

SOLANO COUNTY BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT

# ANNUAL

# UPDATE

FY 2021/2022



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# Table of Contents

Attestation Pages	iv
Board of Supervisors Minute Order	vi
Message from the Behavioral Health Director	vii
Introduction	1
Solano County Demographics	3
Impact of Coronavirus	5
Mental Health Plan System Capacity	7
Community Program Planning Process	15
MHSA Annual Update	22
Community Services & Support	23
Prevention & Early Intervention	119
Innovation	191
Workforce Education & Training	201
Capital Facilities & Technology Needs	207
References	208
Budget Worksheets	209
Appendix	217

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he need for modernization, flexibility and access of our Behavioral Health system has never been greater as we shift from a global health pandemic into what is being referred to as a mental health pandemic. Mental health is surfacing into the national spotlight like never, as seen in an increase of stigma reduction efforts and sadly, in the higher number of suicide attempts and deaths, increased use of crisis services, and efforts to address children’s emotional needs in the classroom and at home. We know this is often layered by trauma, substance use and other complex conditions that are not easy to resolve but rather need thoughtful, hopeful and resilience-based interventions. Most everyone knows someone who has a mental health challenge, has received or needs mental health services, yet it’s still hard to talk about and navigate the system to find the right care.

MHSA, as a unique funding stream, allows us to be creative, innovative and attempt to tailor services to address current needs. This year we launched our Mobile Crisis services, one Community-Based program for anyone in the community to access in partnership with Law Enforcement through 911 dispatch, and one School-Based program specifically for schools to access with a Mental Health Student Services Act (MHSSA) grant award and partnership with local education agencies (LEAs) and Law Enforcement. We have started offering transportation in an ambulance to reduce trauma by avoiding transporting people experiencing a mental health crisis in a police car.

Housing and homelessness continue to be a high priority need across our state and here locally, compounded by insufficient housing stock and funding limitations. In Behavioral Health, MHSA funds have supported our expansion of homeless outreach efforts and housing for people with mental health needs. Our Homeless Outreach Partnership and Engagement (HOPE) Team goes to homeless encampments to engage and offer mental health supports, as well as a Street Medicine outreach team with Law Enforcement and a medical prescriber for psychiatric intervention and engagement in treatment.

As a system Solano County Behavioral Health continues to implement the national Culturally and Linguistically Appropriate Service (CLAS) Standards in an effort to reduce health disparities and to create a system of care that is culturally and linguistically responsive and inclusive for all the consumers we serve.

Finally, in order to raise awareness in our community on how to access mental health services and combat stigma, we have increased efforts to provide community peer support groups through our Wellness Recovery team, expanded to 45 school-based wellness centers, funded a multi-media campaign including TV commercials in English, Spanish and Tagalog, and increased our visibility through our social media and marketing efforts.

We all have a story to tell, or a journey we’ve navigated either for ourselves or our loved ones. Sharing these stories helps others relate and talk about a topic that isn’t always comfortable or easy to bring up. However, in Behavioral Health we know that people can and do recover, and we all can use hope and empowerment to find tailored ways to heal. We are grateful to have MHSA as a resource to address these complex issues and support our community’s collective wellness and the personal recovery goals of those we serve.



Emery Cowan, LPCC  
Solano County Behavioral Health Assistant Director (Deputy Director)

## **Purpose of This Document**

The purpose of this document is to provide the Solano County Behavioral Health (SCBH) Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2021/22 which is a review of services and programs rendered during FY2020/21 including: Community Services and Support programs/strategies, Prevention and Early Intervention programs, Innovation projects, Workforce Education and Training initiatives, and Capital Facility/Technology Needs projects.

## **Mental Health Services Act History**

Mental illness affects over two million Californians each year, causing devastating personal suffering among individuals and their families, and imposing huge financial burdens on taxpayers, state, and county services. Unrecognized, untreated, or inadequately treated mental illness can result in the development of disabling mental health conditions, an increase in suicide deaths, and staggering public costs related to health care, psychiatric hospitalizations, incarceration, homelessness, and other public services.

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

### **1. Community Services & Supports (CSS)**

CSS is the largest funding component of MHSA representing 76% of the annual allocation and is intended to expand and transform services for children, youth, adults, and older adults living with serious mental health conditions, with an emphasis on culturally responsive and recovery-oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and the integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, the CSS component includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers with serious mental health conditions. Up to 5% of the annual CSS funding can be used by counties to support a robust community program planning (CPP) process with community stakeholders. Additionally, up to 20% of the CSS funding can be transferred to support initiatives related to workforce development, infrastructure building, and/or to the Prudent Reserve account. Transfers for these reasons are cumulative up to 20%.

### **2. Prevention & Early Intervention (PEI)**

PEI funds, representing 19% of the annual allocation, are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services for individuals with mild to moderate mental health conditions in an effort to avert mental health crises and the development of more severe disabling mental illnesses. Countywide stigma reduction and suicide prevention activities are also funded through PEI funding. Fifty-one percent (51%) of the PEI funding must be used for programs and services dedicated to children and youth under the age of twenty-five. An Annual PEI Report and a PEI Three-Year Analysis Report are mandated by amended PEI regulations.

### **3. Innovation (INN)**

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



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

WET funds are used to develop and grow a diverse, linguistically, and culturally responsive mental health workforce. The focus includes the training of existing providers in evidenced based practices and best practices models; increasing the diversity of individuals entering the mental health field; and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding, therefore there has been no new WET funding since 2014. With stakeholder endorsement, CSS funds can be transferred to support WET initiatives that are intended to develop and grow the workforce, provided the current MHSA Three-Year Plan includes content addressing an identified need and how the funds will be used.

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

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

#### **Prudent Reserve**

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

### **MHSA Core Values**

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

## Solano County Demographics

Solano County is rich in its variety of cultures and landscape. It is home to one of the nation’s most diverse cities within its borders (Vallejo). The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to the *Solano County 2020 Annual Report* the County’s population was 440,224 in 2019<sup>1</sup>. Forty-nine point seven percent (49.7%) of the population is male and 50.3% of the population is female<sup>2</sup>.

Solano County is one of the most racially diverse counties in the nation. Fifty-five percent of Solano residents identify as people of color and 30% speak a language other than English at home<sup>3</sup>. Forty-four percent of businesses are owned by people of color, and 39% are owned by women<sup>4</sup>.

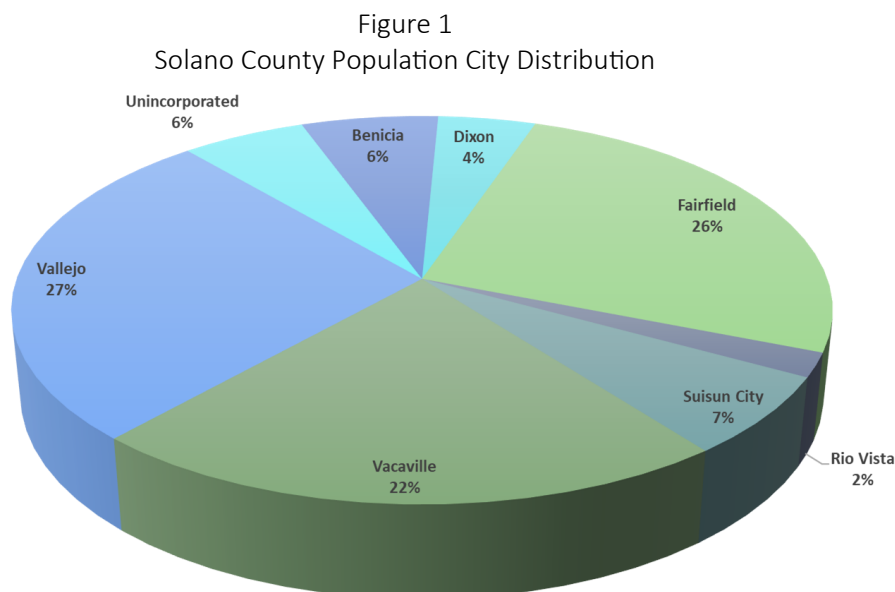
Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4%. As of 2019, 44.6% of Solano County, CA residents were born outside of the United States, which is higher than the national average of 34%<sup>5</sup>. The table below demonstrates the languages spoken by Solano County residents.

Language Spoken at Home in Solano County	Percent of Total Population
Speak only English	70.3
Speak Spanish	16.6
Speak Asian or Pacific Island Languages	10.1
Speak Other Indo-European Languages	2.4
Speak Other Languages	0.5

Source: United States Census Bureau<sup>6</sup>

## Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (27%) and Vacaville (22%) as the most populous cities in the County. Figure 1 shows the County population by city distribution. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.

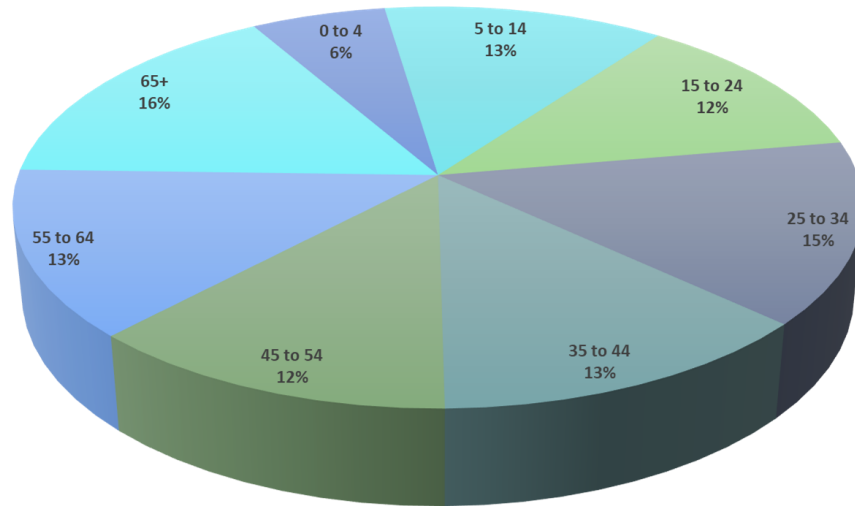


Source: U.S. Census Bureau, [www.census.gov](http://www.census.gov) <sup>7</sup>

### Population Age Distribution

Figure 2 shows the Solano County population separated into six (6) different ten-year age spans. Between ages 5-14 through 55-64, there is surprising consistency, with a range of 12.2% for persons 15-24 to 14.6% for person 25-34. Older adults 65+ represent 16.2% of the population. Six percent (6.0%) of the population are children ages 4 and under.

Figure 2  
Solano County Population Age Distribution

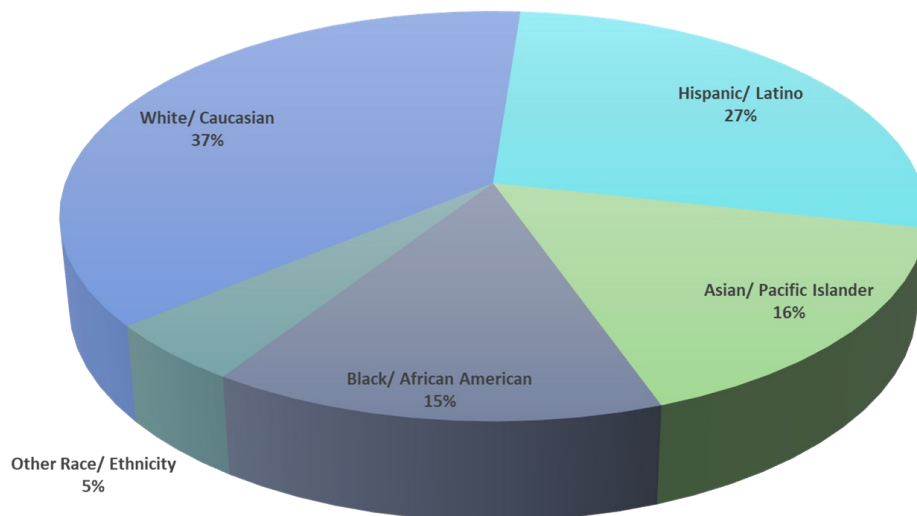


Source: U.S. Census Bureau, [www.census.gov](http://www.census.gov)<sup>8</sup>

### Population Race/Ethnicity Distribution

Figure 3 shows Solano County's population by proportion of race/ethnic groups. Approximately 62.7% of the Solano County population is identified with a race other than White/Caucasian. In 2019, Solano County was ranked as the 2<sup>nd</sup> most racially diverse County in the United States<sup>9</sup>. Persons who are Caucasian/White represent 37.3% of the population; 27.3% Hispanic/Latino; 16.1% Asian American/Pacific Islander (AAPI); 14.6% African American/Black; and 4.7% other race/ethnicity groups.

Figure 3  
Solano County Population Race Distribution



Source: Solano County's 2020 Annual Report<sup>10</sup>

## **Impact of Coronavirus (COVID-19)**

During FY2020/21 the SCBH Mental Health Plan (MHP) continued to provide critical behavioral health services and supports for the community of Solano County while navigating the impacts of the Coronavirus global pandemic herein referred to as COVID-19. Of greatest concern is the impact on the vulnerable populations our system serves; and adding to the complexity, COVID-19 economic impacts affected our system's financial, staffing, infrastructure, and other resources, creating new challenges to address

## **Service Delivery**

Initially following the Stay-at-Home Order issued by Governor Newsom in March of 2020 SCBH, in partnership with the County IT department, worked quickly to expand telehealth services for consumers, and clinics adapted to the COVID-19 safety measures including mask wearing, increased hygiene practices, social distancing, and vaccinations. During the reporting period the SCBH MHP, which includes county-operated and contractor-operated programs, continued to successfully provide telehealth services and were able to adhere to the fluid COVID-19 safety measures. Many of the MHSA providers continue to provide telehealth services and or in-person services based on population being served. As a result of telehealth there were noted reductions in no shows for medication appointments and better engagement for some populations. The telehealth model did pose some barriers for underserved communities without access to equipment or the Internet.

For many of the MHSA PEI programs that have core program components focused on community outreach and communitywide education the COVID-19 restrictions posed particular challenges. Efforts were made to reimagine community engagement and education strategies. Many programs shifted to the provision of virtual trainings and presentations for the community, however struggled to collect required PEI demographic data and training evaluations.

A significant unexpected impact of COVID-19 is a statewide workforce crisis particularly in behavioral health which has impacted service delivery and has created capacity challenges across the system of care. Staff vacancies are impacting both the County and contract providers at high rates than the pre-pandemic period. SCBH and our contract partners are exploring strategies to improve recruitment efforts and to retain staff.

## **Legislative Updates**

In response to COVID-19 Assembly Bill (AB) 81 Public Health Funding was passed and included language to allow for the following flexibilities related to MHSA:

- **Extended time to submit new 3-Year Plans & Annual Updates**  
SCBH requested an extension for the new MHSA Three-Year Plan, FY2020/21 Annual Update and the FY2021/22 Annual Update.
- **Allowed transfer of Prudent Reserve to PEI & CSS without obtaining special permission from the state**  
SCBH did not transfer PR to the CSS component.
- **Flexibility in how CSS funding is allocated during FY2020/21 and extended for FY2021/22**  
SCBH implemented this option.
- **Extended funds that were reverting in June 2020 through June 2021**  
SCBH had funds that were at risk of reverting by June 2020 and due to COVID-19 would not have been able to be spent down, however; due to AB 81 SCBH continued to spend down these funds.

## Funding Update

During March and April of 2020 COVID-19 immediately impacted local tax revenues which in part fund County services, including core MHP services. Additionally, the initial economic disruption resulted in anticipated significant decreases in MHSA incoming revenues expected in FY2022/23 resulting in SCBH reducing budgets for various MHSA funded programs for FY2021/22. Since that time, the fiscal projections have improved considerably, and the County is responding by continuing to evaluate where the most need is in order to determine budgetary increases to meet those needs.

While the MHSA revenue was not immediately impacted, a decrease in local tax revenues due to the statewide Stay-at-Home Order significantly impacted SCBH's core programming (and all County Mental Health entities across the State that are funded by Realignment), resulting in an immediate \$4,500,000 budget shortage impacting both FY2019/20 and FY2020/21. To ensure the continuity of essential services and to respond to increased mental health needs for the community, SCBH worked diligently to identify strategies to mitigate impacts. The following actions were taken:

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

Based on the most recent projections of incoming MHSA funding through FY2022/23 and the current funding allocations for MHSA programs and strategies, the local MHSA budget for the CSS component is projected to have a potential deficit in FY2023/24. SCBH will continue to monitor this closely while also balancing the current needs of the community to ensure our most vulnerable populations receive the service and supports, they need.

Below are strategies deployed in during FY2019/20 and/or FY2020/21 to ensure the sustainability of MHSA funded programs/strategies:

- Continue to fund the Community-Based Mobile Crisis program and associated Crisis Transport contracts under PEI as suicide prevention programs.
- Initially in response to COVID-19, the County suspended all county expenses related to non-essential training and travel for trainings. The majority of training opportunities continue to be provided virtually due to COVID restrictions. SCBH will continue to evaluate system training needs and fund trainings with MHSA funding as necessary.
- Initially in response to COVID-19, SCBH defunded or reduced contracts that were not supporting direct services for consumers or family members, e.g., training and consultation contracts. Pending the system need SCBH will utilize MHSA funding to support non-direct service contracts.
- When budgeting for FY2021/22, for contracts that had not expended the annual budget for 2 or more years the contract was reduced by the average of unspent funds over a 2 or 3 year period.
- Starting in FY2021/22 PEI contracts were reduced by 5%-10% pending the contract amount and the plan had been to reduce these contracts by an additional 10%-15% pending the contract amount for FY2022/23. However, given the projections for MHSA revenue (incoming allocations) has improved SCBH will not be implementing further reductions and in some cases may increase PEI contracts back up to pre-COVID budget caps pending identified system needs.
- Starting in FY2021/22 selected CSS contracts were reduced by 15% and the plan had been to reduce these contracts by an additional 20% for FY2022/23. SCBH will not be implementing further reductions and in some cases may increase CSS contracts back up to pre-COVID budget caps pending identified system needs.

It is important to note that MHSA funding is unpredictable and therefore the projections from the state can change and as such, SCBH makes adjustments accordingly. Additionally, each year typically there are allocated funds that are unspent as a result of county and contractor budgets not being totally expended for various reasons (primarily staffing vacancies). SCBH will continue to closely monitor the budget and if the fiscal landscape changes, the County will adjust accordingly.

## Mental Health Plan System Capacity

### System Capacity Report

SCBH evaluates system capacity based on findings from the following sources: the most recent Mental Health Plan (MHP) Diversity & Equity Plan Update, the annual Solano County MHP “Workforce Equity Survey”, MHP Network Adequacy, the most recent annual External Quality Review Organization (EQRO) report, and community program planning (CPP). Additionally, maps of the system of care (SOC) by programming and level of care have been developed to assist SCBH and the community with program planning.

### MHP Diversity & Equity Plan

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive inclusive system of care in support of the behavioral health and recovery needs of our increasingly diverse population. Over the last six years SCBH has been implementing the nationally recognized [Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#). The CLAS Standards are utilized by health care providers as the benchmark for evaluation and aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and linguistic responsiveness.

Each county MHP is required to have a Cultural Competency Plan and to update this plan each calendar year. The [Solano County Diversity & Equity Plan Calendar Year 2021](#) provides detailed information about Solano County and detailed strategies intended to increase access to care for underserved communities in Solano County, and to ensure the provision of culturally and linguistically appropriate mental health services for all consumers served through the SCBH MHP.

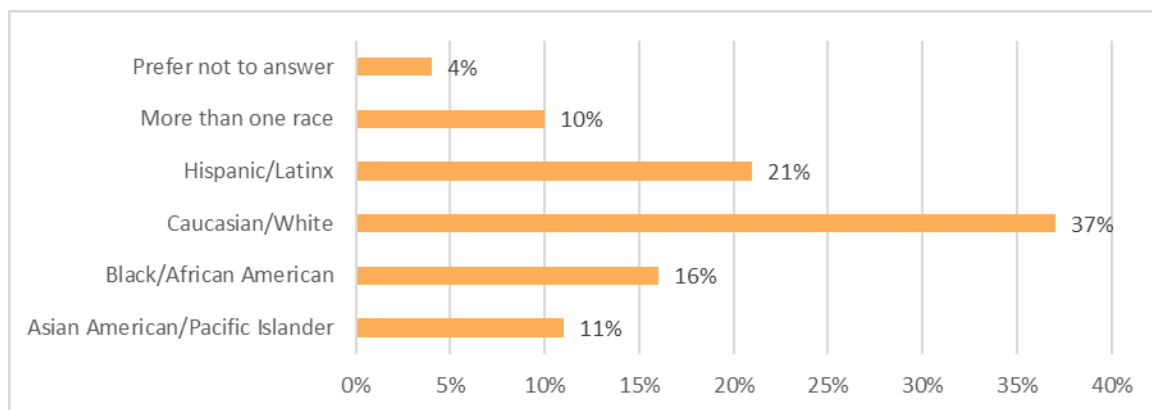
### Workforce Equity Survey

Starting in December of 2017, SCBH began to administer a voluntary annual survey of the MHP workforce to gather data related to the diversity of the workforce—both County and contractor—to include employees at all levels of the MHP workforce. The annual “Workforce Equity Survey” was administered in September of 2021 and yielded 226 responses. It is worth noting that the MHP has seen a 75% increase in responses to the annual survey over the last two FYs, highlighting the MHP’s continued commitment to the workforce and the Solano’s diverse communities.

### Workforce Demographics

Figure 4 shows the MHP staff by proportion of race/ethnicity. Fifty-eight percent (132) of the respondents identified with a race/ethnicity other than White/Caucasian.

Figure 4  
Workforce Equity Survey Respondents by Race/Ethnicity

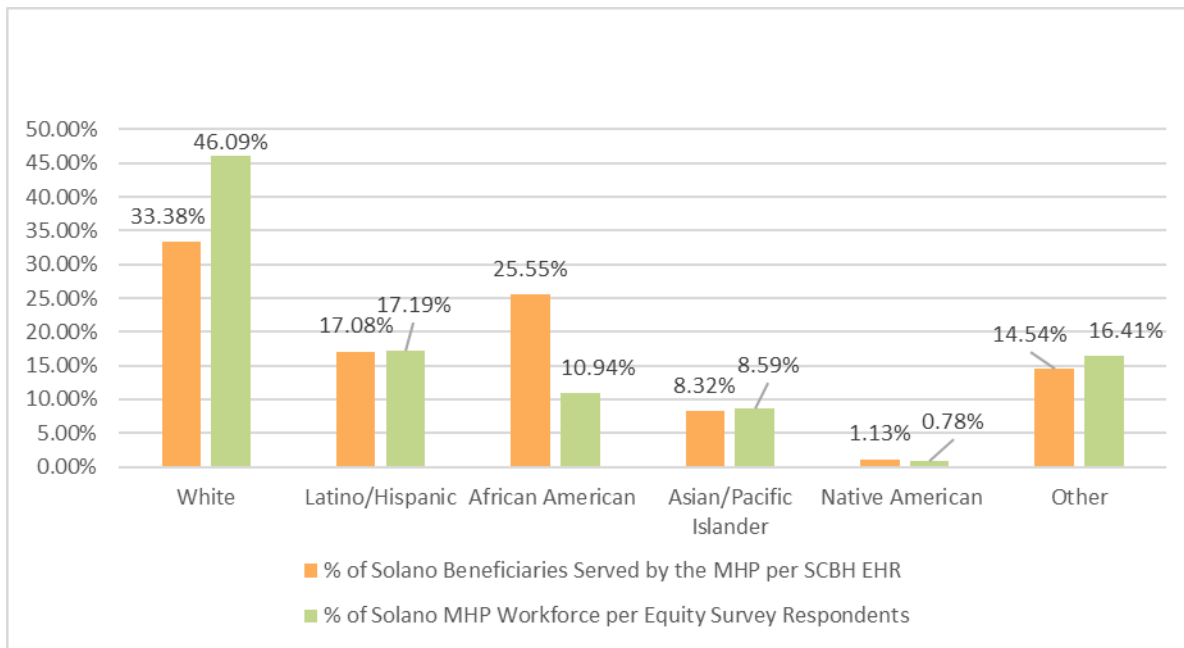


Source: Solano County MHP Workforce Equity Survey

It is important to note, the MHP has experienced a 33% increase in staff representing the African American/Black community and 40% increase in staff representing the Hispanic/Latinx community based on survey results comparing 2020 findings to 2021 findings. Of the 10% (23) of the respondents that identified as more than one race, 7% (10) also identified as a Native American/Indigenous person representing the Lakota, Maya, Choctaw, Cherokee, Black Foot, Lakota Sioux, Wampanoag, and Long Plan First Nation tribes. It is important to note that the MHP revised many of its demographic questionnaires after receiving feedback from local Native American/Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes<sup>11</sup> and distrust for government entities. The data referenced above is attributed to the stakeholders that continue to partner with the MHP to ensure the workforce reflects the diversity of the community.

Figure 5 shows Solano County beneficiaries served compared to MHP Workforce Survey respondents by race/ethnicity. The survey yielded 226 responses which is a representation of the Solano County MHP workforce. Findings indicate that two of Solano County’s underserved communities, Hispanic/Latinx and Asian American/Pacific Islander communities are well represented in regards to the MHP workforce. There continues to be a disparity related to the percentage of African American/Black beneficiaries compared to the MHP workforce. Community stakeholders continue to identify the need to expand the African American/Black workforce in Solano County. As such SCBH and contractors will continue to make efforts to recruit and retain African American/Black MHP staff members.

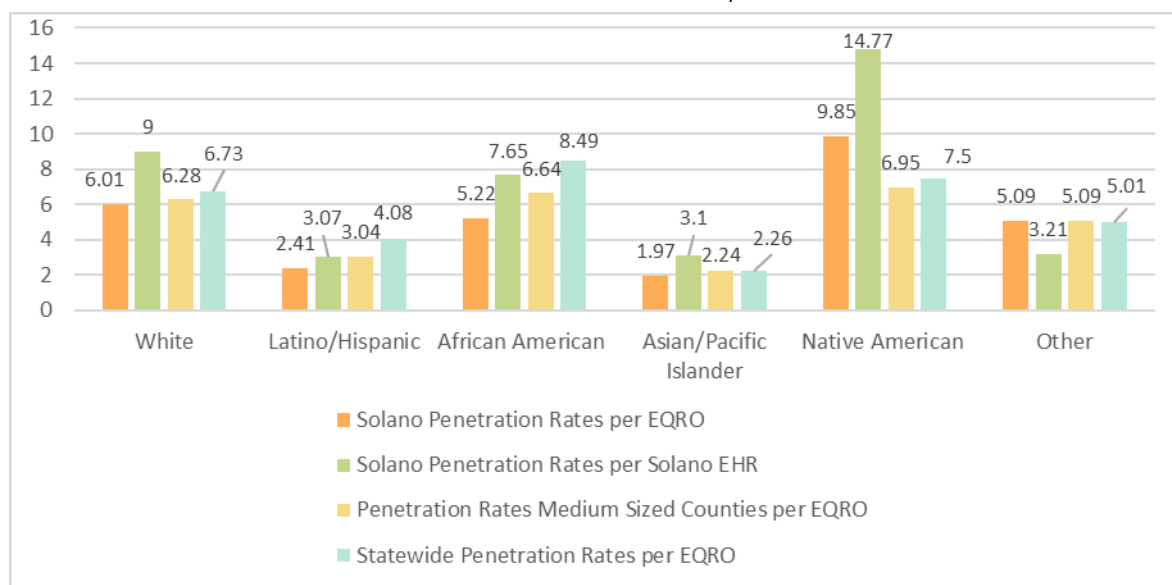
Figure 5  
 Quarter 1 FY 2021/22  
 Comparison of Beneficiaries by Race to MHP Workforce by Race



Source: Solano County MHP Electronic Health Record and Workforce Equity Survey

Figure 6 shows penetration rates for populations by race comparing Solano County to other medium- sized counties and the state. Penetration rates are calculated using the total number of county Medi-Cal eligibles by race compared to billed Medi-Cal services as identified through the annual External Quality Review Organization (EQRO) Report (CY 2019 is most current data available). It is important to note that EQRO only reviews Medi-Cal billing through the Department of Health Care Services (DHCS) which will not include services that the MHP provides for uninsured indigent consumers, therefore SCBH has included data directly from the electronic health record (EHR) for actual services rendered by race regardless of whether SCBH was reimbursed by the state. This adjustment provides a more accurate depiction of service delivery and disparities. Significant strides have been made related to serving the Hispanic/Latinx and Asian American/ Pacific Islander communities. Upon review of the differences between the EQRO penetration rates for Solano versus penetration rates calculated directly from the County’s EHR inferences can be made that there are higher rates of Caucasian/White and African American/Black uninsured indigent community members which is aligned with the most recent Solano County Point in Time Count, assessment of the local homeless population, whereby 39% of the homeless population was Caucasian/White and 37% were African American/Black<sup>12</sup>.

Figure 6  
CY 2019 Solano County Penetration Rates

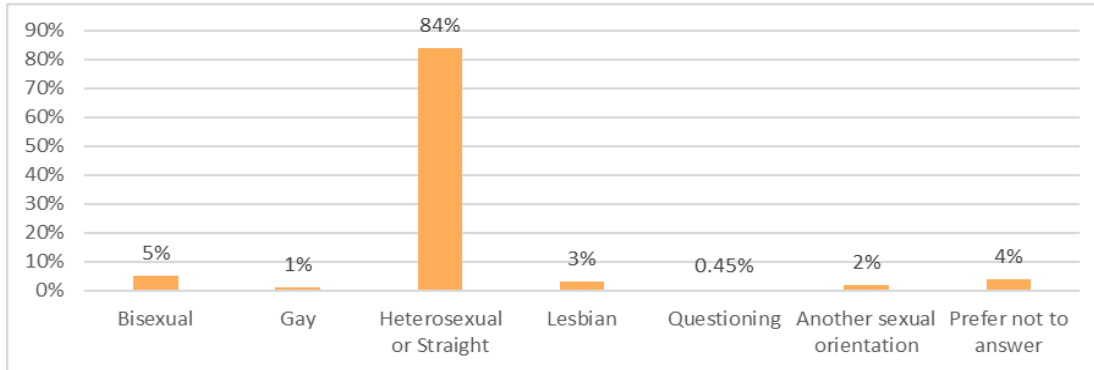


Source: Solano County EQRO Final Report 2020/21 and Solano County MHP Electronic Health Record

Since the implementation of the *Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)* MHA Innovation Project launched in 2016, SCBH has made significant efforts to address the needs of the lesbian, gay, bisexual, transgender, queer (LGBTQ+) community in Solano County. As such since the inception of the annual workforce survey questions related to sexual orientation and gender identity/expression (SOGIE) have been included. In addition to a goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers, SCBH continues to strive to ensure a more inclusive work environment for LGBTQ+ staff. Figures 7 and 8 shows the MHP staff survey respondents by sexual orientation and gender identity/expression. The most recent survey showed that 12% (26) of the respondents identified as non-heterosexual which represents a 55% increase from the year before, and 1% (3) of the survey respondents identified as non-cisgender.

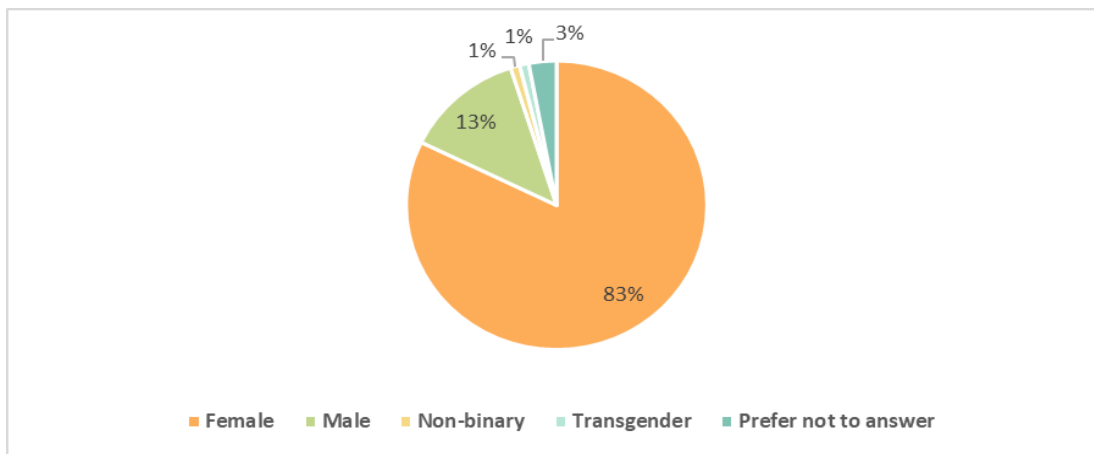


Figure 7  
Workforce Equity Survey Respondents by Sexual Orientation



Source: Solano County MHP Workforce Equity Survey

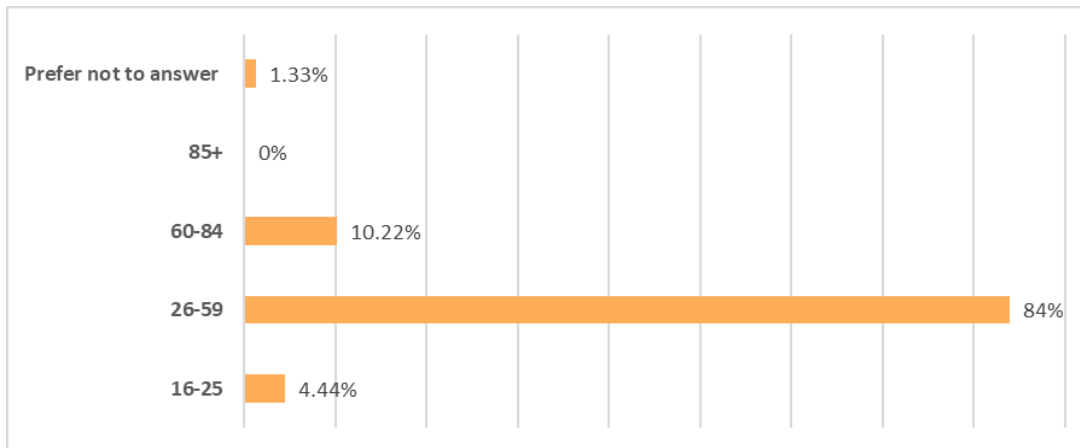
Figure 8  
Workforce Equity Survey Respondents by Current Gender Identity



Source: Solano County MHP Workforce Equity Survey

Figure 9 demonstrates the age groupings for survey respondents. While approximately 4% (10) of the respondents identified as transitional age youth (ages 16-25), 84% (189) of the respondents identified as being between the ages of 26 and 59 years old.

Figure 9  
Workforce Equity Survey Respondents by Age Grouping



Source: Solano County MHP Workforce Equity Survey

Linguistic Capacity

Solano County’s current threshold language is Spanish, and Tagalog is a sub-threshold language. Data related to primary and preferred language for MHP consumers served during quarter 1 (July-Sept 2021) of FY2021/22 is listed in the table below. Of the 3,906 consumers served 88% (3,439) identified their “primary language” as English, 6.6% (258) as Spanish, and 1.2% (45) as Tagalog. In regards to “preferred language” 85.6% (3,344) of the consumers identified English, 4.9% (192) Spanish, and 0.7% (27) as Tagalog.

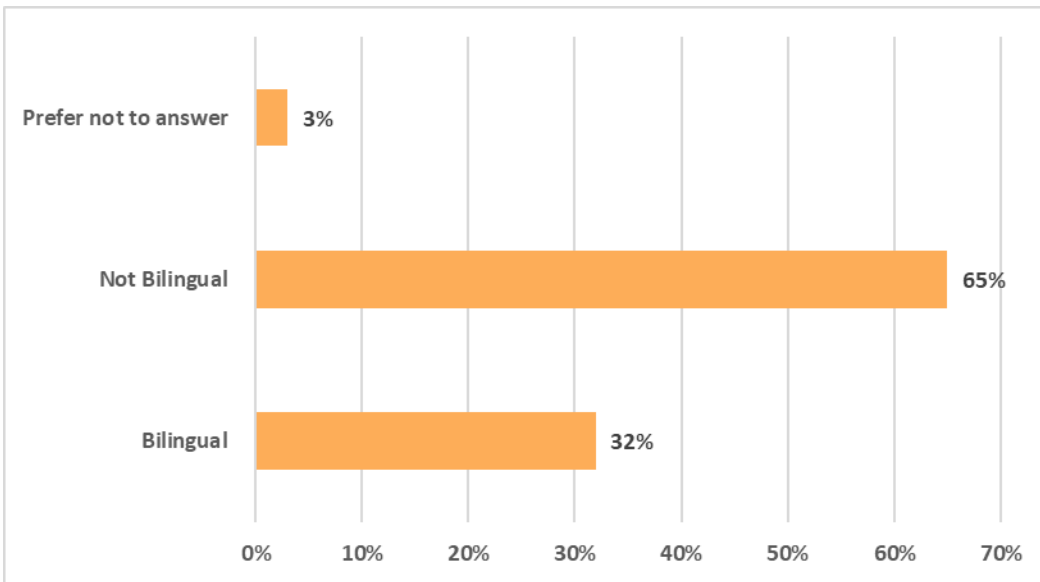
Total # of Consumers: 3,906		
Language	# of Consumers by Primary Language	# of Consumers by Preferred Language
American Sign Language (ASL)	3	5
Arabic	4	1
Cantonese	3	3
English	3,439	3,344
Hindi	1	0
Ilocano	0	1
Korean	1	2
Laotian	3	2
Mandarin	1	1
Mien	2	2
No Entry	104	295
Other Chinese	1	0
Other Non-English	15	14
Portuguese	2	1
Punjabi	8	0
Spanish	258	192
Tagalog	45	27
Thai	3	0
Unknown	3	7
Vietnamese	10	9

Source: Solano County MHP Electronic Health Record Report 337

Over the course of the last several FYs SCBH has funded multiple rounds of *Behavioral Health Interpreter Training (BHIT)* provided by the National Latino Behavioral Health Association. One (1) session was held for bilingual staff to enhance skills related to increasing fluency in terminology related to the mental health field and included both a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of the Solano community. Four (4) rounds of *BHIT* was geared for direct service providers who may need to utilize interpreters when providing services and two (2) rounds of *BHIT* was adapted for reception staff. In all *BHIT* cohorts one section covered how to access Language Link the County’s interpreter service. Additionally, the training on how to access Language Link was recorded and is used for onboarding new County staff and has been shared with contract providers who have opted to utilize the County’s Language Link contract.

Figure 10 shows bilingual status for survey respondents with 32% (72) of the 226 survey respondents identifying as bilingual and of those 28% (20) identified as being in bilingual certified positions and compensated for their linguistic skills. Twenty-eight percent (20) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: American Sign Language, Arabic, Cantonese, Spanish, Tagalog, French, Japanese, Urdu, Punjabi, Russian, Hindi, Ilocano, Pangasinan, German, Armenian, Portuguese, Visayan, Cebuano, Bisaya, Surigaonon, and Surinamese. There has been a historical shortage of applicants who speak Spanish and Tagalog, however 71% (52) of the staff who identified as bilingual speak Spanish (threshold language) and 11% (8) speak Tagalog (sub-threshold language).

Figure 10  
Workforce Equity Survey Respondents by Bilingual Status

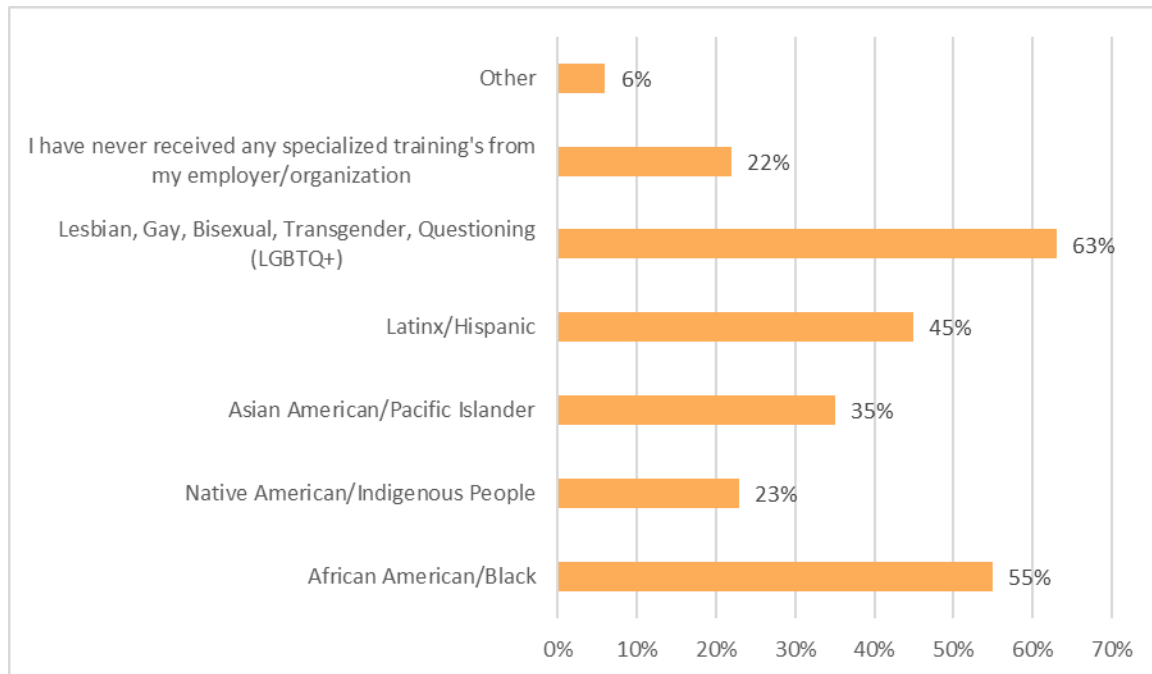


Source: Solano County MHP Workforce Equity Survey

### Training

SCBH continues to place a significant emphasis on the provision of training for the workforce to include trainings in cultural humility, evidenced-based practices, strategies for working with specific populations, etc. Two cohorts of 46 supervisors and managers from County and contractor programs have completed *Promoting Cultural Sensitivity in Clinical Supervision* provided by Dr. Kenneth V. Hardy, Ph.D. In order to support this effort monthly consultation calls with Dr. Hardy continue to be held for participants who completed the supervision training. Additionally, trainings provided by Dr. Hardy have been provided for direct service staff and other partners. Eighty-one percent (173) of the total respondents reported receiving Cultural Humility training in the past year. Sixty-one percent (130) of the respondents reported having been trained in how to access interpreter services. Of the 215 respondents who answered a question related to comfortability utilizing interpreter services 62% (134) endorsed being comfortable using interpreters when necessary. Figure 11 demonstrates survey respondents' reporting of specialized training received by their employer to better meet the needs of various underserved populations.

Figure 11  
Workforce Equity Survey Respondents by Specialized Training



Source: Solano County MHP Workforce Equity Survey

### Lived Experience

For the FY2021/22 Workforce Equity Survey questions were added to identify staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner violence, neglect, etc.), and involvement with the foster care system in an effort to continue to combat stigma and promote the values of recovery and resilience. The results are as follows:

- Fifty-one percent (112) of the survey respondents identified lived experience of mental health, and 75% (166) have a friend/family member with lived experience of mental health.
- Twelve percent (26) of the survey respondents identified lived experience of substance use, and 67% (149) have a friend/family member with lived experience of substance use.
- Forty-five percent (99) of the survey respondents identify having experienced significant trauma, and 65% (143) have a friend/family member who have experienced significant trauma.
- Six percent (14) of the respondents identify as a person with lived experience in the foster care system and 28% (61) have a friend/family member with lived experience in the foster care system.

### Implementation of the CLAS Standards

A number of survey questions were focused on personal belief systems regarding equity efforts and questions regarding adoption of the CLAS Standards for organizations/employers.

- Ninety-four percent (213) of the respondents endorsed the importance of understanding health and social inequities of in the community and 96% endorsed examining their own cultural backgrounds and biases and this may influence their behavior towards others. Eighty-eight percent (200) of the respondents endorsed thinking about how to interact more effectively with underserved and underrepresented consumers.
- Of the 215 respondents who answered a question regarding their employer's commitment to providing culturally responsive services, improving access to treatment, and ensuring equitable outcomes for underserved and underrepresented populations, 92% (197) responded positively and 81% (175) responded positively to a question related to their employer's commitment to the recruitment of a diverse governance, leadership, and workforce.
- For the 182 respondents that answered a question related to the frequency of the topics of race and culture (including LGBTQ+) and the impacts on the consumers being served being discussed in supervision, staff meetings, case consultations, etc. 69% (125) responded positively.

### **MHP Network Adequacy**

In February of 2018, County MHPs were informed by the DHCS that they would need to track and report on the adequacy of the MHP network of services it uses to serve Medi-Cal eligible individuals. This process of certifying to DHCS will now be an annual submission, that Solano MHP's network meets adequacy standards, and consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the electronic health record, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY2020/21, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards. Starting in FY2021/22 DHCS will be initiating a monthly reporting process through a web-based portal that will be used to support the annual certification.

### **EQRO Annual Report**

An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. For the most recent *FY2020/21 Medi-Cal Specialty Mental Health External Quality Review: Solano MHP Final Report* please click [here](#) .

### **Community Education on the System of Care**

SCBH utilizes system mapping to assist with providing the community an overview of funded programs for the Children's SOC and Adult SOC as well as Children's levels of care (LOC) and Adult's LOC (see Appendix, 217-218). Throughout the year SCBH staff members provide presentations on the SOC for community partners which includes the MHP target population, funding sources, MHSA components and stakeholder role, how to access services, children and adult programming, acute care services and resources (see Appendix, 219-224).

## **Stakeholder Involvement**

SCBH makes concerted efforts to recruit and include peer consumers, family members, providers, and community partners on various MHP Committees including the Suicide Prevention Committee, Diversity and Equity Committee, Quality Improvement Committee, MHSA Steering Committee; targeted workgroups for special quality improvement projects; and the MHSA CPP process. The aforementioned Committees and workgroups can include policy development and review, monitoring of data and system utilization, quality improvement efforts and program evaluation. Over the last five years SCBH implemented the ICCTM Innovation Project which was anchored in the CLAS Standards and community engagement. As a result of the ICCTM Project fourteen (14) community-defined quality improvement (QI) Action Plans were developed and SCBH continues to implement the Plans. Several of the QI Action Plans involved community feedback loops and shared decision-making. For more information on the ICCTM Project and the QI Action Plans see pages 193-198.

The SCBH MHSA Unit collects data for each MHSA funded contract on a monthly basis. Each program is provided a unique data reporting tool that includes the program's specific deliverables and mechanisms to collect demographic and linkage data for PEI funded programs. On a quarterly basis the SCBH MHSA Unit meets with contractors to provide quarterly snapshots of performance outcomes, fiscal expenditures, and demographics of participants served. During the quarterly meetings program highlights and barriers are identified and SCBH partners with the programs to address barriers as needed. On an annual basis a Narrative Report is collected to elicit additional program performance data; overall program highlights and barriers; and equity efforts.

During CPP meetings SCBH provides training on MHSA, an overview of the SOC, program evaluation and budget allocations by components. During each meeting various strategies are used to elicit feedback from community stakeholders.

## **Community Program Planning (CPP) Process**

### **Community Engagement**

Due to COVID-19 the MHSA Unit engaged community stakeholders in a virtual CPP process. Over the course of the seven months between March and September 2021 SCBH engaged the community in several rounds of stakeholder meetings with one round focused on suicide prevention to support the update of the countywide *Suicide Prevention Strategic Plan* and one round of CPP meetings focused on the outcomes related to MHSA services rendered during FY2020/21 and planning for FY2021/22. Overall, eight (8) virtual community forums were held including one in Spanish (see flyers Appendix, 225-230), ten (10) targeted focus groups; key informant interviews; and short presentations on MHSA at three (3) standing meetings hosted by community partners followed by an electronic survey to solicit feedback. The CPP meetings include representation from: youth, consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; representatives from the County's underserved and underrepresented communities, etc.

## Community Forums

Members of the SCBH MHSA Unit staff facilitated the virtual community forum meetings.

Date	Type of Planning Meeting	# Attendees
May 3, 2021	Suicide/Stigma Reduction Focused: Virtual Community Meeting via Zoom (English)	40
May 10, 2021	Suicide/Stigma Reduction Focused: Virtual Community Meeting via Zoom (English)	16
May 13, 2021	Suicide/Stigma Reduction Focused: Virtual Community Meeting via Zoom (English)	17
May 25, 2021	Suicide/Stigma Reduction Focused: Virtual Community Meeting via Zoom (Spanish)	6
September 20, 2021	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	33
September 21, 2021	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	36
September 21, 2021	School Wellness Collaborative Meeting	28
September 22, 2021	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	33
September 27, 2021	NAMI General Monthly Meeting	11
September 28, 2021	MHSA Annual Update Focused: Virtual Community Meeting via Zoom (English)	37
September 29, 2021	First 5 Solano Quarterly Grantee Meeting	32

## Focus Groups & Key Informant Interviews

Members of the Solano County Suicide Prevention Committee, SCBH MHSA Unit staff and/or consultant partners conducted focus groups and key informant interviews with various communities that were identified as being at increased risk for suicide.

Date of Forum	Focus Group & Key Informant Populations	# Attendees
March 30, 2021	Veterans	3
March 31, 2021	White/Caucasian Men, Ages 25-59	4
April 5, 2021	LGBTQ+ Adults	3
April 8-29, 2021	Seniors/Older Adults over 60 Years (Individual Interviews)	4
April 13, 2021	Family Member Survivors	3
April 14, 2021	LGBTQ+ Transition Age Youth (TAY) (ages 15-25)	5
April 15, 2021	TAY (ages 15-25)	3
April 15, 2021	Native and American/Indigenous Community	4
April 15, 2021	Law Enforcement and First Responders	5
April 20-28, 2021	Latino/Hispanic Community (Individual Interviews)	3
April 21, 2021	Black/African American Community	5
April 22, 2021	Asian American Pacific Islander Community	3

## CPP Process

At each community forum focused on suicide and stigma reduction, a PowerPoint presentation (see Appendix, pg. 225-228) provided information on the prevalence of suicide nationally, at a state level and locally. Additionally, the presentation included an overview of the Suicide Prevention Committee and Strategic Plan activities over the past four years, including the Committee's mission and plan objectives. A survivor shared their personal experience and shared resources that helped them to heal. The presentation was followed by breakout sessions with targeted questions (see Appendix, pg. 229-230) to prompt group discussions to elicit feedback regarding suicide and stigma reduction.

At each community forum focused on the MHSA Annual Update FY2021/22, a PowerPoint presentation (see Appendix, pg. 231-235) on the history and components of MHSA; the role of the community in the CPP process; state and local MHSA updates including policy changes, regulations and state information notices related to MHSA; a brief overview of the system of care and programs/services funded by MHSA; outcomes for MHSA funded programs and services rendered during FY2020/21; budget expenditures for FY2020/21 and budget allocations for FY2021/22; and stakeholder and County identified needs and gaps in the system of care. The presentation was followed by breakout sessions with targeted questions (see Appendix, pg. 243-244) to prompt group discussions to elicit feedback regarding new ideas and/or gaps within the mental health system of care. Prior to the CPP meetings individuals who registered were sent system of care provider maps as well as a visual for the MHSA Stakeholder Process (see Appendix, pg. 245).

For the focus groups and key informant interviews, national and local data (see Appendix, pg. 246-247) was shared related to suicide risk for each particular group was shared and targeted questions were used to elicit information regarding risk factors for the specific community; strategies to decrease stigma; suggestions for improving coordination across agencies; and suggestions for supporting the family, loved ones and the community after a suicide death. Focus groups and/or key informant interviews were facilitated by individuals who represented the communities of focus.

Community forums were advertised through the following avenues: email announcements to over 500 community stakeholders; emails to all County Health and Social Services staff which includes 1,171 employees; emails sent out through partner email distribution lists; meeting flyers available in English, Spanish and Tagalog posted in County and Contractor clinic lobbies; posts on the SCBH Website and on social media platforms including Facebook, Instagram, and Twitter. Additionally, advertisements for the MHSA Annual Update CPP meetings were placed in the local newspapers in Solano County's major cities including Vallejo, Benicia, Fairfield, Vacaville, and Dixon.

## CPP Participant Demographics

Demographic information was collected through an electronic survey. The survey included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, and stakeholder type, and whether the individual had lived experience.

For the purpose of this document the demographic information for the meeting attendees for the CPP meetings held between September 20-29, 2021 is reported below. Please see the [Suicide Prevention Strategic Plan Update 2021](#) for the demographic information related to stakeholders who attended forums and focus groups related to the CPP process for the Suicide Plan Update.

Of the 171 unduplicated attendees who attended the MHSA Annual Update focused forums and meetings hosted by community partners, 113 completed the survey. Eighty-five percent (96) were between the ages of 26-59, 13% (15) were over the age of 60, and 2% (2) were between the ages of 16-25. With regard to race/ethnicity, 32% (36) of the attendees identified as African American/Black, 27% (30) as Caucasian/White, 17% (19) as Hispanic/Latino, 14% (15) as Asian American/Pacific Islander, 5% (6) as more than one race, 1% (1) as American Indian/Alaska Native and the remaining attendees responded, "prefer not to answer. The attendees who identified as a Native American/Indigenous person identified the following Tribe affiliations: Cherokee and Chippawa. Eighty-six percent (95) of the attendees identified English as their primary language, 9% (10) Spanish, 5% (5) Tagalog, and the remaining declined to answer. Ninety-four percent (104) of the attendees identified English as their preferred language, 4% (4) Tagalog, 3% (3) Spanish, and the remaining declined to answer. Seven percent (8) of the attendees identified as veterans and 23% identified as a family member of an individual who is active in the military, served or is a veteran.



Of the 114 attendees who answered the question related to current gender identity, 65% (74) identified as female, 34% (34) as male, and 1% (1) identified as nonbinary. Regarding sexual orientation of the 113 attendees who answered this question 94% (106) identified as heterosexual, 3% (3) as lesbian, 2% (2) as “other”, 1% (1) as bisexual and 1% (1) responded “prefer not to answer”.

Figure 12 demonstrates how meeting participants self-identified in terms of stakeholder type.

Figure 12  
CPP Meeting Participants by Stakeholder Type

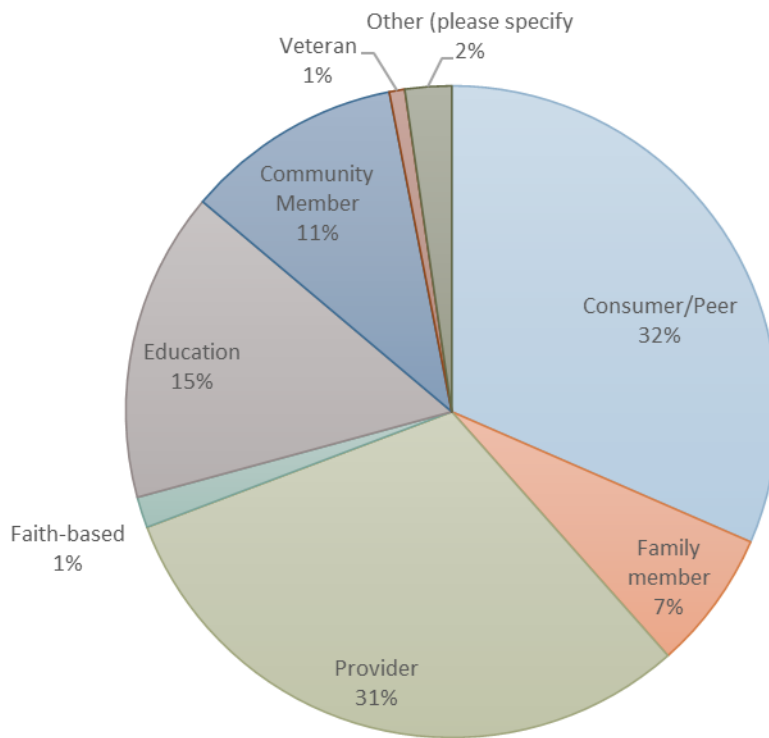


Figure 13 demonstrates City of Residence for CPP meeting attendees. SCBH gathers this information in order to evaluate the representation of community members from different cities and regions of Solano County.

Figure 13  
CPP Meeting Participants by City of Residence

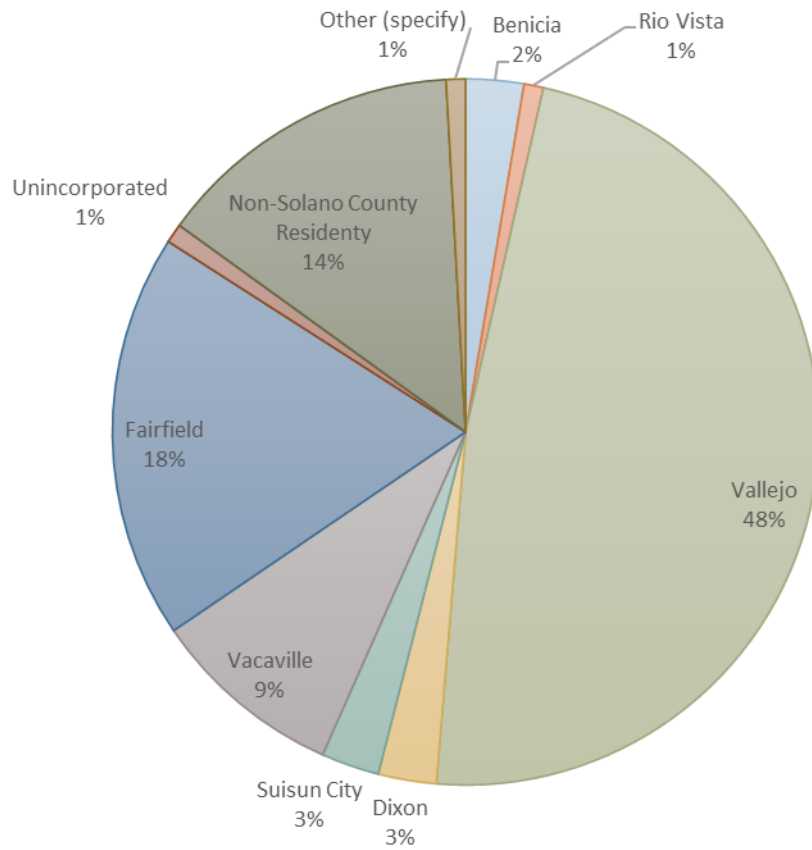
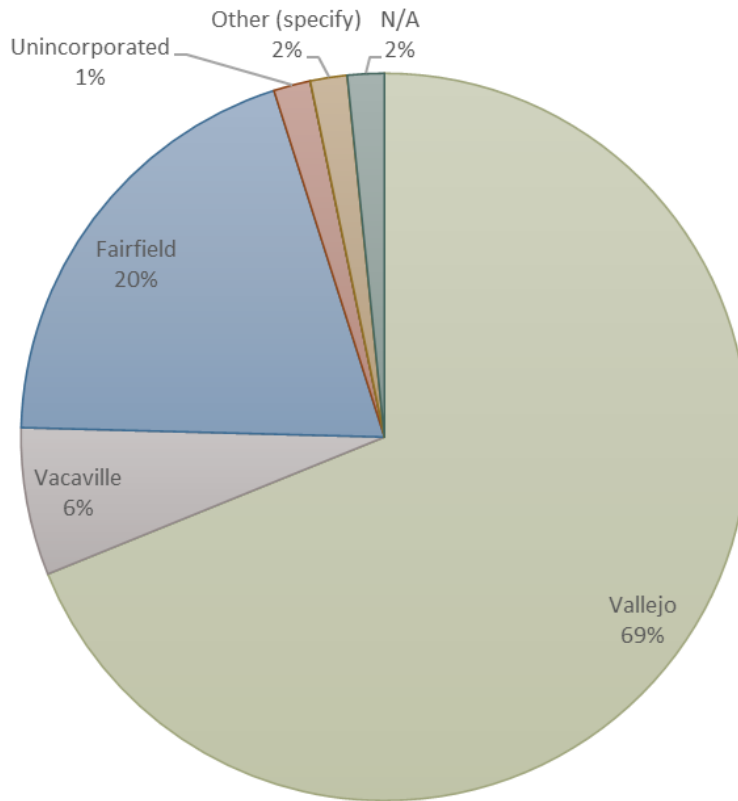


Figure 14 demonstrates primary work location in Solano for meeting participants who are not Solano County residents. SCBH gathers this information in order to evaluate the representation of community members from different cities and regions of Solano County.

Figure 14  
CPP Meeting Participants by Primary Work Location



### **CPP Needs Identified**

The following items were the top priorities identified through the CCP process. SCBH currently funds programs and strategies that address many of the identified needs.

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

1. Services and access to care for immigrants/indigenous/people of color
2. Services and support for children/youth with an emphasis on school-based services
3. Services and support for homeless population and access to housing
4. Prevention and stigma reduction activities
5. Employment supports

During the CPP meetings stakeholders were asked to provide feedback on the services that should be prioritized in the event that there is a budget shortfall. Below are the top five priorities to be preserved as identified by the community:

1. Services and support for children/youth
2. Services and support for homeless population
3. Prevention and stigma reduction activities
4. Employment services and supports  
Crisis services

### **MHSA Steering Committee**

The MHSA Steering Committee was convened December 2021. The Committee includes representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's underserved and marginalized communities.

### **Local Review Process**

On November 12, 2021 a draft version of the *Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2021/22* was posted on the Solano County MHSA web page at [http://www.solanocounty.com/depts/bh/mhsa/ann\\_plan/default.asp](http://www.solanocounty.com/depts/bh/mhsa/ann_plan/default.asp) for 30-day Public Comment. In addition, the Mental Health Services Act (MHSA) Notice of 30-Day Public Comment Period and Notice of Public Hearing was sent via email to over 500 community stakeholders and 1,171 County Health and Social Services staff.

The 30-Day Public Comment period was from November 12, 2021 thru December 14, 2021. Public Comment forms were posted on the website and made available via the Public Hearing.

A Public Hearing will be held virtually in partnership with the Solano County Local Mental Health Advisory Board (MHAB) on December 14, 2021, 4PM-5PM in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20.

Following the Public Hearing the *Mental Health Services Act Annual Update for Fiscal Year 2021/22* will be presented to the Solano County Board of Supervisors in January 2022 for approval and then submitted to the Mental Health Services Oversight Accountability Commissions (MHSOAC) and the Department of Health Care Services (DHCS).

# Mental Health Services Act Annual Update

In this section of the document, programs funded by MHSA during FY 2020/21 will be reviewed to include: unduplicated count of individuals served when possible; program performance outcomes; cost per person or total program cost; participant demographics; program highlights and barriers; equity efforts; and changes anticipated for FY 2022/23.

# COMMUNITY S



# SERVICES & SUPPORTS



Community Services and Supports (CSS) programs and services are intended to expand and transform services for children, youth, adults, and older adults living with serious mental health conditions, with an emphasis on culturally responsive and recovery-oriented services. While the MHSA regulations mandate counties to report out the demographics of participants receiving services and supports under the PEI component this is not a requirement for the CSS component. However, given SCBH has implemented the CLAS Standards, which includes the monitoring of all our programs and services through an equity lens when there was a mechanism in place report out demographic data, the data has been included for CSS programming. The demographic data for participants served will include age category, race, ethnicity, language, gender assigned at birth, current gender identity, sexual orientation, city of residence, and veteran's status.

## Full Service Partnerships

In FY 2020/21, SCBH funded six (6) Full Service Partnership (FSP) programs both through county-operated programs and contract providers. The FSP programs included the SCBH Child/Youth FSP; SCBH Foster Care Treatment Unit (FCTU) FSP; Transitional Age Youth (TAY) FSP; SCBH Assertive Community Treatment (ACT) FSP; Contractor Adult FSP; and Contractor Adult HOME FSP. These FSP programs continue to be funded for FY 2021/22.

FSP programs exist for individuals of all ages who would benefit from an intensive service program for persons living with serious and persistent mental health and co-occurring substance use issues, and who would like to work in partnership with a service provider team to develop and achieve individualized goals. Individuals receiving FSP level services have not been able to be stabilized at lower levels of care and their mental health challenges have impacted their ability to maintain community stability. Examples include individuals who have experienced or are at risk of experiencing:

- Psychiatric hospitalization
- Frequent use of crisis services
- Homelessness/housing instability
- Involvement with the Child Welfare system, at risk of out of home placement and/or loss of placement
- Commercially sexually exploited children/youth (CSEC)
- Incarceration or frequent justice involvement
- Transitioning from residential or institutional treatment settings back to the community
- Being unserved/underserved

FSP programs are anchored in a “whatever it takes” philosophy and work to leverage all resources available to help people meet their individual recovery goals. The recovery process is not just improvement in mental health, but improvement in quality of life activities, including employment, education, meaningful relationships, and independence.

FSP services involve a multidisciplinary approach with teams comprised of mental health clinicians, mental health specialists, case managers, peer support specialists, co-occurring specialists, nursing staff, and psychiatry providers, all working collaboratively with consumers and their families. The FSP provider in collaboration with the consumer, and when appropriate the consumer's family, develops Individual Services & Supports Plans (treatment plans) in order to provide a full spectrum of behavioral health services and community supports to assist consumers in achieving their individual identified goals.



Services are “person-centered”, allowing each individual to choose services based on their preferences and needs which may include the following:

- Individual therapy or group services
- Rehabilitation and skill building supports
- Family therapy
- Peer support and wellness recovery planning
- Substance use counseling
- Collateral support: psychoeducation and support for family members, caretakers, and other identified support persons
- Intensive case management: referrals and linkage to community resources
- Psychiatric evaluation and medication management
- Nursing services
- Crisis intervention services
- 24/7 warmline phone support

Services are provided in homes, the community and the office setting pending the need of the consumer. FSP services are delivered in a manner that is culturally and linguistically responsive with a focus on the promotion of wellness, recovery, and resiliency. FSP programs collaborate with a wide variety of community agencies and organizations to ensure a full array of services to meet housing, medical, social/recreational, vocational, and educational needs.

SCBH uses a Transitions in Care (TIC) committee process to review cases referred for FSP level services in order to determine the most appropriate level of care and edibility for FSP. If an FSP level of treatment is warranted the TIC committee refers the consumer to the most appropriate FSP program to meet their individual needs. The Contractor Adult HOME FSP is able to engage individuals who are homeless in treatment without adhering to the TIC review process. The SCBH FCTU FSP program receives referrals directly from Child Welfare Services (CWS) and children and youth who have been identified as CSEC these consumers are fast tracked to the Transitional Age Youth (TAY) FSP who has a team who specializes in working with the CSEC population.

All of the FSP adult programs funded by SCBH have been trained in the Assertive Community Treatment (ACT) evidenced-based practice (EBP) model and all of the FSPs programs serving youth have been trained in the Transitions to Independence Process (TIP) EBP model.

## Children/Youth Full-Service Partnership (FSP) Programming (Ages 0-21)—County

**Name of Program:** SCBH Child/Youth FSP

**Agency Name:** Solano County Behavioral Health

**Description of Program:**

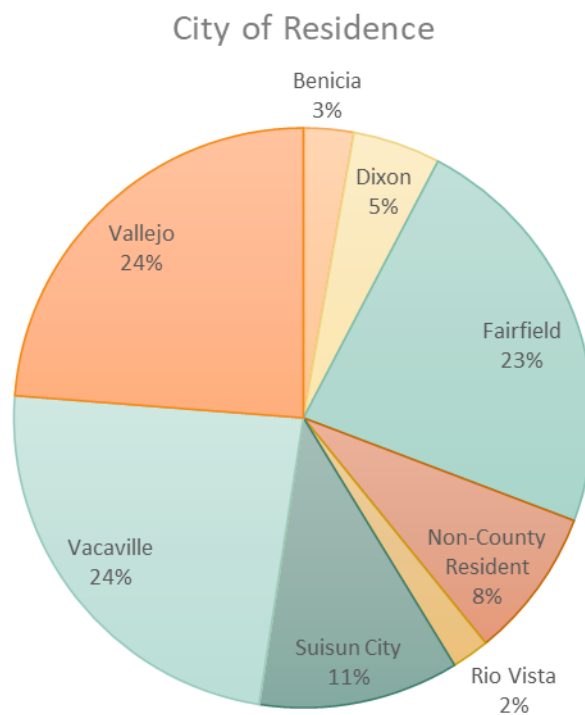
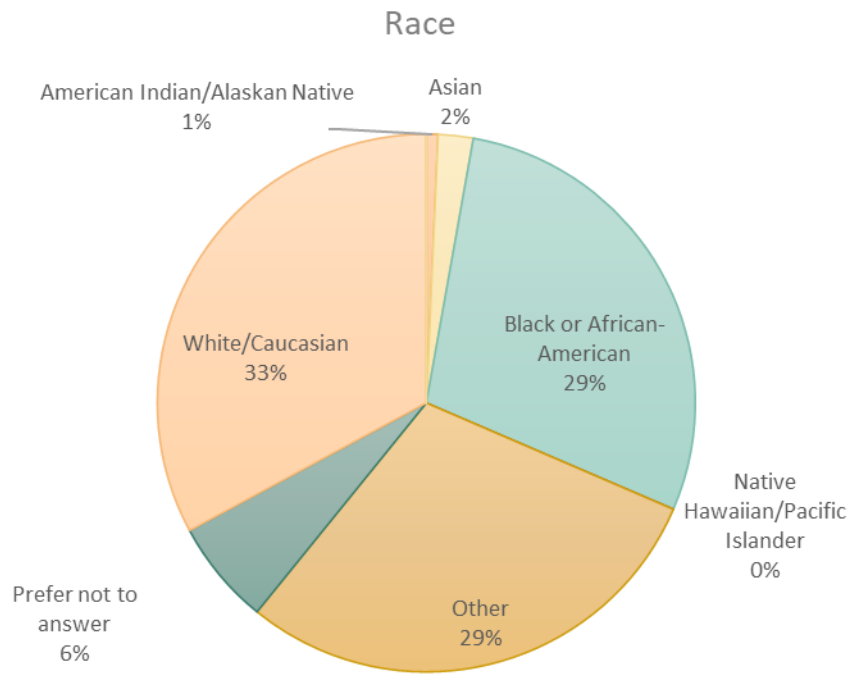
The SCBH Child/Youth FSP program provides intensive services for children and youth up to 21 years old and their families. The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile justice system, involved with child welfare, had multiple placement changes, loss of school placements, etc. Program goals include the enhancement of each person's quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

### Program Performance Measures

Unduplicated Individuals Served: 143

Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	12% (17) of the consumers served were hospitalized 1 time during the course of treatment. 5% (7) of the consumers served were hospitalized 2 times or more times during the course of treatment.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	1% (1) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	3% (5) of the child/youth consumers served were incarcerated during the reporting period.
Reduce incidents of placement loss for children/youth consumers.	An average of 6% (9) consumers served experienced an incidence of placement loss.
Financial Report	
Cost per Person:	\$19,980
Budgeted Amount FY 2020/21: \$3,341,570	Total Expenditures FY 2021/21: \$2,714,169

The following charts and table provide additional demographic data for the consumers served by the SCBH Children/ Youth FSP Program:



Demographics		Total Individuals Demo Collected:	#
			143
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	6%	Caribbean	0%
16-25	71%	Central American	0%
26-59	22%	Mexican/Mexican-American/Chicano	25%
60+	0%	Other Hispanic/Latino	13%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	29%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	29%	Eastern European	0%
Prefer not to answer	6%	European	0%
White/Caucasian	33%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	45%	Middle Eastern	0%
Female	55%	Other Non-Hispanic/Latino	51%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	10%
Male	40%	More than one ethnicity	0%
Female	51%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	3%
Other	3%	Dixon	5%
Prefer not to answer	3%	Fairfield	23%
Questioning/unsure	2%	Non-County Resident	8%
Transgender	1%	Rio Vista	2%
<b>Sexual Orientation</b>		Suisun City	11%
Gay	1%	Unincorporated	0%
Bisexual	13%	Unknown/Not Reported	0%
Heterosexual/straight	60%	Vacaville	24%
Lesbian	1%	Vallejo	24%
Other	4%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	15%		
Queer	2%		
Questioning/unsure	3%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	87%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	13%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	87%		
Tagalog	0%		
Other	3%		
Spanish	10%		

### ***Highlights & Achievements***

- The team continued to implement an integrated approach to address the needs of consumers with co-occurring mental health and substance use conditions. The services include six (6) weeks of psychoeducation or six (6) months of treatment services. These integrated services addressed a significant gap resulting in an increase in referrals. The program initiated the use of the American Society of Addiction Medicine (ASAM) Teen version, a strength-based multidimensional assessment tool which considers six assessment dimensions for the consumer when determining treatment.
- Ongoing implementation of the TIP model and identification of two staff to become TIP Site Based Trainers (SBTs) to ensure the sustainability of the model. The SBT training started during FY 2020/21 and will be completed during FY 2021/22.

### ***Challenges & Barriers***

- Due to the COVID-19 pandemic while most agencies provided telehealth, the program continued to provide in-person services due to the high acuity of the consumers. Program staff minimized exposure risk by maintaining safety protocols such as receiving vaccinations, wearing masks, providing services outside, and social distancing.
- Staffing was a challenge over the course of the year and there was a significant increase in acute referrals coming in at the end of the school year in Spring of 2021 resulting in capacity issues.

### ***Equity Efforts in FY 2020/21***

Efforts have been made to hire bicultural and bilingual staff. The FSP team now has five (5) bilingual Spanish-speaking staff, including a supervisor. The ability to provide linguistically appropriate services has resulted in a 9% (19) increase of Spanish-speaking consumers served up from 7% the year prior. This is specific to the consumer's primary language not the parent/caregiver which if data were available would be higher per program report. The program continues to make intentional efforts to display wall hangings and other materials in the clinic that represent diverse communities including creating an inclusive space for LGBTQ+ children and youth resulting in an increase in consumers self-identifying as being part of the LGBTQ+ community. Consumers who identified as non-cisgender increased from 2% of the total consumers served in FY 2019/20 to 5% in FY 2020/21 and consumers who identified as non-heterosexual increased from 14% in FY 2019/20 to 16% in FY 2020/21.

The program initiated a Diversity Board posted in the clinic representing culturally diverse communities. The display of this board has inspired consumers, families, and the staff to be proud of their own cultures and heritage. The board has been so successful that FSP consumers are creating art that they want displayed on the board. Finally, program staff pay special attention to empowering consumers and families to incorporate their own language, thoughts, customs, values, and beliefs into treatment planning.

### ***Changes or Updates Planned for FY 2021/22***

In order to address capacity challenges two County positions will be funded through the MHSA CSS FSP subcomponent to provide bandwidth to support and bridge services for consumers referred for the FSP level of care. These positions will flexibly serve both the SCBH Child/Youth FSP and the SCBH FCTU FSP programs.

**Number of Children (0-5) served FY 2020/21: 9**

**Number of Children (6-15) served FY 2020/21: 102**

**Number of TAY (16-25) served FY 2020/21: 32**

**Estimated Number of Children (0-5) to be served FY2021/22: 14**

**Estimated Number of Children (6-15) to be served FY2021/22: 105**

**Estimated Number of TAY (16-25) to be served FY2021/22: 30**

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

**Agency Name:** Solano County Behavioral Health

**Description of Program:**

The SCBH FCTU FSP program provides intensive services to children and youth up to 21 years old and their families who are currently involved with Child Welfare Services (CWS). The children and youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, have continued involvement with child welfare, are involved with the juvenile justice system, may have had multiple placement changes, etc. Consumers are referred directly by Solano County CWS. Program goals include the enhancement of each person’s quality of life, to teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and to reduce dependence on community safety net services such as the crisis services, child welfare, and police. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

**Program Performance Measures**

**Unduplicated Individuals Served: 62**

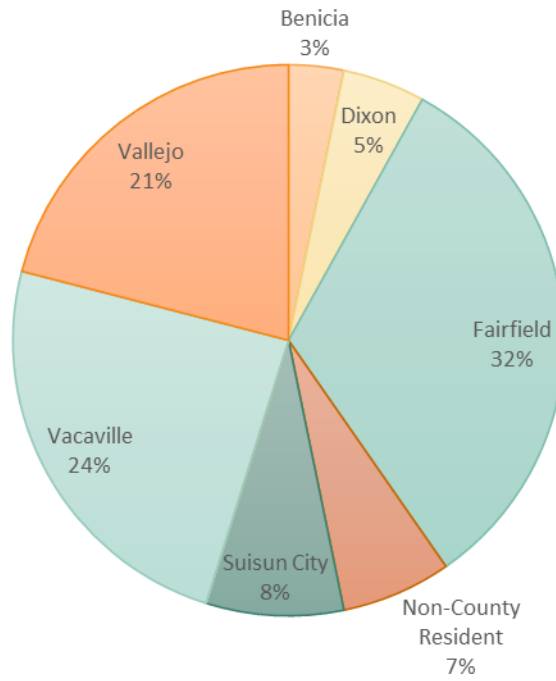
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for child/youth consumers.	5% (3) of the consumers served were hospitalized 1 time; and 0% (0) of the consumers served were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP child/youth consumers and their families.	0% (0) of the consumers and their families experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for child/youth consumers.	0% (0) of the consumers served experienced incarceration.
Partner with CWS, each foster youth, birth family, and/or caretakers to secure stable permanent placements for the youth served in order to prevent placement loss.	Of the 62 consumers served only 11% (7) of the youth had loss of placement.

**Financial Report**

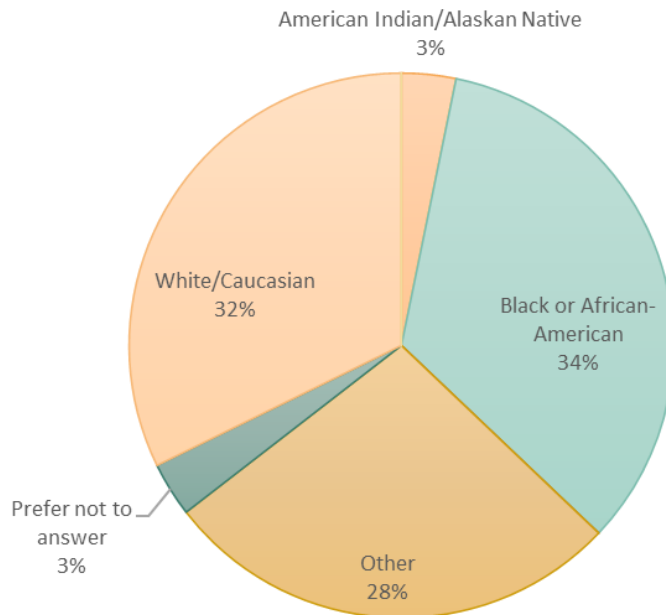
Cost per Person	\$22,761
Budgeted Amount FY 2020/21: \$1,323,240	Total Expenditures FY 2020/21: \$1,411,157

The following charts and table provide additional demographic data for the consumers served by the SCBH FCTU FSP Program:

### City of Residence



### Race



Demographics		Total Individuals Demo Collected:	#
			62
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	77%	Caribbean	0%
16-25	23%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	19%
60+	0%	Other Hispanic/Latino	10%
Prefer not to answer	0%	Puerto Rican	3%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	3%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	27%	Eastern European	0%
Prefer not to answer	3%	European	0%
White/Caucasian	32%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	61%	Middle Eastern	0%
Female	39%	Other Non-Hispanic/Latino	60%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	8%
Male	35%	More than one ethnicity	0%
Female	55%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	3%
Other	2%	Dixon	5%
Prefer not to answer	8%	Fairfield	32%
Questioning/unsure	0%	Non-County Resident	6%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	8%
Gay	0%	Unincorporated	0%
Bisexual	8%	Unknown/Not Reported	0%
Heterosexual/straight	45%	Vacaville	24%
Lesbian	3%	Vallejo	21%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	39%		
Queer	2%		
Questioning/unsure	3%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	98%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		



### ***Highlights & Achievements***

- FCTU FSP program staff are co-located within CWS and continue to maintain a strong collaborative relationship with CWS partners by closely coordinating care for youth involved with Child Welfare. Additionally, the team provides ongoing trainings for CWS new hires and regularly attending unit meetings.
- The FCTU FSP program continues to implement the TIP model. Utilization of TIP interventions are regularly discussed during case presentations at monthly staff meetings.

### ***Challenges & Barriers***

- Due to the COVID-19 pandemic while most agencies provided telehealth, the program continued to provide in-person services due to the high acuity of the consumers being served. The COVID-19 pandemic increased anxiety and concern about getting sick amongst staff and consumers/families served. Program staff minimized exposure risk by maintaining safety protocols such as receiving vaccinations, wearing masks, providing services outside, and social distancing.
- Staffing was a challenge over the course of the year and there was a significant increase in acute referrals coming in from CWS. While referrals to County CWS was down as a result of school closures the incoming child abuse cases were very serious.
- During the year there were frequently COVID related consumer or provider cancellations which impacted productivity. To ensure staff were serving a maximum number of consumers the caseloads were increased accordingly.

### ***Equity Efforts in FY 2020/21***

The FCTU FSP team is a very culturally diverse team with staff representing various ethnicities including Asian American/Pacific Islander, African American/Black, and Haitian. With the loss of a bilingual clinician the program actively recruited and made contingent offers to two bilingual Spanish-speaking clinicians who will join the team in FY 2021/22. The program purchased culturally diverse posters, books, and materials for the therapy room and to use when providing direct service with consumers to create an atmosphere of inclusion and acceptance for the diverse community served.

### ***Changes or Updates Planned for FY 2021/22***

In order to address capacity challenges two County positions will be funded through the MHSA CSS FSP subcomponent to provide bandwidth to support and bridge services for consumers referred for the FSP level of care. These positions will flexibly serve both the SCBH FCTU FSP and the SCBH Child/Youth FSP programs.

**Number of Children (0-5) served FY 2020/21: 1**

**Number of Children (6-15) served FY 2020/21: 47**

**Number of TAY (16-25) served FY 2020/21: 14**

**Estimated Number of Children (0-5) to be served FY2021/22: 3**

**Estimated Number of Children (6-15) to be served FY2021/22: 60**

**Estimated Number of TAY (16-25) to be served FY2021/22: 20**

**Transition Age Youth (TAY) Full Service Partnership (FSP) Programming (Ages 16-25)—Contractor**

**Name of Program:** Transition Age Youth (TAY) FSP

**Agency Name:** Seneca Family of Agencies

**Description of Program:**

The TAY FSP program, administered by a community-based organization, delivers intensive strengths-based mental health services and support to high-need and high-risk youth ages 16-25. The youth served by this program have not been stabilized at lower levels of care and are at risk of, or have been hospitalized, involved with the juvenile/adult justice system, involved with child welfare, have been removed from their birth families, had multiple placement changes, loss of school placements, etc. Additionally, the program specializes in serving commercially sexually exploited children/youth (CSEC). While the program primarily serves TAY aged consumers, SCBH approved the program to serve children as young as 10 years old at risk of CSEC or who have been exploited. The program offers FSP services regionally throughout Solano County. The program adheres to the TIP model.

**Program Performance Measures**

**Unduplicated Individuals Served: 48**

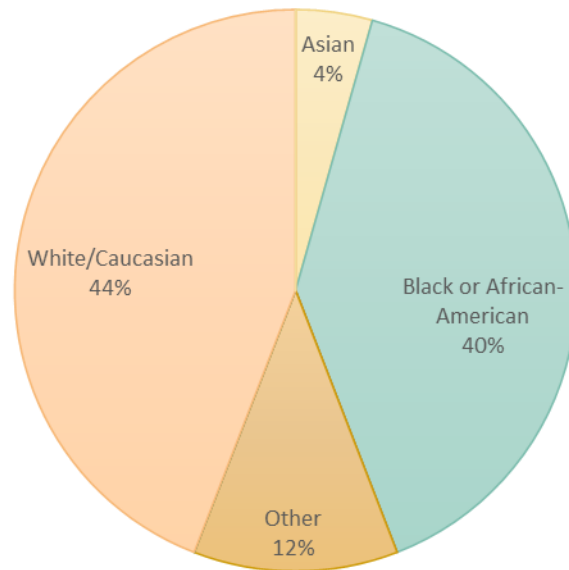
<b>Program Indicators</b>	<b>Annual Outcome</b>
Provide FSP level services to minimum of 40 TAY consumers.	48 unduplicated consumers received TAY FSP services and of these 20 were CSEC cases and 19 screened to be at risk of CSEC.
At least 75% of consumers will experience a reduction in psychiatric hospitalization as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 18 consumers had experienced at least one hospitalization. 83% (15) of the consumers served experienced a reduction in hospitalizations. Only 17% (3) of the consumers served have been re-admitted to psychiatric hospital following engagement with the FSP team.
At least 75% of consumers will experience a reduction in criminal arrest, as compared to pre-treatment assessment data (6 months prior treatment).	Prior to FSP treatment 10 consumers had experienced an arrest and 70% (7) of these consumers experienced a reduction/avoidance in criminal arrest.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge.	Of the 48 consumers who have had a follow-up <i>CANS/ANSA</i> administered at the 6-month mark, 73% (35) achieved or partially achieved at least one treatment goal.
60% or more of the CSEC consumers served will demonstrate a reduction in risk factor domains of "Perception of Dangerousness" and "Knowledge of Exploitation" based on the <i>CANS-CSEC</i> measurement tool	Of the 22 consumers who were administered the <i>CANS-CSEC</i> measure during the reporting period, 23% (5) of consumers showed a reduction in risk factor domains listed to the left.
60% or more of the CSEC consumers served will demonstrate a reduction in risk factors "Frequency of Runaway" and "Safety of Destination" based on the <i>CANS-Runaway</i> measurement tool	Of the 20 consumers who were administered the <i>CANS-Runaway</i> measure during the reporting period, 20% (4) of consumers showed a reduction in risk factor domains listed to the left.
At least 70% of the consumers will achieve and/or maintain stable housing.	96% (46) of the consumers have achieved/maintained stable housing.
At least 75% of the consumers will improve their knowledge, understanding, and skills associated with independent living tasks and responsibilities per a skills-based assessment tool.	Of the 31 consumers measured, 45% (14) showed improved knowledge, understanding and skills associated with independent living tasks and responsibilities.

**Financial Report**

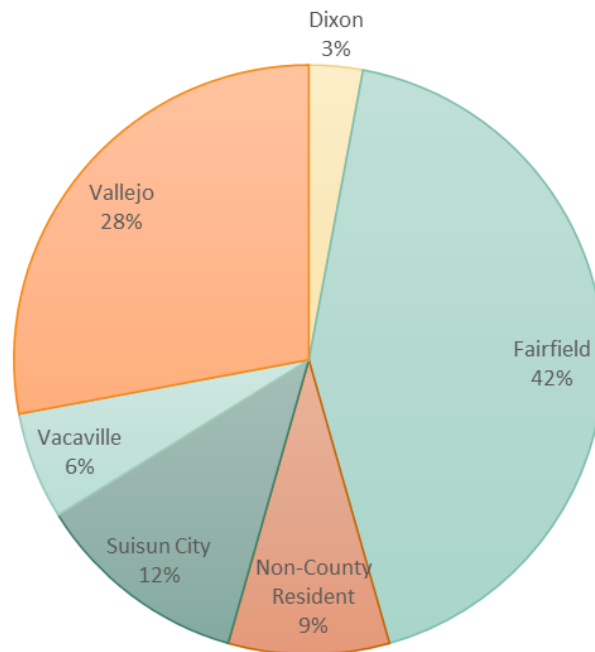
Cost per Person	\$27,664
Contract Amount FY 2020/21: \$1,381,451	Total Expenditures FY 2020/21: \$1,327,871

The following charts and table provide additional demographic data for the consumers served by the TAY FSP Program:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	#
			48
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	25%	Caribbean	0%
16-25	75%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	23%
60+	0%	Other Hispanic/Latino	6%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	23%	Eastern European	0%
Prefer not to answer	6%	European	0%
White/Caucasian	35%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	25%	Middle Eastern	0%
Female	75%	Other Non-Hispanic/Latino	60%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	10%
Male	23%	More than one ethnicity	0%
Female	71%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	2%
Other	2%	Dixon	6%
Prefer not to answer	4%	Fairfield	23%
Questioning/unsure	0%	Non-County Resident	6%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	13%
Gay	0%	Unincorporated	0%
Bisexual	21%	Unknown/Not Reported	0%
Heterosexual/straight	56%	Vacaville	17%
Lesbian	2%	Vallejo	33%
Other	2%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	10%		
Queer	0%		
Questioning/unsure	8%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	92%		
Ilocano	0%		
Other	4%		
Prefer not to answer	0%		
Spanish	4%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	94%		
Tagalog	0%		
Other	4%		
Spanish	2%		

### ***Highlights & Achievements***

- An embedded psychiatrist began to provide medication services which allowed for better coordination of care for the consumers being served.
- The program continued to successfully implement the TIP model and identified two staff to become TIP Site Based Trainers (SBTs) to ensure the sustainability of the model. The SBT training started during FY 2020/21 and will be completed during FY 2021/22.
- Various training opportunities were provided in treatment for CSEC, suicide prevention, telehealth practices, Dialectical Behavior Therapy, community-based safety, etc.
- The telehealth platform worked well for CSEC consumers who have had challenges engaging in traditional community-based services, and as a result staff were able to stay connected to consumers and provide harm reduction support services.
- The TAY FSP program collaborated with SCBH to reintroduce a TAY Collaborative that meets quarterly comprised of providers and community partners that work with the TAY population as well as TAY peers.

### ***Challenges & Barriers***

- The program identified an increase in consumers with co-occurring mental health and substance use conditions and recognized the necessity to have an integrated within the program.
- As a result of agency policies and protocols related to COVID, the program provided a hybrid of telehealth and in-person services. However, telehealth services contacts were shorter largely due to screen fatigue for children/youth doing distance learning.
- The utilization of telehealth was challenging for some consumers and families either due to a lack of access to technology or equipment and/or they struggled to understand how to use the technology. Program staff provided training and support as needed.

### ***Equity Efforts in FY 2020/21***

The program continues to make efforts to hire and train a diverse and culturally competent team of staff which now includes one bilingual Spanish-speaking clinician and one bilingual Spanish-speaking counselor who were able to provide services in Spanish to youth and families. Seneca has a contract with a vendor who is available to provide on-demand interpretation and translation services as needed.

A Diversity, Equity, and Inclusion (DEI) monthly group is available for staff as well as multiple Employee Resource Groups (ERG) with other individuals across the agency. These groups assist the staff with increasing their knowledge and skills around recognizing individual biases and identifying systemwide practices that may impede culturally respectful care. Mandatory All Staff meetings also contain activities and discussions related to DEI. A Bilingual/Bicultural ERG was added to support bilingual and bicultural staff and to provide opportunities for consultation. Throughout the year, on-going trainings related to diversity, equity, and inclusion (DEI) are conducted agencywide on a myriad of topics. The program supervisor participated a training cohort focused on developing culturally sensitive supervision practices provided by Dr. Kenneth Hardy.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Number of Children (6-15) served FY 2020/21: 12**

**Number of TAY (16-25) served FY 2020/21: 36**

**Of the 48 child/youth consumers served, 20 youth identified as CSEC cases**

**Estimated Number of Children (6-15) to be served FY2021/22: 12**

**Estimated Number of TAY (16-25) to be served FY2021/22: 38**

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

**Name of Program:** SCBH Adult Assertive Community Treatment (ACT) FSP

**Agency Name:** Solano County Behavioral Health

**Description of Program:**

The SCBH Adult ACT FSP program serves adults with persistent serious mental health conditions who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been hospitalized, involved with the criminal justice system, homeless or underserved. The program’s goal is to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice. The program offers FSP services regionally throughout Solano County. The program adheres to the ACT model.

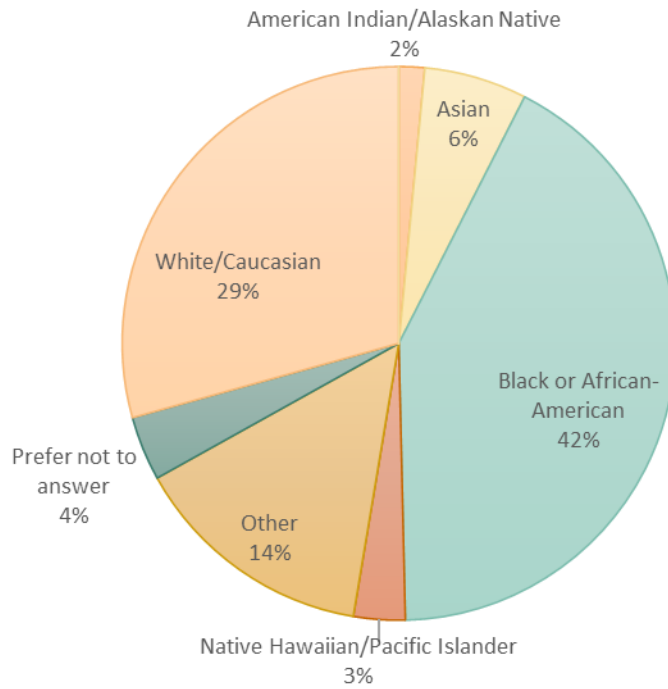
**Program Performance Measures**

**Unduplicated Individuals Served: 133**

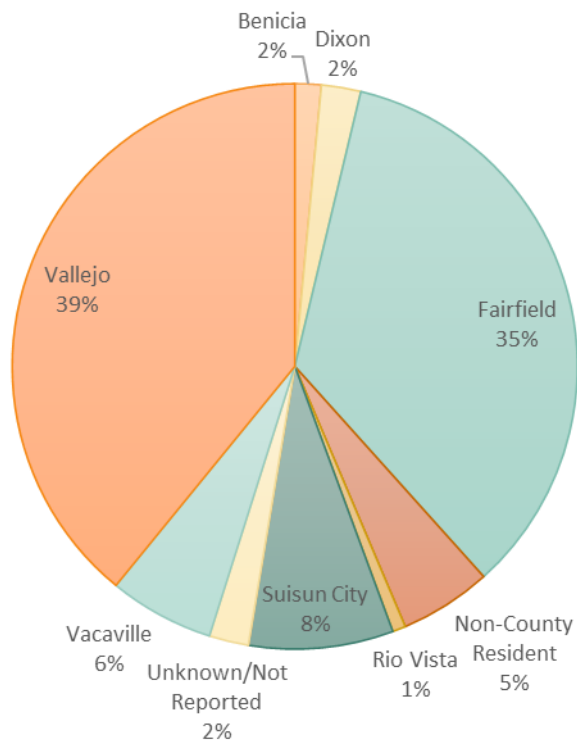
Program Indicators	Annual Outcome
Reduce and/or prevent inpatient psychiatric hospitalizations for FSP consumers.	6% (8) of the consumers served were hospitalized 1 time; and 5% (6) were hospitalized 2 or more times.
Reduce and/or prevent incidents of homelessness for FSP consumers.	6% (8) of the consumers served experienced incidents of homelessness.
Reduce and/or prevent incidents of incarceration for FSP consumers.	8% (10) of the consumers served experienced incidents of incarceration.
Support education and employment goals for FSP consumers.	21% (28) of the consumers served by the program received education and employment support and 8% (10) of the consumers served were enrolled in school or employed.
Financial Report	
Cost per Person	\$20,331
Budgeted Amount FY 2019/20: \$3,396,967	Total Expenditures FY 2019/20: \$2,704,008

The following charts and table provide additional demographic data for the consumers served by the **SCBH Adult ACT FSP Program**:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	
			133
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	20%	Central American	0%
26-59	68%	Mexican/Mexican-American/Chicano	11%
60+	13%	Other Hispanic/Latino	4%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	6%	Asian Indian/South Asian	0%
Black or African-American	42%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	0%
Other	14%	Eastern European	0%
Prefer not to answer	4%	European	0%
White/Caucasian	29%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	63%	Middle Eastern	0%
Female	37%	Other Non-Hispanic/Latino	77%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	8%
Male	62%	More than one ethnicity	0%
Female	37%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	2%
Other	0%	Dixon	2%
Prefer not to answer	2%	Fairfield	35%
Questioning/unsure	0%	Non-County Resident	5%
Transgender	0%	Rio Vista	1%
<b>Sexual Orientation</b>		Suisun City	8%
Gay	2%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	2%
Heterosexual/straight	80%	Vacaville	6%
Lesbian	1%	Vallejo	39%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	11%		
Queer	0%		
Questioning/unsure	1%		
<b>Veteran Status/Military Services</b>			
Veteran	2%		
Active military	0%		
Not a veteran or not active military	98%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	1%		
English	98%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	1%		
Tagalog	1%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	1%		
English	98%		
Tagalog	1%		
Other	0%		
Spanish	1%		



### ***Highlights & Achievements***

- Restructured the ACT team to meet the fidelity of the ACT model.
- Created an UberHealth account as a creative solution to support consumers accessing community-based treatment (mental health and medical appointments).
- Improved ways to support consumers accessing services through the system of care by piloting a warm handoff process between internal and external programs to ensure fluidity of services.

### ***Challenges & Barriers***

- Staffing challenges necessitated restructuring the team to identify designated roles e.g., providers for an assessment calendar, crisis person of the day calendar, etc.
- Due to the COVID-19 pandemic while most agencies provided telehealth, the program continued to provide in-person services due to the high acuity of the consumers. Staff minimized exposure risk by maintaining COVID safety protocols.

### ***Equity Efforts in FY 2020/21***

The ACT team is comprised of a diverse staff from different cultural backgrounds and have bilingual staff able to provide services in Spanish, Punjabi, and Hindi. Bilingual staff are encouraged to assist other County clinics by providing interpretation services for consumers if need arise.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Number of TAY Adults (18-25) served: 26**

**Number of Adults (26-59) served: 90**

**Number of Older Adults (60+) served: 17**

**Estimated Number of TAY (18-25) to be served FY2021/22: 30**

**Estimated Number of Adults (26-59) to be served FY2021/22: 100**

**Estimated Number of Older Adults (60+) to be served FY2021/22: 15**

**Name of Program:** Contractor Adult FSP

**Agency Name:** Caminar, Inc.

**Description of Program:**

The Contractor Adult FSP, operated by a community-based organization, serves seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The program serves consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been hospitalized, involved with the criminal justice system, or homeless. The program’s goal is to support consumers in their efforts to live as independently as possible as members of the community and in a setting of their choice. The program offers FSP services regionally throughout Solano County. The program adheres to the ACT model.

**Program Performance Measures**

**Unduplicated Individuals Served: 99**

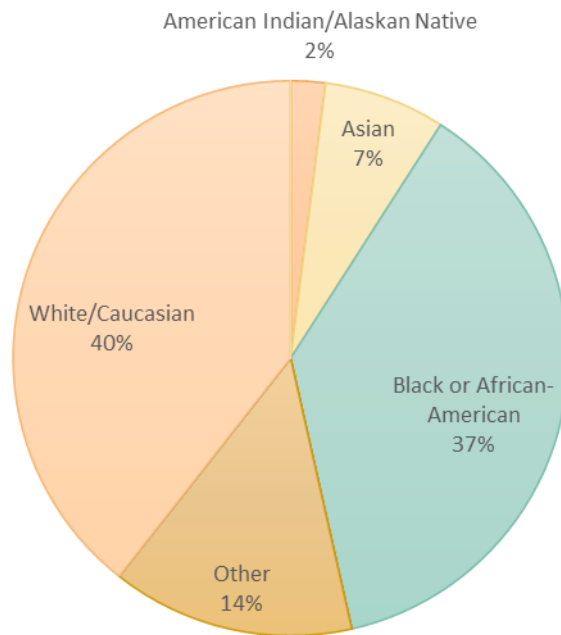
<b>Program Indicators</b>	<b>Annual Outcome</b>
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	13% (13) of consumers served were hospitalized 1 time; and 6% (6) were hospitalized 2 or more times.
No more than 10% of program participants will have interactions with the legal system that results in incarceration.	2% (2) of consumers served experienced an incarceration.
No more than 15% of program participants will experience an episode of homelessness.	1% (1) of consumers served experienced an episode of homelessness.
At least 15% of participants receiving services during this fiscal year will be stepped down/graduate from the program and transitioning independently to the community.	19% (19) of consumers served stepped down/graduated from the program and transitioned independently to the community.
Support education and employment goals for FSP consumers.	28% (28) of the consumers served by the program received education and employment support and 10% (10) of the consumers served were enrolled in school or employed.

**Financial Report**

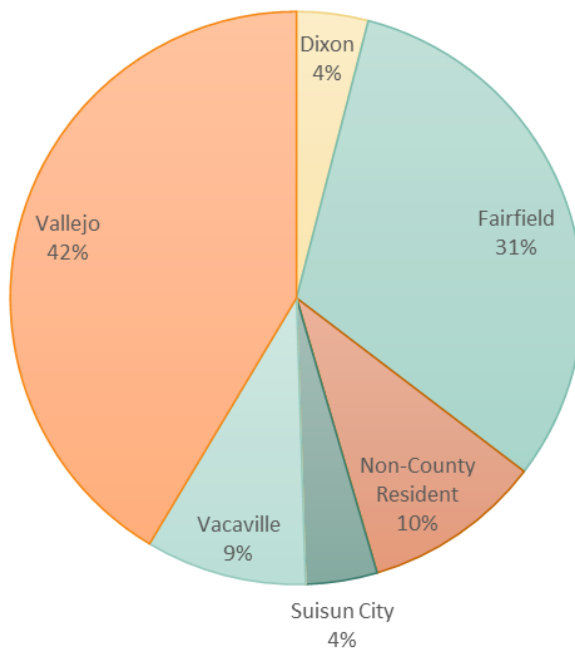
Cost per Person	\$11,634
Contract Amount FY 2020/21: \$1,530,029	Total Expenditures FY 2020/21: \$1,151,703

The following charts and table provide additional demographic data for the consumers served by the **Contractor Adult FSP Program**:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	
			99
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	0%	Caribbean	0%
16-25	14%	Central American	0%
26-59	67%	Mexican/Mexican-American/Chicano	11%
60+	19%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	7%	Asian Indian/South Asian	0%
Black or African-American	37%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	14%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	39%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	52%	Middle Eastern	0%
Female	48%	Other Non-Hispanic/Latino	85%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	0%
Male	51%	More than one ethnicity	0%
Female	48%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	1%	Dixon	4%
Prefer not to answer	0%	Fairfield	31%
Questioning/unsure	0%	Non-County Resident	10%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	4%
Gay	1%	Unincorporated	0%
Bisexual	7%	Unknown/Not Reported	0%
Heterosexual/straight	87%	Vacaville	9%
Lesbian	1%	Vallejo	41%
Other	2%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	2%		
Queer	0%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	95%		
Ilocano	0%		
Other	2%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	95%		
Tagalog	0%		
Other	2%		
Spanish	3%		

### ***Highlights & Achievements***

- A Leadership Collaborative was formed to improve communication and coordination of care for adult consumers. The Collaborative includes representation from the adult FSP programs, the adult case management program, the Crisis Residential Treatment (CRT) program, the SCBH Hospital Liaison unit, SCBH Quality Improvement unit, SCBH Integrated Care Clinics (ICC) and other County programs.
- Provided in-person services with COVID-19 safety guidelines on top of phone/virtual communication method.
- Stepped down consumers to lower level of care and kept hospitalizations down in close coordination with County and program partners such as the CRT program.
- The program continued to refine program processes related to the ongoing implementation of the ACT model.

### ***Challenges & Barriers***

- A lack of resources for housing, substance use outpatient programs, transportation, and co-occurring facilities were barriers for consumers with multiple needs.
- Due to COVID-19 staff were rotated between providing telehealth and in-person services. Some consumers experienced barriers to using telehealth including a lack of access to the Internet or equipment, limited minutes on cell phone plans and not having confidential spaces in consumers' homes.

### ***Equity Efforts in FY 2020/21***

All staff were trained on how to access Language Link interpreter services through the County's contract. The Caminar Solano Region leadership added specific questions focused on cultural and equity to the hiring process which has resulted in hiring a more diverse workforce in order to provide services for culturally and linguistically diverse consumers. The Assistant Program Director participated in the Solano County Diversity & Equity Committee. Caminar as an agency created regional and an agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency Diversity Equity and Inclusion (DEI) Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Number of TAY Adults (18-25) served: 14**

**Number of Adults (26-59) served: 66**

**Number of Older Adults (60+) served: 19**

**Estimated Number of TAY (18-25) to be served FY2021/22: 15**

**Estimated Number of Adults (26-59) to be served FY2021/22: 38**

**Estimated Number of Older Adults (60+) to be served FY2021/22: 15**

**Name of Program:** Contractor Adult HOME FSP

**Agency Name:** Caminar, Inc.

**Description of Program:**

The HOME FSP program, delivered by a community-based organization, provides intensive services for homeless seriously mentally ill consumers who have not been stabilized at lower levels of care and are frequent users of the Crisis Stabilization Unit (CSU), being stepped down from more restrictive settings, are at risk of, or have been hospitalized or involved with the criminal justice system. The program uses the Housing First and ACT models to meet consumers' needs working towards residential stability and recovery. Program staff partner with local law enforcement departments and conduct outreach to homeless encampments and other locations that the homeless community congregate in order to identify and screen consumers who would benefit from FSP level services. The program adheres to the ACT model.

**Program Performance Measures**

**Unduplicated Individuals Served: 68**

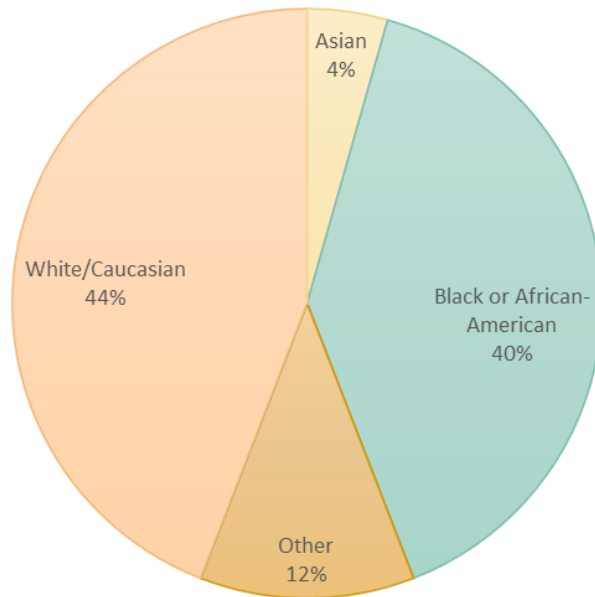
Program Indicators	Annual Outcome
Maintain capacity to provide FSP services to 32-42 chronically homeless individuals with severe and persistent mental illness at any given time during the fiscal year.	A total of 68 unduplicated consumers were served.
No more than 25% of program participants will be admitted to the hospital for psychiatric treatment.	7% (5) of consumers served were hospitalized at least once during the reporting period and 9% (6) were hospitalized more than one time.
No more than 20% of program participants will have interactions with the legal system that result in an incarceration.	7% (5) of consumers served experienced an incarceration.
Once enrolled for six months, no more than 40% of the consumers will experience an episode of homelessness.	1% (1) of consumers served experienced an episode of homelessness.
A minimum of 15% of the consumers served will be stepped down or will graduate to lower level of care including a case management program, one of the adult psychiatry clinics, or another community-based organization.	Of the 35 consumers discharged from the program 23% (8) of consumers served were stepped down to lower level services.
Support education and employment goals for FSP consumers.	44% (30) of the consumers served by the program received education and employment support and 18% (12) of the consumers served were enrolled in school or employed.

**Financial Report**

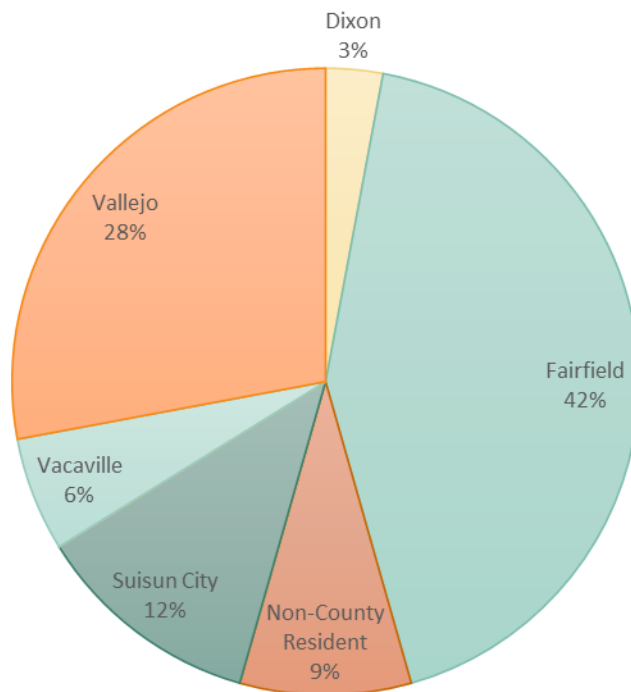
Cost per Person	\$11,802
Contract Amount FY 2020/21: \$960,630	Total Expenditures FY 2020/21: \$802,445

The following charts and table provide additional demographic data for the consumers served by the **Contractor Adult HOME FSP Program**:

Race



City of Residence



Demographics		Total Individuals Demo Collected:	
			68
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	0%	Caribbean	0%
16-25	7%	Central American	0%
26-59	79%	Mexican/Mexican-American/Chicano	9%
60+	13%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	3%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	40%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	12%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	44%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	71%	Middle Eastern	0%
Female	29%	Other Non-Hispanic/Latino	85%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	0%
Male	71%	More than one ethnicity	0%
Female	28%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	3%
Prefer not to answer	0%	Fairfield	43%
Questioning/unsure	0%	Non-County Resident	9%
Transgender	1%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	12%
Gay	1%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	0%
Heterosexual/straight	88%	Vacaville	6%
Lesbian	1%	Vallejo	28%
Other	3%		
Prefer not to answer	1%		
Queer	0%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	3%		
Active military	0%		
Not a veteran or not active military	97%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	97%		
Tagalog	0%		
Other	0%		
Spanish	3%		
		Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	



### ***Highlights & Achievements***

- Program staff conducted community outreach in areas where the homeless population who do not actively seek services on their own usually congregate. Additionally, staff conducted outreach and case management services to homeless population at Shelter Solano and Project Room Key locations in Fairfield and Vallejo.
- The Leadership Collaborative for the adult system of care referenced earlier helped improve communication and coordination of care for adult consumers.
- The program continued to refine program processes related to the ongoing implementation of the ACT model.

### ***Challenges & Barriers***

- Level of acuity of the consumers referred increased including criminal involvement, developmental conditions, and co-occurring mental health and substance use conditions.
- Limited shelter and housing resources which was compounded by these facilities requiring negative TB and COVID-19 tests before admission.
- Difficulty locating consumers who do not have consistent phone numbers or Internet connection.
- Referrals that came from various outreach programs were ultimately seeking assistance housing consumers, not FSP level intensive mental health services.

### ***Equity Efforts in FY 2020/21***

All staff have been trained in how to access interpreter services through the County's contract with Language Link. The Caminar Solano Region leadership added specific questions focused on cultural and equity to the hiring process which has resulted in hiring a more diverse workforce in order to provide services for culturally and linguistically diverse consumers. The Assistant Program Director participated in the Solano County Diversity & Equity Committee. Caminar as an agency created regional and an agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Number of TAY Adults (18-25) served: 5**

**Number of Adults (26-59) served: 54**

**Number of Older Adults (60+) served: 9**

**Estimated Number of TAY (18-25) to be served FY2021/22: 6**

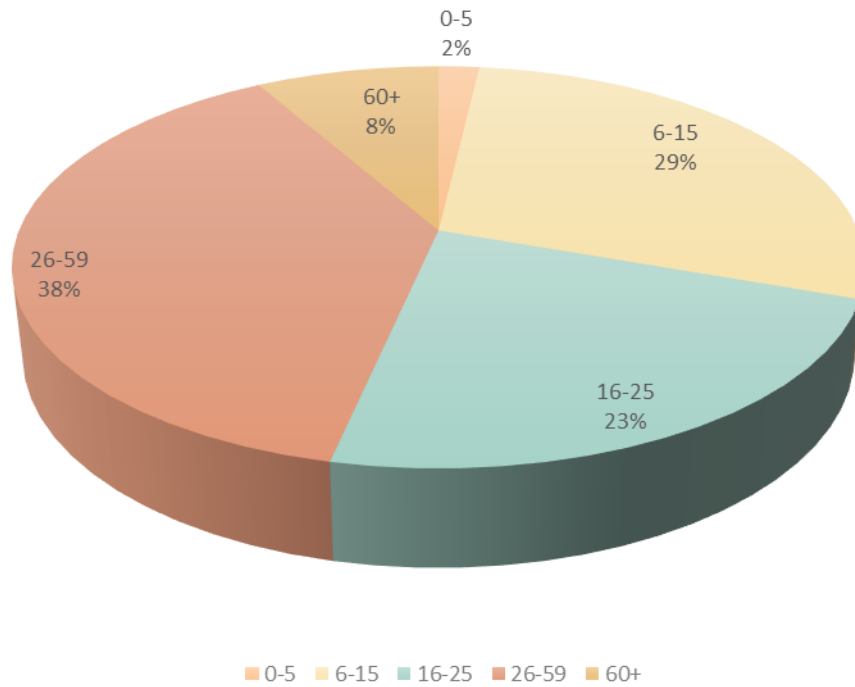
**Estimated Number of Adults (26-59) to be served FY2021/22: 65**

**Estimated Number of Older Adults (60+) to be served FY2021/22: 9**

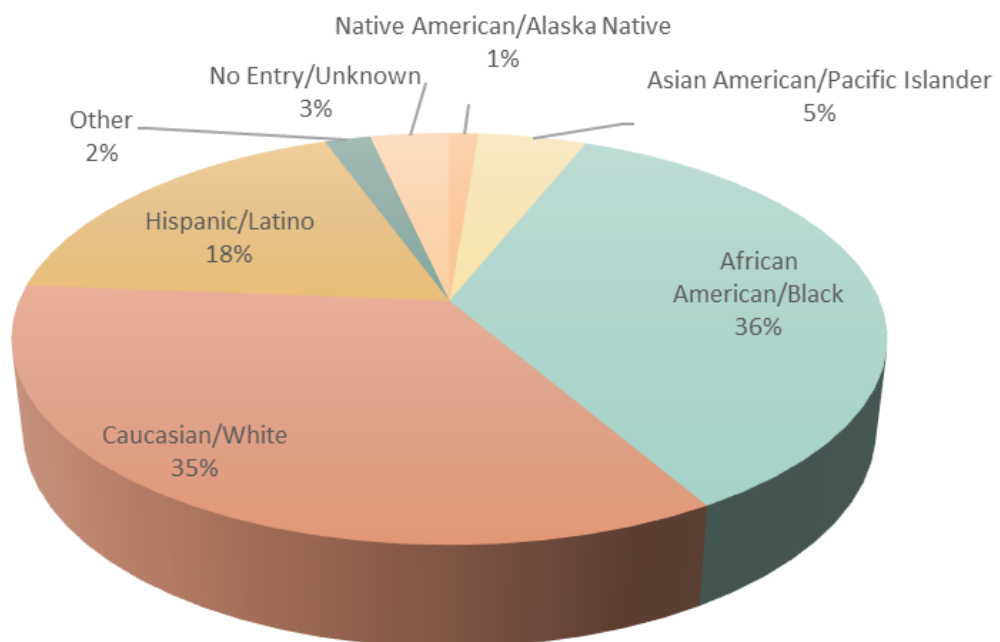
### Overall Annual FSP Outcomes

During FY 2020/21 there were a total of 543 unduplicated consumers served during the year ranging in ages from 4 years old to 77 years old. There was a total of 315 adults served and a total of 228 children/youth served. The following charts represent additional demographics for FSP consumers served during the year

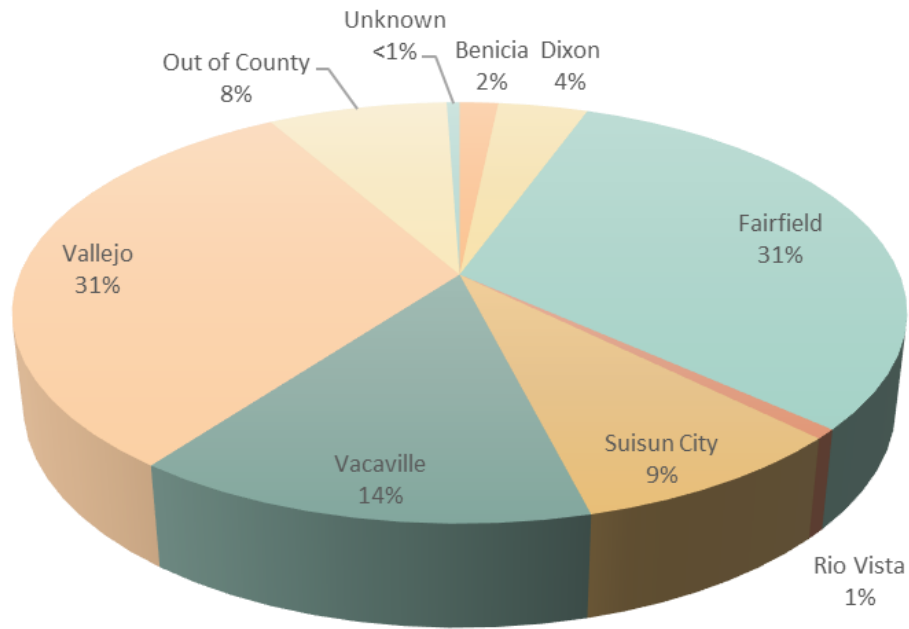
#### FSP Consumers Served by Age Group



#### FSP Consumers Served by Race



## FSP Consumers Served by City of Residence



Below is an overview of outcomes for all FSP consumers by the systems of care as related to hospitalizations, incarcerations, episodes of homelessness and for the children/youth system of care, loss of placement.

FSP System of Care	Annual Period (7/1/20-6/30/21)					
	# Unduplicated Consumers Served	%/# of Consumers Hospitalized 1 Time	%/# of Consumers Hospitalized 2 or More Times	%/# of Consumers Incarcerated	%/# of Consumers Experienced 1 Episode of Homelessness	%/# of Consumers Experienced Placement Loss (children/youth only)
Adults	315	8% (26)	6% (18)	5% (17)	3% (10)	N/A
Children/ Youth	228	11% (25)	4% (8)	4% (8)	1% (2)	8% (18)

# General Systems Development

In FY 2020/21 CSS General Systems Development (GSD) programming included the following: Crisis Services and Supports; Wellness and Recovery Programming; Targeted System Supports; Forensic Mental Health Programming; and MHSA Housing Supports.

## Crisis Services & Supports

**Name of Program:** Crisis Stabilization Unit (CSU)

**Agency Name:** Crestwood Behavioral Health, Inc.

**Description of Program:**

The CSU, operated by a community-based organization, is the County’s provider for crisis stabilization services (CSS) and linkages to a spectrum of crisis mental health services for individuals experiencing an acute psychiatric emergency, e.g., suicidal, homicidal (due to a mental health condition) or gravely disabled. The CSU operates 24 hours a day, 7 days a week and consumers stay at the CSU for up to 23 hours while receiving intensive crisis services. The goal of CSU is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to provide a safe environment for individuals in crisis providing assessment and emergency treatment and when their crisis has abated, linking those individuals to the least restrictive services and supports. For individuals who are not able to be stabilized, the CSU secures inpatient hospital placements in order to ensure consumer and community safety.

### Program Performance Measures

**995 Total Admissions Representing 692 Unduplicated Individuals**

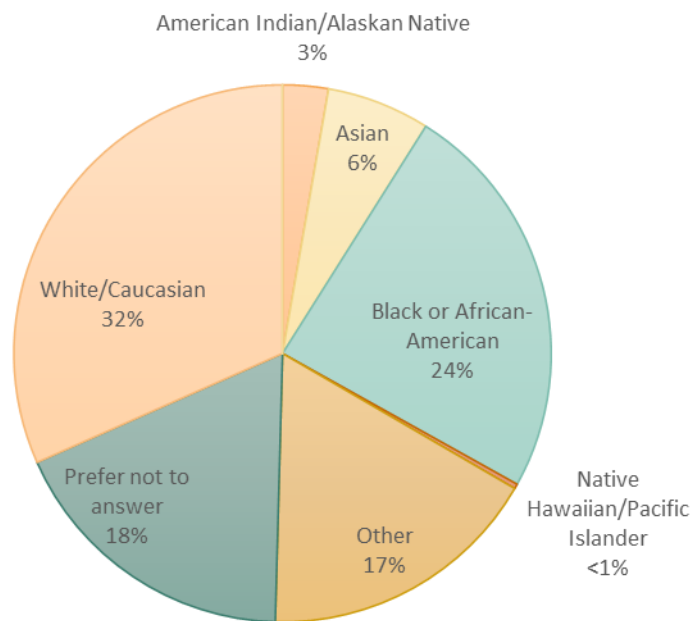
Program Indicators	Annual Outcome
Provide linkage/referral services for at least 90% of the consumers being discharged to the community.	Of the 995 admissions, 375 CSU episodes of care resulted in discharges to the community and of those 100% (375) were provide a referral or linked to ongoing care.
At least 70% of the consumers who complete the CSU <i>Consumer Satisfaction Survey</i> upon discharge will report overall satisfaction with the services by endorsing “agree” on question 6. Please note that consumers who continue to be experiencing an acute crisis may not complete a survey during their stay or before being transferred to a psychiatric inpatient facility.	A total of 314 surveys were collected and of those 91% (287) of the consumers surveyed endorsed overall satisfaction with services.

### Financial Report

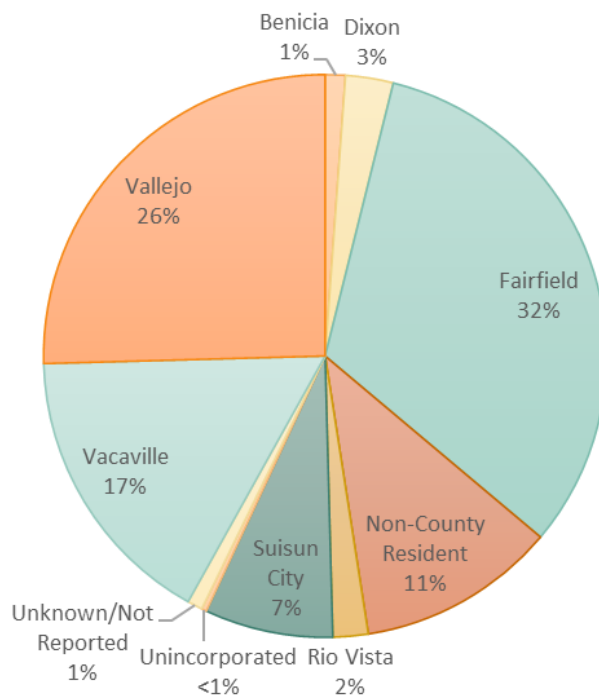
Cost per Admission: \$3,936	Cost per Person: \$5,659
Contract Amount FY 2020/21: \$4,480,836	Total Expenditures FY 2020/21: \$3,916,270

The following charts and table provide additional demographic data for the consumers served by the CSU Program:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	#
			692
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	3%	Caribbean	0%
16-25	27%	Central American	0%
26-59	66%	Mexican/Mexican-American/Chicano	12%
60+	4%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	2%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	3%	African	0%
Asian	5%	Asian Indian/South Asian	0%
Black or African-American	24%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	17%	Eastern European	0%
Prefer not to answer	18%	European	0%
White/Caucasian	32%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	57%	Middle Eastern	0%
Female	43%	Other Non-Hispanic/Latino	64%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	15%
Male	53%	More than one ethnicity	0%
Female	40%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	3%
Prefer not to answer	7%	Fairfield	32%
Questioning/unsure	0%	Non-County Resident	11%
Transgender	0%	Rio Vista	2%
<b>Sexual Orientation</b>		Suisun City	7%
Gay	2%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	1%
Heterosexual/straight	75%	Vacaville	16%
Lesbian	1%	Vallejo	25%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	16%		
Queer	0%		
Questioning/unsure	1%		
<b>Veteran Status/Military Services</b>			
Veteran	2%		
Active military	0%		
Not a veteran or not active military	98%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	93%		
Ilocano	0%		
Other	0%		
Prefer not to answer	1%		
Spanish	5%		
Tagalog	1%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	92%		
Tagalog	0%		
Other	4%		
Spanish	4%		

### ***Highlights & Achievements***

- The CSU continued to implement safety practices in order to minimize the potential exposure to COVID-19. The program successfully navigated the entire year with few exposures and never had to discontinue services due to an outbreak in the program.
- CSU staff worked with SCBH staff to assist indigent consumers in applying for Medi-Cal and other benefits.
- The strong partnership between SCBH and Crestwood was vital to ensure ongoing strong collaboration and coordination of care with other partners including law enforcement, emergency departments, inpatient facilities, etc.

### ***Challenges & Barriers***

- COVID 19 continued to be a challenge for the CSU setting. In addition to the additional safety measures the milieu needed to take, the requirement for negative COVID tests in order to accept new consumers and/or to transfer consumers to inpatient facilities posed unique challenges. The County assisted by providing testing as needed which enabled the program to continue to meet the needs of the community if a higher level of care (inpatient services) was the next recommended step in care.
- Staffing challenges in part due to COVID 19 impacted various roles which was particularly challenging.

### ***Equity Efforts in FY20/21***

The program continues to hire employees with diverse backgrounds including individuals with lived experience, representing multiple age ranges, and some of whom are bilingual. The program strives to create a welcoming inclusive environment for people to enter and receive compassionate trauma-informed services which includes hanging posters representing diversity and safe zones to express visual acceptance and understanding.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Number of Children (6-15) served: 21**

**Number of TAY Adults (16-25) served: 187 (13 of which were minors 16-17)**

**Number of Adults (26-59) served: 454**

**Number of Older Adults (60+) served: 30**

**Name of Program:** Crisis Aftercare and Recovery Engagement (CARE) (name of program had been Crisis Aftercare & Relapse Prevention in the MHSA Three-Year Plan)

**Agency Name:** Solano County Behavioral Health

**Description of Program:**

The Crisis Aftercare & Recovery Engagement (CARE) program, delivered by SCBH, serves adults (18+) who have suffered an acute crisis resulting in inpatient hospitalization and/or are identified as high users of the CSU or other emergency services. This team provides up to 60 days of engagement and crisis aftercare services to ensure linkage to ongoing community-based treatment services including a follow-up service within seven (7) days of discharge from an inpatient facility and a medication service within thirty (30) days of discharge from an inpatient facility. In addition to linkage services the program will arrange for short-term housing and when indicated engage in safety planning and crisis intervention.

**Program Performance Measures**

**Unduplicated Individuals Served: 303**

Program Indicators	Annual Outcome
Identify and accept referrals for consumers preparing to discharge from inpatient facilities or high users of the CSU.	331 consumers were identified for crisis aftercare support and of those 92% (303) were served by the program.
Reduce recidivism/reentry to inpatient facilities.	Comparison 30-day recidivism FY 2019/20 prior to implementation of CARE program to FY 2020/21 post CARE implementation:  Quarter 1: 60% decrease Quarter 2: 59% decrease Quarter 3: 32% decrease Quarter 4: 38% decrease

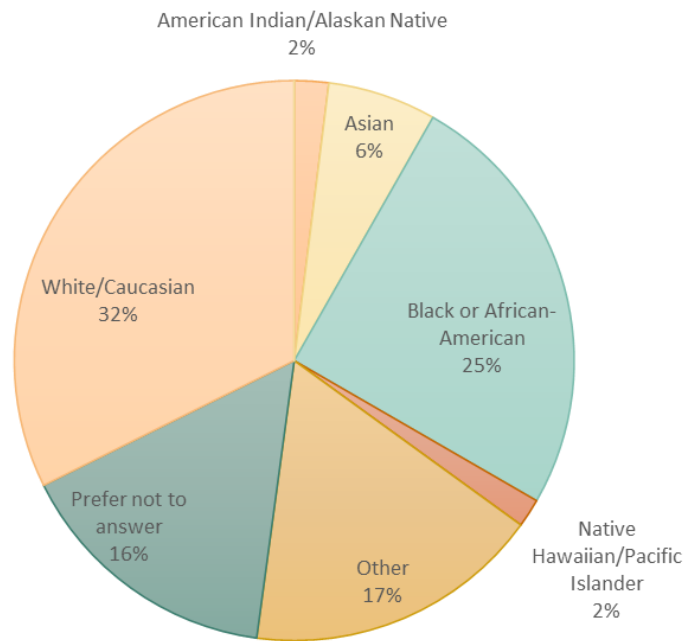
**Financial Report**

Cost per Person	\$1,318
Budgeted Amount FY 2020/21: \$518,279	Total Expenditures FY 2020/21: \$399,261

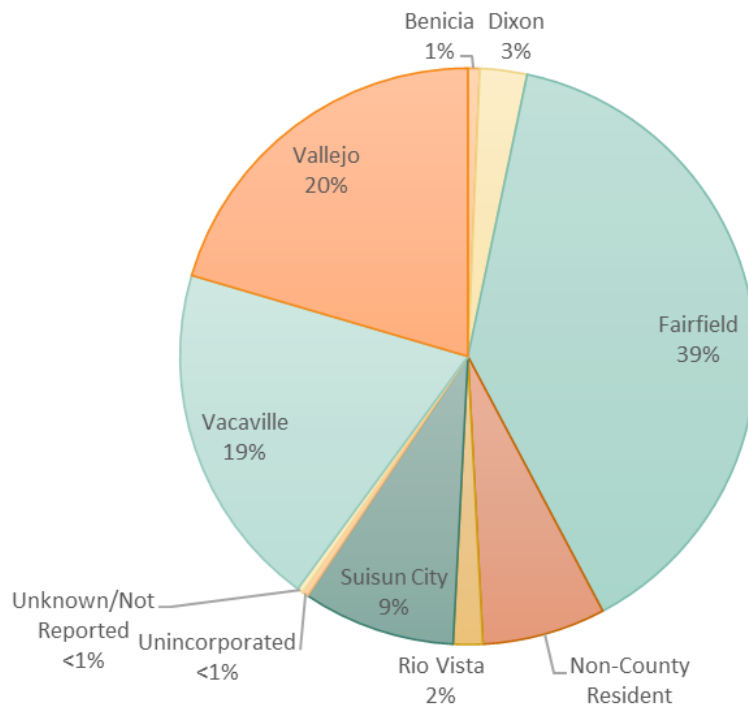


The following charts and table provide additional demographic data for the consumers served by the CARE Program:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	
			#
			303
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	22%	Central American	0%
26-59	72%	Mexican/Mexican-American/Chicano	12%
60+	6%	Other Hispanic/Latino	5%
Prefer not to answer	0%	Puerto Rican	2%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	2%	African	0%
Asian	6%	Asian Indian/South Asian	0%
Black or African-American	25%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	17%	Eastern European	0%
Prefer not to answer	16%	European	0%
White/Caucasian	32%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	56%	Middle Eastern	0%
Female	44%	Other Non-Hispanic/Latino	66%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	15%
Male	53%	More than one ethnicity	0%
Female	38%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	3%
Prefer not to answer	8%	Fairfield	39%
Questioning/unsure	0%	Non-County Resident	7%
Transgender	0%	Rio Vista	2%
<b>Sexual Orientation</b>		Suisun City	9%
Gay	1%	Unincorporated	0%
Bisexual	4%	Unknown/Not Reported	0%
Heterosexual/straight	75%	Vacaville	19%
Lesbian	1%	Vallejo	20%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	17%		
Queer	0%		
Questioning/unsure	1%		
<b>Veteran Status/Military Services</b>			
Veteran	2%		
Active military	0%		
Not a veteran or not active military	98%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	1%		
English	93%		
Ilocano	0%		
Other	0%		
Prefer not to answer	1%		
Spanish	4%		
Tagalog	1%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	1%		
English	93%		
Tagalog	1%		
Other	1%		
Spanish	4%		

### ***Highlights & Achievements***

- The program has initiated the practice of completing the clinical intake assessment and initial treatment plan for consumers who are new to the County Mental Health Plan, while consumers are still in an inpatient facility, the CSU and/or emergency departments on a 5150 hold. The team's ability to complete this initial assessment and treatment plan has increased timeliness to initiate treatment upon discharge from an acute facility.
- A Leadership Collaborative was formed to improve communication and coordination of care for adult consumers. The Collaborative includes representation from the CARE program, adult case management and FSP programs, the Crisis Residential Treatment (CRT) program, the SCBH Hospital Liaison unit, SCBH Quality Improvement unit, SCBH Integrated Care Clinics (ICC) and other County programs.

### ***Challenges & Barriers***

- Due to the COVID-19 pandemic the CARE team's ability to support consumers with face-to-face visits was limited resulting in a heavy reliance on utilizing telephonic and telehealth platforms to connect with consumers, which may have impacted consumers engaging in treatment post discharge.
- The COVID-19 resulted in limited community resources and access to support services such as Wellness Recovery Centers, emergency housing, and ongoing case management making it difficult for the CARE team to link consumers who would have benefited from these resources. In particular, access to short-term housing for consumers post crisis was a challenge. The team responded by making efforts to build relationships with local room and board operators and shelter programs resulting in the team securing housing to ensure that consumers discharged from acute facilities did not end up unhoused.
- Program staff had to navigate a high volume of consumers declining services and/or not having accurate contact information for consumers resulting in the team not being able to locate the consumers post discharge from acute facilities. The team has received training in Motivational Interviewing approaches to better engage consumers. The initiation of the practice of completing the intake assessment while consumers are still in an acute facility provided an opportunity for program staff to better engage consumers and to ensure the collection of accurate contact information.
- The lack of dual diagnosis residential programs continues to be a barrier for consumers with co-occurring mental health and substance use conditions.

### ***Equity Efforts in FY 2020/21***

The CARE team is comprised of diverse group of staff who identify as multi-cultural and multi-ethnic, including African American/Black, Native American/Indigenous, Hispanic/Latino and Caucasian/White. The CARE team utilizes staff meetings to discuss potential gaps in understanding consumers' cultural identities as related to their mental health needs. The team also considers cultural and linguistic needs when discussing consumers during clinical case reviews. When supporting consumers who speak another language, the program leverages bilingual team members and/or Language Link the County's interpreter service provider.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

## Wellness & Recovery Programming

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

**Agency Name:** Solano County Behavioral Health

**Description of Program:**

The WRU program, delivered by SCBH provides support, advocacy, peer counseling, mentoring, and training for consumers and family members. The team provides peer consumer and family support groups across the county as well as education in the community to combat the stigma associated with mental health. This program also recruits and trains peer consumer volunteers and during FY 2018/19 expanded to include three Peer Support Specialists (PSS) paid County positions. The PSS staff are co-located in the county-operated FSP and the three county-operated Integrated Care Clinics that provide psychiatry and medication services.

### Program Performance Measures

**Individuals Served: 1,054 (may not be unduplicated)**

Program Indicators	Annual Outcome
Facilitate consumer support groups 4 times per week throughout the County and provide 1:1 support (phone or in-person) for consumers. Groups held virtually FY 2020/21 due to COVID-19.	205 consumer support groups were offered in the community with 283 unduplicated consumer participants.
Facilitate family support groups 3 times per week throughout the County and provide 1:1 support for families as needed. Groups held virtually FY 2020/21 due to COVID-19.	153 family support groups were offered in the community with 229 unduplicated family member participants.
Facilitate community education events with a focus on stigma reduction and the concepts of wellness and recovery.	1 virtual presentation was held with 58 participants.
Peer Support Specialists (PSS) will be co-located in the 3 adult psychiatry clinics and the county-operated ACT FSP program in order to provide 1:1 and group peer-to-peer support for consumers.	484 consumers were served by the PSS staff.
Increase the number of trained volunteer Peer Support Specialists (PSS).	Currently there are 5 volunteers and 3 County PSS paid employees—trained from diverse backgrounds who provide support for consumers accessing services through the County system of care.
Financial Report	
Cost per Person	\$825
Budgeted Amount FY 2020/21: \$1,001,712	Total Expenditures FY 2020/21: \$869,276

No demographic data available for this program.

### ***Highlights & Achievements***

- The program coordinated/hosted several community educational activities including virtual trainings to promote awareness and combat stigma. Program staff provided leadership for the planning and facilitation of drive-thru and car caravan events in recognition of “Recovery Month” and “May is Mental Health Month: Journey to Wellness”
- Provided meditations/guided imaginary/land acknowledgment for several staff wellness trainings throughout Solano County Departments and Health and Social Services Divisions.
- Coordinated two Peer Support Specialist Trainings offered to community members and peers: *Peer Employment Training* a 76-hour flagship Peer Support certification course; and the California Association of Social Rehabilitation Agencies (CASRA) *Peer Provider* online training.
- Successful volunteer recruitment resulting in the onboarding of 3 new peer volunteers.

### ***Challenges & Barriers***

- Due to the restrictions due to COVID-19, all groups and events were held virtually. Not all potential attendees are technologically literate or may not have had access to technology which may have caused barriers for some potential group participants.
- Isolation of peer consumers through the pandemic negatively affected their mental health status resulting in an increase in crises amongst peer consumers during the reporting period.
- Due to COVID-19 and the use of telehealth in the adult psychiatry clinics there was limited opportunities for the Peer Support Specialists to work directly with consumers face-to-face.

### ***Equity Efforts in FY 2020/21***

The WRU added 3 diverse volunteers to the team. The PSS Team attended cultural humility trainings throughout the FY, including: *Working with Immigrant & Refugees* and *Bringing a Cultural Lens to Training*. Additionally, during structured weekly check-ins with the PSS and peer volunteers the WRU staff provided in-services on topics related to diversity, equity, and inclusion. During the course of the year the Family Member Support group held via telehealth was also able to provide services for family members who were non-English-speaking by engaging interpreter services through Language Link.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

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

**Agency Name:** Caminar, Inc.

**Description of Program:**

The WRCs, operated by a community-based organization, function as drop-in centers providing a safe and welcoming place for adult consumers with serious persistent mental health conditions. Staff at the WRCs, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. They support peer consumers in building on their strengths to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans (WRAP), support groups, 12-step support, peer counseling and mentoring, employment preparation, workshops on self-management, health and life skills, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided. Currently there are two WRC sites, one in Vallejo and one in Fairfield. The Centers operate Monday thru Friday 7:30AM-2:30PM.

**Program Performance Measures**

**Unduplicated Individuals Served: 161**

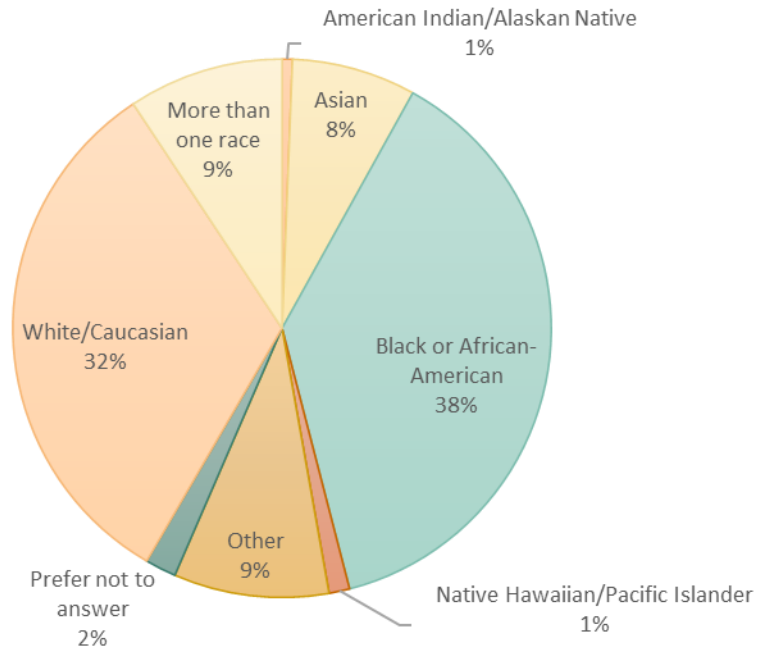
Program Indicators	Annual Outcome
Provide wellness and recovery services to 475 unduplicated consumers combined from the Vallejo, Fairfield, and Vacaville sites. During this last FY Caminar discontinued services through the Vacaville satellite site.	A total of 161 unduplicated consumers were served. The lower number of consumers served is directly related to COVID-19 protocols to limit the capacity to 10-12 participants at each site on a given day.
At least 85% of the consumers who attend a Center site more than one time will have an active <i>Wellness and Recovery Action Plan</i> (WRAP) on file.	Of the 161 individuals served, 100% (161) had an active <i>WRAP</i> .
Consumers will report improved functioning per a post follow-up <i>Quality of Life (QoL) Scale</i> maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains. The <i>QoL Scale</i> is administered at intake and quarterly thereafter. Suggested goal of 60%.	Of the 205 quarterly post <i>QoL</i> surveys administered during the year 63% (129) of the survey responses demonstrated that consumers had maintained or improved their functioning.
At least 50% the consumers served will participate in the vocational rehab services offered through the centers, and of those consumers 75% of the consumers will serve in a volunteer position at the center and 25% will secure a job outside of the centers.	Of the 161 unduplicated served 14% (23) participated in vocational rehab services, and of these 30% (7) became volunteers at the center, and 0% (0) secured a job.

**Financial Report**

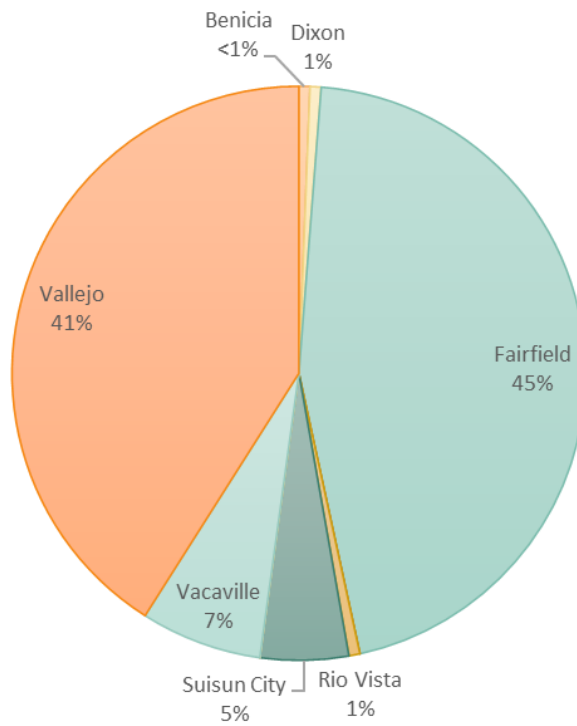
Cost per Person	\$3,916
Contract Amount FY 2020/21: \$938,770	Total Expenditures FY 2020/21: \$630,432

The following charts and table provide additional demographic data for the consumers served by the **WRC Program**:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	#
			161
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	3%	Central American	0%
26-59	67%	Mexican/Mexican-American/Chicano	10%
60+	30%	Other Hispanic/Latino	6%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	1%	African	12%
Asian	7%	Asian Indian/South Asian	1%
Black or African-American	38%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	1%
Other	9%	Eastern European	0%
Prefer not to answer	2%	European	8%
White/Caucasian	32%	Filipino	4%
More than one race	9%	Japanese	1%
<b>Gender At Birth</b>		Korean	1%
Male	62%	Middle Eastern	0%
Female	38%	Other Non-Hispanic/Latino	53%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	2%
Male	61%	More than one ethnicity	1%
Female	39%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	1%
Prefer not to answer	0%	Fairfield	45%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	1%
<b>Sexual Orientation</b>		Suisun City	5%
Gay	1%	Unincorporated	0%
Bisexual	2%	Unknown/Not Reported	0%
Heterosexual/straight	91%	Vacaville	7%
Lesbian	1%	Vallejo	41%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	2%		
Queer	0%		
Questioning/unsure	1%		
<b>Veteran Status/Military Services</b>			
Veteran	9%		
Active military	0%		
Not a veteran or not active military	91%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	1%		
English	98%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	1%		
Tagalog	1%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	1%		
English	96%		
Tagalog	1%		
Other	0%		
Spanish	2%		



### ***Highlights & Achievements***

- There were no COVID-19 outbreaks at either site due to successful implementation of the Centers for Disease Control (CDC) COVID-19 pandemic guidelines.
- The WRC did have to remain closed for a portion of the FY. During site closures, program staff provided over 2,500 outreach calls and telehealth contacts in order to stay connected with peer consumers.
- The program provided wellness and recovery support care packets and food baskets for peer consumers in need.
- The NAMI group, NA/AA meetings and other groups were provided via telehealth using Zoom.
- The WRC program received a Bridges to Wellness grant from Kaiser East Bay Community Foundation and had weekly health and wellness classes, and health screenings at all locations.

### ***Challenges & Barriers***

- As a precautionary measure against COVID-19, the program had to limit the capacity to 10-12 participants at each site upon opening. The program prioritized accepting peer consumers who lived alone and were more at risk for deterioration without support and made efforts to ensure that each peer consumer was able to go to the wellness center at least once a week. For the peer consumers who could not attend the centers in person program staff conducted regular phone check-ins, however given many peer consumers have limited access to resources and technology it was difficult to engage all the peers.
- Caminar made the decision to discontinue the provision of services at the Vacaville satellite site due to staffing challenges as a result of COVID.
- Due to COVID-19 the program was not able to meet goals related to the vocational rehab services and supports and the program had difficulty recruiting community volunteers.

### ***Equity Efforts in FY 2020/21***

The WRC Program operates their sites as education and learning centers and have demonstrated a commitment to creating nurturing, diverse and equitable spaces that are inclusive and safe for all program participants. The staff engaged in learning some basics for American Sign Language (ASL), Spanish and Tagalog, and they practiced vibrant communication skills and socialization which invites and supports a diverse population of peers. Caminar as an agency created regional and agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of cultural and linguistic diversity of staff and are tasked with developing recommendations for areas of improvement to better meet the needs of culturally diverse consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Program:** Employment Services and Support

**Agency Name:** Caminar, Inc.

**Description of Program:**

The Employment Services Program is delivered by a community-based organization in partnership with SCBH. The program provides employment and educational services for individuals with psychiatric disabilities and co-occurring challenges who have identified the desire to seek employment utilizing the Individual Placement and Support (IPS) evidenced-based model. The goal of this program is for consumers to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized. Services include a collaborative assessment and employment plan, employment preparation, job development and placement, job coaching and follow-up/retention support.

**Program Performance Measures**

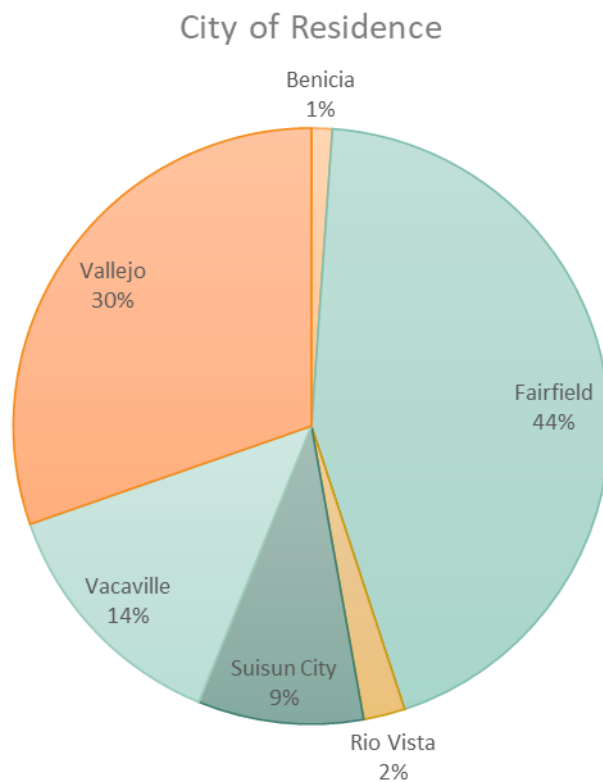
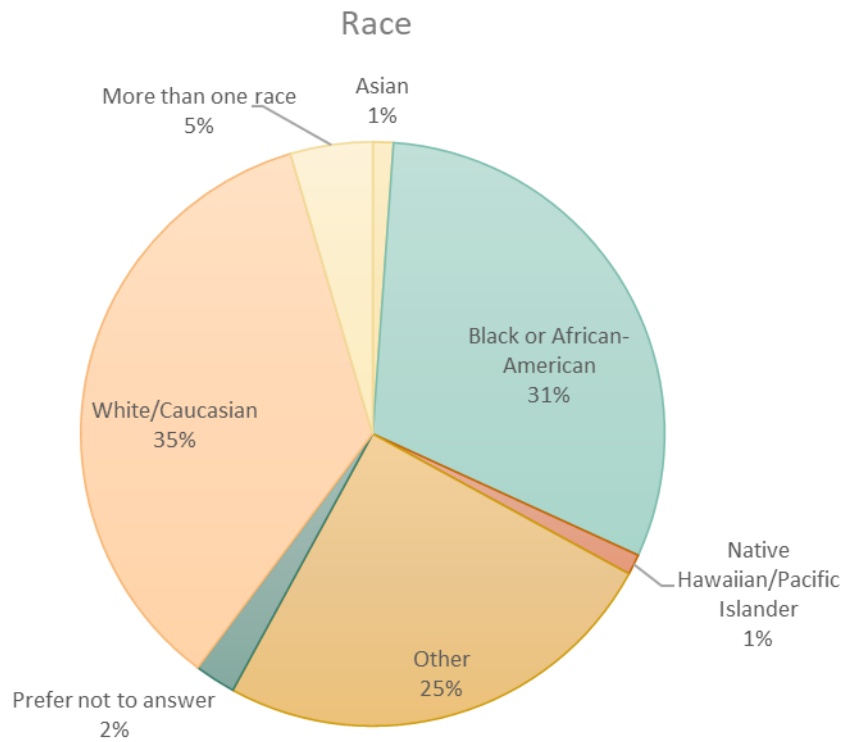
**Unduplicated Individuals Served: 140**

<b>Program Deliverables</b>	<b>Annual Outcome</b>
Provide employment services for 140-160 consumers annually who will achieve a 50% or higher competitive employment rate.	140 consumers received employment services and of these 54% (75) consumers secured competitive employment.
A minimum of 75% of the consumers who secure employment will maintain employment for at least 90 days and minimum of 25% will maintain employment for 120 days or more.	Of the 75 consumers who secured employment, 60% (45) consumers maintained their employment for at least 90 days. 65% (49) consumers were employed for 120 days or more days during the reporting period. Note that this 2 <sup>nd</sup> measure included consumers who gained employment during the previous FY and were rolled over for outcome reporting.

**Financial Report**

Cost per Person	\$4,229
Contract Amount FY 2020/21: \$663,026	Total Expenditures FY 2020/21: \$592,063

The following charts and table provide additional demographic data for peer consumers served by the **Employment Services and Support Program** (demographic data only collected for 89 of the 140 consumers served):



Demographics		Total Individuals Demo Collected:	#
			89
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	26%	Central American	1%
26-59	71%	Mexican/Mexican-American/Chicano	20%
60+	3%	Other Hispanic/Latino	7%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	31%
Asian	1%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	25%	Eastern European	0%
Prefer not to answer	2%	European	21%
White/Caucasian	35%	Filipino	5%
More than one race	5%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	60%	Middle Eastern	0%
Female	40%	Other Non-Hispanic/Latino	1%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	13%
Male	57%	More than one ethnicity	0%
Female	42%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	1%	Dixon	0%
Prefer not to answer	0%	Fairfield	44%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	2%
<b>Sexual Orientation</b>		Suisun City	9%
Gay	4%	Unincorporated	0%
Bisexual	8%	Unknown/Not Reported	0%
Heterosexual/straight	78%	Vacaville	13%
Lesbian	2%	Vallejo	30%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	8%		
Queer	0%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	1%		
Active military	0%		
Not a veteran or not active military	99%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	1%		
Prefer not to answer	0%		
Spanish	1%		
Tagalog	1%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		

### ***Highlights & Achievements***

- A consumer who graduated from the program was hired by Caminar as a Benefits Coordinator and is providing guidance to peers on social security benefits and employment.
- Staff educated consumers on COVID-19 safety and provided them information on how and where to access services for concerns regarding the pandemic.
- The program pivoted the IPS model which greatly reduced the administrative paperwork allowing a rapid engagement of employment services and placements in competitive employment.

### ***Challenges & Barriers***

- The COVID-19 pandemic limited the ability and opportunity of the program staff to find employment for consumers due to layoffs and hiring freezes in the industries preferred by consumers.
- Some consumers who had gained employment lost their jobs for various reasons including the lack of transportation. To mitigate these challenges, program staff worked with consumers to identify other employment goals including remote positions.
- The program encountered staffing issues and there was a lack of referrals for the TAY population.
- At times over the course of the year the program had a waitlist.

### ***Equity Efforts in FY 2020/21***

Caminar as an agency created regional and agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of cultural and linguistic diversity of staff and are tasked with developing recommendations for areas of improvement to better meet the needs of culturally diverse consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually. The program has a staff member who attends the regional DEI Committee to bring back valuable and helpful information to better serve consumers. The program also worked closely with the Caminar marketing department to develop new and improved program materials in Spanish to help increase the number of Hispanic/Latino consumers referred.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSA funding has stabilized, the funding for this program will be increased to at least pre-COVID levels in order to address the waitlist the program has had. Community stakeholders continue to endorse the need for employment services.

### Targeted System Supports

The following programs and strategies are focused on filling gaps that have been identified by stakeholders during past and more recent cycles of community program planning (CCP). Services are focused on addressing the needs for particular populations including adult consumers in need of case management; individuals with co-occurring mental health and substance use conditions; non-English speaking consumers; young children at risk of expulsion from day-care/preschool; and foster children/youth including strategies to support legislative changes including Katie A. and Continuum of Care Reform (CCR); etc.

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

**Agency Name:** Solano County Behavioral Health (SCBH)

**Description of Strategy:**

Each of the three, SCBH-operated, regional adult psychiatry clinics, located in Vallejo, Fairfield and Vacaville provide primarily medication services for adults with serious mental health conditions. Each clinic employs one or more Mental Health Specialists who is assigned the "On Duty" (OD) role, primarily focused on providing crisis intervention and emergent case management for consumers to address basic needs such as food, clothing and shelter. OD staff provide linkages to Patients Benefits Specialist as well as linking consumers to other vital resources such as Employment & Eligibility Services (CalFresh), local shelters, etc.	
<b>Unduplicated Individuals Served: 339</b>	
<b>Financial Report</b>	
Cost per Person	\$1,205
Budgeted Amount FY 2020/21: \$523,116	Total Expenditures FY 2020/21: \$408,380

No demographic data available for this strategy.

***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

***New Strategy***

**Name of Strategy:** Integrated Care Clinic (ICC) Transition Team

**Agency Name:** Solano County Behavioral Health (SCBH)

**Description of Strategy:**

The ICC Transition Team strategy staffed by two SCBH clinicians, is intended to assist the system in identifying people that are ready to be transitioned (or “stepped down”) to lower levels of care, working with the staff to prepare discharge plans, and providing a warm handoff for the consumer, staff, and receiving provider, family and/or natural supports. Staff will be supporting the three adult outpatient programs and will assist transitions to outpatient services by partners that include Beacon (mild/moderate mental health support), Partnership (for substance use), North Bay Regional Center (for those dually diagnosed with intellectual/developmental disabilities), Family Health clinics (for primary care), and others. This strategy will allow for capacity to serve consumers with serious and severe mental health conditions at the higher levels of care and improve likelihood of successful transitions to treatment or family/natural supports. Staff will provide short-term strengths-based case management, wellness recovery planning, and navigation supports. The Reaching Recovery level of care tool, Recovery Needs Level (RNL), will be used to make determinations regarding appropriateness for stepping consumers down to lower levels of care and multidisciplinary teams will facilitate transitions in care.

Strategy Performance Measures	
<b>Unduplicated Individuals Served: 0</b>	
A minimum of 80% of the consumers identified as eligible to be stepped down per the RNL will be discharged successfully to ongoing treatment or natural supports.	The strategy was not implemented in FY 2020/21.
Financial Report	
Cost per Person	\$0
Budgeted Amount FY 2020/21: N/A	Total Expenditures FY 2020/21: \$0

***Changes or Updates Planned for FY 2021/22***

This strategy will be initiated during FY 2021/22.

**Name of Program:** Adult Community Case Management (CCM)

**Agency Name:** Caminar, Inc.

**Description of Program:**

The CCM program, operated by a community-based organization, provides case management services up to 3-5 face-to-face contacts per month for adult consumers with serious mental health conditions who may also have co-occurring substance use conditions. Services include peer delivered services, nursing support and case management with a goal to stabilize consumers who need additional support beyond the adult psychiatry clinics but do not yet meet the criteria for FSP programs.

**Program Performance Measures**

**Unduplicated Individuals Served: 236**

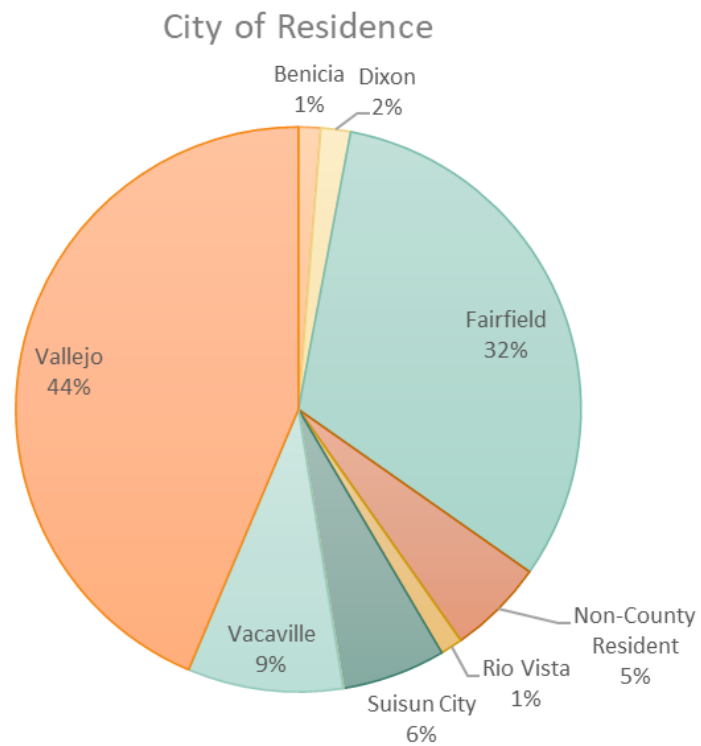
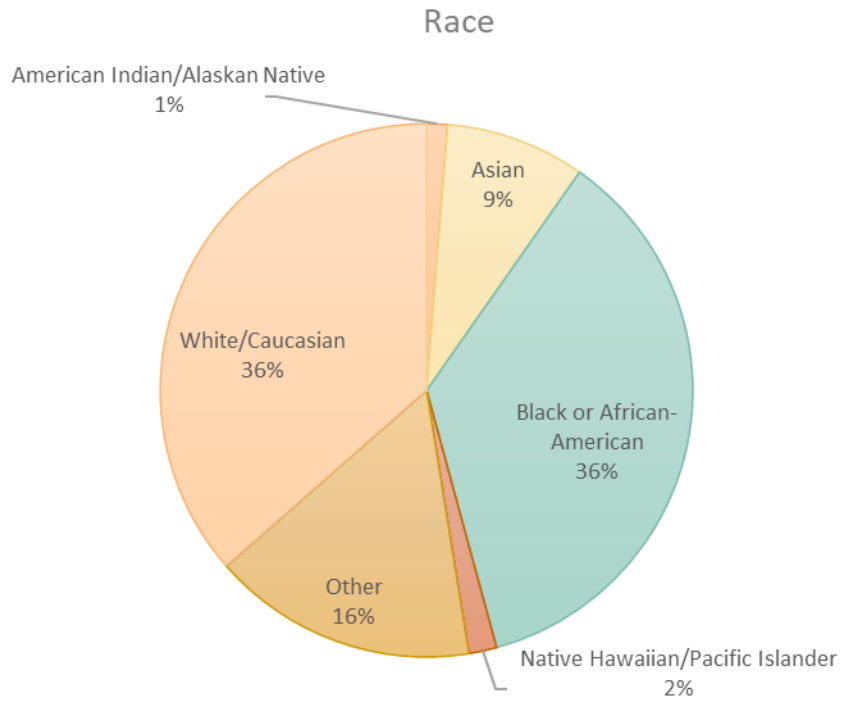
Program Deliverables	Annual Outcome
70% of program participants will maintain continuous living in supported independent living or other appropriate community setting for at least 6 months or longer.	69% (164) of consumers served maintained independent housing.
No more than 20% of program participants will be admitted to the hospital for psychiatric treatment.	4% (10) of consumers served were hospitalized at least once in this fiscal year.
75% of program participants will increased involvement in healthy recovery-oriented activities, which may be measured by participation at a Wellness Center, employment, volunteer work, or other social engagements or meaningful life activity.	78% (183) of consumers served increased involvement in healthy recovery-oriented activities.

**Financial Report**

Cost per Person	\$5,339
Contract Amount FY 2020/21: \$1,295,582	Total Expenditures FY 2020/21: \$1,063,403 which represents \$1,063,403 in expenditures for the Caminar contract as well as \$196,550 in funding to pay for housing for CCM consumers to prevention homelessness



The following charts and table provide additional demographic data for the peer consumers served by the CCM Program:



Demographics		Total Individuals Demo Collected:	#
			236
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	10%	Central American	0%
26-59	63%	Mexican/Mexican-American/Chicano	15%
60+	27%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	1%	African	0%
Asian	8%	Asian Indian/South Asian	0%
Black or African-American	36%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	16%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	36%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	60%	Middle Eastern	0%
Female	40%	Other Non-Hispanic/Latino	81%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	0%
Male	60%	More than one ethnicity	0%
Female	40%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	2%
Prefer not to answer	0%	Fairfield	32%
Questioning/unsure	0%	Non-County Resident	6%
Transgender	0%	Rio Vista	1%
<b>Sexual Orientation</b>		Suisun City	6%
Gay	3%	Unincorporated	0%
Bisexual	3%	Unknown/Not Reported	0%
Heterosexual/straight	92%	Vacaville	9%
Lesbian	0%	Vallejo	44%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	1%		
Queer	0%		
Questioning/unsure	1%		
<b>Veteran Status/Military Services</b>			
Veteran	6%		
Active military	0%		
Not a veteran or not active military	94%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	96%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	1%		
Tagalog	2%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	96%		
Tagalog	2%		
Other	0%		
Spanish	1%		

### ***Highlights & Achievements***

- The program exceeded the target number of consumers to serve and maintained an average static caseload of 150 consumers despite the staffing problems during the first two quarters of the FY.
- The Case Managers learned to navigate through a system where consumers' level of acuity has been higher than in previous years and worked more with housing placements, consumer symptom management, and crisis situations.
- A Leadership Collaborative was formed to improve communication and coordination of care for adult consumers. The Collaborative includes representation from the CCM program, adult FSP programs, the Crisis Residential Treatment (CRT) program, the SCBH Hospital Liaison unit, SCBH Quality Improvement unit, SCBH Integrated Care Clinics (ICC) and other County programs.

### ***Challenges & Barriers***

- Lack of resources for housing, SUD outpatient program transportation, and adequate services for consumers with co-occurring mental health and substance use conditions were significant barriers for consumers to receive program services.
- The use of telehealth due to COVID-19 was challenging due to the consumers' limited Internet access and limited monthly phone data allowed for calls and video conferencing. Telephone calls were made as often as possible, and staff attempted safe in-person check-ins with consumers who experienced higher levels of acuity.
- The program experienced limited staffing and hiring challenges due to COVID-19.

### ***Equity Efforts in FY 2020/21***

The Caminar Solano Region leadership added specific questions focused on cultural and equity to the hiring process which has resulted in hiring a more diverse workforce in order to provide services for culturally and linguistically diverse consumers. The Assistant Program Director participated in the Solano County Diversity & Equity Committee. Caminar as an agency created regional and agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**New Program**

**Name of Program:** Co-Occurring Treatment

**Agency Name:** To be determined

**Description of Program:**

The Co-Occurring program will provide case management and treatment services for consumers who have both a serious mental health and substance use conditions. The program will be staffed with providers who have specialized training in the provision of integrated care for consumers with co-occurring conditions. Stakeholders have identified a system need for treatment that is intentionally focused on the complex, integrated needs of those who experience both substance use and serious mental health conditions.

**Changes or Updates Planned for FY 2021/22**

Program planning is underway at the writing of this document which will result in a contract negotiation process to finalizes program indicators and the budget allocation with a goal for the program to start during FY 2021/22.

**Name of Strategy:** Expanded Bilingual Services

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

SCBH funds bilingual positions across the system in an effort to improve linguistically appropriate mental health services and improve access for Spanish and Tagalog speaking consumers. Efforts are made to ensure that the bilingual providers’ caseloads are balanced between non-English and English-speaking consumers allowing providers the capacity to meet the needs of Hispanic/Latino and Filipino consumers and families. For bilingual staff working in the Access Unit the staff field in-coming calls from non-English speaking callers which results in a reduction of the use of a 3<sup>rd</sup> party interpreter service. Currently seven (7) bilingual staff are funded through this strategy.

<b>Unduplicated Individuals Served: 374</b>	
<b>Financial Report</b>	
Cost per Person	\$2,083
Budgeted Amount FY 2020/21: \$1,071,447	Total Expenditures FY 2020/21: \$778,888

**Highlights & Achievements**

- The bilingual clinicians who staff the Access Line fielded 4,019 calls for of which 8% (320) were non-English speaking callers who were able to be served without the use of an external interpreter service.
- SCBH offered a COVID-19 Support line which was available in English and Spanish. The Access Unit staffed the COVID line.

**Challenges & Barriers**

- A bilingual Mental Health Specialist serving consumers through the Children’s Outpatient program retired and it has been challenging to recruit and hire for the position.
- It continues to be challenging to fill vacant direct service positions including bilingual positions.

**Equity Efforts in FY 2020/21**

In addition to making efforts to expand bilingual staff, SCBH has made concerted efforts to ensure all County and contractor staff have had training in the appropriate use of interpreters through the provision of several rounds of *Behavioral Health Interpreter Training (BHIT)*. Additionally, SCBH has extended the County’s contract with Language Link to our contractors and have provided training for providers and reception staff on how to request interpreter and/or translation services. In addition to this specific strategy, other SCBH funded programs have made concerted efforts to hire and retain bilingual, bicultural, and diverse staff to better serve the community.

**Changes or Updates Planned for FY 2021/22**

No changes planned at this time.

**Name of Program:** CARE Clinic

**Agency Name:** Child Haven

**Description of Program:**

The CARE Clinic, delivered by a community-based provider, offers four (4) cohorts per year of an intensive ten-week, daily menu of services for consumers ages 2-6 years of age (up to 7<sup>th</sup> birthday) with complex presentations including a mental health diagnosis, developmental, social, behavioral, and communication challenges, utilizing the Comprehensive Assessment Research and Evaluation (CARE) model. The Solano County Special Education Local Plan Area (SELPA) also refers children to the program and fully funds the children they refer.

**Program Performance Measures**

**Unduplicated Individuals Served: 21**

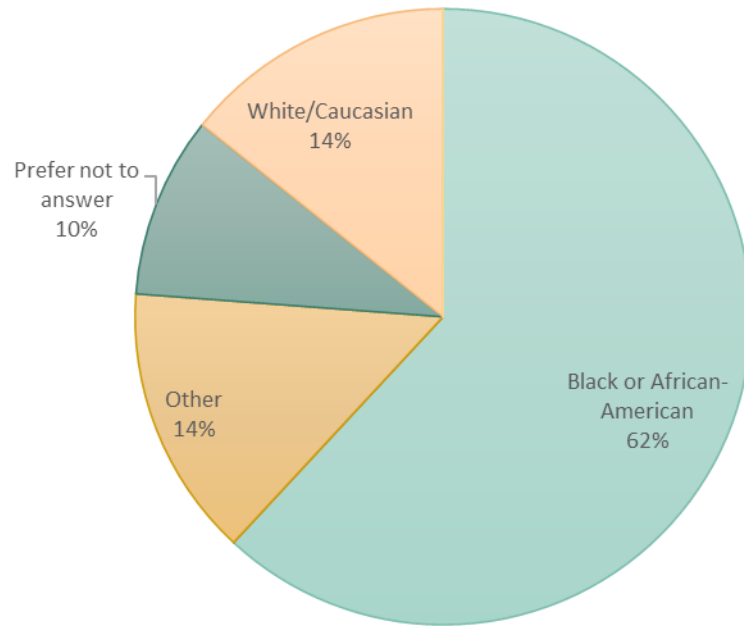
Program Indicators	Annual Outcome
Annually provide 4 cohorts for 30 unduplicated children utilizing the Comprehensive Assessment Research and Evaluation (CARE) multidisciplinary model.	A total of 4 cohorts were conducted during the FY, with 21 unduplicated children served of which 16 completed the program.
80% of the children who complete the CARE Clinic will demonstrate improvement on the <i>Child Behavior Checklist (CBCL)</i> as evidenced by a decrease in the T-scores for at least 8 of the 15 scales.	The <i>CBCL</i> was completed for 16 children, of which 63% (10) demonstrated improvement.
80% of the children and families who complete the CARE Clinic will demonstrate improved child/parent interactions as evidenced by a decrease in the T-score for both the intensity and problem scales on the <i>Eyberg Child Behavior Inventory (ECBI)</i> .	The <i>ECBI</i> was completed for 16 children, of which 50% (8) of the children demonstrated improved child/parent interactions per the intensity and problem scales on the <i>ECBI</i> .
80% of the children who complete the CARE Clinic will successfully transition back to a school or daycare setting and will remain in the setting for 30 days or more.	Data for first 3 of 4 cohorts: 100% (10) children successfully transitioned back to school and remained in the setting for 30 days or more. Due to timeframe of the last cohort of FY April-June and school/daycare closures due to COVID the consumers served could not return to school or daycare setting during reporting period.

**Financial Report**

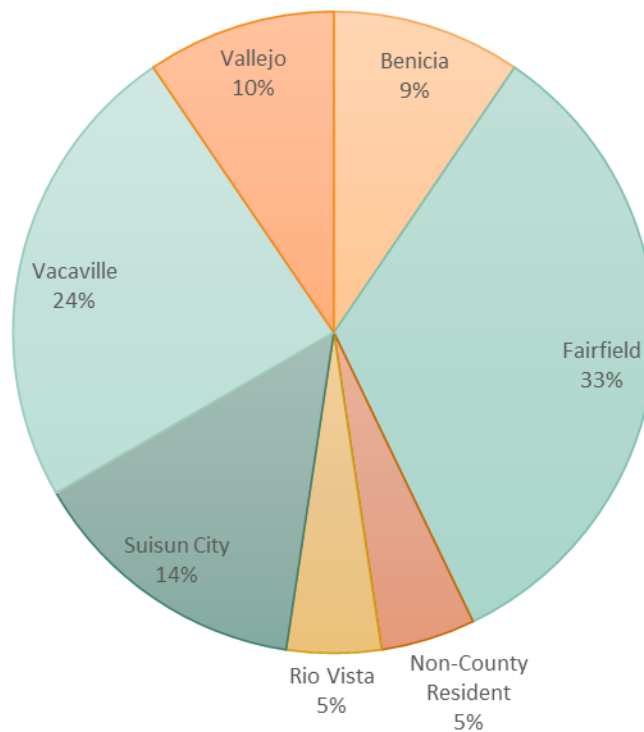
Cost per Person	\$24,891
Contract Amount FY 2020/21: \$596,270	Total Expenditures FY 2020/21: \$522,710

The following charts and provide additional demographic data for the consumers served by the CARE Clinic Program:

Race



City of Residence



Demographics		Total Individuals Demo Collected:	#
			21
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	100%	Caribbean	0%
16-25	0%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	29%
60+	0%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	62%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	14%	Eastern European	0%
Prefer not to answer	10%	European	0%
White/Caucasian	14%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	76%	Middle Eastern	0%
Female	24%	Other Non-Hispanic/Latino	57%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	14%
Male	76%	More than one ethnicity	0%
Female	24%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	10%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	33%
Questioning/unsure	0%	Non-County Resident	5%
Transgender	0%	Rio Vista	5%
<b>Sexual Orientation</b>		Suisun City	14%
Gay	NA	Unincorporated	0%
Bisexual		Unknown/Not Reported	0%
Heterosexual/straight		Vacaville	24%
Lesbian		Vallejo	10%
Other		Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer			
Queer			
Questioning/unsure			
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

### ***Highlights & Achievements***

- Child Haven continued to adapt and provided in-person services to children and families in Solano County with safety precautions in place to support children with severe behavioral needs and without COVID incidents.
- Increased outreach with the Spanish-speaking community.
- Partnered with the police department to provide parenting education programming through referrals to community members.
- Staff have become adept at serving families over telehealth platforms and increased service provision to those who have multiple barriers in accessing community based services.

### ***Challenges & Barriers***

- Due to the COVID-19 pandemic cohort group sizes were reduced to increase the ability to maintain health and safety practices and for a period of time during the year each cohort was broken up into two smaller groups attending the CARE Clinic on a different schedule (morning or afternoon hours). Additionally, many of the staff and consumers/families were not available to both receive or provide treatment intermittently during this last year due to health concerns for themselves or their families. The staff worked diligently to mitigate these circumstances by becoming familiar with providing service via phone and telehealth.
- Another barrier to service was families being identified and referred for services, largely due to children being isolated and not in schools. This resulted in a decrease in referrals and children served.
- The program overall also was challenged by staffing and turnover during the fiscal year attributed to the challenges of COVID-19.

### ***Equity Efforts in FY 2020/21***

All program staff have been trained in how to access interpreter services through the County's contract with Language Link. The program hired and retained bilingual Spanish-speaking staff to provide services to families in their preferred language. Materials including wall hangings, books, dolls, and toys that represent diverse communities were ordered to represent diversity, equity, and inclusion in order to be reflective of the diversity of Solano County. Additionally, staff have participated in diversity and equity trainings offered through SCBH and have engaged SCBH's Diversity & Equity Committee.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.



**Name of Strategy:** Child Family Team (CFT) Initiative

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

The Child Family Team (CFT) Initiative is delivered by one fully dedicated Mental Health Specialist (MHS) and a part time MHS as needed. These staff schedule and facilitate CFT meetings for all eligible children and youth whether being served by County outpatient programs, community-based outpatient programs and/or FSP programs. CFT meetings include the child/youth, all providers, all social workers involved in the case, birth parents, foster parents, etc. and are intended to bring the treatment team together to ensure all the needs of the child/youth are being addressed.

**Unduplicated Individuals Served: 149**

**Financial Report**

Cost per Person

\$839

Budgeted Amount FY 2020/21: \$196,169

Total Expenditures FY 2020/21: \$124,986

No demographic data available for this strategy.

**Highlights & Achievements**

- In addition to the consumers served by SCBH CFT staff, Intensive Care Coordination (ICC) was provided for an additional 67 Solano youth through other providers.
- The staff assigned to the CFT strategy have built good relationships with all of the Children’s mental health programs—both County and contractors—as well as with CWS which has assisted in working collaborative to meet the needs of the children and youth being served.

**Challenges & Barriers**

- During the year one of the SCBH staff members providing this service retired.
- Due to the COVID-19 pandemic CFT meetings had to be held virtually which was challenging for some consumers and specifically some families.

**Changes or Updates Planned for FY 2021/22**

No changes planned at this time.

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

**Agency Name:** Seneca Family of Agencies

**Description of Program:**

The KAS program, operated by a community-based organization, provides outpatient mental health services for children and adolescents ages 6-21 (up to 22<sup>nd</sup> birthday), with targeted population of individuals who have been identified as the Katie A. subclass or referred by Solano County Child Welfare or SCBH. The program strives to stabilize the placements for the youth served and to build natural support systems.

**Program Performance Measures**

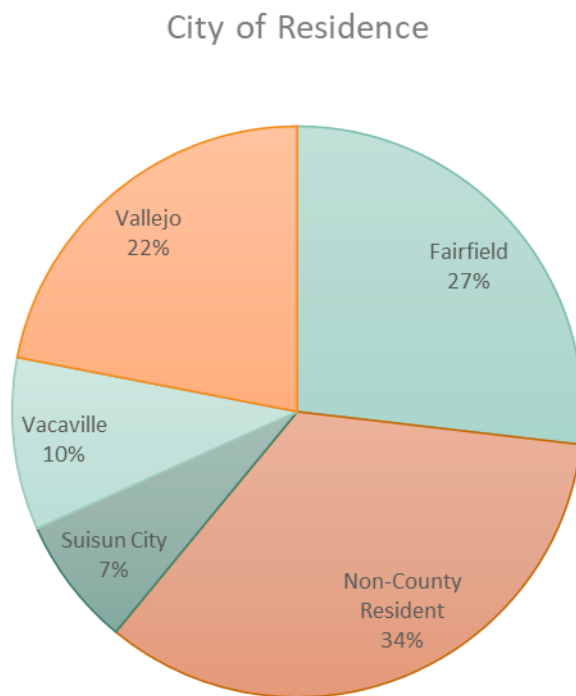
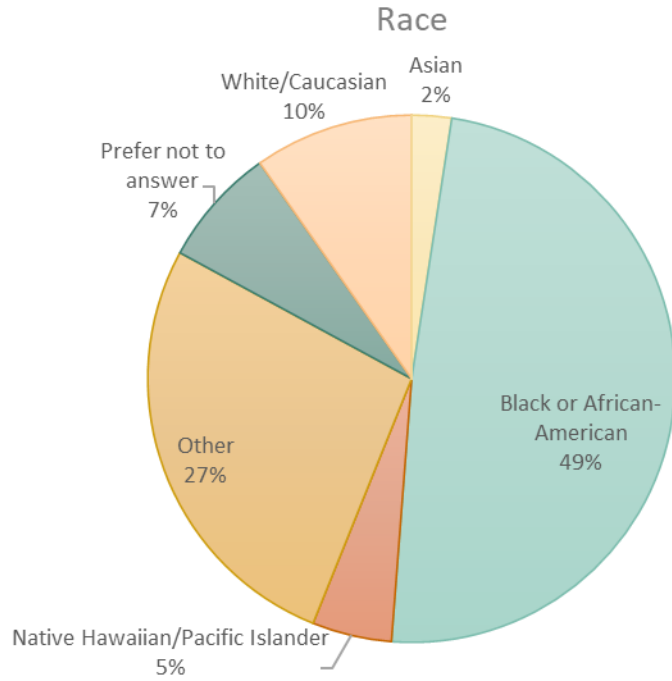
**Unduplicated Individuals Served: 41**

Program Indicators	Annual Outcome
Provide outpatient mental health services for an average of 36 unduplicated consumers per month (annual total of 65-75) for child/youth identified as Katie A. eligible.	A total of 41 unduplicated consumers were served.
At least 75% of consumers served will have achieved, or partially achieved, at least one mental health treatment goal as evidenced by a reduction in needs score or increase in strength score of <i>Child and Adolescent Needs and Strengths (CANS)</i> and/or <i>Adult Needs and Strengths Assessment (ANSA)</i> tool/s at the 6-month mark or discharge. Additionally, these tools can be used on an ad hoc basis if there is a significant event in order to measure needs and strengths for treatment planning purposes.	Over the course of the year the <i>CANS/ANSA</i> was administered 44 times to measure progress. 66% (29) of the consumers measured achieved or partially achieved at least one treatment goals.
At least 80% of consumers served will remain in a stable placement or transition to a lower level of care.	Of the 41 consumers who received KAS treatment services, 88% (36) remained in a stable placement or transitioned to a lower level of care.
At least 80% of consumers served will have an increase in ongoing natural support people involved in their treatment.	Of the 41 consumers who received KAS treatment services, 22% had an increase in natural support people involved in their treatment.
Within 90 days of admission, and then every 60-90 days thereafter, at least 85% of consumers will receive Child and Family Team (CFT) meetings with an emphasis on building each consumer's team with natural supports and concurrently focusing on placement stabilization.	On average the program met CFT timelines 86% of the time.

**Financial Report**

Cost per Person	\$4,103
Contract Amount FY 2020/21: \$650,000	Total Expenditures FY 2020/21: \$168,224

The following charts and table provide additional demographic data for the consumers served by the **KAS Program**:



Demographics		Total Individuals Demo Collected:	
			41
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	85%	Caribbean	0%
16-25	15%	Central American	0%
26-59	0%	Mexican/Mexican-American/Chicano	12%
60+	0%	Other Hispanic/Latino	15%
Prefer not to answer	0%	Puerto Rican	7%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	2%	Asian Indian/South Asian	0%
Black or African-American	49%	Cambodian	0%
Native Hawaiian/Pacific Islander	5%	Chinese	0%
Other	27%	Eastern European	0%
Prefer not to answer	7%	European	0%
White/Caucasian	10%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	49%	Middle Eastern	0%
Female	51%	Other Non-Hispanic/Latino	51%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	15%
Male	44%	More than one ethnicity	0%
Female	37%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	2%	Dixon	0%
Prefer not to answer	15%	Fairfield	27%
Questioning/unsure	2%	Non-County Resident	34%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	7%
Gay	0%	Unincorporated	0%
Bisexual	7%	Unknown/Not Reported	0%
Heterosexual/straight	44%	Vacaville	10%
Lesbian	0%	Vallejo	22%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	41%		
Queer	2%		
Questioning/unsure	5%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	90%		
Ilocano	0%		
Other	0%		
Prefer not to answer	2%		
Spanish	7%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	90%		
Tagalog	0%		
Other	2%		
Spanish	7%		

### ***Highlights & Achievements***

- The KAS program worked diligently to support families who identified needs related to stabilization in the home and safety in the community.
- In response to wildfires and the COVID-19 pandemic, the KAS program supported consumers' families with accessing resources like shelter, food, supplies. Care packages were dropped off with humidifiers, extra masks, and laptops.
- The program has utilized interns which allowed them to serve and support additional youth in the program.

### ***Challenges & Barriers***

- Due to COVID-19 the program was primarily providing services via telehealth up until May 2021 when staff began to provide more services in person. The use of telehealth did result in some challenges with consumer engagement and not maximizing the contract budget.
- The agency and the KAS program were impacted by staff retention and hiring challenges resulting in an inability to accept more referrals for the program.
- During the beginning of the year the program experienced some challenges related to timeliness and compliance of CFT meetings, e.g., particular team members (child/youth, birth family, foster caretakers, CWS, mental health provider, etc.) must be present in order for the meeting to count as a CFT meeting. Through collaboration and coordination with all partners involved timeliness and compliance improved.

### ***Equity Efforts in FY 2020/21***

The program has made efforts to provide linguistically appropriate services as evidenced by 12% (5) of the consumers and/or families served over this reporting period receiving some level of services in Spanish including holding CFT meetings in Spanish. This program has staff that are bilingual and certified to provide services in Spanish. Seneca has a contract with a vendor who is available to provide on-demand interpretation and translation services as needed. During the reporting period, all staff attended a training "Understanding and Addressing Racial Trauma" provided by Dr. Kenneth V. Hardy.

A Diversity, Equity, and Inclusion (DEI) monthly group is available for staff as well as multiple Employee Resource Groups (ERG) with other individuals across the agency. These groups assist the staff with increasing their knowledge and skills around recognizing individual biases and identifying systemwide practices that may impede culturally respectful care. Mandatory All Staff meetings also contain activities and discussions related to DEI. A Bilingual/Bicultural ERG was added to support bilingual and bicultural staff and to provide opportunities for consultation. Throughout the year, on-going trainings related to diversity, equity, and inclusion (DEI) are conducted agencywide on a myriad of topics.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

## Forensic Mental Health Programming

The following programs/strategies outline how MHSA funding was used to provide support for vulnerable consumers who are involved with the criminal justice system as endorsed by community stakeholders during several cycles of the CPP process.

**Name of Program:** Jail Release Re-entry Program

**Agency Name:** Solano County Sheriff's Office and sub-contractor Caminar

**Description of Program:**

The Jail Release Re-entry program is a multi-agency, multi-disciplinary effort to provide a re-entry and diversion program for adult mentally ill offenders with the goals of providing necessary mental health treatment and referrals; diverting individuals with untreated mental illness from the criminal justice system into community-based treatment; and providing support services to reduce recidivism. This program was initially supported by braided funding via MHSA and MIOCR grant funds the Sheriff Office (SO) received. Once the MIOCR grant funds were no longer available the SO continued to fund the program with other SO funds.

### Program Performance Measures

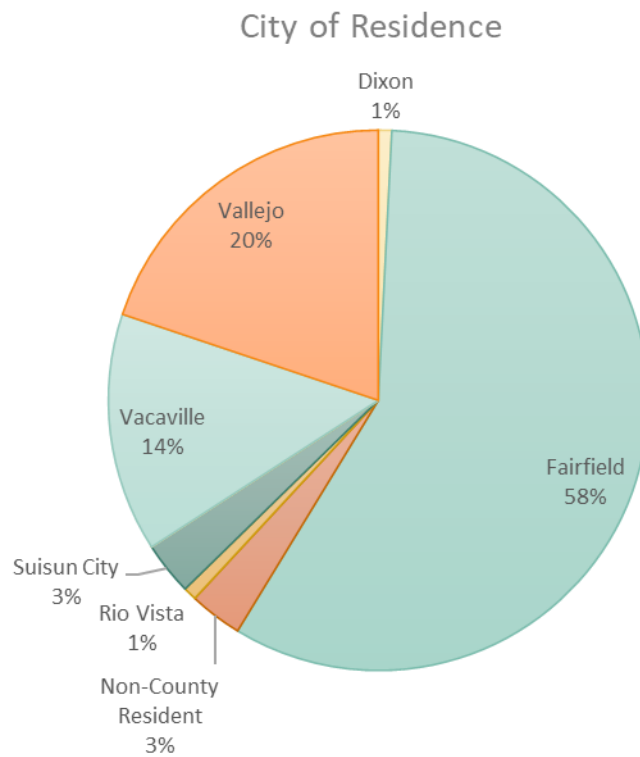
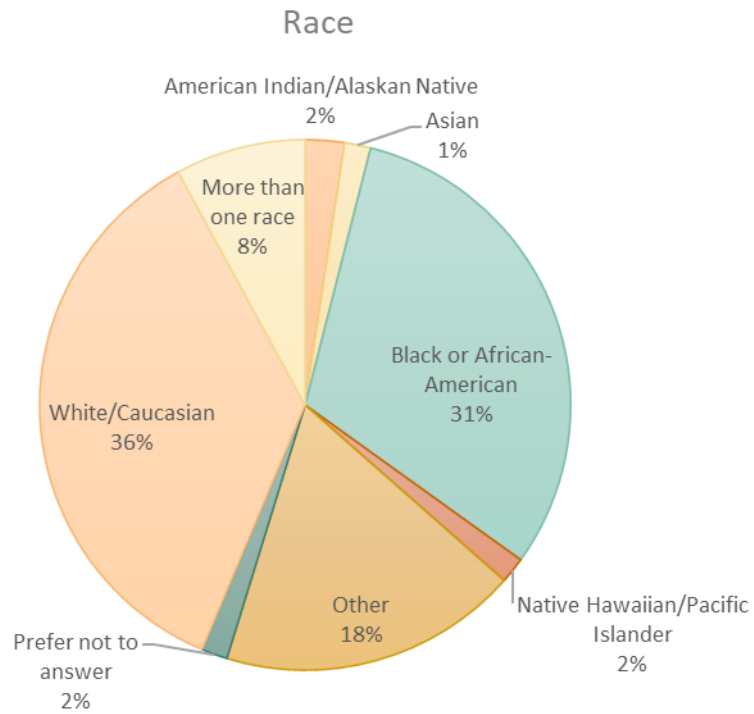
**Unduplicated Individuals Served: 176**

Program Indicators	Annual Outcome
A minimum of 170 individuals will be assessed as referred through the Jail Mental Health Re-entry Team.	239 referrals received with a total of 176 unduplicated consumers assessed.
A minimum of 112 individuals will receive pre-release planning in collaboration with Jail Mental Health and/or Program staff.	A total of 126 unduplicated consumers received pre-release planning.
Provide re-entry services for 6-9 months for a minimum of 112 individuals with a mental health condition who have been released to the community.	A total of 126 unduplicated consumers received post release case management services.
At least 50% of consumers receiving post-release treatment will demonstrate improvement on two or more of the domains on the <i>VI Service Prioritization Decision Assistance Tool (VI-SPDAT)</i> outcome tool. <i>*Note that the SDAT was not implemented until quarter 2 of the FY</i>	40 consumers completed the <i>VI-SPDAT</i> post measure and of those 48% (19) demonstrated progress.

### Financial Report

Cost per Person	\$1,372 Cost per person reflects MHSA funding only
MOU Amount FY 2020/21: \$292,000 MHSA funds and \$205,183 Sheriff Office funds	Total Expenditures FY 2020/21: \$241,504 in MHSA funds and \$201,696 Sheriff Office funds

The following charts and table provide additional demographic data for the consumers served by the **Jail Release Re-entry Program**:



Demographics		Total Individuals Demo Collected:	#
			126
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	0%	Caribbean	0%
16-25	12%	Central American	1%
26-59	83%	Mexican/Mexican-American/Chicano	11%
60+	6%	Other Hispanic/Latino	8%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	2%	African	33%
Asian	2%	Asian Indian/South Asian	1%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	1%
Other	18%	Eastern European	22%
Prefer not to answer	2%	European	10%
White/Caucasian	36%	Filipino	2%
More than one race	8%	Japanese	1%
<b>Gender At Birth</b>		Korean	0%
Male	74%	Middle Eastern	0%
Female	26%	Other Non-Hispanic/Latino	2%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	4%
Male	73%	More than one ethnicity	3%
Female	25%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	1%	Dixon	1%
Prefer not to answer	0%	Fairfield	58%
Questioning/unsure	0%	Non-County Resident	3%
Transgender	2%	Rio Vista	1%
<b>Sexual Orientation</b>		Suisun City	3%
Gay	0%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	0%
Heterosexual/straight	93%	Vacaville	14%
Lesbian	2%	Vallejo	20%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	1%		
Queer	0%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	4%		
Active military	0%		
Not a veteran or not active military	96%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	3%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	98%		
Tagalog	0%		
Other	0%		
Spanish	2%		



### ***Highlights & Achievements***

- In spite of challenges related to COVID-19 program staff increased collaboration with partner agencies/programs in the county, e.g., the Prop 47 program, Community Action North Bay (CANB), Roads Home, and the crisis residential treatment facility to better serve consumers transitioning from custody to the community.
- Many consumers reported chronic unhoused statuses prior to incarceration, and as a result lacked necessary activities of daily living (ADL) skills and other tools to realize post-release stability. Of the 126 consumers served, 47% (59) were housed upon release which they maintained for much of their time as a program participant.
- Due to COVID-19 the program utilized telehealth and socially distanced visitation practices to offer continuity of care and consumer engagement. An important component of engagement is the program's ability to begin engagement with consumers while in custody prior to release.
- The program identified online and social distanced in-person prosocial support group meetings for consumers and supported their attendance.

### ***Challenges & Barriers***

- Continued limitations regarding affordable housing stock at room and boards and sober living environments in the County. The program worked to develop partnerships with existing housing suppliers to ensure consumers could be placed upon release.
- Often consumers released do not have identification or Medi-Cal cards and as such are unable to obtain a free cellphone quickly upon release. The program purchased 3 phones for temporary use until consumers were able to obtain their own phones. These phones aided in connecting consumers to their case manager, Probation and/or Parole, and were vital for consumers to attend telehealth psychiatry appointments.
- Many of the consumers served were estranged from natural supports which exacerbated their pre and post incarceration feelings of isolation worsened by COVID. Program staff assisted consumers in enhancing their social skills and encouraged reconnection to their families and other natural supports in the community. Staff provided personal protective equipment to support consumers in connecting with supportive loved ones, as well as providing family therapy and coaching to enhance relationships. This resulted in a number of consumers reconnecting with their parents, children, and grandchildren.

### ***Equity Efforts in FY 2020/21***

The Sheriff's Office (SO) Criminal Justice Program Services Manager organized a cultural humility training *Diversity and Social Justice* for Jail Mental Health staff in the local jails. Additionally, the SO Manager participates in SCBH Diversity & Equity Committee. Caminar as an agency created regional and agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

The program's lead case manager co-facilitated the Caminar Regional DEI Committee and developed trainings for program staff including providing culturally sensitive services for trans identified and non-cisgender consumers. The Jail Release program identified five (5) non-cisgender consumers in custody during the reporting period and provided in-custody support for all individuals and post-release support for three (3) non-cisgender consumers. Through team-based training staff offered compassionate case management, meeting consumers at their various stages of transition.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Program:** Forensic Triage Team (FTT)  
**Agency Name:** Solano County Behavioral Health  
**Description of Program:**

The FTT program, operated by SCBH, was implemented during FY19/20 in order to meet increased need to provide support for pretrial diversion cases following the passage of SB 215. The program provides assessments and triage services for mentally ill adults involved with the criminal justice system who have been referred for diversion services through the Courts, Probation, and local jails. The team includes a staff member who is embedded in the jails and acts as a Jail Liaison assisting in coordination of care for consumers who are arrested and/or inmates who will be released to the community and have been identified as having a serious mental health condition warranting ongoing treatment post release. Additionally, the program provides assessments for individuals referred via Laura’s Law for Assisted Out-patient Treatment (AOT). Once the appropriate level of care is determined consumers are routed to the most appropriate level of treatment including Full Service Partnership (FSP) programs. The FTT includes substance use disorder (SUD) staff funded by a Prop 47 grant and other SUD funding sources as well as staff funded by AB 109. The braiding of funding to develop a team specializing in forensics has contributed to integrated and coordinated care for vulnerable mentally ill consumers involved with the criminal justice system.

**Program Performance Measures**

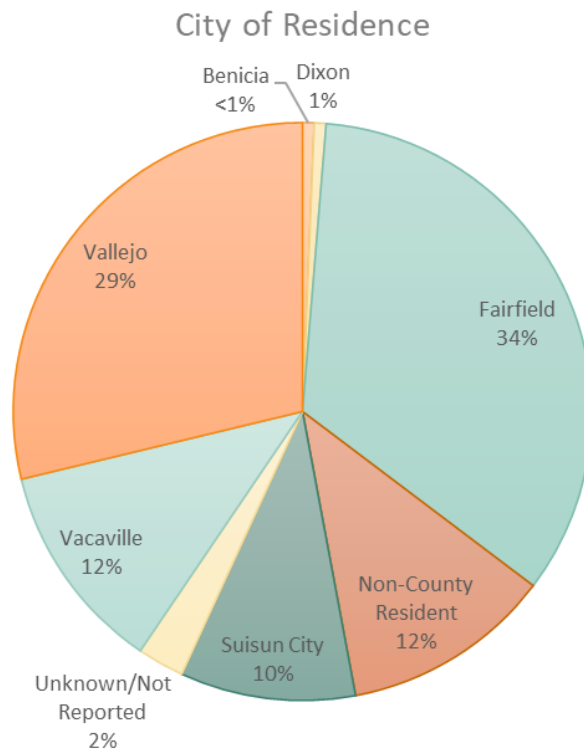
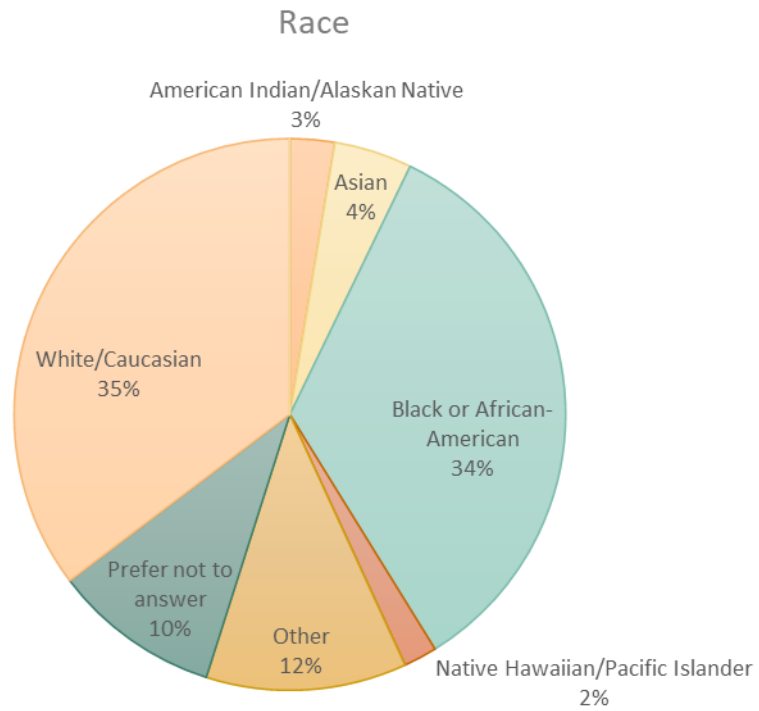
**Unduplicated Individuals Served: 153**

Program Indicators	Annual Outcome
Provide assessments and linkage for individuals referred by the Court, Probation, and jails in an effort to support Solano County’s Diversion and Collaborative Court.	A total of 153 unduplicated individuals were screened or assessed and linked to ongoing treatment.
Provide assessments and linkage for individuals referred that meet the Solano County AOT criteria.	45 AOT referrals were received with a total of 20 unduplicated individuals assessed and linked to ongoing treatment. None of the individuals assessed necessitated referral to the Court for formal AOT court proceedings.

**Financial Report**

Cost per Person:	\$10,291
Budgeted Amount FY 2020/21: \$644,220	Total Expenditures FY 2020/21: \$1,574,465

The following charts and table provide additional demographic data for the consumers served by the Forensic Triage Team:



Demographics		Total Individuals Demo Collected:	#
			153
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	1%
16-25	19%	Central American	0%
26-59	79%	Mexican/Mexican-American/Chicano	10%
60+	2%	Other Hispanic/Latino	5%
Prefer not to answer	0%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	3%	African	0%
Asian	5%	Asian Indian/South Asian	0%
Black or African-American	34%	Cambodian	0%
Native Hawaiian/Pacific Islander	2%	Chinese	0%
Other	12%	Eastern European	0%
Prefer not to answer	10%	European	0%
White/Caucasian	35%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	70%	Middle Eastern	0%
Female	30%	Other Non-Hispanic/Latino	75%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	9%
Male	63%	More than one ethnicity	0%
Female	29%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	1%
Other	0%	Dixon	1%
Prefer not to answer	7%	Fairfield	34%
Questioning/unsure	0%	Non-County Resident	12%
Transgender	1%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	10%
Gay	1%	Unincorporated	0%
Bisexual	5%	Unknown/Not Reported	3%
Heterosexual/straight	78%	Vacaville	12%
Lesbian	0%	Vallejo	29%
Other	1%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	14%		
Queer	1%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	4%		
Active military	0%		
Not a veteran or not active military	96%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	95%		
Ilocano	0%		
Other	0%		
Prefer not to answer	3%		
Spanish	1%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	95%		
Tagalog	0%		
Other	3%		
Spanish	1%		

### ***Highlights & Achievements***

- Development and completion of the Solano County Mental Health Diversion Policy and Procedure adopted in January 2021 which helped clarify for the Court, Public Defender's, Probation, etc. the referral process and workflow related to Diversion activities in Solano County. Program leadership and staff continue to be on a workgroup tasked to complete a Policy and Procedure for Mental Health Court (Collaborative Court).
- The program hired a clinician in February of 2021 which provided a full clinical team and staffing for both Fairfield and Vallejo Mental Health Court calendars.
- SCBH has applied for and has been awarded several grants that are focused on the forensic mental health population. This has allowed for building out a continuum of care for adults with mental health conditions who are involved with the criminal justice system. As a result of this the FTT is able to refer consumers assessed to appropriate levels of care.

### ***Challenges & Barriers***

- Initially there was a lack of understanding within the larger Behavioral Health system as to role of the new FTT program. Program leadership and staff made efforts to provide trainings at staff meetings and with community partners.
- Over the course of the year the Jail Liaison was inundated with jail-based 5150 evaluations. FTT leadership worked with the jail-based mental health provider group (sub-contracted by the Sheriff's Office to an external vendor) on the 5150 evaluation process which included providing training and certification of jail mental health staff to conduct 5150 evaluations. This freed up the Jail Liaison to fully develop a role as a Court clinician (in the Mental Health Court calendar) and to participate in program development to address a need for further case management.
- The expansion of SCBH Homeless Outreach programming resulted in duplication of efforts and at times dual referrals for consumers to be evaluated for the AOT criteria. The development of internal referral workflows and procedures needed to be developed and trained across several key programs that work with community members who may be eligible for AOT.

### ***Equity Efforts in FY 2020/21***

FTT staff continue to receive cultural responsiveness, equity and social justice trainings offered through the SCBH MHP as well as other organizations. Staff utilize interpreters through Language Link when assessing and/or working with non-English speaking consumers. FTT clinicians have advocated for culturally responsive residential placements and have not placed consumers in programs where there are no staff who speak their language. SCBH has shared data with Collaborative Courts to help inform the Court's interest in equity in Collaborative Court processes and in order to seek funding to improve equity within the Solano Superior Court.

### ***Changes or Updates Planned for FY 2021/22***

The program plans to expand the service delivery menu in order to provide case management services beyond the initial assessment and linkage service.

## MHSA Housing & Supports

The following programs outline how MHSA funding was used to provide housing for individuals who have a serious mental health condition and/or co-occurring mental health and substance use conditions who may otherwise remain or become homeless. Housing included short-term transitional housing, shelter housing, and long-term permanent housing. All of the programs funded by MHSA use the Housing First approach whereby upon admission the focus is on ensuring basic necessities like food, a place to live and a sense of safety are met before focusing on sobriety, health and wellness, and employment.

**Name of Program:** Transitional Housing

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

**Description of Program:**

Solano County leveraged California Housing Finance Agency (CalHFA) funds to help fund a community-based organization (CBO) to purchase of a property in Fairfield that includes a small 2- bedroom house and seven 2-bedroom townhouses. Part of the CalHFA agreement is a 20 year MOU between SCBH and the CBO partner to provide transitional housing services for SCBH consumers. The Transitional Housing program provides supportive transitional housing for 16 consumers for 6-12 months. The program has a Housing Coordinator who provides light case management as needed and more intensive support to secure permanent housing.

### Program Performance Measures

**Unduplicated Individuals Served: 31**

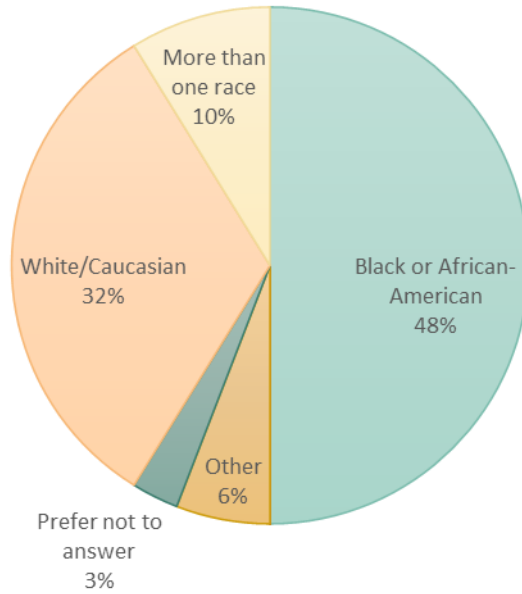
Program Deliverables	Annual Outcome
Maintain a census of 16 beds/slots monthly for eligible consumers for an average of 6-12 months stay (not to exceed 1 year).	A total of 31 unduplicated consumers were served with an average bed occupancy monthly of 12 individuals.
75% of consumers discharging from the program will secure permanent housing.	Of the 19 consumers discharged during the reporting period 58% (11) of the consumers served secured permanent housing upon discharge.

### Financial Report

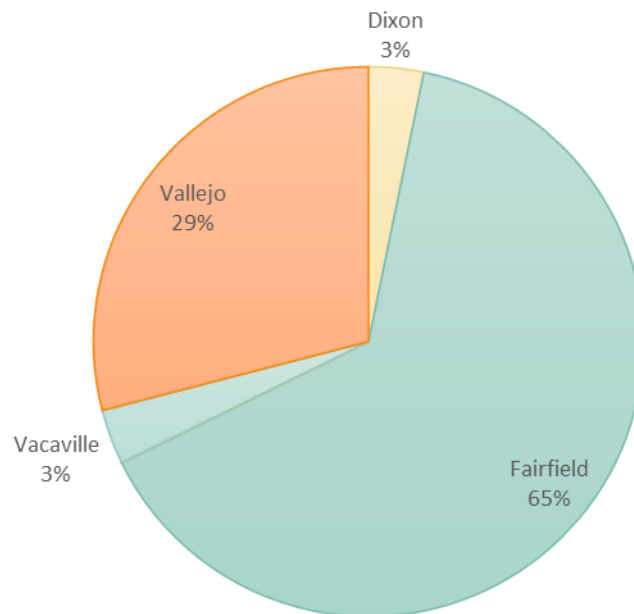
Cost per Person	\$8,494
Contract Amount FY 2020/21: \$305,875	Total Expenditures FY 2020/21: \$263,314

The following charts and table provide additional demographic data for the consumers served by the **Transitional Housing Program**:

Race



City of Residence



Demographics		Total Individuals Demo Collected:	#
			31
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	10%	Central American	0%
26-59	81%	Mexican/Mexican-American/Chicano	0%
60+	10%	Other Hispanic/Latino	0%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	42%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	50%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	Chinese	0%
Other	6%	Eastern European	0%
Prefer not to answer	3%	European	23%
White/Caucasian	32%	Filipino	0%
More than one race	9%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	45%	Middle Eastern	0%
Female	55%	Other Non-Hispanic/Latino	13%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	19%
Male	45%	More than one ethnicity	3%
Female	55%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	3%
Prefer not to answer	0%	Fairfield	65%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	0%
Gay	0%	Unincorporated	0%
Bisexual	6%	Unknown/Not Reported	0%
Heterosexual/straight	84%	Vacaville	3%
Lesbian	0%	Vallejo	29%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	10%		
Queer	0%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		



### ***Highlights & Achievements***

- Five (5) of the consumers discharged from the program gained employment during the course of the year and remain employed at this time. One of the consumers is now working as an engineer and has his own home and another consumer is now an Alcohol and Other Drug (AOD) counselor providing services in the community.
- BACS successfully updated the floorplan and units as needed to maintain high standard of living for residents.

### ***Challenges & Barriers***

- In response to the COVID-19 pandemic program staff collaborated with the BACS safety team and provided necessary tools and safety gear for residents and staff.
- There is a critical lack of affordable housing stock in Solano County for participants who are ready for private housing placement. This is a barrier to discharging from the program and allowing an increase in program flowthrough.
- Two rooms (the front house) remained offline due to repairs required which resulted in a reduction in capacity from 16 to 14. BACS anticipates that the work will be done in FY 2021/21 and at that time census will increase by 2 for a total of 16 beds.

### ***Equity Efforts in FY 2020/21***

Program staff continue to obtain ongoing cultural competence training via online training due to agency COVID-19 protocols. As an agency BACS believes in an equity and justice-oriented lens that is focused on combatting disparities and inequalities. BACS was able utilize allocated funding to provide consumers access to artwork and materials which they identify as representation of themselves. The programs strives to create communal and inclusive spaces for consumers to express their own unique identities.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Program:** Bridge Transitional Housing

**Agency Name:** Caminar, Inc.

**Description of Program:**

The Bridge program, operated by a community-based organization (CBO), expanded transitional housing by an additional 12 beds for Solano County. The CBO partner owns the property which was previously used as a crisis residential treatment (CRT) facility. SCBH began to fund the program in May of 2020 in order to cover start-up costs. The program provides supportive transitional housing for 30-90 days for adult consumers with serious mental health conditions who are homeless or at risk of homelessness. Services include skills building, peer support, and housing case management to transition to permanent housing.

### Program Performance Measures

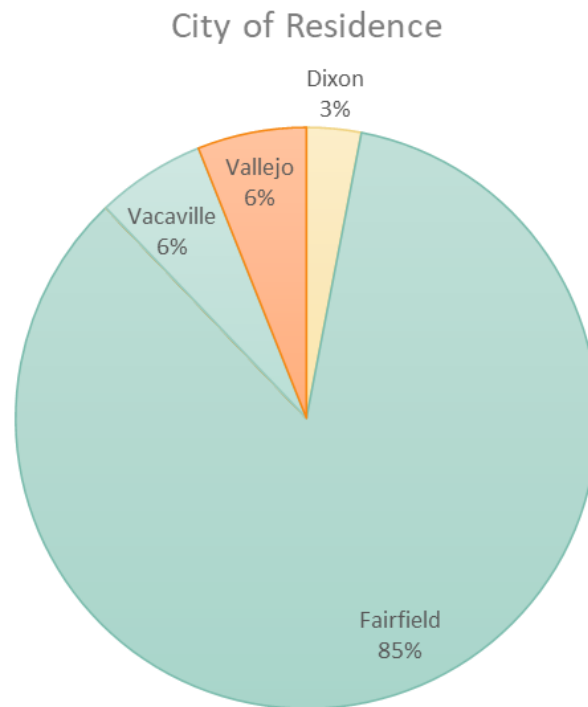
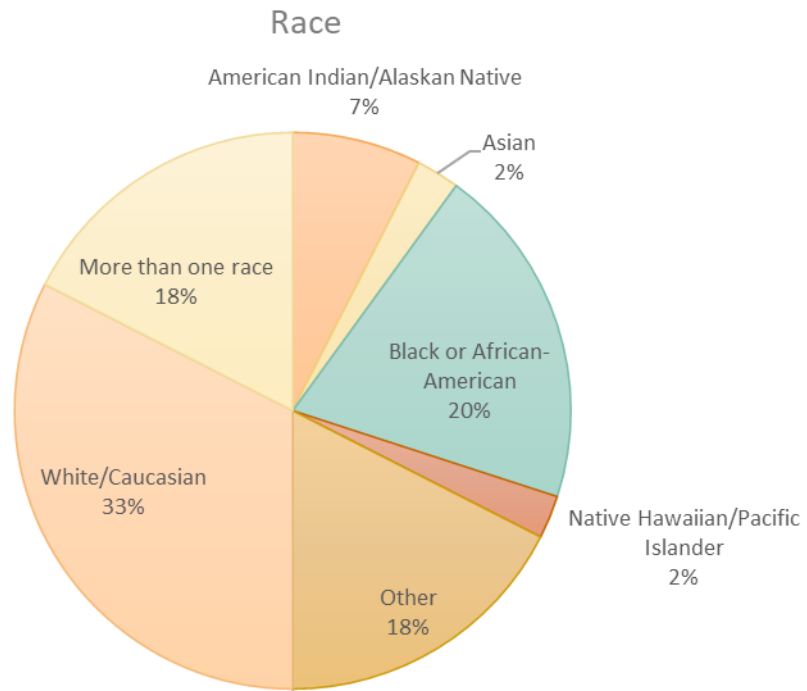
Unduplicated Individuals Served: 33

Program Indicators	Annual Outcome
Provide 30-90-days housing to serve a minimum of 36 unduplicated consumers to prepare them to live independently and secure permanent housing.	33 unduplicated individuals received transitional housing.
At least 60% of consumers will maintain or increase functioning per the <i>Quality of Life (QoL) Scale</i> by maintaining or improving to a score of 4 or 5 at discharge.	Of the 18 individuals who discharged from the program and completed the <i>QoL</i> , 89% (16) maintained or improved their score in functioning.
75% of consumers discharging from the program will transition to permanent housing.	Of the 26 individuals who discharged from the program during the reporting period, 62% (16) transitioned to permanent housing.

### Financial Report

Cost per Person	\$17,495
Contract Amount FY 2020/21: \$650,000	Total Expenditures FY 2020/21: \$577,319

The following charts and table provide additional demographic data for the individuals served by the **Bridge Housing Program**:



Demographics		Total Individuals Demo Collected:	#
			33
<b>Age</b>	<b>%</b>	<b>Ethnicity</b>	<b>%</b>
0-15	0%	Caribbean	0%
16-25	15%	Central American	3%
26-59	82%	Mexican/Mexican-American/Chicano	26%
60+	3%	Other Hispanic/Latino	3%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	8%	African	23%
Asian	3%	Asian Indian/South Asian	3%
Black or African-American	20%	Cambodian	0%
Native Hawaiian/Pacific Islander	3%	Chinese	0%
Other	18%	Eastern European	0%
Prefer not to answer	0%	European	37%
White/Caucasian	33%	Filipino	0%
More than one race	18%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	64%	Middle Eastern	0%
Female	36%	Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	0%
Male	63%	More than one ethnicity	6%
Female	38%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	3%
Prefer not to answer	0%	Fairfield	85%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	0%
Gay	3%	Unincorporated	0%
Bisexual	9%	Unknown/Not Reported	0%
Heterosexual/straight	79%	Vacaville	6%
Lesbian	0%	Vallejo	6%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	3%		
Queer	0%		
Questioning/unsure	6%		
<b>Veteran Status/Military Services</b>			
Veteran	0%		
Active military	0%		
Not a veteran or not active military	100%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	100%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	100%		
Tagalog	0%		
Other	0%		
Spanish	0%		

### ***Highlights & Achievements***

The Bridge Transitional Housing program fully opened by end of August 2020 despite concerns about the impact of COVID-19 on congregate living spaces.

### ***Challenges & Barriers***

- Due to COVID-19 the program had to adapt to state guidelines for congregate living and as a result the census was reduced to 8 rather than 12 in order to allow for each consumer to have his/her own room. Following the guidelines allowed increased safety and ability to isolate someone if s/he became ill with COVID.
- Due to the requirement for distanced engagement consumers began to show signs of increased symptoms and social isolation resulting in staff managing an increase in consumers experiencing psychiatric crises.
- Program staff worked to address consumers who were not yet ready for independent living and were challenged with maintaining their own medication without assistance. As a transitional housing program, staff cannot administer or monitor medications, however the staff did collaborate with consumers' clinical treatment teams to address these needs.
- The program did identify an increase in consumers who needed residential drug treatment.

### ***Equity Efforts in FY 2020/21***

Caminar as an agency created regional and an agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Program:** Shelter Solano

**Agency Name:** SHELTER, Inc.

**Description of Program:**

SHELTER Inc., a community-based organization contracted by the City of Fairfield to operate the local city owned shelter property, provides interim shelter housing for a maximum of 9 months for Solano County adult consumers with seriously mental health conditions who are homeless or at risk of homelessness. MHSA funds 15 beds. The program utilizes a Housing First Model. Services includes case management, tenant education and support to transition to permanent housing.

**Program Performance Measures**

**Unduplicated Individuals Served: 63**

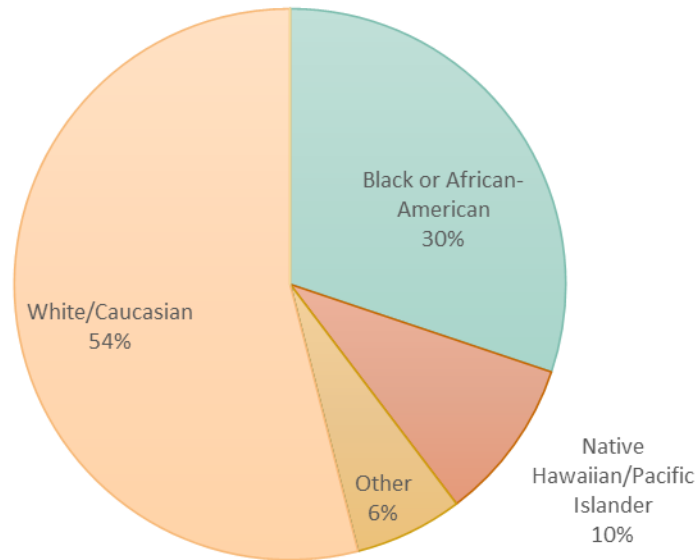
Program Deliverables	Annual Outcome
Serve a minimum of 15 eligible participants per year.	63 unduplicated consumers were served representing 73 admissions, therefore a number of consumers had two or more admissions to the program during this reporting period.
A minimum of 75% of consumers served will receive case management to include housing access assistance and tenant education.	75% (47) of the consumers received case management services.
At least 75% of consumers will exit the program to permanent housing in which the resident holds a lease, rental agreement, or shared living arrangement in a residence which is not subject to time limits.	Of the consumers discharged 32% (18) were discharged to permanent housing.
Contractor will maintain post-placement contact and support services by mutual agreement with exiting participant for up to six months after program exit. Contractor will track permanent housing retention rates at three (3) and six (6) months after program exit and expects at least 40% of successfully exited participants who respond to contact efforts will have maintained housing after 3 months, and 25% after 6 months.	Of the 18 consumers who had reached the post discharge mark during this reporting period and responded to contact efforts 89% (16) had maintained housing for 3 months and 40% (6) had maintained housing for 6 months.

**Financial Report**

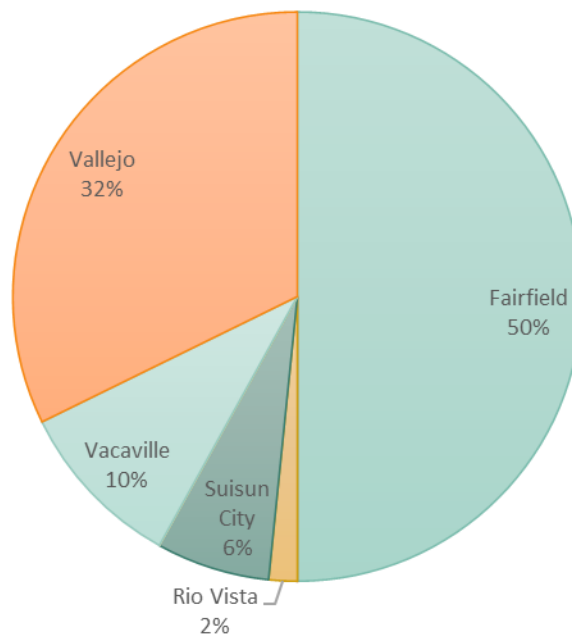
Cost per Person	\$6,096
Contract Amount FY 2020/21: \$500,000	Total Expenditures FY 2020/21: \$384,039

The following charts and table provide additional demographic data for the individuals served by the **Shelter Solano Program**:

Race



City of Residence



Demographics		Total Individuals Demo Collected:	#
			63
<b>Age</b>	%	<b>Ethnicity</b>	%
0-15	2%	Caribbean	0%
16-25	10%	Central American	0%
26-59	81%	Mexican/Mexican-American/Chicano	0%
60+	8%	Other Hispanic/Latino	9%
Prefer not to answer	0%	Puerto Rican	0%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	0%	African	0%
Asian	0%	Asian Indian/South Asian	0%
Black or African-American	30%	Cambodian	0%
Native Hawaiian/Pacific Islander	10%	Chinese	0%
Other	6%	Eastern European	0%
Prefer not to answer	0%	European	0%
White/Caucasian	54%	Filipino	0%
More than one race	0%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	68%	Middle Eastern	0%
Female	32%	Other Non-Hispanic/Latino	91%
Prefer not to answer	0%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	0%
Male	68%	More than one ethnicity	0%
Female	32%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	0%	Dixon	0%
Prefer not to answer	0%	Fairfield	50%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	0%	Rio Vista	2%
<b>Sexual Orientation</b>		Suisun City	6%
Gay	0%	Unincorporated	0%
Bisexual	0%	Unknown/Not Reported	0%
Heterosexual/straight	94%	Vacaville	10%
Lesbian	0%	Vallejo	32%
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Prefer not to answer	5%		
Queer	0%		
Questioning/unsure	2%		
<b>Veteran Status/Military Services</b>			
Veteran	5%		
Active military	0%		
Not a veteran or not active military	95%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	97%		
Ilocano	0%		
Other	0%		
Prefer not to answer	0%		
Spanish	2%		
Tagalog	2%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	97%		
Tagalog	2%		
Other	0%		
Spanish	2%		



### ***Highlights & Achievements***

- Due to COVID-19 a significant emphasis of countywide housing services and supports was focused on the Project Roomkey (PRK) programs, resulting in program case managers struggling to find housing options for those already housed in the shelter. However, through hard work and dedication, case managers were able to place individuals in shared housing options to include board and care and room and board homes.
- The program continued to focus on providing wrap around services on campus, including healthcare through Touro University, Employment and Eligibility Services, financial literacy classes, facilitated online support through Armanino Foundation and onsite wellness groups, being facilitated by NAMI and SHELTER case management staff.
- In May the Solano campus celebrated the groundbreaking of a new kitchen that will not only allow the shelter to prepare fresh hot food on campus rather than relying on pre-packaged food, but will also provide a new employment opportunity whereby participants can participate in culinary classes onsite in the remodeled test kitchen.

### ***Challenges & Barriers***

- As referenced above a lack of available affordable housing stock resulted in challenges with securing permanent independent housing for consumers discharging from the program.
- Due to ongoing concerns regarding COVID-19 for a portion of the year the campus was closed resulting in a limitation in bringing in external partners to provide educational or support services. To address this when possible the program used Zoom and Teams virtual platforms to bring the classes to participants at the site. This allowed the participants to remain active during the pandemic and still receive the tools needed to be successful in their recovery and maintain self-sufficiency.

### ***Equity Efforts in FY 2020/21***

SHELTER Inc. has made it an agencywide goal to become more culturally diverse and aware and make efforts to hire a diverse workforce. Currently the Solano program has three bilingual Spanish-speaking staff onsite that and the program has translated all of the agency documents in Spanish and are currently working on translating documents in Tagalog. SHELTER, Inc. held multiple staff trainings in diversity, cultural sensitivity, equity and social determinants of health and the agency has implemented an agencywide Diversity Equity and Inclusion (DEI) Committee.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Program:** Supported Housing

**Agency Name:** Caminar, Inc.

**Description of Program:**

The program provides housing services for adults with serious mental health conditions and children with severe emotional conditions and their families who are homeless or at risk of becoming homeless. The program provides services and support for consumers living in designated units at Signature in Fairfield and Heritage Commons in Dixon, as well as numerous scattered sites/apartments in Solano County. Program staff provide case management and support for consumers placed in the permanent housing units focused on tenant relations, household skills, budgeting, etc. In addition to supporting consumers placed in permanent housing units, the program provides 4 transitional housing beds for up to 60 days and provide housing case management to secure permanent housing upon discharge.

**Program Performance Measures**

**Unduplicated Individuals Served: 78**

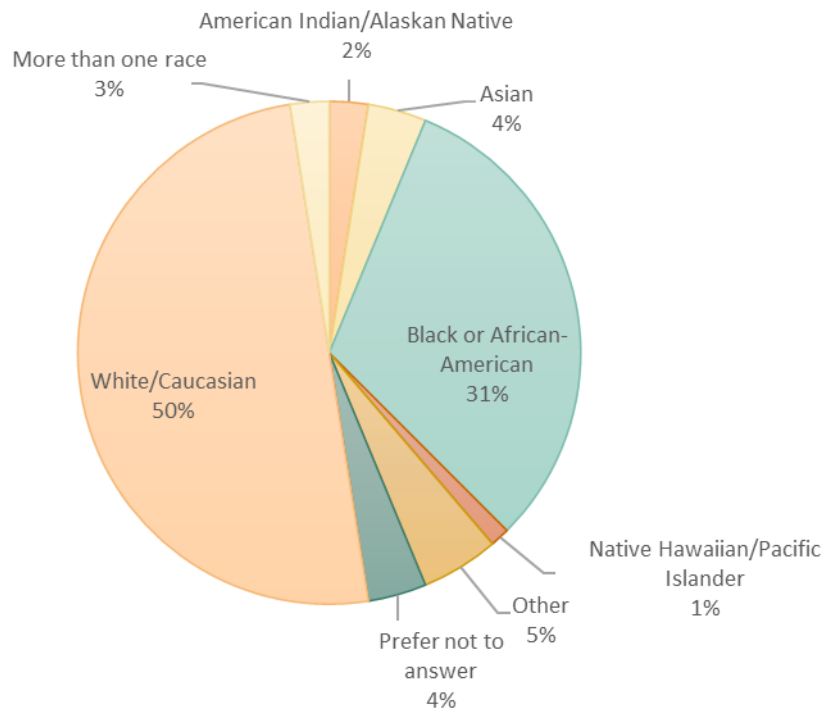
Program Indicators	Annual Outcome
Provide permanent supportive housing services to 35 to 60 unduplicated individuals who have serious mental illness.	A total of 69 unduplicated individuals were housed in permanent housing: <ul style="list-style-type: none"> <li>• Scattered Sites: 25 individuals</li> <li>• Signature: 14 individuals</li> <li>• Heritage: 7 individuals</li> <li>• HUD: 23</li> </ul>
Provide transitional housing services for up to 90 days for 15-20 individuals.	9 unduplicated individuals received transitional housing.
<u>Permanent Housing Program:</u> Administer the <i>Quality of Life Scale</i> to maintain a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains (administered at intake and annually thereafter).	Of the 35 individuals who completed the annual measure during the reporting period, 80% (28) of individuals maintained or improved their score in functioning
<u>Transitional Housing:</u> 90% of the individuals exiting transitional housing will have initiated or obtained benefits.  75% of the individuals exiting transitional housing will move to stable housing.	Of the 6 individuals who discharged from transitional housing, 100% (6) of individuals had initiated and/or obtained benefits.  Of the 6 individuals who discharged from transitional housing, 100% (6) successfully moved to stable housing.

**Financial Report**

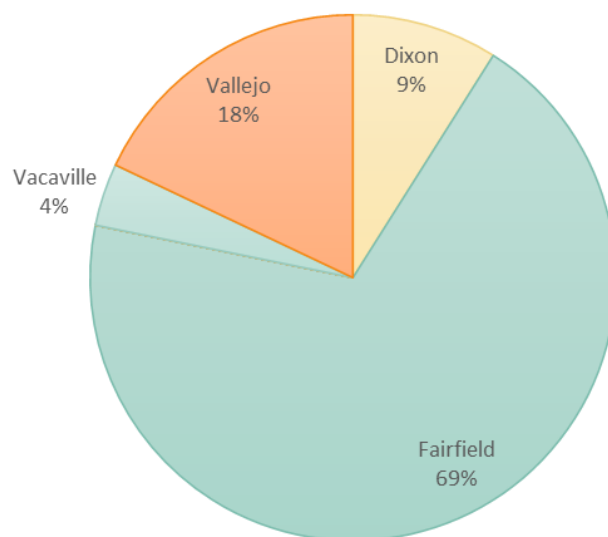
Cost per person	\$6,408
Contract Amount FY 2020/21: \$551,840	Total Expenditures FY 2020/21: \$499,826

The following charts and table provide additional demographic data for the individuals served by the **Supported Housing Program**:

### Race



### City of Residence



Demographics		Total Individuals Demo Collected:	
			78
<b>Age</b>	<b>Direct</b>	<b>Ethnicity</b>	<b>Direct</b>
0-15	0%	Caribbean	0%
16-25	5%	Central American	1%
26-59	64%	Mexican/Mexican-American/Chicano	5%
60+	28%	Other Hispanic/Latino	4%
Prefer not to answer	3%	Puerto Rican	1%
<b>Race</b>		South American	0%
American Indian/Alaskan Native	3%	African	23%
Asian	4%	Asian Indian/South Asian	0%
Black or African-American	31%	Cambodian	0%
Native Hawaiian/Pacific Islander	1%	Chinese	0%
Other	5%	Eastern European	5%
Prefer not to answer	4%	European	21%
White/Caucasian	50%	Filipino	4%
More than one race	3%	Japanese	0%
<b>Gender At Birth</b>		Korean	0%
Male	44%	Middle Eastern	0%
Female	55%	Other Non-Hispanic/Latino	29%
Prefer not to answer	1%	Vietnamese	0%
<b>Current Gender Identity</b>		Prefer not to answer	6%
Male	41%	More than one ethnicity	0%
Female	54%	<b>City of Residence</b>	
Genderqueer	0%	Benicia	0%
Other	1%	Dixon	9%
Prefer not to answer	1%	Fairfield	69%
Questioning/unsure	0%	Non-County Resident	0%
Transgender	3%	Rio Vista	0%
<b>Sexual Orientation</b>		Suisun City	0%
Gay	1%	Unincorporated	0%
Bisexual	0%	Unknown/Not Reported	0%
Heterosexual/straight	82%	Vacaville	4%
Lesbian	5%	Vallejo	18%
Other	4%	<p>Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.</p>	
Prefer not to answer	6%		
Queer	1%		
Questioning/unsure	0%		
<b>Veteran Status/Military Services</b>			
Veteran	4%		
Active military	0%		
Not a veteran or not active military	96%		
<b>Primary Language (1st Language)</b>			
American Sign Language (ASL)	0%		
English	99%		
Ilocano	0%		
Other	1%		
Prefer not to answer	0%		
Spanish	0%		
Tagalog	0%		
<b>Preferred Language (Used Daily)</b>			
American Sign Language (ASL)	0%		
English	99%		
Ilocano	0%		
Other	1%		
Spanish	0%		

### ***Highlights & Achievements***

- In spite of COVID-19 program staff continued to consistently provide service for the consumers housed in both permanent housing sites and the transitional housing unit. Both consumers and staff adapted to remote service provision when appropriate.
- In spite of challenges regarding available affordable housing 100% of the consumers discharged from transitional housing exited to permanent housing with benefits in place.

### ***Challenges & Barriers***

Providing transitional housing in a small apartment proved to be a bit challenging this year. Given the room sizes and proximity, COVID-19 restrictions limited the number of beds to 3 therefore there was limited capacity which significantly impacted the program's ability to meet the annual goal. The program anticipates that as COVID-19 cases stabilize and the ratio of persons vaccinated increases, the program will be transition back to full occupancy.

### ***Equity Efforts in FY 2020/21***

Program leadership worked diligently with the County to evaluate the data for consumers referred and served in order to identify populations that were underserved. The program is using that information to implement targeted outreach to those communities and well as developing program materials that demonstrate the program's commitment to providing culturally and linguistically inclusive services. Caminar as an agency created regional and an agencywide Diversity Equity and Inclusion (DEI) Committees designed to continually evaluate service delivery, staff recruitment efforts, and staff training to ensure that the agency continues to provide inclusive and equitable services. The members of the Committees reflect the broad range of culturally and linguistically diverse staff who are tasked with developing recommendations for areas of improvement to better meet the needs of consumers and staff, and to provide input into the development of the agency DEI Plan Update that is submitted to SCBH annually.

### ***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

**Name of Strategy:** Augmented Board & Care (ABC) Step-downs

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

SCBH leverages MESA housing support funding to support consumers with serious mental health conditions who had been living in locked facilities called Mental Health Rehab Centers and Institutions of Mental Disease (IMDs) to step down to lower level ABC facilities to assist them in integrating back into the community.

**Unduplicated Individuals Served: 22**

**Financial Report**

Cost Per Person	\$10,931
Budgeted Amount FY 2020/21: \$250,000	Total Expenditures FY 2020/21: \$240,472

Demographic data is not available for this strategy.

***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.

## Outreach & Engagement

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

**Name of Program:** Patients' Benefits Specialists (PBS)

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

The PBS Strategy is staffed by two full-time PBS staff who are tasked to provide support for individuals who are identified as homeless to sign up for Medi-Cal benefits and other government assistance (GA) programs. The goal of this strategy is to streamline setting up necessary benefits for individuals who are uninsured and unhoused. Additionally, the PBS staff provide light case management and linkage to housing and mental health services.

**Number of Participants Reached: 221**

### Financial Report

Cost per Person

\$470

Budget for FY 2020/21: \$261,558

Total Expenditures FY 2020/21: \$103,794

Full demographic data is not available for this strategy, however of the 221 community members served 74 were females and 147 were males.

### Highlights & Achievements

- As a result of increased benefit support provided through the Solano County Employment and Eligibility Division via two Outstation Workers being assigned to support SCBH including consumers placed at the CSU, the PBS role was embedded in the SCBH centralized homeless and housing program which allowed for the PBS staff to focus primarily on supporting the homeless community.
- PBS staff participated in multidisciplinary, coordinated homeless outreach activities multiple times per week. This involved visiting homeless encampments, shelters and other places in the community where unhoused individuals could be located.
- The PBS staff played an important role in the County's two Project Roomkey programs, linking participants with needed benefits that provided access to care, increased their financial self-sufficiency, and improved their quality of life.

### Challenges & Barriers

- Due to a staffing shortage the program was limited to one PBS staff throughout the year.
- COVID-19 required additional precautions when working with homeless indigent individuals.

### Changes or Updates Planned for FY 2021/22

No changes planned at this time.

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

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

The HOLA Strategy is staffed by a half-time County clinician who fulfills the role of Latino Outreach Coordinator tasked with increasing awareness regarding mental health services available for the Latino community and engaging the community in stigma reduction activities with a primary goal to increase access for the Hispanic/Latino community who are underserved in Solano County.

**Performance Measures**

**Number of Community Members Reached: 34,949 (not unduplicated)**

Strategy Indicators	Annual Outcome
Provide presentations/workshops for the community in Spanish and English.	A total of 6 workshops were provided with a total of 118 participants.
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the Latino community.	Participated in 3 outreach activities/events with 56 participants and conducted outreach with 2 individual community partners. Recorded 5 videos in Spanish including 2 collaborations between Public Health and SCBH regarding safety and wellness related to the COVID-19 pandemic which reached 34,300 people with 5,000 views. Outreach also included 45 posts in Spanish for SCBH social media platforms which reached 454 people.
Provide brief case management services to aid Latino residents in linking to necessary mental health services.	Connected to a total of 19 unduplicated individuals who were in need of mental health services.  Of those contacted, 26% (5) of individuals received screening, case management and/or linkages.

**Financial Report**

Cost per Person	\$1
Budgeted Amount FY 2020/21: \$78,389	Total Expenditures FY 2020/21: \$44,445

Demographic data is not available for this strategy.



### ***Highlights & Achievements***

- In spite of COVID-19 and the inability to engage in in-person outreach activities the HOLA Outreach Coordinator provided a variety of virtual presentations and educational opportunities for the community including a session on suicide prevention in Spanish and English, several sessions on the system of care in Spanish, several educational sessions on COVID-19, and facilitating an MHSA community stakeholder meeting in Spanish.
- The HOLA Outreach Coordinator partnered with Public Health to develop social media posts and various videos on COVID-19 and safety measures.
- During FY 2020/21 SCBH expanded social media presence which included posting educational and stigma reduction messaging in multiple languages on the various social media platforms. The HOLA Outreach Coordinator, in partnership with several other bilingual staff, recorded several messages in Spanish.

### ***Challenges & Barriers***

- As a result of COVID-19 it has been very difficult to engage in typical outreach activities which have historically been in-person and have included presentations at schools or for other community partners, tabling at community events, conducting trainings, etc. When possible, virtual platforms were used to reach the Hispanic/Latino community and partners serving the Hispanic/Latino community.
- This position has been difficult to fill and retain. The role of HOLA Outreach Coordinator was filled from July 2020 through January 2021 when the clinician accepted a promotional position outside of the County. The position has remained unfilled due to the County having a hiring freeze for any positions not providing direct clinical services.

### ***Changes or Updates Planned for FY 2021/22***

SCBH is evaluating whether to continue to fund a half time county position or to contract this out to a community provider through a contract procurement process.

**Name of Strategy:** KAAGAPAY: Asian American/Pacific Islander (AA/PI) Outreach Coordinator (name of program had been KAAGAYPAY Asian/Pacific Islander (A/PI) Outreach Coordinator in the MHSa Three-Year Plan)

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

The KAAGAPAY (English translation is “Helping Hand” or “Reliable Companion”) Strategy is staffed by a half-time County clinician who fulfills the role of AA/PI Outreach Coordinator tasked with increasing awareness regarding mental health services available for the AA/PI community and engaging the community in stigma reduction activities with a primary goal to increase access for the AA/PI community who are underserved in Solano County.

Performance Measures	
Number of Community Members Reached: 4,056 (not unduplicated)	
Strategy Indicators	Annual Outcome
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the AA/PI community.	Total of 55 outreach activities provided: 8 individual outreach contacts, 28 social media posts, and 19 other engagement activities reaching 4,056 community members.
Provide brief case management services to aid AA/PI residents in linking to necessary mental health services.	Connected to a total of 8 unduplicated individuals who were in need of mental health services.  Of those contacted, 88% (7) of individuals received screening, case management and/or linkage services.
Financial Report	
Cost per Person	\$26
Budgeted Amount FY 2020/21: \$78,389	Total Expenditures FY 2020/21: \$105,420

Demographic data is not available for this strategy.

**Highlights & Achievements**

- Starting in FY 2020/21 this strategy expanded from focusing exclusively on the Filipino community to focusing on the entire Asian American/Pacific Islander (AA/PI) community in Solano County.
- In spite of COVID-19 and the inability to engage in in-person outreach activities the KAAGAPAY Outreach Coordinator planned and implemented a virtual spoken word event during the month of May to support efforts to raise awareness via May is Mental Health Month.
- During FY 2020/21 SCBH expanded social media presence which included posting educational and stigma reduction message in multiple languages on the various social media platforms. The KAAGAPAY Outreach Coordinator, in partnership with several other bilingual staff, recorded several messages in Tagalog.

**Challenges & Barriers**

- As a result of COVID-19 it has been very difficult to engage in typical outreach activities which have historically been in-person and have included presentations at schools or for other community partners, tabling at community events, conducting trainings, etc. When possible, virtual platforms were used to reach the AA/PI community and partners serving the AA/PI community.
- This position has been difficult to fill and retain. The role of KAAGAPAY Outreach Coordinator was filled from December 2020 through May 2021 when the clinician accepted a fulltime position in another County program. The position has remained unfilled due to the County having a hiring freeze for any positions not providing direct clinical services.

**Changes or Updates Planned for FY 2021/22**

SCBH is evaluating whether to continue to fund a half time county position or to contract this out to a community provider through a contract procurement process.

**Name of Strategy:** Accessible Resources for the Community’s Homeless (ARCH): Homeless Outreach

**Agency Name:** Solano County Behavioral Health

**Description of Strategy:**

The ARCH Strategy is staffed by a full-time County clinician who fulfills the role of ARCH Coordinator tasked with increasing awareness regarding mental health services available specifically for the transition aged youth (TAY) homeless population in Solano County. The primary goal is link homeless youth to behavioral health services, housing, and other necessary resources. Additionally, the ARCH Outreach Coordinator educates the community on the unique issues that impact this special population including Commercial Sexual Exploitation of Children/Youth (CSEC). This position is co-funded by Child Welfare Services (CWS) in order for the Clinician to serve foster youth who are identified as homeless and at risk for CSEC. The Clinician works closely with local schools; organizations that serve youth including behavioral health providers, Probation, and CWS; as well as law enforcement to identify youth that are homeless or at risk of homelessness.

Performance Measures	
Number of Community Members Reached: 404	
Strategy Indicators	Annual Outcome
Conduct targeted outreach activities to spread awareness in an effort to reduce stigma and increase access to mental health services for the homeless population.	Total of 7 outreach activities occurred: 1 presentations, 6 community events, and 221 individual contacts with 384 participants.
Provide brief case management and linkage services to referred homeless youth.	Total of 30 unduplicated individuals were contacted, and of those 22 unduplicated individuals received a screening, 22 received brief case management and/or linkage services with the following results: <ul style="list-style-type: none"> <li>• 5% (1) successfully enrolled as a new consumer</li> <li>• 0% (0) were re-enrolled/re-connected to mental health services</li> <li>• 100% (22) successfully linked to resources or services to address basic needs</li> </ul>
Financial Report	
Cost per Person	\$359
Budgeted Amount FY 2020/21: \$156,778	Total Expenditures FY 2020/21: \$145,227

Demographic data is not available for this strategy.

**Highlights & Achievements**

The ARCH Outreach Coordinator continued to maintain working relationships with partners from school sites in spite of school closures as a result of COVID-19. Additionally, the ARCH Coordinator maintained strong relationships with Probation and CWS.

**Challenges & Barriers**

- It was more difficult to engage and identify homeless youth due to school closures as a result of COVID-19. Additionally, in-person youth events or presentations at school sites were not held which have historically been avenues for youth to connect directly with the ARCH Coordinator about being homeless and/or CSEC.
- There were a low number of referrals from CWS for TAY youth that had run away.

**Changes or Updates Planned for FY 2021/22**

SCBH will continue to identify a primary clinician to hold the role of ARCH TAY outreach, however a second clinician will be identified to ensure that there are adequate resources to serve this vulnerable population.

# PREVENTION & I



# EARLY INTERVENTION



## Prevention & Early Intervention (PEI) Programs & Services

PEI programs and strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services—particularly to traditionally underserved marginalized communities. The following section contains outcomes for PEI funded programs for FY 2020/21 as well as the required Annual PEI Report elements to include both demographic information for participants served: age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran’s status, disabilities for participants receiving services, timeframe for onset of mental health symptoms; and data related to access and linkage to treatment.

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

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

The six regulatory approaches for PEI programs and services include:

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

## Local PEI Programs

Many of the PEI programs embody two or more of the aforementioned state-defined PEI approaches, however for reporting purposes SCBH has organized the programs as follows:

Suicide Prevention	CalMHSA Communitywide Suicide Prevention Efforts Trainings: <i>safeTALK</i> , <i>ASIST</i> , <i>MHFA</i> , etc. Suicide Prevention Crisis Call Center Community-Based Mobile Crisis Crisis Transport
Stigma & Discrimination Reduction	CalMHSA Communitywide Stigma Reduction Efforts Family & Peer Support Program African American Faith-Based Initiative
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health First Aid Trainings* All funded PEI programs and strategies include activities that address this required approach
Access & Linkage to Treatment	Early Childhood Services**
Prevention	LGBTQ+ Outreach & Access Program** School-Based Mental Health Services** Older Adult Peer-to-Peer Program**
Early Intervention	Pregnant & Postpartum Maternal Support Early Psychosis Treatment Program Older Adult Case Management & Treatment

\*Mental Health First Aid trainings are provided by several programs listed under a different approach and the funding and expenditures are represented through the larger contract.

\*\*Program/Strategy also provides prevention and early intervention activities and services but categorized per PEI approach for state reporting purposes.

## Senate Bill (SB) 1004

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

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

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
  - ◇ The **Early Childhood Services** strategies co-funded by MHSA and First 5 Solano addresses this priority through screenings and the use of the Triple P parent education model to teach parenting skills and reduce the potential for child abuse.
  - ◇ The **Pregnant & Postpartum Maternal Support** strategy provides support for pregnant and new mothers to prevent and/or address postpartum depression which can lead to child abuse or neglect if untreated.
  - ◇ **MHSA School-Based Services Programming** includes trainings for parents/caretakers to build skills and prevent abuse, strategies to identify children/youth who are in need of mental health services, student workshops/groups, and the provision of mental health assessments and brief counseling for 3-5 months for students in schools K-12.
2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan
  - ◇ The **Early Psychosis Treatment Program** includes trainings for key partners including schools and providers on the early identification of psychosis, screenings, and assessments for individuals ages 12-30 referred for services, and treatment for individuals determined to be eligible for the program. During the screening and assessment process if an individual is identified to have a mood disorder rather than a psychotic disorder the individual is linked to appropriate services.
  - ◇ **MHSA School-Based Services Programming** includes strategies to identify children/youth who are in need of mental health services as well as the provision of mental health assessments and brief counseling for 3-5 months for students. Pending each individual's need referrals are made to the most appropriate level of care and treatment program. Additionally, one of the contractors provides suicide prevention trainings for school personnel, parents/caretakers, etc.
  - ◇ **School-Based Wellness Center Initiative (SWCI)** Forty-five (45) culturally responsive school wellness centers were funded using MHSA INN funds for K-12 and adult education school sites. PEI funded programs will be leveraged to support the SWCI. For example, school sites with a wellness center can leverage the MHSA School-Based Services contractors for trainings, student workshops, and direct services. Additionally, other PEI funded contracts have deliverables related to outreach and training for schools.
  - ◇ **Suicide Prevention Strategies** include outreach efforts to raise awareness about suicide prevention; suicide prevention trainings provided by SCBH and contractor staff including specific suicide prevention trainings focused on the older adult community; funding for a suicide prevention hotline; a countywide Suicide Prevention Committee; a Suicide Prevention Strategic Plan that guides countywide suicide prevention efforts; and a newly implemented Community-Based Mobile Crisis program launched in May 2021 funded by MHSA PEI funds. While not funded through MHSA PEI, SCBH launched a School-Based Mobile Crisis program in August 2021 serving all six (6) school districts and a local charter school. This program is funded by the Mental Health Student Services Act (MHSSA) Grant.



3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs
  - ◇ **MHSA School-based Services Programming** includes student workshops/groups, strategies to identify children/youth who are in need of mental health services, the provision of mental health assessments and brief counseling for 3-5 months for TAY students.
  - ◇ The **Early Psychosis Treatment Program** provides screening, assessments, and treatment for individuals ages 12-30 thus addressing needs of TAY population.
  - ◇ **School-based Wellness Center Initiative (SWCI)** includes wellness centers on adult education campuses. Solano Community College has agreed to implement a wellness center on their Fairfield campus. This space was identified and the materials for the wellness center were purchased. The space will be made available to students once in-person learning commences. School wellness centers are intended to be access points for students who are in need of treatment to address mental health conditions.
  
4. Culturally competent and linguistically appropriate prevention and intervention
  - ◇ All of the PEI programs are closely tracking the demographics of program participants. Additionally, starting in FY 2019/20 SCBH began to require all contractors to develop their own agency Cultural Responsivity Plans guided by the CLAS standards. Additionally, SCBH continues to fund trainings focused on culturally responsive practices and social justice for both County and contractor providers.
  - ◇ The **LGBTQ+ Outreach and Access Program** provides support/social groups and short-term counseling for the LGBTQ+ community. Additionally, the program provides training and education for the community to combat discrimination and to create inclusive safe spaces for the LGBTQ+ community.
  - ◇ The **African American Faith Based Initiative** will continue to be funded through December 2021. The consultants engage local faith centers serving primarily African American/Black congregations to provide training and support for faith leads to recognize the early signs of mental health conditions and ultimately to certify faith centers as Mental Health Friendly Communities (MHFC). Additionally, the consultants provide trainings for providers and community partners in best practices when serving the African American/Black community.
  - ◇ During FY 2021/22 SCBH will release a Request for Proposal (RFP) to explore new strategies to address the needs of the underserved marginalized communities in Solano County.
  - ◇ While the **Hispanic Outreach and Latino Access (HOLA) Outreach Coordinator Strategy** is funded by CSS funds, the county Clinician engages the Latino/Hispanic community to combat stigma and discrimination and to increase access to mental health services.
  - ◇ While the **KAAGAPAY Asian American Pacific Islander (AA/PI) Outreach Coordinator Strategy** is funded by CSS funds, the county Clinician engages the local AA/PI community to combat stigma and discrimination and to increase access to mental health services.
  
5. Strategies targeting the mental health needs of older adults
  - ◇ The **Older Adult Programming** currently includes two contractors serving older adults 60 and over. One program provides trainings for the community, screenings, case management and short term counseling. The other program is a peer-to-peer model providing home visits, reassurance calls, virtual groups, etc. to prevent isolation and reduce suicide deaths for older adults.
  
6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis
  - ◇ All of the funded PEI strategies and programs that are providing screening and direct early intervention services are addressing this particular PEI priority. Additionally, the SWCI provides additional access points for students experiencing mental health symptoms.

## Suicide Prevention

A countywide *Solano County Suicide Prevention Strategic Plan* was presented to Board of Supervisors in September of 2017. This Plan was then updated in 2021 following an extensive CPP process. The Plan is intended to be a guide for the entire County—both public and private sectors—in how to work collaboratively to combat suicide in Solano County. To read the *Solano County Suicide Prevention Strategic Plan Update 2021* and become more familiar with the strategies being used to prevent suicide deaths locally [click here](#).

During FY 2020/21 SCBH continued leverage support provided by the California Mental Health Services Authority (CalMHSA) Joint Powers of Authority (JPA) between CalMHSA and California Counties that funds statewide effort in suicide prevention and stigma reduction. Statewide campaigns include the “Know the Signs (KTS)” suicide prevention campaign, “Each Mind Matters (EMM)” stigma reduction campaign, and the “Directing the Change” campaign focused on youth creating videos to combat stigma and reduce suicide deaths. For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction approach, however SCBH outreach staff and several community-based organizations distribute educational suicide prevention materials received from CalMHSA throughout the year.

The following suicide prevention activities were conducted FY 2020/21:

- **Suicide Prevention Committee** – During FY 2020/21 the countywide Solano County Suicide Prevention Committee remained active meeting monthly and providing guidance for important suicide prevention strategies.
- **safeTALK and/or Applied Suicide Intervention Skills Training (ASIST) Suicide Prevention Trainings**– Due to COVID-19 for most of the FY these trainings were not able to be held due to a requirement by the curriculum developers to hold these trainings in-person. In April of 2021 Solano County Office of Education (SCOE) who is funded by SCBH to provide MHS School-Based Mental Health Services provided one round of *ASIST* specifically for the new Community-Based Mobile Crisis program staff.
- **Virtual Suicide Prevention Presentations/Trainings**– During FY 2020/21 SCOE developed virtual trainings/presentations called *Be the Support* on the topic of suicide prevention provided for school personnel, parents/caretakers, and community members. The data related to these trainings is reported under the MHS School-Based Mental Health Services programming. SCBH staff provided three additional virtual presentations/trainings *Solano County Suicide Prevention Efforts & Resources* for community partners including all County Health Services staff.
- In recognition of the national **Suicide Prevention Awareness Week** four virtual presentations/trainings were held. *The Impact of Suicide Locally & Prevention from the Youth Voice* was held in both English and Spanish and included information related to the local impact of suicide, efforts to prevent suicide deaths and a transition age youth shared his personal journey through depression and suicidality to wellness. *Stories of Survival & Recovery* highlighted two survivors—one family member who lost a parent to suicide and a peer David Woods Bartley who made a suicide attempt—shared their stories of recovery. *From the Locked Ward to the Open Door: My Journey from 5150 to Hope* was a training provided by David Woods Bartley specifically for staff from the Crisis Stabilization Unit (CSU) and the Psychiatric Health Facility (inpatient hospital) to provide insights into how to support individuals experiencing an acute psychiatric crisis.
- **National Suicide Prevention Week Proclamations & Resolution**– In September of 2020 four (4) local cities: Vallejo, Benicia, Dixon, and Vacaville; and the County of Solano, passed local proclamations/resolutions declaring September 6-12, 2020 as Suicide Prevention Awareness Week.
- **Gun Safety Campaign** – SCBH continues to promote the firearm safety brochure (see Appendix, pg. 248) developed in partnership between SCBH, the Solano County Sheriff’s Office—Coroner Bureau, and local firearms instructors. The brochure includes information on how to approach a friend or family member who owns a firearm and may be experiencing an emotional crisis in order to encourage the individual to store his/her firearm off site. Additionally, the brochure includes suicide prevention resources including: the 24-hour National Suicide Prevention Lifeline number, the local Crisis Stabilization Unit address and phone number, and the SCBH Access Line number.
- **Coffee Shop & Bar Outreach** – SCBH conducted outreach to local coffee shops and bar establishments to distribute coffee sleeves and bar coasters developed by CalMHSA highlighting the KTS suicide prevention campaign intended to target middle-aged men who are at the highest risk for suicide.
- **School “Know the Signs” Toolkits** – Due to COVID-19 and school closures the suicide prevention KTS school toolkits were not distributed to local middle and high schools as had been done in years past. Instead, suicide prevention resources and social media content was sent to school districts via email during National Suicide Prevention Week.

SCBH continues to advertise the following suicide prevention crisis support resources:

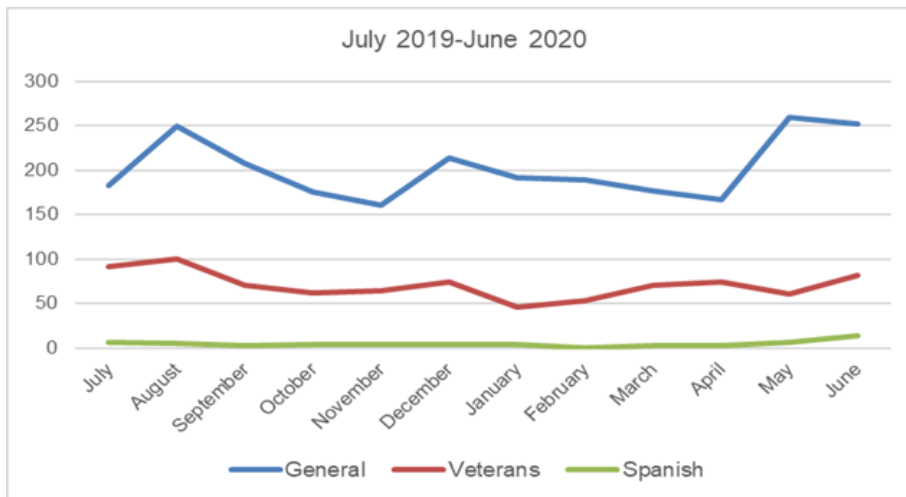
- **National Suicide Prevention Lifeline: (800) 273-TALK (8255)**
  - ◇ 24/7 suicide prevention hotline staffed by crisis specialists
  - ◇ (888) 628-9454 Spanish line
  - ◇ Callers who are veterans will be routed to a special veteran’s line by pressing “1” after calling #

This national suicide prevention hotline is in the process of being transitioned to a 3-digit number (988). The transition to the new number is being done in phases across the United States. California hopes to make this transition sometime during FY 2021/22 or FY 2022/23. Once the transition has been made SCBH will advertise the new number widely.

- **Lifeline for Deaf & Hard of Hearing; (800)-799-4889**
- **Friendship Line (seniors 60+): (800) 971-0016**
- **Crisis Text Line: Text “Hello” or “Home” to 741741**
  - ◇ 24/7 suicide prevention texting crisis service staffed by crisis specialists
- **Trans Lifeline: (877) 565-8860**
  - ◇ Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project: (866) 488-7386 <http://www.thetrevorproject.org>**
  - ◇ Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) youth ages 25 and under
  - ◇ Trevor Text Line: Text “START” to 678678 Mon-Friday 12p-7pm



In past years SCBH has received annual data related to the utilization of the National Suicide Prevention Lifeline by Solano County residents, however unfortunately, due to COVID-19 and the currently planning to transition to the use of a three-digit number SCBH has not received the annual data for FY 2020/21 to include in this document. While more current information is not available at this time, it is important to highlight the utilization of this resource for the Solano community therefore we are providing the data related to the previous year FY 2019/20 during which there were 3,330 calls from Solano County residents. Of the 3,330 calls, 2,427 were general calls, 848 were calls from veterans, and 55 of the calls were from Spanish-speaking callers.



**Name of Program:** Suicide Prevention Crisis Call Center—Contractor

**Agency Name:** North Valley Suicide Prevention Hotline (NVSPH) thru the CalMHSA JPA

**Description of Program:**

Starting in July 2019, Solano County began to fund a portion of the NVSPH contract as managed and funded by Yolo County. The NVSPH fields calls that come through the National Suicide Prevention Lifeline. A portion of these calls are from Solano County residents. This funding is administered through Joint Powers of Authority (JPA) between CalMHSA and California Counties.

Program Performance Measures	
Prevention Activities	
Total Number of Calls: 998	
Program Indicators	Annual Outcome
Provide a crisis call center to support callers who are experiencing a mental health crisis	NVSPH answered 513 calls from Solano residents that came through the national Suicide Prevention Lifeline. Program staff then conducted 485 follow up calls for a total of 998 calls.  Of those calls 91 were considered “moderate or higher lethality incoming calls, 12 required “active rescue” response by law enforcement, and 2% (20) callers were considered “imminently lethal” callers that were deescalated. The NVSPH team made 20 referrals to SCBH for follow up treatment.
Financial Report	
Cost per Call	\$54
Contract Amount FY 2020/21: \$53,687	Total Expenditures FY 2020/21: \$53,687

**Changes or Updates Planned for FY 2021/22**

In preparation of the implementation of a 3-digit number for the National Suicide Prevention Lifeline, California counties are exploring the implementation of regional call centers that will be co-funded by the counties in each region. Additionally, counties are exploring whether to leverage this opportunity to use the call center to answer calls to each county’s Access line which is the phone line that community members request services.

**Name of Program:** Community-Based Mobile Crisis (name of program had been Mobile Crisis Services in the MHSa Three-Year Plan)

**Agency Name:** Uplift Family Services

**Description of Program:**

The Community-Based Mobile Crisis program, administered by a community-based organization, provides emergency crisis intervention services to Solano County residents—both children and adults—who are acutely suicidal, homicidal, or gravely disabled. Services include phone crisis screening and triage; in-person crisis evaluation and crisis intervention services; and linkage to an appropriate level of follow-up service including, but not limited to, referring individuals to the crisis stabilization unit (CSU) or a local emergency department (ED). The program was launched in May 2021 in central county in partnership with Fairfield and Suisun police departments with a goal to expand to other regions of the County during FY 2021/22.

### Program Performance Measures

#### Prevention Activities

55 Total Admissions Representing 53 Unduplicated Individuals

Program Indicators	Annual Outcome
70% of the consumers at close of enrollment for current crisis, will be fully supported with safety planning vs. hospitalization or admission to Crisis Stabilization Unit or local Emergency Department for crisis stabilization.	73% (40) of the admissions resulted in consumers being stabilized in the community and not placed on a hold thus diverting from emergency services and hospitalization.
Provide linkage /referral services for at least 90% of consumers de-escalated in the community.	98% (39) of the consumers not placed on a hold were provided a referral. 7% (3) declined linkage services.  See additional linkage outcomes below.
Provider will randomly select 70% of consumers to complete follow-up calls for satisfaction surveys within 72 hours of the service. 90% of the consumers surveyed will report that that they received culturally responsive services that resulted in overall satisfaction with service delivery.	The program did not collect this data for the first 2 months of operation May and June 2021.

#### Early Intervention Activities

Unduplicated Individual Served: N/A

Program Indicators	Annual Outcomes
Uplift does not provide early intervention services.	N/A

#### Linkages

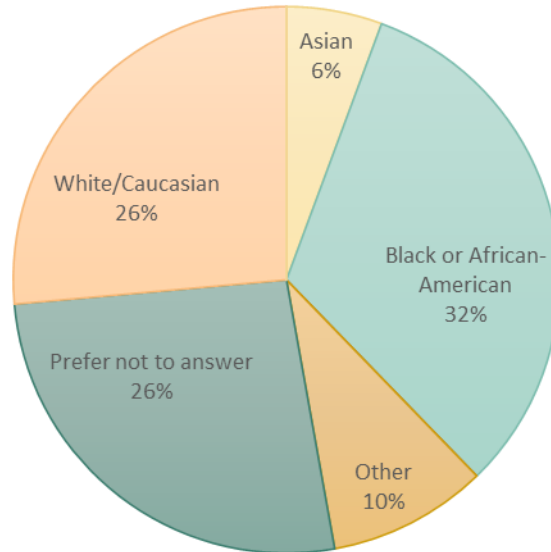
Referrals to inpatient hospitals.	15 referrals made
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	6 referrals made
Referrals made to the Solano County Mental Health Plan.	22 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred.	22 individuals were referred to the SCBH MHP and 14 were successfully linked to treatment
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 14 individuals linked it took an average of 27 days from referral to service

#### Financial Report

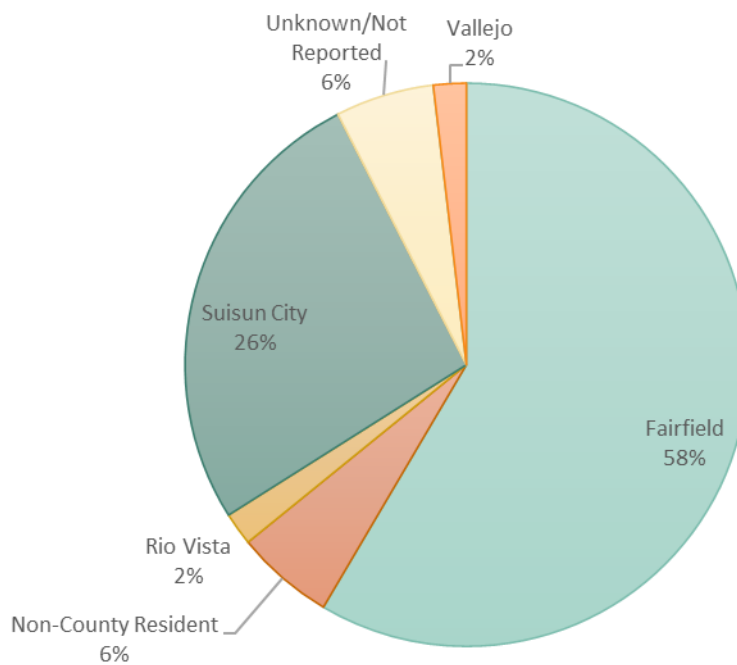
Cost per Admission: \$6,158	Cost per Person: \$6,391
Contract Amount FY 2020/21: \$870,000 (includes \$70,000 for start-up contract)	Total Expenditures FY 2020/21: \$338,716

The following charts and table provide demographic data for the individuals who were served by the **Community-Based Mobile Crisis Program**:

Race



City of Residence



Demographics		Total Individuals Demo Collected:		#
<b>Age</b>	%	<b>Ethnicity</b>	%	53
0-15	19%	Caribbean	0%	
16-25	19%	Central American	0%	
26-59	49%	Mexican/Mexican-American/Chicano	6%	
60+	11%	Other Hispanic/Latino	4%	
Prefer not to answer	2%	Puerto Rican	2%	
<b>Race</b>		South American	0%	
American Indian/Alaskan Native	0%	African	0%	
Asian	6%	Asian Indian/South Asian	0%	
Black or African-American	32%	Cambodian	0%	
Native Hawaiian/Pacific Islander	0%	Chinese	0%	
Other	9%	Eastern European	0%	
Prefer not to answer	26%	European	0%	
White/Caucasian	26%	Filipino	0%	
More than one race	0%	Japanese	0%	
<b>Gender At Birth</b>		Korean	0%	
Male	58%	Middle Eastern	0%	
Female	42%	Other Non-Hispanic/Latino	42%	
Prefer not to answer	0%	Vietnamese	0%	
<b>Current Gender Identity</b>		Prefer not to answer	47%	
Male	55%	More than one ethnicity	0%	
Female	32%	<b>City of Residence</b>		
Genderqueer	0%	Benicia	0%	
Other	0%	Dixon	0%	
Prefer not to answer	13%	Fairfield	58%	
Questioning/unsure	0%	Non-County Resident	6%	
Transgender	0%	Rio Vista	2%	
<b>Sexual Orientation</b>		Suisun City	26%	
Gay	2%	Unincorporated	0%	
Bisexual	0%	Unknown/Not Reported	6%	
Heterosexual/straight	45%	Vacaville	0%	
Lesbian	0%	Vallejo	2%	
Other	0%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.		
Prefer not to answer	51%			
Queer	0%			
Questioning/unsure	2%			
<b>Veteran Status/Military Services</b>				
Veteran	8%			
Active military	0%			
Not a veteran or not active military	92%			
<b>Primary Language (1st Language)</b>				
American Sign Language (ASL)	0%			
English	96%			
Ilocano	0%			
Other	0%			
Prefer not to answer	2%			
Spanish	0%			
Tagalog	2%			
<b>Preferred Language (Used Daily)</b>				
American Sign Language (ASL)	0%			
English	96%			
Tagalog	2%			
Other	2%			
Spanish	0%			

### ***Highlights & Achievements***

- The program was able to provide mobile crisis services for a wide range of age ranges from 10 years old to 85 years old.
- Law enforcement partners have reported that through their work and interactions with the mobile crisis staff, officers are learning how to respond to mental health calls more effectively.
- Both the mobile crisis staff and officers have developed strong and positive working relationships which has enhanced the delivery of the mobile crisis supporting individuals with stabilization and supportive interventions.
- Program leadership in partnership with SCBH, Fairfield Police Department, and Suisun Police Department collaborated closely in order to develop a triage workflow, procedures, communication processes and feedback loops in order to ensure the program is functioning as it should and continually considering quality improvement strategies.

### ***Challenges & Barriers***

- While the plan had been to do a soft launch of the program in January or February of 2021, the launch was delayed until May 2021 in part due to delays in hiring and then allowing for adequate time for staff training for both the Uplift mobile crisis staff but also for law enforcement partners.
- The program has experienced challenges in hiring and maintaining staff which in part is due to the nature of crisis work. Agency and program leadership continue to work on creative strategies regarding recruitment practices including adjusting the compensation package with respect to the nature of the work and geographic area to be covered.

### ***Equity Efforts in FY 2020/21***

Uplift Family Services as an agency is committed to ensuring racial equity and justice is prominent as an organizational value which includes ensuring equitable hiring practices. The Community-Based Mobile Crisis program works diligently to follow hiring practices that encourages hiring staff who are culturally and linguistically diverse. The agency's Racial Equity and Justice Committee engages in planning around goals to eliminate racial disparities in its practices and in the public systems that impact the lives of vulnerable communities. The program uses interpreter services and supports when necessary to provide linguistically responsive services for consumers.

### ***Changes or Updates Planned for FY 2021/22***

During FY 2021/22 the program will continued to be implemented across Solano County. Phase 2 of the expansion will be in south County in partnership with Vallejo and Benicia Police Departments. Phase 3 will in north County in partnership with Vacaville, Dixon, and Rio Vista Police Departments. Ultimately the plan Uplift Community-Based Mobile Crisis to have a direct phone line that community members can call directly in lieu of calling 911 or law enforcement. Phase 4 of the implementation will be focused on community education and awareness of this vital resource through a multi-media campaign.

SCBH has applied for various grants to expand this program in order to support the hiring of additional staff in order to add mobile crisis teams in preparation of expanding across Solano County. Pending the outcome of the grant applications, SCBH may increase MHSa PEI funds in order to support the expansion and sustainability of this program.



**Name of Strategy:** Crisis Transport—Contractor

**Agency Name:** Medic

**Description of Strategy:**

SCBH contracted directly with an ambulance company to provide Basic Life Support (BLS) medic transport for consumers in acute crisis who have been placed on a 5150 by mobile crisis staff and/or local law enforcement agencies. The provision of transportation by medical professionals rather than law enforcement is expected to better meet the unique needs of consumers experiencing an acute psychiatric crisis.

#### Program Performance Measures

**Number of Individual Transports: 0**

Provide timely response to requests for transport to crisis stabilization facilities including the CSU and local emergency departments.

The strategy was not implemented in FY 2020/21.

#### Financial Report

Cost per Transport

\$0

Contract Amount FY 2020/21: \$100,000

Total Expenditures FY 2020/21: \$0

#### **Changes or Updates Planned for FY 2021/22**

This strategy will be initiated during FY 2021/22.

#### **Stigma & Discrimination Reduction Activities**

Despite the COVID-19 pandemic, SCBH and contractor partners made concerted efforts to raise awareness of mental health stigma through virtual events and social media activities. The following stigma reduction and outreach activities to reach traditionally underserved and marginalized communities were conducted during FY 2020/21:

**Recovery Month** – During the month of September “Recovery Month” is observed to raise awareness about recovery from both substance use disorders and mental health conditions. On September 25, 2020 a Recovery Month virtual training *Recovery in Indian Country* was held highlighting recovery specific to working with Native American/Indigenous consumers. SCBH, contract providers, peer consumers, and other community partners participated in the event. Additionally, the SCBH Wellness & Recovery Unit organized a drive thru event during which wellness kits were provided to attendees.

**May is Mental Health Awareness Month** – There were a host of virtual events held to promote “May is Mental Health Awareness Month” with a local theme of **#JourneyToWellness** to combat stigma and raise awareness about mental health including. Below lists some highlights of events held:

- On April 27<sup>th</sup> 2021, the Solano County Board of Supervisors adopted a resolution deeming May “Mental Health Awareness Month” in Solano County.
- On May 12<sup>th</sup> and 15<sup>th</sup> 2021 SCBH, in partnership with many community organizations facilitated community car caravans in the cities of Vacaville, Fairfield, Rio Vista, and Vallejo to raise awareness and combat stigma.
- In addition to the three virtual community forums focused on suicide prevention outlined previously, a virtual presentation *Journey to Wellness with Kevin Berthia* who is a suicide attempt survivor was held to both combat stigma and prevent suicide deaths.
- *Poetry: My Journey to Wellness* virtual event organized and hosted by the KAAGAPAY AA/PI Outreach Coordinator.
- Several community partners also hosted a variety of virtual presentations/trainings. .

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

**Name of Strategy:** Communitywide Stigma Reduction & Suicide Prevention Efforts

**Agency Name:** CalMHSA JPA

**Description of Strategy:**

SCBH continues to fund the statewide prevention initiative which includes stigma and discrimination reduction and suicide prevention campaigns through *Each Mind Matters (EMM): California's Mental Health Movement* executed through the Joint Powers of Authority (JPA) between California Mental Health Services Authority (CalMHSA) and California Counties. EMM includes suicide prevention campaigns such as "Know the Signs" and the "Directing the Change" video contest. SCBH receives stigma and discrimination reduction and suicide prevention materials such as tri-folds, brochures, posters, emails, and social media campaign content. Additionally, EMM provides technical assistance and training related to community messaging related to stigma reduction and suicide prevention.

**Financial Report**

Cost per Person:	Unknown due to nature of materials being distributed county-wide
Contract Amount FY 2020/21: \$95,000	Total Expenditures FY 2020/21: \$95,000

For the purposes of allocating the costs of the CalMHSA statewide efforts SCBH reports this expenditure under the Stigma and Discrimination Reduction PEI approach.

**Name of Program:** Family and Peer Support Program-Contractor

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

**Description of Program:**

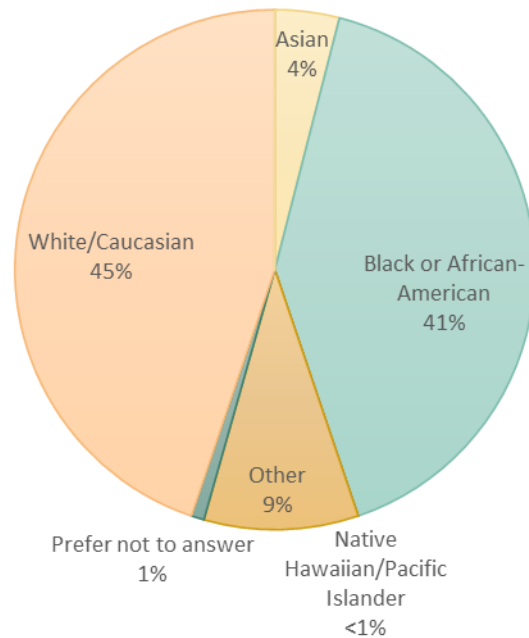
The NAMI program provides support and advocacy to individuals with mental illness and their family members through peer delivered classes, presentations for the local community as well as support groups for peer consumers with an identified serious mental health condition. The primary goal of the program is to promote public awareness around the issue of mental illness to reduce associated shame and stigma. Pre/post surveys are used to evaluate the program’s impact on those served.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 513	
Program Indicators	Annual Outcome
Provide educational and support services to a minimum of 150 unduplicated individuals to include consumers, family members, and community partners	A total of 506 unduplicated individuals received educational and/or support services
Provide educational classes and presentations to individuals with mental health illness and their families to include: <ul style="list-style-type: none"> <li>• 5 courses including: “Family-to-Family” (F2F) [efforts made to provide at least one in Spanish], “Peer-to-Peer” (P2P), and “Basics”.               <ul style="list-style-type: none"> <li>◊ 75% of individuals attending F2F, P2P and Basics classes will complete course in its entirety</li> <li>◊ At least 75% of those individuals will demonstrate an overall increase in knowledge per the post participant survey.</li> </ul> </li> <li>• Provide 10 “In Our Own Voice” (IOOV) presentations</li> <li>• Provide 5 “Ending the Silence” (ETS) in-service presentations for high school aged youth and school personnel</li> </ul>	Provided a total of 5 courses and served a total of 58 unduplicated individuals: <ul style="list-style-type: none"> <li>• 4 F2F/English classes</li> <li>• 1 F2F/Spanish classes</li> <li>• 1 P2P class</li> </ul> Of the 39 participants that completed a post survey, 100% (39) demonstrated an increase in knowledge on the post survey.  Provided 11 IOOV presentations for 230 unduplicated participants.  Provided 8 ETS presentations for 134 unduplicated participants.
Provide 50 “Connection” support groups per year for adults living with mental health illness to prevent relapse.	Provided 36 groups to a total of 91 individuals.
Early Intervention Activities Unduplicated Individual Served: N/A	
Program Indicators	Annual Outcomes
NAMI does not provide early intervention services.	N/A
Linkages	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	3 referrals made
Referrals made to the Solano County Mental Health Plan.	5 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred.	None of the individuals referred were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	\$275
Contract Amount FY 2020/21: \$181,515 of which \$29,900 was allocated to mini grants to support the AAFBI	Total Expenditures FY 2020/21: \$141,060 of which \$1,000 was for mini grants

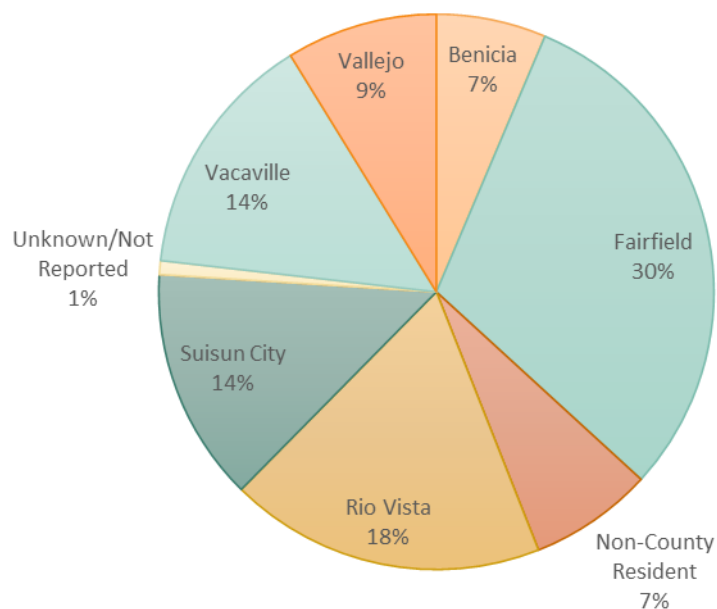
The following charts and table provide demographic data for the individuals who were served by the **Family and Peer Support Program**:

**Demographic Breakdown of Outreach Services (demographic surveys collected for 125 individuals):**

Race in Outreach Services

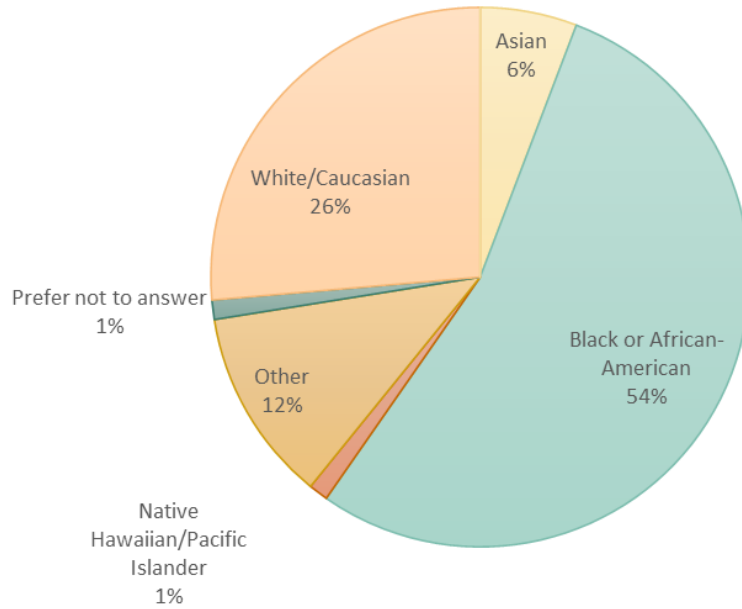


City of Residence in Outreach Services

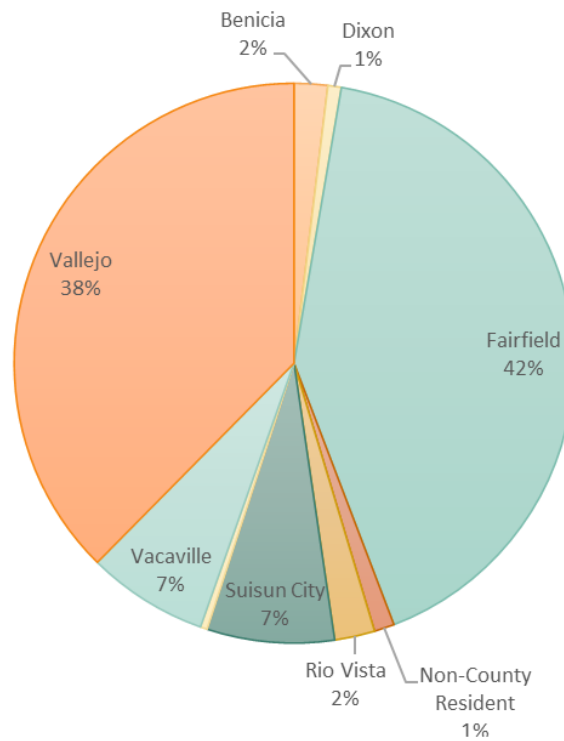


Demographic Breakdown of Direct Services (demographic surveys collected for 258 individuals attending classes/support groups):

Race in Direct Services



City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			258	125
Age	Direct	Outreach	<b>Ethnicity</b>	
0-15	0%	0%	Direct	Outreach
16-25	2%	0%	Caribbean	0%
26-59	80%	83%	Central American	0%
60+	16%	16%	American/Chicano	10%
Prefer not to answer	2%	1%	Other Hispanic/Latino	3%
Race			Puerto Rican	1%
American Indian/Alaskan Native	0%	0%	South American	2%
Asian	6%	4%	African	54%
Black or African-American	54%	41%	Asian Indian/South Asian	3%
Native Hawaiian/Pacific Islander	1%	0%	Cambodian	0%
Other	12%	10%	Chinese	1%
Prefer not to answer	1%	1%	Eastern European	2%
White/Caucasian	26%	45%	European	17%
More than one race	0%	0%	Filipino	4%
Gender At Birth			Japanese	0%
Male	80%	35%	Korean	0%
Female	20%	65%	Middle Eastern	0%
Prefer not to answer	0%	0%	Other Non-Hispanic/Latino	0%
Sexual Orientation			Vietnamese	0%
Gay	3%	4%	Prefer not to answer	2%
Bisexual	16%	6%	More than one ethnicity	0%
Heterosexual/straight	76%	80%	Current Gender Identity	
Lesbian	3%	3%	Male	80%
Other	0%	1%	Female	20%
Prefer not to answer	2%	6%	Genderqueer	0%
Queer	0%	0%	Other	0%
Questioning/unsure	0%	0%	Prefer not to answer	0%
Veteran Status/Military Services			Questioning/unsure	0%
Veteran	4%	2%	Transgender	0%
Active military	0%	0%	Mental Health Symptoms Onset	
Not a veteran/active military/NA	96%	98%	Less than 6 months	0%
Primary Language (1st Language)			6-12 months	0%
American Sign Language (ASL)	0%	0%	1-4 years	9%
English	97%	97%	5-9 years	59%
Ilocano	0%	0%	Over 10 years ago	29%
Other	1%	0%	Prefer not to answer	2%
Prefer not to answer	0%	0%	Do not have MH symptoms	1%
Spanish	0%	3%	Unknown/not reported	0%
Tagalog	1%	0%	<b>City of Residence</b>	
Preferred Language (Used Daily)			Benicia	2%
American Sign Language (ASL)	0%	0%	Dixon	1%
English	89%	94%	Fairfield	41%
Other	3%	0%	Non-County Resident	1%
Spanish	7%	6%	Rio Vista	2%
Tagalog	1%	0%	Suisun City	7%
Identify with any of these groups?			Unincorporated	0%
LGBTQ	19%	13%	Unknown/Not Reported	0%
Adult/juvenile justice involved	2%	1%	Vacaville	7%
Foster care youth	0%	0%	Vallejo	38%
All of above	0%	0%	Disability	
LGBTQ & justice involved	0%	0%	Difficulty seeing	0%
LGBTQ & foster care youth	0%	0%	Hearing/speech	3%
Justice involved & foster care youth	0%	0%	Other communication disability	7%
Not applicable/not identify	76%	85%	Cognitive impairment	22%
Prefer not to answer	3%	2%	Physical/mobility	5%
Demo info by service type:			Chronic physical health condition	10%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			No disability	44%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Other disability	7%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Prefer not to answer	1%

### ***Highlights & Achievements***

- The program increased the number of LGBTQ+ community members served through a partnerships with Solano Pride Center.
- Through partnerships with Dixon Chamber of Commerce and the Vallejo City Unified School District, the program was able to identify a Spanish-speaking volunteer to be trained to provide the F2F course in Spanish. As a result, the first “Familia to Familia” class was held during the reporting period.
- Expanded the “Connections” support group to the Shelter Solano site.
- The local NAMI Solano Chapter was able to partner with NAMI National and Easy Site to upgrade the website. This new professional looking website is linked to NAMI National providing access to national information, updates, and resources.
- Presentations were provided for a variety of community partners including school districts, Solano Pride Center, the Benicia Teen Center, Vallejo Police Department, Solano Youth Coalition, SCBH Ombudsman, St. Patrick’s High School, etc.
- NAMI Solano was awarded a grant through Kaiser to support Vallejo Police Department with their Community Assistance Resource & Engagement (CARE) Center.

### ***Challenges & Barriers***

- COVID-19 continued to be a barrier for the program that typically provides all classes and presentations in-person. The program transitioned to a virtual platform and reported that attendance for the support groups did not decline but rather the virtual platform attracted some people who had not attended previously. Some participants commented that it was easier for them to attend virtually as they did not have transportation, or they were uncomfortable going out in general.
- The local NAMI Solano Chapter has a shortage of trained presenters for IOOV and ETS. Program leadership partnered with other regional NAMI Chapters to share presenters which ultimately allowed for a more diverse group of speakers and presenters.
- The program has identified that they would benefit from having a more diverse team and volunteer group and will be actively addressing this.

### ***Equity Efforts in FY 2020/21***

NAMI National, NAMI California and the local NAMI Solano Chapter utilize a peer model in all their programming meaning individuals with lived experience are facilitators for the P2P classes and the Connections support group; family members of loved one’s living with mental health conditions are facilitators for the F2F classes; and all the presenters for IOOV and ETS program have lived experience. All NAMI classes include sections on addressing to how different cultures deal with mental illness in the family. The program has made concerted efforts to recruit more diverse staff and volunteers which has resulted in having new team members and volunteers that are Spanish-speaking, LGBTQ+, and African American. Program staff and class facilitators were trained in Language Link in order to be able to access interpreter services as needed and the program added Google Language to their website. A representative of the NAMI Solano team has participated on the SCBH Diversity and Equity Committee and staff have taken trainings on diversity and equity. During each Board Meeting there is a presentation of diversity equity and social justice. The Executive Director of NAMI Solano co-facilitated a Native American/Indigenous People suicide prevention focus groups & partnered with SCBH to begin working on a signage campaign for LGBTQ+ Native American/Indigenous People. Additionally, NAMI team members presented and participated in Gender Equality Week virtual events.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSa funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for stigma reduction and community education.

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

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

**Description of Strategy:**

This Strategy is delivered by three independent contractors, several of whom are faith-leaders themselves, with a goal of creating Mental Health Friendly Communities (MHFC) to support individuals with mental illness and their families through African American faith communities. The core component of the project is to certify faith centers as MHFC following trainings and consultation for faith leaders on how to recognize mental health conditions and how to provide support to congregants with mental health conditions. This includes churches facilitating stigma reduction events and/or support groups. Additionally, the consultants provide in-services and trainings for mental health providers and community partners on best practices when working with African American consumers.

**Strategy Performance Measures**

**Prevention Activities**

**Individuals Reached 2,133** (not unduplicated counts)

Strategy Indicators	Annual Outcome
<p>A minimum of 3 new faith centers will be identified and complete the process of being certified as a MHFC congregation.</p>	<p>A total of one (1) new faith centers were outreached to during FY 2020/21. Additionally, the consultants continued to work with eight (8) faith centers initially outreached to between FY 2017/18 and FY 2019/20.</p> <p>Of the 7 pending faith centers, zero (0) completed the MHFC certification process during the reporting period.</p> <p>The consultants continue to provide technical assistance and support for six (6) faith centers certified as MHFC in previous FYs..</p>
<p>A minimum of 90% of the certified MHFC faith centers will identify a mental health lead trainer that will provide ongoing training using MHFC curriculum.</p>	<p>100% (6) of the certified MHFC faith centers have an identified mental health lead trainer.</p>
<p>Reach a minimum of 300 individuals through the following activities:</p> <ul style="list-style-type: none"> <li>• 8 in-service presentations</li> <li>• 2 major community-wide outreach events</li> <li>• Co-facilitate trainings which may include: <ul style="list-style-type: none"> <li>◊ <i>Mental Health 101</i> for community members and/or faith leaders</li> <li>◊ <i>Keepers of the Flock</i> for stakeholders</li> <li>◊ <i>A Bridge Over Troubled Waters</i> for providers and community partners</li> </ul> </li> </ul>	<p>Reached 2,133 individuals through a total of 30 outreach events/ trainings:</p> <ul style="list-style-type: none"> <li>• 7 in-service presentations were offered for 59 participants.</li> <li>• Consultants attended 14 community-wide outreach events attended by a total of 1,787 people. Several of these events included speaking engagement during Sunday worship at large faith centers.</li> <li>• 2 sessions of <i>Mental Health 101</i> for faith leaders was held with a total of 20 participants.</li> <li>• 6 sessions of <i>Keepers of the Flock</i> was provided for 235 participants.</li> <li>• 1 session of <i>A Bridge Over Troubled Waters</i> was provided for 32 participants.</li> </ul>
<p>At least 75% of participants in <i>A Bridge Over Troubled Waters</i> trainings shall demonstrate increased knowledge based on pre-/post-evaluation.</p>	<p>100% (32) of the participants who attended <i>A Bridge Over Troubled Waters</i> demonstrated an increase in knowledge per the post survey.</p>
<p>At least 75% of clergy members participating in <i>Keeper of the Flock</i> and/or <i>Mental Health 101</i> shall demonstrate increased knowledge based on pre-/post evaluation.</p>	<p>16% (38) of the participants that attended the <i>Keeper of the Flock</i> training and submitted a post survey demonstrated an increase in knowledge.</p> <p>100% (20) of the participants that attended the <i>Mental Health 101</i> for faith leads demonstrated an increase in knowledge per the post survey.</p>

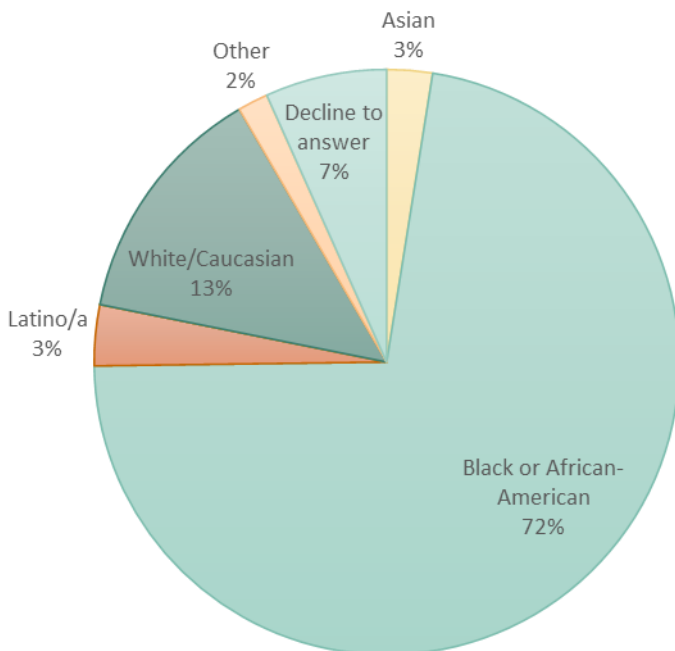


Early Intervention Activities Unduplicated Individual Served: N/A	
Strategy Indicators	Annual Outcomes
AAFBI Consultants do not provide early intervention services.	N/A
<b>Linkage Services</b> <i>Given the nature of this strategy (trainings and consultation for faith leads and providers) the consultants are not providing direct services for consumers and community members.</i>	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	3 referrals made
Referrals made to the Solano County Mental Health Plan.	2 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	None of the individuals referred were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
<b>Financial Report</b>	
Cost per person for prevention activities	\$265 based off of training participants
Contract Amount FY 2020/21: \$100,060 (cumulative for 3 consultant contracts)	Total Expenditures FY 2020/21: \$91,755 (cumulative for 3 consultant contracts)

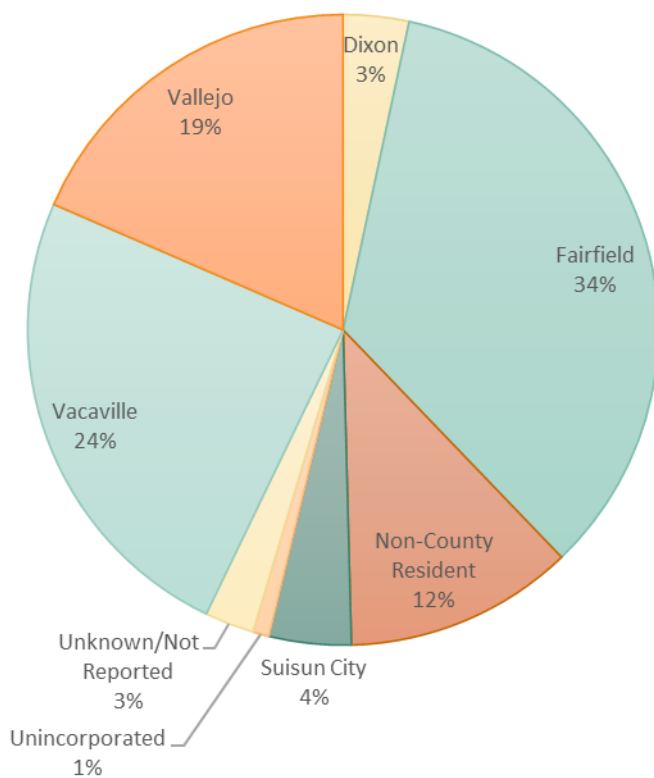
The following charts and table provide demographic data for the individuals who were served by the **AAFBI Strategy**:

**Demographic Breakdown of Training/In-Service Attendees (demographic surveys collected for 98 individuals attending trainings and in-services, no direct services):**

Race in Outreach Services



City of Residence in Outreach Services



Demographics		Total Individuals Demo Collected:	
		<b>119</b>	
<b>Age</b>		<b>Ethnicity: Hispanic or Latino</b>	
0-15	0%	Caribbean	0%
16-25	2%	Central American	2%
26-59	70%	Mexican/Mexican-American/Chicano	2%
60+	29%	Puerto Rican	2%
Decline to answer	0%	South American	0%
<b>Race</b>		Other	3%
American Indian/Alaskan Native	0%	More than one ethnicity	2%
Asian	3%	Decline to answer	68%
Black or African-American	72%	<b>Ethnicity: Non-Hispanic or Latino</b>	
Latino/a	3%	African	13%
Native Hawaiian/other Pacific Islander	0%	Asian Indian/South Asian	0%
White/Caucasian	13%	Cambodian	0%
Other	2%	Chinese	0%
More than one race	0%	Eastern European	0%
Decline to answer	7%	European	5%
<b>Gender Assigned At Birth</b>		Filipino	3%
Male	18%	Japanese	0%
Female	81%	Korean	0%
Intersex	0%	Middle Eastern	0%
Decline to answer	1%	Vietnamese	0%
<b>Sexual Orientation</b>		Other	1%
Gay	0%	More than one ethnicity	0%
Lesbian	0%	Decline to answer	0%
Heterosexual/straight	78%	<b>Current Gender Identity</b>	
Bisexual	6%	Male	15%
Questioning/unsure	0%	Female	80%
Queer	0%	Transgender	0%
Other/another sexual orientation	0%	Genderqueer	0%
Decline to answer	16%	Questioning/unsure	0%
<b>Veteran Status</b>		Two-spirit	0%
Yes	5%	Another gender identity	0%
No	87%	Decline to answer	5%
Decline to answer	8%	<b>City of Residence</b>	
<b>Primary Language</b>		Benicia	0%
American Sign Language (ASL)	0%	Dixon	3%
Cantonese	0%	Fairfield	34%
English	93%	Non-County Resident	12%
German	0%	Rio Vista	0%
Hindi	0%	Suisun City	4%
Ilocano	0%	Unincorporated	1%
Japanese	0%	Unknown/Not Reported	3%
Korean	0%	Vacaville	24%
Mandarin	0%	Vallejo	18%
Other	0%	<b>Disability</b>	
Other Indic (Indian) Language	0%	Difficulty seeing	4%
Other Pacific Island Language	0%	Difficulty hearing/having speech understood	3%
Spanish	5%	Other communication condition	0%
Tagalog	1%	Mental domain: learning/develop. disability,dementia,autism...	0%
Unknown/Not Reported	1%	Physical/mobility domain	2%
Vietnamese	0%	Chronic physical health condition	4%
<b>Identify with any of these groups?</b>		Chronic mental health condition	1%
LGBTQ	7%	No disability	77%
Involved with the legal system	7%	Other disability	2%
Foster Care youth	4%	Decline to answer	7%
Decline to answer	22%	Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.	
Not identify with any above	59%		

### ***Highlights & Achievements***

- AAFBI Consultants were asked to speak during church services more often and connected with more faith leaders interested in becoming mental health friendly once the pandemic resolves or risks lesson.
- Consultants virtually facilitated 3 very successful bible study sessions geared toward youth utilizing tools to support them through distant learning. Consultants also shared the same tips with parents to better understand early warning signs of anxiety and depression and how they may manifest.
- The AAFBI Team partnered with Solano County Public Health and highly esteemed Solano County African American MHFC Pastors to host a well-attended virtual discussion session on COVID-19. Information was shared regarding the merits of African Americans getting vaccinated and behavioral health resources were shared as well.

### ***Challenges & Barriers***

- The COVID-19 pandemic continued to impact the ability for in-person outreach and training activities. The AAFBI consultants shifted to virtual platforms to provide in-services, trainings, and support for faith centers. Several trainings had to be cancelled and when trainings were held virtually the attendance suffered greatly due to the digital device and lack of access.
- Sadly, there were a lot of losses/deaths in each of the MHFC faith centers due to COVID-19, related health challenges and suicides. Additionally, congregants from the MHFC centers experienced economic hardships. The AAFBI Team provided support and resources for the faith leaders to better support their faith community.
- Although dates were set for the *Mental Health 101* training geared towards faith leads several sessions had to be postponed due to low registration.

### ***Equity Efforts in FY 2020/21***

The AAFBI Team identified a need to include a voice representative of transitional age youth based on the national increase in suicides for this age group in the African American community. The Team offered a stipend to a youth who shared her story of overcoming a suicide attempt in the form of spoken word. Additionally, the Team shared targeted, culturally responsive tips adapted to support African American youth from the statewide, “Know the Signs” campaign.

### ***Changes or Updates Planned for FY 2021/22***

This particular strategy is being concluded December 31, 2021. Community stakeholders continue to endorse the need for services and supports to address all underserved, underrepresented, and marginalized communities. Given the projections for MHSA funding has stabilized, SCBH plans to release a Request for Proposals (RFP) that will be focused on outreach and engagement for communities that are impacted by disparities including the African American community in Solano County.

**Name of Strategy:** Early Childhood Services

**Agency Name:** First 5 Solano and subcontractors

**Description of Strategy:**

SCBH and First 5 Solano continue to co-fund various strategies to address the needs of children ages birth-5 and their families with a focus on access and linkage to treatment as needed. The various strategies are delivered by several community-based organizations via sub-contracts with First 5 Solano. Strategies deployed include the provision of parent and caregiver educational workshops utilizing the “Triple P” evidence-based parenting model; provider trainings on the topic of early childhood mental health; and conducting screenings to identify developmental and social/emotional needs requiring further assessment and treatment. Additionally, the braided funding is used to support the Help Me Grow (HMG) Solano phone line and is a point of access for many resources needed for children ages birth to 5.

**Performance Measures**

**Prevention Activities**

**Unduplicated Individuals Served: 4,662**  
2,631 through activities and 2,031 HMG calls

Strategy Indicators	Annual Outcome
<p>Provide 45 educational trainings to 448 professional providers.</p> <p>85% of participants will show an increase in knowledge as measured by a Likert scale.</p>	<p>1,082 professional providers attended a total of 65 educational trainings. 98% (309) of the attendees who submitted a post training survey demonstrated increased knowledge on the training topic.</p>
<p>A total of 200 or more <i>Ages and Stages Questionnaire (ASQ)</i> or <i>Ages and Stages Questionnaire Social Emotional (ASQ-SE)</i> screenings will be completed via ongoing invitations through playgroups, workshops, open play, sessions, and referrals.</p> <p>100% of children who are screened “at risk” by the developmental screening facilitator will be referred for further follow up.</p>	<p>210 developmental/social-emotional screenings were provided.</p> <p>85% (24 of 26) of unduplicated individuals identified as “at risk,” on the screening tool were referred for further assessment.</p>
<p>2 cohorts of “Level 2 Seminars” and “Level 3 Primary Care” accreditation classes for practitioners.</p> <p>Coordinate a minimum of two trainings of practitioners by Triple P America</p>	<p>A total of 28 unduplicated practitioners attended.</p> <p>2 cohorts of accreditation classes for practitioners were provided.</p>
<p>Provide Triple P Level 2 one-time parenting seminars to serve parent/caregiver participants.</p> <p>The <i>Parent Satisfaction Survey (PSS)</i> was used to measure knowledge improvement.</p>	<p>172 Triple P Level 2 parenting seminars were held, serving a total of 1,184 parent/caregiver participants.</p> <p>100% (1,184) demonstrated improved knowledge as measured by the <i>PSS</i>.</p>
<p>Help Me Grow (HMG) Solano line will accept 1,500 new incoming calls/web/fax requests (new requests for services/resources).</p> <p>90% of families screened who are “at risk” will receive a referral to at least one program/service.</p>	<p>2,031 new requests were made through the HMG line.</p> <p>78% (1,583) resulted in a referral to at least one program/service.</p>
<p>Provide family navigation services to 450 children who have more than one high risk factor. Ten (10) families with multiple needs or involved with multiple agencies will have a family support meeting and plan to coordinate services and set family goals.</p>	<p>1,133 consumers received family navigation services, and of these 17 families received a family support meeting.</p>

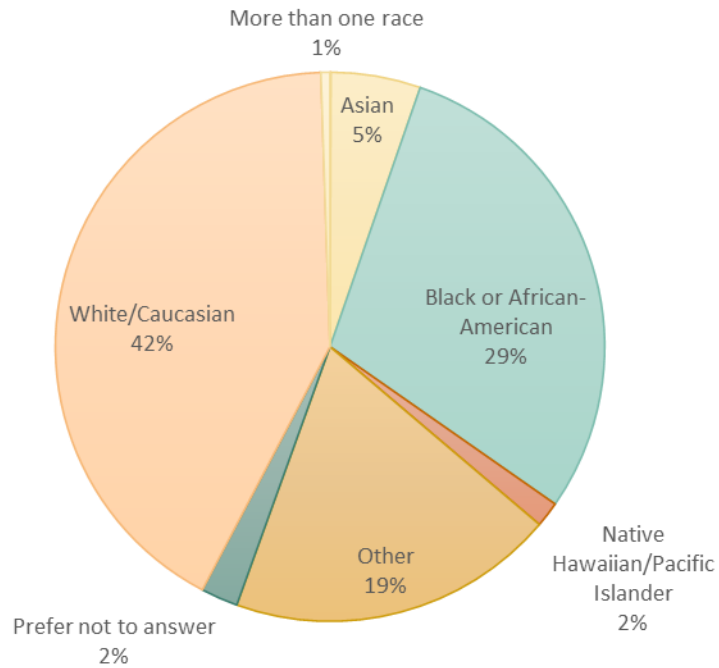
Early Intervention Activities Unduplicated Individual Served: 277	
Strategy Indicators	Annual Outcome
Provide Triple P Level 3 Primary Care (Brief Intervention).  The <i>Parenting Experiences Survey (PES)</i> was used to measure knowledge improvement.	78 families/parents were served thru the Triple P Level 3 intervention.  96% (75) families/parents demonstrated improved knowledge as measured by <i>PES</i> .
Provide Triple P Level 4 Group service.  The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.	35 group sessions were held, 175 families/parents were served thru the Triple P Level 4 intervention.  98% (174) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i> .
Provide Triple P Level 4 Standard Individual service.  The <i>Parenting Scale Survey (PSS)</i> was used to measure knowledge improvement.	102 families/parents were served thru Triple P Level 4 individual services.  100 % (102) families/parents demonstrated improved knowledge as measured by as measured by the <i>PSS</i> .
Linkage Services	
Total referrals made from HMG referrals log	3,598 referrals made <b><i>A child/family may receive more than one referral</i></b>
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers)	126 referrals made
Referrals made to Solano County Mental Health Plan	143 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	26 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred	Of the 26 individuals linked it took an average of 45 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$69
Cost per person for early intervention activities*	\$946
MOU Amount FY 2020/21: \$680,000 MHSA funds and \$520,000 First 5 funds	Total Expenditures FY 2020/21: \$584,504 MHSA funds

\*Cost per person reflects MHSA funding only.

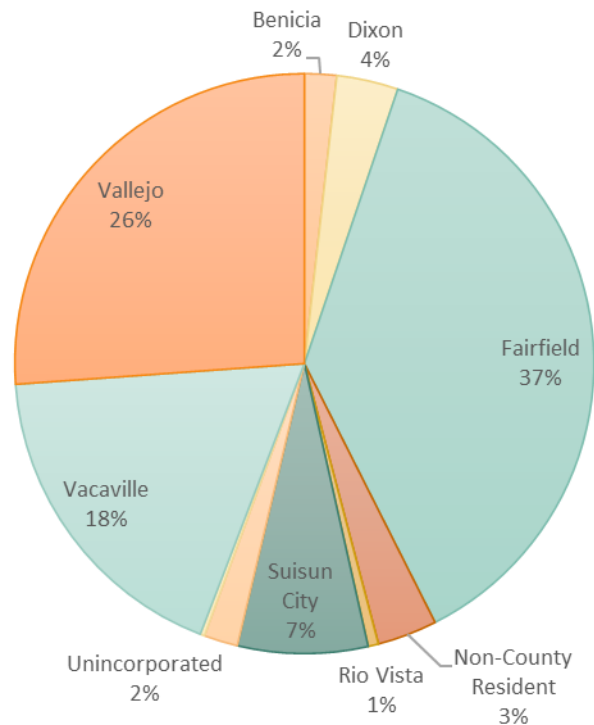
The following charts and table on pages to follow provide demographic data for the individuals who were served by the **Early Childhood Services Strategy**:

*Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 2,066 individuals):*

### Race in Outreach Services

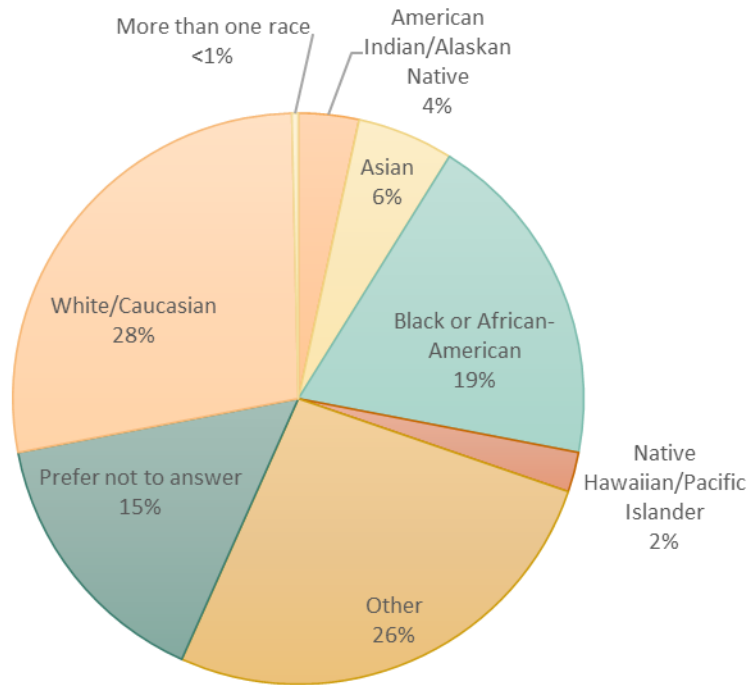


### City of Residence in Outreach Services

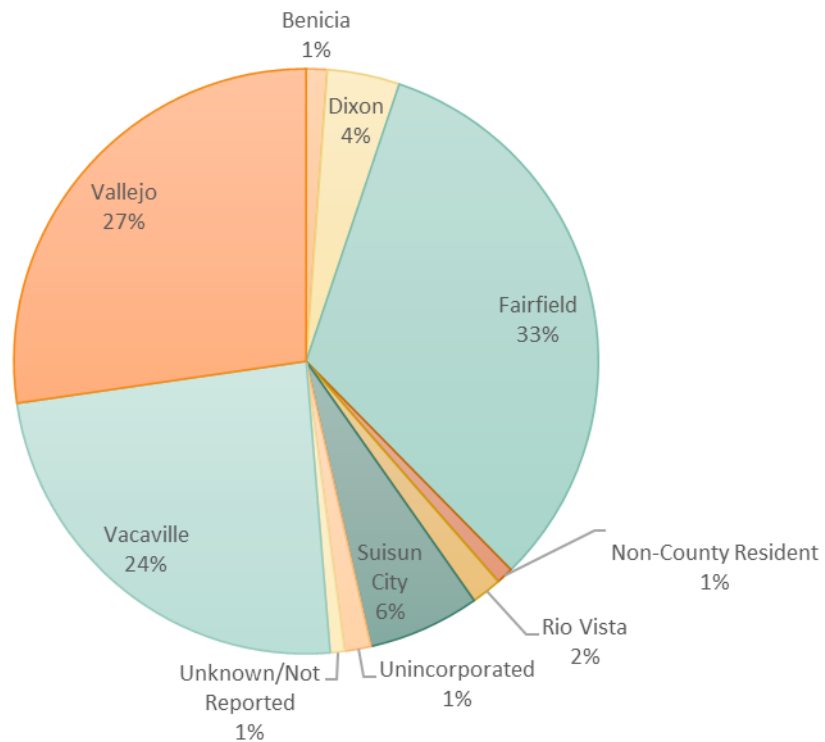


Demographic Breakdown of Direct Services (demographic surveys collected for 1,374 individuals):

Race in Direct Services



City of Residence in Direct Services





Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	1374	2066
0-15	7%	51%	<b>Direct</b>	<b>Outreach</b>
16-25	12%	6%	1%	0%
26-59	68%	35%	4%	1%
60+	6%	1%	33%	32%
Prefer not to answer	6%	7%	3%	1%
<b>Race</b>			1%	0%
American Indian/Alaskan Native	3%	0%	1%	1%
Asian	5%	5%	9%	28%
Black or African-American	19%	29%	1%	0%
Native Hawaiian/Pacific Islander	2%	2%	1%	0%
Other	26%	19%	0%	0%
Prefer not to answer	15%	2%	5%	23%
White/Caucasian	28%	42%	3%	2%
More than one race	0%	1%	0%	0%
<b>Gender At Birth</b>			0%	0%
Male	19%	38%	0%	0%
Female	77%	61%	1%	1%
Prefer not to answer	3%	0%	14%	7%
<b>Sexual Orientation</b>			2%	1%
Gay	1%	0%	2%	1%
Bisexual	4%	0%	18%	0%
Heterosexual/straight	71%	98%	<b>Current Gender Identity</b>	
Lesbian	0%	1%	Male	19%
Other	1%	0%	Female	76%
Prefer not to answer	22%	1%	Genderqueer	0%
Queer	0%	0%	Other	0%
Questioning/unsure	0%	0%	Prefer not to answer	5%
<b>Veteran Status/Military Services</b>			Questioning/unsure	0%
Veteran	4%	0%	Transgender	0%
Active military	0%	0%	<b>Mental Health Symptoms Onset (Direct Services Only)</b>	
Not a veteran or not active military	95%	99%	Less than 6 months	11%
<b>Primary Language (1st Language)</b>			6-12 months	11%
American Sign Language (ASL)	0%	0%	1-4 years	7%
English	67%	82%	5-9 years	1%
Ilocano	0%	0%	Over 10 years ago	1%
Other	1%	1%	Prefer not to answer	17%
Prefer not to answer	3%	0%	Do not have MH symptoms	36%
Spanish	28%	17%	Unknown/not reported	14%
Tagalog	1%	0%	NA	
<b>Preferred Language (Used Daily)</b>			<b>City of Residence</b>	
American Sign Language (ASL)	0%	0%	Benicia	1%
English	75%	84%	Dixon	4%
Tagalog	0%	0%	Fairfield	32%
Other	5%	2%	Non-County Resident	1%
Spanish	20%	14%	Rio Vista	2%
<b>Identify with any of these groups?</b>			Suisun City	6%
LGBTQ	2%	1%	Unincorporated	1%
Currently involved with adult/juvenile justice	8%	0%	Unknown/Not Reported	1%
Foster care youth	8%	2%	Vacaville	24%
All of above	0%	0%	Vallejo	27%
LGBTQ & justice involved	0%	0%	<b>Disability</b>	
LGBTQ & foster care youth	0%	0%	Difficulty seeing	1%
Justice involved & foster care youth	0%	0%	Difficulty hearing/having speech understood	1%
Not applicable/not identify with all above	57%	95%	Other communication disability	1%
Prefer not to answer	25%	1%	Cognitive impairment	1%
Note: Demographic info reported by services type provided in following: Direct: screening, assessment, counseling, case management , series seminars.Outreach: training, presentation, workshop, meeting. Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.			Physical/mobility	1%
			Chronic physical health condition	2%
			No disability	75%
			Other disability	2%
			Prefer not to answer	17%
			Mental Health Symptoms Onset -data not collected for outreach.	

### ***Highlights & Achievements***

- Through the implementation of the Triple P program, 28 new practitioners have been accredited and more than 1,000 parents/caregivers have received Triple P training.
- Throughout the year, Triple P providers became increasingly confident in providing Triple P interventions on-line; in many instances, parents were more engaged because they did not have to travel to attend in-person sessions.
- The California State Assembly and the Solano County Board of Supervisors recognized Positive Parenting Awareness Month in January 2021.
- The list of community partners acknowledging Triple P as a parenting education strategy for families they serve has grown – these partners include Child Welfare Services, County Courts, and agencies that participate in collaboratives such as the Black Infant Health Advisory group, Home Visiting Community Advisory Board, and Solano Partnership Against Violence.
- First 5 also expanded outreach by partnering with Solano County Employment and Eligibility to send electronic screenings to families with young children accessing other supporting services.
- As restrictions due to COVID-19 improved in the 4<sup>th</sup> quarter, HMG Solano hosted 3 “Play and Screen” events for in-person screenings where snacks, activities, books, and toys were provided.

### ***Challenges & Barriers***

- While there were successes related to the provision of Triple P on virtual platforms, there were some challenges related to access to technology or a stable Internet connection. Additionally, the use of a virtual platform resulted in challenges collecting post class evaluations, therefore the data set to demonstrate increased knowledge was relatively small.
- With COVID-19 restrictions in place for much of the year, and infection levels still impacting daily living, some parents were still focused on basic needs (i.e., food, shelter), rather than on improving parenting skills.
- COVID-19 impacted the screening activities. One subcontractor who provided screenings in-person was limited to 25% capacity in-person due to COVID restrictions. Similarly, the HMG line staffing was limited and while call volume increased, referrals for screenings through HMG decreased as doctor’s offices and school sites were not seeing children in person. Despite this, First 5 and their subcontractors adapted, offering screenings in outdoor breezeways, advertising on social media, and providing virtual presentations to educate partner agencies and recruited over 50 new healthcare providers who will likely provide screening referrals in the future.

### ***Equity Efforts in FY 2020/21***

The Contractors contracted by the First 5 Solano Commission and MHSa have continued to work towards ensuring culturally competent and linguistically appropriate services. In each of the programs, providers have attempted to maintain a minimum of one bi-lingual staff and to offer services (such as Triple P group workshops) to non-English speaking parents. Additionally, efforts were made to outreach to and serve LGBTQ+ community members. First 5 also modified their small grant funding process to make these funds more accessible to grassroots groups representing marginalized communities.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSa funding has stabilized, the funding for this program may be increased as community stakeholders continue to endorse the need for services and supports to address the needs of children and to prevent child abuse.

**Name of Strategy:** Pregnant & Postpartum Maternal Support (PPMS)

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

**Description of Strategy:**

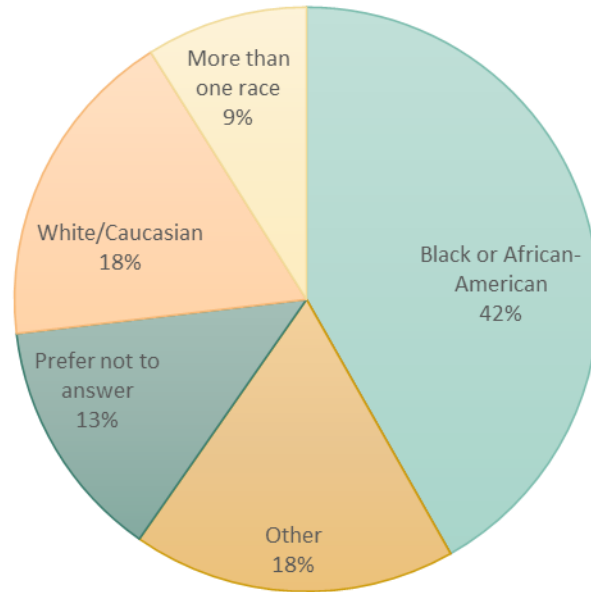
The PPMS strategy provides perinatal mental health prevention and intervention services including screening and brief mental health treatment through 1:1 counseling and group modalities for pregnant and new mothers. This strategy, co-funded by SCBH and Public Health, enhances existing Public Health home visitation services utilizing the Mothers and Babies (MB) evidence-based perinatal depression prevention model, along with the principles of Cognitive-Behavioral Therapy, Attachment Therapy, and psychoeducation.

Performance Measures	
<b>Prevention Activities</b> Unduplicated Individuals Served: 61	
Strategy Indicators	Annual Outcomes
Provide mental health screening for 50 unduplicated individuals.	A total of 61 consumers received screening services.
<b>Early Intervention Activities</b> Unduplicated Individual Served: 61	
Strategy Indicators	Annual Outcomes
Mothers and Babies (MB) One-to-One Intervention: 20 unduplicated individuals will receive up to 9 intervention sessions as needed per consumer.	A total of 23 unduplicated individuals received MB One-to-One Intervention, and a total of 138 intervention sessions were provided.
Brief Perinatal MH Services/Crisis Intervention: Provide brief intervention activities (6-8 sessions of in-home mental health therapy and crisis support) to 35 unduplicated consumers.	A total of 38 unduplicated consumers received brief intervention services.
70% of MB participants will show a decrease in maternal depression and/or anxiety as evidenced by a decrease on the <i>PHQ-9</i> or <i>Edinburgh Postnatal Depression Scale (EPDS)</i> .	90% (9) of the participants who completed the first MB Group cohort reported a decrease in depression and/or anxiety based on the <i>EPDS</i> .
70% of MB participants will show a decrease in perceived stress levels as evidenced by a decrease on the <i>Perceived Stress Scale (PSS)</i> .	90% (9) of the participants who completed the first MB Group cohort reported a decrease in perceived stress levels as measured by the <i>PSS</i> .
<b>Linkage Services</b>	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	5 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	None of the individuals referred were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
<b>Financial Report</b>	
Cost per person for prevention activities*	\$615
Cost per person for early intervention activities*	\$3,484
MOU Amount FY 2020/21: \$250,000 MHSAs funds and \$106,039 Public Health funds	Total Expenditures FY 2020/21: \$249,998 MHSAs funds

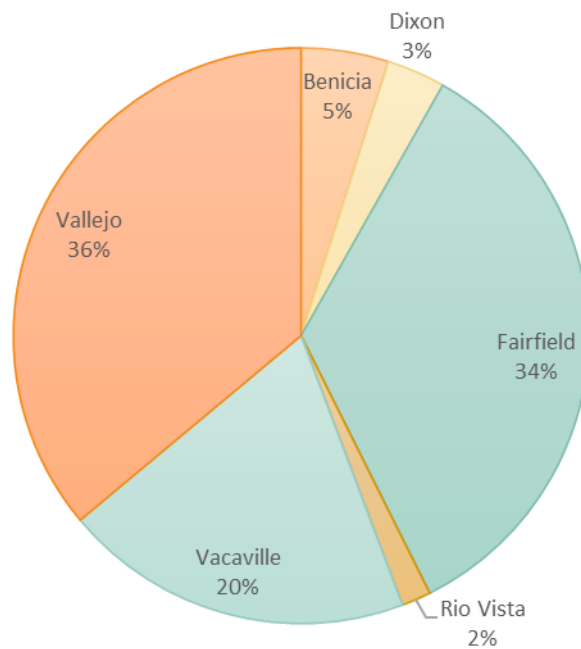
\*Cost per person reflects MHSAs funding only.

The following charts and table provide demographic data for the individuals who were served by the **PPMS Strategy**:  
*Demographic Breakdown of Direct Services (demographic surveys collected for 61 individuals):*

Race in Direct Services



City of Residence in Direct Services



Program Name:			Total Individuals Demo Collected:	
			Direct	Outreach
			61	0
Age	Direct	Outreach	Ethnicity	
0-15	0%		Direct	Outreach
16-25	20%		0%	
26-59	80%		8%	
60+	0%		31%	
Prefer not to answer	0%	N/A	0%	
Race				
American Indian/Alaskan Native	0%		2%	
Asian	0%		0%	
Black or African-American	36%		0%	
Native Hawaiian/Pacific Islander	0%		39%	
Other	20%		0%	
Prefer not to answer	15%		0%	
White/Caucasian	20%		10%	
More than one race	10%	N/A	0%	
Gender At Birth				
Male	0%		0%	
Female	100%		0%	
Prefer not to answer	0%	N/A	0%	
Sexual Orientation				
Gay	0%		5%	
Bisexual	2%		0%	
Heterosexual/straight	90%		5%	N/A
Lesbian	3%		0%	
Other	0%		0%	
Prefer not to answer	5%		0%	
Queer	0%		0%	
Questioning/unsure	0%	N/A	0%	
Veteran Status/Military Services				
Veteran	0%		0%	
Active military	0%		0%	
Not a veteran/active military/NA	100%	N/A	0%	
Primary Language (1st Language)	Direct	Outreach	Current Gender Identity	
American Sign Language (ASL)	0%		Male	Female
English	77%		0%	100%
Ilocano	0%		0%	
Other	0%		0%	
Prefer not to answer	0%		0%	
Spanish	23%		0%	
Tagalog	0%	N/A	0%	
Preferred Language (Used Daily)				
American Sign Language (ASL)	0%		0%	
English	75%		0%	
Other	2%		0%	
Spanish	23%		0%	
Tagalog	0%	N/A	0%	
Identify with any of these groups?				
LGBTQ	2%		0%	
Adult/juvenile justice involved	0%		0%	
Foster care youth	0%		0%	
All of above	0%		0%	
LGBTQ & justice involved	0%		0%	
LGBTQ & foster care youth	0%		0%	
Justice involved & foster care youth	0%		0%	
Not applicable/not identify	95%		0%	
Prefer not to answer	3%	N/A	0%	
<p>Demo info by service type:  Direct: screening, assessment, counseling, case management, ongoing social group/workshop.  Outreach: training, presentation, one-time workshop, meeting (not include tabling event).  Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.</p>				
			Mental Health Symptoms Onset	
			Less than 6 months	6-12 months
			30%	21%
			1-4 years	5-9 years
			25%	7%
			Over 10 years ago	Prefer not to answer
			8%	2%
			Do not have MH symptoms	Unknown/not reported
			5%	3%
			3%	NA
			City of Residence	
			Benicia	Dixon
			5%	3%
			Fairfield	Non-County Resident
			34%	0%
			Rio Vista	Suisun City
			2%	0%
			Unincorporated	Unknown/Not Reported
			0%	0%
			Vacaville	Vallejo
			20%	36%
			36%	N/A
			Disability	
			Difficulty seeing	Hearing/speech
			4%	1%
			Other communication disability	Cognitive impairment
			0%	7%
			Physical/mobility	Chronic physical health condition
			0%	3%
			No disability	Other disability
			80%	3%
			Prefer not to answer	1%
			1%	N/A

### ***Highlights & Achievements***

- The PPMS clinician was able to distribute and provide gratitude journals (funded by MHSA) for both English and Spanish-speaking consumers to enhance positive thoughts.
- The program successfully modified the MB One-to-One in-person curriculum to a virtual/telehealth platform by the end of the first quarter which resulted in consumers being more receptive to the model and improved consumer engagement in comparison to the group model which was offered in the previous program year.
- The program social worker and clinical supervisor were encouraged by leadership to apply for a competitive Fellowship opportunity to assist state and county Public Health Departments in closing gaps in maternal mental health. The two staff were then selected to be the only California Public Health Fellows that will learn state policy and frameworks related to maternal mental health topics such as monitoring pregnancy risk assessment, maternal suicide prevention, data collection, public awareness and racial and rural disparities.
- Developed the Mothers & Babies Train the Trainer 1 ½ day training curriculum and completed a total of two (2) Train the Trainer sessions for 15 paraprofessionals, clinicians and mental health professionals.
- Participated in the “May is Mental Health Month” and “Maternal Mental Health Day” awareness activities including the co-development of a Board of Supervisors Resolution, use of social media to promote awareness, and the provision of resources to community partners.

### ***Challenges & Barriers***

- The challenge of providing services to consumers through the ongoing COVID-19 pandemic while local and state shelter-in-home orders were extended. While the program adapted to a telehealth platform there were exercises and tools used through the model that were difficult to adapt to virtual platforms.
- The staff in this program are under the Public Health umbrella and as such had to be deployed to support COVID related activities including testing. This impacted program staffs’ availability for consumers.
- COVID-19 impacted the Mothers and Babies Train the Trainer trainings scheduled resulting in these sessions being postponed several times before providing the training virtually which was successful but had barriers as well, e.g., screen fatigue and modifying exercises to a virtual platform.

### ***Equity Efforts in FY 2020/21***

The perinatal mental health staff within the larger Public Health MCAH Bureau of which this program is under is diverse and representative of the populations being served, have extensive experience working with individuals from numerous cultural backgrounds, and are able to provide culturally and linguistically appropriate services to the Spanish-speaking population. Despite the current immigration climate locally and nationally and many undocumented individuals who hesitated to seek out mental health services in the past, the program’s clinician was able to effectively serve 23% of the consumer population with bilingual services. Staff took trainings that were offered only in Spanish for language proficiency and to expand vocabulary while offering 1:1 services to monolingual Spanish speakers. Staff developed a small library of Spanish supplemental materials: videos, handouts, websites, etc. to aid in the assistance of helping Spanish-speaking consumers. Additionally, staff attended a variety of trainings to increase their knowledge of identifying the varying ways that diversity, disparities, and social determinates of health play a role in maternal mental health. Staff also learned about successful treatment modalities and how to integrate best practices to better serve the needs of families in Solano County.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSA funding has stabilized, the funding for this program may be increased to address a need stakeholders have identified, e.g., additional services and supports to address the needs of children and to prevent child abuse.

**Name of Program:** LGBTQ+ Outreach and Access Program-Contractor

**Agency Name:** Solano Pride Center

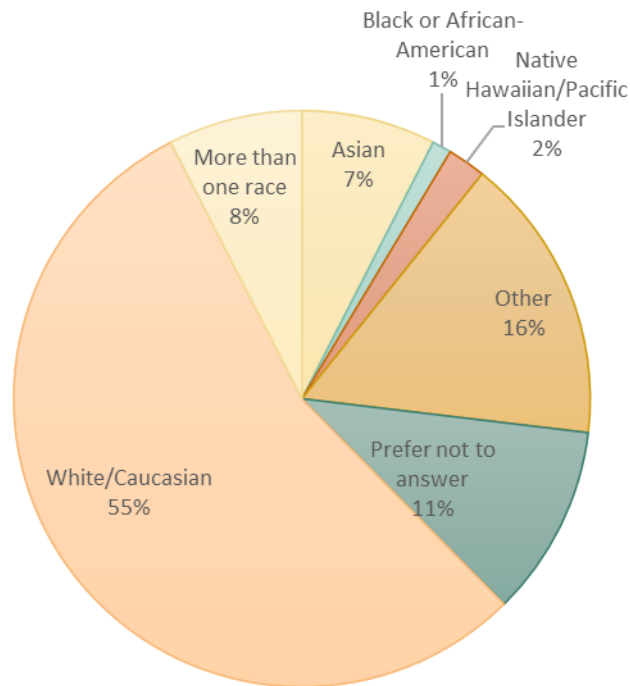
**Description of Program:**

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

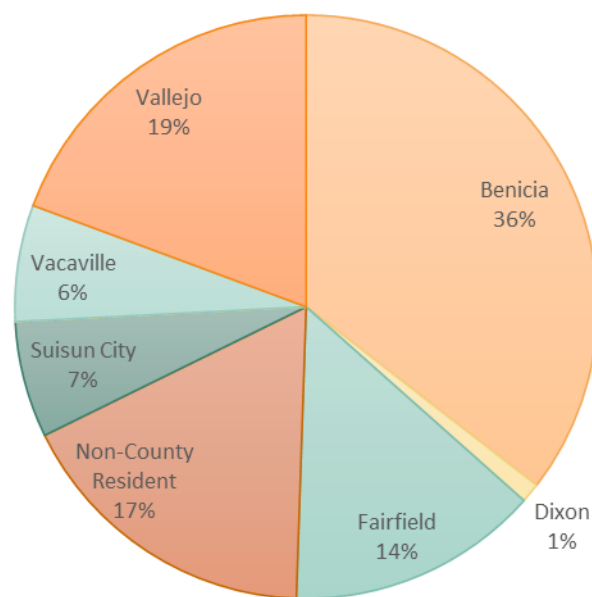
Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 695	
Program Indicators	Annual Outcome
Reach an annual minimum of 225 individuals through targeted mental health stigma reduction outreach and education activities.	A total of 25 outreach and education activities were offered with a total of 657 participants.
Collaborate with 15 Solano County schools to engage in the “Welcoming Schools” program to provide education and trainings in the schools to promote LGBTQ+ inclusive schools and prevent bullying.	Collaborated with 11 local schools.
Reach an annual minimum of 25 unduplicated consumers through social activities and support groups.	A total of 38 unduplicated consumers were served.
A minimum of 50% of individuals receiving social/support group prevention services shall demonstrate on <i>Quality of Life (QoL) Scale</i> . <ul style="list-style-type: none"> <li>Improved knowledge</li> <li>Feel Supported</li> <li>Learn Tools</li> </ul>	A total of 32 unduplicated consumers completed the <i>QoL</i> tool and 100% (32) improved knowledge (quarters 1-3).* A total of 20 unduplicated consumers completed the <i>QoL</i> tool and 100% (20) felt supported (quarter 4).* *The <i>QoL</i> tool was modified to remove “improved knowledge” questions, and add “feel supported,” and “learn tools” questions at the end of quarter 3.
Early Intervention Activities Unduplicated Individuals Served: 37	
Program Indicators	Annual Outcome
Provide brief (two or more sessions) mental health counseling to a minimum of 60 unduplicated consumers.  75% of consumers receiving counseling services will report improved functioning per the <i>QoL Scale</i> administered at Intake, quarterly, thereafter and discharge as evidenced by maintaining a score of 4 or 5 in at least 4 of the 8 domains.	A total of 37 unduplicated consumers received two or more counseling sessions.  A total of 80% (32) of consumers who completed a follow-up <i>QoL</i> during the reporting period showed improvement in functioning.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	5 referrals made
Referrals made to the Solano County Mental Health Plan.	3 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	None of the individuals referred were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	\$174
Cost per person for early intervention activities	\$1,397
Contract Amount FY 2020/21: <b>\$200,000</b>	Total Expenditures FY 2020/21: <b>\$172,312</b>

The following charts and table provide demographic data for the individuals who were served by the **LGBTQ+ Outreach & Access Program**:

Race in Outreach Services



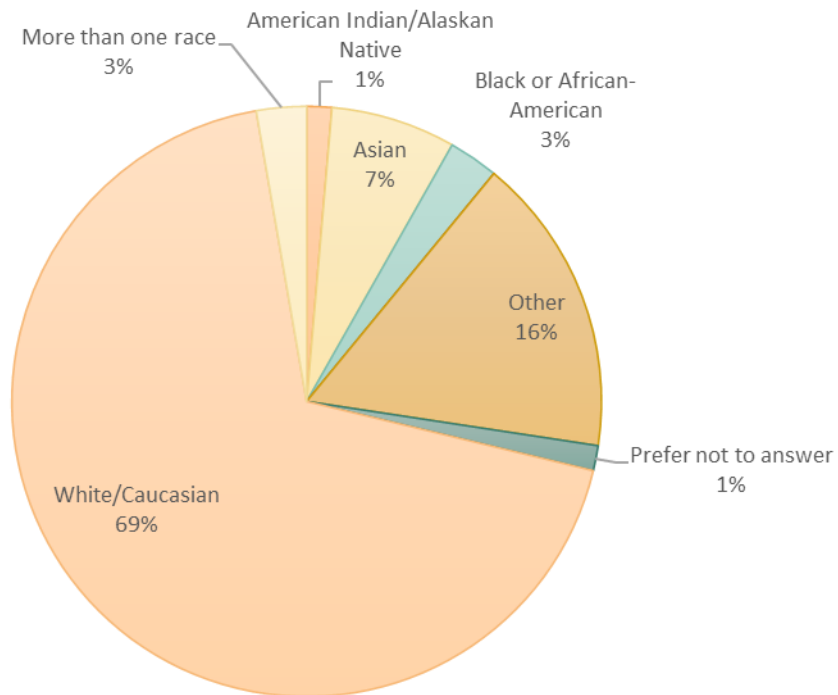
City of Residence in Outreach Services



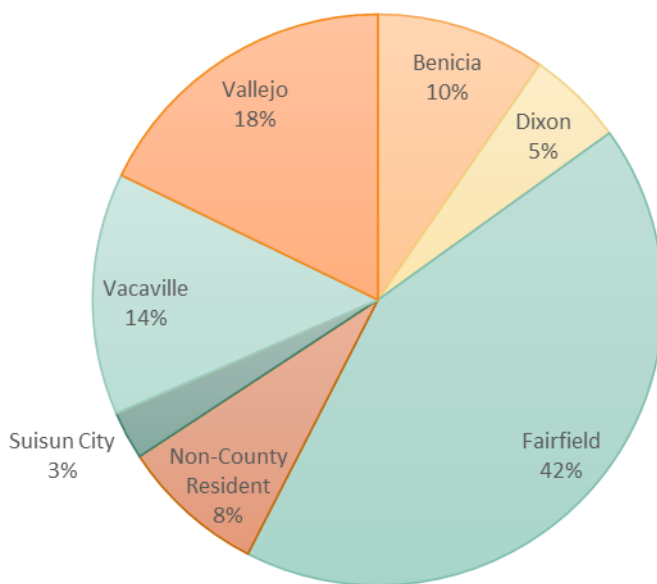


Demographic Breakdown of Direct Services (demographic surveys collected for 73 individuals):

Race in Direct Services



City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			73	93
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	<b>Ethnicity</b>	<b>Direct</b>
0-15	19%	5%	Caribbean	0%
16-25	30%	14%	Central American	3%
26-59	25%	73%	American/Chicano	8%
60+	26%	4%	Other Hispanic/Latino	8%
Prefer not to answer	0%	3%	Puerto Rican	0%
<b>Race</b>			South American	0%
American Indian/Alaskan Native	1%	0%	African	3%
Asian	7%	8%	Asian Indian/South Asian	0%
Black or African-American	3%	1%	Cambodian	0%
Native Hawaiian/Pacific Islander	0%	2%	Chinese	0%
Other	16%	16%	Eastern European	3%
Prefer not to answer	1%	11%	European	12%
White/Caucasian	68%	55%	Filipino	5%
More than one race	3%	8%	Japanese	0%
<b>Gender At Birth</b>			Korean	0%
Male	41%	42%	Middle Eastern	0%
Female	51%	53%	Other Non-Hispanic/Latino	0%
Prefer not to answer	8%	5%	Vietnamese	0%
<b>Sexual Orientation</b>			Prefer not to answer	55%
Gay	32%	10%	More than one ethnicity	3%
Bisexual	15%	3%	<b>Current Gender Identity</b>	
Heterosexual/straight	8%	53%	Male	37%
Lesbian	22%	5%	Female	37%
Other	5%	2%	Genderqueer	3%
Prefer not to answer	3%	11%	Other	5%
Queer	10%	11%	Prefer not to answer	0%
Questioning/unsure	5%	5%	Questioning/unsure	3%
<b>Veteran Status/Military Services</b>			Transgender	15%
Veteran	4%	3%	<b>Mental Health Symptoms Onset</b>	
Active military	0%	0%	Less than 6 months	0%
Not a veteran/active military/NA	96%	97%	6-12 months	0%
<b>Primary Language (1st Language)</b>			1-4 years	0%
American Sign Language (ASL)	0%	0%	5-9 years	1%
English	99%	97%	Over 10 years ago	0%
Ilocano	0%	0%	Prefer not to answer	0%
Other	0%	1%	Do not have MH symptoms	0%
Prefer not to answer	0%	0%	Unknown/not reported	99%
Spanish	0%	2%	<b>City of Residence</b>	
Tagalog	1%	0%	Benicia	10%
<b>Preferred Language (Used Daily)</b>			Dixon	5%
American Sign Language (ASL)	0%	0%	Fairfield	42%
English	95%	97%	Non-County Resident	8%
Other	0%	1%	Rio Vista	0%
Spanish	3%	2%	Suisun City	3%
Tagalog	3%	0%	Unincorporated	0%
<b>Identify with any of these groups?</b>			Unknown/Not Reported	0%
LGBTQ	95%	37%	Vacaville	14%
Adult/juvenile justice involved	0%	0%	Vallejo	18%
Foster care youth	0%	0%	<b>Disability</b>	
All of above	0%	0%	Difficulty seeing	3%
LGBTQ & justice involved	0%	1%	Hearing/speech	5%
LGBTQ & foster care youth	1%	0%	Other communication disability	4%
Justice involved & foster care youth	0%	0%	Cognitive impairment	0%
Not applicable/not identify	3%	0%	Physical/mobility	11%
Prefer not to answer	1%	62%	Chronic physical health condition	4%
Demo info by service type:			No disability	61%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	5%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	7%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				19%

### ***Highlights & Achievements***

- The program was able to adapt to the COVID-19 pandemic by providing services and supports virtually for the entire FY.
- The youth group provided social support to youth in a virtual environment where LGBTQ+ youth were lacking safe and welcoming school environments due to being at home due to the pandemic.
- The program hosted their first annual Welcoming Schools Summit virtually at the end of the FY and hope to have this in-person moving forward.
- The program continued to provide trainings to Solano County staff, partner CBOs, school personnel, and health care providers about LGBTQ+ mental health concerns, cultural humility and best practices.

### ***Challenges & Barriers***

- One of the largest challenges during this period was adjusting and adapting to the pandemic and being able to quickly transition the entire service delivery model to virtual platforms. Some consumers thrived by being able to join social groups or individual therapy sessions via Zoom or phone, while other consumers suffered by not being able to benefit from in-person socialization, community, or in-person therapy sessions.
- The provision of telehealth was particularly challenging for LGBTQ+ youth that were not yet out to their families as it was difficult to find private confidential spaces in their homes.

### ***Equity Efforts in FY 2020/21***

Solano Pride Center was one of the key partners involved in the implementation of the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) MHSA Innovation Project that took place over a 5-year period. As a result, the agency and program are well versed in cultural and linguistic considerations. The program has interpreter services available as needed. Additionally, the program partners with several Solano County CBOs to provide more culturally targeted services in order to raise awareness and provide a sense of community for LGBTQ+ Solano residents including those that do not speak English as their primary language, or may benefit from interacting with LGBTQ+ community members in a culturally inclusive space.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSA funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports for the LGBTQ+ community and in particular for LGBTQ+ youth.

**Name of Program:** School-Based Mental Health Services—Contractors

This particular MHSA funded program is delivered by three different community partners. Each agency’s outcomes will be reported separately and then on page 170 a summary of cumulative services has been provided.

**Agency Name:** A Better Way (ABW)

**Description of Program:**

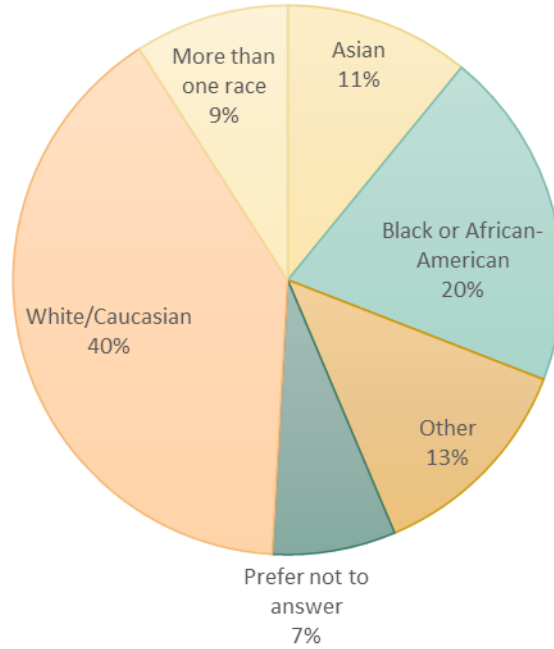
The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as decided by participating school districts based on each site’s need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students.

Program Performance Measures	
Prevention Activities Unduplicated Individuals Served: 864	
Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 360 school personnel, parents/ caretakers, and students.	A total of 864 individuals received a prevention service.
Provide 9 trainings/consultation services for school personnel in participating school districts.	A total of 19 trainings were provided with a total of 321 participants.
Provide 12 trainings/engagement activities to parents/caregivers in participating school districts.	A total of 6 trainings were provided with a total of 48 participants.
Schedule a minimum of 28-33 student workshops in total for the 2020-21 school year	A total of 35 workshops were provided with a total of 495 unduplicated students.
At least 75% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/ post surveys.	A total of 206 participants were administered both a pre/post survey and of those 82% (169) showed increased knowledge in the training/workshop topic.
Early Intervention Activities Unduplicated Individual Served: 199	
Program Indicators	Annual Outcomes
Conduct assessments to a minimum of 180 students.	A total of 159 youth received an assessment.
Provide brief counseling for 3-5 months for students as needed.	A total of 199 youth received treatment services. <i>A number of the youth receiving counseling were carryovers from the prior school year.</i>
At least 75% of the children/youth who receive mental health treatment services will show improvement as evidence by a <i>Quality of Life</i> or equivalent scale in maintaining a score of 4 or 5 or improving to a score of 4 or 5 in at least 4 of the 8 domains; scale to be administered at intake and at discharge.	Of the 199 students receiving counseling services, 91 students were administered both a pre/post measure during the reporting period and of those 46% (60) showed improvement in symptoms.
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	14 referrals made
Referrals made to the Solano County Mental Health Plan.	21 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	7 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 7 individuals linked it took an average of 23 days from referral to service.
Financial Report	
Cost per person for prevention activities	\$1,100
Cost per person for early intervention activities	\$1,951
Contract Amount FY 2020/21: \$1,456,768	Total Expenditures FY 2020/21: \$1,338,869

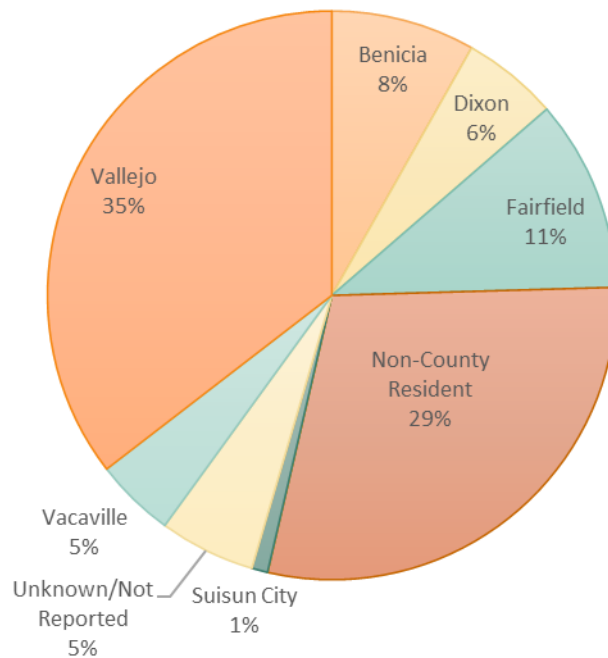
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program delivered by A Better Way**:

*Demographic Breakdown of Training Services (demographic surveys collected for 110 individuals):*

Race in Outreach Services

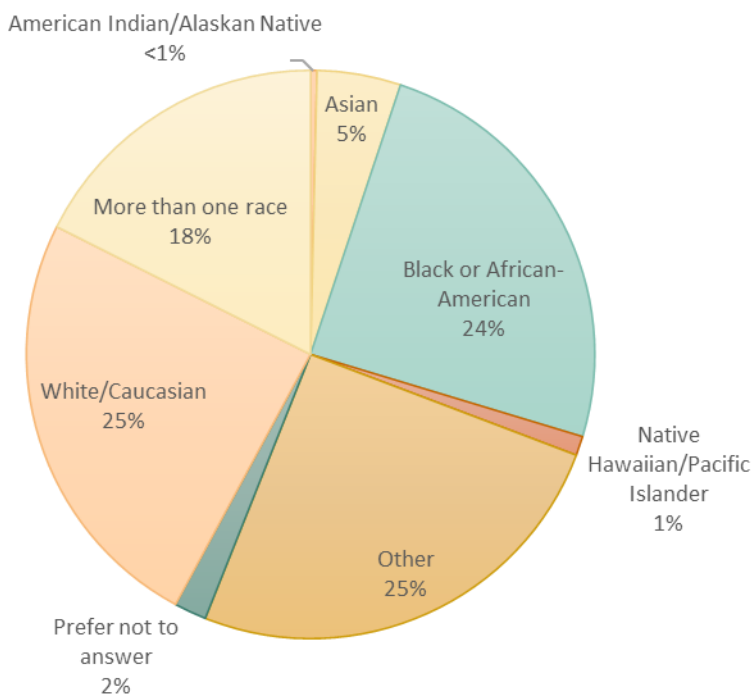


City of Residence in Outreach Services

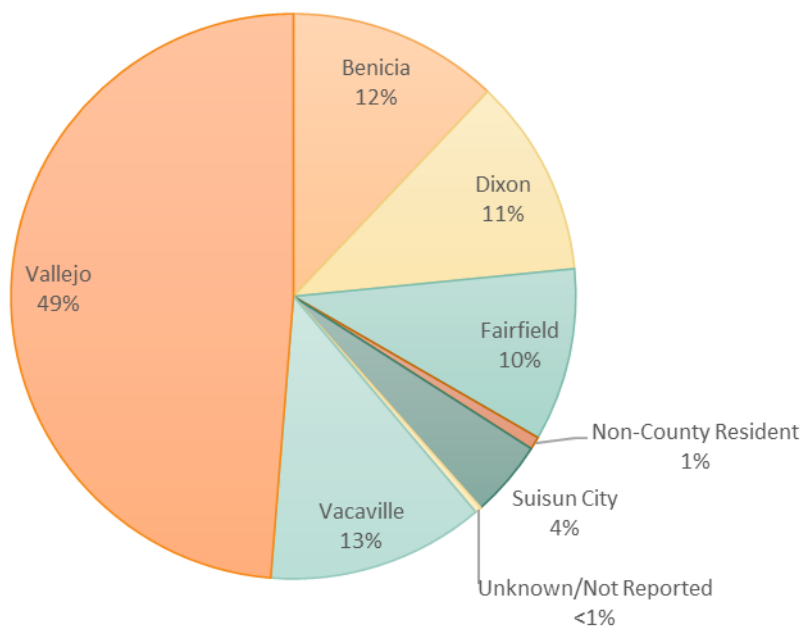


Demographic Breakdown of Direct Services (demographic surveys collected for 273 individuals who participated in student workshops and/or individual therapy):

### Race in Direct Services



### City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	273	110
0-15	81%	0%		
16-25	19%	11%		
26-59	0%	80%		
60+	0%	5%		
Prefer not to answer	0%	5%		
<b>Race</b>				
American Indian/Alaskan Native	0%	0%		
Asian	5%	11%		
Black or African-American	25%	20%		
Native Hawaiian/Pacific Islander	1%	0%		
Other	25%	13%		
Prefer not to answer	2%	7%		
White/Caucasian	25%	40%		
More than one race	18%	9%		
<b>Gender At Birth</b>				
Male	42%	17%		
Female	57%	78%		
Prefer not to answer	0%	5%		
<b>Sexual Orientation</b>				
Gay	0%	2%		
Bisexual	1%	3%		
Heterosexual/straight	94%	82%		
Lesbian	0%	4%		
Other	1%	1%		
Prefer not to answer	3%	9%		
Queer	0%	0%		
Questioning/unsure	1%	0%		
<b>Veteran Status/Military Services</b>				
Veteran	0%	1%		
Active military	0%	0%		
Not a veteran/active military/NA	100%	99%		
<b>Primary Language (1st Language)</b>				
American Sign Language (ASL)	0%	1%		
English	95%	89%		
Ilocano	0%	0%		
Other	0%	1%		
Prefer not to answer	0%	3%		
Spanish	5%	5%		
Tagalog	0%	1%		
<b>Preferred Language (Used Daily)</b>				
American Sign Language (ASL)	0%	0%		
English	97%	97%		
Other	0%	2%		
Spanish	3%	1%		
Tagalog	0%	0%		
<b>Identify with any of these groups?</b>				
LGBTQ	3%	10%		
Adult/juvenile justice involved	0%	0%		
Foster care youth	0%	0%		
All of above	0%	0%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify	96%	84%		
Prefer not to answer	1%	6%		
Demo info by service type: <b>Direct:</b> screening, assessment, counseling, case management, ongoing social group/workshop. <b>Outreach:</b> training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
<b>Ethnicity</b>	<b>Direct</b>	<b>Outreach</b>		
Caribbean	0%	2%		
Central American	0%	2%		
American/Chicano	22%	8%		
Other Hispanic/Latino	0%	0%		
Puerto Rican	0%	0%		
South American	1%	0%		
African	25%	20%		
Asian Indian/South Asian	0%	1%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	0%		
European	24%	38%		
Filipino	5%	8%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	0%	0%		
Other Non-Hispanic/Latino	3%	4%		
Vietnamese	0%	1%		
Prefer not to answer	3%	10%		
More than one ethnicity	16%	6%		
<b>Current Gender Identity</b>				
Male	43%	17%		
Female	56%	76%		
Genderqueer	0%	2%		
Other	0%	0%		
Prefer not to answer	0%	5%		
Questioning/unsure	0%	0%		
Transgender	0%	0%		
<b>Mental Health Symptoms Onset</b>				
Less than 6 months	13%			
6-12 months	24%			
1-4 years	20%			
5-9 years	4%			
Over 10 years ago	1%			
Prefer not to answer	8%			
Do not have MH symptoms	4%			
Unknown/not reported	25%	NA		
<b>City of Residence</b>				
Benicia	12%	8%		
Dixon	11%	5%		
Fairfield	10%	11%		
Non-County Resident	1%	29%		
Rio Vista	0%	0%		
Suisun City	4%	1%		
Unincorporated	0%	0%		
Unknown/Not Reported	0%	5%		
Vacaville	12%	5%		
Vallejo	49%	35%		
<b>Disability</b>				
Difficulty seeing	1%	0%		
Hearing/speech	0%	2%		
Other communication disability	0%	0%		
Cognitive impairment	0%	0%		
Physical/mobility	0%	0%		
Chronic physical health condition	1%	2%		
No disability	95%	81%		
Other disability	0%	6%		
Prefer not to answer	3%	9%		

### ***Highlights & Achievements***

- Throughout the year the program continued to pivot and adjust to the everchanging needs of schools due to COVID-19. The Program Director and Clinical Supervisor instituted quarterly meetings with school leadership to increase support aligned with virtual school platforms, and the impacts of COVID on students and families. Additionally, the Clinical Supervisor and Clinicians continued their efforts to hold regular frequent meetings with school principals, mental health coordinators, and other school staff to strengthen these relationships.
- The program simplified the referral form to make it more accessible and user friendly for referring parties. Similarly, technology was helpful in streamlining processes by offering DocuSign as an accessible option for completing intake documentation. The program was also able to allow additional school sites to refer students in two of the districts because services were virtual, rather than site-based.
- Greater numbers of parents/caregivers, teachers, and students participated in therapy and customized workshops, and parent/teacher trainings when Zoom and other telehealth platforms were offered.
- A Better Way completed the final year of training on Collaborative Problem Solving (CPS), which is an evidence-based model based on neurobiological research. As such, the agency has built capacity to build an in-house train-the-trainer program in this model which will benefit future staff and other community partners in Solano County.

### ***Challenges & Barriers***

- The COVID-19 pandemic caused several barriers and challenges for school-based services as programming was provided virtually and school campuses were closed. Though telehealth and remote work allowed for school-based staff to be flexible in serving schools, referrals were inconsistent, and some schools provided very few referrals who actually qualified for services, e.g., could obtain parent consent for treatment. Also, families often had difficulty with long term engagement due to overwhelm and screen fatigue.
- Crisis situations arose at various schools and the impact of continued shelter in place and COVID-19 started to be manifest in the kinds of referrals that were coming to the program. There was an increase in severity of symptoms, trauma, loss, and overall needs from students that often required linkage to a higher level of care and other supports to meet the needs of those students and families.

### ***Equity Efforts in FY 2020/21***

Culturally and linguistically responsive services are delivered by this program. The program is proud to have very diverse, multicultural staffing overall. All clinicians have access to Language Link to connect with a professional interpreter when their consumers prefer to use a language other than English. In addition, monolingual Spanish-speaking families were served by bilingual clinicians and staff. Additionally, the agency's Training Department focused on cultural diversity and humility. All new clinicians are required to complete trainings focusing on working with culturally diverse consumers and understanding cultural humility. All staff were required to participate in at least one cultural sensitivity training annually as part of the agency's Cultural Responsivity Plan. Further, culturally responsive concepts and discussions were regularly utilized in group meetings and implemented into the organizational structure of the program to support equity. The agency as a whole offers a different cultural focus (education) each month, such as Black History Month, Asian/Pacific American Heritage Month, Gay Pride Month, and Black Indigenous People of Color (BIPOC ) mental health month among others.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHSA funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports for children and youth and specifically support for students returning to schools after distancing learning due to COVID-19.



Agency Name: Rio Vista CARE, Inc.

Description of Program:

The School-based Mental Health Services program serves children and youth grades K-12 (up to age 21) providing prevention services and early intervention mental health treatment services in selected school sites across the Solano County as determined by participating school districts. Prevention services include trainings for school personnel and parents/caretakers, and student workshops/groups. Early intervention services include assessments and brief mental health treatment provided by clinicians co-located at schools across Solano County as decided by participating school districts based on each site's need. Efforts are made to co-located clinicians in Title 1 schools with higher numbers of Medi-cal eligible students.

**Program Performance Measures**

**Prevention Activities**  
Unduplicated Individuals Served: 405

Program Indicators	Annual Outcomes
Overarching Prevention Goal: Provide prevention services (trainings and student workshops) to a minimum of 140 students, school personnel and parents.	A total of 405 individuals received a prevention service.
Provide a minimum of two trainings for school personnel at each assigned school site.	A total of 4 trainings were provided with a total of 14 participants.
Provide a minimum of two trainings for parents/caretakers at each assigned school site.	1 training was provided with a total of 10 participants.
Provide a minimum of 3 student workshops at each assigned school site.	A total of 17 workshops were provided for a total of 381 unduplicated students.
75% of training participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 14 participants were administered both a pre/post survey and of those 100% (14) demonstrated increased knowledge.
75% of student workshop participants will demonstrate an increase in knowledge in the training topic as evidenced by pre/post training surveys.	A total of 230 post surveys were collected from students and of those 100% (230) demonstrated increased knowledge on the workshop topic.

**Early Intervention Activities**  
Unduplicated Individual Served: 29

Program Indicators	Annual Outcomes
Provide mental health assessments to a minimum of 40 students.	A total of 29 youth received an assessment.
At least 75% of the students who receive short-term mental health treatment will show improvement in overall score on an assessment tool which may include the <i>Quality of Life (QoL) Scale</i> or the <i>Child and Adolescent Needs and Strengths (CANS)</i> tool.	A total of 29 students received brief treatment services. Of those, 21 completed the pre/post outcome measure during the reporting period, with 100% (21) having shown improvement in functioning and symptoms.

**Linkage Services**

Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	4 referral made
Referrals made to the Solano County Mental Health Plan.	0 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A

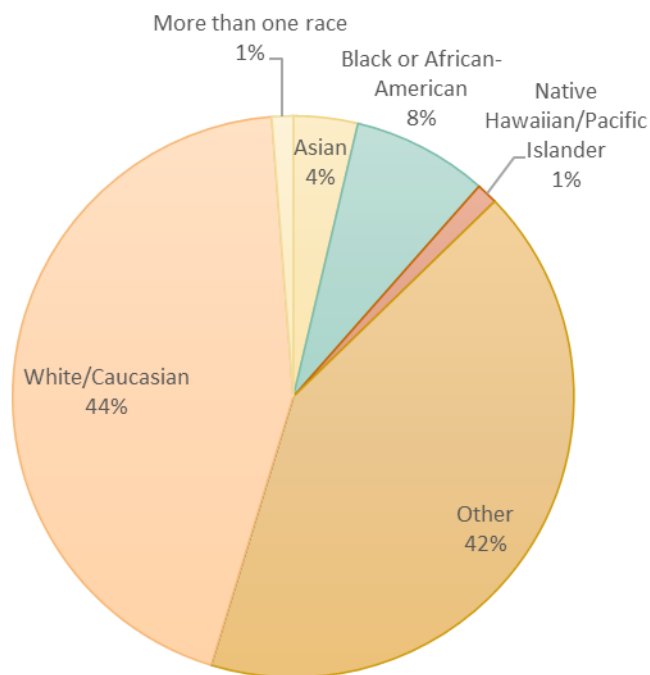
**Financial Report**

Cost per person for prevention activities	\$44
Cost per person for early intervention activities	\$1,444
Contract Amount FY 2020/21: \$60,000	Total Expenditures FY 2020/21: \$59,837

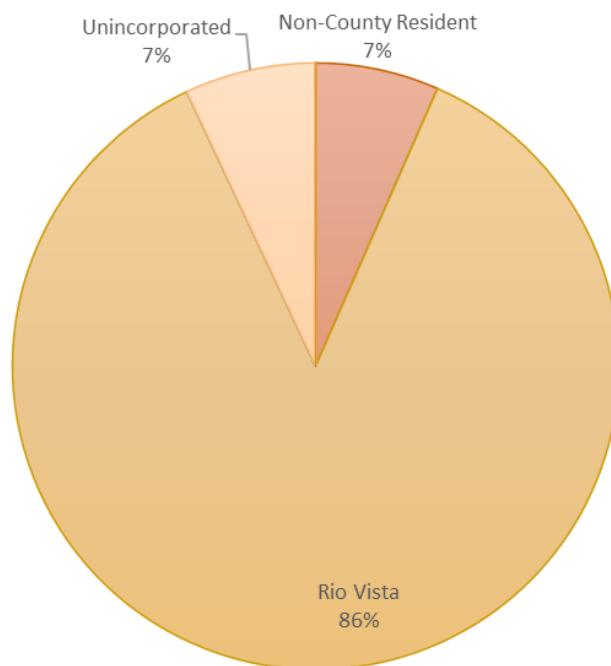
The following charts and table provide demographic data for the individuals who were served by the **School-Based Mental Health Services program** delivered by Rio Vista CARE:

*Demographic Breakdown of Training Services (demographic surveys collected for 243 individuals):*

Race in Outreach Services

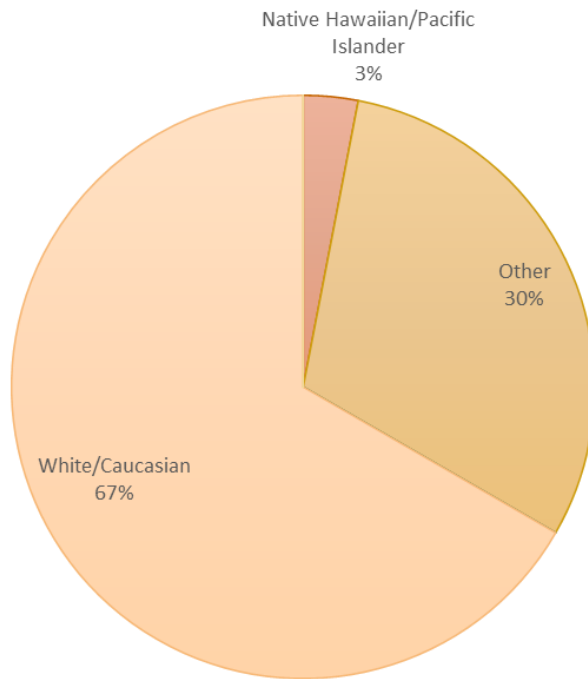


City of Residence in Outreach Services

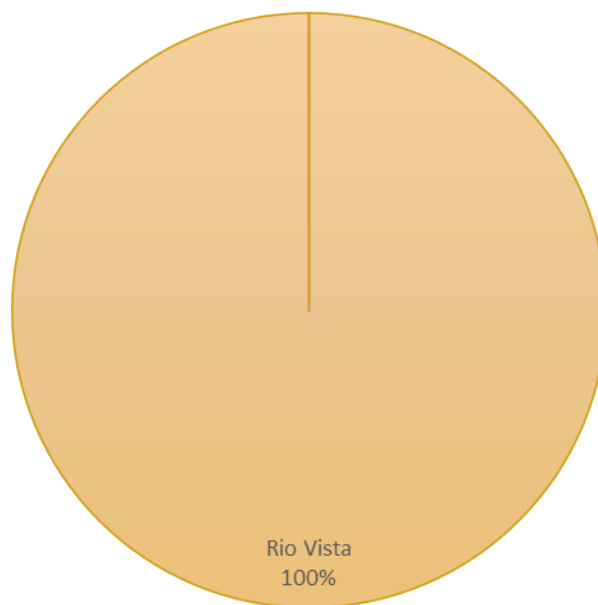


Demographic Breakdown of Direct Services (demographic surveys collected for 33 individuals who participated in student workshops and/or individual therapy):

### Race in Direct Services



### City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	33	243
0-15	73%	53%		
16-25	27%	43%		
26-59	0%	3%		
60+	0%	0%		
Prefer not to answer	0%	0%		
<b>Race</b>				
American Indian/Alaskan Native	0%	0%		
Asian	0%	4%		
Black or African-American	0%	8%		
Native Hawaiian/Pacific Islander	3%	1%		
Other	30%	42%		
Prefer not to answer	0%	0%		
White/Caucasian	67%	44%		
More than one race	0%	1%		
<b>Gender At Birth</b>				
Male	42%	47%		
Female	58%	53%		
Prefer not to answer	0%	0%		
<b>Sexual Orientation</b>				
Gay	0%	0%		
Bisexual	6%	0%		
Heterosexual/straight	88%	98%		
Lesbian	3%	0%		
Other	3%	0%		
Prefer not to answer	0%	0%		
Queer	0%	0%		
Questioning/unsure	0%	0%		
<b>Veteran Status/Military Services</b>				
Veteran	0%	0%		
Active military	0%	0%		
Not a veteran/active military/NA	100%	100%		
<b>Primary Language (1st Language)</b>				
American Sign Language (ASL)	0%	0%		
English	97%	77%		
Ilocano	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	0%		
Spanish	3%	23%		
Tagalog	0%	0%		
<b>Preferred Language (Used Daily)</b>				
American Sign Language (ASL)	0%	0%		
English	97%	77%		
Other	0%	0%		
Spanish	3%	23%		
Tagalog	0%	0%		
<b>Identify with any of these groups?</b>				
LGBTQ	10%	1%		
Adult/juvenile justice involved	0%	0%		
Foster care youth	0%	0%		
All of above	0%	0%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify	90%	99%		
Prefer not to answer	0%	0%		
Demo info by service type: <b>Direct:</b> screening, assessment, counseling, case management, ongoing social group/workshop. <b>Outreach:</b> training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
<b>Ethnicity</b>	<b>Direct</b>	<b>Outreach</b>		
Caribbean	0%	0%		
Central American	0%	0%		
American/Chicano	0%	0%		
Other Hispanic/Latino	24%	42%		
Puerto Rican	3%	0%		
South American	0%	0%		
African	0%	8%		
Asian Indian/South Asian	0%	0%		
Cambodian	0%	0%		
Chinese	0%	0%		
Eastern European	0%	0%		
European	0%	0%		
Filipino	0%	0%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	0%	0%		
Other Non-Hispanic/Latino	73%	49%		
Vietnamese	0%	0%		
Prefer not to answer	0%	0%		
More than one ethnicity	0%	0%		
<b>Current Gender Identity</b>				
Male	48%	34%		
Female	52%	66%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	0%		
Questioning/unsure	0%	0%		
Transgender	0%	0%		
<b>Mental Health Symptoms Onset</b>				
Less than 6 months	0%			
6-12 months	0%			
1-4 years	0%			
5-9 years	0%			
Over 10 years ago	0%			
Prefer not to answer	0%			
Do not have MH symptoms	0%			
Unknown/not reported	100%	NA		
<b>City of Residence</b>				
Benicia	0%	0%		
Dixon	0%	0%		
Fairfield	0%	0%		
Non-County Resident	0%	7%		
Rio Vista	100%	86%		
Suisun City	0%	0%		
Unincorporated	0%	7%		
Unknown/Not Reported	0%	0%		
Vacaville	0%	0%		
Vallejo	0%	0%		
<b>Disability</b>				
Difficulty seeing	0%	0%		
Hearing/speech	0%	0%		
Other communication disability	0%	0%		
Cognitive impairment	0%	0%		
Physical/mobility	0%	0%		
Chronic physical health condition	0%	0%		
No disability	100%	100%		
Other disability	0%	0%		
Prefer not to answer	0%	0%		

### ***Highlights & Achievements***

- The program provided services via telehealth which ensured access to care during the pandemic while reducing disease exposure for staff and consumers. During the course of the year the youth consumers expressed a desire for in-person services. The agency and program developed a COVID safety policy and procedures allowing for the provision of safe in-person services.
- Having a total of four full staff therapists to deliver services to the three schools (D.H. White Elementary, Riverview Middle School, Rio Vista High) enabled the program to have a designated therapist for each school site to manage referrals, screenings, and assessments, and build a rapport with students and school personnel.
- Specific training needs were met during the reporting period to include trainings on Health Insurance Portability and Accountability Act (HIPAA), Child and Elderly Abuse Reporting, Cultural Humility, Motivational interviewing, and Trauma Focused Cognitive Behavior Therapy (TF-CBT).

### ***Challenges & Barriers***

- School site administration reported that their staff was overburdened with any additional trainings particularly via virtual platforms which limited the number of trainings the program could offer/provide.
- While telehealth was used there were identified barriers, e.g., unreliable Internet access in rural areas of Rio Vista, limited familiarity with computers excluded some community members from engaging in virtual outreach engagement activities planned during the year.
- The use of virtual platforms resulted in challenges with collecting demographic data and pre/post evaluations.
- Referrals from teachers and parents were low during the time that students were doing virtual learning but picked up in late March when students were welcomed back to in-person classes, and therapists were present and available on campuses.

### ***Equity Efforts in FY 2020/21***

Rio Vista CARE as an agency continuously works on its Cultural & Linguistic Competency Plan (CLSP) and made progress towards the Plan's benchmarks during the reporting period. Program staff attended various trainings/workshops on cultural humility such as: *Interpreter Training, Cultural Humility, Challenging Gender Binary and Supporting LGPQQ-T12S Clients and Colleagues in the Child Welfare System, CSEC – Commercial Exploitation of System Involved Youth, Supporting Physical Health and Safety for LGBTQ Youth in the Welfare System During Covid-19, Being an Active White Ally to Clients, Colleagues and Communities of Color within the Welfare System*. The agency has had a representative regularly attending SCBH's monthly Diversity & Equity Committee. The program has made efforts to ensure that the lobby and clinic area has signage that promotes a welcoming environment for all populations.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHS funding has stabilized, the funding for this program will be increased. Community stakeholders continue to endorse the need for services and supports for children and youth and specifically support for students returning to schools after distancing learning due to COVID-19.

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

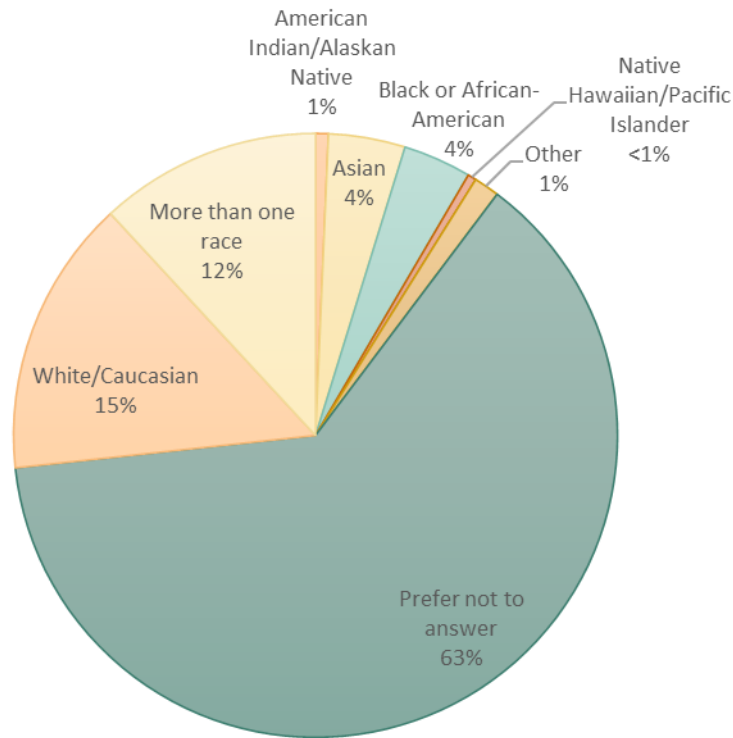
**Description of Program:**

SCOE serves as a liaison between SCBH, contracted school-based mental health provider (A Better Way), and local school districts to provide school-based prevention and early intervention services for children/youth ages 6-21. Additionally, SCOE provided prevention services include trainings for school personnel and parents/caretakers and student workshops/groups.	
<b>Program Performance Measures</b>	
<b>Prevention Activities</b> <b>Individuals Served: 1,477 (may not be unduplicated)</b>	
<b>Program Indicators</b>	<b>Annual Outcome</b>
Provide a minimum of 12 trainings for school personnel for participating school districts.	A total of 41 trainings were provided with a total of 991 participants.
Provide a minimum of 8 trainings/engagement activities for parents/caregivers for participating school districts.	A total of 27 parent/caregiver trainings were provided with a total of 216 participants.
Provide 10 trainings ( <i>ASIST</i> trainings, <i>safeTALK</i> trainings, <i>Youth MHFA</i> ) for school personnel, parents, students, and community partners.	1 round of <i>ASIST</i> was provided for the Community-Based Mobile Crisis program staff.
Provide a minimum of 25 workshops for participating school districts.	A total of 38 workshops were provided with a total of 270 students.
At least 60% of training/workshop participants will demonstrate an increase in knowledge in the training/workshop topic as evidenced by pre/post training surveys.	Overall, 91% (767) participants surveyed demonstrated an increase in knowledge. <ul style="list-style-type: none"> <li>Of the 991 school personnel trained 393 completed a post survey and of those 88% (345) of demonstrated an increase in knowledge in the training topic.</li> <li>Of the 216 parents or caretakers trained 191 completed a post survey and of those 95% (181) of demonstrated an increase in knowledge in the training topic.</li> <li>Of the 270 students who participated in a workshop 183 participants completed a post survey and of those 93% (171) increased knowledge in the workshop topic.</li> </ul>
<b>Early Intervention Activities</b> <b>Unduplicated Individual Served: N/A</b>	
Program Indicators	Annual Outcomes
SCOE does not provide early intervention services	N/A
<b>Linkage Services</b>	
Referrals made to non-Solano County funded mental health treatment (e.g. , private insurance or Beacon providers)	0 referrals made
Referrals made to the Solano County Mental Health Plan.	0 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
<b>Financial Report</b>	
Cost per person for prevention activities	\$213
Contract Amount FY 2020/21: \$370,000	Total Expenditures FY 2020/21: \$314,886

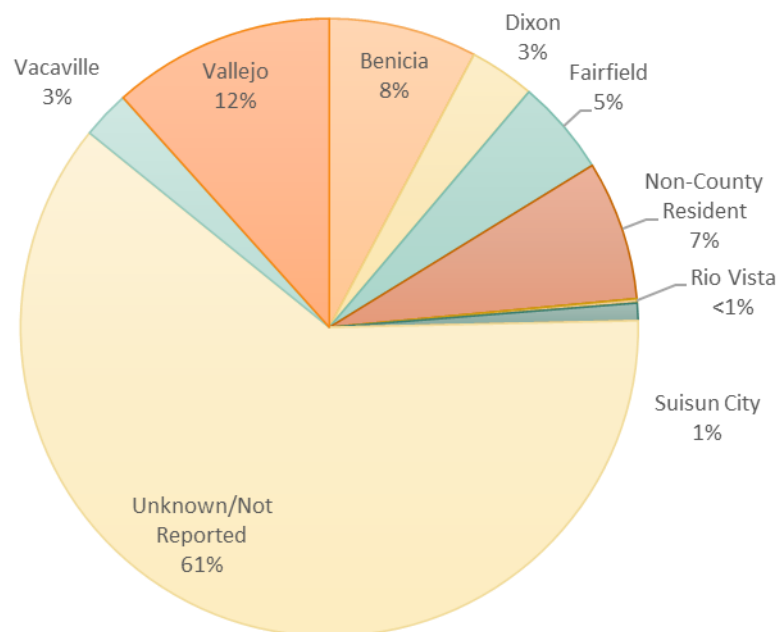
The following charts and table provide demographic data for the individuals who were served by **School-Based Mental Health Services program delivered by SCOE**:

*Demographic Breakdown of Training/Workshop Services (demographic surveys collected for 276 individuals):*

### Race in Outreach Services



### City of Residence in Outreach Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			0	438
<b>Age</b>	Direct	Outreach	<b>Ethnicity</b>	Direct
0-15		1%	Caribbean	0%
16-25		6%	Central American	1%
26-59		24%	American/Chicano	2%
60+		7%	Other Hispanic/Latino	0%
Prefer not to answer	NA	62%	Puerto Rican	0%
<b>Race</b>			South American	0%
American Indian/Alaskan Native		1%	African	1%
Asian		4%	Asian Indian/South Asian	0%
Black or African-American		4%	Cambodian	0%
Native Hawaiian/Pacific Islander		0%	Chinese	0%
Other		1%	Eastern European	1%
Prefer not to answer		63%	European	6%
White/Caucasian		15%	Filipino	2%
More than one race	NA	12%	Japanese	0%
<b>Gender At Birth</b>			Korean	0%
Male		10%	Middle Eastern	0%
Female		28%	Other Non-Hispanic/Latino	1%
Prefer not to answer	NA	62%	Vietnamese	0%
<b>Sexual Orientation</b>			Prefer not to answer	84%
Gay		1%	More than one ethnicity	NA
Bisexual		1%	<b>Current Gender Identity</b>	
Heterosexual/straight		30%	Male	9%
Lesbian		0%	Female	26%
Other		0%	Genderqueer	0%
Prefer not to answer		68%	Other	0%
Queer		1%	Prefer not to answer	64%
Questioning/unsure	NA	0%	Questioning/unsure	0%
<b>Veteran Status/Military Services</b>			Transgender	NA
Veteran		0%	<b>Mental Health Symptoms Onset</b>	
Active military		0%	Less than 6 months	
Not a veteran/active military/NA	NA	100%	6-12 months	
<b>Primary Language (1st Language)</b>			1-4 years	
American Sign Language (ASL)		0%	5-9 years	
English		34%	Over 10 years ago	
Ilocano		0%	Prefer not to answer	
Other		1%	Do not have MH symptoms	
Prefer not to answer		61%	Unknown/not reported	NA
Spanish		3%	<b>City of Residence</b>	
Tagalog	NA	1%	Benicia	8%
<b>Preferred Language (Used Daily)</b>			Dixon	3%
American Sign Language (ASL)		0%	Fairfield	5%
English		34%	Non-County Resident	7%
Other		63%	Rio Vista	0%
Spanish		1%	Suisun City	1%
Tagalog	NA	1%	Unincorporated	0%
<b>Identify with any of these groups?</b>			Unknown/Not Reported	61%
LGBTQ		3%	Vacaville	3%
Adult/juvenile justice involved		0%	Vallejo	NA
Foster care youth		1%	<b>Disability</b>	
All of above		0%	Difficulty seeing	1%
LGBTQ & justice involved		0%	Hearing/speech	0%
LGBTQ & foster care youth		0%	Other communication disability	0%
Justice involved & foster care youth		0%	Cognitive impairment	0%
Not applicable/not identify		31%	Physical/mobility	0%
Prefer not to answer	NA	66%	Chronic physical health condition	1%
Demo info by service type:			No disability	23%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	1%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	NA
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				73%



### Highlights & Achievements

- In spite of COVID-19 restrictions, the school year created an opportunity to deepen partnerships with the districts, as the program sought creative ways to support students/parents/staff with social emotional learning (SEL), stigma reduction and suicide prevention trainings.
- Staff participated in a best practice training on Postvention Crisis Support, which helped SCOE to fine-tune the response they are able to provide to students and staff after an adverse event.
- The program expanded the program’s SEL offerings, while ensuring that the trainings were not duplicative of the SEL efforts of the districts. Of particular interest and impact was a virtual presentation on the *Value of Cultural Identity*.
- While *ASIST* and *safeTalk* suicide prevention curriculums were not able to be offered virtually, the SCOE staff adapted and created a 1-hour introduction to suicide prevention/intervention and an 8-hour presentation. These were offered in English and Spanish throughout Solano County.

### Challenges & Barriers

- COVID-19 and school closures initially impacted the service delivery, as schools sought to convert to a virtual platform that allowed for Zoom presentations.
- The evidence-based trainings that SCOE is contracted to provide were unavailable the majority of the year, due to the curriculum developers not allowing the trainings to be provided virtually. This impacted the deliverables at the start of the year, until SCOE was able to create similar trainings to offer to the districts and community.
- Obtaining the demographic and post training evaluation data was a barrier, as participants did not regularly complete the Google Form that was created.
- As the year progressed, Zoom fatigue had a clear and obvious impact on participant attendance, as requests for virtual trainings lessened.

### Equity Efforts in FY 2020/21

Equity is always at the forefront of the program’s service delivery, from the hiring and placement of staff, to the creation of curriculum/presentations, to the marketing and deployment of the actual presentations. Last year, in the wake of George Floyd’s death and the Black Lives Matter movement, schools and communities requested presentations on the impact of cultural identity. SCOE created a one-hour presentation, tailored by age group, that creates opportunity for dialogue and discussion on the topic of culture and race. Additionally, SCOE continued to support districts through offering the *Advancing Race Equity* training a core equity training. One school district reached out due to an uptick in elementary aged students coming out as transgender. They were seeking support on how best to respond to these students’ unique needs. SCOE created a presentation to address this issue and added it to the service menu.

### Changes or Updates Planned for FY 2021/22

Given the projections for MHS funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports for children and youth and specifically support for students returning to schools after distancing learning due to COVID-19.

### Cumulative School-Based Mental Health Services

Service/Activity	FY 2019/20	FY 2020/21	% Increase/Decrease
Trainings for School Personnel	759	1,326	+ 75%
Trainings for Parents/Caretakers	167	274	+ 64%
Student Workshops	501	1,146	+ 129%
1:1 Counseling	287	228	- 21%

As a result of school closures which necessitated the use of telehealth platforms there were significant increases in the number of training and student workshop participants. Conversely, school closures contributed to a decrease in referrals for individual counseling which may in part have been attributed to challenges identifying students via distance learning who would have benefited from more individualized mental health services.

**Program Name:** Early Psychosis (EP) Treatment Program—Contractors

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

**Description of Program:**

The EP Treatment Program, delivered by a community-based organization (CBO), provides education and outreach activities within the community to heighten awareness about stigma reduction and how to recognize the early signs of psychosis. In addition to outreach, the program provides comprehensive assessments and early intervention treatment services using the Coordinated Specialty Care evidenced-based model for individuals between the ages of 12-30 who experienced their first episode of psychosis within the last two years or currently have subthreshold symptoms of psychosis. In addition to the CBO providing the direct services, SCBH funds an academic entity who is considered a statewide leader in EP treatment to provide training, consultation, and evaluation support for the direct service provider. SCBH leverages Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds to fund this EP Treatment Program.

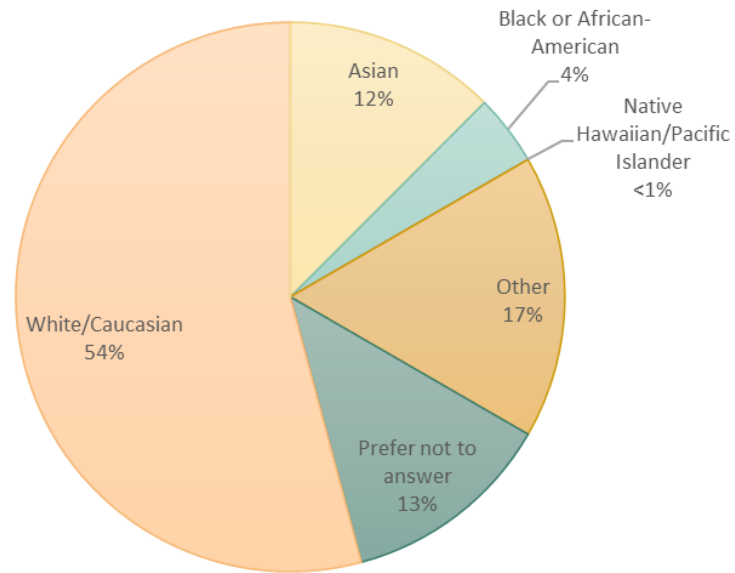
Program Performance Measures	
Prevention Activities	
Unduplicated Individuals Served: 138	
Program Indicators	Annual Outcomes
Conduct outreach and education activities within the community, to reach a minimum of 250 individuals.	A total of 125 individuals reached.
Conduct a minimum of 60 screenings to individuals referred to SOAR.	13 unduplicated individuals received screenings to determine eligibility for the program.
Early Intervention Activities	
Unduplicated Individual Served: 32	
Program Indicators	Annual Outcomes
Provide mental health treatment services for 40 unduplicated consumers.	32 unduplicated consumers received treatment services.
80% of the consumers will receive education support or referrals to an employment support program.	84% (27) of individuals received education support and/or referral to educational institution and/or employment support program.
Less than 10% of the consumers enrolled in treatment will require psychiatric hospitalization for greater than seven days on an annual basis.	6% (2) consumers had a psychiatric hospitalization episode for greater than 7 days.
25% of the consumers enrolled in treatment will demonstrate improvement on the Clinical <i>Global Impression (CGI) Scale</i> at the 6- month mark; and by the 12-month mark 50% of the consumers enrolled will demonstrate improvement on the <i>CGI</i> .	Of the 12 consumers opened for 6 months, 67% (8) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> . Of the 13 consumers opened for 12 months, 62% (8) demonstrated improvement regarding overall symptom severity on the <i>CGI</i> .
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	3 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	2 individuals were successfully linked
Timely access to services: the average interval between referral and participation in services to which referred.	Of the 2 individuals linked it took an average of 35 days from referral to service
Financial Report	
Cost per person for prevention activities*	\$700
Cost per person for early intervention activities*	\$17,107
Contract Amount FY 2020/21: \$743,925	Total Expenditures FY 2020/21: \$644,032 in MHSA funds

\*Cost per person reflects both MHSA and Mental Health Block Grant (MHBG) leveraged to fund this program

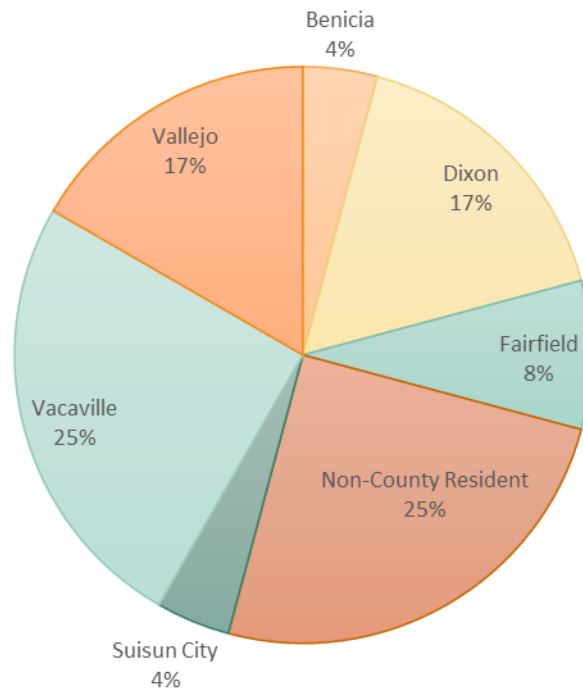
The following charts and table provide demographic data for the individuals who were served by the **EP Treatment Program**:

*Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 24 individuals):*

Race in Outreach Services

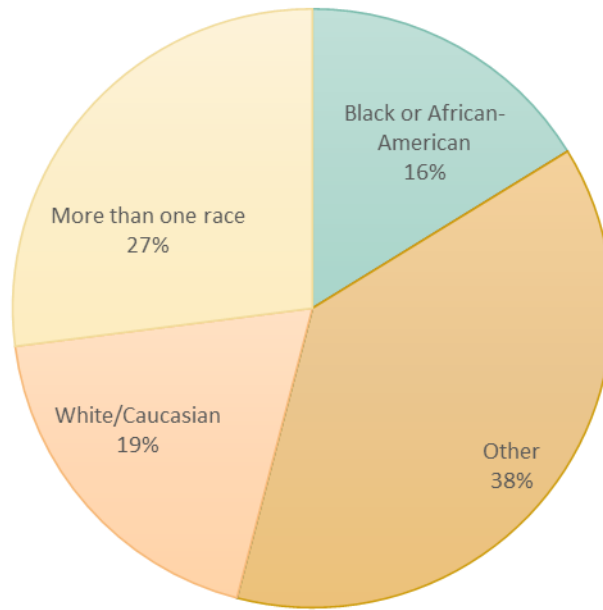


City of Residence in Outreach Services

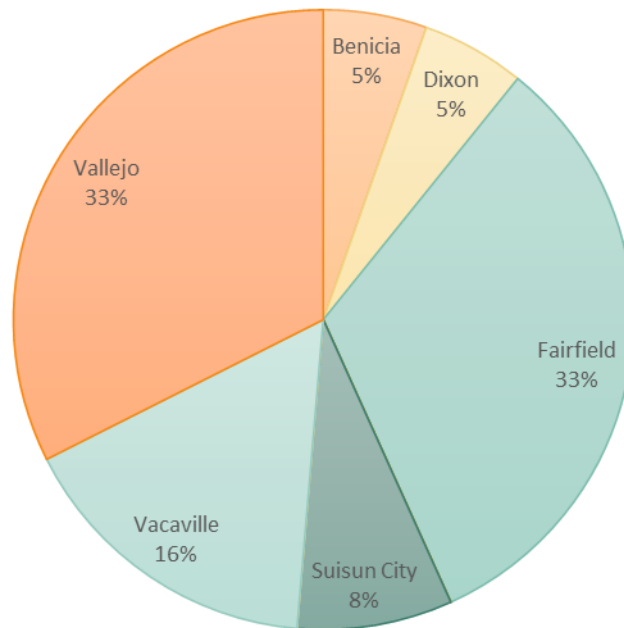


Demographic Breakdown of Direct Services (demographic surveys collected for 37 individuals includes screenings and treatment):

Race in Direct Services



City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	37	24
0-15	30%	0%		
16-25	68%	17%		
26-59	3%	79%		
60+	0%	4%		
Prefer not to answer	0%	0%		
<b>Race</b>				
American Indian/Alaskan Native	0%	0%		
Asian	0%	14%		
Black or African-American	19%	5%		
Native Hawaiian/Pacific Islander	0%	0%		
Other	32%	19%		
Prefer not to answer	0%	0%		
White/Caucasian	28%	62%		
More than one race	21%	0%		
<b>Gender At Birth</b>				
Male	59%	8%		
Female	41%	92%		
Prefer not to answer	0%	0%		
<b>Sexual Orientation</b>				
Gay	0%	0%		
Bisexual	16%	4%		
Heterosexual/straight	65%	87%		
Lesbian	0%	0%		
Other	8%	4%		
Prefer not to answer	5%	4%		
Queer	0%	0%		
Questioning/unsure	5%	0%		
<b>Veteran Status/Military Services</b>				
Veteran	0%	0%		
Active military	0%	0%		
Not a veteran/active military/NA	100%	100%		
<b>Primary Language (1st Language)</b>				
American Sign Language (ASL)	0%	0%		
English	97%	67%		
Ilocano	0%	0%		
Other	0%	8%		
Prefer not to answer	0%	0%		
Spanish	3%	25%		
Tagalog	0%	0%		
<b>Preferred Language (Used Daily)</b>				
American Sign Language (ASL)	0%	0%		
English	97%	95%		
Other	0%	0%		
Spanish	3%	5%		
Tagalog	0%	0%		
<b>Identify with any of these groups?</b>				
LGBTQ	23%	4%		
Adult/juvenile justice involved	0%	0%		
Foster care youth	5%	0%		
All of above	0%	0%		
LGBTQ & justice involved	0%	0%		
LGBTQ & foster care youth	0%	0%		
Justice involved & foster care youth	0%	0%		
Not applicable/not identify	68%	87%		
Prefer not to answer	5%	9%		
Demo info by service type: <u>Direct</u> : screening, assessment, counseling, case management, ongoing social group/workshop. <u>Outreach</u> : training, presentation, one-time workshop, meeting (not include tabling event). Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				
<b>Ethnicity</b>	<b>Direct</b>	<b>Outreach</b>		
Caribbean	0%	0%		
Central American	2%	4%		
American/Chicano	27%	43%		
Other Hispanic/Latino	5%	0%		
Puerto Rican	0%	0%		
South American	0%	0%		
African	7%	4%		
Asian Indian/South Asian	5%	0%		
Cambodian	0%	0%		
Chinese	0%	4%		
Eastern European	0%	13%		
European	20%	9%		
Filipino	0%	4%		
Japanese	0%	0%		
Korean	0%	0%		
Middle Eastern	0%	4%		
Other Non-Hispanic/Latino	11%	0%		
Vietnamese	0%	0%		
Prefer not to answer	7%	9%		
More than one ethnicity	16%	4%		
<b>Current Gender Identity</b>				
Male	33%	8%		
Female	58%	92%		
Genderqueer	0%	0%		
Other	0%	0%		
Prefer not to answer	0%	0%		
Questioning/unsure	4%	0%		
Transgender	4%	0%		
<b>Mental Health Symptoms Onset</b>				
Less than 6 months	11%			
6-12 months	16%			
1-4 years	65%			
5-9 years	8%			
Over 10 years ago	0%			
Prefer not to answer	0%			
Do not have MH symptoms	0%			
Unknown/not reported	0%		NA	
<b>City of Residence</b>				
Benicia	6%	4%		
Dixon	6%	17%		
Fairfield	36%	8%		
Non-County Resident	0%	25%		
Rio Vista	0%	0%		
Suisun City	9%	4%		
Unincorporated	0%	0%		
Unknown/Not Reported	0%	0%		
Vacaville	6%	25%		
Vallejo	36%	17%		
<b>Disability</b>				
Difficulty seeing	0%	4%		
Hearing/speech	3%	0%		
Other communication disability	0%	0%		
Cognitive impairment	0%	0%		
Physical/mobility	0%	0%		
Chronic physical health condition	0%	0%		
No disability	97%	88%		
Other disability	0%	0%		
Prefer not to answer	0%	8%		

### ***Highlights & Achievements***

- The FY began with two experienced clinicians trained in the model and three clinicians from the other Aldea counseling program who were new to the program, one of them bilingual Spanish. The three new clinicians attended the UCD Early Psychosis training in July-September 2020. This was the first time the UCD training was done entirely remotely. This was a very different and, in many ways, a challenging format for the trainees.
- The program's long-time bilingual Program Coordinator was promoted to Lead Bilingual Program Coordinator for the agency providing training, consultation, and support to Bilingual Program Coordinators in the three counties Aldea provides EP Treatment services for. A Bilingual Program Coordinator was hired to fill that role in the Solano program.

### ***Challenges & Barriers***

- Community agencies, impacted by the pandemic, were less responsive to attempts to schedule outreach presentations. Those conducted were done so remotely via Zoom or Teams. The return of participant surveys was impacted by the lack of in-person contact.
- Providing information on early psychosis and the program at community health fairs was not possible due to the pandemic. This resulted in the program not achieving their outreach goal and ultimately the inability to conduct the expected amount of outreach to a wider community audience negatively impacted the number of referrals to the program and therefore the number of phone screens conducted.
- The program continues to be challenged in their efforts to recruit and retain staff which was compounded by COVID-19. Turnover of staff is problematic as the training in the Coordinated Specialty Care evidenced-based model takes several months. Aldea is currently reviewing all pay and benefits, particularly for hard to fill positions, including in this program.
- Due to COVID-19, the program has not been able to resume offering Multi-Family Group as this is required to be in person and includes multiple staff, consumers, and families in the same room.

### ***Equity Efforts in FY 2020/21***

The program values having a diverse team and encourages diversity in staff hiring and retention efforts as evidenced by having several bilingual Spanish-speaking staff on the team including the Lead Bilingual Program Coordinator, the Bilingual Program Coordinator, and Compliance Associates. The majority of the program materials have been translated into Spanish by the UC Davis team that operates the Sacramento County EP Treatment program. This translation project was funded by SCBH through Mental Health Block Grant (MHBG) First Episode Psychosis (FEP) funds. When needed, materials such as treatment plans and letters to parents were translated into Spanish, e.g., for monolingual parents of consumers. A video on psychoeducation for psychosis in Spanish to be used with monolingual Spanish parents was created by a member of the UC Davis consultation team. The video has been well received, and monolingual Spanish-speaking parents have reported how helpful the video was in assisting parents in understanding their child's illness.

The program continues to provide a LGBTQ+ welcoming environment and an assessment imbedded to support the LGBTQ+ population. A program team member participates in the SCBH Diversity & Equity Committee and brings items for discussion back to the team. Aldea provided agencywide trainings in topics of Diversity, Equity, and Inclusion (DEI), which were attended by some members of the team. DEI training provided by the agency included the following: *Confronting White Supremacy and Racist Microaggressions, Power; Privilege and Interrupting the Cycle of Oppression; Preventing Individual Bias for Providers in Working with Youth; Exploring the Systems and Policies that Impact the Health of Black Youth; Discussing Race, Racial Discrimination, and Racial Trauma with Youth; and Engaging the Latinx Community in Mental Health Services.*

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHS funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports to prevention children and youth from developing disability mental health conditions later in life.

**Agency Name:** UC Davis Behavioral Health Center of Excellence

**Description of Program:**

The UC Davis consultants provide training, consultation and evaluation for the CBO agency providing direct services. Comprehensive training includes training on tools used to provide comprehensive assessments and the Coordinated Specialty Care evidenced-based model. Additionally, the UC Davis team provides consultation and assists the provider in evaluating the effectiveness of the program.

**Program Performance Measures**

**Unduplicated Individuals Trained: 5**

Assessment Training: Trainees will reach a minimum of 80% diagnostic agreement on the <i>Structural Clinical Interview for DSM Disorders (SCID)</i> and <i>SIPS</i> and <i>ICCs</i> indicating average concordance of .80 on rating scales.	60% (3) staff trained in program assessments met the threshold of diagnostic agreement.
Trainers shall be rated by trainees with an overall rating of “excellent” or “good” collectively on trainer performance evaluations. 1. Trainer One 2. Trainer Two 3. Trainer Three	A total of 5 new (unduplicated) staff members were trained in evidence-based early psychosis case. Staff included 2 bilingual Spanish-speaking clinical coordinators, 2 clinicians, and 1 clinical supervisor. Trainer One: 100% (13) Trainer Two: 100% (12) Trainer Three: 100% (8)

**Financial Report**

Contract Amount FY 2020/21: \$133,274	Total Expenditures FY 2020/21: \$114,109
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The UC Davis consultants/trainers do not provide direct services therefore the collection and reporting of demographic data is not required.

**Highlights & Achievements**

- The UC Davis consultants supported 3 Aldea clinicians in completing *TF-CBT* training with a specialty focus on psychosis populations (i.e., trauma-integrated CBT for psychosis). Training included a 2-day TF-CBT workshop and 12 consultation calls regarding consumer progress. The new Aldea EP Treatment Program clinicians are now able to provide trauma integrated CBT for Psychosis in the context of Coordinated Specialty Care.
- The UCD consultants implemented a twice monthly “supervision of supervision” consultation session with Aldea supervisors and program directors. This special consultation time was dedicated to supported supervisors in developing program and staff management skills uniquely relevant to leading a Coordinated Specialty Care clinic, including consultation around how best to navigate staff burn out, compassion fatigue, and how best to support staff as they learn the new model and integrate new skills into their repertoire.
- Despite the challenges presented by COVID-19, the training consultants maintained regular training meetings and consultations via videoconference and participation was high.

**Challenges & Barriers**

- Recruitment & retention of staff, and in particular bilingual Spanish-speaking clinicians, through Aldea the partner agency continues to be a challenge. This then results in the UCD consultant team needing to retrain new staff. The UCD consultant team continues to partner with Aldea leadership to update job descriptions and develop creative recruitment approaches in an effort to recruit individuals who are interested and committed to working with youth experiencing serious mental health conditions.
- Due to COVID-19 the training in the Coordinated Specialty Care model had to be done virtually.

***Equity Efforts in FY 2020/21***

In FY2020/21 the UCD Bilingual Spanish Clinician-Trainer/Education Specialist continued to facilitate discussions around providing culturally and linguistically appropriate care for consumers and families who are Latinx and/or Spanish-speaking. Additionally, this trainer supported program staff in learning how to work effectively with interpreters during assessment and treatment. The same trainer developed a *Psychosis 101* webinar/video in Spanish for consumer and families to watch as part of the psychoeducation when they join the program. This video is publicly available on YouTube and provided to all new Spanish-speaking consumers and families. The plan for the new FY is to expand the video library to include additional educational content about psychosis, wellness planning, and marijuana use for Spanish-speaking families. Another UCD trainer provided educational content around structural racism, social determinants of mental health, and working with African American consumers and families. Additionally, the consultant trainers continue to integrate discussions around gender affirming care and how to support consumers navigating their sexual and gender identity development journey.

***Changes or Updates Planned for FY 2021/22***

No changes planned at this time.



## Older Adult Programming

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

**Agency Name:** Choice in Aging

**Description of Program:**

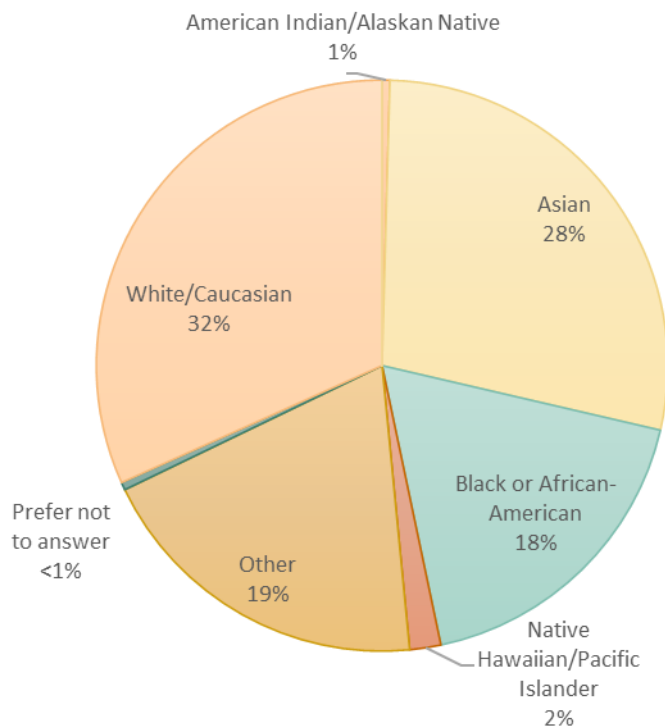
The Older Adult Case Management Program, delivered by a community-based provider, conducts community outreach and education for the community in how to recognize the signs of mental health conditions or suicide risk for older adults, 60 years and over. The program also provides screenings, brief and longer term case management, and brief counseling for older adults.

Program Performance Measures	
Prevention Activities <b>253</b> Unduplicated Direct Service Recipients and <b>1,208</b> Individuals Reached via Outreach Efforts <b>Unduplicated Individuals Served: 1,461</b>	
Program Indicators	Annual Outcomes
Reach a minimum of 300 older adults, mental health professionals, and community members through mental health stigma reduction outreach and educational activities.	A total of 1,208 individuals were reached.
Provide 5 suicide prevention trainings.	0 suicide prevention trainings were provided with a total of 0 participants due to the COVID-19 pandemic. Contractor was not able to train using the approved curriculums.
Provide an initial screening for a minimum of 180 older adults.	A total of 142 unduplicated older adults received a screening.
Provide 4 mental health education trainings/workshops.	A total of 30 trainings/workshops were provided with a total of 307 participants.
Provide brief preventative case management for 45-60 business days for a minimum of 120 older adults.	A total of 112 unduplicated older adults received brief case management services.
Early Intervention Activities <b>Unduplicated Individuals Served: 103</b>	
Program Indicators	Annual Outcomes
Provide counseling services for 40 unduplicated older adult consumers; consumers shall receive two or more counseling sessions.	A total of 42 unduplicated older adults were served.
Provide comprehensive case management services to 80 unduplicated consumers.	A total of 61 unduplicated older adults were served.
70% of consumers shall demonstrate improvement in symptoms based on pre and post assessment, on at least one measurement in <i>Geriatric Anxiety Disorder (GAD)-7</i> , <i>Patient Health Questionnaire (PHQ)-9</i> , or <i>Quality of Life (QoL) Scale</i> .	25 consumers completed pre/post assessments during the reporting period with the following results: -GAD-7: 83% (19) -PHQ-9: 87% (20) -QoL Scale: 72% (18)
Linkage Services	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	2 referrals made
Referrals made to the Solano County Mental Health Plan.	0 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
Financial Report	
Cost per person for prevention activities	\$98
Cost per person for early intervention activities	\$3,942
Contract Amount FY 2020/21: \$599,998	Total Expenditures FY 2020/21: \$548,747

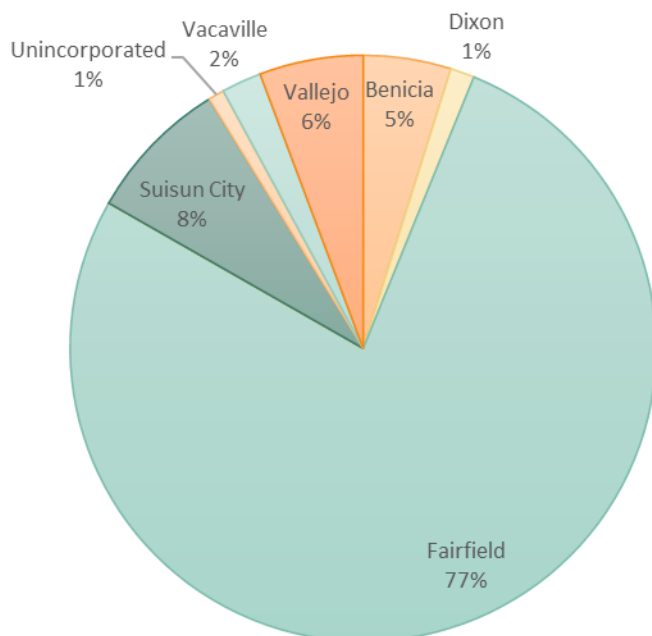
The following charts and table provide demographic data for the individuals who were served by the **Older Adult Case Management & Treatment Program**:

*Demographic Breakdown of Outreach and Training Services (demographic surveys collected for 227 individuals):*

### Race in Outreach Services

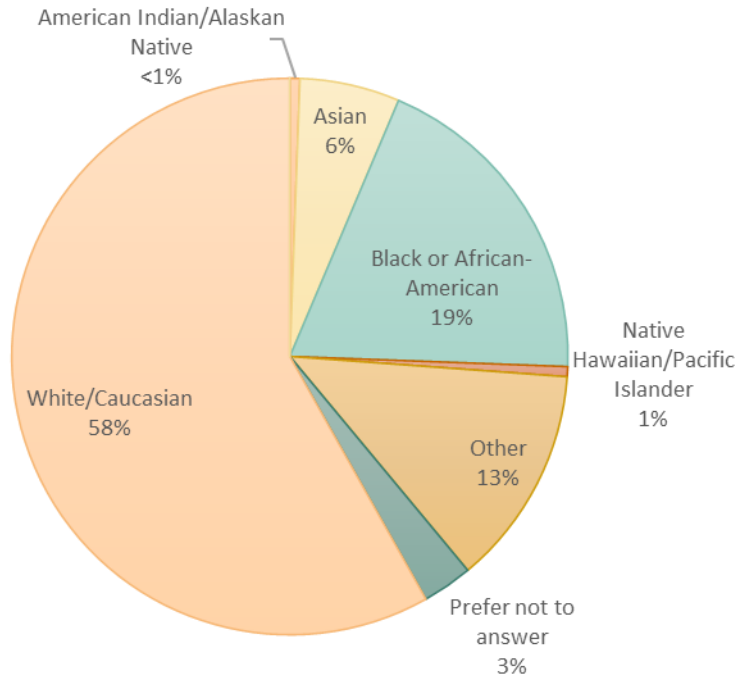


### City of Residence in Outreach Services

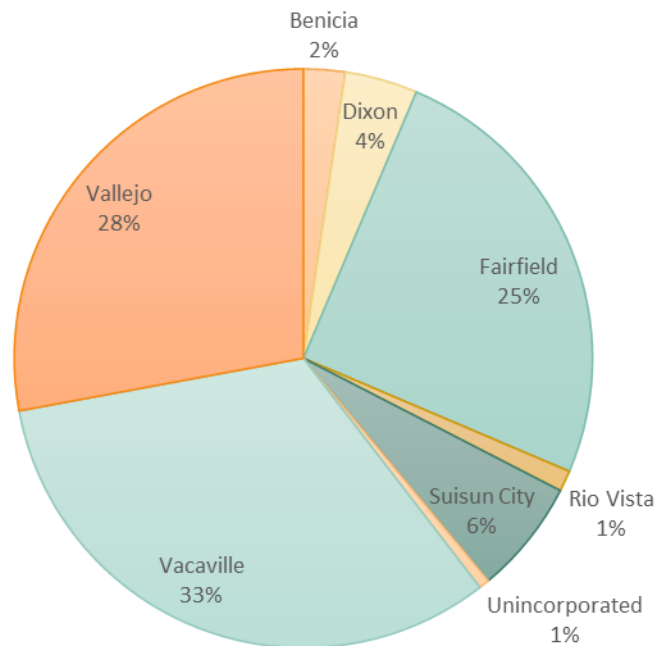


Demographic Breakdown of Direct Services (demographic surveys collected for 127 individuals):

Race in Direct Services



City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			172	227
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	<b>Ethnicity</b>	<b>Direct</b>
0-15	0%	0%	Caribbean	0%
16-25	0%	0%	Central American	3%
26-59	0%	1%	American/Chicano	2%
60+	100%	99%	Other Hispanic/Latino	2%
Prefer not to answer	0%	0%	Puerto Rican	1%
<b>Race</b>			South American	2%
American Indian/Alaskan Native	1%	0%	African	19%
Asian	6%	28%	Asian Indian/South Asian	2%
Black or African-American	19%	18%	Cambodian	1%
Native Hawaiian/Pacific Islander	1%	2%	Chinese	0%
Other	13%	19%	Eastern European	2%
Prefer not to answer	3%	0%	European	31%
White/Caucasian	58%	32%	Filipino	2%
More than one race	0%	0%	Japanese	1%
<b>Gender At Birth</b>			Korean	2%
Male	35%	24%	Middle Eastern	0%
Female	65%	72%	Other Non-Hispanic/Latino	17%
Prefer not to answer	1%	4%	Vietnamese	0%
<b>Sexual Orientation</b>			Prefer not to answer	12%
Gay	1%	0%	More than one ethnicity	0%
Bisexual	0%	0%	<b>Current Gender Identity</b>	
Heterosexual/straight	60%	99%	Male	33%
Lesbian	0%	0%	Female	63%
Other	0%	0%	Genderqueer	0%
Prefer not to answer	39%	0%	Other	0%
Queer	0%	0%	Prefer not to answer	4%
Questioning/unsure	0%	0%	Questioning/unsure	0%
<b>Veteran Status/Military Services</b>			Transgender	0%
Veteran	10%	11%	<b>Mental Health Symptoms Onset</b>	
Active military	0%	0%	Less than 6 months	7%
Not a veteran/active military/NA	90%	89%	6-12 months	6%
<b>Primary Language (1st Language)</b>			1-4 years	17%
American Sign Language (ASL)	0%	0%	5-9 years	4%
English	83%	60%	Over 10 years ago	19%
Ilocano	0%	0%	Prefer not to answer	9%
Other	3%	0%	Do not have MH symptoms	14%
Prefer not to answer	1%	2%	Unknown/not reported	25%
Spanish	10%	14%	<b>City of Residence</b>	
Tagalog	2%	24%	Benicia	2%
<b>Preferred Language (Used Daily)</b>			Dixon	4%
American Sign Language (ASL)	0%	0%	Fairfield	25%
English	90%	71%	Non-County Resident	0%
Other	2%	0%	Rio Vista	1%
Spanish	6%	14%	Suisun City	6%
Tagalog	1%	14%	Unincorporated	1%
<b>Identify with any of these groups?</b>			Unknown/Not Reported	0%
LGBTQ	0%	1%	Vacaville	33%
Adult/juvenile justice involved	3%	0%	Vallejo	28%
Foster care youth	0%	0%	<b>Disability</b>	
All of above	0%	0%	Difficulty seeing	5%
LGBTQ & justice involved	0%	0%	Hearing/speech	4%
LGBTQ & foster care youth	0%	0%	Other communication disability	0%
Justice involved & foster care youth	0%	0%	Cognitive impairment	6%
Not applicable/not identify	87%	94%	Physical/mobility	23%
Prefer not to answer	10%	5%	Chronic physical health condition	36%
Demo info by service type:			No disability	1%
Direct: screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	22%
Outreach: training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	4%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				9%

### ***Highlights & Achievements***

- The program purchased tablets to be utilized at some low income senior apartment complexes so the residents could have access and assistance in using the technology needed to participate in a pilot program.
- The program provided a variety of virtual mental health related classes and support well received by participants and resulted in positive outcomes. Furthermore, support groups were provided in both English and Spanish.
- Telehealth was successfully utilized to provide comprehensive case management and short-term counseling services, including providing referrals to a variety of community resources and County services.

### ***Challenges & Barriers***

- The program is staffed by a small team and staffing challenges coupled with COVID-19 restrictions impacted the program's ability to provide services and meet deliverables. For example, *ASIST*, *safeTALK*, and *Mental Health First Aid (MHFA)* trainings were only licensed as in-person trainings, therefore these trainings had to be suspended until in-person classes could be held again. During the later part of the year the developers of *MHFA* did start to allow *MHFA* trainings to be provided virtually but only after trainers received an updated certification to provide the training virtually.
- Unanticipated shortages in staffing also caused challenges with providing case management and short-term counseling resulting in not being able to reach the number of seniors anticipated.

### ***Equity Efforts in FY 2020/21***

The Choice in Aging senior program continued to serve a diverse group of seniors, relative to the overall population in Solano County and noted an increase in AA/PI community participation in workshops. The program has focused on maintaining a diverse and dynamic team of staff to provide direct services to community members.

### ***Changes or Updates Planned for FY 2021/22***

Given the projections for MHS funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports for seniors who were significantly impacted by the COVID-19 pandemic.

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

**Agency Name:** Faith in Action

**Description of Program:**

The Older Adult Peer-to-Peer Program, delivered by a community-based provider, utilizes seniors to support other seniors through a peer-to-peer model consisting of home visits and reassurance calls for older adults 60 and over who are often homebound. Additionally, the program provides in-person 1:1 and virtual group peer counseling. The primary goals of this program are to reduce the isolation of older adults and to provide early intervention services to prevent seniors from developing disability mental health conditions.

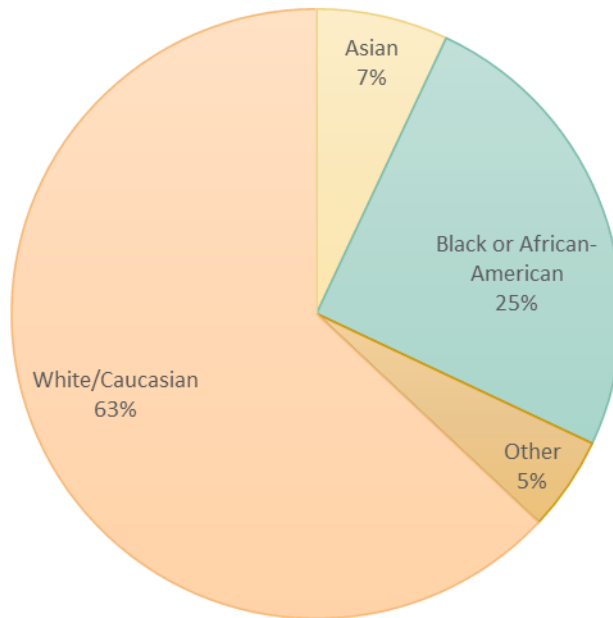
Program Performance Measures	
<b>Prevention Activities Total Unduplicated 152</b> <b>118 unduplicated direct service recipients and 34 people reached via outreach efforts</b>	
Program Indicators	Annual Outcomes
Overarching Goal: Provide outreach and prevention services to 435 unduplicated individuals to include older adult consumers and community partners.	A total 120 unduplicated individuals were reached.
Conduct 2 outreach and engagement activities per month for a total of 24 activities annually.	A total of 1 outreach/engagement event provided, which reached 30 individuals.
Serve 160 unduplicated older adults with a minimum of 4,200 reassurance calls.	Served 118 unduplicated older adults with 4,724 reassurance calls.
Serve 75 unduplicated homebound older adults with a minimum of 2,500 home visiting hours.	Provided 166 hours of home visiting to a total of 4 unduplicated older adults.
<b>Early Intervention Activities</b> <b>Unduplicated Individual Served: 21</b>	
Program Indicators	Annual Outcomes
Provide peer counseling for a minimum of 90 unduplicated older adults, including individual, group, and virtual group counseling.	A total of 21 unduplicated older adults were served.
75% of the older adults participating in 1:1 counseling services will demonstrate an overall improved score on the <i>Geriatric Depression Scale (GDS)</i>	Of the 16 older adults who completed a pre/post <i>GDS</i> measure during the reporting period, 94% (15) demonstrated improvement in symptoms and functioning.
75% of older adults participating in group or virtual counseling will maintain or improve a score of 4 of 5 on at least 50% of the <i>Quality of Life (QoL) Scale</i> domains.	Of the 33 older adults who completed a pre/post <i>QoL Scale</i> survey during the reporting period, 91% (30) of demonstrated improvement in functioning.
<b>Linkage Services</b>	
Referrals made to non-Solano County funded mental health treatment (e.g., private insurance or Beacon providers).	7 referrals made
Referrals made to the Solano County Mental Health Plan.	0 referrals made
Successful linkages to the Solano County Mental Health Plan: The number of individuals who participated at least once in the MH program to which they were referred to.	N/A
Timely access to services: the average interval between referral and participation in services to which referred.	N/A
<b>Financial Report</b>	
Cost per person for prevention activities	\$689
Cost per person for early intervention activities	\$1,247
Contract Amount FY 2020/21: \$160,000	Total Expenditures FY 2020/21: \$130,969

The following charts and table provide demographic data for the individuals who were served by the **Older Adult Peer-to-Peer Program**:

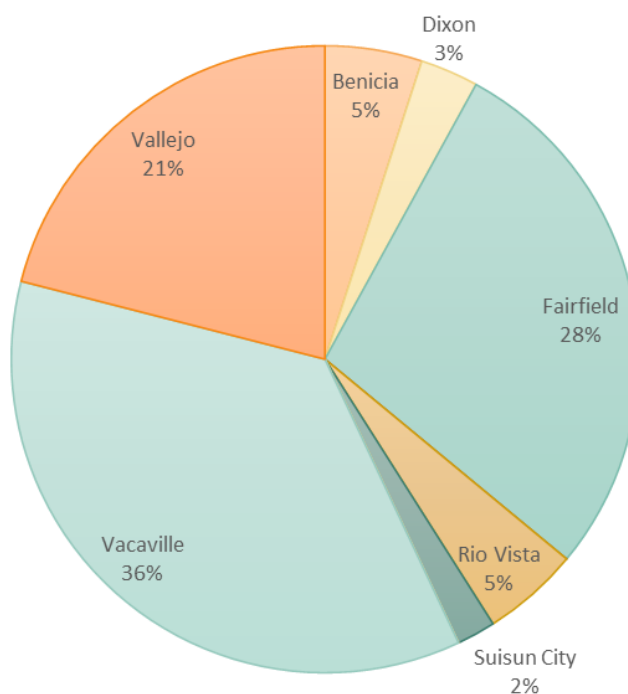
The program did not collect demographic information for the one outreach event.

*Demographic Breakdown of Direct Services (demographic surveys collected for 130 individuals):*

Race in Direct Services



City of Residence in Direct Services



Demographics			Total Individuals Demo Collected:	
			Direct	Outreach
			130	0
<b>Age</b>	<b>Direct</b>	<b>Outreach</b>	<b>Ethnicity</b>	<b>Direct</b>
0-15	0%		Caribbean	0%
16-25	0%		Central American	0%
26-59	0%		American/Chicano	3%
60+	100%		Other Hispanic/Latino	0%
Prefer not to answer	0%	NA	Puerto Rican	0%
<b>Race</b>			South American	0%
American Indian/Alaskan Native	0%		African	0%
Asian	7%		Asian Indian/South Asian	1%
Black or African-American	25%		Cambodian	0%
Native Hawaiian/Pacific Islander	0%		Chinese	0%
Other	5%		Eastern European	0%
Prefer not to answer	0%		European	10%
White/Caucasian	63%		Filipino	8%
More than one race	0%	NA	Japanese	0%
<b>Gender At Birth</b>			Korean	0%
Male	13%		Middle Eastern	0%
Female	87%		Other Non-Hispanic/Latino	0%
Prefer not to answer	0%	NA	Vietnamese	0%
<b>Sexual Orientation</b>			Prefer not to answer	79%
Gay	13%		More than one ethnicity	0%
Bisexual	87%		<b>Current Gender Identity</b>	
Heterosexual/straight	0%		Male	13%
Lesbian	0%		Female	87%
Other	0%		Genderqueer	0%
Prefer not to answer	0%		Other	0%
Queer	0%		Prefer not to answer	0%
Questioning/unsure	0%	NA	Questioning/unsure	0%
<b>Veteran Status/Military Services</b>			Transgender	0%
Veteran	12%		<b>Mental Health Symptoms Onset</b>	
Active military	0%		Less than 6 months	0%
Not a veteran/active military/NA	88%	NA	6-12 months	0%
<b>Primary Language (1st Language)</b>			1-4 years	0%
American Sign Language (ASL)	0%		5-9 years	1%
English	100%		Over 10 years ago	0%
Ilocano	0%		Prefer not to answer	0%
Other	0%		Do not have MH symptoms	0%
Prefer not to answer	0%		Unknown/not reported	99%
Spanish	0%		<b>City of Residence</b>	
Tagalog	0%	NA	Benicia	5%
<b>Preferred Language (Used Daily)</b>			Dixon	3%
American Sign Language (ASL)	0%		Fairfield	28%
English	99%		Non-County Resident	0%
Other	1%		Rio Vista	5%
Spanish	0%		Suisun City	2%
Tagalog	0%	NA	Unincorporated	0%
<b>Identify with any of these groups?</b>			Unknown/Not Reported	0%
LGBTQ	6%		Vacaville	36%
Adult/juvenile justice involved	0%		Vallejo	21%
Foster care youth	0%		<b>Disability</b>	
All of above	0%		Difficulty seeing	3%
LGBTQ & justice involved	0%		Hearing/speech	3%
LGBTQ & foster care youth	0%		Other communication disability	1%
Justice involved & foster care youth	0%		Cognitive impairment	1%
Not applicable/not identify	94%		Physical/mobility	27%
Prefer not to answer	0%	NA	Chronic physical health condition	41%
Demo info by service type:			No disability	18%
<b>Direct:</b> screening, assessment, counseling, case management, ongoing social group/workshop.			Other disability	0%
<b>Outreach:</b> training, presentation, one-time workshop, meeting (not include tabling event).			Prefer not to answer	6%
Note: Some data are rounded to the nearest whole number and as a result may not add up to 100%.				NA



### ***Highlights & Achievements***

- Faith in Action successfully adapted to COVID-19, modifying programming so that it remained safe and effective for the vulnerable senior community. For example, the program increased resources by offering external support through a phone line specializing in serving seniors and LGBTQ+ communities, called *Sage 24/7*. Program volunteers also conducted “porch visits,” where volunteers provided mental health support and linkages, while also helping with basic needs, such as dropping off groceries.
- Faith in Action’s partnership with Solano Pride Center also turned out to be very positive as the two agencies retained many of the shared support group members and observed that participants were able to have meaningful, healing conversations about the ongoing crises, i.e., COVID-19, racial unrest, wildfires, etc.

### ***Challenges & Barriers***

- As a result of the ongoing COVID-19 pandemic all home visiting and in-person groups had to be stopped as seniors were highly vulnerable to the disease which exacerbated the isolation seniors already experience. This impacted in-person peer counseling and outreach events which would have usually been done at senior centers and in other group settings.
- While Faith in Action did modify programming to offer groups and outreach virtually or by telephone, many seniors struggled with using technology to access these services and especially struggled during the holiday season.
- The Faith in Action offices had to be reallocated by the City of Vacaville to be used as a COVID-19 testing site which resulted in staff having to transition to fully working remotely.

### ***Equity Efforts in FY 2020/21***

Faith in Action took several steps to continue building equity efforts in FY2020/21. The program utilized translation services provided through the County’s Language Link contract to have program flyers translated into Spanish and Tagalog. The program increased the number of AA/PI consumers served. The partnership with Solano Pride Center reinforced the work with the LGBTQ+ senior community. Faith in Action partnered with the County Transportation Annual Working Group to address disparities in housing for seniors of color.

### ***Changes or Updates Planned for FY 2021/22***

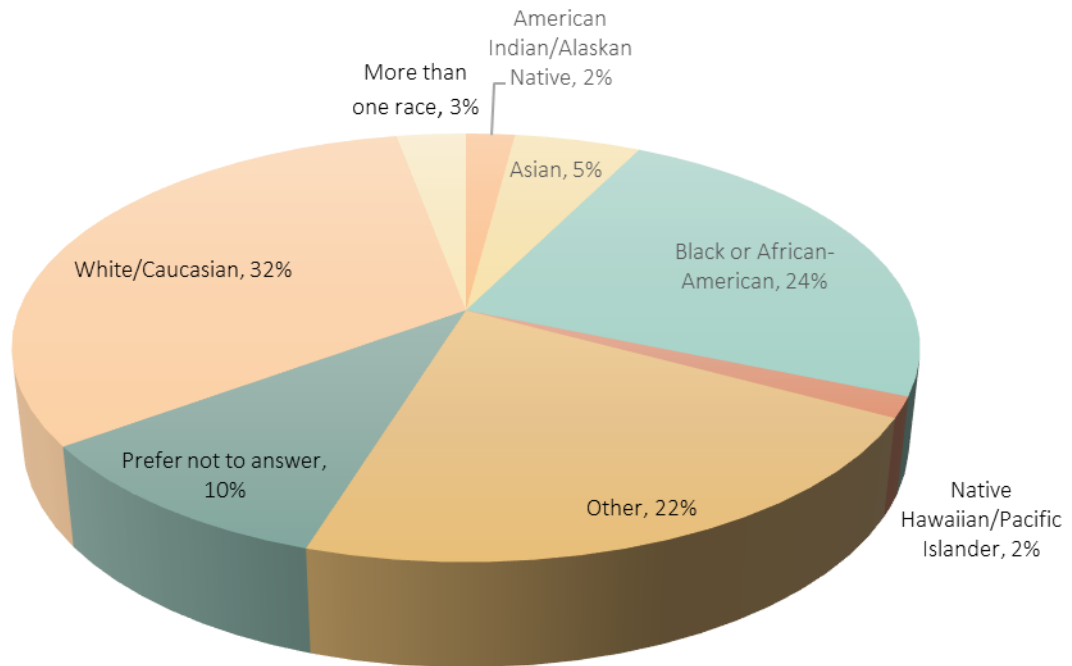
Given the projections for MHS funding has stabilized, the funding for this program will be increased to at least pre-COVID levels. Community stakeholders continue to endorse the need for services and supports for seniors who were significantly impacted by the COVID-19 pandemic.

### PEI Annual Report Summary

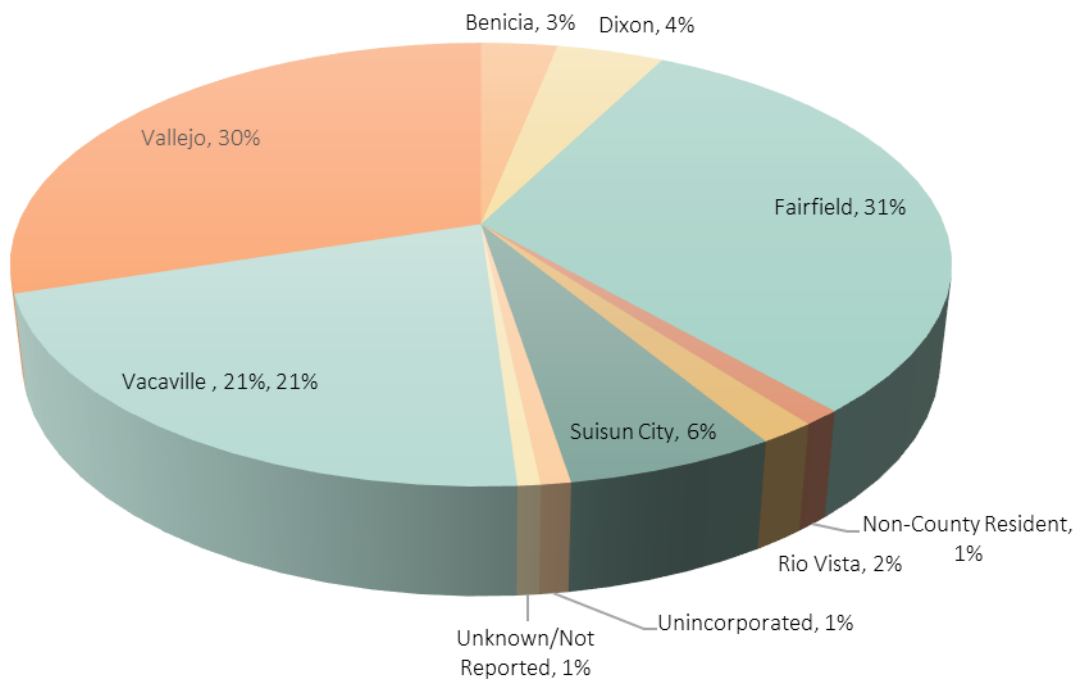
The PEI funded programs continue to work collaboratively with SCBH to adhere to the PEI regulations regarding the tracking of expanded demographics, linkages to services and duration of untreated illness. SCBH has provided a self-reporting demographic form *Solano County Mental Health Services Act Program-Demographic Information* in English and Spanish that providers can use with individuals that they serve. This tool was revised for FY2019/20 to better capture duration of untreated illness. Due to the COVID-19 pandemic several of the programs did struggle to capture demographic data due to the utilization or primarily telehealth/virtual platforms. During FY2020/21 SCBH provided a uniform referral/linkage form in English and Spanish for all PEI programs to utilize when referring to ongoing or higher-level mental health treatment services. This uniform form was developed in response to challenges PEI programs had regarding the collection of adequate linkage information (dates, full names, and dates of birth) which would allow SCBH to verify in the electronic health record whether an individual was linked and the timeliness of that linkage. The SCBH MHSa team continues to provide technical assistance for PEI programs related to data collection and reporting practices.

The following charts demonstrate the overall reach of PEI programs—specifically the provision of direct services—by race and city of residence.

PEI Direct Services by Race



PEI Direct Services by City of Residence





# INNOVATION



Innovation (INN) projects and/or strategies are designed to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to underserved marginalized groups; to improve the quality of services; demonstrate better outcomes; and to promote interagency collaboration. During FY2020/21 SCBH had two INN projects running concurrently which are described in the pages to follow.

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

Project Description	
<p>The Early Psychosis Learning Health Care Network (EP LHCN) is a statewide learning collaborative led by UC Davis Behavioral Health Center of Excellence (BHCE) in partnership with UC San Francisco, UC San Diego, University of Calgary, and multiple California counties including Solano, San Diego, L.A., Orange, and Napa. The development of an app based screening tool will give clinicians easy access to consumer level data for the purposes of real-time data sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the U.S.</p>	
Project Indicators	
<p>Long term goals for the project include the following:</p> <ul style="list-style-type: none"> <li>• Develop a tablet app screening tool to be used by consumers and family members to report progress in treatment</li> <li>• Increase the quality of mental health services delivered through EP programs by identifying shared measurable outcomes</li> <li>• Improve consumer outcomes</li> <li>• Decrease per capita costs</li> <li>• Share best practices and models of care for EP programs</li> </ul> <p><b>Project Outcomes for FY 2020/21:</b></p> <ul style="list-style-type: none"> <li>• In partnership with stakeholders—and specifically peer consumers—a name for the app was selected, e.g., Beehive</li> <li>• Beta tested the Beehive data collection system</li> <li>• Held two LHCN Advisory Committee meetings</li> <li>• Held stakeholder focus groups to get feedback on app</li> <li>• Began to collect data from participating counties for larger project evaluation</li> </ul> <p>For a more thorough report of the progress made regarding the multi-county EP LHCN Innovation Project during FY 2020/21 please use <a href="#">this link</a>.</p>	
Funding	
Cost per Person	N/A this is a system improvement project and not a direct service project
Budget for FY 2020/21: UCD BHCE contract \$29,154 and Aldea contract \$24,000	Total Expenditures FY 2020/21: UCD BHCE contract \$29,154 and Aldea contract <b>\$16,247</b>

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

Project Description	
<p>The Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) is an INN project delivered in partnership with UC Davis Center for Reducing Health Disparities (CRHD), three community-based organizations (CBOs) Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community. The project aimed to increase culturally and linguistically responsive services for County-specific unserved/underserved populations with low mental health service utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The ICCTM Project was anchored in the national Culturally and Linguistically Appropriate Service (CLAS) Standards, community engagement practices and quality improvement. The 5-year multi-phase project included UC Davis CRHD conducting a comprehensive health assessment during phase 1; the creation of a region-specific curriculum based on the CLAS Standards and the findings from the health assessment specifically the local community’s perspective on culturally responsive practices to increase access for the three communities of focus completed during phase 2; and the implementation of community-defined quality improvement (QI) Action Plans in phase 3.</p> <p>Three (3) training cohorts were completed during FYs 2017/18 and 2018/19. Multi-sector training participants developed ten (10) community-defined QI Action Plans that SCBH began to implement during FY2018/19. In addition to the 10 QI Action Plans developed by training participants each of the three CBOs created their own QI Action Plan and the three CBOs then partnered on a collaborative plan, therefore there are a total of fourteen (14) QI Action Plans. All of the QI action plans are focused on community engagement, workforce development and training. Throughout the project the Quadruple Aim framework was used for evaluation of the effectiveness of the ICCTM.</p>	
Project Indicators	
<p>Long term goals for the ICCTM Project include the following:</p> <ul style="list-style-type: none"> <li>• Reduce shame and stigma related to accessing mental health services</li> <li>• Increase mental health service timely access, utilization, and retention rates for the Latino, Filipino, and LGBTQ+ communities in Solano County</li> <li>• Develop a culturally responsive and diverse workforce</li> </ul> <p>Quadruple Aim Goals:</p> <ul style="list-style-type: none"> <li>• Improve consumer outcomes</li> <li>• Improve consumer satisfaction</li> <li>• Decrease per capita costs</li> <li>• Improve provider satisfaction</li> </ul> <p><b>Project Outcomes for FY 2020/21:</b></p> <ul style="list-style-type: none"> <li>• <i>Quadruple Aim: Developing a Community of Solutions Through Switch Thinking</i> was provided for 27 participants to support SCBH to sustain quality improvement efforts initiated through the ICCTM Project.</li> <li>• SCBH continued to implement the QI Action Plans (see pages X-X for status of each Plan)</li> <li>• Two virtual Community 3.0 Forums were held, one session in English and one session in Spanish, to share the status of the QI Action Plans, consumer outcomes related to the ICCTM Project and plans for sustainability</li> <li>• The <a href="#">ICCTM Innovation Final Evaluation Report</a> was completed</li> </ul>	
Funding	
Cost per Person	N/A this is a system improvement project and not a direct service project
Budget for FY 2021/21: UCD CRHD contract \$1,378,164	Total Expenditures for FY 2021/21: UCD CRHD contract \$964,376

The tables on the pages to follow summarize the QI Action Plans developed through the ICCTM Project and status updates on each Plan as of the writing of this Annual Update. The plans highlighted in gray are the four plans developed by the three CBO partners Rio Vista CARE, Solano Pride Center and Fighting Back Partnership.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Mental Health Education	Standard 1 Standard 3 Standard 4 Standard 13	<p>This QI Action Plan aimed to train faith leaders on mental health promotion to help support mental health of their congregants from diverse backgrounds, highlights ways to bridge culture and mental health; and aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders.</p> <p><b>Status of Plan:</b> SCBH began the process of contracting with the developers of the <i>Applied Suicide Intervention Skills Training (ASIST)</i> suicide prevention training, <i>safeTALK</i> suicide prevention training, and Mental Health First Aid (MHFA) curriculums with a plan to fund the training for trainers (T4T) trainings for faith leaders to take place in Spring of 2020 for each of the curriculums. However, these plans were put on hold due to the COVID-19 pandemic. Unfortunately, the T4T trainings are not offered virtually therefore these plans continue to be on hold. During FY2020/21 SCBH did purchase 25 licenses for <i>Livingworks Faith</i> an on-line web-based self-paced suicide prevention training developed specifically for faith leaders. These licenses were offered to faith leaders through various faith collaboratives.</p>
TRUECare Promoter: Roadmap	Standard 1 Standard 6 Standard 8 Standard 13	<p>This QI Action Plan’s Roadmap component aimed to provide information for community members about the availability of services in their preferred language; by creating a resource Roadmap which will utilize easy-to-understand print and signage in Spanish, Tagalog and English as well as developing a web-based version of the Roadmap. The paper maps include a QR code and web shortener that will navigate community members to a SCBH webpage focused on access to services.</p> <p><b>Status of Plan:</b> The paper versions of the TRUEcare Maps have been created in English, Spanish and Tagalog (see Appendices, pages 249-251) and the interactive web-based version is posted on the <a href="#">SCBH website</a>. Additionally, posters of the TRUEcare Maps were developed. Six thousand (6,000) paper TRUEcare Maps and 200 posters have been distributed throughout Solano County in clinics, libraries, family resource centers and other public locations. Starting in October 2021 the TRUEcare Map posters will be placed in bus stops throughout Solano County.</p>
TRUECare Promoter: Navigator	Standard 1 Standard 3 Standard 4 Standard 5	<p>This QI Action Plan’s Navigator component aimed to recruit people from diverse communities to become navigators with the hope to train these navigators on services available for diverse consumers, and the plan aimed to identify navigators who are bilingual.</p> <p><b>Status of Plan:</b> Solano County Health and Social Services (H&amp;SS) hired 3 navigator positions to support all Divisions within H&amp;SS including Behavioral Health. Additionally, Solano County Public Health has initiated a Promotoras program through a grant received. SCBH has provided training on our system of care and TRUEcare Maps in all three language to both aforementioned programs. This component of the TRUEcare QI Action Plan will not be implemented through SCBH with MHSA funding at this time as this is a duplication of County efforts.</p>



Action Plan	CLAS Standards Addressed	QI Action Plan Description
LGBTQ+ Ethnic Visibility	Standard 1 Standard 8 Standard 13	<p>This QI Action Plan aimed to develop easy-to-understand outreach and linguistically appropriate signage to support LGBTQ+, Filipino Americans, and LGBTQ+ Latinos to combat stigma and discrimination related to mental health and identifying as LGBTQ+.</p> <p><b>Status of Plan:</b> Seven (7) posters (see Appendices, pages 252-268) have been developed in partnership with community stakeholders, SCBH and a graphic designer. Specifically, several rounds of focus groups were held with LGBTQ+ Latino community members and LGBTQ+ Filipino community members to identify the languaging and imagery to be used on the posters. The posters include QR codes and web shorteners that will navigate community members to a SCBH webpage focused on supporting the <a href="#">LGBTQ+ community</a>. 500 of these posters have been distributed throughout Solano County in clinics, libraries, family resource centers and to businesses such as restaurants and grocery stores that cater to the Latino and Filipino communities. SCBH is currently working on a media campaign that will include the placement the LGBTQ+ Ethnic Visibility signage on billboards throughout Solano County.</p> <p>SCBH is also working with community partners to organize focus groups to develop signage for the African American/Black, Native American/Indigenous and Caucasian/White LGBTQ+ communities and will use PEI funding for these materials.</p>
Bridging the Gap	Standard 1 Standard 8	<p>This QI Action Plan aimed to provide easy-to-understand outreach and linguistically appropriate materials with a focus on holistic wellness to use for tabling at non-health community events.</p> <p><b>Status of Plan:</b> QI Action Plan team members, SCBH and a graphic designer worked to develop imagery (see Appendices, pages 259) that promotes holistic wellness in three languages and representing diverse communities including the LGBTQ+ community. The imagery developed was specifically for a spinning prize wheel to be used at outreach events. Additionally, a Solano County specific backdrop was developed to also be used at community outreach events. Due to COVID-19 these materials have not been able to be used at community outreach events.</p>
Takin' CLAS to the Schools	Potentially 1-15	<p>This QI Action Plan aimed to open culturally responsive school-based wellness centers/rooms on K-12 and adult education sites across Solano County with a focus on stigma reduction, socio-emotional supports, and will be used as access points for students to be linked to behavioral health treatment. This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers/rooms</p> <p><b>Status of Plan:</b> SCBH has funded the start-up of 45 culturally responsive school-based wellness centers in K-12 and adult education sites across Solano County including Solano Community College and the Juvenile Detention Facility. Start-up included furnishings, culturally and linguistically appropriate signage/wall hangings, yoga supplies, books, art and wellness supplies, iPad for data collection, etc. SCBH contracted with the Solano County Office of Education (SCOE) to support the implementation of the wellness center initiative in Solano County. Five (5) pilot centers opened between August-December 2019 prior to the school closures due to COVI-19. The remaining 40 wellness centers were set up and are currently in the process of soft launches as schools have reopened in Solano County for the 2021/22 school year. During the time period that schools were closed SCOE supported school districts and wellness center school sites to implement virtual wellness centers for students. SCOE launched a Faith Education Collaborative in order to help identify and recruit volunteers to work in the wellness centers to support school sites in staffing the centers. SCOE is funded by SCBH to provide trainings in Youth MHFA and suicide prevention for faith center volunteers.</p>

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Cultural Game Changers: HR	Standard 2 Standard 3 Standard 4 Standard 7	<p>This QI Action Plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce; also aims to change the county's job position descriptions to provide better outreach to diverse communities with regard to job postings; and address the County's bilingual certification process.</p> <p><b>Status of Plan:</b> The QI Action Plan group developed an "Inclusion Statement" that is used for every job posting for SCBH and three (3) hiring questions focused on equity used throughout the hiring process. SCBH Administration will continue to partner with County Human Resources to make changes to job descriptions and to address the bilingual certification process.</p>
Cultural Game Changers: Pipeline	Standard 3 Standard 8	<p>This component of the same QI Action Plan focuses on mental health workforce recruitment from diverse communities through outreach at career and college fairs and the development of easy-to-understand outreach materials to use for mental health career fair events.</p> <p><b>Status of Plan:</b> SCBH in partnership with a graphic designer has developed outreach materials for career pipelines for the middle school, high school, and college levels. Due to COVID-19 there have not been career pipeline events, however we hope to attend events in Spring 2022.</p>
CLAS Gap Finders	Standard 10 Standard 11	<p>This QI Action Plan aims to establish a position or SCBH internal process that will maintain ongoing CLAS-related and demographic assessments, to inform and guide quality improvement. A strategy involves supporting contracted vendors to develop their own agency Cultural Responsivity Plans by both requiring this contractually but also providing technical assistance for agencies in the development of plans.</p> <p><b>Status of Plan:</b> SCBH inserted language in vendor contracts requiring funded vendors to develop their own Cultural Responsivity Plans. During FY2019/20 eleven (11) agencies submitted Plans. SCBH continues to provide support and technical assistance for partners. During FY2020/21 SCBH received an additional two (2) Plans and vendors who submitted their initial Plans in FY2019/20 submitted updated Plans. SCBH has inserted a new section "Cultural and Linguistic Considerations" into all new and renewed policies. During FY2021/22 SCBH is developing an Equity Data Dashboard that will be used to monitor progress made through the ICCTM Project and other MHP equity efforts.</p>
Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<p>This QI Action Plan aims to advance and sustain leadership that promotes CLAS through policy changes by training mid-level leadership and workforce personnel on improving CLAS practices through supervision to better support a diverse clinical workforce.</p> <p><b>Status of Plan:</b> During FY2018/19 the first cohort of <i>Promoting Cultural Sensitivity in Clinical Supervision</i> provided by Dr. Kenneth Hardy was completed. During FY2019/20 the second cohort was completed though the 2<sup>nd</sup> day of the training had to be provided virtually. A total of 46 supervisors and managers from county and contractor programs have completed the training. Monthly consultation calls with Dr. Hardy are taking place for participants who completed the supervision training. In order to support this work additional trainings provided by Dr. Hardy have been provided for direct service staff and other partners.</p>

Action Plan	CLAS Standards Addressed	QI Action Plan Description
ISeeU	Standard 1 Standard 4 Standard 6 Standard 8	<p>This QI Action Plan aims to train frontline reception staff on CLAS policies and practices that are most relevant; develop easy-to-understand print media or imagery to welcome diverse consumers; and to train staff how to inform individuals of availability of language assistance.</p> <p><b>Status of Plan:</b> SCBH leveraged the contract with UCD CRHD to develop a training curriculum <i>ISeeU</i> geared towards supporting County and contractor reception staff to build skills necessary to create welcoming environments for all consumers and to ensure that services are culturally and linguistically focused. This training was provided virtually during FY2020/21 for 3 cohorts with a total of 49 participants. Additionally, the ISeeU QI Action Plan and a focus group of reception staff in partnership with SCBH and a graphic designer developed an ISeeU logo (Appendix, pg. 260) that was then used to purchase customized materials such as pins, lanyards, etc. In order to ensure clinic lobbies and program spaces are culturally inclusive all County and CBO funded programs were able to order wall hangings, books, toys, and other materials representing diverse communities as funded by SCBH. Through this Action Plan SCBH did a thorough review of all the Mental Health Plan forms to ensure all forms were appropriately translated into Spanish which is the County threshold language and took this opportunity to have all forms also translated into Tagalog the County's sub-threshold language.</p>
Cultural Humility Champions	Standard 4 Standard 6	<p>This QI Action Plan aims to train staff about consumers from diverse backgrounds which will include the development of unique trainings; also aims to inform individuals of the availability of language assistance by incorporating language assistance instruction into their proposed trainings.</p> <p><b>Status of Plan:</b> Staff members from SCBH and contracted agencies developed an on-line training <i>Diversity and Social Justice</i> which was completed by all SCBH staff during FY2019/20 and continues to be used for onboarding and was shared with contract providers to utilize with their staff. Additionally, an on-line recorded training <i>Filipino Core Values &amp; Considerations in Culturally Responsive Care</i> focused on working with the Filipino community was developed. During FY2020/21 SCBH leveraged the contract with UCD CRHD to develop a training curriculum <i>Cultural Psychiatry, Cultural Humility</i> geared towards supporting County and contractor psychiatry providers to provide culturally and linguistically appropriate psychiatry services. This training was provided in May 2021.</p> <p>Over the course of the last several FYs SCBH has funded multiple rounds of <i>Behavioral Health Interpreter Training (BHIT)</i> provided by the National Latino Behavioral Health Association. One of the sessions was focused on bilingual staff to enhance skills related to increasing fluency in terminology related to the mental health field that can be difficult to translate into other languages. There was a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of the Solano community. Four (4) rounds of <i>BHIT</i> geared for direct service providers who may need to utilize interpreters when providing services have taken place and two (2) rounds of <i>BHIT</i> adapted for reception staff were completed. In all <i>BHIT</i> training cohorts one section provided training on how to access Language Link the County's interpreter service. Additionally, the training on how to access Language Link was recorded and is used for onboarding new County staff and has been shared with contract providers who have opted to utilize the County's Language Link contract.</p> <p>In response to this QI Action Plan in FY2019/20 SCBH funded a <i>Tulong, Alalay, at Gabay (TAG)</i> Training which is anchored in <i>Psychological First Aid</i> curriculum and unique to the Filipino community. This 5-day training included 2 days focused on train-the-trainer to promote the expansion and sustainability of the <i>TAG</i> training. Fighting Back Partnership and other community partners continue to provide the <i>TAG</i> training in Solano County.</p>


Action Plan	CLAS Standards Addressed	QI Action Plan Description
Rio Vista CARE's (RVC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 8	This CBO QI Action Plan aims to raise mental health awareness and education in the Latino community by providing trainings in the community, partnering with medical providers, and thru community engagement events. Enhance community outreach and engagement efforts in the Latino community to ensure early access to mental health services and reduce stigma through signage, collaboration with community partners, etc.
Rio Vista CARE's (RVC) QI Action Plan (cont.)	Standard 1 Standard 3 Standard 4 Standard 8	<b>Status of Plan:</b> During FY2019/20 RVC partnered with NAMI to facilitate the first <i>Family-to-Family (F2F)</i> teacher training course to have Spanish-speaking community members become future certified teachers in Solano County. Unfortunately, the course had to be cancelled due to COVID-19 and was not completed. Due to disparities related to access to technology the course was not able to be held virtually. Since that time RVC did partner with NAMI to provide the <i>F2F</i> training in Spanish with 5 participants. RVC partnered with 1st Step, a local organization focused on combating stigma related to mental health. RVC participated in the 2 <sup>nd</sup> annual Mental Health Awareness and Suicide Prevention Walk held in the city of Rio Vista. RVC also participated in the 2 <sup>nd</sup> annual Dia de los Muertos celebration. RVC conducted <i>Mental Health 101</i> presentation at the new Parent Center at Armijo High School and the Mobile Mexican Consulate.
Solano Pride Center's (SPC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 13	This CBO QI Action Plan aims to establish an alliance between Solano Pride Center and Solano Community College students and faculty through collaborative events and the exploration of an intern program. The plan also aims to establish a relationship between Solano Pride Center and LGBTQ+ affirming faith-based organizations through training and collaboration. <b>Status of Plan:</b> During FY2019/20 SPC created Q Chat Series which is a discussion on intersectionality, religion, being LGBTQ+, mental health and more topics important to the LGBTQ+ communities. SPC hosted Pride and Faith Summit at St. Paul's Episcopal Church in Benicia. SPC continues to collaborate with Faith in Action, a CBO partner who provides peer delivered mental health services for seniors, to facilitate the Rainbow Seniors support group that has been very successful and has been vital for this vulnerable population during the COVID-19 pandemic. Support groups continue to be held virtually.
Fighting Back Partnership's (FBP) QI Action Plan	Standard 1 Standard 2 Standard 3 Standard 4 Standard 8 Standard 13	This CBO QI Action Plan aims to raise community outreach and engagement efforts in the Filipino-American community by talking about stigma and barriers to care; establishing a coalition called Filipinx Mental Health Initiative (FMHI-Solano) which launched in FY 2018/19; and developing a social media page, education materials and workshops. Additionally, FBP aims to raise awareness in communities by working with cities and the County to create counsel proclamations and board resolutions. <b>Status of Plan:</b> During FY2019/20 FBP created #UsapTayo (Let's Talk) Digital Story Telling in Solano County and held filming sessions at FBP. After the filming sessions, the #UsapTayo video series launched on Facebook and YouTube. FBP identified an important training, <i>Tulong, Alalay, At Gabay (TAG)</i> which was developed specifically for the Filipino community. SCBH funded the training series and FBP organized and hosted the training at St. Catherine's church. A component of the TAG training included training trainers and FBP has continued to organize monthly TAG trainings which are now being held virtually. FBP hosted the Filipinx Mental Health Initiative (FMHI)– Solano Core Team Vision Retreat. Out of the retreat, came the first FMHI – Solano newsletter which has continued.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
<p><b>CBO Partners' Joint QI Action Plan</b>  <b>Pride People of Color (PPOC)</b></p>	<p>Standard 1  Standard 9  Standard 13</p>	<p>This conjoint CBO QI Action Plan aims to develop, share, and implement strategies for Filipinx and Latinx LGBTQ+ communities by creating a Queer Trans People of Color (QTPOC) group, develop marketing materials for the group, and providing co-located groups and activities in each other's spaces. The partners will coordinate a stigma reduction project once a year.</p> <p><b>Status of Plan:</b> The QTPOC group is being held in partnership between SPC and FBP. Additionally, the CBOs meet quarterly to collaborate on stigma reduction and awareness efforts. Some examples of events include hosting a movie screening for the Latinx community during Pride Month, prior to COVID participating in community events such 'Feria De Regreso a la Escuela' at St. Mark's Lutheran Church, the largest annual community event targeting Pre-school – 12<sup>th</sup> grade students and families residing in Fairfield – Suisun community. Finally, this group launched a Photo Voice project.</p>

# WORKFORCE EDUC



# EDUCATION & TRAINING

The background image is a soft-focus photograph of a person sitting at a desk. In the foreground, a silver laptop is open, and a dark-colored mug is visible on the left. The person's hands are resting on the desk. In the background, another person is partially visible, wearing a red top. The overall scene suggests a professional or educational setting.

Workforce Education and Training (WET) funds are used to develop and grow a diverse, linguistically, and culturally responsive behavioral health workforce which includes the training of existing providers, increasing the diversity of individuals entering the behavioral health field, and promoting the training and employment of consumers and family members to further promote the MHS value of wellness and recovery. In addition to providing trainings for behavioral health providers, SCBH funds training for key stakeholder partners, provides stipends for interns, and retention stipends for psychiatry providers.

For SCBH, personnel shortages remain a constant concern, in particular bilingual and psychiatry providers. Stakeholders continue to endorse the need for trainings in evidence based practices (EBP); trainings related to the provision of culturally and linguistically appropriate services; trainings to support peer providers; and training to support working with special populations including consumers with co-occurring mental health and substance use conditions, eating disorders, commercially sexually exploited children/youth (CSEC), consumers involved with the criminal justice system, etc.

Given new WET funding has not been received since 2014, and any unspent WET funds are no longer available, SCBH will transfer CSS funding, as allowed by statute, to continue to fund WET strategies as endorsed by stakeholders outlined in the pages to follow.

Name of Strategy: Workforce and Community Training & Technical Assistance

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

Description of Strategy:

Annually SCBH develops a training plan to increase overall and specific workforce competencies for providers throughout the public behavioral health workforce and key community partners by developing and/or funding trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. CIBHS works collaboratively with SCBH to identify trainers, organize trainings, and proctor trainings including evidence based practices (EBPs).	
Strategy Performance Measures	
Strategy Indicators	Annual Outcome
Provide trainings for the SCBH system of care.	<ul style="list-style-type: none"> <li>• One <i>Assertive Community Treatment (ACT)</i> consultation session was held</li> <li>• <i>Independent Placement and Supports (IPS)</i> employment EBP booster sessions – provided for 61 participants. <i>Introduction to IPS</i> focused on serving the TAY population – provided for 28 participants.</li> <li>• <i>Harm Reduction Therapy Groups: Creating Space for Everyone</i> – provided for 13 participants.</li> <li>• <i>Motivational Interviewing</i> – provided for 33 participants.</li> <li>• <i>Peer-to-Peer Booster</i>– provided for 14 participants.</li> <li>• <i>Transitions to Independence Process (TIP) Model Training: Core Practices</i> – provided for 35 participants.</li> <li>• <i>TIP Site Based Trainer (SBT) Round 1 Training</i> – provided for 4 identified trainers (2 from County and 2 from a contract agency).</li> <li>• <i>Using the Short-Term Assessment of Risk and Treatability (START) in Community Mental Health</i> – provided for 33 participants.</li> <li>• <i>Virtual Connections: Engaging Children and Families in Teleplay Therapy</i> – provided for 24 participants.</li> </ul>
Provide the 8-hour <i>Crisis Intervention Team (CIT)</i> Intro Training for law enforcement officers in Solano County.	Due to COVID-19 in-person CIT trainings were not provided
Financial Report	
Budgeted Amount FY 2020/21: <b>\$168,040</b>	Total Expenditures FY 2020/21: <b>\$90,288</b>



Below are brief descriptions of the trainings that SCBH funded in FY2020/21.

#### Assertive Community Treatment (ACT) Training

In FY2018/19 the initial 3-day ACT Training was provided for local adult FSP program providers as well as providers and leadership from ten (10) other Bay Area counties. The SCBH and Caminar adult FSP programs continue to implement the ACT model. During FY2020/21 the ACT trainer provided a consultation call for adult FSP teams. SCBH had hoped to facilitate and fund a 3-day training on ACT Fidelity Evaluation in FY2020/21, however, due to the continued COVID-19 pandemic this training was not able to take place given these particular training must take place in person. Pending the status of COVID-19 this training may be scheduled for the Spring of 2022.

#### Independent Placement and Supports (IPS)

IPS is a EBP model of supported employment for people living with serious mental conditions (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. In FY2018/19 SCBH introduced the IPS model to the adult system of care through an employment contract with a CBO partner and training for selected behavioral health programs who can refer directly to the program. During FY2020/21 a booster training was provided for the CBO contractor as well as programs who refer to the employment program. Additionally, a separate *Introduction to IPS* model was held for programs that primarily serve the TAY population as aligned with the employment contract which had been expanded specifically to serve the TAY population.

#### Harm Reduction Therapy Groups

The *Harm Reduction Therapy Groups: Creating Space for Everyone* virtual training provided tools and ideas for creating Harm Reduction therapy groups in workplace setting. The topics discussed didactically and virtually included: Harm Reduction Therapy Community Drop- In Groups, Introductory Psycho-educational groups, Using a Decisional Balance, Identifying Feelings, Goal Setting, Drug Education, Urge Surfing and Relaxation and Mindfulness. In addition, the training reviewed the use of Motivational Interviewing and its usefulness in group therapy. didactic and experiential information and skills building for mental health clinicians including content: the history and principles of Harm Reduction; clinical practices; neurobiology of drugs and mental disorders; substance use management for actively using consumers.

#### Motivational Interviewing (MI)

A series of sessions on MI were held virtually over a period of three months. MI is EBP basic counseling technique that is compassionate, consumer-centered, and culturally responsive to treat consumers who have a co-occurring substance use disorder. The workshop was intended to introduce the use of MI techniques to help providers counselors to explore consumers' ambivalence and build awareness regarding their relationship to alcohol and other drugs.

#### Peer-to-Peer Booster Training

Employees in Behavioral Health are regularly exposed to traumatic experiences and material, which research has shown to have cumulative effects on health and wellbeing. During FY2018/19 the initial Peer-to-Peer (P2P) training was provided for staff from all classifications, who had volunteered or were nominated by peers, to help support system team members who experience vicarious trauma working in the behavioral health field. During FY2019/20 policies and processes were developed to support staff in accessing and using P2P support. A P2P Booster training was held in December of 2020.

### Transition to Independence Process (TIP) Model Training – Core Practices

TIP is a best-practice model that is focused on preparing and supporting youth and young adults in their movement into employment, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning. During FY2019/20 TIP Part 1, a 3-day training was provided for all the youth FSP programs serving youth ages 14-25. Part II and Part III of the TIP training were provided virtually during FY2020/21. Additionally, during FY 2020/21 four providers—two from SCBH and two from a CBO partner—were identified to be trained as Site Based Trainers (SBT) to better facilitate training future FSP providers in an effort to sustain the TIP model long-term. The SBT training required 2 rounds of the modules to enable the four SBTs to learn, practice, and present the complete modules prior to receiving the certified of completion. The first round of the SBT started during FY2020/21 and concluded in July 2021. The second round of the TIP SBT training will be completed during the FY2021/22.

### Using the Short-Term Assessment of Risk and Treatability (START) in Community Mental Health

The *START* training is focused on training participants on a 20-item structured professional judgement guide developed to inform case decisions and treatment planning for persons with behavioral health and/or criminogenic needs, and specifically those who may pose a risk of violence to self or others.

### Virtual Connections: Engaging Children and Families in Teleplay Therapy

This virtual training on play therapy interventions was offered to our children’s clinical staff to equip our specialists, clinicians, and supervisors with additional tools to assist children/youth receiving services using the telehealth platform. The workshop participants were provided with the foundation to address the legal and ethical aspects of providing tele-play therapy, as well as how to use current research in neurobiology to translate and modify in-office play therapy skills to an online play therapy experience. At the end of the 2-day virtual training, participants learned the necessary skills to build their confidence in providing a successful tele-play therapy for kids and families.

### Crisis Intervention Team (CIT) Training

SCBH has funded the *CIT* training for law enforcement for the last seven years. The training has ranged from 24-hours to the current 8-hour *Introduction to CIT* training developed at the request of local law enforcement departments in order to ensure that each peace officer can receive an overview of CIT to better serve the community as well as to meet a mandate for crisis intervention training required every two years. The 8hr *Introduction to CIT* training was not held due to the COVID-19 pandemic.

More recently, law enforcement partners have expressed a desire to have their identified crisis teams receive deeper training on responding to community members who are experiencing an acute mental health crisis. SCBH has partnered with the Fairfield Police Department, the Solano County Sheriff’s Office, and NAMI Solano to develop a 40-hour CIT curriculum using the Memphis CIT model as a framework but customizing to Solano County’s needs. This 40-hour CIT training will be made available to local law enforcement departments during FY2021/22. SCBH hopes to expand the CIT training to local fire departments and paramedic first responders.

### Changes or Updates Planned for FY 2021/22

SCBH will continue to fund trainings and support to implement various EBPs. Additionally, during this FY trainings in de-escalation, treatment of co-occurring disorders and eating disorders, polypharmacy trainings, etc. will be provided. Pending the status of the COVID-19 pandemic training in fidelity assessments for the IPS and ACT models will be scheduled. In order to support the implementation and sustainability of the various trainings and EBP models, SCBH will allocate funding for a manager to oversee all systemwide trainings and model fidelity.

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

**Description of Strategy:**

Annually SCBH provides stipends for master’s level interns as well as PsyD. and PhD post-doctoral interns with an emphasis on representing diverse underserved communities in Solano County. The internship stipends are executed through a contract with a community-based organization.	
<b># of Providers Provided Stipend: Zero (0)</b>	
<b>Financial Report</b>	
Budgeted Amount FY 2020/21: \$50,000	Total Expenditures FY 2020/21: \$0

Due to the COVID-19 pandemic Solano County was not able to provide internship opportunities for FY 2020/21.

**Changes or Updates Planned for FY 2021/22**

SCBH is making efforts to expand the academic institutions we have agreements with in order to broaden the intern applicant pool with an emphasis on recruiting interns that represent diverse communities.

**Name of Strategy:** Financial Incentives—County

**Description of Strategy:**

Annually SCBH provides financial incentives for psychiatric providers to include MD, NP, PA level staff. This strategy has been implemented to address a significant shortage of psychiatric providers in the state of California. New county employed providers are awarded a retention bonus delivered throughout the first year of service.	
<b># of Providers Provided Stipend: Zero (0)</b>	
<b>Financial Report</b>	
Budget for FY 2020/21: \$50,000	Total Expenditures FY 2020/21: \$0

No psychiatric provider incentive stipends/bonuses were awarded during the FY.

**Changes or Updates Planned for FY 2021/22**

No changes planned at this time.

**Name of Strategy:** Loan Assumption Program—County

**Description of Strategy:**

The Office of Statewide Health Planning and Development (OSHPD) is providing \$210M and have asked California counties to collectively provide a 33% match in order to implement a statewide Five-Year WET Plan. CA counties were organized by region and each region was tasked with developing regional WET Plans with agree upon strategies. Solano County is part of the Bay Area Region which agreed to focus on reimplementing a loan assumption program. SCBH and contractor providers who represent Solano County’s diverse underserved communities will be eligible to apply for the loan assumption program. Payments will be made after a year of service under the public behavioral health system.	
<b># of Providers Provided Loan Repayment: Zero (0)</b>	
<b>Financial Report</b>	
Total Solano County Funding for 5-Year WET Plan: \$137,003 which is \$34,251 per year for remaining 4 years	Total Expenditures FY 2020/21: \$0

Unfortunately, due to delays in regards to contracting at a state level the loan assumption program has not been initiated at the writing of this document.

# CAPITAL FACILITIES

```
#define ASM_VMS_VNREAD_RDX_RAX    *.byte 0x01, 0x01, 0x01
```

```
static _always_inline unsigned long vms_read(unsigned long va
```

```
{  
    unsigned long va
```

```
    asm volatile (":=r" (asm_vms_read(va, &val));  
    : "=r"(value) : "r"(va) : "memory");
```

```
    return value;  
}
```

```
#include <stdint.h>  
int main(int argc, char **argv) {  
    int src = 0;  
    int dst = 0;  
    volatile int val;
```

```
    int val = vms_read(src, &val);  
    int val = vms_read(dst, &val);  
    return 0;  
}
```

# S & TECHNOLOGY NEEDS

**Capital Facilities & Technological Needs**

Capital Facilities & Technological Needs (CF/TN) funds are earmarked for the enhancement of buildings or facilities being used specifically to provide direct services for consumers with serious mental health conditions, or projects related to technology such as electronic health record implementation.

The CF/TN was a ten (10) year funding stream, however in FY 2019/20 Solano County received a total of \$1,944 in CF/TN funding from the state likely a result of CF/TN component funds being reverted to the state from other counties and subsequently reallocated back out to counties. Given the amount of funding received these funds were used to support existing technology projects.

***Changes or Updates Planned for FY 2021/22***

In FY 2021/22 SCBH will use \$1,944 in CF/TN funding to augment any new modules being implemented through the Netsmart Avatar electronic health record (EHR).

## References

- <sup>1</sup>Solano County Website. (2021, June 22). *County of Solano 2020 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=26003>
- <sup>2</sup>United States Census Bureau. (2020, September 30). *Quick Facts: Solano County*. Retrieved from <https://www.census.gov/quickfacts/fact/table/solanocountycalifornia/SEX255217#viewtop>
- <sup>3</sup>Racially diverse: 2018 Most racially diverse counties in America. Retrieved from <https://www.niche.com>.
- <sup>4</sup>Business: American Community Survey, 2012 Survey of Businesses, Table 1200CSA01.
- <sup>5</sup>Data USA: Solano County, CA. (2021, November 6). Retrieved from <https://datausa.io/profile/geo/solano-county-ca/#demographics>
- <sup>6</sup>United States Census Bureau. (2021, January 4). Detailed Languages Spoken at Home and Ability To Speak English. [online] The United States Census Bureau. Available at: <https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html>
- <sup>7</sup>United States Census Bureau. (2021, January 4). Retrieved from [www.census.gov](http://www.census.gov)
- <sup>8</sup>Solano County Website. (2021, June 22). *County of Solano 2020 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=26003>
- <sup>9</sup>The Atlantic. (2017, August 21). Narula, Svati Kirsten. *The 5 U.S. Counties Where Racial Diversity is Highest—and Lowest*. Retrieved from <http://www.google.com/amp/s/www.theatlantic.com/amp/article/361388>
- <sup>10</sup>Solano County Website. (2021, June 22). *County of Solano 2020 Annual Report*. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=26003>
- <sup>11</sup>American Psychiatric Association. (2021, November 3). *Mental-Health-Facts-for-American-Indian-Alaska-Natives*. <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>
- <sup>12</sup>*Solano County Homeless Census & Survey Comprehensive Report*. (2021, October 27). <http://nebula.wsimg.com/830dd7dcf077684b5f5a500f7aafdbed?AccessKeyId=B6ADA8353DCF8737BDC0&disposition=0&alloworigin=1>

**Fiscal Year 2021/22 Mental Health Services Act Annual Update  
Funding Summary**

County: Solano

Date: 11/10/21

	MHSA Funding Revised Estimate					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. FY 2021/22 Funding</b>						
1. Unspent Funds from Prior Fiscal Years	17,356,692	7,965,492	1,829,829		1,944	2,938,194
2. New FY 2021/22 Funding	19,168,559	4,824,350	1,267,363		19	
3. Transfer in FY 2021/22	(235,277)			235,277		
4. Access Local Prudent Reserve in FY 2021/22						
5. Available Funding for FY 2021/22	36,289,974	12,789,842	3,097,192	235,277	1,963	2,938,194
<b>B. FY 2021/22 MHSA Expenditures</b>	24,097,921	6,731,951	1,299,500	235,277	0	0
<b>C. FY 2020/21 Unspent Fund Balance</b>	12,192,053	6,057,891	1,797,692	0	1,963	2,938,194

<b>H. Local Prudent Reserve Balance</b>	
1. Local Prudent Reserve Balance on June 30, 2021	2,938,194
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Local Prudent Reserve Balance on June 30, 2022	2,938,194

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



**Fiscal Year 2021/22 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Solano

Date: 11/10/21

	Fiscal Year 2021/22 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>FSP Programs</b>						
1. SCBH Child/Youth	3,794,474	2,730,693	1,062,954			827
2. SCBH Foster Care Treatment Unit (FCTU)	2,973,009	2,270,692	702,317			
3. Transition Age Youth (TAY)	1,720,498	1,393,511	326,987			
4. Adult Full Service Partnership	7,683,370	5,882,099	1,800,065			1,206
<b>Non-FSP Programs</b>						
<b>General Systems Development (GSD)</b>						
1. Wellness & Recovery	2,256,848	2,256,848				
2. Mentally Ill Offender	1,568,803	1,490,031	78,772			
3. Crisis Services & Support	6,984,828	5,250,284	1,734,544			
4. Targeted Systems Support	4,224,085	3,895,185	328,900			
Outreach & Engagement	582,666	582,666				
Housing Support	2,014,776	2,014,776				
CSS - Administration	3,632,790	3,001,749	631,041			
CSS MHSAs Housing Program Assigned Funds						
<b>Total CSS Program Actual Expenditures</b>	<b>37,436,147</b>	<b>30,768,534</b>	<b>6,665,580</b>	<b>0</b>	<b>0</b>	<b>2,033</b>
FSP Programs as Percent of Total	43%					

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

County: Solano

Date: 11/2/20

	Fiscal Year 2021/22 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>Prevention</b>						
1. Suicide Prevention	2,107,410	2,107,410				
2. Stigma and Discrimination Reduction	238,763	238,763				
3. Outreach for Increasing Recognition of Early Signs of Mental Illness	0	0				
4. Prevention	1,995,415	1,995,415				
<b>Early Intervention</b>						
1. Early intervention & Treatment	1,657,394	1,483,480	173,663			251
2. Access & Linkage to Treatment	553,175	553,175				
PEI Administration	201,191	201,191				
PEI Assigned Funds						
<b>Total PEI Program Actual Expenditures</b>	<b>6,753,348</b>	<b>6,579,434</b>	<b>173,663</b>	<b>0</b>	<b>0</b>	<b>251</b>

**Fiscal Year 2021/22 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Solano

Date: 11/10/21

	Fiscal Year 2021/22 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
<b>INN Programs</b>						
1. Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)	1,238,088	1,238,088				
2. Early Psychosis Learning Health Care Network (EP LHCN)	49,894	49,894				
<b>INN Administration</b>	21,830	16,674	5,156			
<b>Total INN Program Actual Expenditures</b>	<b>1,309,812</b>	<b>1,304,656</b>	<b>5,156</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Fiscal Year 2021/22 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Solano

Date: 11/10/21

	<b>Fiscal Year 2021/22 Revised Estimate</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Total Mental Health Expenditures</b>	<b>WET Funding</b>	<b>Medi-Cal FFP</b>	<b>1991 Realignment</b>	<b>Behavioral Health Subaccount</b>	<b>Other Funding</b>
<b>WET Programs</b>						
1. Training/Technical Assistance	145,600	145,600				
2. Residency/Internship	20,358	20,358				
3. Financial Incentive	60,000	60,000				
<b>WET Administration</b>	<b>9,319</b>	<b>9,319</b>				
<b>Total WET Program Actual Expenditures</b>	<b>235,277</b>	<b>235,277</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

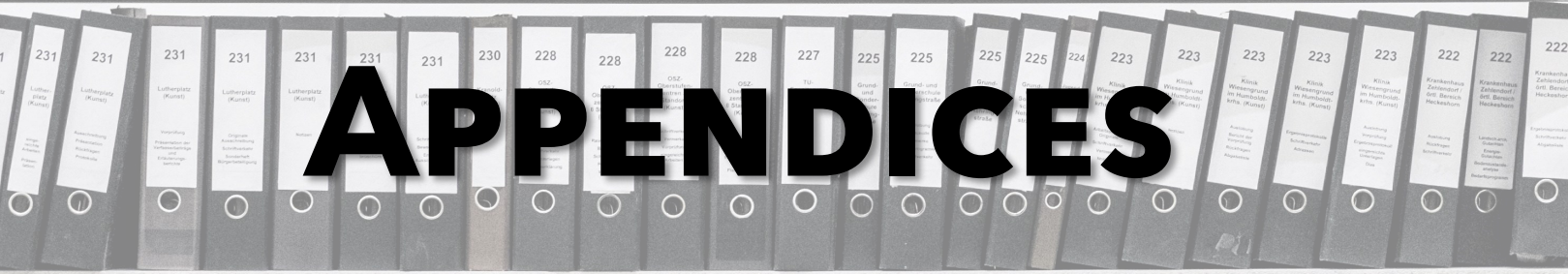
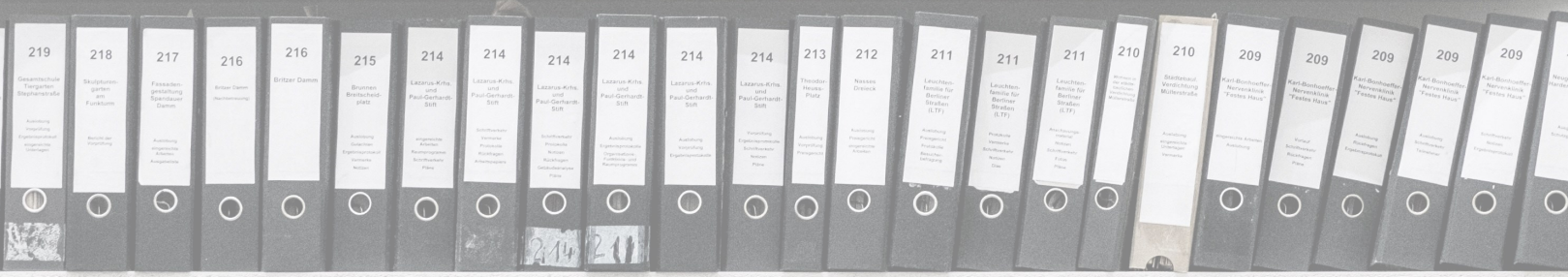
**Fiscal Year 2021/22 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Solano

Date: 11/10/21

	Fiscal Year 2021/22 Revised Estimate					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
1. Operations & Maintenance of Electronic Health Records reported as Administrative expenditures as they support MHSAs programs.	0	0	0	0	0	0
CFTN Administration	0	0	0	0	0	0
<b>Total CFTN Program Actual Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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Orange boxes and font = MHSA funded

Please note MHSA PEI programs provide stigma reduction education and supports, and any direct services are for the mild-to-moderate population

### Solano County Behavioral Health: Children's System of Care

CONTRACTOR OPERATED TREATMENT SERVICES

- MHSA PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS**
  - First 5 -MHSA Collaborative Services for children ages Birth to 5 yrs
    - Help Me Grow Solano Resource Line
    - Mental Health & Developmental Screenings
    - Triple P Trainings, Groups, & Family Intervention
    - Provider Trainings
  - Solano County Public Health Maternal Child and Adolescent Health Screenings
    - Brief Counseling & Groups
  - School -Based Services: A Better Way
    - Rio Vista CARE
    - Solano County Office of Education (SCOE) MHSA School-Based Services: 5-21 yrs
    - Non-EPSDT cases
    - Trainings for School Staff & Parents/Caretakers
    - Student Workshops/Groups
    - Assessments
    - Brief Treatment 3-5 months
    - Case Management
  - Solano Pride Center LGBTQ Services
    - Community Education/Trainings/Sigma Reduction
    - Support & Social Groups
    - Assessments & Brief Counseling
    - "Welcoming Schools" Model for schools
  - African American Faith Based Initiative
    - Mental Health Friendly Communities (MHFC)
    - Community Education/Trainings/Sigma Reduction
    - Clergy Support/Education
  - NAMI Solano County
    - Community Education/Trainings/Sigma Reduction
    - Peer Consumer & Family Classes/Groups
  - County Wellness & Recovery Unit
    - Consumer Affairs Liaison
    - Family Liaison
    - Consumer Peer & Family Support Groups
    - Community Education/Trainings/Sigma Reduction
  - Camarin Jobs Plus
    - Supported employment services for TAY (16-25)

- COUNTY OPERATED TREATMENT SERVICES**
  - Vallejo Youth Outpatient (6-21 yrs)
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Katie A Services
    - 1 staff assigned to TFC Coordination
  - Vacaville Youth Outpatient (6-21 yrs)
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Katie A Services
    - 1 FTE MHSA
  - Fairfield Youth Outpatient (6-21 yrs)
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Katie A Services
    - 2 FTE MHSA
  - SMART TEAM (Parents referred by CallWORKs)
    - Assessment
    - Treatment
    - Case Management & Linkage
    - SUD services
  - County Children/Youth FSP (6-21 yrs)
    - Assessment
    - Treatment
    - Intensive Case Management
    - Katie A Services
    - Parent Support
    - \*Medication provided through County outpatient clinics
  - Foster Care Treatment FSP (6-18 yrs)
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Katie A Services
    - \*Medication provided through County outpatient clinics
    - 1 staff assigned to TFC Coordination
    - 2 CANS clinicians

- COUNTY ACCESS & OUTREACH SERVICES**
  - Behavioral Health Access Line 1.800.547.0495
    - Referrals
  - Centralized Assessment Team (CAT):
    - County Clinicians
    - Intake Assessment/Plan Development for Children/Youth
    - Referrals to County or Contractor programs
    - 4 FTE MHSA
    - Requests for new services both mental health/substance use
  - Hispanic Outreach and Latino Access (HOLA)
    - SFTE Clinician
    - CLAS@SolanoCounty.com
    - Community Events, Trainings, Presentations
    - Screening & Linkage
  - KAAGAPAY Asian American/Pacific Islander Outreach & Access
    - SFTE Clinician
    - CLAS@SolanoCounty.com
    - Community Events, Trainings, Presentations
    - Screening & Linkage
  - Accessible Resources for the Community's Homeless (ARCH)
    - 1 FTE Clinician - Youth Focused
    - YouthARCH@SolanoCounty.com
    - Community Events, Trainings, Presentations
    - Screening & Linkage
  - Patient's Benefits Specialists (PBS)
    - 2 FTE PBS
    - Support to apply for benefits including Medi-Cal
    - Primarily support consumers in hospital, CSU and homeless population

- CONTRACTOR OPERATED TREATMENT SERVICES**
  - Aldea Counseling Services Outpatient
    - 6-21 EPSPDT
    - Assessment
    - Treatment
    - Medication
    - Case Management
  - Child Haven Outpatient
    - 6-21 EPSPDT
    - Assessment
    - Treatment
    - Case Management
  - SOAR Program Aldea & UC Davis
    - Early Psychosis program serving 12-30 yrs
    - Screening
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Family Support
  - Uplift Families Services Outpatient
    - 6-21 yrs EPSPDT
    - Assessment
    - Treatment
    - Case Management
  - Seneca Outpatient (BH & KAS Programs)
    - 6-21 EPSPDT
    - Assessment
    - Treatment
    - Case Management
  - A Better Way
    - MHSA School-Based Services: 5-21 yrs (Medi-Cal)
    - 6-5 EPSPDT
    - Assessment
    - Treatment
    - Case Management
    - Therapeutic Visitation SVS for Child Welfare Cases
  - Rio Vista CARE Outpatient
    - 6-21 yrs EPSPDT
    - MHSA School-Based Services: ages 5-21 (Medi-Cal)
    - Assessment
    - Treatment
    - Case Management
  - Solano County Office of Education (SCOE):
    - Mental Health Student Services Act (MHSSA) Grant
    - Assessment for youth at risk of dropping out
    - Trainings and Tech Assistance Suicide Prevention

- Seneca TAY FSP (16-25 yrs)
  - Assessment
  - Treatment
  - Intensive Case Management
  - Katie A Services
  - Commercially Sexually Exploited Children/Youth (CSEC) Specialized Services
  - \*can serve CSEC clients as young as 10yrs
- Seneca TBS (3-21 yrs)
  - TBS services
  - Case Management
  - Katie A Services
- Seneca Wraparound (6-18 yrs)
  - Assessment
  - Treatment
  - Case Management
- Sierra School of Solano County:
  - Day Treatment
- Child Haven CARE Clinic (3-6yrs)
  - 10-week cohort Mon-Friday 4hrs a day
  - Assessment
  - Treatment
  - Case Management
  - Katie A Services
- Residential Programs:
  - Victor Treatment Center
  - St. Vincent's
  - Summitview
  - Seneca
  - Sacramento Children's Home
  - Edgewood

- CRISIS CONTINUUM**
  - New Mobile Crisis May 2021 soft launch/Uplift Family Services
    - Children and adults
  - SCOE School-Based Mobile Crisis Services
  - Crestwood Crisis Stabilization Unit (CSU)
    - 1.707.428.1131
    - 24/7 Crisis Stabilization Services
    - (12 beds total children and adults)
  - Acute Care
    - County Hospital Liaison

Revised 9-8-21  
Green=Access; Purple=MHSA non-MHP programs;  
Blue=Outpatient Services; Orange=Higher Level Care; Red=Acute Care

### MHSA PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS

Please note MHSA PEI programs provide stigma reduction education and supports, and any direct services are for the mild-to-moderate population

### Solano County Behavioral Health: Adult System of Care

CONTRACTOR OPERATED TREATMENT SERVICES

- MHSA PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS**
  - Solano County Public Health Maternal Child and Adolescent Health Screenings
    - Groups
    - Brief Counseling
  - Solano Pride Center LGBTQ Services
    - Community Education/Trainings/Sigma Reduction
    - Support & Social Groups
    - Assessments
    - Brief Counseling
  - African American Faith Based Initiative
    - Mental Health Friendly Communities (MHFC)
    - Community Education/Trainings/Sigma Reduction
    - Clergy Support/Education
  - NAMI Solano County
    - Community Education/Trainings/Sigma Reduction
    - Peer Consumer Groups
    - Family Support Groups
  - Faith in Action: Older Adults
    - Community Education/Trainings/Sigma Reduction
    - Peer Support (1:1 and groups)
  - Choice in Aging: Older Adults
    - Community Education/Trainings/Sigma Reduction
    - Screenings
    - Case Management
    - Brief Counseling
- MHSA COMMUNITY SUPPORTS & SERVICES**
  - Wellness & Recovery Centers:
    - Camarin Vallejo & Fairfield
    - Day Program Peer Services for SMI Adults
  - Camarin Jobs Plus
    - Supported employment services age 16 and up
  - County Wellness & Recovery Unit
    - Consumer Affairs Liaison
    - Family Liaison
    - Consumer Peer & Family Support Groups
    - Community Education/Trainings/Sigma Reduction

- COUNTY OPERATED TREATMENT SERVICES**
  - Vallejo ICC Outpatient
    - Assessment
    - Medication
    - Nursing Services
    - Injection Clinic
    - Brief Treatment
    - 1 FTE MHSA
  - Fairfield ICC Outpatient
    - Assessment
    - Medication
    - Nursing Services
    - Injection Clinic
    - Brief Treatment
    - 3 FTE MHSA
  - Vacaville ICC Outpatient
    - Assessment
    - Medication
    - Nursing Services
    - Injection Clinic
    - Brief Treatment
    - 1 FTE MHSA
  - Forensic Triage Team
    - Case Management
    - Coordination with Courts, Probation, Jails
    - AOT/Laura's Law assessments & linkage
    - Includes staff embedded with Probation and the Jail
  - Assertive Community Treatment (ACT) FSP
    - Assessment
    - Treatment
    - Medication
    - Intensive Case Management
  - Institutional Care Services (ICS)
    - Assessment
    - Intensive Case Management
    - Monitoring of MHRC/IC placements
    - Discharge Planning

- COUNTY ACCESS & OUTREACH SERVICES**
  - Behavioral Health Access Line 1.800.547.0495
    - Referrals
  - Centralized Assessment Team (CAT):
    - County Clinicians
    - Intake Assessment/Plan Development for Children/Youth
    - Referrals to County or Contractor programs
    - 4 FTE MHSA
    - Requests for new services both mental health/substance use
  - Hispanic Outreach and Latino Access (HOLA)
    - SFTE Clinician
    - CLAS@SolanoCounty.com
    - Community Events, Trainings, Presentations
    - Screening & Linkage
  - KAAGAPAY Asian American/Pacific Islander Outreach & Access
    - SFTE Clinician
    - CLAS@SolanoCounty.com
    - Community Events, Trainings, Presentations
    - Screening & Linkage
  - Homeless Outreach & Support
    - Community Events, Trainings, Presentations
    - Screening & Linkage
    - 1 FTE MHSA - Youth Focused
    - YouthARCH@SolanoCounty.com
    - 1 FTE MH Specialist - Adult Focused
    - 2 FTE Community Coordinators
    - Mousina@SolanoCounty.com
  - Patient's Benefits Specialists (PBS)
    - 2 FTE PBS
    - Support to apply for benefits including Medi-Cal
    - Primarily support consumers in hospital, CSU and homeless population

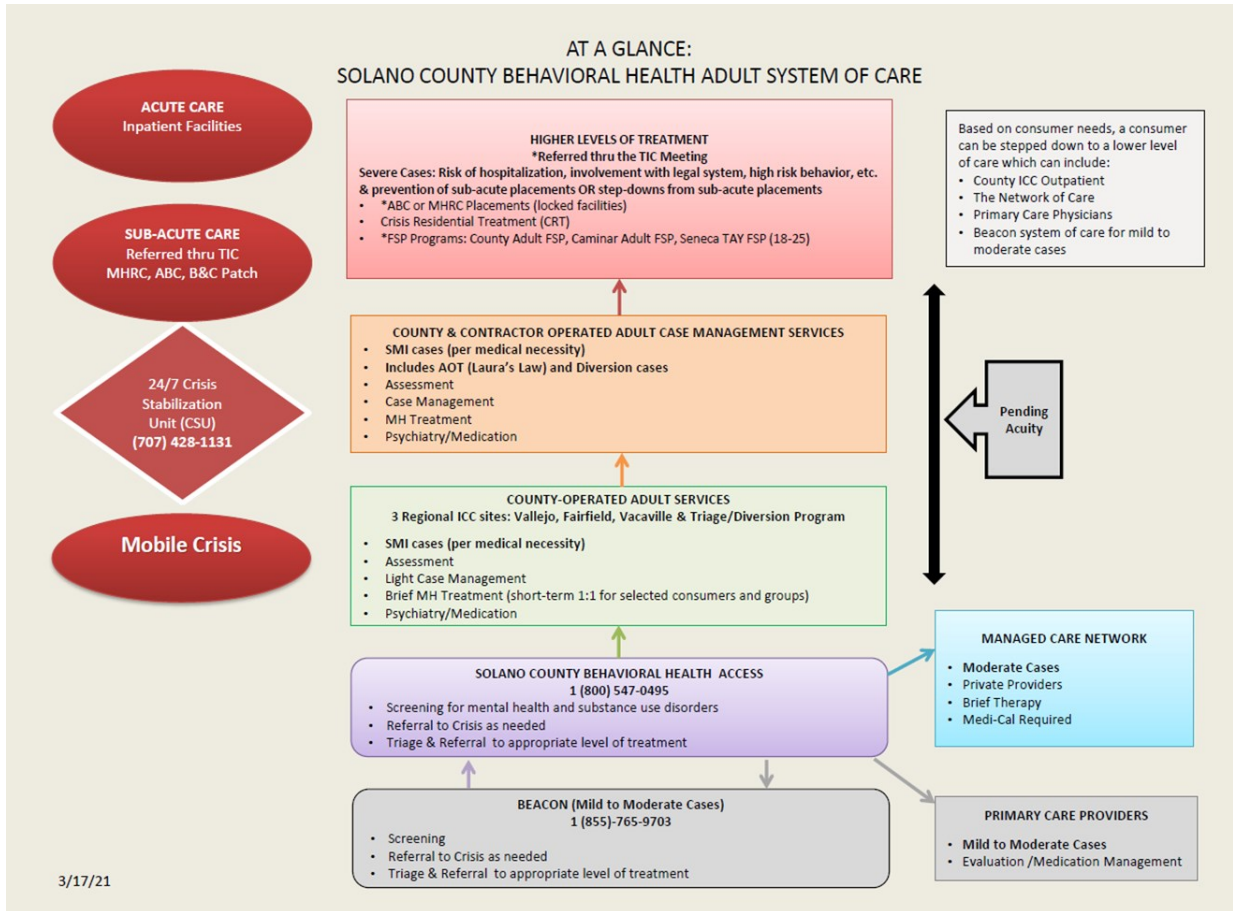
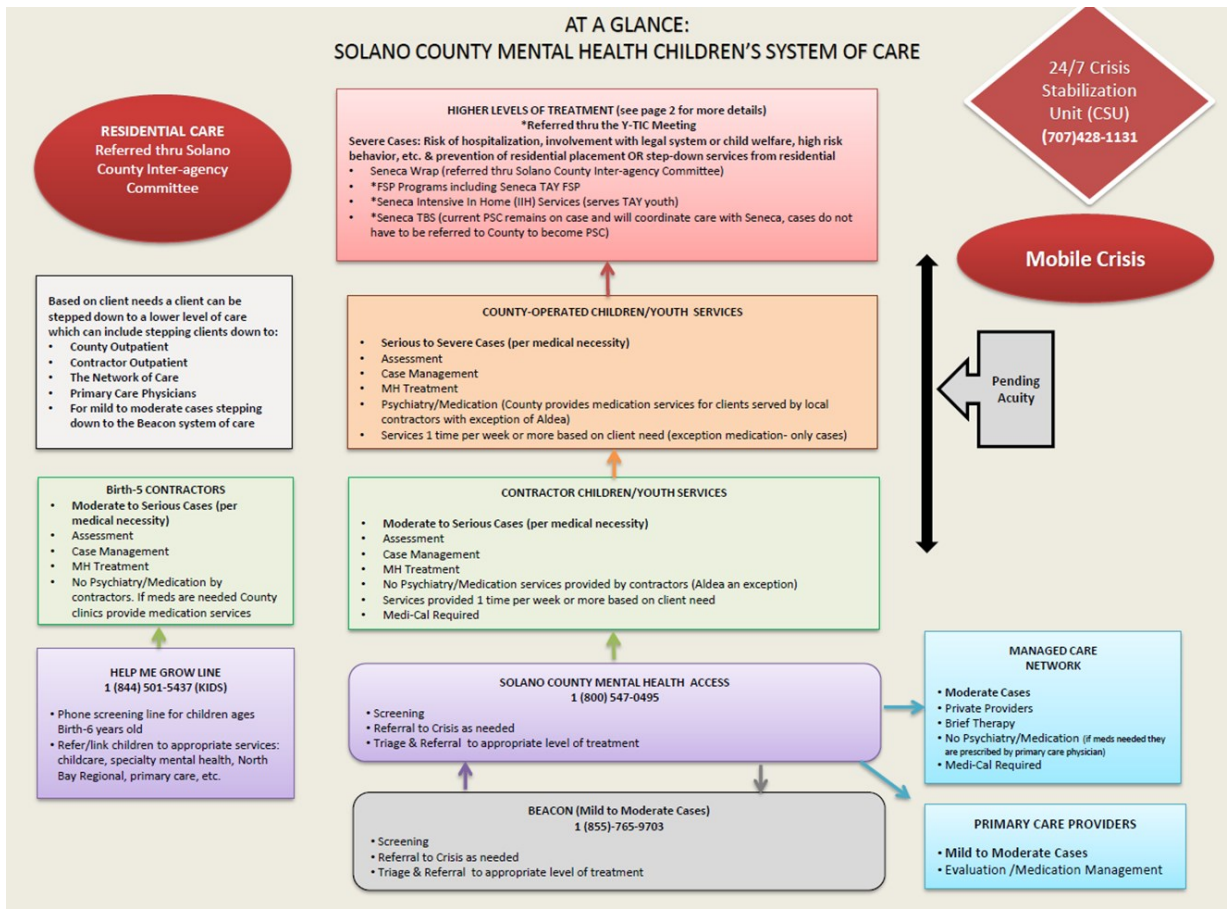
- CONTRACTOR OPERATED TREATMENT SERVICES**
  - SOAR Program Aldea & UC Davis
    - Early Psychosis program serving clients ages 12-30 yrs
    - Screening
    - Assessment
    - Treatment
    - Medication
    - Case Management
    - Family Support
  - Camarin Case Management (CCM)
    - Assessment
    - Treatment
    - Case Management
    - Medication provided through the County ICCs
  - Sheriff Office & subcontractor
    - Jail Re-entry Program
    - Assessment
    - Treatment for 6-9 months
    - Case Management
  - Camarin Justice Assistance Grant (JAG)
    - Program
    - Assessment
    - Treatment for 6-9 months
  - Seneca TAY FSP (16-25 yrs)
    - Assessment
    - Treatment
    - Intensive Case Management
    - Katie A Services
    - Commercially Sexually Exploited Children/Youth (CSEC) Specialized Services
  - Camarin FSP
    - Assessment
    - Treatment
    - Medication
    - Intensive Case Management
  - Camarin HOME FSP
    - Specific to homeless population
    - Assessment
    - Treatment
    - Medication
    - Intensive Case Management

- CONTRACTOR OPERATED TREATMENT SERVICES**
  - Sub-Acute Care Facilities:
    - Augmented Board & Care (ABCs)
  - CRISIS CONTINUUM**
    - New Mobile Crisis May 2021 soft launch
      - Uplift Family Services
      - Children and adults
    - Crestwood Crisis Stabilization Unit (CSU)
      - 1.707.428.1131
      - 24/7 Crisis Stabilization Services
      - (12 beds total children and adults)
    - BACS: Crisis Residential Treatment (CRT)
      - 24/7 Care up to 14 days
      - Assessment
      - Crisis Treatment
      - Case Management
      - (10 beds)
    - County Hospital Liaison Team
      - Brokerage & Placement
      - Post Discharge Services & Support
    - Acute Care:
      - Crestwood PHF
      - Inpatient Facilities
      - Long-Term Facilities Mental Health Rehab Centers (MHRc)
    - County Crisis Aftercare & Recovery Engagement (CARE) Services
      - Assessments as needed
      - Brief Case Management 30-60 days for consumers discharged from inpatient or

\*Camarin: Permanent Housing, Bridge Housing 60 days & Transitional Housing 30-90 days  
\*Shelter Inc: Transitional 9-12mons  
\*Bay Area Community Services (BACS): Transitional 6-12mons

SCBH 9/16/21  
Green=Access; Purple=MHSA non-MHP programs;  
Blue=Outpatient Services; Orange=Higher Level Care; Red=Acute Care







# Solano County Behavioral Health System of Care:

Date

Name of Presenter | Title of Presenter



## Who We Serve

- ▶ Children/youth ages 0-17 years old
- ▶ Adults 18 years and older
- ▶ Individuals who reside in Solano County and have Medi-Cal or Medicare insurance
- ▶ Individuals who are uninsured
- ▶ Individuals who are underserved/underserved
- ▶ Individuals who meet criteria for specialty mental health based on diagnosis, impairment and expected response to treatment

## Services the County is Responsible to Fund

- MHSA PEI services and supports; programs that do not bill Medi-cal
- Outpatient and high-end community-based services
- Inpatient hospitalization stays for Solano beneficiaries including misdemeanor Incompetent to Stand Trial cases
- Placements in Mental Health Rehab Centers (MHRC)
- A portion of Augmented Board & Care (ABC) placements
- A portion of residential placement costs for children/youth involved with Child Welfare/Probation

### Funding Sources

- ▶ Revenue generated from the provision of Medi-Cal/Medicare reimbursable specialty mental health services
- ▶ Mental Health Services Act (MHSA) funds over a 3rd of the overall BH budget
- ▶ Mental Health Block Grant (MHBG) funding
- ▶ Intergovernmental Transfers (IGT) funds (when available)
- ▶ County General fund
- ▶ Other Grants: Prop 47, Justice Assistance Grant (JAG), PATH Grant, Mental Health Student Services Act (MHSSA) Grant, OSHPD/Peer Support Training, etc.

## MENTAL HEALTH SERVICES ACT:

In 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery.

Link: [MHSA Three Year Plan FY 20/21 – FY 22/23](#)

### MHSA Mission & Values

Community engagement and collaboration	Promotes cultural responsibility	Decreases stigma	Increases access to underserved and underserved groups
Creates individual and family-driven programs	Philosophy of a wellness, recovery and resilience	Promotes an integrated service experience	Outcome-based programs



### Prevention & Early Intervention (PEI)

- 19% of the total funds received annually
- Countywide Stigma Reduction & Suicide Prevention
- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions
- 51% of the funds must be spent on individuals 25 years and younger

### Innovation (INN)

- 5% of the total funds received annually
- Funds new innovative service strategies or models with an emphasis on increasing access to underserved/underserved
- Typically 3 year projects, and with special approval up to 5 years
- Counties have to do a separate CPP process and separate Innovation Plan that has to be presented to and approved by the state Mental Health Services Oversight and Accountability Commission (MHSOAC)
- Emphasis on sharing lessons learned with other counties and finding a way to make a program/project sustainable after INN project timeline ends

### Community Services & Supports (CSS)

- Largest funding stream, 76% of total amount received annually
- Intended to provide support and services for individuals of all ages who have more serious or severe mental health conditions
- 51% of the funds must be spent on funding Full Service Partnership (FSP) programs

### Workforce Education & Training (WET)

- Used to help counties train staff in evidence-based models/practices, provide intern stipends to increase diverse workforce, and cultural responsibility training. \*Only a 10 year funding stream no new money since 2014.

### Capital Facilities & Technological Needs (CF/TN)

- Used to help counties develop electronic health records and enhance their facilities used as sites to provide direct services for seriously mentally ill (SMI) consumers. \*Only a 10 year funding stream no new money since 2014.

\*Counties can transfer up to 20% of CSS funds to support ongoing WET & CF/TN initiatives and/or to Prudent Reserve

## Community Program Planning (CPP): What is Your Role in MHSA?

- Stakeholders include: consumers, family members, providers, law enforcement, local education agencies, faith communities, etc.
- CPP for new 3-Year Plans, review of Annual Updates, and other activities to determine how local MHSA funds will be spent
- MHSA Plans and Reports are posted for 30-day public comment and a Public Hearing is held before documents are routed to Board of Supervisors and state
- MHSA Steering Committee comprised of community stakeholders. Provide guidance regarding funding or defunding programs/services.

## Accessing Services

Solano BH Access: Mental Health & Substance Use Services

## MENTAL HEALTH SERVICES: County Mental Health Plan (MHP)

Solano County has the MHP Contract with the State Department of Health Care Services (DHCS) to provide services to Medi-Cal/Medicare eligibles who meet "medical necessity" which means:

- Individual has an **included** mental health diagnosis which is **serious** in nature;
- Individual demonstrates a **significant impairment** in spheres of functioning (self, home, work/school, peer);
- The intervention/treatment provided will be focused on the mental health condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s.
  - This includes someone with a co-occurring substance use disorder (SUD) in which both MH and SUD has to be treated simultaneously

## Behavioral Health Access Line

- Who should contact the Access Unit?**
  - Someone who is not in an acute crisis, but likely needs/wants to be connected mental health and/or substance use services
- How do you contact the Access Unit?**
  - Call the Access phone number: 1-800-547-0495
- What happens when a call comes into Access?**
  - A clinician conducts a brief screening covering mental health and substance use needs.
  - Clinician determines if there is an imminent crisis and to determine an individual's behavioral health needs in order to route them to the most appropriate program.
  - For persons requesting **mental health services** a follow up appointment will be made with county program if the individual is identified as meeting the criteria for County specialty mental health services.
  - For persons requesting **substance use services only**, the Access clinician will verify insurance and if the caller has Solano Medi-cal the caller will be transferred to Beacon Partnership Health Plan. For uninsured consumers County will conduct a screening and then refer to a County SUD Liaison for an assessment which will be followed by a referral to the most appropriate SUD services.
  - Referred to Beacon if identified as having mild to moderate mental illness.
  - Referred back to private insurance plan if privately insured whether requesting mental health services or substance use services.



Access Line Hours	Access Timeliness	Centralized Assessment Team (CAT) <18	Adult Open Access	Forensic Triage
<p><b>Regular Business Hours:</b> 8:30am-5:00pm</p> <p><b>After Hours, Weekends &amp; Holidays:</b> 5:00pm-8:30am (Crisis Unit answers calls after hours)</p>	<p><b>Emergent Calls:</b> Immediate Crisis Intervention or Evaluation</p> <p><b>Urgent Calls:</b> Offered an intake assessment appointment within 3 calendar days</p> <p><b>Routine Calls:</b> Offered an intake assessment appointment within 10 business days</p>	<p>County clinicians conduct intake assessments for children/youth referred through the Access Line</p>	<p><b>Fairfield Clinic:</b> 8am-3:15pm Mon-Friday</p> <p><b>Vallejo Clinic:</b> 8am-3:15pm Mon-Friday</p> <p><b>Vacaville Clinic:</b> 8am-3pm Mondays &amp; Thursdays</p> <p><b>All clinics close for lunch 12-1PM</b></p> <p><i>Telehealth is available</i></p>	<p>Central access point for forensic court and high level of care referrals:</p> <ul style="list-style-type: none"> <li>-AOT/Laura's Law</li> <li>-Diversion</li> <li>-Drug/MH Court</li> <li>-Prop 47</li> <li>-Probation</li> </ul>

## SUBSTANCE USE SERVICES: Regional Model

Department of Health Care Services Drug Medi-Cal Organized Delivery System (ODS) Waiver Implementation Plan for Regional Model encompasses Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano, and Trinity Counties physical healthcare provider/s.

Solano County has contracted with Partnership Health Plan of California to offer the Medi-Cal ODS Waiver through the State Department of Health Care Services (DHCS) to provide services to Drug Medi-Cal/Medicare eligibles who meet "medical necessity" which means:

- Individual has an **included** substance use diagnosis which is serious in nature;
- Individual demonstrates a **significant impairment** in spheres of functioning (self, home, work/school, peer);
- The intervention/treatment provided will be focused on the substance use condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s

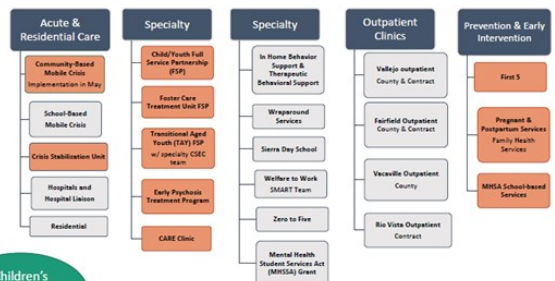
Central Access Line (BEACON)  
1-855-765-9703

## Behavioral Health Access

## System of Care

Teams & Program Descriptions

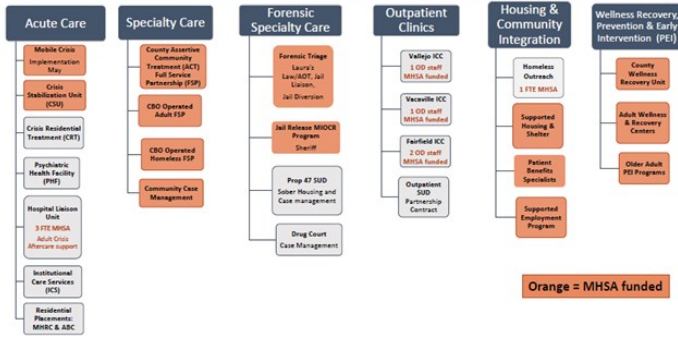
## Solano BH Teams/Service Programs – Children & Youth



Children's System serves ages 0-21yrs

Orange = MHSA funded

# Solano BH Teams/Service Programs - Adults



- Full Service Partnership (FSP) Programs**
- All ages
  - "Hospital without walls"
  - Intensive treatment and case management
  - Multi-disciplinary team
  - 3 or more services per week
  - 24/7 warmline
  - "Whatever it takes" approach
  - Housing, educational, and employment support
- County Funded FSP Programs Include:**
- 2 County-operated Child/Youth FSPs
    - Specialty Foster Care Program
  - 1 CBO-operated Transition Age Youth (TAY) FSP
    - Specialty CSEC Team
  - 1 County-operated Adult FSP – ACT Team
    - Specialty Forensic Team
  - 2 Adult FSPs
    - Specialty Homeless Program
- Adult FSPs are guided by the "Assertive Community Treatment (ACT)" evidence-based practice
- Youth FSPs are guided by "Transitions to Independence Process (TIP)" evidence-based practice

**Help Me Grow (HMG) Resource Line**

HMG Solano connects families of children 0-5yo to requested services, as well as provides developmental screenings, further investigates family needs, provides family navigation for families with complex needs, and follows up with each family to ensure they were connected to services.

HMG Line  
844-501-5437 (KIDS)

**NAMI Solano**

Provide advocacy and support for peer consumers and families touched by mental illness. Peer and family classes provided, presentations and stigma reduction activities.

NAMI Resource Line  
707-422-7792

**LGBTQ Outreach & Support**

CBO-operated provides support and social groups for the and brief counseling for the LGBTQ community.

Provides outreach and trainings for community to reduce stigma.

Solano Pride Center  
707-207-3430

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

Consultants provide training and consultation for faith center leaders to reduce stigma and increase access for the AA community.

Provide trainings for providers on best practices working with AA community.

**General Stigma Reduction & Suicide Prevention Support**

- Countywide Suicide Prevention Strategic Plan
- <http://www.solanocounty.com/division/behavioralhealthandopenresources/7777>
- Suicide Prevention Committee
- Technical assistance for school districts Suicide Prevention Plan & Suicide Protocol, annually provide Suicide Prevention Tool kits for every middle and high school
- Fund community trainings: ASIST, safeTALK, Mental Health First Aid (MHFA)
- Crisis Intervention Team (CIT) training for law enforcement

**Acute Care** | Crisis Services & Supports

## Additional MHSAs Services & Supports

**Crisis Stabilization Unit (CSU)**

The CSU is a locked 12 bed facility opened 24/7 used to stabilize children and adults who are in crisis and/or to transfer them to an inpatient hospital if necessary.

**Who should utilize the CSU or when should I refer someone to the CSU?**

- A person who presents in acute psychiatric crisis; suicidal, homicidal or presenting as gravely disabled
- No apparent medical complications. If there are clear medical needs, the person needs to be taken to local Emergency Department instead of the CSU

**What happens at the CSU?**

- Evaluation for maintaining or dropping 5150 hold
- Crisis intervention including initiation of medication
- Referrals for local resources if not detained on 5150: crisis residential services, crisis aftercare services, respite housing, shelter, family, outpatient services, case management services
- Referral to inpatient psychiatric hospital if warranted

2101 Courage Drive, Fairfield—Phone: 707-428-1131

**Mobile Crisis: Starting May 2021**

The Mobile Crisis Program will serve children and adults across Solano County regardless of insurance. The model consists of crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community.

**Who should utilize the Mobile Crisis?**

- A person who presents in acute psychiatric crisis; suicidal, homicidal or presenting as gravely disabled. A loved one can also request services on behalf of someone in crisis
- No apparent imminent safety risk – in this case law enforcement should be contacted

**What happens once the Mobile Crisis team is called out?**

- Crisis intervention to deescalate the crisis
- Crisis evaluation which may result in placing a person on a 5150 hold and arranging for transport to the Crisis Stabilization Unit or a local emergency department
- Referrals for local resources

**Program Implementation: Phased Approach**

- Initially the program will be implemented in partnership with Fairfield and Suisun Police Department and launched in central County and then will be implemented in phases in south and north county, again in partnership with law enforcement
- Ultimately the goal is to advertise a phone number for Mobile Crisis widely throughout the community with a goal for the Mobile Crisis Team to be the first line response for community members experiencing a mental health crisis rather than law enforcement

**Crisis Hotlines & Suicide Prevention**

- National Suicide Prevention Lifeline:** (800) 273-TALK (8255)
  - 24/7 suicide prevention hotline staffed by crisis specialists
  - (888) 628-9454 Spanish line
  - Callers who are veterans will be routed to a special veteran's line by pressing "1" after calling #
- Lifeline for Deaf & Hard of Hearing:** (800)-799-4889
- Friendship Line (seniors 60+):** (800) 971-0016
- Crisis Text Line:** Text "Hello" or "Home" to 741741
  - 24/7 suicide prevention texting crisis service staffed by crisis specialists

**CRISIS TEXT LINE**

A free, 24/7 text line for people in crisis

TEXT Hello to 741741

**SUICIDE PREVENTION LIFELINE**

(800) 273-TALK (8255)

**LGBTQ Crisis Hotlines & Suicide Prevention**

- Trans Lifeline:** (877) 565-8860
  - Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- The Trevor Project:** (866) 488-7386 <http://www.thetrevorproject.org>
  - Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth ages 25 and under
  - Trevor Text Line: Text "START" to 678678 Mon-Friday 12p-7pm

**THE TREVOR PROJECT**  
Saving Young LGBTQ Lives



# Community Integration

Housing, Benefits, and Wellness & Recovery

## Housing & Homeless Outreach



Unit focused on coordinating the Housing/Homeless initiatives across mental health and substance use programs, all Health and Social Services (H&SS) Divisions and community organizations

**Team Goals:**

- Provide homeless outreach and screenings alongside law enforcement homeless teams
- Coordination of H&SS homeless/housing initiatives with partners (i.e., Project Roomkey, Shelters, City Housing Authorities, Resource Connect Solano Coordinated Entry)
- Expand access to SSI/SSDI Outreach, Access, and Recovery (SOAR) (SSA benefits) for mental health population
- Recruit new placements across levels of care, support/train landlords, client transition planning

6 County staff provide outreach and linkage

**Youth Focused**

- ▶ **Mental Health Clinician:** Focused on homeless transition aged youth (TAY)

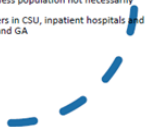
Contact Info: [YouthRHC@solanocounty.com](mailto:YouthRHC@solanocounty.com)

**Adult and General Population Focused**

- ▶ **Mental Health Specialist:** Focused on homeless seriously mentally ill adults
- ▶ **2 Community Service Coordinators:** Focused on general homeless population not necessarily those with behavioral health conditions
- ▶ **2 Patient Benefits Specialists:** Focused on supporting consumers in CSU, inpatient hospitals and homeless population in securing benefits including Medi-Cal and GA

Contact Info: [housing@solanocounty.com](mailto:housing@solanocounty.com)

Countywide Homeless & Housing Coordination  
Solano Resource Connect  
707.652.7311 or email [RC5@caminar.org](mailto:RC5@caminar.org)  
<https://www.resourceconnectsolano.org/>



### BH Funded Housing Supports

**Caminar Bridge Housing**  
30-90 Days

MHSA Funded: 12 beds with on-site peer support

**Caminar Gateway**  
30-90 Day Transitional Housing

MHSA Funded: One 2-bedroom unit with 4 beds

**BACS 6-12 Month Transitional Housing**

MHSA Funded: Eight 2-bedroom units for a total of 16 beds. 4 beds for HOME PSP consumers who are homeless or risk of homeless.

**Shelter Solano**  
9-12 Month

MHSA Funded: 15 beds  
Prop 47 Funded: 5-10 beds (also at Opportunity House)

**Room & Boards**

MHSA and Core Funded: Rent paid temporarily to prevent homelessness for SH consumers as they obtain their own income or SSI funding  
Prop 47: 18 housing while in SUD treatment

**Board & Cares**

MHSA and Core Funded: SCBH will pay for patches to augment housing costs for SH consumers

**Caminar Permanent Housing**  
46 units

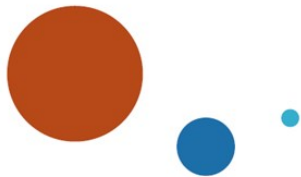
**CRITERIA FOR PERMANENT HOUSING**

- \*Serious Mental Illness (SMI)
- \*History of inpatient hospitalization
- \*Individual is ready to live independently
- \*Does not require 24/7 care
- \*No Sex Offenders if MHSA funded

\$2.1M or 9% of the MHSA CSS funds are being used to prevent homelessness



# QUESTIONS



# Culture Matters

Culturally and Linguistically Responsive Services

## SCBH Culturally Responsive Strategies

### Ethnic Services Coordinator (ESC) Role

- Eugene Durrah, MHSA Supervisor can be reached at 707-784-4931 or [EDurrah@solanocounty.com](mailto:EDurrah@solanocounty.com)

### Diversity & Equity Committee

- Committee meets monthly (representation from County, CBOs, consumers, etc.)
- Subcommittees scheduled as needed

### SCBH Diversity & Equity Plan and CBO Plans

- The SCBH Plan is updated annually and outlines our goals towards equity and social justice
- Starting in FY 19/20 SCBH began to require all contractors to have agency Cultural Responsibility Plans
- Ongoing systemwide implementation of the national Culturally and Linguistically Appropriate Service (CLAS) standards  
<https://nmsi.cityofhealth.hhs.gov/scbh/browse.aspx?tbl=2&tblid=53>

## SCBH Culturally Responsive Strategies

### Trainings Provided During Last 3 Years

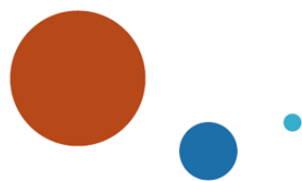
- Cultural Competency 101 and 102
- LGBTQ+ Cultural Competence & Clinical Considerations (also for reception staff)
- Advancing Racial Equity (ARE)
- Gender Diversity – The Transgender Experience
- 3 CLAS Training Cohorts – MHSA Innovation Plan
- Behavioral Health Interpreter Training
- Diversity and Social Justice Trainings - <https://vimeo.com/374531348>

### Targeted Outreach

- KAAGAPAY Asian/Pacific Islander Outreach Jackie Torrecampo [CLAS@solanocounty.com](mailto:CLAS@solanocounty.com)
- Hispanic Outreach and Latino Access (HOLA) vacant at this time [CLAS@solanocounty.com](mailto:CLAS@solanocounty.com)
- African American Faith-Based Initiative - Mental Health Friendly Communities
- LGBTQ+ Outreach and Access – Solano Pride Center

### Partnerships

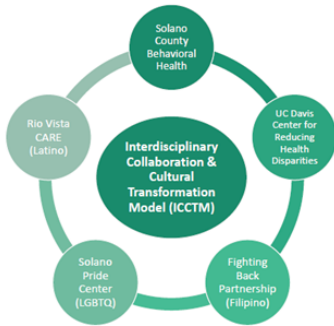
- H&SS Community In Action for Racial Equity (CARE) Team
- Equity Collaborative



# MHSA Innovation Projects

Current Project Overviews & Updates

# MHSA Innovation Project

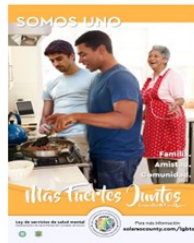
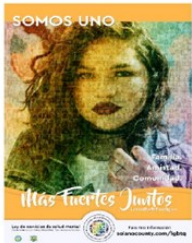


3 target underserved/underserved communities identified as: Latino, Filipino and LGBTQ+

Fourteen (14) QI Action Plans developed by multi-sector partners and are focused on:

- Workforce development
- Community engagement
- Training

# QI Action Plans



## LGBTQ+ Ethnic Visibility: QI Action Plan

### Takin' CLAS to the Schools: QI Action Plan

**School-Based Wellness Centers**

- Culturally inclusive spaces where ALL students are welcome
- Enlisted youth group to conduct focus groups at each site prior to launching
- Funded 35 wellness centers on school campuses K-12 and adult ed sites. 5 pilot sites opened before school closures due to COVID, planning 8-10 more centers

**Wellness Centers Philosophy**

- Calm and supportive environment for students needing a place to re-center and re-calibrate
- Trauma-informed space and staff
- Access point to link students to behavioral health services including crisis support as needed
- Peer delivered services when appropriate



## TRUEcare Roadmap: QI Action Plan

## TRUEcare Roadmap: QI Action Plan

Service	Contact Info
<b>Culture Matters</b>	Solano Pride Center: 707-707-8430 Cultural Spanish Outreach: CLAS@solanocounty.gov Tribe TANK - Solano: 707-421-9378
<b>Crisis Support</b>	Mental Health Prevention Center: 800-274-PAK (7425) Tribe TANK (LGBTQ support): 800-989-7366 Triage Text Line: 877-566-8866 Triage Hotline: 877-566-8866 Crisis Text Line: Text "HELLO" or "START" to 787243 Lifeline for Deaf & Hard of Hearing: 800-739-4560 Insular of Aging Friendship Line: 800-739-2028 Text Line: Text "HELP" to 809882 Solano County Crisis Stabilization Unit: 707-426-1131
<b>Basic Needs</b>	Solano Food Bank: 707-421-9777 Mental Care Emergency: 707-214-9590 Harp My Drive Solano: 800-691-4KID (5437) SolanoCare Network: www.solanocare.org Solano Public Health: info@solanocounty.gov Women, Infants & Children (WIC): 707-266-4152 Business Family Resource Center: 707-266-3981 Crisis Support Partnership: 707-676-8482 Crisis Family Services: 707-421-3224 Families Healthy Start: 707-266-5243 Rio Vista CARE: 707-266-5243 Bacon Family Start: 707-421-4008 Visiting Family Resource Center: 707-468-6008 Fighting Back Partnership: 707-648-8790
<b>Access to Behavioral Health Services</b>	Solano County Behavioral Health Access Line: 800-647-0485 Health Partnership Subsequent Care Services: 707-555-4028 Mental Health Outreach: 855-795-0723
<b>Support and Advocacy</b>	MAMI Solano County: 707-422-7792 Solano County Wellness & Recovery Unit: Wellness@solanocounty.gov Solano Legal Access Center: FL@solanocounty.gov California Peer Support Line: 855-945-7415 Legal Services of North-Humboldt: 707-542-3054
<b>Housing &amp; Homeless Support</b>	Resource Connect Solano: 707-482-7811 County Youth Wellness Outreach: Youth@solanocounty.gov County Homeless & Housing: Housing@solanocounty.gov
<b>Abuse Prevention</b>	Solano Child Welfare Services: 800-544-6686 Solano Older & Disabled Adult Services: 707-784-1059 Solano Advocates for Victims of Violence: 707-820-7284 Solano Family Justice Center: 707-784-7070 National Domestic Violence Hotline: 877-789-7233 Rape, Assault & Incest National Network (RAINN): 800-656-4873 National Human Trafficking Hotline: 888-373-7868

### Cultural Game Changers: QI Action Plan

### Solano County Inclusion Statement

Solano County Behavioral Health is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery.

It is also of equal importance for us to improve access to quality care for underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems.

We value the importance of employing staff who possess valuable life experiences and expertise to ensure our workforce is culturally and linguistically responsive and leverages diversity to foster innovation and positive outcomes for the people we serve.

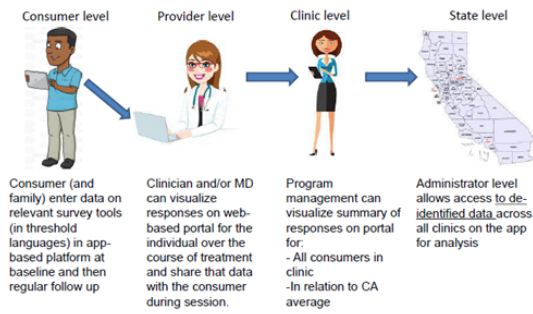
- Part I focused on recruitment, hiring and retention practices
  - Job Postings
  - Change job descriptions
  - Hiring questions focused on cultural responsiveness and competencies
- Part 2 focused on developing career pipelines
  - Middle & High schools
  - Community Colleges
  - State colleges

### MHSA Innovation Project

#### Purpose of Project

- Develop an app that consumers and family members will use to self-report on current functioning which will be available in 13 languages
- Consumers, family members and providers participated in focus groups to develop the questions for the app based questionnaire and dashboard
- Creates a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing
- Harmonizes EP evaluation across core outcomes to enable large scale evaluation and program development across the state and positions CA to participate in national efforts

**Proposed Learning Healthcare Network for CA Mental Health programs**



QUESTIONS

## Key Behavioral Health Contacts



[www.SolanoCounty.com/Depts/BH/MHSA](http://www.SolanoCounty.com/Depts/BH/MHSA)



Solano County-Mental Health Services Act Program



@SolanoCountyBH



BH Admin  
(707)784-8320

- Sandra Sinz, Behavioral Health Director  
[SLSinz@SolanoCounty.com](mailto:SLSinz@SolanoCounty.com)
- Emery Cowan, Administrator Adults & QI  
[ECowan@SolanoCounty.com](mailto:ECowan@SolanoCounty.com)
- Leticia De La Cruz-Salas, Administrator Children's & Hiring  
[LDeLaCruz-Salas@SolanoCounty.com](mailto:LDeLaCruz-Salas@SolanoCounty.com)
- Tracy Lacey, Sr. Manager & MHSA Coordinator  
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# Suicide Prevention Community Forum

May 2021



## Housing Keeping

### Zoom Etiquette



1. Please mute yourself if you're not speaking.
2. Click the arrow to change your audio settings (phone/computer).
3. To turn your webcam on or off, click Start/Stop Video.
4. Click the arrow to access your Video Settings.
5. To view the Participants pane.
6. To chat, first click "Chat" and then type in the chatbox.
7. Reactions (Thumbs up and down feature)
8. Leave Meeting

This Community Forum is being recorded.

## Overview

- Solano County Suicide Prevention Committee & Suicide Prevention Strategic Plan
- Suicide Statistics: National and Local Data
- Current Local Efforts to Prevent Suicides
- Community Voice: Breakout Sessions
- Help & Crisis Resources

## Solano County Suicide Prevention Committee's Mission Statement:

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

### Solano County Suicide Prevention Strategic Plan

- Developed in 2017 with community input
- Solano is 1 of 7 California Counties to have a Plan
- <https://www.solanocounty.com/civicax/filebank/blobload.aspx?blobid=27271>
- Updating plan with community input
- Held targeted focus groups and key informant interviews with populations that are more at risk for suicide and family member survivors
- Community Forums

### Plan Objectives

- Prevention Through Knowledge
- Community Coordination & Interagency Collaboration
- Increase Screenings
- Improve Crisis Services, Treatment, & Aftercare
- Address Needs of At-Risk Populations
- Improve Postvention
- Social Media & Educational Settings K-12
- Improve Data Collection

## National Suicide Statistics

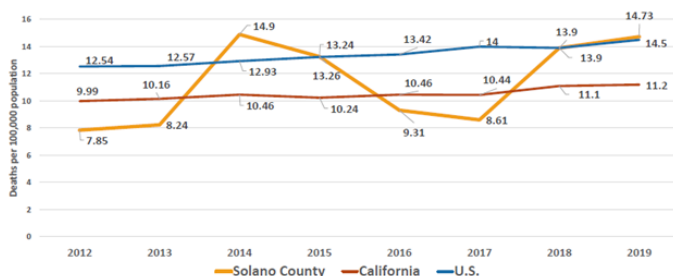
- Suicide is the 10<sup>th</sup> leading cause of death in the U.S. and the 2<sup>nd</sup> leading cause of death for individuals ages 10-34
- 1 out of 6 students nationwide (grades 9-12) seriously considered suicide in the past year
- Each day an estimated 18-22 veterans die by suicide
- The rate of suicide is highest in middle age white men
- On averages there are 130 suicides per day in the U.S.
- Firearms accounted for 50.39% of suicide deaths in the U.S
- 1.38 Million attempts in 2019
- LGBTQ+ youth seriously contemplate suicide at almost three times the rate of heterosexual youth and LGBTQ+ youth are 4 times more likely to have attempted suicide than straight youth
- In a national study, 40% of transgender adults reported having made a suicide attempt, and 92% of these individuals reported having attempted suicide before the age of 25.

Adapted from: nami.org, <https://afsp.org/about-suicide/suicide-statistics/> and <https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>

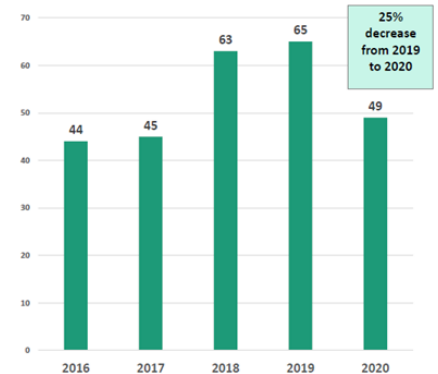
## The Impact of Suicide

National & Local Data

## How Solano Compares to the State and the Nation CY 2012-2019

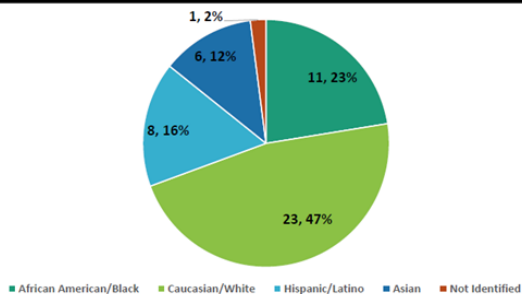


## Suicide Deaths by CY 2016-2020

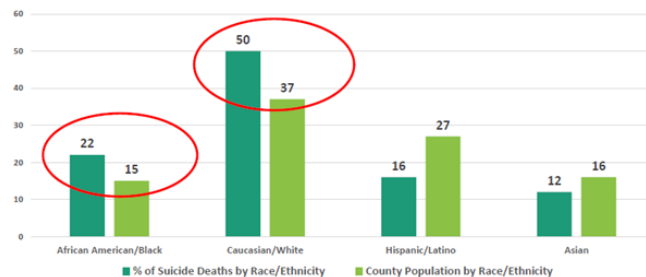




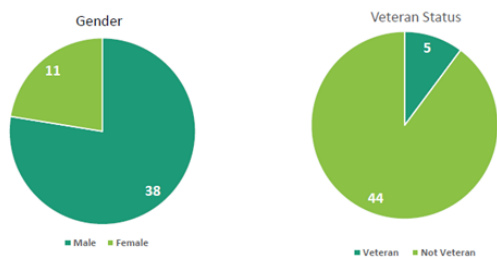
### Suicide Deaths by Race/Ethnicity CY 2020



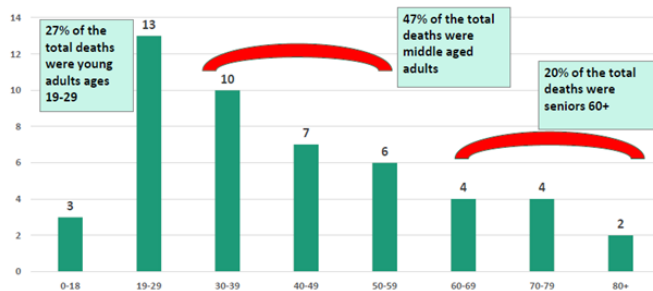
### Suicide Deaths Compared to County Population by Race/Ethnicity CY 2020



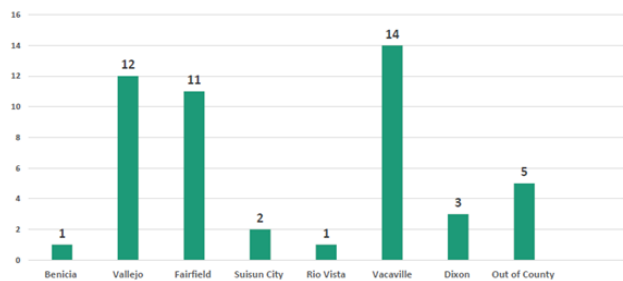
### Suicide Deaths by Gender & Veteran Status CY 2020



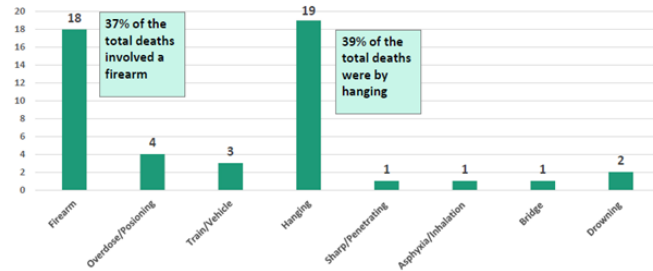
### Suicide Deaths by Age CY 2020



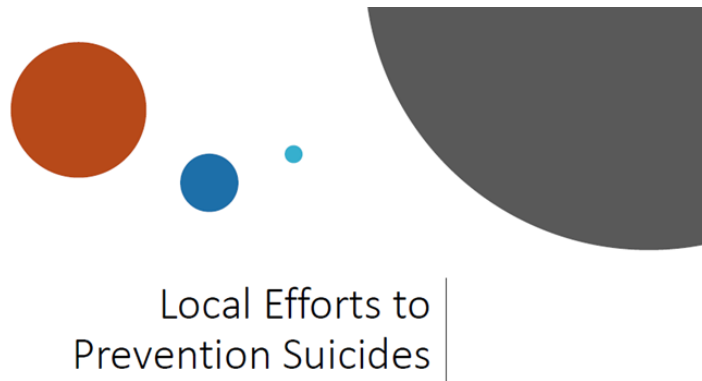
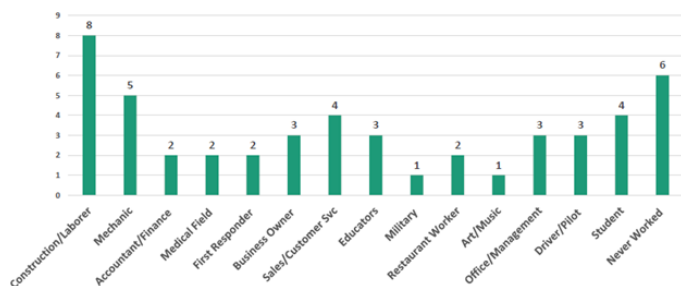
### Suicide Deaths by City of Residence CY 2020



### Suicide Deaths by Means CY 2020



### Suicide Deaths by Occupation CY 2020



## Suicide Prevention Strategies

<p><b>Stigma Reduction &amp; General Suicide Prevention Efforts</b></p> <ul style="list-style-type: none"> <li>• <b>Targeted Outreach</b> including public service announcements, tabling, social media, etc.</li> <li>• <b>Distribution</b> of stigma reduction and suicide prevention messaging and materials for community partners</li> </ul>
<p><b>Suicide Prevention Trainings</b></p> <ul style="list-style-type: none"> <li>• <b>ASIST:</b> 16 hour training</li> <li>• <b>safeTALK:</b> 3 hours training</li> <li>• <b>Mental Health First Aid (MHFA):</b> 8 hour training, various modules including adult, youth, older adult, first responders, etc.</li> </ul>
<p><b>Partnership with First Responders</b></p> <ul style="list-style-type: none"> <li>• Collaboration with Sheriff Office – Coroner's Office</li> <li>• <b>Crisis Intervention Team (CIT) Training</b> fund 8hr course for all law enforcement departments and developing a 40hr week training in partnership with Fairfield PD, Sheriff and NAMI</li> <li>• <b>Implementation of Mobile Crisis</b></li> <li>• Provide stigma reduction and suicide prevention messaging and materials focused on first responders</li> <li>• <b>Firearm Safety Campaign</b></li> </ul>

## Suicide Prevention Strategies

<p><b>Partnerships with Schools</b></p> <ul style="list-style-type: none"> <li>• <b>Support for Schools/Districts</b> with stigma reduction and suicide prevention messaging and materials</li> <li>• <b>45 School Wellness Centers</b> for K-12 and adult ed sites</li> <li>• <b>Mental Health Student Services Act (MHSSA)</b> Grant provides expanded training and technical assistance on suicide prevention for districts, school-based crisis services, screenings and assessments for youth at risk of dropping out</li> </ul>
<p><b>Screening Project</b></p> <ul style="list-style-type: none"> <li>• <b>Suicide Screening Letter</b> distributed to health care and behavioral health providers with suggested suicide screening questions             <ul style="list-style-type: none"> <li>• <i>In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?</i></li> <li>• <i>Have you felt hopeless in the last 30 days?</i></li> </ul> </li> </ul>
<p><b>Future Projects</b></p> <ul style="list-style-type: none"> <li>• <b>Implement a Suicide Death Review</b></li> <li>• <b>Targeted Outreach to HR Departments</b></li> </ul>



# QUESTIONS

## Breakout Sessions

### Small Group Agreements

- **Open-mindedness:** listen to and respect all points of view
- **Acceptance:** suspend judgment as best you can
- **Curiosity:** seek to understand rather than persuade
- **Discovery:** question old assumptions, look for new insights
- **Grace:** understanding that we may have unexpected co-workers and/or tech issues
- **Sincerity:** speak for yourself about what has personal heart and meaning
- **Brevity:** go for honesty and depth but don't go on and on
- **Privacy:** keep personal information shared during this group confidential

### Bringing it Together – Large Group Discussion

## Resources

Access, Hotlines & Text Lines and Crisis Services,

### Solano County Access & Crisis Hotlines

- **Solano County Behavioral Health:** (800) 547-0495
- **National Suicide Prevention Lifeline:** (800) 273-TALK (8255)
  - 24/7 suicide prevention hotline staffed by crisis specialists
  - (888) 628-9454 Spanish line
  - Callers who are veterans will be routed to a special veteran's line by pressing "1" after calling #
- **Lifeline for Deaf & Hard of Hearing:** (800)-799-4889
- **Friendship Line (seniors 60+):** (800) 971-0016
- **Crisis Text Line:** Text "Hello" or "Home" to 741741
  - 24/7 suicide prevention texting crisis service staffed by crisis specialists

**CRISIS TEXT LINE**

A free, 24/7 text line for people in crisis

TEXT Hello to 741741

## LGBTQ+ Crisis Hotlines & Suicide Prevention

- **Trans Lifeline:** (877) 565-8860
  - Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project:** (866) 488-7386 <http://www.thetrevorproject.org>
  - Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth ages 25 and under
  - Trevor Text Line: Text "START" to 678678 Mon-Friday 12p-7pm



**THE TREVOR PROJECT**  
Saving Young LGBTQ Lives

### Community-Based Mobile Crisis



Delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community and avoid need for further crisis stabilization services or hospitalization.

- Program launch May 2021
- Serves children, youth and adults
- No insurance requirements
- Monday-Friday between 11AM-10PM and eventually 365/7
- Phased implementation starting with law enforcement
- Mental Health Services Act (MHSA) funded

### School-Based Mobile Crisis

Delivered by clinicians who will respond to crisis situations on school sites with a goal to stabilize the student in the community and avoid need for further crisis stabilization services or hospitalization.

- Program launch May 2021
- Serves children and youth at K-12 schools
- No insurance requirements
- Services providing during school hours
- Mental Health Student Services Act (MHSS) grant funded



### Crisis Stabilization Unit (CSU)

The CSU is a locked 12 bed facility opened 24/7 used to stabilize **children and adults** who are in crisis and/or to transfer them to an inpatient hospital if necessary.

#### Who should utilize the CSU or when should I refer someone to the CSU?

- A person who presents in acute psychiatric crisis; suicidal ideation, homicidal ideation or presenting as gravely disabled
- No apparent medical complications. If there are clear medical needs, the person needs to be taken to local Emergency Department instead of the CSU

#### What happens at the CSU?

- Evaluation for maintaining, dropping or placing a 5150 hold
- Crisis intervention including initiation of medication as appropriate
- Referrals for local resources if not detained on 5150; crisis residential services, crisis aftercare services, shelter, family, outpatient services, case management services
- Referral to inpatient psychiatric hospital if warranted

2101 Courage Drive, Fairfield—Phone: 707-428-1131



# QUESTIONS

### Next Steps

- Complete Community Forums
- Plan Document to be Updated
- Present to Solano County Board of Supervisors in August with Resolution for Suicide Prevention Awareness Week



### Key Behavioral Health Contacts



[www.SolanoCounty.com/Depts/BH/MHSA](http://www.SolanoCounty.com/Depts/BH/MHSA)



Solano County-Mental Health Services Act Program



@SolanoCountyBH



BH Admin  
(707)784-8320

- Sandra Sinz, Behavioral Health Chief  
[SSinz@SolanoCounty.com](mailto:SSinz@SolanoCounty.com)
- Emery Cowan, Behavioral Health Director  
[ECowan@SolanoCounty.com](mailto:ECowan@SolanoCounty.com)
- Leticia De La Cruz-Salas, Administrator Children's & Hiring  
[LDeLaCruz-Salas@SolanoCounty.com](mailto:LDeLaCruz-Salas@SolanoCounty.com)
- Tracy Lacey, Sr. Manager & MHSA Coordinator  
[TCLacey@SolanoCounty.com](mailto:TCLacey@SolanoCounty.com)
- Eugene Durrah, Supervisor MHSA Unit & Ethnic Services Coordinator  
[EADurrah@SolanoCounty.com](mailto:EADurrah@SolanoCounty.com)

Link to the Solano County Suicide Prevention Page  
<https://www.solanocounty.com/depts/bh/sp.asp>

## Questions for Breakout Groups for Community Forums

Section of Plan is in blue and were the categories or titles of the posters we had for in-person meetings and then the item in italics and underlined was the question or statement posted on the posters for the graffiti wall exercise

### Breakout Group #1

#### Prevention Through Knowledge: Training & Community Awareness Efforts

- Trainings
- Stigma Reduction & Education
- Share & Communication of Resources

***1. From your perspective, what suicide prevention trainings and/or suicide stigma reduction activities are most effective.***

Special Target Populations – The following are the communities that we held focus groups or key informant interviews with that have been identified to be at risk for suicide (facilitator could post this list in the chat)

- Youth
- LGBTQ+ Youth
- Middle-aged men
- Seniors over 60
- Veterans
- LGBTQ+ adults
- Active and Retired Law Enforcement & First Responders
- Black/African American community
- Asian/Pacific Islander community
- Hispanic/Latino community
- Native American community
- Family Member Survivors

***2. Are there additional special populations that we should consider addressing in the future?***

***3. Do you have any recommended strategies to provide outreach & engagement activities for the target populations identified?***

## **Breakout Group #2**

### Phases of Intervention

#### Screening

- 1. What types of screening tools do you feel are effective? (e.g. self-reporting tools, verbal interview, etc.)**

#### Treatment

- 2. What types of crisis treatment services are needed and/or most effective (e.g. mobile crisis, crisis respite, individual therapy, group therapy, etc.)?**

#### Aftercare

- 3. What do you think is needed to provide support for individuals and families after a mental health crisis? Are there additional aftercare programs or models that would be effective?**

## **Breakout Group #3**

### Outcomes & Goals

- 1. What is the best way to keep the community informed about the impact of suicide locally?**
- 2. What is the best way to keep the community informed about the various suicide prevention strategies and efforts?**

## **Breakout Group #4**

### Community Coordination

- 1. What changes would you like to recommend for improving the coordination of crisis services between organizations when an individual is experiencing a crisis?**
- 2. What recommendations do you have for improving the coordination of suicide prevention efforts and activities across the County? (e.g. Between Kaiser/North Bay/Sutter)**

### Postvention

- Support for family/loved ones who lost a loved one to suicide
  - Support for providers/school communities/first responders/Etc.
- 3. Are you aware of any postvention services that are currently available in the County? (e.g. grief or survivor groups, debriefing activities, resources, school responses)**
  - 4. When there is a suicide death who do you think is best suited to support the family and loved ones who have experienced the loss?**



# Solano County Behavioral Health Mental Health Services Act (MHSA) Annual Update FY2021/22

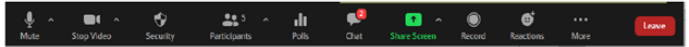
Tracy Lacey, LMFT | Sr. Manager & MHSA Coordinator



## Housing Keeping & Demographic Survey



### Zoom How To's

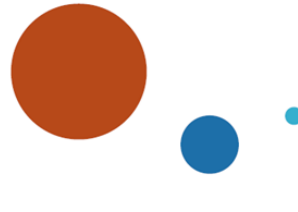


1. When we get to Q&A parts of the meeting if you have a question please unmute yourself. **Please mute yourself if you're not speaking.**
2. Click the arrow to change your audio settings (phone/computer).
3. To turn your webcam on or off, click Start/Stop Video. **Please keep your camera off during the slide presentation.**
4. Click the arrow to access your Video Settings.
5. To view who is in the meeting click the "Participants" pane.
6. To chat, first click "Chat" and then type in the chatbox.
7. Leave Meeting

If you are having technical difficulties, please email SolanoMHSA listed in the chat or you can use chat to let us know you are having an issue

## Overview

- Mental Health Services Act (MHSA) Refresher
- MHSA Updates
- MHSA Programs & High Level Review Outcomes for Services Rendered FY 2020/21
- Breakout Groups: Community Voice
- Bringing it Together: Group Discussion



## MHSA Refresher

## MENTAL HEALTH SERVICES ACT:



In 2004 California voters passed **Proposition 63**, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

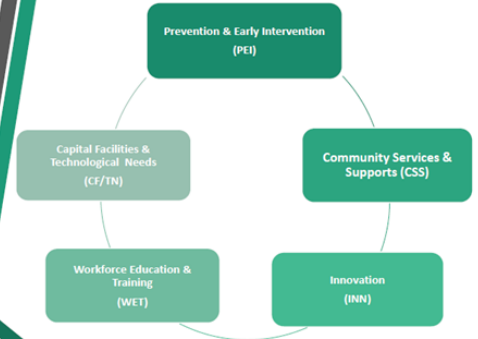
Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally responsive continuum of care that promotes wellness and recovery.

Link to current [MHSA Three-Year Plan FYs 2020/23](#)

### MHSA Mission & Values

Community engagement and collaboration	Promotes culturally responsive services	Decreases stigma	Increases access to underserved and unrepresented groups
Creates individual and family-driven programs	Philosophy of a wellness, recovery and resilience	Promotes an integrated service experience	Outcome-based programs

## MHSA Program Components



## PEI Component

19% of the total funds received annually **must** be allocated to PEI and cannot be transferred to other components

- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts
- 2 core PEI components Access & Linkage to Treatment and Improving Timely Access to Services for Underserved Populations
- There are 5 required approaches per PEI regulations, and additional 6 PEI priorities per SB1004 (2018)
- 51% of the PEI funds **mandated** to be spent on individuals 25 years and younger

### Mandated PEI approaches per Act

- Suicide Prevention
- County Stigma & Discrimination Reduction
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Access & Linkage to Treatment
- Prevention & Early Intervention

Link to current countywide [Suicide Prevention Plan 2021](#)

### Mandated PEI priorities per SB1004

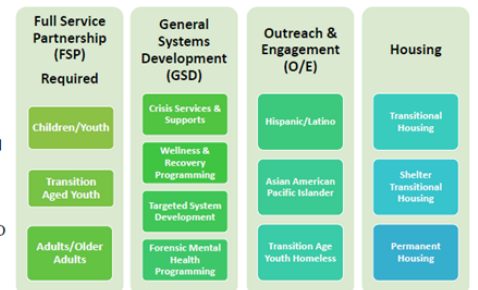
- Childhood Trauma Prevention
- Youth Outreach & Engagement for Secondary Schools and Transition Age Youth
- Early Psychosis & Mood Disorder Detection, Intervention and Suicide Prevention
- Culturally Competent & Linguistically Appropriate Services
- Older Adults
- Early Identification of Symptoms & Disorders including Anxiety, Depression and Psychosis

## CSS Component

76% of the total funds received annually are CSS funds

- Services for individuals of all ages with more serious mental health conditions
- 51% of the CSS funds **mandated** to be spent on Full Service Partnership Programs (FSP) for all ages. Due to COVID a state law allowed for flexibility on this during FY 2020/21 and this current FY 2021/22. Solano is taking advantage of this flexibility

### Sub-Components of CSS



Counties can transfer up to 20% of CSS funds to support ongoing WET & CF/TN initiatives and/or to the Prudent Reserve

## Innovation (INN) Component



Innovation stakeholder meetings coming soon

5% of the total funds received annually are INN funds and cannot be transferred to other components. Intended to identify new innovative practices or strategies with an emphasis on underserved communities and a goal to share learning statewide.

These funds are unique in that the following are mandates:

- A separate community program planning (CPP) stakeholder process
- A separate Plan document is required and must be posted for 30-day public comment and a Public Hearing must be held.
- An annual report is due for each individual INN project
- The INN Plan must be presented to the Mental Health Services Oversight and Accountability Commission before the project can commence or before any funds can be used
- Projects are only approved for 3 years (or 5 with special considerations) and the County has to try and find a way to sustain the program with alternate funds if successful

### Workforce Education & Training (WET)

- Can be used for training the workforce on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions. Additionally, WET funds can be used to train community partners to better serve behavioral health consumers; e.g. Crisis Intervention Team (CIT) Training for law enforcement.
- Only a 10 year funding stream; no new money since 2014.
- With stakeholder endorsement we are transferring CSS funds to support WET initiatives

### Capital Facilities & Technological Needs (CF/TN)

- Can be used for enhancement of buildings or facilities being used specifically to provide direct services for consumers, or projects related to technology such as electronic health record implementation
- Only a 10 year funding stream; no new money since 2014.
- No current CF/TN initiatives

### Prudent Reserve

- Counties are permitted to allocate up to 33% of the 5 year average of incoming CSS funds to the Prudent Reserve account.
- Funds are intended to only be used in a budget crisis and counties have to obtain permission from the State. Exception FY 2020/21 and FY 2021/22 due to COVID.

## Community Program Planning (CPP): What is Your Role in MHSA?



## MHSA Updates

Impact of COVID-19 & State and Local MHSA Updates

## Update on the Impact of COVID-19

### Service Delivery & Telehealth

As a result of COVID-19 many of our MHSA providers continue to provide telehealth services and/or in-person services based on population being served.

- Telehealth posed some barriers for underserved communities without access to equipment
- As a result of telehealth there was some reductions in no shows for medication appointments
- System has adapted to telehealth and will continue to provide this for those consumers who benefit from it

### Funding Update

At start of the pandemic Solano County Behavioral Health had a \$4.5 Million budget shortage for realignment. MHSA funds were used to preserve core services. The initial projections for MHSA funds anticipated a significant shortfall, however both funding streams have stabilized.

### Staffing Challenges

COVID-19 has created a statewide workforce crisis particularly in behavioral health which has impacted service delivery and our outcomes.

## State & Local Updates

### First MHSA Triennial Audit

- Completed May 2021 – Solano County did well, Plan of Correction for minor issue

### State Legislative Updates & DHCS Information Notices (IN)

- AB 2265 Peer Specialist Certification signed by Governor Newsom September 25, 2020
  - Training and certification will be provided by CalMHSA
  - Peers will have mobility
  - Peer delivered services are in the CalAIM waiver
- AB 2265 MHSA Funds for Co-Occurring
  - Allows MHSA funds to be used specifically assess consumers with co-occurring mental health and substance use conditions
  - Mandates reporting of # of consumers assessed under MHSA funded programs who have a co-occurring diagnosis and report # of consumers determined to have primary SUD at reassessment

### New Programs

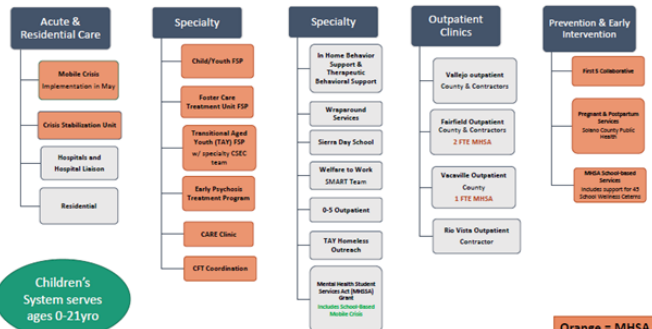
- Mobile Crisis – Uplift Family Services launched May 2021

### Staffing Expansions

- County positions to address newly identified needs

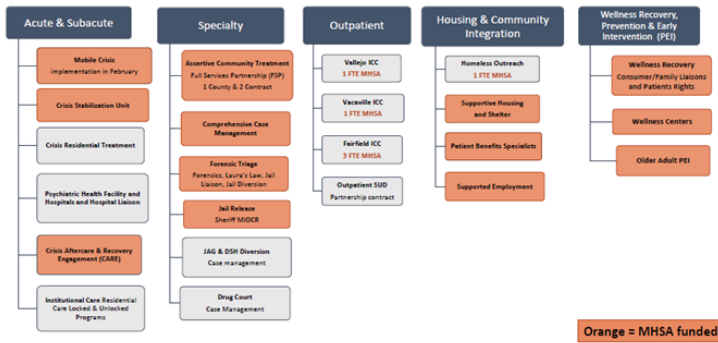
## MHSA Programs

## Solano BH Teams/Service Programs – Children & Youth

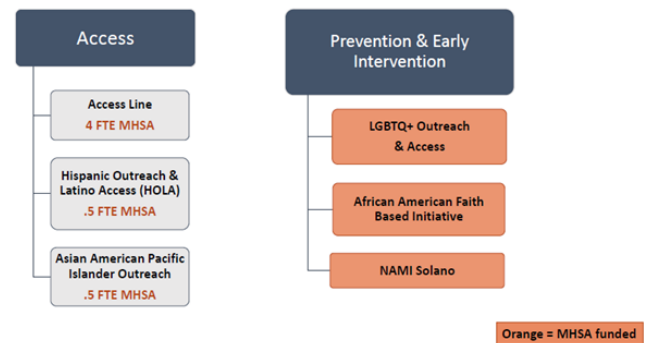


Orange = MHSA funded

## Solano BH Teams/Service Programs - Adults



## Solano BH System of Care – Non-Age Specific



## Mobile Crisis Programming

### Community-Based Mobile Crisis



Delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. with a goal to stabilize the individual in the community and avoid need for further crisis stabilization services or hospitalization.

- Program launched May 2021 in seat of county
- Serves children, youth and adults
- No insurance requirements
- Phased implementation starting with law enforcement as only referral source and eventually phone # to be advertised so any community member can self refer or refer a loved one
- Currently operating Monday-Friday between 11AM-8PM and eventually 365/7 in central County
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Services Act (MHSA) funded

### School-Based Mobile Crisis

Delivered by clinicians who are Crisis Specialists who will respond to crisis situations on school sites with a goal to stabilize the student in the community and avoid need for further crisis stabilization services or hospitalization. Due to staffing and support on school campuses one clinician will respond per call. Staffing supports up to 3 calls at same time.

- Program launched at start of this school year
- Serves children and youth at K-12 schools
- No insurance requirements
- All youth must be referred by school site staff
- Services provided during school hours on school campuses 8AM-4:30PM (will take calls up to 4PM)
- Staff 5150 certified and can arrange for transport by ambulance
- Will dispatch and arrive within 30 minutes

Mental Health Student Services Act (MHSSA) grant funded

## MHSA Expenditures FY 2020/21

Total MHSA \$25,239,674 spent of original \$30,128,359 budget

Funding Component	Expenditures FY 2020/21	Estimated % of funds allocated for children/youth	Estimated % of funds allocated for adults	Estimated % of funds allocated for all ages
CSS	\$19,308,500	29%	66%	5%
PEI	\$4,668,201	73%	21%	6%
INN	\$1,154,864			
WET	\$108,109			
CF/TN	\$0			

## PEI Programs At a Glance

PROGRAM/SERVICE	AGES	# SERVED PREVENTION	# SERVED INTERVENTION	PROVIDERS
Early Childhood Strategy	0-5	4,662	277	First 5 Solano & their sub-contractors
Pregnant/Postpartum Maternal Support Strategy	0-5 Mothers	61	61	Solano County Public Health: Maternal Child and Adolescent Health
School-Based MH Services	6-21	2,005	207	A Better Way, Rio Vista CARE, Solano County Office of Education
Early Psychosis Treatment Program	12-30	138	33	Aldea Children & Family Services in partnership with UC Davis Behavioral Health Center of Excellence
Older Adult Programming	60+	373	124	Choice in Aging & Faith in Action
African American Faith-Based Initiative	All	2,133*	N/A	Mental Health Friendly Communities (MHFC) Consultants: Gigi Crowder, Pastor Horacio Jones, Minister Monique Tarver
Family & Peer Support	All	513	N/A	National Alliance on Mental Illness (NAMI) Solano
LGBTQ+ Outreach/Access Program	All	300	37	Solano Pride Center
Community-Based Mobile Crisis	All	53	N/A	Uplift Family Services

\* not unduplicated

## CSS Programs At a Glance

Program/Service	# Unduplicated Consumers Served	Providers
Crisis Stabilization Unit (CSU)	995 admissions for 692 unduplicated consumers	Crestwood
Jail Release Reentry Program	176	Solano County Sheriff's Office & subcontractor (Caminar)
Katie K. Services (KAS) Program	41	Seneca
Wellness & Recovery Unit	1,054*	Solano County Behavioral Health
Adult Wellness & Recovery Centers	161	Caminar
Employment Program	140	Caminar Jobs Plus
CARE Clinic	21	Child Haven
Community Case Management (CCM) Program	236	Caminar
Forensic Triage Team	153	County
Crisis Aftercare & Recovery Engagement (CARE)	303	County

\* = may not be unduplicated

## Full Service Partnership (FSP) Programs at a Glance

FSP Programs served **543** individuals

- 10 children (ages 0-5)
- 155 children (ages 6-15)
- 125 Transition-Age Youth (TAY) (ages 16-25)
- 208 Adults (ages 26-59)
- 45 Older Adults (60+)

County Child/Youth FSP
County Foster Care Treatment FSP
Contractor Transition Age Youth (TAY) FSP
County Assertive Community Treatment (ACT) Adult FSP
Contractor Adult ACT FSP
Contractor Adult Homeless ACT FSP

## MHSA Housing Programs at a Glance



\$2M or 8% of the CSS funds are being used to prevent homelessness  
\*Does not include FSP Flex funds for housing

# of Consumers Housed	Contractor & Program	# of units/beds available
31	BACS Transitional Housing	8 units, 16 beds
75	Caminar Supported Permanent Housing	46 units (17 units original to CalHFA funds)
9	Caminar Gateway Transitional Housing	1 unit, 4 beds
73	Shelter Solano	15 beds
31	Caminar Bridge Transitional Housing	1 unit, 12 beds

Green = housing programs were initiated with CalHFA Funds and County must fund case management for 20 years thru FY 2031/2032



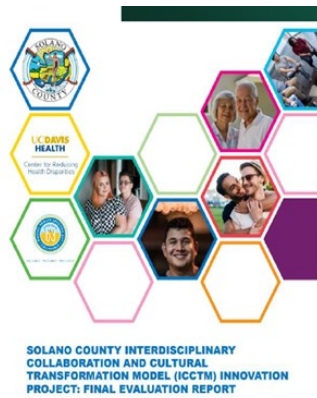
## Innovation Projects - ICCTM Project

**Project Ended: Interdisciplinary Collaboration & Cultural Transformation Model (ICCTM)**

**Project Partners:** County Behavioral Health, UC Davis Center for Reducing Health Disparities, Solano Pride Center, Fighting Back Partnership, Rio Vista CARE and the community.

### Progress of ICCTM FY 2020/21

- Continued implementation of 14 QI Action Plans developed by multi-sector partners
- 2 Community Forums 3.0 held, one in English and one in Spanish
- Link to [Final Evaluation Report](#)



## Innovation Projects-EP LHCN Project

**Current Project: Early Psychosis Learning Health Care Network (EP LHCN)**

Creates a unified network of CA Early Psychosis (EP) programs to standardize practice and support knowledge-sharing by establishing an app enabling participation for consumers and families across 13 languages to self-report progress.



**Project Partners:** UC Davis Behavioral Health Center of Excellence, Solano LA, Orange, San Diego, Napa and other Counties, and other academic institutions.

### Progress of EP LHCN FY 2020/21

- Beta tested the Beehive data collection system
- Held stakeholder focus groups to get feedback on system
- Began to collect data from participating counties for larger project evaluation

## Budget FY 2021/22

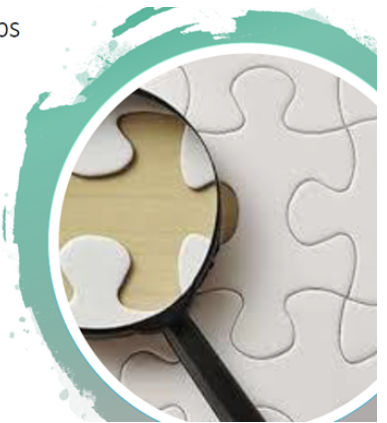
Total MHSA budget is **\$32,038,218**

Funding Component	Working Budget FY 21/22	% of funds allocated for children/youth	% of funds allocated for adults	% of funds allocated for all ages
CSS	\$24,097,921	29%	66%	5%
PEI	\$6,405,520	60%	37%	3%
INN	\$1,299,500			
WET	\$235,277			
CF/TN	\$0			

## Stakeholder Identified Gaps in the System of Care

### CPP for Three-Year Plan & Suicide Plan Update

- Awareness of services & resources available
- Agency Collaboration for both prevention and treatment
- Housing and support for homeless population
- Lack of services for privately insured & mild-to-moderate population
- Lack of services for seniors with serious mental illness and LGBTQ+ seniors
- Tech divide for some communities; not able to access telehealth and/or social media to learn about services
- Need more linguistically appropriate services, more bilingual and bicultural providers
- Support and resources for family survivors of suicide



## County Identified Gaps in the System of Care

### Capacity Issues Resulting in Waitlists

- Children's Programming – both Outpatient & FSPs
- Adult Programming – both CCM & FSPs
- Employment Program
- PEI Older Adult Programs

### Staff Recruitment & Retention

- Due to COVID-19 all industries and specifically behavioral health are experiencing staff retention challenges

### Increased Need

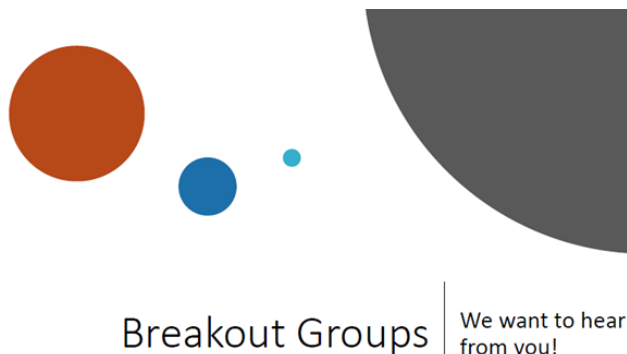
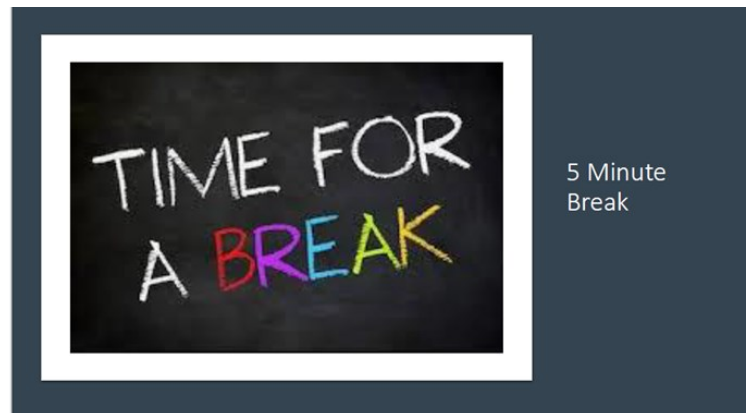
- Support for students as they return to schools

### Healthcare Disparities

- Hispanic/Latinx, AAPI and LGBTQ+ communities continue to be underserved
- African American/Black community is overrepresented particularly in high end services
- Lacking culturally responsive services for Native American/Indigenous community

### Community-Based Mobile Crisis

- Need additional teams to support entire county



## Small Group Agreements

- Respect:** share your thoughts in a manner that is respectful of others
- Open-mindedness:** listen to all points of view
- Grace:** understanding that we may have unexpected co-workers and/or tech issues
- Acceptance:** suspend judgment as best you can
- Brevity:** go for honesty and depth but don't go on and on
- Discovery:** question old assumptions, look for new insights, seek to understand rather than persuade
- Privacy:** keep personal information shared during this group confidential



## Bringing it Together – Large Group Discussion

## Another Chance to Complete the Demographic Survey



## Next Steps for Annual Update

- Annual Update Document will be posted for 30-day public comment in on or before **November 12th**
- Public Hearing – Mental Health Advisory Board Meeting Public Hearing will be held **December 14th**
- Solano County Board of Supervisors approval **January 2022 date TBD**
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) for approval

\*Dates revised




## Meeting Evaluation



## Key Behavioral Health Contacts



-  [www.SolanoCounty.com/Depts/BH/MHSA](http://www.SolanoCounty.com/Depts/BH/MHSA)
-  Solano County-Mental Health Services Act Program
-  @SolanoCountyBH
-  (707)784-8320

- Tracy Lacey, Sr. Manager & MHSA Coordinator  
[TLacey@SolanoCounty.com](mailto:TLacey@SolanoCounty.com)
- Leticia De La Cruz-Salas, Administrator Children's & Hiring  
[LDeLaCruz-Salas@SolanoCounty.com](mailto:LDeLaCruz-Salas@SolanoCounty.com)
- Kate Grammy, Administrator Adult's & SUD  
[KAGrammy@SolanoCounty.com](mailto:KAGrammy@SolanoCounty.com)
- Emery Cowan, Deputy Behavioral Health Director  
[ECowan@SolanoCounty.com](mailto:ECowan@SolanoCounty.com)
- Sandra Sinz, Behavioral Health Director  
[SLSinz@SolanoCounty.com](mailto:SLSinz@SolanoCounty.com)

SOLANO COUNTY BEHAVIORAL HEALTH | MENTAL HEALTH SERVICES ACT

# SUICIDE PREVENTION COMMUNITY FORUMS

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Solano County Behavioral Health, in partnership with the Solano County Suicide Prevention Committee, has launched a community program planning process to update the Solano County Suicide Prevention Strategic Plan which was developed and approved by the Solano County Board of Supervisors in 2017. Solano County is one of only seven California counties to have a countywide plan to address the issue of suicide. This plan is a guide for the entire county -- both public and private sectors -- to reduce suicide deaths in Solano County.

In addition to targeted focus groups being held for populations considered at higher risk for suicide, **three virtual community forums will be held for the purpose of raising awareness regarding how suicide deaths impact the local Solano County community and to engage community members in identifying strategies to reduce suicide deaths locally.**

The community forums are open to consumers, family members, behavioral health, and health care providers, local education agencies, elected officials, first responders, and concerned citizens. Each forum will include:

- Solano County suicide death statistics
- Current suicide prevention efforts and strategies
- Breakout session to hear feedback from the community about how to raise awareness and prevent suicides
- Advocacy and crisis resources

---

## DATES

May 3, 2021 | 9am-11am

May 10, 2021 | 5pm - 7pm

May 13, 2021 | 3pm - 5pm

These are virtual forums and will be held on Zoom.

To register and receive a meeting link, please email [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) no later than 2 business days prior to your preferred meeting date and time.

SOLANO COUNTY BEHAVIORAL HEALTH | MENTAL HEALTH SERVICES ACT

# FORO COMUNITARIO DE PREVENCIÓN DEL SUICIDIO

El departamento de Salud Conductual del Condado de Solano (SCBH), en asociación con el Comité de Prevención del Suicidio del Condado de Solano, ha lanzado un proceso de planificación de programas comunitarios para actualizar el Plan Estratégico de Prevención del Suicidio del Condado de Solano que fue desarrollado y aprobado por la Junta de Supervisores del Condado de Solano en 2017. El condado de Solano es uno de los únicos siete condados de California que tienen un plan en todo el condado para dirigir este tema del suicidio. Este Plan es una guía para que todo el condado, tanto en el sector público como en el privado, para reducir las muertes por suicidio en el condado de Solano.

Además de los grupos focales específicos que se llevan a cabo para las poblaciones consideradas con mayor riesgo de suicidio, se llevarán a cabo tres foros comunitarios virtuales con el propósito de crear conciencia sobre cómo las muertes por suicidio afectan a la comunidad local del condado de Solano y para involucrar a los miembros de la comunidad en la identificación de estrategias para reducir las muertes por suicidio localmente.

Los foros comunitarios están abiertos a consumidores, familiares, proveedores de salud mental y atención médica, agencias locales de educación, funcionarios electos, primeros respondedores y ciudadanos preocupados. Cada foro incluirá lo siguiente:

- Estadísticas de muertes por suicidio en el condado de Solano
- Esfuerzos y estrategias actuales de prevención del suicidio
- Platica para escuchar comentarios de la comunidad sobre cómo crear conciencia y prevenir suicidios
- Recursos de abogacía y crisis

## FECHAS

3 de mayo de 2021 | 9am-11am

10 de mayo de 2021 | 5 pm-7pm

13 de mayo de 2021 | 3pm-5pm

Reuniones son en ingles

Estos son foros virtuales y se llevarán a cabo en Zoom.

Para registrarse y recibir un enlace de reunión, envíe un correo electrónico a [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) a más tardar 2 días de negocio antes de la fecha y hora de su reunión preferida.

KAGAWARAN NG KALUSUGAN NG PAG-UUGALI NG SOLANO COUNTY  
BATAS SA MGA SERBISYO SA KALUSUGAN NG PAG-IISIP

## **MGA PAGPUPULONG SA KOMUNIDAD UKOL SA PAG-IWAS SA PAGPAPAKAMATAY**

Ang Kagawaran ng Kalusugan ng Pag-uugali ng Solano County, sa pakikipagtulungan sa Komite ng Pag-iwas sa Pagpapakamatay ng Solano County, ay naglunsad ng proseso ng pagpapalano ng programa sa pamayanan upang mai-update ang Plano ng Solano County para sa mga Pamamaraan sa Pag-iwas sa Pagpapakamatay (Solano County Suicide Prevention Strategic Plan) na binuo at naaprubahan ng Lupon ng Mga Superbisor ng Solano County noong 2017. Ang Solano County ay isa sa pito lamang na mga lalawigan ng California na mayroong plano para sa buong lalawigan upang matugunan ang isyung ito ng pagpapakamatay. Ang Plano na ito ay isang gabay para sa buong lalawigan – kapwa pampubliko at pribadong sektor – upang mabawasan ang mga namamatay dahil sa pagpapakamatay sa Solano County.

Bilang karagdagan sa naka-target na focus group na gaganapin para sa mga populasyon na isinasaalang-alang na may mas mataas na peligro para sa pagpapakamatay, gaganapin din ang tatlong mga virtual na forum ng komunidad upang mapataas ang kamalayan tungkol sa kung paano nakakaapekto sa lokal na komunidad ng Solano County ang mga kamatayan na dahil sa pagpapakamatay at upang maisali ang mga miyembro ng komunidad sa pagtukoy ng mga pamamaraan upang mabawasan ang bilang ng nagpapakamatay sa ating lokal na lalawigan.

Ang mga forum ng pamayanan ay bukas sa mga tumatanggap ng serbisyo, miyembro ng pamilya, tagapagbigay ng pangangalagang pangkalusugan at pangkalusugan sa pag-uugali, mga lokal na ahensya ng edukasyon, mga nahalal na opisyal, unang tagatugon at mga nag-aalala na mamamayan. Ang bawat forum ay isasama ang mga sumusunod:

- Mga Istatistika ng pagpapakamatay sa Solano County
- Kasalukuyang mga pagsisikap at pamamaraan sa pag-iwas sa pagpapakamatay
- Mga breakout session upang makarinig ng puna mula sa pamayanan tungkol sa kung paano mapataas ang kamalayan at maiwasan ang pagpapakamatay
- Pagtataguyod at mga mapagkukunan ng tulong para sa krisis

### **PETSA**

**Mayo 3, 2021 | 9am-11am**

**Mayo 10, 2021 | 5pm - 7pm**

**Mayo 13, 2021 | 3pm - 5pm**

Ito ay mga virtual na forum at gaganapin sa Zoom.

Upang magparehistro at makatanggap ng link ng pagpupulong, mangyaring mag-email sa [SolanoMHSAs@solanocounty.com](mailto:SolanoMHSAs@solanocounty.com) nang hindi lalampas sa 2 araw bago ang iyong napiling petsa at oras ng pagpupulong.

# FORO COMUNITARIO DE PREVENCIÓN DEL SUICIDIO

El departamento de Salud Conductual del Condado de Solano (SCBH), en asociación con el Comité de Prevención del Suicidio del Condado de Solano, ha lanzado un proceso de planificación de programas comunitarios para actualizar el Plan Estratégico de Prevención del Suicidio del Condado de Solano que fue desarrollado y aprobado por la Junta de Supervisores del Condado de Solano en 2017. El condado de Solano es uno de los únicos siete condados de California que tienen un plan en todo el condado para dirigir este tema del suicidio. Este Plan es una guía para que todo el condado, tanto en el sector público como en el privado, para reducir las muertes por suicidio en el condado de Solano.

Además de los grupos focales específicos que se llevan a cabo para las poblaciones consideradas con mayor riesgo de suicidio, se llevarán a cabo tres foros comunitarios virtuales con el propósito de crear conciencia sobre cómo las muertes por suicidio afectan a la comunidad local del condado de Solano y para involucrar a los miembros de la comunidad en la identificación de estrategias para reducir las muertes por suicidio localmente.

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- Esfuerzos y estrategias actuales de prevención del suicidio
- Platica para escuchar comentarios de la comunidad sobre cómo crear conciencia y prevenir suicidios
- Recursos de abogacía y crisis

## **FECHA**

**Martes 25 de mayo de 2021**

**5pm-7pm**

**La reunión es en español**

La reunión podría ser transmitida en vivo en Facebook

Estos son foros virtuales y se llevarán a cabo en Zoom.

Para registrarse y recibir un enlace de reunión, envíe un correo electrónico a [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) a más tardar 2 días de negocio antes de la fecha y hora de su reunión preferida.

SOLANO COUNTY BEHAVIORAL HEALTH  
MENTAL HEALTH SERVICES ACT (MHSA)

# STAKEHOLDER MEETINGS

FOR THE FY 2021-2022 ANNUAL UPDATE

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

Meetings will be held in English only virtually via Zoom and will be recorded. Please register separately for each date you plan to attend by clicking on the appropriate meeting date(s) below:

## MONDAY

September 20, 2021  
9:00 am - 10:30am

## TUESDAY

September 21, 2021  
3:00 pm - 4:30 pm

## WEDNESDAY

September 22, 2021  
5:00 pm - 6:30 pm

## TUESDAY

September 28, 2021  
10:00 am - 11:30 am

*For questions, please call 707-784-8320, or email [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)*



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

SALUD MENTAL DEL CONDADO  
DE SOLANO (MHSA)

# REUNIONES DE PARTES INTERESADAS

PARA EL AÑO FISCAL 2021-2022 ACTUALIZACIÓN ANUAL

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

Las reuniones se realizarán en inglés virtualmente a través de Zoom y serán grabadas. Regístrese para cada fecha a la que planea atender haciendo clic en la fecha de reunión correspondiente a continuación

## LUNES

September 20, 2021  
9:00 am - 10:30 am

## MARTES

September 21, 2021  
3:00 pm - 4:30 pm

## MIÉRCOLES

September 22, 2021  
5:00 pm - 6:30 pm

## MARTES

September 28, 2021  
10:00 am - 11:30 am

*Si tiene alguna pregunta, envíe un correo electrónico a [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) o llame al 707-784-8320*



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



SOLANO COUNTY BEHAVIORAL HEALTH  
MENTAL HEALTH SERVICES ACT (MHSA)

# PAGPUPULONG NG MGA STAKEHOLDER

PARA SA TAUNANG PAGAPLANO SA FY 2021-2022

Sa maraming taon, ang Mental Health Services Act (MHSA) ay nakapagbibigay ng kauna-unahang oportunidad na maitaas ang pondo, magdagdag ng bilang ng kawani at iba pang karagdagang tulong, na sumusuporta sa mga programang pangkaisipan (mental health) sa antas ng county. Ang MHSA ay isang sistema na nakikinig sa pangangailangan ng kanyang sinasakupan. Layon nito na ang proseso ng pagpapalano (community planning) ay lumikha ng oportunidad para sa mga tagapagtaguyod at mga indibidwal na apektado ng sakit na pangkaisipan (mental illness) na maibahagi ang kanilang kuro-kuro sa pag-usad ng isang sistema na maghahatid ng epektibong serbisyo.

Lahat ng pagpupulong ay gaganapin sa Ingles sa pamamagitan ng Zoom at itatala. Pakiusap mag register ng hiwalay sa bawat araw na ninanais mong daluhan sa pamamagitan ng pag click sa tamang petsa.

## Lunes

September 20, 2021  
9:00 am - 10:30am

## Martes

September 21, 2021  
3:00 pm - 4:30 pm

## Miyerkules

September 22, 2021  
5:00 pm - 6:30 pm

## Martes

September 28, 2021  
10:00 am - 11:30 am

*Para sa karagdagang impormasyon, tumawag lamang sa 707-784-8320 o di kaya mag email sa [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)*



*Ang Solano County ay pantay ang pagtingin sa mga taong walang kapansanan at may kapansanan. Kung kailangang mo ng espesyal na akomodasyon para makilahok dito, maaring tumawag sa 707-784-8320. Pakiusap tumawag ng maaga, 24 oras bago nakatakda ang miting na gustong paglahukan.*

## FY 21-22 Facilitator Guide/Notes Small Breakout Sessions MHSA Stakeholder Meetings

Check which meeting you are facilitating:

- Monday 9/20/21; 9AM-10:30AM       Tuesday 9/21/21; 3PM-4:30PM       Wednesday 9/22/20; 5PM-6:30PM  
 Tuesday 9/28/2; 10AM-11:30AM

Name of person facilitating: \_\_\_\_\_

Name of person taking notes if different from facilitator: \_\_\_\_\_

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

1. Name
2. Title and Agency if applicable

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

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

1. In thinking about your experience with the Solano County mental health and its contractors what is working and/or the strengths of the system?

2. From your perspective what are the gaps or needs not being met?

3. From your perspective which groups or communities are impacted the most by gaps in care that we did not already identify in the previous question? Examples: age groups, race/ethnicity, LGBTQ+, homeless, immigrants, etc.
  
4. In thinking about the overall system of care and all the vulnerable communities that the County is required to serve, if we had to prioritize services, what types of services should we protect or prioritize? What do you view as the top 3 services?
  
5. In thinking about communities that are underserved or underrepresented (such as different racial/ethnic groups, LGBTQ+ and homeless communities), what strategies could be used to best address the mental health needs within these communities?
  
6. What would you like to see change in your community related to mental health?



## Solano County Behavioral Health Mental Health Services Act (MHSA) Community Program Planning (CPP) Process

### MHSA Mission

To create a state-of-the-art culturally responsive continuum of care that is consumer and family driven, is accessible to all, facilitates integrated care, and promotes wellness for all ages groups across the lifespan and is outcomes-based.

### Stakeholder Input

Peers/Consumers  
Family Members  
Behavioral Health Providers  
Physical Health Providers  
Educational Community  
Law Enforcement  
Faith Communities  
Social Service Agencies  
Veteran Representatives  
Community Members

### MHSA Components:

- Community Supports & Services (CSS)
- Prevention & Early Intervention (PEI)
- Workforce, Education & Training (WET)
- Capital Facilities & Technological Needs (CF/TN)
- Innovation (INN)

### Values of MHSA:

- Provide services to individuals across the lifespan
- Increase access to unserved and underserved individuals
- Ensure consumer/family driven services
- Decrease stigma
- Promote culturally and linguistically responsive services
- Philosophy of wellness, recovery and resilience

### Purpose of the CPP Process:

- Changes/updates to current plan
- Endorse what is working and should continue
- Gather stakeholder perspective regarding needs and gaps in relation to County system of care
- Endorse funding new programs or strategies to address an identified need

Regular Data Collection  
& Periodic Review

Annual Updates, Innovation Projects and every three years develop a new Three-Year Integrated MHSA Plan

# Data slides from Solano County Suicide Prevention Focus Groups

2021

## Statistics Related to AAPI Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 10% (5) were Asian Pacific Islander residents (Solano County Coroner's Office).

The suicide rate for Asian Pacific Islanders (7.4 per 100,000) is about half that of the national rate (14.5 per 100,000) (American Association of Suicidality, 2020).

Suicide was the second leading cause of death for Asian-Americans aged 15-34, which is consistent with the national data (the second leading cause for all 15-24 year-olds regardless of race/ethnicity, and the third leading cause for 25-34 year-olds (American Psychological Association).

In aggregate, Asian Americans have the lowest utilization rates of mental health services among ethnic populations, regardless of gender, age, and geographic location. However, Asian Americans who do seek care tend to delay using services until their problems become severe (Javier, J. R., et al., 2010).

## Statistics Related to Survivors

For each death by suicide 147 people are exposed [for 2019, 6.98 million annually] (U.S.A. Suicide: 2019 Official Final Data, American Association of Suicidality)

As many as 40-50% of the population have been exposed to suicide in their lifetime (U.S.A. Suicide: 2019 Official Final Data, American Association of Suicidality)

Survivors of suicide are more likely than other bereaved individuals to develop symptoms of PTSD (Tal Young, L., et. al., 2012)

## Statistics Related to the Latino/Hispanic Community

During calendar year 2020 there were 49 suicide deaths in Solano County of which 14% (7) were individuals who were identified as Latino/Hispanic (Solano County Coroner's Office).

Latino/Hispanic youth are at higher risk of suicide compared to other demographic groups except whites (Each Mind Matters, 2018).

Hispanics and Latinos have the lowest suicide rates among all racial/ethnic groups in the United States, although only slightly lower than blacks and African Americans (Suicide Prevention Resource Center).

Latino/Hispanic individuals in general use mental health services at lower rates (Each Mind Matters, 2018).

## Statistics Related to African Americans & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 22% (11) were African American residents, while African Americans represent only 14% of the total population in Solano County (Solano County Coroner's Office).

There has been a 114% increase in suicide deaths of African Americans in Solano County from calendar year 2018 to 2020.

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife (Suicide Prevention Resource Center, 2018).

While the majority of studies show that African American men are more likely to die by suicide; African American women are more likely to attempt suicide (American Association of Suicidology, 2016). Locally in 2020, of the 11 suicides of African American community members 9 were men and 2 were women (Solano County Coroner's Office).

## Statistics Related to Caucasian/White Males

Of the 49 suicide deaths in calendar year 2020 in Solano County 33% (16) were white adult men between the ages of 23-82. Looking closer 16% (8) were between the ages of 23-35, 12% (6) were ages 36-59, and 4% (2) were seniors over 60 (Solano County Coroner's Office).

Nationally by age and gender, the highest suicide rate is among males ages 65 and older, followed by males ages 45 to 54. (America's Health Rankings, 2020).

In 2019 the suicide death rate for white males was 26.1 representing 32,964 total deaths (American Association of Suicidology 2020).

## Statistics Related to First Responders

Since 2017 there have been 5 suicide deaths of First Responders in Solano County (Solano County Coroner's Office).

It is estimated that 30% of first responders develop behavioral health conditions, including, but not limited to depression and post-traumatic stress disorder (PTSD), as compared with 20% of the general population (SAMHSA, 2018).

Firefighters were reported to have higher attempt and ideation rates than the general population, and for law enforcement, the estimates suggest that 125 to 300 police officers die by suicide every year (SAMSA, 2018).

## Statistics Related to LGBTQ+ Adults

LGBTQ adults have a two-fold risk of suicide attempts compared to other adults (Health Resources and Services Administration, 2018).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers (SAMHSA, 2020).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

## Statistics Related to LGBTQ+ Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 (Solano County Coroner's Office).

In 2017-2019, an estimated 16% of California 9<sup>th</sup> and 11<sup>th</sup> graders and 17% of nontraditional students seriously considered attempting suicide in the previous year (KidsData.Org, 2020).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ youth seriously contemplate suicide at almost 3 times the rate of heterosexual youth and LGBTQ+ youth are almost 5 times more likely to have attempted suicide compared to heterosexual youth (Trevor Project).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

## Statistics Related to the Native Indigenous Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County. None of the individuals who died by suicide were identified to have been Native American/American Indian/Alaskan Native (Solano County Coroner's Office).

American Indian/Alaska Native individuals have the highest suicide rates in the nation at 22.1 per 100,000 people and have seen an 86 percent increase in suicide deaths since 2000 (State Health Access Data Assistance Center, 2020).

Compared with whites, American Indians/Alaska Natives who died by suicide had 2.1 times the odds of a positive alcohol toxicology result and 2.4 times the odds of a suicide of a friend or family member affecting their death (Center for Disease Control, 2018).

Native Americans are generally unserved or underserved in most communities and have high rates of depression and substance abuse and are therefore more at risk for suicide (State Health Access Data Assistance Center, 2020).

## Statistics Related to Seniors

During calendar year 2020 there were 49 suicide deaths in Solano County of which 20% (10) were seniors (Solano County Coroner's Office).

Older adults have a higher suicide rate when compared with younger adults and adolescents (America's Health Rankings, 2020).

By age and gender, the highest suicide rate is males ages 65 and older, followed by males ages 45 to 54 and females, ages 45-54, followed by those ages 55-64 (America's Health Rankings, 2020).

## Statistics Related to Transition Age Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 (Solano County Coroner's Office).

In 2017-2019, an estimated 16% of California 9<sup>th</sup> and 11<sup>th</sup> graders and 17% of nontraditional students seriously considered attempting suicide in the previous year (KidsData.Org, 2020).

Students with low levels of school connectedness were much more likely to have serious suicidal thoughts (32%) than their peers with medium (19%) or high (9%) connectedness (KidsData.Org, 2020).

Teens are considered at high risk for suicide, particularly teen boys.

## Statistics Related to Veterans

Of the 49 suicide deaths in calendar year 2020 in Solano County 10% (5) were veterans and of the 65 suicide deaths in 2019, 17% (11) were veterans. (Solano County Coroner's Office).

Veteran's suicides made up about 14 percent of total suicides in America in 2018. (U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, 2020).

Firearms were involved in more than 68% of veteran's suicides in 2018. Among the rest of the American population, the figure was about 48%.

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

- Outdoor Gear** 707-647-2511  
Am. Canyon & Fairfield 29outdoorgear.com
- Baptist Security Training**  
Vacaville www.BaptistSecurityTraining.com
- Blue Ridge Consulting & Firearms** 707-689-0172  
Vacaville BRCArms.com
- Dobbs Firearm Training** 888-485-0250  
Fairfield & Vacaville dobbsfirearmtraining.com
- Eagle Defense**  
Sloughhouse, CA www.eagledef.com
- Kennedy Consulting** 530-617-1GUN  
Fair Oaks, CA jonkennedyconsulting.com
- Liberty Firearms Training** 916-476-4987  
Sloughhouse & Walnut Grove libertyfirearmtraining.com
- Northern Firearms Instruction** 530-776-4855  
Vacaville usgunpro.com
- R&D Training** 707-592-3113  
Napa
- Security & Firearms Training Academy** 916-500-1442  
North Highlands safta-inc.com



MENTAL HEALTH SERVICES



get in touch

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

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

Mental Health Access (800) 547-0495

THE 10 COMMANDMENTS OF GUN SAFETY

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



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

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



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



8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.

9. **Never handle a firearm if you are angry or depressed.**



THE 10<sup>TH</sup> COMMANDMENT

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

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

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



# TRUEcare Map

Trust • Respect • Unity • Equity

YOUR GUIDE TO WELLNESS IN SOLANO





# TRUEcare Map

Trust • Respect • Unity • Equity

GUÍA DE RECURSOS EN EL CONDADO DE SOLANO



# TRUEcare Map

Trust • Respect • Unity • Equity

IYONG GABAY SA KAGALINGAN SA SOLANO COUNTY



# SANA ALAM MO...



**Pamilya.  
Pagkakaibigan.  
Komunidad.**

## Bakla is Love

**Mental Health Services Act**  
Solano County Behavioral Health



For more information:  
[solanocounty.com/lgbtq](http://solanocounty.com/lgbtq)

# SANA ALAM MO...



You taught me the value of family.

I need you.

I am still your son.

## Bakla is Love

**Mental Health Services Act**  
Solano County Behavioral Health



For more information:  
[solanocounty.com/lgbtq](http://solanocounty.com/lgbtq)

# SANA ALAM MO...



You taught me the value of family.  
I need you.  
I am still your daughter.

## Bakla is Love

**Mental Health Services Act**  
Solano County Behavioral Health



For more information:  
[solanocounty.com/lgbtq](http://solanocounty.com/lgbtq)

# SANA ALAM MO...



**We are happy.  
Family is still our priority.  
We want you to ask about our  
lives and include us**

## *Bakla is Love*

**Mental Health Services Act**  
Solano County Behavioral Health



For more information:  
[solanocounty.com/lgbtq](http://solanocounty.com/lgbtq)

# SOMOS UNO



**Familia.  
Amistad.  
Comunidad.**

## Más Fuertes Juntos

LesbianGayBiTransQueer+

**Ley de servicios de salud mental**  
Departamento de Salud Mental del Condado de Solano



Para más información  
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i see u  
smile



WELLNESS • RECOVERY • RESILIENCE