the 56 residents that died by suicide were Medi-cal eligible at the time of their death, and therefore the County Mental Health target population. As such, it is imperative that our private sector partners join the effort to increase screening and identification of individuals who are at risk for suicide and refer to them to treatment options through their insurance resources.

Local Efforts to Prevent Suicide Deaths

The longstanding Solano County Suicide Prevention Committee meets monthly and is comprised of multi-sector partners including: behavioral health, law enforcement, healthcare, public health, faith-based partners, local education agencies, representatives from communities at greater risk for suicide (older adults, LGBTQ+, youth, underserved communities), consumers of behavioral health services, and family members with lived experience of losing a loved one to suicide.

APPENDIX

In September of 2017 a countywide *Suicide Prevention Strategic Plan* was presented to Board of Supervisors. This Plan was developed following a very comprehensive community program planning process and brought together the entire County, including private, non-profit, and public sectors to work collaboratively to combat suicide in our community. The Plan which can be reviewed [here](#) will be updated in the Spring of 2021.

Ongoing Targeted Efforts:

- Community education and training
- Firearm Safety Campaign
- Public Service Announcements (PSAs)
- Targeted outreach
- Crisis Intervention Team (CIT) training for law enforcement
- Suicide Prevention Toolkits for all middle and high schools
- Provision of suicide screening tools and suicide prevention resources to local first responders
- Implementation of up to 35 culturally responsive school-based Wellness Centers/Rooms on school campuses K-12 and adult education sites across Solano County

Current Initiatives

- Increase screenings for suicide risk
- Suicide Death Review Team (delayed due to COVID)
- Engage Human Resource departments for private and public sectors to implement training on the signs of mental health and suicide risk

If your organization would like to learn more about any of the efforts listed above, or if you would like to designate a representative to participate on the Suicide Prevention Committee please reach out to SolanoMHSA@SolanoCounty.com.

How Can You Help?

Screen for Suicide Risk

As referenced above, the Committee has researched the best screening tool or process to identify individuals who are at risk for suicide such as the one created by the [National Institute of Mental Health](#) (NIMH). A layperson can screen for suicide risk. Rather than recommending a particular screening tool, to the Committee recommends adding two screening questions to existing self-reporting tools program participants already complete per each organization's workflow:

1. *In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?*
Yes/No response
2. *Have you felt hopeless in the last 30 days?*
Yes/No response

It is important to note that the languaging used in these targeted questions is intentional and aligned with many standard screening tools such as the *Columbia Suicide Severity Rating Scale* and the NIMH *Ask Suicide-Screening Questions (ASQ)* referenced above as well as evidenced-

APPENDIX

based suicide prevention training curriculums such as *safeTALK*, *Question, Persuade, Refer (QPR)*, *Applied Suicide Intervention Skills Training (ASIST)*, and *Assessing and Managing Suicide Risk (AMSR)*.

Ideally, the screening questions would be embedded into self-reporting tools completed by those receiving services and reviewed by the service provider during scheduled appointments. If it is not possible to institute a self-reporting tool, the Committee recommends that the provider verbally ask these questions during face-to-face, phone, or telehealth appointments.

Regarding frequency, the Committee recommends making every effort to provide multiple opportunities to screen for suicide risk, as the act of suicide is often a result of a constellation of stressors and it is an impulsive act that can be prevented if risk is identified. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored (National Institute of Mental Health). Whenever symptoms of depression are expressed, a person should be screened for suicide risk.

Intervention and Referrals

The Committee recommends that your organization develop clear policies and practices for follow-up interventions should a program participant respond “yes” to either of the questions. Interventions may include a more comprehensive suicide risk evaluation, safety planning, increase frequency of contact, referral for more intensive services, encourage a voluntary stay in a crisis stabilization unit or local emergency department, or initiation of a 5150 by law enforcement or 5150 designated staff.

Awareness and Stigma Reduction

We can all raise awareness about mental health and suicide risk, and make efforts to combat stigma. Stigma reduction and suicide prevention materials are available through [Each Mind Matters](#).

The Committee appreciates your time and attention to this important information and your partnership in efforts to prevent suicide deaths in Solano County. Should you have any questions, I welcome the opportunity to discuss the content of this letter in further detail and can be reached at tlacey@solanocounty.com or 707-784-8213.

In Partnership,



Tracy Lacey, LMFT
Chair Solano County Suicide Prevention Committee
Senior Mental Health Services Manager – MHSA Coordinator
Solano County Health & Social Services Behavioral Health Division
TLacey@SolanoCounty.com

APPENDIX

Facilitator Guide/Notes Small Breakout Sessions

MHSA Stakeholder Meetings

Incorporated feedback from team members

Check Meeting:

- Tuesday 9/29/20; 12PM-3PM
- Wednesday 9/30/20; 9AM-12PM
- Wednesday 9/30/20; 3PM-6PM
- Thursday 10/1/20; 1PM-4PM
- Monday 10/5/20; 9AM-12PM
- Tuesday 10/6/20; 4PM-7PM
- Wednesday 10/7/20; 12PM-3PM

Facilitator to start by asking small group participants to introduce self with:

1. Name
2. Title and Agency if applicable
3. Briefly describe your role in community, and
4. After hearing the presentation what is one thing that stood out for you?

Then move into the small group questions. Facilitator to take notes of what community members are saying to the best of your ability.

Please encourage each participant to share but also offer that they can use the chat function as well.

1. This is a two part question, in thinking about your experience with the Solano County mental health system and its contractors:
 - What is working?

 - Where are there gaps?

2. This is a two part question, from your perspective, which groups are impacted the most by gaps in care? Examples: age groups, race/ethnicity, LGBTQ, homeless, immigrants, etc.
 - How do we design effective strategies to best support these communities?

3. If we had to prioritize services due to budget constraints, what types services should we protect or prioritize?

4th question to use as needed

4. What would you like to see change in your community related to mental health?

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

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



get in touch

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

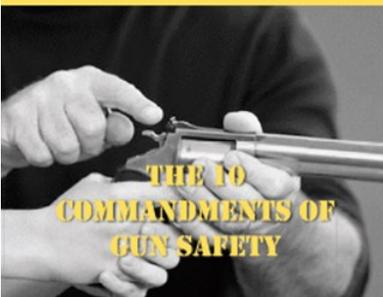
For **24 / 7 CRISIS SERVICES**, call the
Solano County Crisis Stabilization Unit
2101 Courage Drive, Fairfield
(707) 428-1131

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





**THE 10
COMMANDMENTS OF
GUN SAFETY**

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.



Page left intentionally blank

