Solano County Health & Social Services

Solano Mental Health Division • MHSA

Mental Health Services Act

Fiscal Years 2011-2013 Annual Update to the Three-Year Program and Expenditure Plan

March 15, 2013

Table of Contents

I. Description of Stakeholder Process

Community planning for the Fiscal Year annual update to the Solano County MHSA program occurred in two phases.

1. **Phase I: PEI Community Planning – June to November 2011**
   An extensive community planning effort for Solano County's 2012-14 PEI Plan was conducted in 2011. Although the focus was PEI, much of the community input concerned all aspects of the Solano County mental health program. The planning effort included the following elements:

   - Training and Orientation to PEI of existing mental health advisory groups and staff (June-August 2011)
     Presentation included MHSA and PEI, the principles and required elements, current programs, and an overview of the new planning process.
   - Outreach
     Information on PEI and the PEI Community Planning Process, as well as flyers inviting all community members to attend PEI Community Input Forums, was provided through e-mail and mailing lists to more than 100 community organizations, contractors, consumers, school districts, law enforcement and social service agencies, and associations such as Health Access, the Clinic Alliance, the Early Childhood Mental Health Collaborative, the Senior Coalition, etc. Information was posted on the Solano County MHSA website
     http://www.solanocounty.com/depts/hss/mhs/mhsa/default.asp

2. Community Input Forums

In July and August 2012, eleven PEI Community Planning Forums were conducted, attended by more than 210 people. They included:

Date	Forum	Location	# of Participants	Participants
7/6	Dixon Migrant Camp	Dixon	22	Service providers and residents of Dixon Migrant Camp
7/28	Early Childhood Development and Health Collaboration	Fairfield	20	Public and non-profit Health, Early Intervention, Education, Mental Health, Child care and other providers serving children 0-5; First 5
8/3	Transition Age Youth (TAY) Collaborative	Fairfield	16	Health, mental health, probation, education, employment, social services and other public and non-profit providers serving youth 16-25; included youth representation
8/16	Local Mental Health Board (LMHB)	Fairfield	24	LMHB members, mental health staff, representatives of Native American community, providers, family members, NAMI, clients and others
8/18	Vallejo Inter-tribal Council	Vallejo	11	Participants in Native American tribal council.
8/22	Consumer and Family Advisory Committee	Vacaville	20	Adult and TAY clients, wellness and recovery center staff; county consumer advocate
8/22	National Association of Mental Illness (NAMI)	Fairfield	18	Clients, family members and mental health advocates; mental health staff
8/23	Benicia Senior Center	Benicia	7	Advocates and providers of mental health services to seniors.
8/25	Community-wide Forum	Fairfield	36	Public and private health, mental health, education, employment, juvenile justice providers and advocates; clients, family members and others
8/29	Baynihan Center	Vallejo	26	Filipino Youth Leadership group; Filipino community leaders
8/31	Education	Fairfield	14	Solano County Office of Education, representatives of Solano County school districts

Discussions covered:

- Who is currently served? Who is not served?
- What prevention/early intervention services are currently available?
- What are the gaps in services?
- What would you change? Add? Delete?

Common themes raised by participants included:

- **Cultural competence**
  Services provided to cultural communities should be offered by bi-lingual providers from those communities and should include culturally responsive practices.
- **Community Awareness and Education about Mental Health**
  Greater awareness and more training about mental health issues are needed for high school students, teachers, parents and family members, cultural communities, faith communities, and college students.
- **Service Integration/Collaboration**
  Services should be integrated, funding leveraged, and collaboration encouraged or required across service systems, among providers serving common populations and across age groups. Referrals should be streamlined; common referral systems should be developed.
- **Many populations remain under-served**
  Populations cited include: Children grades K-3 and 9-12; adults 25-59; incarcerated, recently incarcerated youth and adults; families of incarcerated; homeless or transient individuals; undocumented individuals; the Filipino and Native American communities; college students; uninsured individuals; Rio Vista, Dixon and Benicia school districts; parents and siblings of clients; and veterans.
- **Gaps in services**
  Gaps include support, recovery and parenting groups; advocacy for families and clients; case management services, transportation and life skills.

3. PEI Steering Committee (September – November 2011)

A new PEI Steering Committee was convened in September 2011 to provide input and oversight to the PEI process. The Steering Committee included representatives from all major Solano ethnicities (Caucasian, Latino, Asian-Pacific Islander/Filipino, African-American), as well as other groups listed below. All required categories of stakeholders, and members of all cultural/ethnic communities in the county were included in this group, as well as representatives of groups specifically providing prevention and early intervention services to individuals across the span of age groups. Representatives of participating organizations are listed below by category.

Category	Agency
Underserved Communities	Rio Vista City Council Member, Dixon Medical Center, California Hispanic Coalition, La Clínica de la Raza, representative of Filipino Community, Inter-Tribal Council, Travis Air Force Base
Education	Solano County Office of Education, Solano Community College
Mental Health Consumers and Family Members	NAMI, Consumer and Family Advisory Committee, 2 mental health clients
Public and Private Providers of Mental Health Services	County Mental Health Deputy Director and Staff (Children, , MHSA Program Manager and PEI Project Manager, Fiscal, Consumer Liaison) and private mental health service providers including, among others, Caminar, Children's Nurturing Project, California Hispanic Commission,
Health	La Clínica, Solano Coalition for Better Health, Dixon Family Practice, and County Public Health and Substance Abuse Services
Social Services	First 5, Children's Nurturing Project, First Place for Youth
Law Enforcement	Vacaville Police Department, Juvenile Probation
Community Family Resource Centers	Berea Church
Employment	Caminar Jobs Plus

The PEI Steering Committee met 4 times to receive training about MHSA and PEI, review information gathered from the community forums, the county's Cultural Competency Plan, other MHSA plans and the 2009-12 PEI plan; to determine county PEI needs and target populations; to review the current PEI plan and project outcomes, to develop and refine new or existing projects and strategies, and to review and approve the five projects and the allocation of funds included in this plan. Discussion and questions were invited from all participants, and decisions were made by consensus.

To complete the 2011 planning process, a Public hearing was held on January 17, 2012 by the Solano County Local Mental Health Board. The PEI Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties in the following ways:

- Solano County MHSA website
- Notices of plan availability posted in public buildings, libraries, and offices of mental health providers.
- Copies of the plan sent via e-mail to all members of the Steering Committee and MHSA Stakeholders Group.

No comments were received at the public hearing.

I. Description of Stakeholder Process (cont.)
Community Planning Process for 2012-13 Update

Building on the substantial public input received during the community planning effort for PEI, the following community planning efforts were conducted for the Annual Update:

1. **Outreach**
   Flyers inviting all community members to attend a MHSA Stakeholders Meeting were e-mailed to more than 100 community organizations, contractors, consumers, school districts, law enforcement and social service agencies, and associations such as Health Access, the Clinic Alliance, the Early Childhood Mental Health Collaborative, the Senior Coalition, etc. The agenda, posted on the flyer, included reviewing current MHSA programs, discussing proposals for new strategies and seeking community input on what is working and what could be improved.

2. **Stakeholders Meeting**
   December 5, 2012, a Stakeholders/Steering Committee meeting was convened to present highlights of the draft 2011-13 Update, to gather input on new ideas and proposed changes to the MHSA plan for 2012-14. There were approximately 30 participants in the Stakeholders meeting representing a variety of community organizations, contractors, and clients. Participating agencies include:

   - **NAMI**
   - **Aldea**
   - **Caminar**
   - **Area Agency on Aging**
   - **Solano County Office of Education**
   - **Dreamcatchers Empowerment Network**
   - **Community Medical Center**
   - **Kaiser Permanente**
   - **Mission Solano**
   - **Vacaville Unified School District**
   - **Faith in Action**
   - **Solano Community College District**

3. **Public Review**
   On December 12, 2012 the draft annual update, including input gathered from the Stakeholders meeting, was be posted online for public comment. The following includes questions and comments received about the Annual Update and the responses to those questions and comments:

- **Why is Older Adult (PEI) expanded to include under age 60?**
  The PEI guidelines focused on funding services for children and youth under age 26, and required that at least half of all PEI funds be directed at children and youth. They also focused specific attention on target populations that are unserved and underserved. When the Solano PEI Plan was originally developed, the Stakeholders determined that adults age 26-60 were getting more available mental health services than other groups, and did not develop a specific sub-plan for this age group. When the PEI plan was updated in 2011-12, the Stakeholders approved directing a portion of PEI funds to Wellness & Recovery Programs and Primary Care Integration, which provide services to adults.
  Additionally, adults age 50-59 were identified by participants in the 2011 PEI Community Planning Process as a population that needed additional services. This population was also identified as needing more services by a Solano County Senior Coalition focus grup that was specially convened to provide recommendations for changes to the previous PEI Older Adult program. Because of this feedback from the community, the PEI Steering Committee recommended that our current PEI Older Adult initiative be extended to include brief interventions for adults ages 50-59. There has not been a significant diversion of funds to serve this population as part of the Older Adult component of PEI.

- **What percentage of the 1% millionaires tax (Prop 63) does Solano County get?**
  1.0122%

- **Why does the pie chart for 'CSS Clients Served by Geographic Area' and pie chart for 'PEI Clients Served by Geographic Area' have the same exact percentages?**
  There was an input error for the 'PEI Clients Served by Geographic Area'. This information has been updated on the Solano County website to accurately reflect the geographic breakdown for PEI.

- **How does County Mental Health capture changes in terms of needs of various ethnic groups?**
  Assuming by 'needs' one means intended needs for mental health services, and that changes likely have to do with increase or decrease, the Mental Health Plan utilizes the data from the Solano Cultural Competency Report as well as the External Quality Review Organization to indicate the increase or decrease in a given subset of the population, and at least in part, data from the same organization to determine if the Mental Health Plan is adequately serving these populations on a proportional basis, compared to other counties of the same size, or statewide averages.

- **How much will Mental Health services capture the realignment of the population?**
  Realignment of the population, including age and ethnicity, is captured and reported regularly by the U.S. Census Bureau and the California Department of Finance. Beyond these data and the data from the External Quality Review Organization, the data-gathering ability of the Mental Health Plan or other Health & Social Services components is somewhat limited, although utilization patterns of services are known month to month.

- **The CARE program funded by MHSA Innovation component is going away, and they provide mental health services for those without insurance. How do we fill this gap?**
  Innovation component funding is limited by the Mental Health Services Act to three years. Thus, the CARE program operated by Aldea, which served 'indigents' or people without insurance, will be discontinued. The indigent population however, consists of two subsets: One group will be able to qualify for Medi-Cal or Health Exchange Benefits ('Covered California') under the Affordable Care Act ('Obamacare') beginning January 2014. The second group will not qualify for this new program due to their immigration status, and will continue to remain without insurance, barring a federal or state initiative to fund medical and mental health/substance abuse services for undocumented individuals. Through the MHSA Integrated Plan community planning process, serving the latter population could be made a priority, although the funding would have to come from Prevention & Early Intervention funds and not Innovation funding.

- **Why doesn't the information get out before the planning meeting? When is the best time to apply for funding? Info not out enough.**
  The FY 2013-14 Plan update process is primarily a review of the fiscal years 2010-11, and 2011-12, and a preview of the 2012-13 program year. A new, extensive, community planning process for an integrated MHSA Plan beginning in fiscal year 2014-15 will begin in early 2013. This process is expected to take 4-6 months, and will involve a renewed needs assessment, community planning, and stakeholder process. During this planning effort, there will be ample opportunity for community input. As noted in the Update Meeting on December 5, 2012, it is expected that this community planning process will result in a set of decision about which current MHSA programs continue to be funded, possibly at the expense of existing programs. This process will be followed, where applicable, by a Request for Proposals (RFP) for those new projects approved. This RFP process is expected to conclude in late 2013, or early 2014. Subsequently, new contracts will be developed where and if applicable and be ready for implementation by July 1, 2014.

- **Better description of the MHSA framework - fewer buckets and how many total served; what is the total number of clients/consumers served?**
  The updated MHSA Plan that is posted online contains a more refined breakdown of the quantitative performance of each program.

- **What would it take to bring a Wellness Center to Fairfield? Has anyone attempted to do so?**
  California Hispanic Commission operates a small Wellness Center called Our Way Solano at 537 Merchant Street in Vacaville with a capacity for approximately 50 clients. A more substantial Wellness Center would require more funding, and could be identified as a priority project through MHSA Integrated Planning Process in 2013.

4. **Local Mental Health Board**
   A public hearing of the Local Mental Health Board to review the Annual Update was conducted on January 15, 2013. After incorporating comments from the public and Local Mental Health Board, the Annual Update will be submitted to the Solano County Board of Supervisors for approval. Comments received at the Public Hearing were as follows:

   - For future MHSA community planning, we need to address the underserved population of high-functioning young adults. There are currently not adequate services for this population.
   - Corrections to the Prevention & Early Intervention Older Adult Program Description were addressed. The corrections have been made to this report.

5. **Solano County Board of Supervisors**
   The Annual Update will be reviewed and approved by the Solano County Board of Supervisors. The Annual Update will be submitted to the California Department of Health Care Services within 30 days of approval.

II. Mental Health Services Act Programs

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. It serves seven jurisdictions – Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville and Vallejo.

In 2008, the United States Census Bureau, American FactFinder General Demographic Characteristics reported that Solano County has a total population of 407,515 residents, and of this amount, half are female (49.8%) and half are male (50.2%). Additionally, about a quarter (25.2%) of residents are under age 18 (102,650); nearly two-thirds (62.9%) are between the ages of 18-64 (256,181); and more than one out of ten (11.2%) residents are 65 years of age or older (45,684). Table 2.2 highlights the racial and ethnic demographics for Solano County and Table 2.3 provides language demographics.

Table 2.2: Solano County Demographics by Race and Ethnicity, 2008 Race and Ethnicity	**Number**	**Percentage**
African American	57,622	14.10%
Am. Indian/Alaskan Native	380	1.00%
Asian/Pacific Islander	59,750	14.70%
Latino/Hispanic	92,094	22.60%
White/Caucasian	176,317	43.30%
Multi/Other/Unknown	21,352	5.20%
Total		**407,515**

Source: United States Census Bureau, American FactFinder General Demographic Characteristics, 2008 (note, data exclude children less than five years of age)

More than half of the residents in Solano County represent a racial/ethnic group other than White (56.7% compared to 43.3%). More than two out five residents are White; followed by more than one out of five residents (22.6%) are Latino/Hispanic, one out of seven are Asian/Pacific Islander (14.7%) or African American (14.1%); and the remaining populations are multiracial/other (5.2%) and American Indian/Alaska Native (1%).

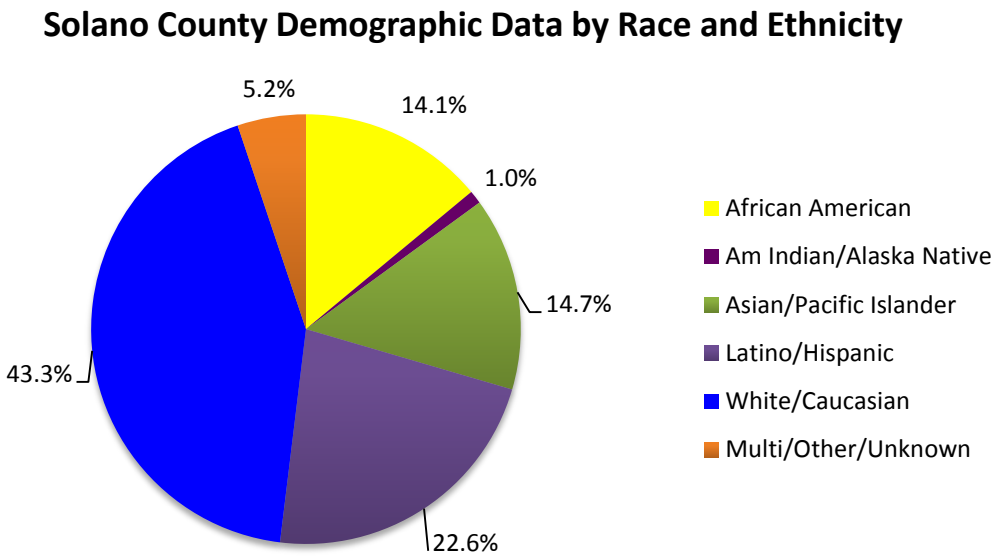

Table 2.3: Solano County Demographic Data by Language, 2008 Language Spoken At Home	Number	Percentage
Asian/Pacific Islander	39,751	10.50%
English	267,559	70.40%
Spanish	61,905	16.30%
Other	11,062	2.90%

Source: United States Census Bureau, American FactFinder General Demographic Characteristics, 2008 (note, data exclude children less than five years of age)

According to the US Census Bureau, nearly three-quarters (70.4%) of Solano County residents speak English at home. One out of six residents (16.3%) speaks Spanish at home. The US Census Bureau collapsed Asian/Pacific Islander languages and for Solano County the source reports that more than one out of ten residents (10.5%) speaks these languages at home. Finally, three percent (2.9%) of the population speak another language other than English, Spanish and Asian/Pacific Islander at home.

Solano County Demographic Data and Medi-Cal Population Service Needs

Below, Table 2.4-2.7 provides demographic data for Solano County's Medi-Cal population and SCMH's Medi-Cal consumers by gender, age, race, ethnicity and language per the instructions in Criterion 2.II.A. Additionally, (as noted in Criterion 2.II.B) Solano County provides analysis of the disparities between Solano County Medi-Cal beneficiaries and SCMH Medi-Cal Beneficiaries. These data inform the overall planning of services in reducing disparities among un/under-served populations throughout Solano County Mental Health.

Table 2.4: Demographic Data for Solano County's Medi-Cal Population and SCMH's Medi-Cal Consumers (gender), FY 2008-09	**SCMH Medi-Cal Consumers**		**Solano County Medi-Cal Beneficiaries**	
Total Population	**4,272***		**62,794**	
Gender				
Female	1,863	43.60%	36,227	57.70%
Male	2,409	56.40%	26,567	42.30%

Source: Solano County Department of Health & Social Services Mental Health Database (InSyst) Fiscal Year 2008-09 Medi-Cal clients, 10/30/09; Solano County Department of Social Services.
**Please note this amount does not reflect all mental health clients served within the Solano County region.*

More than half of Medi-Cal beneficiaries are female (57.7%) and less than half are male (42.3%). Compared to the total Medi-Cal beneficiaries in Solano County who are female (57.7%), SCMH serves nearly a third (32.3%) fewer females with Medi-Cal coverage (57.7% compared to 43.6%). Conversely, SCMH serves more males than females, and over serves males by fourteen percentage points when comparing SCMH Medi-Cal consumers to Solano County Medi-Cal beneficiaries (56.4% compared to 42.3%).

Underserved Populations in Solano County

The information below describes underserved mental health populations in Solano County:

- **Hispanic and Spanish-speaking residents of all ages**
  Those with the fewest services live in farmworker families or remote areas, and may be undocumented. Immigration issues, language barriers and a lack of private transportation often prevent this population from seeking mental health services.
- **Asian/Pacific Islanders**
  Asian/Pacific Islanders across all age ranges were underserved. Solano County, and particularly the city of Vallejo, is home to a significant underserved population of Filipinos.
- **Older Adults**
  Analysis of population and mental health data indicate that older adults in Solano County of all ethnicities and cultural groups are underserved.
- **Transition Age Youth (TAY)**
  TAY youth of all ethnicities, cultural groups and geographic communities are underserved.
- **Geographic Underserved Areas**
  Residents in outlying rural areas of the county and in small communities have less access to mental services.

III. Program Descriptions

A. Community Services and Supports (CSS) Full Service Partnerships (FSP)

1. Children's Multi-Disciplinary Intensive Services Full Service Partnership Program Description

The Children's Multi-Disciplinary Intensive Services FSP, operated by Solano County Mental Health (SCMH), provides a continuum of services through a collaborative relationship between the child (and family members if appropriate) and care providers. Services are coordinated by a Primary Service Coordinator. An Individual Service Plan identifying specific goals is developed for each child, and a full spectrum of services is available to meet these goals. Depending on the child's need, services include medication management, mental health therapy, case management, wellness and recovery skills building, and linkage to community resources. All services are provided in a culturally and linguistically appropriate manner.

DEMOGRAPHIC MEASURES: CSS Children's Multi-Disciplinary Intensive Services

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	51	Female	20	White	25	English	52	Benicia	1
TAY 18-25*	2	Male	33	African American	17	Spanish	0	Dixon	3
				Asian/Pacific Islander	2	Tagalog	1	Fairfield	11
				Latino	6			Rio Vista	2
				Multi-Racial	0			Suisun City	11
				Native American	3			Travis AFB	2
				Other Non-White	0			Vacaville	12
				Unknown	0			Vallejo	11
Total									**53**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	120	Female	47	White	52	English	124	Benicia	3
TAY 18-25*	5	Male	78	African American	47	Spanish	0	Dixon	5
	0			Asian/Pacific Islander	6	Tagalog	0	Fairfield	28
	0			Latino	16	Other	1	Rio Vista	6
				Multi-Racial	0			Suisun City	15
				Native American	3			Travis AFB	1
				Other Non-White	1			Vacaville	27
				Unknown	0			Vallejo	17
									23
Total									**125**

** TAY clients served represent youth that were transitioning out of Children's services*

Program and Performance Measures: CSS Children's Multi-Disciplinary Services

2010-2011

Program and performance measures were developed late in the 2010-11 fiscal year. Therefore, reporting on the measures started in 2011-12.

2011-2012

- Out of 125 clients, 74% were new.
- Out of 125 clients, 37 (30%) left the program.
- Out of 125 clients, 16 or 13% reached their treatment goals.

- Out of 93 new clients, there were 26 placed either in a foster home, group home, juvenile hall, psychiatric hospitalization or were homeless prior to the FSP Program.
- Out of 125 clients there were 44 placed either in a foster home, group home, juvenile hall, psychiatric hospitalization or was homeless during FSP enrollment.

Challenges and Barriers: CSS Children's Multi-Disciplinary Services
No challenges and no barriers

Significant changes for 2012-13: CSS Children's Multi-Disciplinary Services
As shown in the demographic data referenced above, the number of clients served in the Children's Multi-Disciplinary Intensive Services FSP increased significantly from fiscal year 2010-11 to 2011-12 due to addition of another Children's Intensive Unit beginning. The number of clients is expected to continue increasing in fiscal year 2012-13.

A. Community Services & Supports Full Service Partnerships (cont.)

2. Young Adult (Transition Age Youth) Full Service Partnership

Program Description

The Young Adult Full Service Partnership provides a full spectrum of services through a collaborative relationship between the client and care provider. Individual Service Plans, with specific goals and appropriate services are developed for each client, and services are coordinated by a Primary Service Coordinator. Available services, provided by a contract agency, include:

- Medication management planning and services, including health education on medication, chronic disease, etc, with the goal of transitioning consumers to group therapy.
- Mental health therapy: Short-term, goal-focused group mental health therapy supports consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management is offered to mitigate crisis situations. (Crisis services are available 24 hours a day.) Transitional case management focuses on ensuring that clients are linked to appropriate services.
- Wellness and recovery skills building planning, services and linkages to community organizations: All clients are supported to develop a Wellness and Recovery Action plan, which are monitored to ensure progress.
- Behavioral health and primary care collaboration
- Residential services
- Supported vocational and educational services
- Supported housing

Services are provided in a culturally and linguistically appropriate manner, and where appropriate, provided in the client's natural environment, including home and school. They are coordinated with organizations to provide a full continuum of care.

DEMOGRAPHIC MEASURES – CSS Young Adult (TAY) Full Service Partnership

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
TAY 18-25	15	Female	10	White	6	English	15	Benicia	1
		Male	5	African American	8	Spanish	0	Dixon	0
				Asian/Pacific Islander	1	Tagalog	0	Fairfield	8
				Latino	0	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	0
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	2
				Unknown	0			Vallejo	5
Total									**15**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
TAY 18-25	13	Female	5	White	2	English	13	Benicia	0
		Male	8	African American	8	Spanish	0	Dixon	0
				Asian/Pacific Islander	0	Tagalog	0	Fairfield	8
				Latino	2	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	1
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	0
				Unknown	0			Vallejo	4
Total									**13**

Program & Performance Measures: CSS Young Adult (TAY) Full Service Partnership

2010-2011

- Of the 15 clients served by the program, 6 were assessed and had completed treatment plans. All 15 were provided therapy within 30 days of entering the program, and were connected to supported services.
- 10 of the 15 clients, or 67%, were housed or experienced placement stability, and 7 were employed for 30-90 days during the year. 1 was enrolled in school.
- 9 of the 15, or 60%, increased the number in their social network to support their treatment goals, and 11 developed coping skills to manage relationships with family, peers, employers and landlords.
- 11 of the 15, or 73%, expressed satisfaction with services received.

2011-2012

- Of the 13 clients served by the program, all were assessed and 5 or 38% had completed treatment plans and were provided therapy within 30 days of entering the program.
- 5 clients or 38% increased the number in their social network to support their treatment goals, and 10 clients or 77% developed coping skills to manage relationships with family, peers, employers and landlords.
- 13 or 100% of enrolled clients were connected to supported services
- 6 of the 13 clients, or 46%, were employed for 30-90 days during fiscal year 2011-2012.
- 6 of the 13 clients or 46% were enrolled in school, double the targeted number of clients (3).

Challenges and Barriers: CSS Young Adult (TAY) Full Service Partnership

2010-2011
During 2010-11, the contractor faced challenges in gathering quarterly data on client satisfaction and client progress in developing social networks and coping skills. By the end of the fiscal year the contractor developed systems to gather the data.

2011-2012
There were no significant challenges and barriers in 2011-12.

Significant Changes for 2012-13: CSS Young Adult (TAY) Full Service Partnership
There were no significant changes for 2012-2013.

A. Community Services & Supports Full Service Partnerships (cont.)

3. Forensic Assessment Community Treatment (FACT) Full Service Partnership – Adult Community Treatment Team

Program Description

- The FACT FSP targets Adults and Transition Age Youth who have recently been released from incarceration. FACT provides a full spectrum of services through a collaborative relationship between the client and care provider. Individual Service Plans, with specific goals and appropriate services are developed for each client and services are coordinated by a Primary Service Coordinator. Available services provided by county staff include medication management planning and services encompassing health education on medication and chronic disease with the goal of transitioning consumers to group therapy.
- Mental health therapy: Short-term, goal-focused group mental health therapy supports clients until they are ready to transition to other appropriate services.
- Case management: short-term, intensive wrap-around case management is offered to mitigate crisis situations. (Crisis services are available 24 hours a day.) Transitional case management focuses on ensuring that clients are linked to appropriate services.
- Wellness and recovery skills building planning, services and linkages to community organizations: All clients are supported to develop a Wellness and Recovery Action plan to support return to everyday life. These plans are monitored to ensure progress.
- Continuum of care services, as available, coordinated with community agencies, including behavioral health and primary care collaboration, supported vocational and educational services, and supported housing.
- Services are provided in a culturally and linguistically appropriate manner.

DEMOGRAPHIC MEASURES: CSS FACT Full Service Partnership

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17		Female	41	White	53	English	123	Benicia	1
TAY 18-25	32	Male	84	African American	44	Spanish	0	Dixon	0
Adults 25-59	88			Asian/Pacific Islander	10	Tagalog	0	Fairfield	63
Older Adults 60+	5			Latino	12	Other	1	Rio Vista	0
				Multi-Racial	0	Sign ASL	1	Suisun City	4
				Native American	3			Travis AFB	0
				Other Non-White	3			Vacaville	19
				Unknown	0			Vallejo	33
								Other	2
Total									**125**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	0	Female	32	White	49	English	126	Benicia	0
TAY 18-25	22	Male	96	African American	55	Spanish		Dixon	1
Adults 25-59	102			Asian/Pacific Islander	9	Tagalog		Fairfield	64
Older Adults 60+	4			Latino	10	Other		Rio Vista	0
				Multi-Racial	0			Suisun City	3
				Native American	4			Travis AFB	0
				Other Non-White	1			Vacaville	15
				Unknown	0			Vallejo	33
								Other	12
Total									**128**

Program and Performance Measures: CSS FACT Full Service Partnership

2010-2011
Program and performance measures were developed late in the 2010-11 fiscal year. Reporting on the measures started in 2011-12.

2011-2012

- Among the 76 new clients assessed, 68% consumers were accepted into the program.
- Among the 128 clients served, 13% were referred to education program.
- Among the 16 clients who were referred to employment cooperative, one, or 6%, was hired.
- Among the 128 clients served, 14%, or 18, were connected with substance abuse treatment.
- Among the 18 clients who were connected with substance abuse treatment, 11%, or 2, graduated.
- Among an average of 49 consumer served per month, 32, or 65%, were housed each month.
- 11%, or 14, of 122 clients had incidents of homelessness, 5% or 5 clients returned to jail.

Challenges and Barriers: CSS FACT Full Service Partnership

There were no significant challenges and no barriers

Significant Changes for 2012-13: CSS FACT Full Services Partnership

There were no significant changes for 2012-13

A. Community Services & Supports Full Service Partnerships (cont.)

4. Older Adult Full Service Partnership

Program Description

The Older Adult Full Service Partnership, operated by a community organization provides a full spectrum of services through a collaborative relationship between the client and care provider. Individual Service Plans, with specific goals and appropriate services are developed for each client and services are coordinated by a Primary Service Coordinator. Available services, which started during the second quarter of 2010-11 include:

- Medication management planning and services, including health education on medication, chronic disease, etc, with the goal of transitioning clients to group therapy.
- Mental health therapy: Short-term, goal-focused group mental health therapy supports clients until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management is offered to mitigate crisis situations. (Crisis services are available 24 hours a day.) Transitional case management focuses on ensuring that clients are linked to appropriate services.
- Wellness and recovery skills building planning, services and linkages to community organizations: All clients are supported to develop a Wellness and Recovery Action plan to support return to everyday life. These plans are monitored to ensure progress.
- Continuum of care services are also available

All services are community-based and provided in a culturally and linguistically appropriate manner.

DEMOGRAPHIC MEASURES: CSS Older Adult Full Service Partnership

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Older Adults 60+	20	Female	11	White	14	English	19	Benicia	0
		Male	9	African American	4	Spanish	1	Dixon	0
				Asian/Pacific Islander	0	Tagalog	0	Fairfield	5
				Latino	2	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	3
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	3
				Unknown	0			Vallejo	3
								Other	4
Total									**20**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Older Adults 60+	25	Female	15	White	17	English	24	Benicia	1
		Male	10	African American	5	Spanish	1	Dixon	1
				Asian/Pacific Islander	0	Tagalog	0	Fairfield	8
				Latino	1	Other	0	Rio Vista	1
				Multi-Racial	0			Suisun City	2
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	7
				Unknown	0			Vallejo	8
								Other	0
Total									**25**

Performance Measures: CSS Older Adult Full Service Partnership

2010-2011

- Seventeen of the 20 clients (85%) complied with daily medication management.
- Seventeen of the 20 clients (85%) also experienced a reduction of psychiatric symptoms and/or improvements in symptom management.

2011-2012

- The number of clients served exceeded the number of targeted participants by seven
- Twenty-four of the 25 clients (96%) complied with daily medication management which exceeded the targeted goal of 55%.
- All clients (100%) reported experiencing a reduction of psychiatric symptoms and/or improvement in symptom management which exceeded the targeted goal of 45%

Challenges and Barriers: CSS Older Adult Full Service Partnership

2010-2011

- The Older Adult Full Service Partnership faced ongoing challenges during 2010-11.
- Community providers were not always responsive or available to older adult clients in the FSP. The contractor faced difficulties in arranging 5150 assessments and hospitalizations for clients in crisis.
- Board and Care providers did not always provide proper care to FSP clients.
- Although eight older adults participated in wellness and recovery groups during the third quarter of 2010-11, the provider determined that older adult clients benefited more when wellness and recovery activities were incorporated into individual case management.

2011-2012

- The contractor received more referrals than they had capacity to serve.
- Placing older adult clients in suitable programs has been challenging. The contractor currently serves clients who are in need of around the clock assisted living services, are on oxygen and have multiple medical issues. Most of these clients cannot be housed appropriately. Although this challenge is not initially mental health related, it does impact a client's mental health state. Client's anxiety and sense of hopelessness increases which leads to a de-compensated state and poor prognosis when receiving mental health services.

Significant Changes for 2012-13: CSS Older Adult Full Service Partnership

The most significant change was the expansion of the contract from an older adult to an adult/older adult program. The number of clients increased from 18 to 44 clients.

A. Community Services & Supports Full Service Partnerships (cont.)

5. New/Revised FSP Programs for 2012-13

a. Adult Full Service Partnership – Expansion of Target Population

Consistent with the adopted MHSA plan finalized in 2011, Adult Full Service Partnerships were expanded. The Adult/Older Adult Full Service Partnership operated by a contractor was expanded on July 1, 2012 to serve adults ages 21-65, while Solano County staff were assigned to three new regionalized full service partnership teams, effective October 1, 2012. The primary aim of these regional teams is to assist clients in remaining in the least restrictive level of care, within the community whenever possible, and to provide 24/7 'whatever it takes' support informed by a recovery and wellness orientation, and a healthy partnership with each client. The delay in the development of these full service partnerships until 2012 was due in part to the economic uncertainty faced by Solano County over the past few years, hiring freezes, and other factors. By serving adults ages 21-65 through full service partnerships, it is expected that adverse events like repeat re-hospitalizations, criminalization and jailing of the mentally ill, and other negative outcomes can be avoided. It is estimated that approximately 200 individuals or more will be served annually with high intensity community-oriented assertive case management services as a result of realizing this part of the MHSA Community Supports and Services Plan.

b. Latino Outreach and Engagement Project Program Description

In 2012-2013, Solano County will establish the Latino Outreach and Engagement Project. Originally approved in the original CSS plan, the program was delayed due to lack of funding.

This program, aimed at the underserved Latino population of Solano County, will collaborate with primary care physicians to provide behavioral health services within a primary care clinic setting. Services will include:

- Screening and assessment; identification of mental health/substance abuse disorders in the primary care population through general screening indicator
- Consultation for primary care providers
- Brief treatment/intervention (up to 24 sessions as needed)
- Case management
- Group sessions
- Referrals to County Mental Health if clients meet target population criteria for specialty mental health (severe and persistent mental illness, SMI) or substance abuse disorders, and cannot be managed in a primary care setting
- Other applicable behavioral health services.

B. Community Services and Support System Improvement Strategies

1. Foster Family/Bilingual Support

Program Description

The Foster Family/Bilingual Support program builds system capacity to serve children birth to age 21 who may be at risk for or part of the foster care system, or who live in monolingual or bilingual households. A broad range of services is available, provided by county staff in the client's or family member's preferred language.

DEMOGRAPHIC MEASURES: CSS Foster Family/Bilingual Support

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	95	Female	45	White	41	English	89	Benicia	1
TAY 18-25	6	Male	72	African American	25	Spanish	28	Dixon	9
Adults 25-59	13			Asian/Pacific Islander	3	Tagalog	0	Fairfield	36
Older Adults 60+	3			Latino	46	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	10
				Native American	0			Travis AFB	0
				Other Non-White	2			Vacaville	37
				Unknown	0			Vallejo	18
								Other	0
Total									**117**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	108	Female	53	White	40	English	103	Benicia	1
TAY 18-25	6	Male	74	African American	27	Spanish	24	Dixon	11
Adults 25-59	12			Asian/Pacific Islander	7	Tagalog	0	Fairfield	43
Older Adults 60+	1			Latino	51	Other		Rio Vista	2
				Multi-Racial	0			Suisun City	11
				Native American	1			Travis AFB	0
				Other Non-White	0			Vacaville	33
				Unknown	0			Vallejo	9
								Other	17
Total									**127**

Program and Performance Measures: CSS Foster Family/Bilingual Support

2010-2011
Program and performance measures were developed late in the 2010-11 fiscal year therefore reporting on the measures started in 2011-12.

2011-2012

- In FY 11-12, 68% of clients in the Foster Family/Bilingual Support program were from underserved populations.
- Approximately one out of five clients (19%) spoke a language other than English.

Challenges and Barriers: CSS Foster Family/Bilingual Support

There were no significant challenges and no barriers in 2010-11 and 2011-12.

Significant changes for 2012-13: Foster Family/Bilingual Support

No significant changes for 2012-2013

B. Community Services & Supports System Improvement Strategies (cont.)

2. Mobile Crisis/Psychiatric Emergency Team (PET)

Program Description

The Psychiatric Emergency Team (PET), operated by Solano County staff, provides crisis intervention services to clients, including those in full service partnerships, during non-traditional working hours (5:00 PM – 8:00 AM, weekends and holidays). PET is a community safety team comprised of mental health and health professionals, clinicians, case managers and peers. Services are provided in a culturally and linguistically appropriate manner and include:

- Interventions in the field and linkages to appropriate community resources and/or mental health services to avoid hospitalization or involuntary services.
- Short-term case management to mitigate crisis situations and provide wrap-around services, including linkage to community resources.
- Outreach, education and training with law enforcement and service providers to ensure appropriate services during crises.
- Collaboration and integration of mental health services among hospitals, law enforcement and other community partners.

DEMOGRAPHIC MEASURES: Mobile Crisis/Psychiatric Emergency Team (PET)

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	150	Female	583	White	539	English	1032	Benicia	43
TAY 18-25	208	Male	498	African American	71	Spanish	35	Dixon	32
Adults 25-59	666			Asian/Pacific Islander	299	Tagalog	5	Fairfield	269
Older Adults 60+	57			Latino	131	Other	4	Rio Vista	16
				Multi-Racial	1	Sign ASL	1	Suisun City	69
				Native American	13	Cambodian	2	Travis AFB	2
				Other Non-White	27	Chinese Dialect	1	Vacaville	169
				Unknown	0			Vallejo	328
								Out of County	91
								Unknown	62
Total									**1081**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
Children/ Youth 0-17	172	Female	677	White	668	English	1174	Benicia	49
TAY 18-25	265	Male	658	African American	358	Spanish	35	Dixon	26
Adults 25-59	801			Asian/Pacific Islander	97	Tagalog	0	Fairfield	366
Older Adults 60+	100			Latino	156	Other	108	Rio Vista	22
				Multi-Racial	3			Suisun City	76
				Native American	18			Travis AFB	0
				Other Non-White	38			Vacaville	225
				Unknown	0			Vallejo	345
								Out of County	
								Unknown	22
Total									**1338**

Program and Performance Measures: Mobile Crisis/Psychiatric Emergency Team (PET)

2010-2011

Program and performance measures were developed late in the 2010-11 fiscal year. Reporting on the measures started in 2011-12.

2011-2012

- Psychiatric Emergency Team completed 7,509 service hours with 3,131 crisis encounters.
- Among the 3,131 encounters, 787 clients were hospitalized once. 105 of the 787 were readmitted, 29 twice, 9 three times, 4 four times, 2 five times, and 1 ten times.

Challenges and Barriers: Mobile Crisis/Psychiatric Emergency Team (PET)

- An interim supervisor was assigned to PET due to the former supervisor being promoted.
- Staffing the PET unit to promptly respond to requests for services was an ongoing challenge due to budget limitations.
- PET experienced significant delays in clients receiving inpatient psychiatric treatment due to no inpatient beds available or patients being denied admission due to being too psychiatrically or medically acute. This sometimes resulted in clients waiting in the hospital emergency department for several days until an appropriate disposition could be arranged
- Construction issues delayed the opening of the Crisis Stabilization Unit, the successor to the PET, from December, 2011 to November 2012.

Significant Changes for 2012-13: Mobile Crisis/Psychiatric Emergency Team (PET)

- The Crisis Stabilization Unit (described in the Continuum of Care section of the update) was opened November 5, 2012, replacing the PET.

B. Community Services & Supports System Improvement Strategies (cont.)

3. Primary Care Integration

A new strategy aimed at increasing access to mental health services for underserved populations was started in 2010-11. Behavioral health screening, support and psycho-education groups, and brief interventions with social workers were implemented in two community health clinics serving targeted populations.

DEMOGRAPHIC MEASURES: Primary Care Integration

2010-11 Demographics (behavioral health screenings)

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
All Ages	1887	Female	997	White	375	English	1076	Benicia	
		Male	910	African American	406	Spanish	725	Dixon	
				Asian/Pacific Islander	244	Tagalog	49	Fairfield	
				Latino	881	Cantonese/ Mandarin	7	Rio Vista	
				Multi-Racial	0			Suisun City	
				Native American	0	Other	30	Travis AFB	
				Other Non-White	63			Vacaville	
				Unknown	47			Vallejo	
								Out of County	
								Unknown	
Total									**1887**

2010-11 Demographics (Services by Age Group)

Age Group	Visits with Behavioral Health Consultant	Support Visits with Social Worker	Support/Education Group
0-5	83	3	NA
6-15	174	6	NA
16-24	188	24	NA
25-59	0	240	NA
60+	165	78	NA
Total	**559 (160% of target)**	**351 (201% of target)**	**231 (216% of target)**

2011-12 Demographics – Primary Care Integration

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	#
All Ages	2741	Female	1563	White	364	English	1395	Benicia	112
		Male	1178	African American	658	Spanish	667	Dixon	1
				Asian/Pacific Islander	377	Tagalog	49	Fairfield	47
				Latino	1143	Cantonese/ Mandarin	10	Rio Vista	2
				Multi-Racial	0			Suisun City	11
				Native American	0	Other	44	Travis AFB	0
				Other Non-White	116			Vacaville	2494
				Unknown	83			Vallejo	64
								Unknown	2741
Total									**2741**

2011-12 Demographics (Services by Age Group)

Age Group	Visits with Behavioral Health Consultant	Support Visits with Social Worker	Support/Education Group
0-5	91	15	NA
6-15	193	18	NA
16-24	256	75	NA
25-59	468	141	NA
60+	240	114	NA
Total	**1248 (195% of target)**	**363 (151% of target)**	**364 (340% of target)**

Program and Performance Measures: Primary Care Integration

2010-2011

- Among 35 clients who participated in six social work visits, 29 (83%) demonstrated improvement in their symptoms.

2011-2012

- Among 59 clients who participated in six social work visits, 49 (83%) demonstrated improvement in their symptoms which exceeded target of 70%.
- Among 63 clients completing pre and post surveys, 53 (84%) demonstrated improvement which exceeded target of 70%.
- Behavioral health counseling exceeded target of 640 by 95% or 1,248.
- Support/education support visits with social worker exceeded target of 240 visits by 51% or 363 visits

Challenges and Barriers: Primary Care Integration

There were no significant challenges and no barriers.

Significant Changes for 2012-13: Primary Care Integration

This program will be expanded significantly in 2012-13. Over the next two-year period, the goal is to serve at least 1,500 clients ages 25-59. According to the Integrated Behavioral Health model in a primary care setting, Behavioral Health Clinicians will collaborate with primary care physicians within a clinic setting to provide:

- Identification of mental health/substance abuse disorders in the primary care population through general screening indicators
- Assessment, consultation and brief interventions for these disorders
- Individual counseling to address mental health conditions and co-occurring mental health conditions from low to higher intensity for those with diagnosed mental health and co-occurring conditions
- Group counseling for individuals at moderate to high risk
- Referrals to County Mental Health if clients meet target population criteria for specialty mental health (severe and persistent mental illness, SMI) or substance abuse disorders, and cannot be managed in a primary care setting
- Other applicable behavioral health services.

B. Community Services & Supports System Improvement Strategies (cont.)

4. Outreach and Engagement

At the end of the 2009-10 fiscal year, Outreach and Engagement was discontinued as a separate CSS program, and infused in all MHSA programs. The overall goals for Outreach and Engagement, to increase awareness about community mental health services, reduce stigma and discrimination associated with mental health and build capacity of the community around mental health issues, were applied to all programs. Target populations for the program were also applied to all strategies; they include unserved and underserved individuals, including monolingual speakers, English as a second language population, Latinos, African Americans, Native Americans and Filipino Americans, the LGBT populations (lesbian, gay, bisexual and transgender) and veterans, as well as residents in north Solano County and rural areas.

Program and Performance Measures: Outreach & Engagement

2010-2011

Outreach Activities – combined data for all MHSA strategies and programs	
Outreach Events	**Annual Total**
No. of outreach events	67
No. of people reached at outreach event(s)	788
Outreach to Providers	**Annual Total**
No. of outreach contacts to agencies and organizations	48
No. of people reached through provider outreach	881
Educational Events	**Annual Total**
No. of education presentations	41
No. of people reached through education presentations	845
TOTAL PEOPLE REACHED	**2514**

2011-2012

Outreach Activities – combined data for all MHSA strategies and programs	
Outreach Events	**Annual Total**
No. of outreach events	13
No. of people reached at outreach event(s)	247
Outreach to Providers	**Annual Total**
No. of outreach contacts to agencies and organizations	4
No. of people reached through provider outreach	16
Educational Events	**Annual Total**
No. of education presentations	
No. of people reached through education presentations	
TOTAL PEOPLE REACHED	**263**

B. Community Services & Supports System Improvement Strategies (cont.)

5. Jobs Plus/Cooperative Employment Program (New in 2010-11)

The Jobs Plus program operated by a community non-profit, provides Employment Services as part of a Cooperative Program with Solano County Mental Health and the Department of Rehabilitation. The Cooperative Program serves Solano County Mental Health clients who express a desire to seek employment. Individuals referred to Jobs Plus receive the following services: Employment Intake, Employment Preparation, Job Development and Placement, and Employment Retention.

DEMOGRAPHIC MEASURES: Jobs Plus/Cooperative Employment Program

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	5	Female	25	White	20	English	48	Benicia	-
Adults 25-59	40	Male	25	African American	16	Spanish	2	Dixon	-
Older Adults 60+	5			Asian/Pacific Islander	7	Filipino Dialect	0	Fairfield	-
				Latino	6	Other	0	Rio Vista	-
				Multi-Racial	1	Sign ASL	0	Suisun City	-
				Native American	0			Travis AFB	-
				Other Non-White	0			Vacaville	-
				Unknown	0			Vallejo	-
								Out of County	-
								Unknown	-
									-
Total									**50**

2011-12 Demographics

	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children/ Youth 0-17	Unk	Female	67	White	65	English	129	Benicia	2
TAY 18-25	Unk	Male	66	African American	48	Spanish	2	Dixon	2
Adults 25-59	Unk			Asian/Pacific Islander	5	Tagalog	1	Fairfield	64
Older Adults 60+	Unk			Latino	13	Other	1	Rio Vista	1
				Multi-Racial	0			Suisun City	11
				Native American	1			Travis AFB	0
				Other Non-White	0			Vacaville	13
				Unknown	0			Vallejo	40
								Out of County	0
								Unknown	0
									-
Total									**133**

Program and Performance Measures: Jobs Plus/Cooperative Employment

2010-2011

- Of the 50 served, 14 clients were placed in competitive employment
- Average client hourly wage – approximately $10.00
- Average client hours worked per week – approximately 26.8
- 64% of the clients held their job for at least 90 days
- 28% of job placements were in social services, 14% in janitorial, 13% in customer service, 10% as courtesy clerks, and 5% each in retail, sales, transportation, clerical, food service, grounds maintenance and IHSS provider.

2011-2012

- Among the 133 clients referred to the program, 103 or 77% completed orientation.
- Among the 133 clients in program, 5 or 4% retained jobs for 90 days.
- Among the 133 clients served, 59% were new.
- Among the 133 clients 30 or 23% successfully completed Jobs Plus Employment program.

Challenges and Barriers: Jobs Plus/Cooperative Employment

Challenges faced by clients during 2010-11 included very high countywide unemployment rates, limited public transportation and significant interactions with the legal system that adversely affected their ability to obtain employment. To address transportation issues, the provider assisted them in seeking employment that was accessible on nearby bus routes or within walking distance, and provided information on how to obtain a California Driver License. For legal issues, Jobs Plus identifies employers willing to employ such individuals, and provides information on how to have records expunged. When necessary, Jobs Plus staff provides coaching regarding how to respond to questions that may arise during the hiring process about interactions with the legal system.

Significant Changes for 2012-2013: Jobs Plus/Cooperative Employment

The most significant changes in the Vocational Rehabilitation program are the turnover of staff with our cooperative partners Jobs Plus and the Department of Rehabilitation. Potential enhancements to the Jobs Plus/Cooperative Employment Program include the possibility of adding Kaiser Medi-Cal beneficiaries as referrals.

C. Continuum of Care

Program Description

Solano County initiated a community-wide strategic planning effort, in 2009-10, which recommended development of a continuum of mental health care services. The Continuum of Care, implemented in 2010-11, includes a range of services and strategies for multiple populations, funded by a combination of CSS, PEI and WET funds, and contracted (and sub-contracted) to local non-profit provider.

1. **Wellness and Recovery Centers/ Early Intervention Wellness Services**

   Two wellness and recovery drop-in centers, including one run by clients, have been established for residents who have a known or suspected mental illness. Services include development of Wellness and Recovery Action Plans, one-on-one counseling, support groups, 12 step support, peer counseling, and mentoring, employment preparation, and workshops on self-management, health and life skills, substance abuse, relapse, and other topics.

DEMOGRAPHIC MEASURES: Wellness & Recovery/Early Intervention

2010-11 Demographics (combined data)

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	12	Female	71	White	93	English	169	Benicia	0
Adults 25-59	152	Male	99	African American	40	Spanish	0	Dixon	0
Older Adults 60+	6			Asian/Pacific Islander	13	Tagalog	0	Fairfield	132
				Latino	16	Other	1	Rio Vista	2
				Multi-Racial	0			Suisun City	6
				Native American	4			Travis AFB	0
				Other Non-White	4			Vacaville	14
				Unknown	0			Vallejo	28
								Out of County	5
								Unknown	3
Total									**170**

2011-12 Demographics (combined data)

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	24	Female	102	White	100	English	226	Benicia	1
Adults 25-59	197	Male	128	African American	67	Spanish	1	Dixon	3
Older Adults 60+	9			Asian/Pacific Islander	26	Tagalog	3	Fairfield	54
				Latino	32	Other	0	Rio Vista	4
				Multi-Racial				Suisun City	4
				Native American				Travis AFB	0
				Other Non-White	2			Vacaville	13
				Unknown	1			Vallejo	151
								Unknown	0
Total									**230**

Program and Performance Measures: Wellness & Recovery/Early Intervention

2010-2011

- 86 of the 92 (91%) clients in the Caminar Wellness and Recovery Program (WRAP) participated in WRAP activities, and 78 prepared WRAP plans. 16 clients reported meaningful life activities, three had developed vocational plans, and 10 participated in gainful employment for 30-90 days.
- 34 (67%) of the clients participating in the California Hispanic Commission Client Run Center showed decreases in symptomology. 34 also reported a greater connection with community institutions and resources. In addition, 34 clients participating in workshops reported increases in knowledge. 11 clients were employed.

2011-2012

- In the Wellness and Recovery Skill Building Program (WRAP), 23 clients (128% of target or 18) participated in WRAP services, and 16 developed WRAP plans. Fourteen reported active participation and investment in a meaningful life activity for 30-90 days. Among 93 clients recruited to the Wellness and Recovery Consumer Services program, 73 participated in integrated social services and 71 in pre-employment groups.
- One hundred and eight-six (81%) of the clients enrolled in Wellness and Recovery Center showed decreases in symptomology, One hundred and sixty-seven clients (73%) also reported a greater connection with community institutions and resources.
- Clients in California Hispanic Commission workshops report a 33% increase in knowledge and 56% received employment.
- 24 clients in Caminar program are enrolled in medication management which exceeds the target of 28. All or 100% of these clients comply with daily medication regiment which far exceeds the 55% target. All 24 clients experienced a reduction in psychiatric symptoms and/or improvement in symptom management.

Challenges and Barriers: Wellness & Recovery/Early Intervention

2010-2011

In 2010-11, the contractor reported that many participants in the Wellness and Recovery program experience a high level of impairment, and could use case management or other support outside of the center.

2011-2012

There were more referrals from the community than there was capacity to provide services. There were many consumers who sought services who were not served because they were not in the Solano County Mental Health system.

Significant Changes for 2012-2013: Wellness & Recovery/Early Intervention
During the fall and winter of 2011-12, Solano County Mental Health conducted a new PEI community planning process, and wrote a new plan for 2012-15. The plan endorsed current wellness and recovery strategies, recommending the following additional services:

- ***Peer mentoring:*** People at risk of or in early mental illness and family members will have the opportunity to participate as mentors or be mentored for one-to-one interactions with clients and families. Examples of appropriate roles may include peer/family greeters to offer support to clients and families at initial intake and assessment for mental health services, and system guides to help clients and families understand and navigate the mental health system
- ***Expanded outreach***: To address disparities in access to mental health, and to increase services to underserved groups and communities, the Wellness and Recovery Program will increase outreach to the Latino and Filipino communities, and to distant geographic locations such as Dixon and Rio Vista. Examples of outreach may include distributing flyers to culturally geared businesses and organizations (e.g. Mexican markets, Filipino Cultural Center) and co-hosting informational sessions at sites where people may be accessing other services (e.g. Dixon Family Practice). All services provided will be culturally appropriate and offered in appropriate language(s) for the populations served. In addition, the program will provide outreach and education to community providers, including faith based groups, family resource centers, health care professionals and others, about how to link to mental health services.
- New educational and training material will be incorporated in existing programs to respond to client's wellness and recovery achievement.

C. Continuum of Care (cont.)

2. Peer Counseling for Homebound Seniors

The peer counseling for homebound seniors program recruits and trains community volunteers to provide peer counseling for older adults throughout the county who are living with mental health issues. One-on-one and small group counseling are provided, as well as referrals for other services.

DEMOGRAPHIC MEASURES: Peer Counseling

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Care Recipients									
TAY 18-25	0	Female	19	White	17	English	23	Benicia	0
Adults 25-59	0	Male	4	African American	4	Spanish	0	Dixon	5
Older Adults 60+	23			Asian/Pacific Islander	0	Tagalog	0	Fairfield	3
				Latino	2	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	0
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	1
				Unknown	0			Vallejo	14
								Unknown	
									-
Total									**23**
Volunteers									
TAY 18-25	0	Female	15	White	9	English	20	Benicia	0
Adults 25-59	0	Male	5	African American	6	Spanish	0	Dixon	3
Older Adults 60+	20			Asian/Pacific Islander	2	Tagalog	0	Fairfield	6
				Latino	3	Other	0	Rio Vista	0
				Multi-Racial	0			Suisun City	1
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	5
				Unknown	0			Vallejo	5
								Unknown	0
									-
Total									**20**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Care Recipients									
<60	1	Female	56	White	52	English	74	Benicia	1
Older Adults 60+	74	Male	19	African American	16	Spanish	0	Dixon	2
				Asian/Pacific Islander	0	Other	1	Fairfield	23
				Latino	6			Rio Vista	0
				Multi-Racial	0			Suisun City	0
				Native American	0			Travis AFB	0
				Other Non-White	1			Vacaville	6
				Unknown	0			Vallejo	42
								Unknown	1
									-
Total									**75**
Volunteers									
<60	1	Female	18	White	15	English	22	Benicia	0
Older Adults 60+	21	Male	4	African American	3	Spanish	0	Dixon	0
				Asian/Pacific Islander	2	Other	0	Fairfield	3
				Latino	2			Rio Vista	1
				Multi-Racial	0			Suisun City	1
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	13
				Unknown	0			Vallejo	5
								Unknown	0
									-
Total									**22**

Program and Performance Measures: Peer Counseling

2010-2011

- **Peer Counseling Volunteers:** 20 peer counselors (100% of target) completed peer counseling training. All volunteers demonstrated an increase in knowledge and preparedness about working with seniors with mental health issues.
- **Care Recipients:** 8 seniors (40% of target) received one-on-one peer counseling, and 15 (60% of target) received group counseling. Two of the recipients were 85 or over. 78% reported satisfaction with services received, 13% demonstrated decreases in depression, anxiety or stress and 26% demonstrated an increase in their ability to cope with targeted issues.

2011-2012

- **Peer Counseling Volunteers:** Ten peer counselors or 33% of targeted consumers completed peer counseling training. All volunteers demonstrated an increase in knowledge and preparedness about working with seniors with mental health issues.
- **Peer Counseling Care Recipients:** Twenty seniors or 80% of targeted consumers received one-on-one peer counseling, and 53 or 151% of targeted consumers received group counseling. Five of the recipients were 85 or over. Among the eight consumers who completed services, all demonstrated decreases in depression, anxiety or stress, and an increase in coping skills. All consumers who received services reported satisfaction with the services received.

Challenges and Barriers: Peer Counseling

2010-2011

No significant challenges and barriers reported

2011-2012

- An attempt to start a Peer Counseling group in Dixon was unsuccessful, with only one or two participants interested in services. Discussions with the Senior Center Director and some Seniors determined there was no real interest in this type of group.
- There were difficulties in scheduling another group. Sunday and bi-weekly meetings did not meet the needs of participants and will change to weekly, weekday meetings.
- Some seniors referred by social workers were not fully informed about services available through the program, and were upset.
- Some seniors have difficulty with the stigma of receiving mental health services, and back out after input.

Significant changes for 2012-2013: Peer Counseling

No significant changes for 2012-13 reported

C. Continuum of Care (cont.)

3. Supported Housing

A contractor oversees an extensive supportive housing program. The program is funded by various state and federal dollars that are awarded through Solano County Mental Health. The services run the spectrum of supportive housing needs from 30-day transitional program to long term permanent supportive housing. Participants pay a portion of their income towards the rent while the remainder of the rent is offset by a subsidy. The region believes in the philosophy of "housing first" for its clients and understands that safe, supportive, clean, housing provides the basic building block for mental health clients in making their life more stable and secure.

DEMOGRAPHIC MEASURES: Supported Housing

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	7	Female	39	White	61	English	105	Benicia	0
Adults 25-59	78	Male	68	African American	28	Spanish	2	Dixon	2
Older Adults 60+	22			Asian/Pacific Islander	6	Filipino Dialect	0	Fairfield	49
				Latino	10	Other	0	Rio Vista	2
				Multi-Racial	1			Suisun City	5
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	8
				Unknown	1			Vallejo	39
								Out of County	2
								Unknown	0
									-
Total									**107**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children/ Youth 0-17	0	Female	42	White	62	English	106	Benicia	0
TAY 18-25	11	Male	64	African American	30	Spanish	0	Dixon	2
Adults 25-59	78			Asian/Pacific Islander	4	Filipino Dialect	0	Fairfield	63
Older Adults 60+	17			Latino	9	Other	0	Rio Vista	2
				Multi-Racial	0	Unknown	1	Suisun City	4
				Native American	0			Travis AFB	0
				Other Non-White	0			Vacaville	7
				Unknown	1			Vallejo	27
								Unknown	1
									-
Total									**106***

**53% of the 106 total clients were served using MHSA dollars.*

Performance Measures: Supported Housing

2010-2011

- With the supportive services offered in this program, all 107 participants were able to live in a community, non-institutional setting for at least six months.

2011-2012

- With the supportive services offered in this program, all 106 participants were able to live in a community, non-institutional setting for at least six months.
- The contractor served 52 more clients than targeted

Challenges and Barriers: Supported Housing

Placement of clients in housing programs suitable to their needs has been challenging. Some clients, who are not housed appropriately, need around the clock assisted living services, are on oxygen and have multiple medical issues. Although this challenge is not initially mental health related, it does impact client's mental health state. The client's anxiety and sense of hopelessness increases which leads to a decompensated state and poor prognosis when receiving mental health services.

Significant Changes for 2012-13: Supported Housing

There were no significant changes.

C. Continuum of Care (cont.)

4. Coordination of Mental Health Services Included in the Continuum of Care and MHSA

In addition to overseeing services included in the Continuum of Care, a community-based organization has developed a county-wide mental health collaborative of public and private providers to network refer clients to one another and to build and improve the mental health continuum of care.

Performance Measures

2010-2011

- Three meetings were held in 2010-11, attended by 15-20 representatives of MHSA contractors and Solano County Mental Health.
- The collaborative has developed a list of mental health providers by age group.

2011-2012

- Four meetings were held in 2011-12, with an average of 30 participants.
- The Mental Health Collaborative has developed a resource guide identifying services offered by each provider, eligibility guidelines and contact information

Challenges and Barriers

There were no challenges or barriers reported.

Significant Changes for 2012-13

The Continuum of Care Collaborative has changed its name to the Mental Health Collaborative. In addition a Mental Health Collaborative website has been developed.

C. Continuum of Care (cont.)

5. Crisis Stabilization Unit, formerly Crisis Stabilization and Hospital Alternative Placement

The Crisis Stabilization and Hospital Alternative Placement Program described in the previous Annual Update were not implemented due to a lack of community hospital and other resources. The Psychiatric Emergency Team continued to handle psychiatric emergencies through 2010-12.

In November, 2012, a revised Crisis Stabilization Unit (CSU) opened, funded by MHSA/CSS funds. The primary goal of the unit is to facilitate a rapid resolution of mental health crises for clients age 5 and up. Normal staffing levels allow the contractor to serve eight clients at one time. However, the CSU has several on-call staff that are available when needed due to the unit's acuity or census rising above eight. The CSU strives to provide a safe environment for individuals to stabilize while linking those individuals to least restrictive services in order to restore them to pre-crisis levels of functioning. In the event that clients are not able to be stabilized psychiatrically, they are referred to an inpatient psychiatric facility for acute treatment and stabilization.

The CSU works closely with County outpatient mental health clinics and community partners. These partners include law enforcement, hospitals, schools, outpatient medical clinics, substance abuse treatment programs, crisis residential facilities and homeless shelters. An MOU is currently in the process of being finalized between NorthBay Medical Center and the CSU to ensure that clients' most urgent needs are being addressed and they are being treated in the most appropriate setting for their condition.

The CSU is currently a 23-hour locked unit.

Services offered include:

- Individual centered and strength based approach to work effectively with the individual and their natural support system to provide appropriate services during crises.
- Medication evaluation and administration by qualified professionals.
- Assessing individual needs and providing referrals to appropriate services and resources within the community.
- Education, training, and collaboration with law enforcement and service providers to ensure appropriate services during crises.

- Telephone response/support that includes:
  - Information screening, assessments, and referrals to community resources.
  - 24-Hour response to psychiatric emergencies through direct intervention and utilization of other emergency resources.

D. Prevention and Early Intervention (PEI)[1]

1. Early Childhood Mental Health

Program Description
The Early Childhood Mental Health program, known as the Partnership for Early Access for Kids (PEAK) is a collaborative of five organizations serving children 0-5 and their families, supported both by Solano County Mental Health and First 5 Solano.

Four interrelated strategies address 1) parent education on child development and mental health, 2) provider education and training on early mental health, 3) screening and assessment, and 4) parent coaching. Services and providers offer a coordinated "one stop shop" for referrals for children age birth to 5. The strategies target parents and providers serving children aged zero to five living in high risk neighborhoods, or with Spanish/Tagalog- speaking parents, or in stressed families. All four strategies have culturally and linguistically appropriate staff with sensitivity to special needs of parents and children. All strategies were fully implemented in 2009-10, and there were no significant changes to the program in 2010-11.

[1] Projected decreases for 2010-11 in PEI Component Allocations and the numbers of individuals served for Programs 1-4, described in Exhibit F-3 (revised program descriptions) in the previous annual report, did not occur.

DEMOGRAPHIC MEASURES – PEI Early Childhood

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children 0-5									
Children 0-5	3026	Female	1311	White	634	English	2105	Benicia	71
		Male	1759	African American	592	Spanish	855	Dixon	189
				Asian/Pacific Islander	31	Tagalog	2	Fairfield	1370
				Latino	1149	Other/ Unknown	1	Rio Vista	50
				Multi-Racial	315			Suisun City	119
				Native American	16			Travis AFB	0
				Other/Unknown	0			Vacaville	546
								Vallejo	617
								Unknown	0
Parents									
Parents	44	NA		White	5	English	25	Benicia	0
				African American	10	Spanish	18	Dixon	0
				Asian/Pacific Islander	2	Tagalog	0	Fairfield	0
				Latino	22	Other/ Unknown	1	Rio Vista	0
				Multi-Racial	1			Suisun City	0
				Native American	0			Travis AFB	0
				Other/Unknown	4			Vacaville	0
								Vallejo	0
								Unknown	44
									-
Total									**3070**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children 0-5									
Children 0-5	2945	Female	1334	White	632	English	2060	Benicia	72
		Male	1789	African American	572	Spanish	827	Dixon	189
				Asian/Pacific Islander	75	Tagalog	2	Fairfield	1422
				Latino	1110	Other/ Unknown	56	Rio Vista	50
				Multi-Racial	310			Suisun City	119
				Native American	15			Travis AFB	0
				Other/Unknown	231			Vacaville	546
								Vallejo	617
								Unknown	0
Parents									
Parents	178	NA		White	23	English	110	Benicia	0
				African American	37	Spanish	59	Dixon	0
				Asian/Pacific Islander	3	Tagalog	0	Fairfield	0
				Latino	79	Other/ Unknown	9	Rio Vista	0
				Multi-Racial	16			Suisun City	0
				Native American	0			Travis AFB	0
				Other/Unknown	20			Vacaville	0
								Vallejo	0
								Unknown	178
Total									**3123**

2010-11 Program and Performance Measures/Community Impact (PEI Early Childhood)

			Total
Screening	#	Screened	**747**
	#	Children showing significant concerns needing referrals to additional services	**491**
	%	Children showing significant concerns needing referrals to additional services	**66%**
Parent Coaching & Education	#	Individuals provided parent coaching this Quarter	**257**
	#	Parents attending education workshops	**353**
	#	Parents/caregivers demonstrate increased knowledge of the goal topics covered in the workshop	**326**
	%	Parents/caregivers demonstrate increased knowledge of the goal topics covered in the workshop	**92%**

2011-12 Program and Performance Measures/Community Impact (PEI Early Childhood)

			Total
Screening	#	Screened	**1197**
	#	Children showing significant concerns needing referrals to additional services	**679**
	%	Children showing significant concerns needing referrals to additional services	**57%**
Parent Coaching & Education	#	Individuals provided parent coaching this Quarter	**260**
Parent Education	#	Parents attending education workshops	**509**
	#	Parents/caregivers demonstrate increased knowledge of the goal topics covered in the workshop	**332**
	%	Parents/caregivers demonstrate increased knowledge of the goal topics covered in the workshop	**65%**

Challenges and Barriers: PEI Early Childhood

No significant challenges or barriers were reported, although providers reported that some children needed additional case management services not included in the program.

Significant Changes for 2012-13: PEI Early Childhood

During the fall and winter of 2011-12, Solano County Mental Health conducted a new community planning process for PEI, and wrote a new plan for 2012-15. The plan endorsed the current strategies, recommending only minor changes.

For Early Childhood Mental Health, these included:

- Adding "Intensive Case Management" as a short term early intervention strategy to link families receiving screening and assessment to ongoing services.
- Decreasing the number of PEAK partner screenings and assessments provided through mental health providers, and increase the number of other community based providers (pediatricians, clinics, public health nurses, etc.) to screen children prior to referral to PEAK.
- Increasing the number of infants/children 0-5 receiving "limited early intervention/treatment" who are "falling through the cracks" because their conditions/delays are not yet severe enough to qualify for publicly funded programs.

D. Prevention & Early Intervention (cont.)

2. School-Age Program

Program Description
The School-Aged Project includes two programs. The School-Based Targeted Student Assistance provides short-term early intervention services to children in grades 4-8 who have been identified as at risk of school failure due to social/emotional issues such as loss of a parent, exposure to substance abuse or domestic violence, parental divorce, lack of social skills or emotional other early signs of mental health issues. Parent and teacher education for these students are also provided.

The Educational Liaison to Juvenile Probation Multi-Disciplinary Teams (MDTs) serves secondary students who are at risk of or who have had a first contact with the juvenile justice system. The program funds school district involvement in multi-disciplinary teams in three cities; it includes identifying appropriate educational settings for these youth, monitoring their attendance, behavior and academic progress, and referring them to youth services and counseling groups.

Full implementation of services under the two strategies commenced in spring, 2010, and there were no significant changes in 2010-11.

A third strategy, "screening, assessment and referral in the primary care setting" was noted in the previous annual update. This strategy has been implemented through the Continuum of Care and is described in that section of the update.

DEMOGRAPHIC MEASURES: PEI School-Age

2010-11 Demographics (combined data)

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children/ Youth 0-17	794	Female	339	White	286	English	685	Benicia	0
Parents	148	Male	455	African American	202	Spanish	106	Dixon	22
Teachers	322			Asian/Pacific Islander	16	Tagalog	3	Fairfield	26
				Latino	184	Other	1	Rio Vista	0
				Multi-Racial	74			Suisun City	0
				Native American	6			Vacaville	402
				Other/Unknown	26			Vallejo	29
								Other	7
Total									**1254**

2011-12 Demographics (combined data)

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Children/ Youth 0-17	797	Female	323	White	257	English	581	Benicia	0
Parents	813	Male	474	African American	195	Spanish	213	Dixon	40
Teachers	357			Asian/Pacific Islander	26	Tagalog	2	Fairfield	164
				Latino	230	Other	0	Rio Vista	0
				Multi-Racial	72			Suisun City	15
				Native American	10			Vacaville	387
				Other/Unknown	7			Vallejo	135
								Other	56
Total									**1967**

Program and Performance Measures/Community Impact: PEI School-Age

a. School-Based Targeted Assistance Program

2010-2011

Vacaville Unified School District:

During 2010-11, 55 students participated in Anger Management/Conflict Resolution groups (31% of target) and 300 students participated in targeted counseling (167% of target). In addition, 49 parents participated in 64 individual sessions and 251 teachers in 876 consultations.

- Students participating in Anger Management/Conflict Resolution workshops experienced a 72% reduction in office referrals.

- 49% of students in counseling met their counseling goals, and 85% were still in counseling and making progress toward meeting their goal.

Solano County Office of Education:
During 2010-11, 361 students participated in small-group therapy and skill-based counseling, representing 150% of targeted participation. In addition, 68 students received individual counseling (142% of target) 112 parents participated in parent education workshops, and 71 teachers received 1,344 consultations. Office referrals, absences and suspensions decreased substantially.

% Reduction	Aggression Replacement Therapy Group	Small Group Skill-Based Counseling	Individual Skill-Based Counseling
Office Referrals	67%	71%	71%
Suspensions	74%	---	---
Absences	---	---	57%

b. Multi-Disciplinary Teams (MDT)
Sixty-six students participated in 31 MDT meetings in 2010-11. Among participating students, office referrals decreased by 85%; there were also substantial decreases in truancy, and delinquent behavior. One student graduated from high school.

2011-2012
Vacaville Unified School District:
- 155 new students or 86% of target participated in anger management, an increase of 100 students from 2010/2011.
- There was a 56% decrease in referrals to the office at completion of anger management class.
- There were 929 individual sessions and 531 group sessions completed
- Among the students counseled, 65% met their counseling goal.
- 207 parents met to consult on methods and 190 attended Parent Project Jr.
- 179 teachers attended parent education training/teacher collaboration which exceeded the 150 annual target.
- Communication through e-mails and face to face with our partners at F.I.R.S.T. is helping to keep problems away. The counselors are reporting feeling more successful as they are implementing curriculum that they believe in. Teachers and parents are actively seeking out our program and asking for help for the children.

Solano County Office of Education

During the 2011-12 school year, of the 75 students identified and service, all except 12 completed the program, and 2 students graduated from high school Data for students that continued with services through the month of May from quarter 3 showed 31 office referrals drop to 6 by the end of quarter 4, 22 students with truancies drop to 20, and 7 students with delinquent behaviors drop to 4 Some responses from selected students in the month of May:

- Over 80% of students report having dream or goals for themselves following participation in YEP
- 50% reported an understanding that their choices have an effect on future outcomes
- Over 80% of youth reported that they are willing to work for something they really want
- Over 70% of youth reported that they can tell when a friend is "PULLING" them down and not "LIFTING" them up
- Just over 30% of students reported they disagree with their ability to ignore or walk away from a situation rather than lashing back at the attacker
- 80% reported that they have a commitment to achieve top academic performance
- 80% reported that they are motivated to build and improve their skills

% Reduction	Aggression Replacement Therapy Group	Small Group Skill-Based Counseling	Individual Skill-Based Counseling
Office Referrals	64%	77%	58%
Suspensions	61%	---	---
Absences	---	---	45%

c. School-Based Targeted Assistance Program

Solano County Office of Education:

During the 2011-12 school year, 335 students were served. Compared to 2010-11, fewer students needed small group services for the personal and family crisis counseling, and more needed small group counseling for anger management and bullying issues.

Fourteen students were served in the pilot programs grades 8-12. Pre/post surveys both teachers and parents agreed the services made a significant contribution to the overall wellbeing of the students.

- 79% of the parents surveyed had learned skills to address their student's anger from the services, as did 71% of the teachers.
- 74% of the teachers surveyed had learned skills to handle classroom situations that dealt with defiance, fights and helping students solve problems.

Challenges and Barriers: PEI School-Age

2010-2011

There were no major challenges to the Targeted Student Assistance program. Minor challenges included staff turnover, and coordination with school holidays, testing and communication with school principles. In addition, staff reported that more flexibility was needed with the content and scheduling of groups.

The Multi-Disciplinary Teams have presented more challenges. One district had to develop a new referral system, and parent involvement has been problematic. The teams have also found representation from community agencies and Solano County Mental Health to be inconsistent or absent. Due to budget cuts, community services for these youth are often unavailable. Teams have requested that future PEI plans include funding for direct services for MDT youth.

2011-2012

- The Direct Services Program faced challenges providing parent workshops as specified in the grant. Parent workshops were changed to provide parent "trainings/workshops/meetings" via small group settings or one on one in which parents feel more comfortable talking about their concerns and having the clinician specifically give them tools they can use with their child.
- The MDT program faced greater challenges. Changes in staffing at the district and school site levels necessitated re-education by the SCOE MDT liaison of all new district and site liaisons before beginning services for this year. In addition, the integration of the MDT program into other prevention programs offered by one of the two contractors presented difficulties for collaboration and data collection.

Significant Changes for 2012-2013: PEI School-Age

During the fall and winter of 2011-12, Solano County Mental Health conducted a new community planning process for PEI, and wrote a new plan for 2012-15. The plan endorsed the current school-age strategies, recommending the following changes:

- The target population for the School-Based Targeted Assistance program should be expanded to students in K-12. Small groups should be administered more flexibly to allow schools to use PEI funding more effectively. In addition, students, parents and teachers should be provided more education on mental health.
- The Multi-Disciplinary Teams should be integrated with the Targeted Assistance program. The program should add additional case management, may serve youth who are incarcerated or re-entering county schools after incarceration.

These changes were implemented through contract amendments for 2012-13.

D. Prevention & Early Intervention (cont.)

3. Education, Employment and Family Support for At-Risk Transition Age Youth (TAY)

Program Description

This program includes two strategies. Strategy 1 serves transitional age youth 18-25, who are at risk for or who have experienced a first "psychiatric break" and are eligible and interested in college education. The program provides educational support services for community college students, outreach to underserved populations and communities, transportation, individual educational, employment, and empowerment plans, and job coaching and placement. Strategy 2 offers mental health education and support to parents of at-risk transitional youth. Services for both strategies commenced in April, 2010.

An additional strategy, "screening, assessment and referral in the primary care setting" was noted in the previous annual update.

DEMOGRAPHIC MEASURES: PEI Transition-Age Youth

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	107	Female	60	White	36	English	102	Benicia	3
		Male	47	African American	48	Spanish	5	Dixon	0
				Asian/Pacific Islander	4	Filipino Dialect	0	Fairfield	41
				Latino	10	Other	0	Rio Vista	0
				Multi-Racial	9			Suisun City	23
				Native American	0			Vacaville	15
				Other/Unknown	0			Vallejo	25
								Other	0
									-
Total									**107**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
TAY 18-25	76	Female	30	White	25	English	75	Benicia	0
		Male	46	African American	37	Spanish	1	Dixon	0
				Asian/Pacific Islander	1	Filipino Dialect	0	Fairfield	29
				Latino	4	Other	0	Rio Vista	0
				Multi-Racial	8			Suisun City	7
				Native American	1			Vacaville	9
				Other/Unknown	0			Vallejo	0
								Other	12
									-
Total									**76**

Program and Performance Measures/Community Impact: PEI Transition-Age Youth

2010-2011

During 2010-11, 42 TAY were assessed participated in the development of Individual Education, Employment and Empowerment Plans (IEEEP).

- Seventy clients participated in supported education programs (200% of target). Among 67 clients tracked in the education program, 58 missed fewer than 2 classes per month. 10% of students completed their GED, High School diploma or a Solano Community College certificate program
- Twenty-seven clients participated in supported employment programs (135% of target). Among those, 26 attained at least two days of employment weekly and earned paychecks, and 17 missed no more than two shifts a month, 25 showed improved work performance, and 13 completed 90 days of work
- Twenty-two parents or caregivers participated in parent education groups.

2011-2012

During 2011-12, 28 TAY participated in the development of Individual Education, Employment and Empowerment Plans (IEEEP).

- Twenty-one were enrolled in 2011-12 in supported education programs (60% of target). Among a total of 69 clients tracked in the education program, 23% missed fewer than 2 classes per month. 42% of students completed their GED, High School diploma or a Solano Community College certificate program
- Thirty-three clients participated in supported employment programs (165% of target). Among those, 72% attained at least two days of employment weekly and earned paychecks, 75% missed no more than two shifts a month, and 35% completed 90 days of work.
- Twenty-eight (67%) parents or caregivers who participated in parent education groups reported increased knowledge of signs of mental illness and how to access mental health resources.

Challenges and Barriers: PEI Transition-Age Youth

2010-11

This program changed during implementation to better address the needs of clients amid serious budget cuts by key partners.

Strategy 1:

Due to severe budget cuts, the community college was unable to provide more than very limited educational support services, or to develop new career technical courses that could dovetail with supported employment for the at-risk TAY population. For the first program year, the PEI program was staffed offsite. During Year 2, thanks to new collaborations and greater coordination with the college, Solano County Health and Social Services and other community organizations serving transition age youth, new grant funding, office space and additional educational support services were made available at the college.

Other challenges included the available and accessibility of assessment services provided by a clinician prior to intake, and questions of whether clinical assessment was even needed prior to intake. Clients also faced transportation challenges, which were partially mitigated by providing mobility training and bus passes to the community college and transportation by the provider to work sites.

Other challenges included client no-shows for assessments and development of empowerment plans and struggles faced by clients to obtain basic needs such as food, clothing and shelter.

To a limited extent, contractors were able to provide additional supports to some clients to help them stay in the program. Another successful strategy included extensive outreach to identify students who could benefit by and succeed in the program.

Strategy 2:

The Parent Education strategy was initially implemented through a parent education workshop offered by a PEI contractor. Participation was extremely low, however, so a parent support group was offered instead. When the support group still did not attract participation, the contractor started working one-on-one with parents during "Resource Meetings". This approach has proven more successful in attracting parental involvement.

All TAY programs were enhanced by a new TAY Collaborative formed by public and private providers in Solano County who provide a wide variety of services to youth, including mental health, health, child welfare and Independent Living programs, probation, education, employment and others.

2011-2012

Challenges and barriers faced during 2011-12 included:

- No-shows for assessment limited intakes
- Continued challenge to get parent/caregiver interest in support group, though individual support has been reported as helpful.
- Many clients need emotional and social support in areas such as housing, access to basic resources, to include food, transportation, living skills training and crisis management. These needs have to be met before the client is able to focus on academics. The Vocational Specialist finds herself having to assist the client in meeting basic needs if not the client cannot enroll at SCC nor can we expect the client to be successful in school. We feel it is vital that a holistic approach be considered when the next RFP is written to ensure student success.
- Clinician is only able to see TAY in Vallejo is a barrier to this project. Many clients that are referred to this project have transportation needs. It would be more conducive to clients for the clinician to meet with clients throughout Solano County not just in Vallejo.
- Housing: Students and specialists face challenges in locating adequate housing
- Motherhood: a significant number of clients are pregnant or new young mothers, which presented challenges in terms of their ability to attend school and obtain employment.

Significant Changes for 2012-13: Transition-Age Youth

During the fall and winter of 2011-12, Solano County Mental Health conducted a new community planning process for PEI, and wrote a new plan for 2012-15. The plan endorsed the concepts of the TAY strategies, but recommended the following changes:

- Eligibility will be lowered to age sixteen.
- Educational services will be expanded beyond the community college to high schools, adult schools and career tech programs.
- Assessments by clinicians will no longer be required for program entry; clinician services will be made available to participants throughout the course of the program, as individual needs arise.
- Plans for long-term employment will be developed for each TAY client at program completion.
- Parent education will be provided through community workshops.
- Students and school staff throughout the county will be provided education on mental health issues.
- Program outreach will be extended to transition age youth in juvenile hall and the county jail.

D. Prevention & Early Intervention (cont.)

4. Older Adult Project: Partnership for Early Access for Seniors (PEAS)

Program Description

The Older Adult Program, known as Prevention and Early Access for Seniors (PEAS) includes three strategies.

a. The *Gatekeeper* program trains those who come in contact with older adults to recognize signs of depression and other mental illness and to help seniors connect to services.
b. The *Navigator* program provides screening and case management to older adults referred by Gatekeepers and others.
c. *Health Provider Education* offers workshops to health providers on unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options.

Services for the three strategies commenced in FY 2010-11, and there were no significant changes during the year.

An additional strategy, "screening, assessment and referral in the primary care setting" was noted in the previous annual update. This strategy has been implemented through the Continuum of Care and is described in that section of the update.

DEMOGRAPHIC MEASURES: PEI Older Adult

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Older Adult	885	Female	641	White	487	English	752	Benicia	24
		Male	244	African American	146	Spanish	115	Dixon	89
				Asian/Pacific Islander	71	Tagalog	18	Fairfield	154
				Latino	172	Other	0	Rio Vista	14
				Multi-Racial	0			Suisun City	18
				Native American	9			Vacaville	219
				Other/Unknown	0			Vallejo	367
								Other	0
									-
Total									**885**

2011-12 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
Older Adult	613	Female	434	White	347	English	532	Benicia	12
		Male	179	African American	99	Spanish	72	Dixon	73
				Asian/Pacific Islander	64	Tagalog	9	Fairfield	97
				Latino	99	Other	0	Rio Vista	46
				Multi-Racial	0			Suisun City	18
				Native American	4			Vacaville	147
				Other/Unknown	0			Vallejo	220
								Other	0
									-
Total									**613**

Program and Performance Measures/Community Impact: PEI Older Adult

2010-2011

Gatekeeper Program

During 2010-11, 577 individuals were recruited as gatekeepers, 175% of the target. 95% of gatekeepers who completed training demonstrated an increased knowledge of mental health. Approximately 9,200 contacts with Older Adults were documented.

Navigator Program

Among the 479 individuals referred to the Navigator program, 428 (89%) were assessed and connected to community resources. One hundred thirty-four of those assessed were referred to community providers, and 125 were assigned to Navigator Case Managers. All 125 met at least one treatment goal. Among the 77 individuals exiting the Navigator Case Management program all reported increased feelings of support and reduced feelings of isolation.

Medical Provider Training

149 medical providers participated in training. Of the 121 providers who completed training evaluations, 119 demonstrated increased knowledge of older adult mental health issues.

2011-2012

Gatekeeper Program

During 2011-12, 817 individuals were recruited as gatekeepers, 248% of the target. 96% of gatekeepers who completed training demonstrated an increased knowledge of mental health. Over 3,300 contacts with Older Adults were documented, 6000 from the contractor and over 2,700 from partner agencies.

Navigator Program

Among the 613 individuals referred to the Navigator program, 599 (98%) were assessed and connected to community resources. One hundred six of those assessed were referred to community providers, and 107 were assigned to Navigator Case Managers. All met at least one treatment goal. Among the 107 individuals exiting the Navigator Case Management program 95% reported increased feelings of support and reduced feelings of isolation.

Medical Provider Training

198 medical providers participated in training. Of the 189 providers who completed training evaluations, 98% reported increased knowledge of older adult mental health issues.

Challenges and Barriers: PEI Older Adult

2010-2011

The most significant challenge faced by PEAS was the implementation of a mental health screening tool. Building partnerships with Primary Care Physicians to administer the screen proved difficult, and did not yield an adequate number of screenings during 2010-11. Although PEAS staff continues to work with clinics, they have also developed alternative sources of screening, including home health agencies.

Another challenge has been attracting Primary Care Physicians to attend educational programs, and to refer clients to PEAS. In contrast, other medical professionals such as nurses, social workers and psychologists attend the programs and make regular referrals to the program.

Finally, Solano County Mental Health has had challenges both with their IT system and with the PEI statistical tool. They continue to work to resolve outstanding issues.

2011-2012

The biggest challenge for the PEAS team is the Wait List, which is up to three months. PEAS can only pick up new case management cases when others are closed. Referrals are triaged, and if the referring community partner feels like it is urgent, PEAS does everything to open as soon as possible. In addition, Primary Care Physicians continue to be the most difficult medical provider to get to attend our trainings, make referrals to PEAS, and follow-through regarding the Mental Health screens.

Significant Changes for 2012-13: PEI Older Adult

During the fall and winter of 2011-12, Solano County Mental Health conducted a new community planning process for PEI, and wrote a new plan for 2012-15. The plan endorsed the current older adult strategies, recommending the following changes:

- The Gatekeeper and Health Provider Education program will be combined into a single program.
- Individuals 50 and older will receive PEAS services.

E. Innovation

Community Access to Resources and Education (CARE)

Program Description

The goal of the CARE project is to increase access to mental health services for underserved groups by establishing a model program for providing services and providers in non-traditional clinical settings throughout the county. CARE uses three strategies:

- One-day Mental Health First Aid training is offered to organizations serving underserved populations throughout the county. Participating agencies and individuals are provided with information on how to refer consumers who need additional mental health services.
- System Navigators – CARE staff provides information to, and develops relationships with non-mental health community organizations. These organizations then refer consumers who may need mental health services to CARE system navigators, who work with clients to obtain mental health services.
- Direct services are provided by mental health clinicians to clients at non-traditional sites in Fairfield, Vallejo, Vacaville, Dixon and Rio Vista. Typically, clinicians may be at each site perhaps one day a week.

Services started in fall, 2010.

DEMOGRAPHIC MEASURES – Innovation CARE

2010-11 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
All Ages	483	Female	349	White	130	English	297	Benicia	18
		Male	134	African American	49	Spanish	173	Dixon	24
				Asian/Pacific Islander	27	Tagalog	2	Fairfield	108
				Latino	202	Other	11	Rio Vista	10
				Multi-Racial	13			Suisun City	16
				Native American	4			Vacaville	69
				Other Non-White	35			Vallejo	115
								Other	6
									-
Total									**483**

2011-2012 Demographics

Age Group	#	Gender	#	Race/Ethnicity	#	Primary Language	#	Residence	NA
All Ages	674	Female	419	White	114	English	456	Benicia	26
		Male	255	African American	37	Spanish	202	Dixon	18
				Asian/Pacific Islander	246	Tagalog	7	Fairfield	255
				Latino	28	Other	9	Rio Vista	21
				Multi-Racial	7			Suisun City	43
				Native American	221			Vacaville	97
				Other Non-White	13			Vallejo	193
				Unknown	8			Other	21
									-
Total									**674**

Program and Performance Measures/Community Impact: Innovation CARE

2010-2011

- *Mental Health First Aid Training*
  117 people received training, 76% from underserved populations or geographic areas. Among those trained, 93% reported increased knowledge of mental health issues and reduction in the stigma of mental illness
- *System Navigator*
  26% of the referrals from System Navigators were followed up by clients within 45 days

- *Mental Health Services*
  151 clients, representing 105% of the target, were from underserved cultural populations or geographic areas. Of the 91 clients who exited care, 55% achieved one or more goals in their treatment plan and 53% reported a decrease in symptom severity

2011-2012

- *Mental Health First Aid Training*
  200 people received training, 56% from underserved populations or geographic areas. Among those trained, 98% reported increased knowledge of mental health issues and reduction in the stigma of mental illness
- *System Navigator*
  12% of the referrals from System Navigators were followed up by clients within 45 days.
- *Mental Health Services*
  82 clients, 48% of the total served, were from underserved cultural populations or geographic areas. Of the 123 clients who exited care, 86achieved one or more goals
- *Psychiatric Services*
  120 clients (171% of target) received psychiatric services

Challenges and Barriers: Innovation CARE

2010-2011

- *Mental Health First Aid* training is not yet available in Spanish.
- *System Navigators*
  Many resources have extensive wait list for services and/or are unable to provide needed services to assist clients, i.e. bus passes, child care, etc. CARE intends to provide clients with as many resources as possible and support them with follow-up. To ensure a fluid transition out of CARE services they plan to offer classes or groups to clients on the wait list or those exiting the program. Due to increase in referrals a wait list for has developed. Prescreening has been streamlined to accommodate more clients. Spanish-speaking clients are most affected. Plans are being made to train agency partners on prescreening methods to avoid further delay in services.
- *Mental Health Services*
  The overall demand for Mental Health Services (both Psychiatry and Therapy) has been greater than anticipated with an average of 4-8 weeks to obtain Psychiatry appointment from date of referral if eligible, and 3-4 weeks for Psychotherapy Services. Particular needs are additional Spanish and Tagalog bi-lingual therapists Services for undocumented persons with developmental delays.

Co-located areas hours of operation interfere with clients' availability, i.e. school sites/FRC closed for the winter break.

2011-2012

- *Mental Health First Aid Training*
  During the first three quarters, the length of the training (12 hours over two days) presented barriers to attendees, who found it difficult to staff their own programs during the training. By the fourth quarter, attendee, except police departments had accepted the training, and CEUs were being offered.
- *System Navigator*
  In 2011-12, the CAREs project continued to face long waitlists for many services and a lack of available follow-up services. Although pre-screening efforts were streamlined and strengthened, by the fourth quarter, average wait lines for eligible clients with urgent referrals was 2 to 4 weeks, down from 6-8 weeks, and waitlists for psychiatric services were 3-4 months. About half of those waitlisted were Spanish speakers. After contacting individuals on the waitlist, wait times for psychiatric services were reduced to 3-4 weeks for English speakers and 6-8 weeks for Spanish speakers. Based on current case loads and discharge rates, CARE estimated that the program would need 5 additional full-time clinicians (2 must be bilingual in Spanish) to meet the current rate of referrals and reduce wait time for services.
- *Mental Health and Psychiatric Services*
  The waitlists for services noted above presents significant barriers to clients needing services. In addition, the brief therapy model is not usually consistent with the needs of the individual parents referred by Child Welfare Services (CWS) social workers; these clients must be referred to other community partners. The lack of reliable transportation and available childcare also pose serious barriers to clients, especially Spanish-speakers scheduled to attend counseling sessions, and may prolong services. Finally, the cost of psychotropic medication poses serious challenges to many clients.
- *Community Outreach and Program Development*
  During 2011-12, CARES faced challenges such as identifying and establishing additional co-locations that are secure, private and confidential, particularly in the geographically underserved and uninsured populations of Dixon and Rio Vista. An increase in referrals for Latino clients may be attributed to the outreach efforts of our bilingual therapist noted earlier. The increase in referrals, however, extended the wait list for Spanish speaking noted above. For our Latino clients, stigma, lack of outreach and transportation, appear to be the most critical in attempting to increase awareness regarding mental health services. Stigma often prevents many from knowing the signs and symptoms of a mental illness, which could be prevented with an increase of outreach within the Latino community.

Participants at CARE's outreach presentations were often eager and open to services, but due to barriers mentioned as well as; lack of culturally competent service providers within Dixon and Vacaville area; limited access to bilingual/bicultural therapists, especially when seeking services for their children; limited child-care; financial hardship; fear of deportation, many felt that even if they wanted services they could not access them. This explains why many Latino clients do not often seek services until the situation becomes severe. CARE will continue to promote Mental Health Recovery and Wellness for all Solano County Residence including the Latino Community and geographically distant populations.

Significant Changes for 2012-14: Innovation CARE

During Years 2 and 3 of the three-year CARE project, CARE staff are working on program improvements and sustainability. Specific improvements include:

- Opening Mental Health First Aid training the to the general public targeting clients, their families as well as first responders such as teachers, and law enforcement, social workers and community groups
- Strengthening partnerships and collaborating with agencies to provide clients with referrals and follow-up to all clients referred including those who have drop-out of services and those who are successfully transitioning out of treatment
- Continued efforts to outreach to target populations specifically the Filipino, seniors, LGBTQI, and Homeless populations
- Securing additional co-located sites at Churches , Schools and Clinics
- Increasing the community's knowledge of CARE Program and Services
- Increasing CARE staffs' knowledge of resources and equip them with the necessary tools to ensure quality of services are provided to clients during and after treatment within the scope of the grant
- Significant efforts will also be devoted to evaluating the program, and finding resources for its continuation

F. Workforce Education and Training (WET)

1. Workforce Staffing and Support

The MHSA WET component has been implemented and the focus has shifted to the problem California's economic crisis is causing in behavioral workforce. Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the diverse behavioral health field. The issues encompass:

- Difficulties in recruiting and retaining staff
- The absence of career ladders for employees
- Marginal wages and benefits
- Limited access to relevant and effective training
- Lack of resources for supervision, a vacuum with respect to future leaders
- Financing systems that place enormous burdens on the workforce to meet high levels of demand with inadequate resources

Despite these challenges, Solano County WET staff continues significant Outreach and Engagement activities, including:

- Development of culturally and linguistically appropriate outreach resources, materials and training curriculum, including building the capacity of the community to provide brief intervention services in a community setting
- Outreach to underserved and underserved communities to build relationships and partnerships between target populations and SCMH
- Working closely with clients and family members to conduct outreach, education and training efforts

Finally, a Training Advisory Committee, consisting of a core group of Solano County trainers was formed to identify training needs and develop new programs.

F. Workforce Education & Training (cont.)

2. Improve Mental Health Workforce Clinical & Administrative Competence Program Description

In June 2010, Solano County Mental Health contracted with the California Institute for Mental Health for WET training, education and loan assumption implementation. During 2010-11 and 2011-12, Solano County Mental Health and CIMH worked together to assess mental health training needs, develop training programs on evidence-based practices, evaluate training and identify follow-up activities. Training programs to improve clinical and administrative competence included:

- Evidence-Based Practices – (7 attendees) – overview of several evidence-based practices
- Depression Treatment Quality Improvement (DTQI) - This clinic-based cognitive behavioral intervention utilizes quality improvement processes to guide the provision of services to adolescents who have depression will be implemented in three Solano County clinics. Three clinicians in each site will participate in three face-to-faced training day's over a three month period. Ten consultative calls will be held with the clinicians over the three month period. A partnership with Napa will allow three clinicians from one of its clinics to participate in the training as well.
- The Shaken Tree – Family Culture Training – (32 county and community staff attendees) Client and family member panelist from diverse cultural and linguistic backgrounds discussed personal stories and relationships between clients and mental health providers
- Client Culture Training – 139 county and community staff participated in a lecture and interactive workshop on the values, beliefs, and lifestyles mental health clients bring and can use to effect positive system change
- Client Culture for Primary Care Staff - 56 attendees
- Transformational Care Planning – (12 attendees) – Ongoing technical assistance to help clinicians improve their skills in the design of treatment plans

Challenges and Barriers (2010-2012)

- The Evidence Based Practice selected for implementation, Depression Treatment Quality Improvement (DTQI), has been used previously in large counties. The developers/trainers were concerned that implementing the practice in a small county might not be feasible or cost effective. CIMH, was instrumental in negotiating with the DTQI developers to tailor the approach to make it workable in Solano.
- The DTQI evidence-based practice implementation faces ongoing challenges moving forward. The initial training effort began in October of 2011 and ended in May of 2012. The training consisted of 3 in-person trainings and 10 conference calls. After the training and monthly guidance from the Master Trainer ceased, the process lost momentum, direction, and became fractured.
- In October 2012, DTQI-trained Clinicians and their supervisors took part in an additional conference call with the Master Trainer. In addition, two in-person meetings in October 2012 allowed the DTQI team members to report on progress to date, discuss challenges and share ideas.
- Maintaining momentum for the DTQI process has been an identified ongoing challenge moving forward. Additionally, DTQI-trained Clinicians have reported barriers which include difficulty identifying clients who are appropriate for this evidence-based model, and identifying enough clients to fill a DTQI group and/or maintain consistent attendance.
- Solano County's Mental Health Director has asked that the three Children's clinics focus on DTQI *groups* as the primary mode of utilizing this Evidence-Based Practice. Two out of three clinics have already established a DTQI group. Plans are underway for the third clinic to begin one soon. Sustainability over time will depend on many factors including the continued and increased cohesion of the DTQI team, and the prompting and support of DTQI-trained Clinicians by their supervisors and Quality Improvement.

F. Workforce Education & Training (cont.)

3. Expand Cultural Competence Training

In 2010-11, Solano County made a major commitment to implementing California Brief Multicultural Competency Scale (CBMCS) training throughout the entire mental health system (clients, family members, staff, providers, clinicians, stakeholders and others). During 2010-11, through a contract with the California Institute for Mental Health, 522 county and CBO staff participated in CBMCS and Family and Culture training. Of the 360 participants who completed post-training surveys, 90% indicated that their knowledge had increased. Following a June 2010 CBMCS training session for 206 attendees that assessed the level of multicultural competency needs and strengths, 27 county and community agency staff participated in the 32-hour CBMCS practicum. In addition, ten selected staff received further training to become CBMCS trainers.

Performance Outcomes: WET Expand Cultural Competence

2010-2011

Contractor conducted four 8-hour orientation trainings introducing staff of county and contract agencies to the California Brief Multicultural Competency Scale (CBMCS) Training Program.

- A total of 139 staff attended the orientation training (84% completed a post-training survey).
  - 79% reported that their knowledge of cultural competence issues had increased
  - 76% reported that the training was either good or excellent
- Contractor collected pre-test data on the CBMCS prior to the orientation. The group of participants are well educated and experienced clinicians.
  - 59% of the respondents had an advanced degree; 15% a bachelor's degree, and 26% a high school education.
  - 72% had at least five years of experience in the field of mental health.
  - 68% reported having had course work on multicultural counseling in school.
- Scores were above the norm on all four of the competency scales
  - Multicultural knowledge: 59%
  - Sensitivity and responsiveness of consumers: 81%
  - Awareness of cultural barriers: 80%
  - Socio-cultural diversity: 64%
- The group of participants had the following racial/cultural/linguistic characteristics:
  - Grouping self-defined ethnic categories: Caucasian: 54%; African-American: 15%; Latino: 9%; Asian and Pacific islander: 9%; Bi-racial: 3%; Other: 3%

- 17% not born in the United States
- 24% spoke another language besides English well enough to provide mental health services in that language.

Contractor conducted 16-hour training to train the trainers. Thirty-three individuals participated. The two trainings were very well received.

Roughly two-thirds of the participants at each session rated the training as excellent.
The overall training and the content of the training were rated at 4.5 and 4.7 respectively on a five-point scale. The trainer received very high marks on her level of knowledge (4.8), on presenting information in a way that increased participants' knowledge (4.6), and on having content consistent with the training's objectives.
Participants indicated high ratings on specific areas of knowledge related to the training, e.g. being able to describe the effects of discrimination and bias (4.4) and being able to demonstrate. Out of the 33 individuals trained, 9 staff completed the initial 32-hour train-the-trainer series

2011-2012

The full four-day California Brief Multicultural Competency Scale (CBMCS) training was conducted in January and February of 2012 for thirty-four staff. The training was well received based on the post-training evaluation that was conducted.

Eighty-two percent of the participants in the training had taken some course work in multicultural issues and counseling while in school. It was anticipated therefore that the training would add to an already existing base of information about multicultural issues.

The participants in the training completed a pre- and a post-test on the CBMCS. This is a set of questions that assess four areas: multicultural knowledge, sensitivity and responsiveness to consumers, awareness of cultural barriers, and sociocultural diversity.

The group as a whole had an average score in the 40th percentile on the pre-test.

- There was considerable variation across participants with 33% having scores under the 20th percentile and 15% having scores above the 80th percentile.
- Highest average scores were for awareness of cultural barriers (57th percentile), sensitivity and responsiveness to consumers (52nd percentile), and multicultural knowledge (49th percentile). The lowest score was for sociocultural diversity (38th percentile).

The group as a whole had an average score in the 79th percentile on the post-test.

- The number of persons who had low percentile scores on the post-test was greatly reduced to just one person under the 20th percentile.
- The ranking of the four dimensions remained the same with high scores for awareness of cultural barriers (74th percentile), sensitivity and responsiveness to consumers (74th percentile), and multicultural knowledge (71st percentile), and an improved but still lower average score on sociocultural diversity (51st percentile).
- Following is a table which contains demographic information regarding the training audience:

Sex FY 2011-2012	
Sex Category	**Actual Number**
Male	10
Female	24
No Answer	0
Total	**34**

Ethnic Background FY 2011-2012	
Background Listed	**Actual Number**
Caucasian	5
African American	5
Hispanic	6
Asian	4
Middle Eastern	1
Multicultural*	5
Bi-Racial*	7
No Answer	1
Total	**34**

Languages Spoken FY 2011-2012	
Language	**Actual Number**
Spanish	4
French	1
Arabic	1
German	2

- Evaluating the effectiveness of the CBMCS training effort was designated as the county's EQRO (External Quality Review Organization) PIP (Performance Improvement Project) for FY 2011-12. The California Institute for Mental Health (CIMH) provided two Ph.D. researchers from California State University East Bay to assist with the PIP. A beneficiary scale that measures the cultural responsiveness of treatment staff was developed. It was administered as a pre-test to consumers of services during a two-week period in August, 2011. Surveys were completed by 42 adult and 50 TAY consumers.
- Work continued in FY 2011-12 on accommodating the CBMCS training to meet the needs of Solano County. While the four-day training was successful and demonstrated the ability of county staff to conduct the trainings, the model proved too time intensive to continue in the current fiscally constrained environment. CIMH staff assisted in reducing the curriculum to two days by removing redundancies and highlighting the most important messages. Modules 1 and 2 were combined into one day and Modules 3 and 4 into one day. The revised two-day curriculum will be implemented in FY 12-13.

Challenges and Barriers (2010-2012): WET Expand Cultural Competence

- The group of eight Solano County CBMCS multicultural trainers has needed ongoing support to maintain their level of competence. The initial train-the-trainers were successful but this alone is not sufficient to ensure that the group will be able to sustain the training within the county. Ongoing monthly meetings with a CIMH staff person has provided the encouragement and ongoing training to address this need and ensure smooth implementation of countywide training next year. Together, we have developed a plan to share and borrow trainers from surrounding Counties but this tactic by itself will not assure sustainability of the program. Working with CIMH, we are hopeful that additional funds can be secured at the state level to augment the "train the trainer" effort and provide more in-house trainers.
- As is the case with all counties in California, Solano is faced with significant financial constraints and the resulting need to reorganize programs. This has impacted this project. It place limits on how much release time employees can receive to attend trainings and it minimizes the priority and support that training in general receives. This has resulted in some reductions in the length and scope of planned trainings. CIMH has responded by altering training content schedules to accommodate these limitations. The flexibility and range of resources that CIMH is able to bring has allowed the project to continue on schedule.

- The transition in contract managers has been another challenge. The prior manager's involvement from the start and strong support for this contract facilitated the inevitable difficulties in planning and scheduling training activities within the county.

4. ESL, Spanish and Tagalog Linguistic Development
Program Description
This program is intended to enhance the language skills of mental health staff. In 2010-12:

- Three bilingual Spanish speaking clinicians attended Nurturing Parenting Program (NPP) training for bilingual staff.
- Certified bilingual NPP trainers completed a nine week "Crianza Con Carino" group with much success.
- 12 parents and 13-15 children attended the support group consistently.

5. Crisis Intervention Training (CIT)
Program Description
It has not been feasible to implement the County-designed four-day CIT training program developed in partnership with the Solano Sherriff, National Alliance for Mental Illness and mental health consumers because reliance upon internal staff to deliver multiple trainings proved to be unsustainable. Additional program delays caused by delays and staffing changes in the Peace Officer Standards and Certification (POST) process and concern about the ability of law enforcement to remove line officers from duty for a series of four-day trainings, the County contracted with CIMH to redesign the CIT training within tightening time and budget constraints. The result, a two-day CIT program relying heavily upon expert trainers with direct law enforcement and/or forensic experience has been recertified by POST and the first training was held in December, 2012 with quarterly trainings thereafter.

F. Workforce Education & Training (cont.)

6. Mental Health Loan Assumption Program

Program Description

Solano County contracts with the California Institute for Mental Health to participate in the statewide loan assumption program. The program repays mental health professionals a portion of the costs of educational loans through an innovative partnership between Solano County, the State Department of Mental Health, and the Health Professions Education Foundation. MHLAP is targeted to mental health professionals who commit to work in underserved and underserved communities. As a condition of the award, recipients must commit to a 12 month service obligation.

Although Solano County had originally planned to operate its own loan assumption plan in addition to the statewide program, the county determined that local efforts would be duplicative of the larger program and less cost-efficient.

Demographic, Program and Performance Measures/Community Impact: WET Loan Assumption

In 2011, Solano County Mental Health was able to provide MHLAP awards to five individuals, including two who are bi-lingual in Spanish and English, with the allocation of $47,000. Four individuals work for Solano County Mental Health, and one individual works for Aldea Counseling Services.

Challenges and Barriers: WET Loan Assumption

There are no challenges and barriers

G. Housing

Program Description

During 2010-11, Solano County worked on three MHSA permanent housing projects:

- A shared housing project application or a single family residence to provide housing for 4 clients in Vallejo was submitted to the state and approved by the Department of Mental Health. However the developer has been unable to complete the project. Solano County withdrew support for the application. A new developer is working on an application for a similar project in Vallejo.
- The Signature at Fairfield project completed construction and units were quickly filled. The project includes seven family units and three units housing six individuals. Clients and the Community in Fairfield has warmly embraced this project.
- The Heritage Commons project in Dixon, which will house 25 older adult clients in 25 units, has met all benchmarks. The CalHFA Loan for the project has been approved, and the project application awaits approval by DHCS. Construction began in spring, 2012, with occupancy by fall, 2013.

H. Capital Facilities and IT

Electronic Health Record (EHR) Implementation Project
Program Description

The County completed our contract with Netsmart for the Avatar system in December 2011. The County purchased 300 licenses for the Avatar California Practice Management (CalPM), Clinician's Workstation (CWS) and Managed Services Organization MSO. Additional tools purchased included point of service scanning, electronic signature support, 15 mobile connect licenses, and e-prescribing.

The system will be implemented in 3 phases.

- Phase One includes: CalPM, MSO, Progress notes, limited scheduling functions, and signature pad support. The planned "Go Live" date for phase one is July 1, 2013.
- Phase two includes CWS- assessments and treatment plans, document imaging and scanning, full scheduling functions, mobile connect, e-prescribing.
- Phase three will include a consumer portal and electronic submission of lab orders and receipt of lab results.

"Go Live" dates for phases 2 and 3 are flexible. We expect the system to be fully implemented by June 30, 2014.

The project team consists of full time staff and a number of functional work groups. The full time staff includes a mental health project manager, a senior IT project lead, and two business systems analysts. Two additional IT analysts provide support on an as needed basis.

The work groups include: Billing and Collections, Managed Care and Access, Clinical, Information Technology, and Data Conversion. The Quality Improvement manager or his staff participates in individual work groups as appropriate in addition to meeting directly with the Netsmart project staff. A total of 25 individuals attended the Netsmart configuration training and are participating in the workgroups

The Netsmart Project Manager and two delivery consultants work with the workgroups to review and modify work processes and configure.

MHSA Budget Summary

Fiscal Year 2011-2012

County: SOLANO (48) **Date:** 1/30/2013

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2011/12 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$4,904,565	$1,395,858	$3,695,886	$4,710,786	$2,030,918	
2. Estimated New FY 2011/12 Funding	$7,527,700			$1,908,500	$493,000	
3. Transfer in FY 2011/12[a/]	$0	$0	$0			$0
4. Access Local Pruduent Reserve in FY 2011/12	$0			$0		$0
5. Estimated Available Funding for FY 2011/12	$12,432,265	$1,395,858	$3,695,886	$6,619,286	$2,523,918	
B. Estimated FY 2011/12 Expenditures	$8,061,012	$332,666	$568,877	$2,766,637	$850,988	
C. Estimated FY 2011/12 Contingency Funding	$4,371,253	$1,063,191	$3,127,009	$3,852,649	$1,672,930	

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

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2011	$2,675,323
2. Contributions to the Local Prudent Reserve in FY 2011/12	$0
3. Distributions from Local Prudent Reserve in FY 2011/12	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2012	$2,675,323

MHSA Budget Summary

Fiscal Year 2012-2013

County: SOLANO (48) **Date:** 1/30/2013

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$4,371,253	$1,063,191	$3,127,009	$3,852,649	$1,672,930	
2. Estimated New FY 2012/13 Funding	$10,215,089			$2,589,835	$669,001	
3. Transfer in FY 2012/13a/	$0	$0	$0			$0
4. Access Local Pruduent Reserve in FY 2012/13	$0			$0		$0
5. Estimated Available Funding for FY 2012/13	$14,586,342	$1,063,191	$3,127,009	$6,442,484	$2,341,931	
B. Estimated FY 2012/13 Expenditures	$9,191,000	$567,372	$2,560,006	$3,409,203	$872,931	
C. Estimated FY 2012/13 Contingency Funding	$5,395,342	$495,819	$567,003	$3,033,281	$1,469,000	

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

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$2,695,089
2. Contributions to the Local Prudent Reserve in FY 2012/13	$0
3. Distributions from Local Prudent Reserve in FY 2012/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$2,695,089