

Solano County Health & Social Services

Solano Mental Health Division • MHSA



Mental Health Services Act

Fiscal Year 2011-12 Annual Update to the

Three Year Program and Expenditure Plan

April 11, 2011

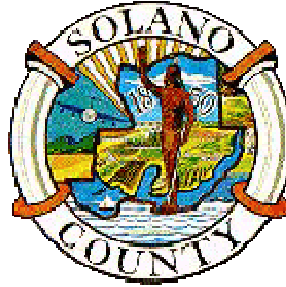


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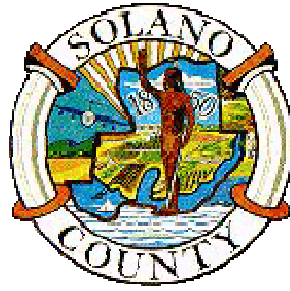


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2011/12 Annual Update

Components Included:

Exhibit A

- | | |
|--|--|
| <input checked="" type="checkbox"/> CSS | <input checked="" type="checkbox"/> WET |
| <input type="checkbox"/> CF | <input type="checkbox"/> TN |
| <input checked="" type="checkbox"/> PEI | <input checked="" type="checkbox"/> INN |

County: Solano County

| County Mental Health Director | Project Lead |
|---|-------------------------------------|
| Name: Halsey Simmons | Name: Jayleen Richards |
| Telephone Number: (707) 784-8708 | Telephone Number: (707) 784-8320 |
| E-mail: HSimmons@solanocounty.com | E-mail: JMRichards@solanocounty.com |
| Mailing Address: Solano County Health & Social Services 275 Beck Ave MS 5-250 Fairfield, CA 94533 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

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The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Halsey Simmons _____
Mental Health Director/Designee (PRINT) Signature Date

2011/12 Annual Update

Exhibit B

County: Solano County **30-day Public Comment period dates:** 2/7/11 to 3/8/11

Date: February 7, 2011 **Date of Public Hearing (Annual update only):** March 15, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

| Community Program Planning |
|---|
| <p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p> |
| <p>In Fiscal Year (FY) 10-11, Solano County Mental Health (SCMH), Mental Health Services Act (MHSA) held quarterly <u>MHSA Stakeholder Meetings</u> (see attachment 1). The MHSA Stakeholder Meetings are meetings to provide the community an update and information about SCMH, MHSA programs and activities; solicit input about SCMH, MHSA; and conduct strategic planning for SCMH, MHSA. SCMH met with stakeholders:</p> <ul style="list-style-type: none">○ Thursday, June 3, 2010 at the Fairfield Civic Center Library○ Thursday, August 19, 2010 at the Ulatis Community Center in Vacaville○ Thursday, December 2, 2010 at the JFK Library in Vallejo○ Wednesday, March 23, 2011 at the Benicia Public Library <p>MHSA Stakeholder meetings are held at various geographic locations in the county to solicit input from various regions of the county. Stakeholder meetings are open to the public. Meetings highlight a MHSA funded project, solicit input about MHSA activities from stakeholders, provide updates about MHSA strategies and activities, provide annual data reports for MHSA projects, and seek input about strategic planning efforts (see attachment 2). MHSA Stakeholder meeting announcements are sent to an email list of more than 500 recipients; flyers are posted at various community settings, including libraries, community centers, health/mental health clinics and etc.; and announcements are posted in newspapers.</p> <p>SCMH, MHSA also met with the <u>MHSA Steering Committee</u> on March 24, 2010, May 26, 2010, September 22, 2010, November 17, 2010, and December 2, 2010 since SCMH last reported community program planning process to California Department of Mental Health (DMH) (see attachment 3). The MHSA Steering Committee represents the diversity of Solano County community, including consumers, family members, unserved/underserved populations, community providers, non-profit organizations; health providers, Solano County Mental Health, County departments and others (see attachment 4) for a list of</p> |

SCMH, MHSA Steering Committee members). Ten of the 26 members of the original MHSA Steering Committee are family members of consumers or consumers. The MHSA Steering Committee provides recommendations to SCMH about MHSA programs and activities; reviews and provides input into MHSA policies; and provides input into strategic planning efforts.

This past year, the MHSA Steering Committee was provided updates about MHSA projects and activities, as well as reviewed and provided recommendations on policies and procedures related to MHSA, including Consumer and Family Member Per Diem/Cash Stipends for Participation in Planning and Implementation and Issue Resolution Process (see attachment 5). Also, the Committee provided input and recommendations about MHSA annual data and outcome measures (see attachment 6). Finally, the committee in FY 09-10 updated the MHSA Strategic Plan and in FY 10-11 the Committee was provided updates about the progress of stated activities and strategies in the plan.

In Fiscal Year (FY) 2009-10, SCMH completed a six month long community planning process to revisit Solano County Mental Health's Mental Health Services Act (MHSA), Community Services and Support (CSS) Strategic Plan. This decision was precipitated by two factors: 1.) The original MHSA CSS Strategic Plan was five years old and needed to be updated; and 2.) MHSA funds are projected to decrease the next three Fiscal Years (FY) and an updated MHSA CSS Strategic Plan would be a useful tool to guide decision-making about SCMH and MHSA program design.

The community planning process started with the MHSA Steering Committee meeting on June 30, 2009, and at this meeting Solano County Mental Health staff provided an overview of MHSA and Steering Committee objectives.³ At the July 22, 2009 meeting the MHSA Steering Committee decided to form four population specific workgroups, including children, transition age youth, adults and older adults, as well as a workgroup focusing on full service partnerships. These workgroups each met on at least three occasions and were open to the public to attend in order to develop recommendations specific to their target population. All workgroup meetings were publicized through the MHSA electronic mailing list of 500 recipients and posted publicly. Additionally, some workgroup meetings were held at sites where consumers and family members receive services, including Seneca Inc. and Neighborhood of Dreams (Crestwood, Inc).

Upon hearing the recommendations from each workgroup, at the September 30, 2009 MHSA Steering Committee meeting, the Committee formed a MHSA Planning Committee to develop final recommendations, priorities and outcome measures for the MHSA CSS Strategic Plan. The MHSA Planning Committee met on five occasions and some members donated an estimated 40 hours to the project. Solano County Mental Health would like to acknowledge the work of the MHSA Planning Committee for their hard work in developing the final recommendations, priorities and outcome measures for the Solano County Mental Health, MHSA Community Services & Support Strategic Plan (see attachment 7).

³ Solano County Mental Health secured an outside facilitator to facilitate the MHSA CSS Strategic Planning meetings and framework.

Additionally, the DRAFT SCMHS MHSA CSS Strategic Plan was presented at a community forum and MHSA Stakeholder meeting on December 3, 2009 at the Ulatis Community Center in Vacaville, CA and at the Local Mental Health Board meeting on December 15, 2009 at 2101 Courage Drive, Fairfield, CA. At both meetings, the Plan was supported by the community. Soon afterwards the final SCMHS MHSA Strategic Plan was posted on the web site and distributed to stakeholders.

Finally, SCMHS projected that component allocations for CSS, Prevention and Early Intervention (PEI) and Innovation (INN) would decrease in future Fiscal Years, starting in Fiscal Year (FY) 2010-11. SCMHS has developed a multi-year financial plan in order to keep services at current funding levels during the downturn in MHSA funds.

SCMHS, MHSA also seeks input and feedback from the Local Mental Health Board (LMHB) about MHSA activities on a monthly basis. Please see attachment 8 to view the monthly report provided to the LMHB about MHSA components and activities. Solano County LMHB has been integral in providing input and feedback into MHSA programs, projects, contracts, data, outcome measures, and other aspects of SCMHS, MHSA. Please see attachment 9 for listing of Local Mental Health Board members, which includes a diverse representation of the Solano County community, including consumers, family members, policy makers, and others.

The SCMHS Cultural Competence Committee represents the diversity of Solano County community, including race/ethnicity, gender, geographic location, languages spoken, sexual orientation, and etc. The 18 member Committee meets monthly and reviews and provides input into MHSA Plan Updates, MHSA strategic planning, MHSA activities and strategies, and MHSA data and outcome measures. Additionally, the Cultural Competence Committee participates in Solano County Mental Health outreach & engagement activities, including Solano County Multi-Cultural Faire; May is Mental Health Month Activities; and etc. Members of the Committee are participating in SCMHS's roll out of the Workforce Education and Training Cultural Competence strategy, including California Brief Multi-Cultural Scale (CBMCS) Training (four modules), and some will participate in the CBMCS Training of the Trainers January/February 2011. Some Committee members are also part of the WET Training Committee, which reviews and provides input into SCMHS's WET work plan.

The Latino Access Committee is a workgroup of the SCMHS Cultural Competence Committee and formed to identify and address barriers for Solano County Latinos accessing mental health services in the community. The workgroup coordinated a two-day conference/training, Nepantla Project. This training and conference was provided in Spanish and included people from community based organizations, Solano County staff, and the general public. Child care was provided to optimize community participation. The training/conference increased cultural competence of participants providing services to Spanish speaking consumers. This Committee has provided feedback and input into how all mental health services are provided in the County.

The SCMHS Quality Improvement Committee includes SCMHS staff, Solano County staff, managers, supervisors, contract providers, consumers, and family members. The Committee

focuses on quality improvement of the public mental health system. Additionally, the Committee receives monthly reports about MHSA activities and contracts primarily funded by MHSA funds. The Committee provides feedback and input into MHSA plans, strategies and activities.

The Solano County Health & Social Services Executive Committee includes the deputy directors from each division and the director of Solano County Health & Social Services and the assistant directors. The Committee meets weekly and a standing agenda item is MHSA. The deputy director for Mental Health provides updates about MHSA and solicits feedback and input about MHSA activities.

The Veterans' Resource Collaborative is coordinated by SCMH staff and aims to convene community members working on veterans' issues in order to share information about resources and increase collaboration among partner agencies. The Collaborative group meets quarterly and receives updates about MHSA activities, as well as provides input in to MHSA strategies.

SCMH also convenes Psychiatric Emergency Services Meeting (PES) consists of representatives from hospitals, emergency rooms, law enforcement and others. PES aims to build partnerships around services and coordinate working relationships.

Additionally, SCMH staff attend a number of community meetings to provide updates about MHSA activities and solicit input from participants, including:

- Community Action Council
- Early Childhood Developmental/Mental Health Collaborative
- IFSI (Integrated Family Services Initiative) Collaborative
- Nurse Family Partnership Advisory Board
- Senior Coalition
- Solano Coalition for Better Health
- Solano Coalition for Better Health, Clinic Consortium
- Solano Coalition for Better Health, Health Access Committee
- Vallejo Intertribal Council
- Vocational Resources Collaborative

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

SCMH, MHSA aims to solicit input and recommendations from stakeholders representing the diversity of the community, including geographic areas, un/underserved populations, consumers, family members, community based organizations, Solano County staff, and others. Please see below identifying information for the people who participated in SCMH, MHSA community program planning processes (names with an asterisk denote either a consumer or family member).

Solano County Health & Social Services

Solano County Mental Health Services Act

Steering Committee

Araminta Blackwelder, Rio Vista CARE Inc.

Debbi Davis, Children's Nurturing Project

Sher Daron, Neighborhood of Dreams

Norman Filley, Neighborhood of Dreams

Nancy Fernandez, California Hispanic Commission

Rachel Ford, Solano County Health & Social Services

Susie Frank, Circle of Friends

Robert Fuentes, Faith in Action

Nadine Harris, Partnership HealthPlan of California

Everette Hicks, Neighborhood of Dreams

Martin Messina, Local Mental Health Board

Kristin Neal and Karl Cook, Solano County Health & Social Services

Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board

Glenda Lingenfelter, Solano County Health & Social Services

Carolyn Patton, Vacaville Unified School District

Bill Reardon, Solano County Veterans Services

Spencer Rundberg, Local Mental Health Board

Norma Thigpen, Solano County Health & Social Services

Pam Watson, National Alliance on Mental Illness

Solano County Health & Social Services

Solano County Mental Health Services Act

Stakeholders Committee

Christina Antos, Anka Behavioral Health

Wendy Barksdale, MCAH / Black Infant Health

Kay Bosick, Youth and Family Services

Norha Boileve, Area Agency on Aging

Corriene C, Solano County Behavioral Health

Travis Curran, Crestwood Behavioral Health

Lynn DeLapp, DMH Consultant
Nancy Fernandez, California Hispanic Commission
Norman Filley, National Alliance on Mental Illness
Rachel Ford, Solano County Health & Social Services
Anne Frey,
Fr. Robert T Fuentes, Faith in Action
Annie Gutierrez, Anka Behavioral Health
Jennifer Hemenez, Solano County Health & Social Services
Bonnie Hoffman, Aldea / CARE
Alex Kahn, Solano County Health & Social Services
Susan Labrecque, Solano County Office of Education
Leslie Lessenger, PhD, Napa Solano Psychology Assn.
Leanne Martinez, Area Agency on Aging
Martin Messina, National Alliance on Mental Illness
Parivash Mottaghian, Caminar Inc
Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board
Carolyn Path, Vacaville Unified School District
Peggy Pellon, Area Agency on Aging
Darlene Perez, Solano County Office of Education
Clif Pierce, Solano County Health & Social Services
Nancy Piotrowski, Napa Solano Psychological Assn
Pat Prentice, Sutter Health Psychiatry Dept
Sara Pryor, Area Agency on Aging
Linda Orrante, Solano County Health & Social Services
Jayleen Richards, Solano County Health & Social Services
Megan Richards, Solano County Health & Social Services
Tony Roberts, Mission Solano
Andre Robertson, Solano County Behavioral Health
Victor Romorez, Solano SGLEA
Linda Satterburg, California Hispanic Commission on Alcohol and Drug Abuse
Christy Saxton, First Place for Youth
Lisa Singh, Solano County Health & Social Services

Cynthia Sottana, Solano County Health & Social Services

Tracee Stacy, Area Agency on Agency

Sally Sweatfield, Special Education Local Plan Areas

Norma Thigpen, Solano County Health & Social Services

James Wagner, Caminar Inc

TJ Walkup, Omnific Pictures

Pam Watson, National Alliance on Mental Illness

Annette B Williams

Solano County Health & Social Services

Local Mental Health Board Committee

Joan Burnett

Elizabeth De La Torre

Mark Higgenbottom

John Rayfield

Dody Reustle

Spencer Rundberg

Tammy St. Armand

Linda Seifert

Rosemarie Wilson

Solano County Health & Social Services

Solano County Mental Health Services Act

Latino Access Committee

Margarita Bermudez, Solano County Health & Social Services

Carolina Castillo, Solano County Health & Social Services

Elizabeth DeLaTorre

Father Robert Fuentes, Faith in Action

Dody Reustle

Gloria Sullivan, Child Haven

Vicky Tejada, Solano County Health & Social Services

Vera Margarita

Solano County Health & Social Services

Quality Improvement Committee

Jannett Alberg, Solano County Health & Social Services

Dian Allen, Caminar Laurel Creek

Ronald Austin, Solano County Health & Social Services

Leslie Ballan, Solano County Health & Social Services

Elaine Bath, Solano County Health & Social Services

Paul Bidinger, Solano County Health & Social Services

Meredith Bird-Marinucci, Solano County Health & Social Services

Tracy Blunt, Solano County Health & Social Services

Vince Burgess, Solano County Health & Social Services

Melanie Cook, Solano County Health & Social Services

Debbie Davis, Children's Nurturing Project

Robert Epstein, Solano County Health & Social Services

Cheryl Esters, Solano County Human Resources

Elizabeth Faulkison, Solano County Health & Social Services

Rachel Ford, Solano County Health & Social Services

Rob George, Solano County Health & Social Services

Judeth Greco-Gregory, Solano County Health & Social Services

Roberta Hescoock, Family Member

Michael Jogopulos, Solano County Health & Social Services

Cecilia Jungkeit, Solano Parent Network

Kellie Kekki, Solano County Health & Social Services

Michael Kitzes, Solano County Health & Social Services

Tess Lapira, Solano County Health & Social Services

Tracy Lacy, Aldea

Glenda Lingenfelter, Solano County Health & Social Services

Kristen Neal, Solano County Health & Social Services

Sonja New, Child Haven

Tom Nixon, Northbay Regional Center

Carl Palomo, Solano County Department of Information Technology

Roxanne Paterno, Solano County Health & Social Services
Jayleen Richards, Solano County Health & Social Services
Sheila Roberts, Solano County Health & Social Services
Joseph Robinson, Solano County Health & Social Services
Laura San Nicolas, Solano County Health & Social Services
Emily Smith, Solano County Health & Social Services
Lawrence Stentzel, Solano County Health & Social Services
Eleanor Wilson, Solano County Department of Information Technology
Robert Sullens, Solano County Health & Social Services
Robert Wagner, Caminar Support Housing and Older Adult Program
Eleanor Wilson, Solano County Health & Social Services
Cathy Woodhall, Solano County Health & Social Services
Mary Young, Solano County Health & Social Services

**Solano County Health & Social Services
Solano County Mental Health Services Act
Veterans Resource Collaborative**

Heather Bautista, Travis Air Force Base
Kelly Belinger-Sahr
Lori Bowley, Department of Veteran Affairs
Frank Budd, US Air Force
William (Rick) Collins, Department of Veteran Affairs
Kim Cosley, US Coast Guard
Bill Davis, Employment Development Department
Sergeant Ruben Davis, US Air Force
Vickie Dickerson, Solano County Health & Social Services
Mary Dudum, East Bay Veterans Collaborative
Lance Friis, US Army
Nancy Forrest, Solano County Health & Social Services
Holly Garcia, Solano County Health & Social Services
Natasha Hamilton, Solano County Health & Social Services
Darcie Henning, Department of Veteran Affairs

Holly Hess, Travis Air Force Base
Paige Jenkins, Marin Services for Women
Joan Kelley-Williams, US Red Cross
Leanne Martinsen, Area Agency on Aging
Denver Mills, Concord Veterans Center / Readjustment Counseling Services
Joe Moore, Retired US Air Force
Catherine Novotny, Concord Vet Center
Ernie O'Connor, Solano County Health & Social Services
Peggy Pellon, Area Agency on Aging
Ted Puntillo, Cal Veterans Corps (State)
Michael Reagan, Solano County
Bill Reardon, Solano County Veterans Services
Jayleen Richards, Solano County Health & Social Services
Stephanie Richter, Concord Vet Center
Molly Heylin Salzano, California State Collaborative
Patrick Stasio, Solano County Health & Social Services/ Northbay Standown
Clark Swenson, American Red Cross
Federico Zaragoza, Solano County, County Administrator Office

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

Not applicable.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA FY 2010-11 Annual Update was posted for 30 day public comment period from February 7, 2011 to March 8, 2011. The Annual Update was e-mailed to MHSA Stakeholders, the Local Mental Health Board (LMHB), the MHSA Steering Committee, Solano County Mental Health staff, Solano County Mental Health contractors, Solano County Health & Social Services Executive Team, and Solano County Libraries. The Annual Update was also posted on the Solano County Mental Health web site during the public comment period. A flyer was developed announcing the posting of the Annual Update and posted at community centers, Solano County Mental Health clinics, Solano County Family Health Services clinics, libraries, Network of Care website, and distributed at community meetings. The flyer provided information about how to view the Annual Update and submit comments, questions, and input about the Annual Update. A press release was also issued announcing the 30 day public comment period and the public hearing at the Solano County LMHB on March 15, 2011 (see attachment 10). Finally, the public hearing announcement was posted at least 72 hours prior to the meeting and information was submitted to announce in local newspapers' community calendars.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Solano County Mental Health received two substantive comments during the 30-day public posting.

1. One substantive comment received inquired about the decrease in Prevention and Early Intervention funds for each program and whether the decrease in funds would result in a decrease of contracts in Fiscal Year (FY) 2011-12. Additionally, the comment asked how the decreases to each program were calculated—what type of rationalization was used to determine the amount. Solano County Mental Health (SCMH) that Prevention and Early Intervention (PEI) (as well as Community Services and Support (CSS)) funds were to decrease significantly in future fiscal years; hence, SCMH developed a financial plan. The financial plan utilizes local reserves offsetting the decreases in PEI and CSS so that contracts may be maintained at current levels. The fiscal plan runs through FY 11-12 for PEI and FY 12-13 for CSS programs. Furthermore, the PEI budget amounts for each program was proportionally determined.
2. Another substantive comment supported efforts for a crisis stabilization unit and an expansion of crisis residential services in Solano County.

2011/12 Annual Update

Exhibit C

County: Solano County

Date: February 7, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
 PEI
 INN

Community Services & Support (CSS)

During FY 2009-10, MHSA activities proceeded as described in Solano County's CSS approved Plan. Additionally, previous MHSA Plan Updates Solano County requested and received approval by California Department of Mental Health (DMH) to augment services under CSS and these implementation efforts are progressing as originally stated in the Plan Updates. In FY 09-10, SCMH issued an RFP for contracted CSS activities—contracts were awarded in FY 09-10 and new contracts started October 1, 2010.

Prevention & Early Intervention

All Prevention & Early Intervention programs are generally proceeding as described in the County's approved Plan. All programs that were approved in FY 09/10 have been fully implemented. There are no key differences or major challenges. Minor changes are discussed in Exhibit D under each approved work plan.

Innovation

Solano County was one of the first eight counties to have an Innovation Plan approved. In FY 09-10, a RFP was issued in March 2010 for the activities highlighted in the Plan, and a contract was awarded September 2010. Services and the beginning of the evaluation of learning goals will begin in FY 10/11.

Workforce Education & Training (WET)

Solano County's Workforce, Education and Training (WET) component was approved late FY 2008-09. Solano County began implementation activities in FY 2009-10. Activities are generally proceeding as described in Solano County's approved WET Plan.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by

age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving un-served or underserved groups, etc.)

Solano County MHSA programs and projects continue to serve unserved and underserved populations, decreasing mental health service disparities in Solano County. More than half of the Solano County residents served by MHSA programs (55.0%) were non-white consumers, including African American (29.5%), Asian/Pacific Islander (8.1%), Latino (14.1%) and other racial and ethnic groups (3.3%). Additionally, nearly a quarter of the services (25.2%) were provided to children (under 18); half of the services to adults (56.1%); one out of six to transition age youth (18-25)(15.4%); and one out of ten were to older adults (60+)(7.5%). About a third of consumers were from the City of Fairfield (35.7%); followed by Vallejo (29.4.5%) and Vacaville (15.0%) and nearly six percent (5.8%) from out of county.

SCMH has identified, through community program planning, a number of strategies and activities to serve un/underserved populations. For example, through the community program planning process for the Innovation Plan, the community developed and identified a strategy to address the geographic disparities in Solano County mental health services. A mobile mental health unit, CARE (Community Access to Resources and Education), will identify strategies to support community based organizations in communities traditionally underserved by SCMH to provide mental health services in these communities and/or provide consultation to community based organizations providing mental health services in these communities. SCMH aims to learn from this Plan how to work more effectively with un/underserved communities.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|------------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17) | 1846 | White | 801 | English | 2203 | LGBTQ | NA |
| Transition Age Youth (16-25) | 8 | African American | 679 | Spanish | 1003 | Veteran | NA |
| Adult (18-59) | 959 | Asian | 41 | Vietnamese | 0 | Other | NA |
| Older Adult (60+) | 970 | Pacific Islander | 49 | Cantonese | 4 | | |
| | | Native American | 7 | Mandarin | 0 | | |
| | | Hispanic | 1199 | Tagalog | 16 | | |
| | | Multi | 210 | Cambodian | 0 | | |
| | | Unknown | 696 | Hmong | 0 | | |
| | | Other | 68 | Russian | 1 | | |
| | | Asian/Pacific Islander | 33 | Farsi | 0 | | |
| | | | | Arabic | 0 | | |
| | | | | Other | 110 | | |
| | | | | Unknown | 446 | | |

2. Provide the name of the PEI program selected for the local evaluation⁴. N/A

Early Childhood Mental Health Program

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

| Activity Name; Brief Description; Estimated Funding Amount ⁵ | Target Audience/Participants ⁶ |
|---|---|
|---|---|

1. **CalMHSA Technical Assistance and Capacity**

Building Evaluation Project: Nine counties are participating in an evaluation capacity building learning collaborative. The overall goal is to learn and then teach others the skills for designing and implementing evaluations that achieve PEI outcomes. While counties might evaluate different projects, a common evaluation framework is utilized. Activities include three face to face meetings and four to six webinars on the following topics:

- Developing logic models with an emphasis on using them to guide the evaluation throughout program
- Using data for program improvement and creating learning cultures
- Engaging diverse stakeholders with an emphasis on engagement strategies as capacity building in community organizations
- Measuring culturally relevant variables
- Outcomes — explores various levels of analysis from individual to family to organization to community
- Evaluation design — the relationship to the question one is attempting to answer

Solano County has dedicated up to \$50,000 for this activity.

Statewide participation includes nine counties throughout California (Butte, Colusa, Monterey, Placer, San Luis Obispo, San Bernardino, Solano, Stanislaus, and Sutter-Yuba). Local participation includes Solano County Mental Health along with surveying the needs of Solano County Mental Health Prevention and Early Intervention contract providers (community based agencies serving children, transition age youth, and older adults).

⁵ Note that very small counties (population less than 100,000) are exempt from this requirement.

⁵ Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

⁵ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

⁵ Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

⁶ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

2. Early Childhood Mental Health

Training: Trainings for early childhood mental health providers focusing on reflective practice/supervision and diagnostic criteria for mental health conditions in children age 0-5 (DC 0-3R) based on the 2009 California Training Guideline and Personnel Core Competencies for Infant-Family and Early Childhood Mental Health. Subcontracted with Children's Hospital Oakland as expert trainers. Solano County dedicated \$10,000 for this activity.

Trainings were open to early childhood mental health participants in Solano County and neighboring Counties. Participating Solano County agencies included: California Hispanic Commission, Child Haven, Children's Nurturing Project, ChildStart, City of Vacaville, EMQ FamiliesFirst, First 5 Solano, Northbay Regional Center, Seneca Center, Solano County (Divisions of Mental Health and Public Health), Solano County Special Education Local Plan Area, Solano Family and Children's Services, Vacaville Police Department, and private practice providers. Participating agencies from other Counties included: Berkeley Albany YMCA (City of Berkeley), La Familia Counseling (Alameda County), and Prescott Joseph Center for Community Enhancement (Alameda County) and Northbay Regional Center (Napa County).

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #1 Children's Multi-Disciplinary Intensive Services

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | 60 | | | \$14,053 |
| TAY | | | | |
| Adults | | | | |
| Older Adults | | | | |
| Total | 60 | | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 60 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------|------------------|------------------|------------------|---------|------------------|
| White | 32 | English | 60 | LGBTQ | Not Available |
| African American | 4 | Spanish | | Veteran | Not Available |
| Asian/Pacific Islander | 21 | Vietnamese | | Other | Not Available |
| Pacific Islander | 0 | Cantonese | | | |
| Native American | 3 | Mandarin | | | |
| Hispanic | 0 | Tagalog | | | |
| Multi | 0 | Cambodian | | | |
| Unknown | 0 | Hmong | | | |
| Other | 0 | Russian | | | |
| | | Farsi | | | |
| | | Arabic | | | |
| | | Other | | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 09-10, the Children’s Multi-Disciplinary Intensive Services program provided intensive mental health services to 60 consumers. Nearly half (46%) of the consumers represented an un/underserved racial and ethnic group, and two out of five (41.6%) were female the remainder male (58.4%). Additionally, more than one out of five (21.6%) lived in a geographic location traditionally SCMHS has un/underserved.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and

overall mental health funding.

In FY 09-10, the Children’s Multi-Disciplinary Intensive Services did not experience key differences or major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes No

2) Is there a change in services? Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| \$466,500 | \$466,500 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
 Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | 35 | | | \$13,329 |
| TAY | | | | |
| Adults | | | | |
| Older Adults | | | | |
| Total | | | | |
| Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 35 | | | | |

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Children’s Multi-Disciplinary Intensive Services Full Service Partnership (FSP) provides a continuum of services through a collaborative relationship between the consumer (and family members if appropriate) and care provider (coordinated by a Primary Service Coordinator), through which the consumer has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services may include: medication management, mental health therapy, case management, wellness and recovery skills building, and referral and linkage to community resources. Additionally, the full spectrum of services is provided in culturally and linguistically appropriate manner and SCMH collaborates with organizations and agencies to provide a continuum of care to the target population. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. The Children’s Intensive Multi-Disciplinary Intensive Services program is operated by Solano County Mental Health staff, and partners with agencies and organizations to provide a range of services. The FSP will serve at least 35 consumers. Services are provided by the county.

2. If this is a consolidation of two or more programs, provide the following information:
- a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #2 Foster Family/Bilingual Support No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | 198 | | |
| TAY | | | | |
| Adults | | | | |
| Older Adults | | | | |
| Total | | 198 | | |

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 198

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------|------------------|------------------|------------------|---------|------------------|
| White | 63 | English | 156 | LGBTQ | Not Available |
| African American | 48 | Spanish | 38 | Veteran | Not Available |
| Asian/Pacific Islander | 12 | Vietnamese | | Other | Not Available |
| Pacific Islander | | Cantonese | | | |
| Native American | 2 | Mandarin | | | |
| Hispanic | 71 | Tagalog | 2 | | |
| Multi | | Cambodian | | | |
| Unknown | | Hmong | | | |
| Other | 2 | Russian | | | |
| | | Farsi | | | |
| | | Sign ASL | 1 | | |
| | | Other | 1 | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 09-10, the Foster Family/Bilingual Support program served 198 consumers. Most consumers provided services in this program were from un/underserved populations (68%); one out of five (21.2%) spoke another language other than English; and one out of ten (11%) were from geographic locations traditionally un/underserved by SCMh. The program is very successful at expanding the capacity of SCMh to serve high risk and bilingual/monolingual children and families.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In FY 09-10, the Foster Family/Bilingual Support program did not experience key differences or major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes No

2) Is there a change in services? Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$400,000 | \$400,000 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | 20 | | | \$13,333 |
| TAY | 10 | | | \$13,333 |
| Adults | | | | |
| Older Adults | | | | |
| Total | | | | |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 30

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Foster Family/Bilingual Support program builds system capacity to serve children birth to age 21 that may be at risk for or part of the foster care system, and children birth to age 21 that may live in monolingual or bilingual households, providing mental health services in the consumers or family member's preferred language. These services are provided to at least 30 consumers and their families by county staff.

2. If this is a consolidation of two or more programs, provide the following information:
- a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #3 Young Adult (Transition Age Youth)

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | 13 | | | \$34,615 |
| Adults | | | | |
| Older Adults | | | | |
| Total | 13 | | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 13 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------|------------------|------------------|------------------|---------|------------------|
| White | 6 | English | 13 | LGBTQ | Not Available |
| African American | | Spanish | | Veteran | Not Available |
| Asian/Pacific Islander | 5 | Vietnamese | | Other | Not Available |
| Pacific Islander | | Cantonese | | | |
| Native American | | Mandarin | | | |
| Hispanic | 2 | Tagalog | | | |
| Multi | | Cambodian | | | |
| Unknown | | Hmong | | | |
| Other | | Russian | | | |
| | | Farsi | | | |
| | | Arabic | | | |
| | | Other | | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 2009-10, the Young Adult program, a Full Service Partnership, served 13 transition aged youth. More than half (53.8%) were from un/underserved populations in Solano County. Nearly two out of five (38.4%) of the consumers were from geographic locations that traditionally SCMHS has un/underserved.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In FY 2009-10, the Young Adult program did not experience key differences or major challenges with implementation as a result of the fluctuation in MHSA funding and overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes No

2) Is there a change in services?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$450,000 | \$446,000 | (0.89%) |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | 13 | | | \$34,308 |
| Adults | | | | |
| Older Adults | | | | |
| Total | | | | |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 13

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Young Adult Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes:

- Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc. is offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management is offered to mitigate crisis situations and consumers have access to crisis services 24 hours per day. Also, transitional case management is provided, focusing on ensuring that consumers are linked to appropriate services. As appropriate, services should be provided in a consumer's natural environment, including home and school.

- Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).

Furthermore, the full spectrum of services is provided in culturally and linguistically appropriate manner, and collaborate with organizations and agencies to provide a continuum of care to the target population. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. The Young Adult FSP serves at least 13 consumers and services are provided by a contract agency.

2. If this is a consolidation of two or more programs, provide the following information:

- a) Names of the programs being consolidated.
- b) How existing populations and services to achieve the same outcomes as the previously approved programs.
- c) The rationale for the decision to consolidate programs.

Not applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #4 Forensic Assessment Community Treatment Full Service Partnership—Adult Community Treatment Team No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | 29 | | | \$5,431 |
| Adults | 110 | | | \$5,431 |
| Older Adults | 3 | | | \$5,431 |
| Total | 142 | | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 2009/10: 142 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------|------------------|------------------|------------------|---------|------------------|
| White | 53 | English | 142 | LGBTQ | Not Available |
| African American | 51 | Spanish | | Veteran | Not Available |
| Asian/Pacific Islander | 14 | Vietnamese | | Other | Not Available |
| Pacific Islander | | Cantonese | | | |
| Native American | 4 | Mandarin | | | |
| Hispanic | 19 | Tagalog | | | |
| Multi | | Cambodian | | | |
| Unknown | | Hmong | | | |
| Other | 1 | Russian | | | |
| | | Farsi | | | |
| | | Arabic | | | |
| | | Other | | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 2009/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 2009-10, the Forensic Assessment Community Treatment Full Service Partnership—Adult Community Treatment Team served 142 male and female adults at risk for incarceration or recently incarcerated. One out four (26%) of consumers served represented an un/underserved racial and ethnic group, including Asian/Pacific Islander, Hispanic, Native American, or Other (non-white). Additionally, one out of seven consumers (14%) in this program were from geographic locations traditionally un/underserved by Solano County Mental Health.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and

overall mental health funding.

Not applicable.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1) Is there a change in the service population to be served? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|--|---|------------------|----------------|-----------|-----------|---------|--|
| 2) Is there a change in services? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3) a) Complete the table below: | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$900,000</td> <td style="padding: 5px;">\$887,000</td> <td style="padding: 5px;">(1.45%)</td> </tr> </tbody> </table> | FY 10/11 funding | FY 11/12 funding | Percent Change | \$900,000 | \$887,000 | (1.45%) | |
| FY 10/11 funding | FY 11/12 funding | Percent Change | | | | | |
| \$900,000 | \$887,000 | (1.45%) | | | | | |
| b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | 5 | | | \$9,856 |
| Adults | 85 | | | \$9,856 |
| Older Adults | | | | |
| Total | | | | |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 90

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Forensic Assessment Community Treatment Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes:

- Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc.
- Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have

access to services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services.

- Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).

Furthermore, the full spectrum of services will be provided in culturally and linguistically appropriate manner, and will collaborate with organizations and agencies to provide a continuum of care to the target population. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. Also, the Forensic Assessment Community Treatment Full Service Partnership services are provided by the county.

2. If this is a consolidation of two or more programs, provide the following information:

- a) Names of the programs being consolidated.
- b) How existing populations and services to achieve the same outcomes as the previously approved programs.
- c) The rationale for the decision to consolidate programs.

Not applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

2011/12 Annual Update

Exhibit D1

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports (CSS)

Program Number/Name: #5 Older Adult Full Service Partnership No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | | | | |
| Adults | | | | |
| Older Adults | 28 | | | \$25,757 |
| Total | | | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 28 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White | 20 | English | Not Available | LGBTQ | Not Available |
| African American | 5 | Spanish | | Veteran | Not Available |
| Asian | | Vietnamese | | Other | Not Available |
| Pacific Islander | | Cantonese | | | |
| Native American | | Mandarin | | | |
| Hispanic | 1 | Tagalog | | | |
| Multi | | Cambodian | | | |
| Unknown | | Hmong | | | |
| Other | 2 | Russian | | | |
| | | Farsi | | | |
| | | Arabic | | | |
| | | Other | | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 2009-10, the Older Adult Full Service Partnership provided services to 28 older adult consumers. Most consumers were female (76%) and the remaining male (24%). More than one out of four consumers (28.6%) were non-White consumers, including African American, Hispanic and Other-non-White populations. The preferred language spoken by the consumers served by this program is English. Additionally, more than one out of four (28.6%) live in geographic locations traditionally un/underserved by the public mental health system.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and

overall mental health funding.

In FY 2009-10, the Older Adult Full Service Partnership did not experience any differences or challenges due to the fluctuation in MHSA funding. However, due to budget constraints in Solano County a hiring freeze has been in place for multiple Fiscal Years. Consequently, this program has had vacated positions left unfilled which has created staffing and coverage issues for the program.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1) Is there a change in the service population to be served? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|---|---|------------------|----------------|-----------|-----------|----------|--|
| 2) Is there a change in services? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3) a) Complete the table below: | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$700,000</td> <td style="padding: 5px;">\$600,000</td> <td style="padding: 5px;">(14.29%)</td> </tr> </tbody> </table> | FY 10/11 funding | FY 11/12 funding | Percent Change | \$700,000 | \$600,000 | (14.29%) | |
| FY 10/11 funding | FY 11/12 funding | Percent Change | | | | | |
| \$700,000 | \$600,000 | (14.29%) | | | | | |
| b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below. | | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit

F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | | | | |
| Adults | | | | |
| Older Adults | 18 | | | \$33,333 |
| Total | | | | |
| Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 18 | | | | |

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Older Adult Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes:

- Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc.
- Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have access to crisis services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services.

- Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).

Furthermore, the full spectrum of services will be provided in culturally and linguistically appropriate manner. This program coordinates the continuum of services among county and community based partners through collaborative relationships, systems, and procedures. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. Finally, this program is provided by a contracted community based organization.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not Applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not Applicable.

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #6 Mobile Crisis⁷ (Psychiatric Emergency Team)

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | 111 | | |
| TAY | | 142 | | |
| Adults | | 499 | | |
| Older Adults | | 67 | | |
| Total | | 819 | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 819 | | | | |

⁷ In FY 2010-11, Solano County changed the name of Mobile Crisis to Psychiatric Emergency Team.

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------|------------------|----------------------|------------------|---------|------------------|
| White | 394 | English | 781 | LGBTQ | Not Available |
| African American | 228 | Spanish | 16 | Veteran | Not Available |
| Asian/Pacific Islander | 77 | Vietnamese | 3 | Other | Not Available |
| Pacific Islander | | Cantonese | 2 | | |
| Native American | 5 | Mandarin | | | |
| Hispanic | 93 | Tagalog | 4 | | |
| Multi | 1 | Cambodian | 1 | | |
| Unknown | | Japanese | 2 | | |
| Other Non-White | 21 | Chinese Dialect | 1 | | |
| | | Sign ASL | 2 | | |
| | | Unknown/Not Reported | 1 | | |
| | | Other | 6 | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 2009-10, Solano County Mental Health served 819 unduplicated consumers in Mobile Crisis—far exceeding the goal to serve 500 annually. Most consumers served are non-White (51.9%), including African American (27.8%), Hispanic (11.3%), Asian/Pacific Islander (9.4%), Other Non-White (2.5%), Native American (1%), and Multi-Racial (respectively). Moreover, one out of 20 consumers are non-English speakers and 95% are English speaking consumers. Also, nearly one out of seven (13.6%) of consumers were children; more than one out of six were transition aged youth (17.3%); sixty percent were adults; and eight percent were older adults. Furthermore, one out of five consumers (21.1%) live in geographic locations traditionally un/underserved by the public mental health system. Finally, interestingly, eight percent of the consumers served by Mobile Crisis reside out of county consumers.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

There are no differences or challenges to report for this program due to changes in MHSA funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes No

2) Is there a change in services? Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$1,700,000 | \$1,500,000 | (11.77%) |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | 68 | | |
| TAY | | 86 | | |
| Adults | | 300 | | |
| Older Adults | | 46 | | |
| Total | | 500 | | |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 500⁸

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

In FY 2011-12, the Psychiatric Emergency Team (PET) (formerly Mobile Crisis) will provide services to at least 500 consumers in Solano County. PET serves children, transition aged youth, adults and older adults from various racial and ethnic backgrounds, as well as provides services in a consumer's primary language. PET is an integral component to the continuum of care in public mental health services. PET provides intervention services; collaborates with agencies and community based organizations; and conducts outreach, education and training to partner agencies. Additionally, PET supports full service partnerships by providing crisis intervention services to consumers during non-traditional working hours (5:00 PM – 8 AM, weekends, and holidays).

Moreover, PET is a community safety team that offers support and interventions through a team of mental health professionals, including health professionals, mental health clinicians, case managers and peers. Services include:

⁸ Mobile Crisis provides crisis intervention services to consumers receiving services within Solano County's full service partnerships during non-traditional working hours.

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

Furthermore, services will be provided in culturally and linguistically appropriate manner and PET will collaborate with organizations and agencies to refer and link consumers to appropriate resources in the community. Services are provided by county staff.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not Applicable

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not Applicable

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #7 Wellness and Recovery/Consumer Operated Recovery

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | Not Available | | |
| TAY | | Not Available | | |
| Adults | | Not Available | | |
| Older Adults | | Not Available | | |
| Total | | 565 | | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 565 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White | Not Available | English | Not Available | LGBTQ | Not Available |
| African American | Not Available | Spanish | Not Available | Veteran | Not Available |
| Asian | Not Available | Vietnamese | Not Available | Other | Not Available |
| Pacific Islander | Not Available | Cantonese | Not Available | | |
| Native American | Not Available | Mandarin | Not Available | | |
| Hispanic | Not Available | Tagalog | Not Available | | |
| Multi | Not Available | Cambodian | Not Available | | |
| Unknown | Not Available | Hmong | Not Available | | |
| Other | Not Available | Russian | Not Available | | |
| | | Farsi | Not Available | | |
| | | Arabic | Not Available | | |
| | | Other | Not Available | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Wellness and Recovery Centers

In FY 2009-10, the wellness and recovery centers served 393 consumers in Fairfield and Vallejo, California—far exceeding the stated goal of 200 consumers. Nearly one out of three consumers (31%) participated in adult education classes; more than one out of five (21%) attended at least one WRAP (wellness and recovery action plan) class; and three out of four (74%) participated in support groups. Additionally, one out of seven (14%) participated in pre-employment services and more than one out of five (21%) performed volunteer work. Four consumers were referred to the Solano County and Department of Rehabilitation Cooperative Project for work placement and job support. Data are not available for the number of

un/underserved consumers served by wellness and recovery centers in Solano County.

Supported Housing and Case Management Services

In partnership with a vendor, Caminar, Inc., in FY 2009-10, 127 consumers in Solano County received supported housing and case management services. Services primarily target homeless or at risk for homelessness consumers in the community and link consumers to a stable housing situation. In FY 2009-10, more males than females were provided services (53.5% and 46.5% respectively). Most consumers served were non-white (51.2%), including African American (29.1%), Asian/Pacific Islander (11.8%) and Latino (7.9%). Most consumers (125) spoke English. Also, most consumers resided in Fairfield (43.3%); followed by Vallejo (27.6) and Vacaville (11.8%). More than one out of seven (15.7%) consumers lived in geographic locations traditionally underserved by SCMHS.

Supported Vocational Services

In partnership with a vendor, Caminar, Inc., in FY 2009-10, 45 consumers were served by supported vocational services. Most were African American (51.1%); followed by White (37.8%), Latino (8.9%) and Asian/Pacific Islander (2.2%) (respectively). Most consumers were from Fairfield (32) and the remaining from Vallejo (13). Additionally, most (42) spoke English; followed by three consumers primarily speaking Spanish (3).

Wellness & Recovery Services

In the MHSA FY 2008-09 Annual Update, SCMHS augmented the Wellness and Recovery program to include case management support to consumers, including assessment referral and linkage to appropriate community resources and levels of care. The aim of this activity is to facilitate the placement of consumers in the least restrictive environment through the Mobile Crisis Team and the Institutional Care Services Team. In FY 2009-10, 819 consumers were served in Mobile Crisis and many of them received these services.

Solano County Mental Health: *A Data Driven System*

In the MHSA FY 2010-11 Annual Update Solano County Mental Health augmented the Wellness and Recovery program to include the creation of a comprehensive evaluation plan to measure outcomes for Solano County Mental Health, including identifying indicators for the public mental health system. The indicators will be used to monitor and measure *system* and *consumer* outcome measurements. Additionally, data will be used to inform decision-making and program planning (e.g. a data driven system) within Solano County Mental Health.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Solano County's wellness and recovery centers went through a shift in service providers in FY 10-11. Due to Solano County contracting policy and the fluctuation in MHSA funding, the County issued a Request for Proposals for wellness and recovery services. New vendors were selected to provide wellness and recovery services. Now, there are four wellness and recovery sites in the county. Additionally, one organization provides wellness and recovery services to older adults in consumers' homes or in locations where they receive services (e.g. senior centers).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes No

2) Is there a change in services?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$1,848,183 | \$1,848,190 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | | |
| TAY | | | | |
| Adults | | | | |
| Older Adults | | | | |
| Total | | | | |
| Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 200 | | | | |

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Wellness & Recovery/Consumer Operated Recovery program is directed toward the goal of preventing early mental illness from progressing and helping individuals to recover from mental illness. This includes the reduction of symptoms; acquisition of skills for coping with the effects of mental illness; successful fulfillment of constructive roles in the community; and the development of supports, which in combination, permits maximum independence and quality of life. At least 120 consumers will receive direct services, representing all age groups and each gender. Also, at least 50 outreach contacts will be made in the community. Additionally, all ethnic and racial groups will receive services, including African Americans, Asians, Latinos, Native Americans and Caucasians and services will be provided in the consumers' primary language. The program collaborates and partners with agencies and organizations participating in the mental health services continuum of care to provide wellness and recovery services to mental health consumers.

The Wellness & Recovery/Consumer Operated Recovery program components include:

Support Groups: structured, time-limited support groups led by paraprofessionals, mental health consumers, or other appropriate staff are offered to consumers and families. Groups may be offered on such topics as readjusting to the community after first break or hospitalization,

anxiety, depression, bipolar disorder, co-occurring issues and etc. Groups may be targeted to a gender or cultural group, as appropriate, and offered in partnership with community based organizations, National Alliance for Mental Illness (NAMI), faith based or health care organizations, or other public or private agencies.

Wellness and Recovery Skill Development: wellness and recovery skills development services and strategies are structured, realistic, client-centered and client/family driven. They will include development of Wellness and Recovery Actions Plans (WRAPs), daily living skills, and assistance in helping consumers develop their purpose and passion. Services are offered in partnership with schools, colleges, worksites, and the Department of Rehabilitation, as appropriate.

Peer Mentoring and Support: wellness and recovery services, including mentorship and support, are provided by peers to mental health consumers and family members. Some centers are operated and run by peers and providing services such as support groups, case management, and etc.

Consumer Employment: in collaboration with Solano County's Workforce Education and Training, Solano offers competitive employment for consumers.

Supported Housing: supported housing and case management services primarily target homeless or at risk for homelessness consumers and link consumers to stable housing.

Wellness & Recovery Services: SCMH augmented the Wellness and Recovery program to include case management support to consumers, including assessment referral and linkage to appropriate community resources and levels of care. The aim of this activity is to facilitate the placement of consumers in the least restrictive environment through the Mobile Crisis Team and the Institutional Care Services Team.

Outreach and Education: wellness and recovery services include outreach and education activities to reach out to consumers, family members, and providers and increase awareness of and linkage to mental health services within the public mental health system. Outreach efforts reach at least 500 community members, providers, and stakeholders. Outreach efforts are conducted in a culturally and linguistically competent manner in order to reach out to and engage un/underserved populations. Additionally, outreach and education efforts also develop working agreements (or Memorandums of Understanding) with partner agencies about services and referral systems.

Wellness and Recovery Evaluation Plan: In the MHSA FY 2010-11 Annual Update Solano County Mental Health augmented the Wellness and Recovery Program to create a comprehensive evaluation plan to measure outcomes for Solano County Mental Health. Through the Results Accountability framework programs are developing logic models to identify indicators and monitor and measure *system* and *consumer* outcome measures. These data will be used to inform decision-making and program planning within Solano County Mental Health.

Finally, services are provided in a culturally and linguistically appropriate manner and Solano County Mental Health collaborates with organizations and agencies to provide a continuum of care to consumers. The spectrum of services may also include: partnership with mental health services; behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services.

2. If this is a consolidation of two or more programs, provide the following information:
- a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not applicable

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable

2011/12 Annual Update

Exhibit D1

**PREVIOUSLY APPROVED PROGRAM
 Community Services and Supports (CSS)**

Program Number/Name: #8 Outreach & Engagement

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | | | Not Available | |
| TAY | | | Not Available | |
| Adults | | | Not Available | |
| Older Adults | | | Not Available | |
| Total | | | 2,369 | |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 2,369 | | | | |

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White | Not Available | English | Not Available | LGBTQ | Not Available |
| African American | Not Available | Spanish | Not Available | Veteran | Not Available |
| Asian | Not Available | Vietnamese | Not Available | Other | Not Available |
| Pacific Islander | Not Available | Cantonese | Not Available | | |
| Native American | Not Available | Mandarin | Not Available | | |
| Hispanic | Not Available | Tagalog | Not Available | | |
| Multi | Not Available | Cambodian | Not Available | | |
| Unknown | Not Available | Hmong | Not Available | | |
| Other | Not Available | Russian | Not Available | | |
| | | Farsi | Not Available | | |
| | | Arabic | Not Available | | |
| | | Other | Not Available | | |

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 2009-10, the Outreach & Engagement Program has the following activities to report:

- The Latino Access Committee, a workgroup of the SCMH Cultural Competence Committee, was formed by the community (and staffed by Solano County Mental Health) to identify and address barriers for Solano County Latinos accessing mental health services in the community. The workgroup coordinated a two-day conference/training, Nepantla Project. This training and conference was provided in Spanish and included 100 people from community based organizations, Solano County staff, and the general public. Child care was provided to optimize community

participation. The training/conference increased cultural competence of participants providing mental health services to monolingual, Spanish speaking consumers. This workgroup has identified barriers for Latinos to access Solano County Mental Health Services and has developed strategies to address barriers, and will continue to implement the strategies.

- The Solano County Veterans' Resource Collaborative, coordinated by SCMH staff, meets at least three times a year and aims to convene community members working on veterans' issues in order to share information about resources and increase collaboration among partner agencies. This year, the Collaborative sponsored two trainings:
 1. Dr. Foster from David Grant Medical Center at Travis Air Force Base provided training on Post Traumatic Stress Disorder and Traumatic Brain Injury. PTSD may produce, in addition to intense anxiety, a variety of cognitive problems-forgetfulness, inattention, a sense of being overwhelmed with even simple task, and clouded thinking. Also discussed is Mild Traumatic Brain Injury (mTBI). More than one hundred community members registered for the training.
 2. Military Culture 101: Captain Friis from the California National Guard provided training to nearly 50 people about military culture and how to provide culturally appropriate services to consumers who have served in the military. The military is a distinct sub-culture in the United States with its own rituals and characteristics. For mental health treatment, it is essential that the providers have a basic understanding of the nuances of the military culture. As with any therapeutic interaction, behavioral health professionals need to be culturally competent when serving military personnel and veterans.
- Solano County Mental Health conducted outreach to the Native American community in Solano County by joining the Vallejo Intertribal Council meeting to discuss how Solano County Mental Health could partner with the Native American community. As a result of this outreach, a member of the Council was approved by the Solano County Board of Supervisors to participate on the Local Mental Health Board. Also, as part of the partnership, the Vallejo Intertribal Council's Drummers performed at Solano County's Multi-Cultural Faire. The Vallejo Intertribal Council and Solano County Mental Health are working to jointly hold trainings for providers about culturally competent care for Native Americans.
- Solano County Mental Health coordinated numerous outreach, education and training events during May is Mental Health Month. Solano County Mental Health partnered with numerous groups and organizations to host a variety of events in the community with the aim to reduce stigma and discrimination around mental health. Additionally, Solano County had one of the largest walking teams at NAMI Walks in San Francisco, CA in FY 2009-10.

Additionally, SCMH staff attend a number of community meetings to conduct outreach and education in the community about MHSA and Solano

County Mental Health, including:

- Community Action Council
- Early Childhood Developmental/Mental Health Collaborative
- IFSI (Integrated Family Services Initiative) Collaborative
- Nurse Family Partnership Advisory Board.
- Senior Coalition
- Solano County Coalition for Better Health
- Solano Coalition for Better Health, Clinic Consortium
- Solano Coalition for Better Health, Health Access Committee
- Vocational Resources Collaborative

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No challenges to report this FY.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| | | |
|--|------------------------------|--|
| 1) Is there a change in the service population to be served? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2) Is there a change in services? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| \$100,000 | \$100,000 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|---|----------------------|----------------------|---------------------|--------------------------|
| Child and Youth | | | | |
| TAY | | | | |
| Adults | | | | |
| Older Adults | | | | |
| Total | | | | |
| Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 500 | | | | |

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Outreach & Engagement program's target populations are unserved and underserved, including monolingual speakers, English as a second language population, Latinos, African Americans, Native Americans, and Filipino Americans. Additionally, target populations include very young children (0-5), school age children, transition aged youth, older adults, LGBT population (lesbian, gay, bisexual, and transgender), and veterans, as well as residents in north Solano County and rural areas.

The Outreach and Engagement program was formerly integrated within the Wellness & Recovery program. In the CSS FY 2008-09 Annual Update, Solano County pulled out Outreach & Engagement as a stand alone program and expanded Outreach and Engagement efforts in Solano County. This expansion was a result of feedback and input received during community program planning processes, making the program intentional and strategic.

The overall program goal for Outreach and Engagement is to increase awareness about community mental health services, reduce stigma and discrimination associated with mental health and build capacity of the community around mental health issues. In order to fulfill the mission, the Outreach and Engagement program facilitates a community program planning process to develop a Strategic Outreach Action plan to identify and link unserved and underserved populations to community resources and/or mental health services in Solano County. The Outreach and Engagement program also identifies a continuum of community and mental health resources available in Solano County and increase awareness of services community-wide. Additionally, the program develops culturally and linguistically appropriate outreach resources, materials, and training curriculum, including building the capacity of the community to provide brief intervention services in a community setting. Finally, the position reaches out to unserved and underserved communities to build relationships and partnerships between target populations and Solano County Mental Health.

Furthermore, the Outreach and Engagement program will work closely with consumers and family members to conduct outreach, education and training efforts. The program aims to reach at least 500 community members, providers, and stakeholders annually.

2. If this is a consolidation of two or more programs, provide the following information:
- a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

Not applicable.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

2011/12 Annual Update

Exhibit D2

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)**

Program Number/Name: #1 Workforce Staffing and Support

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Solano County Mental Health (SCMJ) WET Coordinator developed and released a Request for Proposal (RFP) to secure a contractor to develop and deliver workforce development training and technical assistance services and to develop, launch, and manage the Solano County Loan Assumption program. SCMH secured a contract June 2010 with California Institute for Mental Health (CiMH) for WET training, education and loan assumption program implementation. The Solano County WET coordinator, in partnership with the Solano County Contracts Bureau, Quality Improvement, and CiMH planned, organized and provided several trainings to County and contract agency managers and supervisors focusing on building administrative and clinical competencies. Topics included: Solano County Request for Proposals Process and the Competitive Bidding Process, consumer and family education panels, and a comprehensive Cultural Competency training for staff and community providers in Solano County using the California Brief Multicultural Competency Scale (CBMCS) curriculum, an evidence based practice developed by the State Department of Mental Health (DMH) and the California Mental Health Directors Association (CMHDA).

SCMH worked with CiMH to develop a WET work plan that defines strategies, tasks and methods of implementing WET training and technical

assistance, and the loan assumption program as described in the WET plan and updated in the MHSA FY 2010-11 Annual Update. (In FY 2010-11, CiMH and the SCMh will continue to work together focusing on mental health training needs assessments and prioritizing training topics to build a training calendar, creating a training advisory committee, identifying, developing, and implementing evidence based practices to meet the training needs of the Solano County public mental health system.)

The SCMh WET coordinator is a regular participant at the regional WET collaborative meetings, presented and participated on the bi-monthly WET conference calls facilitated by CiMH staff, and also coordinated activities at the local level to facilitate Solano County's participation in the State Loan Assumption program, one of the DMH administered statewide WET programs.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|---|---|------------------|----------------|--------|--------|----|--|
| 2) Is there a change in the activities and strategies? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3) a) Complete the table below: | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$0.00</td> <td style="padding: 5px;">\$0.00</td> <td style="padding: 5px;">0%</td> </tr> </tbody> </table> | FY 10/11 funding | FY 11/12 funding | Percent Change | \$0.00 | \$0.00 | 0% | |
| FY 10/11 funding | FY 11/12 funding | Percent Change | | | | | |
| \$0.00 | \$0.00 | 0% | | | | | |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |

| | |
|--|--|
| c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below. | |
|--|--|

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input checked="" type="checkbox"/> |
| Training & Technical Assistance | <input type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| 1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies. |
| No Changes |
| 2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| No Changes |

2011/12 Annual Update

Exhibit D2

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)

Program Number/Name: **#2 Improve Mental Health Workforce Clinical and Administrative Competence**

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The SCMh, in partnership with the Solano County Contracts Bureau, Quality Improvement and CiMH planned, organized and provided several trainings to County and contract agency managers and supervisors focusing on building administrative and clinical competencies. Topics included: Solano County Request for Proposals and the Competitive Bidding Process. Also, in collaboration with CiMH, the WET staff planned, organized and implemented a robust Cultural Competency training program, CBMCS (California Brief Multi-Cultural Scale). SCMh coordinated webinars for staff on both clinical and administrative competency related topics such as Mental Health and Criminal Justice Collaboration, Cleaning up Your Past to have a Future, Logic Model, Concurrent Documentation: An Opportunity to Improve Quality of Care and Compliance, Defining and Maintaining Sustainable Productivity Standards, and Living Wellness and Recovery Action Plan (WRAP) and provided several trainings on 5150 training and Level of Care utilization System to health care and community providers.

SCMH secured a contract in June, 2010 with California Institute for Mental Health (CiMH) for WET training and technical assistance. In FY 2010-11, CiMH will finalize evidence based training descriptions and topics, training evaluation methods and follow-up technical assistance. SCMh, in collaboration with CiMH, will develop methodologies and protocols for following-up and ensuring staff are using the knowledge and skills learned well after they complete one trainings.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D2

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)**

Program Number/Name: **#3 Develop Recruitment Retention and Training Plans for Specific Underserved Populations**

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SCMH conducted several focus groups with consumers and Latino community members to identify effective strategies to reach out to underserved populations. Multiple surveys were also conducted with stakeholders, contractors, and staff. Additionally, SCMH created learning with Latino bilingual/bicultural clinical staff and the collaborative members meet regularly to discuss culture and language specific issues related to serving monolingual consumers, share resources, provide support and learn from each other in their pursuit to better serve the Latino population. SCMH plans to establish other learning collaboratives to meet the needs of the un/under served population.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D2

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)**

Program Number/Name: #4 Expand Cultural Competence Training

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Solano County Mental Health (SCMH) implemented the California Brief Multicultural Competency Scale (CBMCS) evidenced based training throughout the public mental health system. In June, California Institute for Mental Health (CiMH) provided two full day CBMCS training sessions to SCMH staff and contractor staff. The training included a pre and post assessment scale to determine the level of multicultural competency needs and strengths of SCMH staff. CiMH trained a total of 67 individuals, collected self-report multicultural competence scales from all 67 participants and provided free Continuing Education Units (CEU's). Post-training surveys were conducted of all participants who attended the two-day CBMCS training. Eighty-one percent reported that the information was presented in a way that increased their knowledge area in cultural competence. Eighty-eight percent rated the training as either "excellent" or "good". Eighty-one percent reported that they have better knowledge upon which to base decisions and actions.

In FY 2010-11, SCMH will offer additional CBMCS trainings to the entire mental health system including consumers, family members, stakeholders, and local mental health board members. SCMH's will also provide a CBMCS Train the Trainer Academy in FY 2010-11. Selected participants will be required to attend 32 hours of the CBMCS cultural competency training program. This training will be offered to 30 county staff and staff in community based agencies. Selected staff will become resident trainers which will build the infrastructure to continue the trainings and discussions locally about cultural competence and serving diverse communities.

Additionally, SCMH hosted two trainings in FY 2009-10 which provided an overview of the consumer/family member experience. The training event included consumer and family member panelists from diverse cultural and linguistic background. The panelists presented personal life stories, relationship between client and mental health providers from a cultural perspective, and culture specific expressions of distress and economic impact to 58 SCMH staff to increase cultural awareness about consumers and family member issues.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

4)

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| 1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies. |
| No Changes |
| 3. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| Not applicable |

2011/12 Annual Update

Exhibit D2

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)**

Program Number/Name: #5 ESL, Spanish and Tagalog Linguistic Development

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SCMH staff conducted a needs assessment about how to increase the skills and capacity of Solano County Mental Health staff to provide mental health services to monolingual and bicultural consumers and care givers. SCMH staff researched and identified Mental Health Interpreter Training by the National Latino Behavioral Health Association as one of the best practices and explored securing a contract to offer this training to the Solano County mental health system to utilize interpreter services. SCMH also provided information and training to all county mental health staff about how to use the CTS Language Link services to access interpreter services. In FY 2010-11, CiMH will provide a proposal to SCMH to implement an interpreter training program as part of the CiMH contract work.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D2

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)

Program Number/Name: #6 Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis REponse Program No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Solano County Mental Health (SCMH) in partnership with Solano Sherriff's, National Alliance for Mental Illness and mental health consumers developed Crisis Intervention Training (CIT) curriculum for Solano County law enforcement units. Solano County submitted the CIT curriculum to the California Peace Officers Standard and Training (POST) certification for peace officers and developed curriculum outlines for the training. Solano County Sherriff Officers will be the first unit to receive the intensive training upon approval of the curriculum. Other Solano County law enforcement agencies also expressed interest in receiving the training.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|--|
| 1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies. |
| No Changes |
| 2. If this is a consolidation of two or more previously approved programs, provide the following information: <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| Not Applicable |

2011/12 Annual Update

Exhibit D2

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)**

Program Number/Name: #7 Expansion of Funding for Education and Training Activities Proposed in the PEI plan

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The PEI Older Adult Initiatives, Area Agency on Aging (AA) a contractor, provided training to community providers on mental health issues. AAA provided training on “Mental Illness and Aging-Older Adults and Alcohol, Depression and Suicide-- the 3 D’s (Depression, Delirium and Dementia)” to 49 community providers working with older adults.

Additionally, AAA provided 2 Gatekeeper trainings to 52 community providers. Gatekeeper Trainings provided an overview of why Gatekeeper are important and focused on Gatekeeper skills, who are Gatekeepers, examples of possible referrals, reasons for referral, the law and Gatekeepers, how to make a referral, and follow-up and feedback for Gatekeepers.

Post-training surveys were conducted, and of the 37 returned post surveys, 94% reported increased knowledge about the Gatekeeper and the Navigator programs. Eighty-four percent reported that they will utilize the knowledge and information about the use of the referral process.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input checked="" type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D2

Program Number/Name: #8 Mental Health Career Pathway

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SCMH developed and release a Request for Proposals March 2010 to secure wellness and recovery services focusing on providing employment, training and mentoring opportunities to consumers and family members. The goal of this strategy is to hire and promote consumers and family members in the public mental health system. The contract started in October 2010 and at least six consumers and family members will gain employment in contract agencies in FY 2010-11.

SCMH drafted and submitted policy and procedures to provide stipends to consumers and family members participating in trainings, volunteer activities, and community program planning.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input type="checkbox"/> |
| Mental Health Career Pathway | <input checked="" type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D2

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)

Program Number/Name: #9 Expand Internship and Supervision program

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

During FY 2009/10, SCMH created an Internship Advisory Committee (IAC) and convened meetings to discuss graduate student intern program needs and to develop necessary infrastructure to further build the existing system that supports both student interns and intern supervisors. The IAC reviewed existing policies such as intern placement policies and procedures, field work and client transportation procedures, County vehicle driving policy for interns and client confidentiality issues related to graduate student intern's need for audio and video taping therapy sessions as a training tool. The WET coordinator in partnership with the IAC designed a new intern interest form to capture intern demographic, ethnicity and language skills data. WET coordinator and IAC members jointly drafted the intern policies and procedures defining role and responsibilities of supervisors and interns including step by step procedures for intern hiring including intern background verification. The draft policy document has been submitted to the Policy and Procedure Committee for approval. In FY 2009/10, SCMH develop Memorandum of Understanding (MOU) agreements with universities and colleges including Solano Community College, California State University of Sacramento, University of Phoenix, Argosy University and the University of California, Berkeley. In FY 2009/10, SCMH secured MOUs with California state University of Sacramento and Argosy University and renewed agreements with the Solano Community College. SCMH will continue working with the education institutions to complete developing MOUs for approval. SCMH processed and placed 16 applicants from students from Solano Community College Human Services Program and graduate students, of those two are bilingual in Spanish and Tagalog (respectively). SCMH intern supervisors provided trainings to interns on various topics such as Cognitive

Behavioral Therapy (CBT) for Anger Management, CBT for Depression and CBT for Anxiety Disorders.

In FY 2010/11, SCMH will focus on developing increased outreach efforts to recruit additional bilingual and bicultural interns. SCMH plans to try to implement the paid graduate intern stipend program as a strategy to increase the ethnic and linguistic diversity in the public mental health system.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**, Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input checked="" type="checkbox"/> |
| Financial Incentive | <input type="checkbox"/> |

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

No Changes

2. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

Not Applicable

2011/12 Annual Update

Exhibit D2

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training (WET)

Program Number/Name: #10 Loan Assumption Program

No funding is being requested for this program.

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Solano County Mental Health (SCMH) secured a contract with the California Institute for Mental Health (CiMH) to coordinate and implement a local loan assumption program, a strategy to retain a qualified and diverse workforce. In partnership with CiMH, the local loan assumption program will be launched in FY 2011/12. Activities will include policy and procedures development, outreach and education, training and technical assistance to applicants in both county and community agencies, selection of eligible qualified candidates, and disbursement of funding to the applicants' educational lenders. SCMH will award funding up to nine qualified individuals.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$0.00 | \$0.00 | 0% |

Yes No

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

| WET Funding Category | Check the Box that Applies |
|---------------------------------|-------------------------------------|
| Workforce Staffing Support | <input type="checkbox"/> |
| Training & Technical Assistance | <input type="checkbox"/> |
| Mental Health Career Pathway | <input type="checkbox"/> |
| Residency & Internship | <input type="checkbox"/> |
| Financial Incentive | <input checked="" type="checkbox"/> |

B. Answer the following questions about this program.

| |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p> |
| <p>No Changes</p> |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved. |
| <p>Not Applicable</p> |

2011/12 Annual Update

Exhibit D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention (PEI)

Program Number/Name: #1 Early Childhood Mental Health

Please check box if this program was selected for the local evaluation

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Not Applicable

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|--------|---------|------------------|
| | | | | | 0-5 | Adults | | |
| Child and Youth (0-17) | 1552 | White | 366 | English | 964 | 560 | LGBTQ | Not Available |
| Transition Age Youth (16-25) | 0 | African American | 524 | Spanish | 536 | 332 | Veteran | Not Available |
| Adult (18-59) | 959 | Asian | 41 | Vietnamese | 0 | 0 | Other | Not Available |
| Older Adult (60+) | | Pacific Islander | 49 | Cantonese | 0 | 4 | | |
| | | Native American | 0 | Mandarin | 0 | 0 | | |
| | | Hispanic | 1035 | Tagalog | 1 | 3 | | |
| | | Multi | 192 | Cambodian | 0 | 0 | | |
| | | Unknown | 243 | Hmong | 0 | 0 | | |
| | | Other | 61 | Russian | 1 | 0 | | |
| | | | | Farsi | 0 | 0 | | |
| | | | | Arabic | 0 | 0 | | |
| | | | | Other / Unknown | 51 | 59 | | |
| Total | 2,511 | | 2,511 | | 2,511 | | | N/A |

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Early Childhood Mental Health PEI collaborative program in Solano County is known the Partnership for Early Access for Kids (PEAK) and is comprised of five organizations in the county that serve children ages 0-5 and their families. The program is a partnership between Solano County Mental Health and the Children's and Families commission (First 5 Solano). The PEAK partnership uses a collaborative approach to identify, screen and provide early intervention for childhood mental health issues affecting children and their families. In addition, the partnership provides parent education classes that support early childhood care and development while also working to connect parents to community resources.

During FY 2009/10, the program successfully provided services to a diverse population of children and families in the county. As shown above, the vast majority of children and families served were of color and two out of every five people served had a primary language other than English. The program decreases ethnic and cultural disparities around access to mental health services for children ages 0-5 by referring children who are identified during screening and assessment to treatment, primarily under Early Periodic Screening Diagnostic and Treatment (EPSDT).

In addition, in FY 2009/10, Solano County released a Request for Proposals to implement the strategy of screening, assessment, and referral in a primary care setting. Services under this strategy begin in FY 2010/11.

There were no major challenges in implementation of this project.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity,

⁹ Note that very small counties (population less than 100,000) are exempt from this requirement

and primary language spoken

- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

a) In FY 2009-10 the PEAK program data and outcome measures included:

Program Data

- A total of 718 children received Ages and Stages Questionnaire (ASQ) 3 and Ages and Stages Questionnaire (ASQ)-SE developmental screenings and consultations.
- 38 parents participated in the 12-week evidence based program Nurturing Parenting Program.
- More than three out of four (78%) of parents of children who were identified as needing further evaluation or assessment received it.
- More than a third (36%) of children screened by PEAK partners showed significant concerns needing assessment or referrals to additional mental health services.
- Seventy-five infants and children received treatment for serious social/emotional issues.
- Nearly all (94% of 199) children receiving services demonstrated developmental progress and/or maintained their proficiency in the Social/Emotional component of the Head Start Assessment Tool after receiving services.
- 109 parents and children were served through Parent-Child Interaction Therapy, or one-on-one and/or group coaching through the Incredible Years (IY) program. 87% of children treated in the IY program improved on their ASQ-SE scores.

Outcome Measure

- More than six out of seven (87%) of children treated improved their level of social and emotional behavior.
- More than nine out of ten (91%) of eleven (11) families served increased their parenting skills and bonding with their children after services were provided.
- More than six out of seven (87%) of children treated in the evidence base program IY improved on their ASQ-SE scores.
- More than six out of seven (87%) of 108 parents and caregivers demonstrated increased knowledge of the goals and topics discussed during parent education workshops.

In addition, focus group participants expressed increased knowledge about activities they can engage in to promote the healthy development of children. These activities include positive discipline practices, improved listening skills, and positive reinforcement and encouragement. The vast majority of participants reported listening and discipline as critical factors that have helped them improve as parents, and therefore resulted in improved behaviors from their children. Parents are spending more time with their children, giving them greater attention and learning how to provide positive and consistent environments for their children to succeed.

- b) Over the course of FY 2009/10, the program served 1,552 children birth to age five along with 959 of their parents/caregivers under the PEI priority populations of trauma exposed individuals, children and youth in stressed families, children and youth at risk of school failure, and unserved racial/ethnic cultural populations (the program did not differentiate services by priority population). Please see Section A for demographic information.
- c) Participant-level data are collected regularly by program staff, including services provided and outcomes. All individual level data are entered into a secure electronic database (Persimmony) and reported to First 5 Solano on a quarterly basis. All quarterly data are reviewed by First 5 Solano and their evaluator, LFA Group, to ensure accuracy and to prevent any data quality issues. First 5 Solano shares aggregate data and outcome data with Solano County Mental Health. In addition to the data collected through Persimmony, the evaluation team also engaged in qualitative data collection through focus groups with parents and caregivers attending parent education classes and workshops. In FY 2009/10, five focus groups were conducted with a total of 18 workshop participants. Focus group data were analyzed to uncover common themes from participant experiences. All focus group participants were provided with a \$10 gift card in appreciation of their time.
- d) To ensure appropriate service delivery to diverse populations, PEAK partners, from the on-set of their collaborative effort, have engaged in outreach to existing community programs and partners in the county, especially those who serve diverse and hard to reach populations. Agencies across the county are aware of the disparities in health and well-being that are rooted in early childhood, and agree that all partner agencies serving the county are part of Solano County's larger collaborative effort. To support effective service delivery and promote positive outcomes throughout the lives of young children and their families, partners collaborate to ensure a secure safety net. As part of the collaborative or county safety net, PEAK outreaches to countywide collaborative partners such as the BabyFirst Solano Collaborative, as well as Child Welfare Services, Women Infant and Children (WIC) Programs, pediatricians, schools, special education programs, local hospitals, and community-based organizations such as churches and community centers.

In addition, all PEAK agencies have bilingual, bicultural staff in Solano's threshold language (Spanish). The partners providing screening and assessment routinely perform these during home visits to increase access for all populations and provide best practices for children ages 0-5.

- e) No changes were made during program implementation. The PEAK partnership continues to engage in regular meetings to refine referral and data collection processes, but there have been no modifications to the delivery of services.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1. Is there a change in the Priority Population or the Community Mental Health Needs? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|--|---|---------------------|------------------|----------------|-----------|-----------|-------|
| 2. Is there a change in the type of PEI activities to be provided? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. a) Complete the table below: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$663,356</td> <td style="padding: 5px;">\$390,450</td> <td style="padding: 5px;">(41%)</td> </tr> </tbody> </table> | | FY 10/11 funding | FY 11/12 funding | Percent Change | \$663,356 | \$390,450 | (41%) |
| FY 10/11 funding | | FY 11/12 funding | Percent Change | | | | |
| \$663,356 | | \$390,450 | (41%) | | | | |
| b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? | | | | | | | |
| c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below. | | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

| | Prevention | Early Intervention |
|--------------------|-------------------|---------------------------|
| Total Individuals: | 1750 | 245 |
| Total Families: | 100 | 100 |

2011/12 Annual Update

Exhibit D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention (PEI)

Program Number/Name: #2 School Age Program
evaluation

Please check box if this program was selected for the local

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Not applicable.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|------------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17) | 294 | White | 89 | English | 216 | LGBTQ | NA |
| Transition Age Youth (16-25) | 0 | African American | 64 | Spanish | 78 | Veteran | NA |
| Adult (18-59) | 0 | Asian | 0 | Vietnamese | 0 | Other | NA |
| Older Adult (60+) | 0 | Pacific Islander | 0 | Cantonese | 0 | | |
| | | Native American | 1 | Mandarin | 0 | | |
| | | Hispanic | 103 | Tagalog | 0 | | |
| | | Multi | 18 | Cambodian | 0 | | |
| | | Unknown | 7 | Hmong | 0 | | |
| | | Other | 7 | Russian | 0 | | |
| | | Asian/Pacific Islander | 5 | Farsi | 0 | | |
| | | | | Arabic | 0 | | |
| | | | | Other | 0 | | |

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Contracts under the PEI School Age Program to provide school based services started in August 2009. The majority of the fall semester was spent hiring staff, drafting policies and procedures, and identifying and collaborating with schools at which to provide services. Full implementation, including individual and small group counseling for students in grades 4-8 to address social/emotional concerns interfering with educational success, consultation with teachers and parents, the initiation of multidisciplinary teams and multidisciplinary team case management, began spring 2010.

In addition, in FY 2009/10, Solano County released a Request for Proposals to implement the strategy of screening, assessment, and referral in the primary care setting. Services under this strategy begin FY 2010/11.

Solano County is pleased to report that the PEI School Age Program was successful in providing services to unserved and underserved populations. To this effect, more than 1 out of every 3 (33.3%) students served was Hispanic and more than 1 out of every 4 (25%) students served spoke Spanish as their primary language. In addition, 72% of students served lived in the cities of Dixon and Vacaville which are geographically underserved areas for Solano County Mental Health.

There were no major challenges to report for the PEI School Age Program. Minor challenges that were worked through included: hiring appropriate staff took longer than anticipated; a key staff member in implementing the multidisciplinary teams was out on medical leave; and some schools districts were overwhelmed due to budget cuts and had difficulty coordinating with the project. These issues were resolved within the FY 2009/10 and all components of the program were implemented in the second half of the fiscal year. One ongoing challenge is engaging communities in the multidisciplinary teams. While the goal was to bring together different disciplines who would have contact with students who had their first contact with the juvenile justice system, due to budget cuts, many of the partners that were identified to participate, such as police, probation, and schools, are unable to dedicate time to the project. The coordinator is working to identify alternate staff members and encourage participation by making the teams have a clear benefit for all participating parties.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹⁰, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

The PEI School Age Project achieved the following outcomes for FY 2009/10:

- Seventy percent decrease in school office referrals for discipline issues for students in grades 4-8 participating in targeted group and individual counseling.
- Forty-four percent decrease in school office referrals for discipline issues for high school students participating in multidisciplinary team case management.
- One hundred percent of parents who completed a survey regarding the consultation they received to support what their child was learning during counseling showed a positive parent response.

¹⁰ Note that very small counties (population less than 100,000) are exempt from this requirement

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1. Is there a change in the Priority Population or the Community Mental Health Needs? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|--|---|---------------------|------------------|----------------|-----------|-----------|-------|
| 2. Is there a change in the type of PEI activities to be provided? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. a) Complete the table below: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$759,436</td> <td style="padding: 5px;">\$474,932</td> <td style="padding: 5px;">(37%)</td> </tr> </tbody> </table> | | FY 10/11 funding | FY 11/12 funding | Percent Change | \$759,436 | \$474,932 | (37%) |
| FY 10/11 funding | | FY 11/12 funding | Percent Change | | | | |
| \$759,436 | | \$474,932 | (37%) | | | | |
| b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? | | | | | | | |
| c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below. | | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

| |
|---|
| A. Answer the following questions about this program. |
| 1. Please include a description of any additional proposed changes to this PEI program, if applicable. |
| Not Applicable |
| 2. If this is a consolidation of two or more previously approved programs, please provide the following information: a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) |
| Not Applicable |

| | | |
|--|-------------------|---------------------------|
| B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12. | | |
| | Prevention | Early Intervention |
| Total Individuals: | 400 | 563 |
| Total Families | | 145 |

2011/12 Annual Update

Exhibit D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention (PEI)

Program Number/Name: #3 Education, Employment, and Family Support for At-Risk Transition Age Youth

Please check box if this program was selected for the local evaluation

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Not Applicable

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17) | 0 | White | 2 | English | 7 | LGBTQ | NA |
| Transition Age Youth (16-25) | 8 | African American | 5 | Spanish | 1 | Veteran | NA |
| Adult (18-59) | 0 | Asian | 0 | Vietnamese | 0 | Other | NA |
| Older Adult (60+) | 0 | Pacific Islander | 0 | Cantonese | 0 | | |
| | | Native American | 0 | Mandarin | 0 | | |
| | | Hispanic | 1 | Tagalog | 0 | | |
| | | Multi | 0 | Cambodian | 0 | | |
| | | Unknown | 0 | Hmong | 0 | | |
| | | Other | 0 | Russian | 0 | | |
| | | | | Farsi | 0 | | |
| | | | | Arabic | 0 | | |
| | | | | Other | 0 | | |

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

A Request for Proposals for supported education and employment of transition age youth was released June 2009 with responses due July 2009. Contracts for these strategies began January 2010. Program hiring and drafting policies and procedures, including referral processes, and outreach took place January-March. The program began accepting referrals April 2010 and served eight youth in supported education and employment by the end of the fiscal year. This program has a special emphasis on outreaching to **unserved** and underserved youth, including youth in foster care, Lesbian, Gail, Bisexual, Transgender and Questioning (LGBTQ), and ethnic and culturally underserved populations.

In addition, in FY 2009/10, Solano County released a Request for Proposals to implement the strategy of screening, assessment, and referral in the primary care setting. Services under this strategy begin FY 2010/11.

There were no major challenges with implementation during FY 2009/10.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

The program began providing services in May 2010 and no program outcomes are available for FY 2009/10. Program outcomes will be available for FY 2010/11.

¹¹ Note that very small counties (population less than 100,000) are exempt from this requirement

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|---------------------|------------------|----------------|
| \$503,996 | \$277,605 | (45%) |

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or,**

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

| | Prevention | Early Intervention |
|--------------------|-------------------|---------------------------|
| Total Individuals: | 300 | 195 |
| Total Families: | | |

2011/12 Annual Update

Exhibit D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention (PEI)

Program Number/Name: #4 Older Adult Project
evaluation

Please check box if this program was selected for the local evaluation

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Not Applicable

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|------------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17) | 0 | White | 344 | English | 456 | LGBTQ | NA |
| Transition Age Youth (16-25) | 0 | African American | 86 | Spanish | 56 | Veteran | NA |
| Adult (18-59) | 0 | Asian | 0 | Vietnamese | 0 | Other | NA |
| Older Adult (60+) | 970 | Pacific Islander | 0 | Cantonese | 0 | | |
| | | Native American | 6 | Mandarin | 0 | | |
| | | Hispanic | 60 | Tagalog | 12 | | |
| | | Multi | 0 | Cambodian | 0 | | |
| | | Unknown | 446 | Hmong | 0 | | |
| | | Other | | Russian | 0 | | |
| | | Asian/Pacific Islander | 28 | Farsi | 0 | | |
| | | | | Arabic | 0 | | |
| | | | | Other | 0 | | |
| | | | | Unknown | 446 | | |

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The contract for the PEI Older Adult Project began October 2009. The program spent one quarter hiring, drafting policies and procedures, and training staff. The program began training Gatekeepers, and screening, navigation and case management for older adults in third fiscal quarter and with the first full quarter of services beginning in the fourth fiscal quarter.

In addition, in FY 2009/10, Solano County released a Request for Proposals to implement the strategy of screening, assessment, and referral in the primary care setting. Services under this strategy begin FY 2010/11.

One challenge with implementation was during the PEI planning process organizations serving seniors (e.g. Meals on Wheel, In Home Supportive Services, etc.) agreed to provide a paper screening to all seniors they serve. However, due to budget constraints and reduced staffing, many organizations were no longer able to dedicate as many in kind resources to the program and could no longer facilitate a paper screening process. The program revised the method in which screenings take place to allow for the same number of screenings, but a variety of methods of screening, including paper and verbal screenings, to meet the needs of the organizations volunteering to screen seniors.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹², please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program.
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken.
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants.
- d) Specific program strategies implemented to ensure appropriateness for diverse participants.
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes.

In six months of direct services, the program achieved the following services and outcomes:

- Held 41 Gatekeeper Training sessions training a total of 462 Gatekeepers; 88% of Gatekeepers demonstrated an increased knowledge of mental health issues for seniors.
- Screened 706 seniors for risk and signs of mental health issues.
- Provided 264 seniors with assessment and referrals; all of these seniors were referred to resources.
- Provided 63 seniors case management to problem solve and connect to resources; all of these seniors were connected to resources and 84% of them met at least one goal in their care plan; all seniors who exited case management (23) reported increased feelings of support and reduced feelings of isolation and loneliness.
- Held eight trainings for healthcare providers attended by a total of 108 healthcare providers. 78% of healthcare provider's demonstrated increased knowledge in the topic presented related to senior mental health.

¹² Note that very small counties (population less than 100,000) are exempt from this requirement

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1. Is there a change in the Priority Population or the Community Mental Health Needs? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|--|---|---------------------|------------------|----------------|-----------|-----------|-------|
| 2. Is there a change in the type of PEI activities to be provided? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. a) Complete the table below: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$557,556</td> <td style="padding: 5px;">\$318,980</td> <td style="padding: 5px;">(43%)</td> </tr> </tbody> </table> | | FY 10/11 funding | FY 11/12 funding | Percent Change | \$557,556 | \$318,980 | (43%) |
| FY 10/11 funding | | FY 11/12 funding | Percent Change | | | | |
| \$557,556 | | \$318,980 | (43%) | | | | |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? | | | | | | | |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. | | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

| | Prevention | Early Intervention |
|--------------------|-------------------|---------------------------|
| Total Individuals: | 2225 | 375 |
| Total Families: | | |

2011/12 Annual Update

Exhibit D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention (PEI)

Program Number/Name: #5 Early Intervention Wellness Services

Please check box if this program was selected for the local evaluation

County: Solano County

Date: February 7, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

This program was approved in June 2010 for FY 2010/11. The program was not approved in FY 2009/10.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|------------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17) | | White | | English | | LGBTQ | |
| Transition Age Youth (16-25) | | African American | | Spanish | | Veteran | |
| Adult (18-59) | | Asian | | Vietnamese | | Other | |
| Older Adult (60+) | | Pacific Islander | | Cantonese | | | |
| | | Native American | | Mandarin | | | |
| | | Hispanic | | Tagalog | | | |
| | | Multi | | Cambodian | | | |
| | | Unknown | | Hmong | | | |
| | | Other | | Russian | | | |
| | | Asian/Pacific Islander | | Farsi | | | |
| | | | | Arabic | | | |
| | | | | Other | | | |
| | | | | Unknown | | | |

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not Applicable

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹³, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program.
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken.
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants.
- d) Specific program strategies implemented to ensure appropriateness for diverse participants.
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes.

Not Applicable

¹³ Note that very small counties (population less than 100,000) are exempt from this requirement

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1. Is there a change in the Priority Population or the Community Mental Health Needs? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
|---|---|---------------------|------------------|----------------|-----------|-----------|-------|
| 2. Is there a change in the type of PEI activities to be provided? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. a) Complete the table below: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$340,689</td> <td style="text-align: center; padding: 5px;">\$225,000</td> <td style="text-align: center; padding: 5px;">(34%)</td> </tr> </tbody> </table> | | FY 10/11 funding | FY 11/12 funding | Percent Change | \$340,689 | \$225,000 | (34%) |
| FY 10/11 funding | | FY 11/12 funding | Percent Change | | | | |
| \$340,689 | | \$225,000 | (34%) | | | | |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? | | | | | | | |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. | | | | | | | |

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- d. Names of the programs being consolidated
- e. The rationale for consolidation
- f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

| | Prevention | Early Intervention |
|--------------------|------------|--------------------|
| Total Individuals: | | 100 |
| Total Families: | | |

2011/12 Annual Update

Exhibit D4

**PREVIOUSLY APPROVED PROGRAM
Innovation (INN)**

Program Number/Name: **#1 Community Access to Resources and Education**

County: **Solano County**

Date: **February 7, 2011**

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Not Applicable

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Solano County's Innovation Program Community Access to Resources and Education was approved by the Oversight and Accountability Commission in January 2010. A Request for Proposals was released in March 2010 and an Intent to Award was issued May 2010 with contract negotiations taking place through the end of FY 2009/10. Activities pertaining to the primary purpose and learning goals began in FY 2010/11.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Since activities pertaining to the primary purpose and learning goals began in FY 2010/11, Solano County looks forward to reporting an analysis of how the program is meeting its learning goals in FY 2010/11.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| | | |
|---|------------------------------|--|
| 1. Is there a change in the primary purpose ¹⁴ ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Is there a change to the learning goals? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4. | | |
| 3. Please include a description of any additional proposed changes to this INN program, if applicable. | | |
| <p>There are no major changes to Solano County’s Innovation Plan for FY 2011/12. As expected with Innovation Programs, Solano County has made minor changes in the direction of the program due to learning that has taken place over the course of implementation of the program. Solano County’s Innovation Plan includes a flexible model for providing capacity building activities of community providers. One area that has been identified as a need for capacity building is around preparing the community for healthcare reform. This includes evaluating the readiness of the community for healthcare reform and implementing strategies which will assist the community in serving consumers under new healthcare reform laws.</p> | | |

¹⁴ The term “essential purpose” has been replaced with the term “primary purpose” for INN.

2011/12 Annual Update

Exhibit E

MHA Summary Funding Request

County: Solano County

Date: February 7, 2011

| | MHA Funding | | | | | |
|---|---------------------|-------------|-------------|--------------------|------------------|------------------------------|
| | CSS | WET | CFTN | PEI | INN | Local Prudent Reserve |
| A. FY 2011/12 Component Allocations | | | | | | |
| 1. Published Component Allocation | \$7,527,700 | | | \$1,847,300 | \$493,300 | |
| 2. Transfer From FY 11/12* | \$0 | \$0 | \$0 | | | |
| 3. Adjusted Component Allocation | \$7,527,700 | | | | | |
| B. FY 2011/12 Funding Request | | | | | | |
| 1. Requested Funding in FY 2011/12 | \$7,527,700 | \$0 | \$0 | \$1,847,300 | \$672,750 | |
| 2. Requested Funding for CPP | \$0 | | | \$0 | \$0 | |
| 3. Net Available Unexpected Funds | | | | | | |
| a) Unexpected Funds from FY 09/10 Annual MHA Revenue and Expenditure Report | \$3,785,920 | \$2,133,673 | | \$3,855,122 | \$2,589,314 | |
| b) Amount of Unexpected Funds from FY 09/10 spent in FY 10/11 | \$3,785,920 | \$2,133,673 | | \$3,855,122 | \$2,589,314 | |
| c) Unexpected Funds from FY 10/11 | \$0 | \$0 | | \$0 | \$0 | |
| d) Total Net Available | \$0 | \$0 | | \$0 | \$0 | |
| 4. Total FY 2011/12 Funding Requested | \$7,527,700 | \$0 | \$0 | \$1,847,300 | \$672,750 | |
| C. Funds Requested for FY 2011/12 | | | | | | |
| 1. Unapproved FY 06/07 Component Funds | | \$0 | | | | |
| 2. Unapproved FY 07/08 Component Funds | | \$0 | \$0 | | | |
| 3. Unapproved FY 08/09 Component Funds | | \$0 | \$0 | | \$0 | |
| 4. Unapproved FY 09/10 Component Funds** | \$0 | \$0 | \$0 | \$0 | \$179,750 | |
| 5. Unapproved FY 10/11 Component Funds** | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 6. Unapproved FY 11/12 Component Funds** | \$7,527,700 | \$0 | \$0 | \$1,847,300 | \$493,300 | |
| Sub Total | \$7,527,700 | \$0 | \$0 | \$1,847,300 | \$672,750 | |
| 7. Access to Prudent Reserve | \$2,657,635 | | | \$0 | | |
| 8. FY 2011/12 Total Allocation*** | \$10,185,335 | \$0 | \$0 | \$1,847,300 | \$672,750 | |

Note:

1. Line 3.a and 3.b should be completed if annual update is being submitted prior to the end of FY 10/11
2. Line 3.a., 3.b., 3.c. and 3.d. should be completed if annual update is being submitted after the end of FY 10/11
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHA Revenue and Expenditure Report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.d. should be consistent with the amount listed on the FY 10/11 Annual MHA Revenue and Expenditure Report, Total Unexpended Funds line.

5. Line 3.d. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary

*Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFNT and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

** For Wet and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

*** Must equal line B.4 for each component.

2011/12 Annual Update

Exhibit E1

CSS Funding Request

County: Solano County

Date: February 7, 2011

| CSS Programs | | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | Estimated MHSA Funds by Age Group | | | |
|-------------------------------------|----------|---|---------------------------------|--|---------------------|----------------------|--------------------|-----------------------------------|------------|-------------|-----------|
| No | Name | Full Service Partnership (FSP) | | General System Develop. | Outreach and Engage | MHSA Housing Program | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| Previously Approved Programs | | | | | | | | | | | |
| 1 | 1 | Children's Multi-Disciplinary Intensive Services | \$466,500 | \$466,500 | | | | \$466,500 | | | |
| 2 | 2 | Foster Family Bilingual Support | \$400,000 | \$100,000 | \$300,000 | | | \$400,000 | | | |
| 3 | 3 | Young Adult (Transition Age Youth) | \$446,000 | \$446,000 | | | | \$446,000 | | | |
| 4 | 4 | Adult Community Treatment-Forensic Assessment Community Treatment | \$887,000 | \$887,000 | | | | | \$ 887,000 | | |
| 5 | 5 | Older Adult Full Service Partnership | \$600,000 | \$600,000 | | | | | | \$600,000 | |
| 6 | 6 | Mobile Crisis | \$1,500,000 | \$510,000 | \$990,000 | | | \$204,000 | \$259,500 | \$913,500 | \$123,000 |
| 7 | 7 | Wellness & Recovery/Consumer Operated Recovery | \$1,848,190 | \$462,048 | \$1,386,142 | | | | \$462,048 | \$1,201,323 | \$184,819 |
| 8 | 8 | Outreach & Engagement | \$100,000 | \$10,000 | | \$90,000 | | \$20,000 | \$25,000 | \$30,000 | \$25,000 |
| 9 | | | \$0 | | | | | | | | |
| 10 | | | \$0 | | | | | | | | |
| 11 | | | \$0 | | | | | | | | |
| 12 | | | \$0 | | | | | | | | |

| CSS Programs | | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | Estimated MHSA Funds by Age Group | | | |
|--|---|---|---------------------------------|--|---------------------|----------------------|--------------------|-----------------------------------|-------------|-------------|-----------|
| No | Name | Full Service Partnership (FSP) | | General System Develop. | Outreach and Engage | MHSA Housing Program | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| 13 | | | \$0 | | | | | | | | |
| 14 | | | \$0 | | | | | | | | |
| 15 | | | \$0 | | | | | | | | |
| 16 | Subtotal: Program ¹⁵ | | \$6,247,690 | \$3,481,548 | \$2,676,142 | \$90,000 | \$0 | \$1,090,500 | \$1,192,548 | \$3,031,823 | \$932,819 |
| 17 | Plus up to 15% Indirect Administrative Costs | | \$903,625 | | | | | | | | |
| 18 | Plus up to 10% Operating Reserve | | \$376,385 | | | | | | | | |
| 19 | Subtotal: Programs/Indirect Admin./ Operating Reserve | | \$7,527,700 | | | | | | | | |
| New Program/Revised Previously Approved Program | | | | | | | | | | | |
| 1 | | Crisis Stabilization & Hospital Alternative Placement | \$0 | | | | | | | | |
| 2 | | | \$ | | | | | | | | |
| 3 | | | \$ | | | | | | | | |
| 4 | | | \$ | | | | | | | | |
| 5 | | | \$ | | | | | | | | |
| 6 | Subtotal: Programs ¹⁶ | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Plus up to 15% Indirect Administrative Costs | | | | | | | | | | |
| 8 | Plus up to 10% Operating Reserve | | | | | | | | | | |

¹⁵ Majority of funds must be directed towards FSP's (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed toward FSP's = \$

¹⁶ Majority of funds must be directed towards FSP's (Cal. Code Res., Tit. 9, § 3620, subd. (c)).

| CSS Programs | | FY 11/12 Requested MHA Funding | Estimated MHA Funds by Service Category | | | | Estimated MHA Funds by Age Group | | | |
|--------------|--|--------------------------------|---|-------------------------|---------------------|---------------------|----------------------------------|----------------------|-------|-------------|
| No | Name | | Full Service Partnership (FSP) | General System Develop. | Outreach and Engage | MHA Housing Program | Children and Youth | Transition Age Youth | Adult | Older Adult |
| 9 | Subtotal: Programs/Indirect Admin./Operating Reserve | \$0 | | | | | | | | |
| 10 | Total MHA Funds Requested for CSS | \$7,527,700 | | | | | | | | |

Additional funding sources for FSP Requirement:

County must provide the majority of MHA funding toward Full Service Partnerships (FSP's). If not, the county must list what additional funding sources and amount to be used for FSP's. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQ's at http://www.dmh.ca.gov/Prop_63/MHA/Community_Services_and_Supports/docs/FSP_FAQs_4-17-09.pdf

| | CSS | State General Fund | Other State Funds | Medi-Cal FFP | Medicare | Other Federal Funds | Re-Alignment | County Funds | Other Funds | Total | Total % |
|---|-------------|--------------------|-------------------|--------------|----------|---------------------|--------------|--------------|-------------|-------------|---------|
| Total Mental Health Expenditures | \$3,481,548 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$3,481,548 | 56% |

2011/12 Annual Update

Exhibit E2

WET Funding Request

County: Solano County

Date: February 7, 2011

| WET Programs | | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | |
|-------------------------------------|---|----------------------------|---------------------------------|--|------------------------------|--------------------------|---------------------|--|
| No | Name | Workforce Staffing Support | | Training and Technical Assistance | Mental Health Career Pathway | Residency and Internship | Financial Incentive | |
| Previously Approved Programs | | | | | | | | |
| 1 | | | \$0 | | | | | |
| 2 | | | \$0 | | | | | |
| 3 | | | \$0 | | | | | |
| 4 | | | \$0 | | | | | |
| 5 | | | \$0 | | | | | |
| 6 | | | \$0 | | | | | |
| 7 | | | \$0 | | | | | |
| 8 | | | \$0 | | | | | |
| 9 | | | \$0 | | | | | |
| 10 | | | \$0 | | | | | |
| 11 | | | \$0 | | | | | |
| 12 | | | \$0 | | | | | |
| 13 | | | \$0 | | | | | |
| 14 | | | \$0 | | | | | |
| 15 | | | \$0 | | | | | |
| 16 | Subtotal: Program ¹⁷ | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 17 | Plus up to 15% Indirect Administrative Costs | | \$0 | | | | | |
| 18 | Plus up to 10% Operating Reserve | | \$0 | | | | | |
| 19 | Subtotal: Programs/Indirect Admin./ Operating Reserve | | \$0 | | | | | |

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered new.

| WET Programs | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | Workforce Staffing Support |
|--|---|--|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| No | Name | | Workforce Staffing Support | Workforce Staffing Support | Workforce Staffing Support | Workforce Staffing Support | |
| New Program/Revised Previously Approved Program | | | | | | | |
| 1 | | \$0 | | | | | |
| 2 | | \$0 | | | | | |
| 3 | | \$0 | | | | | |
| 4 | | \$0 | | | | | |
| 5 | | \$0 | | | | | |
| 6 | Subtotal: Programs ¹⁸ | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Plus up to 15% Indirect Administrative Costs | \$0 | | | | | |
| 8 | Plus up to 10% Operating Reserve | \$0 | | | | | |
| 9 | Subtotal: Programs/Indirect Admin./Operating Reserve | \$0 | | | | | |
| 10 | Total MHSA Funds Requested for CSS | \$0 | | | | | |

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered new.

2011/12 Annual Update

Exhibit E3

PEI Funding Request

County: Solano County

Date: February 7, 2011

| PEI Programs | | FY 11/12 Requested MHA Funding | Estimated MHA Funds by Type of Innovation | | Estimated MHA Funds by Age Group | | | |
|-------------------------------------|---------------------------------|--------------------------------|---|--------------------|----------------------------------|----------------------|-------|-------------|
| No | Name | | Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult |
| Previously Approved Programs | | | | | | | | |
| 1 | | \$0 | | | | | | |
| 2 | | \$0 | | | | | | |
| 3 | | \$0 | | | | | | |
| 4 | | \$0 | | | | | | |
| 5 | | \$0 | | | | | | |
| 6 | | \$0 | | | | | | |
| 7 | | \$0 | | | | | | |
| 8 | | \$0 | | | | | | |
| 9 | | \$0 | | | | | | |
| 10 | | \$0 | | | | | | |
| 11 | | \$0 | | | | | | |
| 12 | | \$0 | | | | | | |
| 13 | | \$0 | | | | | | |
| 14 | | \$0 | | | | | | |
| 15 | | \$0 | | | | | | |
| 16 | Subtotal: Program ¹⁹ | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Note: Previously Approved programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

| PEI Programs | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Type of Innovation | | Estimated MHSA Funds by Age Group | | | |
|--------------|---|---------------------------------|--|--------------------|-----------------------------------|----------------------|-------|-------------|
| No | Name | | Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult |
| 17 | Plus up to 15% Indirect Administrative Costs | \$0 | | | | | | |
| 18 | Plus up to 10% Operating Reserve | \$0 | | | | | | |
| 19 | Subtotal: Programs/Indirect Admin./ Operating Reserve | \$0 | | | | | | |

| PEI Programs | | FY 11/12 Requested MHSA Funding | Estimated MHSA Funds by Type of Intervention | | Estimated MHSA Funds by Age Group | | | |
|--|------|--|--|--------------------|-----------------------------------|----------------------|-----------|-------------|
| No | Name | | Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult |
| New Program/Revised Previously Approved Program | | | | | | | | |
| 1 | 1 | Early Childhood Mental Health | \$390,450 | \$195,225 | \$195,225 | \$277,220 | | \$113,230 |
| 2 | 2 | School Age Program | \$474,932 | \$118,733 | \$356,199 | \$474,932 | | |
| 3 | 3 | Education, Employment, and Family Support for Transition Age Youth | \$227,605 | \$97,162 | \$180,443 | | \$277,605 | |
| 4 | 4 | Older Adult Identification and Linkage Program | \$318,980 | \$212,653 | \$106,327 | | | |
| 5 | 5 | Early Intervention Wellness Services | \$225,000 | | \$225,000 | | \$33,750 | \$157,500 |
| 6 | | Subtotal: Programs ²⁰ | \$1,686,966 | \$623,773 | \$1,063,194 | \$752,151 | \$311,355 | \$270,730 |

| PEI Programs | | FY 11/12 Requested MHA Funding | Estimated MHA Funds by Type of Intervention | | Children and Youth | Transition Age Youth | Adult | Older Adult |
|--------------|--|--------------------------------|---|--------------------|--------------------|----------------------|-------|-------------|
| No | Name | | Prevention | Early Intervention | | | | |
| 7 | Plus up to 15% Indirect Administrative Costs | \$160,334 | | | | | | |
| 8 | Plus up to 10% Operating Reserve | | | | | | | |
| 9 | Subtotal: Programs/Indirect Admin./Operating Reserve | \$1,847,300 | | | | | | |
| 10 | Total MHA Funds Requested for CSS | \$1,847,300 | | | | | | |

*Majority of funds must be directed towards individuals under age 25. Percentage of funds directed toward those under 25 years = 63%

Note: Previously Approved programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

2011/12 Annual Update

Exhibit E4

INN Funding Request

County: Solano County

Date: February 7, 2011

| Inn Programs | | | FY 11/12 Requested MHSA Funding |
|-------------------------------------|---|---|------------------------------------|
| No | Name | | |
| Previously Approved Programs | | | |
| 1 | 1 | Community Access to Resources and Education | \$562,500 |
| 2 | | | \$ |
| 3 | | | \$ |
| 4 | | | \$ |
| 5 | | | \$ |
| 6 | | | \$ |
| 7 | | | \$ |
| 8 | | | \$ |
| 9 | | | \$ |
| 10 | | | \$ |
| 11 | | | \$ |
| 12 | | | \$ |
| 13 | | | \$ |
| 14 | | | \$ |
| 15 | | | \$ |
| 16 | Subtotal: Program ²¹ | | \$562,500 |
| 17 | Plus up to 15% Indirect Administrative Costs | | \$54,000 |
| 18 | Plus up to 10% Operating Reserve | | \$56,250 |
| 19 | Subtotal: Programs/Indirect Admin./ Operating Reserve | | \$672,750 |

| Inn Programs | | | FY 11/12 Requested MHSA Funding |
|--|--|--|------------------------------------|
| No | Name | | |
| New Program/Revised Previously Approved Program | | | |
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| 4 | | | \$ |
| 5 | | | \$ |
| 6 | Subtotal: Programs ²² | | \$ |
| 7 | Plus up to 15% Indirect Administrative Costs | | \$ |
| 8 | Plus up to 10% Operating Reserve | | \$ |
| 9 | Subtotal: Programs/Indirect Admin./Operating Reserve | | \$ |
| 10 | Total MHSA Funds Requested for CSS | | \$672,750 |

Note: Previously Approved programs that propose changes to the primary purpose and/or learning goal are considered New.

2011/12 Annual Update

Exhibit F1

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports (CSS)

Program Number/Name: #9 Crises Stabilization & Hospital Alternative Placement

- Completely New Program**
 Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

D. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

| Age Group | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Individual FSP Only |
|-----------------|----------------------|----------------------|---------------------|------------------------------|
| Child and Youth | | | | |
| TAY | | 10 | | |
| Adults | | 35 | | |
| Older Adults | | 5 | | |
| Total | | 50 | | |

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: 50

B. Program Narrative

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Crisis Stabilization program will provide up to 23-hour stabilizing mental health services for consumers experiencing acute psychiatric symptoms, to determine if hospitalization is necessary, to avoid hospitalization if unnecessary, and to refer to care services. Additionally, the program will include a Hospital Alternative Placement program (a licensed crisis residential treatment program). The program provides an alternative to psychiatric hospitalization for consumers. The 'step down' intensive residential treatment program will be available for consumers who need more time to stabilize and expand current services in the county. This service will diminish the need for consumers to be placed out of county in psychiatric hospitals away from their support system. The Hospital Alternative Placement program will expand the overall continuum of care and provide a necessary component of care between hospital, 23-hour care and other outpatient services in Solano County.

2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

As explained in Exhibit B, Solano County Mental Health, MHSA completed a six month strategic planning process in FY 2009-10 with the MHSA Steering Committee, MHSA Stakeholders, and Local Mental Health Board. During the strategic planning process, one of the identified gaps in the public mental health system was the lack of stabilizing mental health services for consumers experiencing acute psychiatric symptoms outside of a hospitalization. Additionally, through this strategic planning process, the community recommended that Solano County Mental Health provide services in the least restrictive environment.

Recently, Solano County's vendor providing services at the Solano County Psychiatric Hospital Facility stopped providing services. Again, the issue came up in the community for services being proposed in the Crisis Stabilization and Hospital Alternative Placement program.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).

The Crisis Stabilization and Hospital Alternative Placement program will expand the overall continuum of care in Solano County's public mental health system, allowing the system to provide the least restrictive level of services and providing additional alternatives to hospitalizations. Additionally, services will be provided in a culturally competent manner, including providing culturally and linguistically appropriate services. Also, the consumer (and family members as appropriate) will partner with the care provider so the consumer may achieve identified goals stated in the Individual Service Plan, focusing on wellness, recovery and resilience. Services will be provided in integrated and coordinated fashion.

4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).

Solano County will issue a Request for Proposal (RFP) for these services in FY 2010-11 in anticipation of California Department of Mental Health (DMH) approving the use of MHSA funds for this program in FY 2011-12. Solano County will secure a contract with a vendor to start services in the new fiscal year and services will begin after DMH has approved Solano County's MHSA FY 2011-12 Annual Update. Solano County will monitor the contract and services, ensuring it meets the scope of work goals and objectives.

5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

Not applicable.

6. If this is a consolidation of two or more programs, provide the following information:
- a) Names of the programs being consolidated.
 - b) The rationale for the decision to consolidate programs.
 - c) How existing populations and services will achieve the same outcomes as the previously approved programs.

Not applicable.

C. Provide an estimated annual program budget, utilizing the following line items.

| NEW/REVISED PROGRAM BUDGET | | | | |
|---|---------------------------------|-----------------------------|--|-------|
| A. EXPENDITURES | | | | |
| Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | |
| a. Individual-based Housing | | | | |
| b. Other Supports | | | | |
| 2. General System Development Housing | | | | |
| 3. Personnel Expenditures | | | | |
| 4. Operating Expenditures | | | | |
| 5. Non-recurring Expenditures | | | | |
| 6. Other Expenditures | | | | |
| Total Proposed Expenditures | | | | |
| B. REVENUES | | | | |
| 1. New Revenues | | | | |
| a. Medi-Cal (FFP only) | | | | |
| b. State General Funds | | | | |
| c. Other Revenues | | | | |
| Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | \$0 |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

Solano County Mental Health is seeking to augment its original Plan to include crisis stabilization and expand crisis residential treatment services in Solano County through the Crisis Stabilization and Hospital Alternative Placement program. Solano County proposes to use local MHSA reserve funds to start-up, implement and operate the program in FY 2011 -12. In future fiscal years, Solano County anticipates securing revenue for operation of the Program (e.g. MediCal); some MHSA CSS funds will be needed for on-going support of personnel, operating, and other expenses. As mentioned above, Solano County plans to issue a RFP in FY 2010-11 for these services and secure a contract with a vendor once DMH has approved the MHSA FY 2011-12 Annual Update. Solano County will monitor the contract and services and ensure that the terms of the scope of work are met.

2011/12 Annual Update

Exhibit F3

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention (PEI)

Program Number/Name: #1 Early Childhood Mental Health

Completely New Program

Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

| 1. PEI Key Community Mental Health Needs: <u>NO CHANGES</u> | Age Group | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Stigma and Discrimination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PEI Priority Population(s): <u>NO CHANGES</u> Note: All PEI programs must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Children and Youth in Stressed Families | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Children and Youth at Risk for School Failure | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Underserved Cultural Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

NO CHANGES

3. PEI Program Description (attach additional pages, if necessary).

NO CHANGES

4. Activities

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: | | Number of months in operation through June 2012 |
|---|--|---------------------------|---|
| | | Prevention | |
| Screening, Assessment, and Referral | Individuals: Families: | 700 | 12 |
| Parent Coaching | Individuals: Families: | | 200 100 |
| Parent and Caregiver Education | Individuals: Families: | 200 100 | |
| Provider Outreach, Education and Training | Individuals: Families: | 150 | |
| Behavioral Health Screening and Intervention in Primary Care Setting | Individuals: Families: | 700 | 45 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals: Families: | 1750 100 | 245 100 |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

NO CHANGES

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

NO CHANGES

7. Describe intended outcomes.

NO CHANGES

8. Describe coordination with Other MHSA Components.

NO CHANGES

9. Additional Comments (Optional).

As mentioned in Exhibit B, SCMH projected decreases in PEI Component Allocations during the Strategic Planning process started in FY 2009-10. As a result, SCMH developed a multi-year financial plan for MHSA Components projected to decrease starting in FY 2010-11. SCMH financial plan sustains contracts at current, agreed upon levels.

10. Provide an estimated annual program budget, utilizing the following line items.

| NEW PROGRAM BUDGET | | | | | |
|--------------------------------|---|---------------------------------|-----------------------------|--|-----------|
| A. EXPENDITURES | | | | | |
| | Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. | Personnel | | | | |
| 2. | Operating Expenditures | | | | |
| 3. | Non-recurring Expenditures | | | | |
| 4. | Contract Services (Subcontracts/Professional Services) | | | \$390,450 | \$390,450 |
| 5. | Other Expenditures | | | | |
| | Total Proposed Expenditures | | | \$390,450 | \$390,450 |
| B. REVENUES | | | | | |
| 1. | New Revenues | | | | |
| | a. Medi-Cal (FFP only) | | | | |
| | b. State General Funds | | | | |
| | c. Other Revenues | | | | |
| | Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | | |
| | | | | \$390,450 | \$390,450 |
| D. TOTAL IN-KIND CONTRIBUTIONS | | | | | |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

All Early Childhood Program services are provided by contract providers who are experienced in providing home/community based and primary care based services.

2011/12 Annual Update

Exhibit F3

NEW/REVISED PROGRAM DISCRIPTION
Prevention and Early Intervention (PEI)

Program Number/Name: #2 School Age Program

- Completely New Program
 Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

| 1. PEI Key Community Mental Health Needs: <u>NO CHANGES</u> | Age Group | | | |
|--|---------------------------|-----------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stigma and Discrimination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PEI Priority Population(s): <u>NO CHANGES</u> Note: All PEI programs must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|--|---------------------------|-----------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Children and Youth in Stressed Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Children and Youth at Risk for School Failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Underserved Cultural Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

NO CHANGES

3. PEI Program Description (attach additional pages, if necessary).

NO CHANGES

4. Activities

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: | | Number of months in operation through June 2012 | |
|---|--|------------|---|--------------------|
| | | Prevention | | Early Intervention |
| Targeted Individual and Small Group Counseling | Individuals: Families: | | 468 145 | 12 |
| Multidisciplinary Team Case Management | Individuals: Families: | | 45 | 12 |
| Behavioral Health Screening and Intervention in Primary Care Setting | Individuals: Families: | 400 | 50 | 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals: Families: | 400 | 563 145 | |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

NO CHANGES

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

NO CHANGES

7. Describe intended outcomes.

NO CHANGES

8. Describe coordination with Other MHSA Components.

NO CHANGES

9. Additional Comments (Optional).

As mentioned in Exhibit B, SCMHS projected decreases in PEI Component Allocations during the Strategic Planning process started in FY 2009-10. As a result, SCMHS developed a multi-year financial plan for MHSA Components projected to decrease starting in FY 2010-11. SCMHS financial plan sustains contracts at current, agreed upon levels.

10. Provide an estimated annual program budget, utilizing the following line items.

| NEW PROGRAM BUDGET | | | | | |
|--------------------------------|--|---------------------------------|-----------------------------|--|-----------|
| A. EXPENDITURES | | | | | |
| | Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. | Personnel | | | | |
| 2. | Operating Expenditures | | | | |
| 3. | Non-recurring Expenditures | | | | |
| 4. | Contract Services (Subcontracts/Professional Services) | | | \$474,932 | \$474,932 |
| 5. | Other Expenditures | | | | |
| | Total Proposed Expenditures | | | \$474,932 | \$474,932 |
| B. REVENUES | | | | | |
| 1. | New Revenues | | | | |
| | a. Medi-Cal (FFP only) | | | | |
| | b. State General Funds | | | | |
| | c. Other Revenues | | | | |
| | Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | | |
| | | | | \$474,932 | \$474,932 |
| D. TOTAL IN-KIND CONTRIBUTIONS | | | | | |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

All School Age Program services are provided by contract providers who are experienced in providing school based and primary care based services.

2011/12 Annual Update

Exhibit F3

NEW/REVISED PROGRAM DISCRIPTION
Prevention and Early Intervention (PEI)

Program Number/Name: #3 Education, Employment, and Family Support for At-Risk Transition Age Youth

- Completely New Program
 Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

| 1. PEI Key Community Mental Health Needs: NO CHANGES | Age Group | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stigma and Discrimination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PEI Priority Population(s): NO CHANGES Note: All PEI programs must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Children and Youth in Stressed Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Children and Youth at Risk for School Failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Underserved Cultural Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

NO CHANGES

3. PEI Program Description (attach additional pages, if necessary).

NO CHANGES

4. Activities

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: | | Number of months in operation through June 2012 | |
|---|--|------------|---|--------------------|
| | | Prevention | | Early Intervention |
| Supported Education and Employment | Individuals: Families: | | 35 | 12 |
| Behavioral Health Screening and Intervention in Primary Care Setting | Individuals: Families: | 300 | 160 | 12 |
| | Individuals: Families: | | | 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals: Families: | 300 | 195 | |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

NO CHANGES

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

NO CHANGES

7. Describe intended outcomes.

NO CHANGES

8. Describe coordination with Other MHSA Components.

NO CHANGES

9. Additional Comments (Optional).

As mentioned in Exhibit B, SCMH projected decreases in PEI Component Allocations during the Strategic Planning process started in FY 2009-10. As a result, SCMH developed a multi-year financial plan for MHSA Components projected to decrease starting in FY 2010-11. SCMH financial plan sustains contracts at current, agreed upon levels.

10. Provide an estimated annual program budget, utilizing the following line items.

| NEW PROGRAM BUDGET | | | | | |
|--------------------------------|---|---------------------------------|-----------------------------|--|-----------|
| A. EXPENDITURES | | | | | |
| | Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. | Personnel | | | | |
| 2. | Operating Expenditures | | | | |
| 3. | Non-recurring Expenditures | | | | |
| 4. | Contract Services (Subcontracts/Professional Services) | | | \$277,605 | \$277,605 |
| 5. | Other Expenditures | | | | |
| | Total Proposed Expenditures | | | \$277,605 | \$277,605 |
| B. REVENUES | | | | | |
| 1. | New Revenues | | | | |
| | a. Medi-Cal (FFP only) | | | | |
| | b. State General Funds | | | | |
| | c. Other Revenues | | | | |
| | Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | | |
| | | | | \$277,605 | \$277,605 |
| D. TOTAL IN-KIND CONTRIBUTIONS | | | | | |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

All Transition Age Youth Program services are provided by contract providers who are experienced in providing community based and primary care based services.

2011/12 Annual Update

Exhibit F3

NEW/REVISED PROGRAM DISCRIPTION
Prevention and Early Intervention (PEI)

Program Number/Name: #4 Older Adult Identification and Linkage Program

- Completely New Program
 Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state “No Changes.”

| 1. PEI Key Community Mental Health Needs: NO CHANGES | Age Group | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stigma and Discrimination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PEI Priority Population(s): NO CHANGES Note: All PEI programs must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Children and Youth in Stressed Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Children and Youth at Risk for School Failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Underserved Cultural Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

NO CHANGES

3. PEI Program Description (attach additional pages, if necessary).

NO CHANGES

4. Activities

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: | | | Number of months in operation through June 2012 |
|---|--|-------------|--------------------|---|
| | | Prevention | Early Intervention | |
| Gatekeeper Screening | Individuals: Families: | 2000 | | 12 |
| Navigator/Case Management | Individuals: Families: | | 300 | 12 |
| Behavioral Health Screening and Intervention in Primary Care Setting | Individuals: Families: | 225 | 75 | 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals: Families: | 2225 | 375 | |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

NO CHANGES

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

NO CHANGES

7. Describe intended outcomes.

NO CHANGES

8. Describe coordination with Other MHSA Components.

NO CHANGES

9. Additional Comments (Optional).

As mentioned in Exhibit B, SCMHS projected decreases in PEI Component Allocations during the Strategic Planning process started in FY 2009-10. As a result, SCMHS developed a multi-year financial plan for MHSA Components projected to decrease starting in FY 2010-11. SCMHS financial plan sustains contracts at current, agreed upon levels.

10. Provide an estimated annual program budget, utilizing the following line items.

| NEW PROGRAM BUDGET | | | | | |
|--------------------------------|--|---------------------------------|-----------------------------|--|-----------|
| A. EXPENDITURES | | | | | |
| | Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. | Personnel | | | | |
| 2. | Operating Expenditures | | | | |
| 3. | Non-recurring Expenditures | | | | |
| 4. | Contract Services (Subcontracts/Professional Services) | | | \$318,980 | \$318,980 |
| 5. | Other Expenditures | | | | |
| | Total Proposed Expenditures | | | \$318,980 | \$318,980 |
| B. REVENUES | | | | | |
| 1. | New Revenues | | | | |
| | a. Medi-Cal (FFP only) | | | | |
| | b. State General Funds | | | | |
| | c. Other Revenues | | | | |
| | Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | | |
| | | | | \$318,980 | \$318,980 |
| D. TOTAL IN-KIND CONTRIBUTIONS | | | | | |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

All Older Adult Program services are provided by contract providers who are experienced in providing community based and primary care based services.

2011/12 Annual Update

Exhibit F3

NEW/REVISED PROGRAM DISCRIPTION
Prevention and Early Intervention (PEI)

Program Number/Name: #5 Early Intervention Wellness Services

- Completely New Program
 Revised Previously Approved Program

County: Solano County

Date: February 7, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state “No Changes.”

| 1. PEI Key Community Mental Health Needs: NO CHANGES | Age Group | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Stigma and Discrimination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PEI Priority Population(s): NO CHANGES Note: All PEI programs must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Children and Youth in Stressed Families | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Children and Youth at Risk for School Failure | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Underserved Cultural Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

NO CHANGES

3. PEI Program Description (attach additional pages, if necessary).

NO CHANGES

4. Activities

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: | | | Number of months in operation through June 2012 |
|---|--|------------|--------------------|---|
| | | Prevention | Early Intervention | |
| Support Groups | Individuals: Families: | | 60 | 12 |
| Wellness and Recovery Skills Development | Individuals: Families: | | 60 | 12 |
| Peer Mentoring | Individuals: Families: | | 60 | 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals: Families: | | 100 | |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

NO CHANGES

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

NO CHANGES

7. Describe intended outcomes.

NO CHANGES

8. Describe coordination with Other MHSA Components.

NO CHANGES

9. Additional Comments (Optional).

As mentioned in Exhibit B, SCMHS projected decreases in PEI Component Allocations during the Strategic Planning process started in FY 2009-10. As a result, SCMHS developed a multi-year financial plan for MHSA Components projected to decrease starting in FY 2010-11. SCMHS financial plan sustains contracts at current, agreed upon levels.

10. Provide an estimated annual program budget, utilizing the following line items.

| NEW PROGRAM BUDGET | | | | | |
|--------------------------------|---|---------------------------------|-----------------------------|--|-----------|
| A. EXPENDITURES | | | | | |
| | Type of Expenditure | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1. | Personnel | | | | |
| 2. | Operating Expenditures | | | | |
| 3. | Non-recurring Expenditures | | | | |
| 4. | Contract Services (Subcontracts/Professional Services) | | | \$225,000 | \$225,000 |
| 5. | Other Expenditures | | | | |
| | Total Proposed Expenditures | | | \$225,000 | \$225,000 |
| B. REVENUES | | | | | |
| 1. | New Revenues | | | | |
| | a. Medi-Cal (FFP only) | | | | |
| | b. State General Funds | | | | |
| | c. Other Revenues | | | | |
| | Total Revenues | | | | |
| C. TOTAL FUNDING REQUESTED | | | | | |
| | | | | \$225,000 | \$225,000 |
| D. TOTAL IN-KIND CONTRIBUTIONS | | | | | |

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

All Early Intervention Wellness Services are provided by contract providers who are experienced in providing community based services.

2011/12 Annual Update

Exhibit I

County: Solano County

Date: February 7, 2011

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)**

Previously approved with no changes

New

Date: February 4, 2011

County Name: Solano County

Amount Requested for FY 2011/12: \$61,200

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).

Since inception, Solano County Mental Health Prevention and Early Intervention Programs has gathered data reflecting services provided and outcome measures. Due to the scope and nature of prevention and early intervention, client level data are not reported for most activities. Instead, programs report aggregate findings, including services provided, demographic data, and outcomes. Currently SCMH does not have a data system to capture and report on this type of information and often the work of prevention and early intervention is not captured in data reports of the mental health system.

While Solano County Mental Health is in the process of acquiring an Electronic Health Record for consumers who are accessing mental health treatment, it is not anticipated that this system will be adequate for capturing data regarding prevention and early intervention services and outcomes.

Solano County will obtain and provide training on a data system to increase the County's capacity to gather, analyze, and report on prevention and early intervention activities and outcomes. Solano County will utilize a contractor that has the capacity to provide this service statewide. Other counties with similar challenges will be able to build upon Solano's system to obtain a similar system and utilize the findings of Solano to inform their process. In addition, the system will be built to include other service systems, as feasible.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

- 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
- 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
- 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.
- 4) These funds may not be used to pay for any other program.
- 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.
- 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
- 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

Director, County Mental Health Program (original signature)

2011/12 Annual Update

Attachment 1

County: Solano County

Date: February 7, 2011

Solano County Health & Social Services
Mental Health Services Act

(UPDATED) Save The Date!



| | |
|---|--|
| <p>Thursday, February 18, 2010 2:30 pm - 4:30 pm Dixon Senior Center 201 S 5th Street, Dixon Main Hall</p> | <p>Thursday, June 3, 2010 3:00 pm - 5:00 pm Fairfield Civic Center Library 1150 Kentucky Street, Fairfield Conference Room</p> |
| <p>Thursday, August 19, 2010 2:00 pm - 4:30 pm Ulatis Community Center 1000 Ulatis Drive, Vacaville Meeting Rooms A-C</p> | <p>Thursday, December 2, 2010 2:00 pm - 5:00 pm JFK Library 505 Santa Clara Street, Vallejo Joseph Room</p> |


The MHSA Stakeholders Meeting is a quarterly meeting. The purpose of the meeting is to provide updates, seek input, and share information about MHSA.

Light snacks and beverages will be provided

To be added to the contact list or inquire about MHSA, please contact Jayleen Richards at SolanoMHSA@solanocounty.com or (707) 784-8320.

For more information about MHSA, visit the website:
<http://www.solanocounty.com/depts/hss/mh/mhhsa/default.asp>

Solano County Health & Social Services
Mental Health Administration
275 Beck Ave., MS 5-238
Fairfield, CA 94533
(707) 784-8323



Solano County
Department of Health & Social Services
Mental Health Services Division



Save the Date!

Solano County Mental Health Services Act 2011 Steering Committee & Stake-Holders Meeting Meetings

| Date/Time | Location |
|--|-----------------|
| Wednesday, March 30, 2011 3:00 PM–5:00 PM | Benicia |
| Wednesday, June 29, 2011 3:00 PM–5:00 PM | Rio Vista |
| Wednesday, September 28, 2011 3:00 PM–5:00 PM | Suisun City |
| Wednesday, November 30, 2011 3:00 PM–5:00 PM | Dixon |

The MHSA Steering Committee will meet every other month (with the Summer months off) in 2010. The Committee will develop and monitor the MHSA Five Year Strategic Plan. Additionally, the Committee will receive MHSA updates and will provide input and recommendations about MHSA. Should you have any questions or comments, please contact Jayleen Richards, MHSA Coordinator, at (707) 784-8320 or SolanoMHSA@solanocounty.com

Mental Health Administration
275 Beck Avenue, MS 5-250, Fairfield, CA 94533
Phone: 707.784.8320
Fax: 707.421.6619
E-mail: SolanoMHSA@solanocounty.com

2011/12 Annual Update

Attachment 2

County: **Solano County**

Date: **February 7, 2011**

Solano County Health & Social Services Department

Mental Health Services
 Public Health Services
 Substance Abuse Services
 Older & Disabled Adult Services



Eligibility Services
 Employment Services
 Children's Services
 Administrative Services

Patrick O. Duterte, Director

Mental Health Services Act Quarterly Stakeholder Meeting

Thursday, February 18, 2010
 2:30 PM – 4:30 PM
 Dixon Senior Center
 201 South Fifth Street, Main Hall
 Dixon, CA 95620

AGENDA

| | |
|---------|---|
| 2:30 PM | I. Welcome and Introductions |
| 2:35 PM | II. Review Agenda and Purpose of Meeting |
| 2:40 PM | III. Review Notes from December 3, 2009 Meeting |
| 2:50 PM | IV. Prevention & Early Intervention School Age Initiative: Overview of Services, Solano County Office of Education and Vacaville Unified School District |
| 3:20 PM | V. Community Planning for Prevention & Early Intervention Statewide Funds |
| 3:50 PM | VI. Updates and Announcements |
| 4:20 PM | VII. Complete Evaluations |
| 4:30 PM | VIII. Adjournment <i>Next Meeting Date:</i> Thursday, June 3, 2010; 3:00-5:00PM; Fairfield Civic Center Library, 1150 Kentucky Street, Fairfield CA 94533, Conference Room |

Refreshments will be available.

Solano County Health & Social Services Department

Mental Health Services
 Public Health Services
 Substance Abuse Services
 Older & Disabled Adult Services



Eligibility Services
 Employment Services
 Children's Services
 Administrative Services

Patrick O. Duterte, Director

Mental Health Mission Statement: To provide mental health services and supports in Solano County that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness and recovery, and that fully incorporate shared decision making between consumers, family members and providers.

Mental Health Services Act Quarterly Stakeholder & Steering Committee Meeting

Thursday, June 3, 2010
 3:00 PM – 5:00 PM
 Fairfield Civic Center Library
 1150 Kentucky Street, Conference Room
 Fairfield, CA 94533

AGENDA

| | |
|---------|--|
| 3:00 PM | IX. Welcome and Introductions, Megan Richards |
| 3:05 PM | X. Review Agenda and Purpose of Meeting, Megan Richards |
| 3:10 PM | XI. Review Notes from Last Meetings |
| 3:20 PM | XII. Prevention & Early Intervention Older Adult Initiative: Overview of Services, Area Agency on Aging |
| 3:50 PM | XIII. Mental Health Services Act Strategic Plan Update, Megan Richards |
| 4:20 PM | XIV. Updates and Announcements |
| 4:50 PM | XV. Complete Evaluations |
| 5:00 PM | XVI. Adjournment <i>Next Meeting Date: MHSA Stakeholders: Thursday, August 19, 2010; 2:00-4:30 PM; Ulatis Community Center, 1000 Ulatis Drive Vacaville, CA 95688, Meeting Rooms A & B</i> MHSA Steering Committee: Wednesday, September 22, 2010; 4:00-6:00 PM; Fairfield Civic Center Library, 1150 Kentucky Street Fairfield, CA 94533, Conference Room |

Refreshments will be available.

Solano County Health & Social Services Department

Mental Health Services
 Public Health Services
 Substance Abuse Services
 Older & Disabled Adult Services



Eligibility Services
 Employment Services
 Children's Services
 Administrative Services

Patrick O. Duterte, Director

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Mental Health Services Act Quarterly Stakeholder Meeting

Thursday, August 19, 2010
 3:00 PM – 5:00 PM
 Ulatis Community Center
 1000 Ulatis Drive, Meeting Rooms A-C
 Vacaville, CA 95687

AGENDA

| | | |
|---------|-------|--|
| 3:00 PM | VII. | Welcome and Introductions, Jayleen Richards |
| 3:05 PM | III. | Review Agenda and Purpose of Meeting, Jayleen Richards |
| 3:10 PM | IX. | Review Notes from Last Meeting |
| 3:20 PM | XX. | Community Planning Process for Prevention & Early Intervention Statewide Funds |
| 3:50 PM | XI. | Mental Health Services Act Updates for FY 2010-11 |
| 4:20 PM | XII. | Updates and Announcements |
| 5:00 PM | XIII. | Adjournment <i>Next Meeting Date: Thursday, December 2, 2010; 2:00-5:00 PM; JFK Library, 505 Santa Clara Street, Vallejo, CA 94590, Joseph Room</i> |

Refreshments will be available.

Solano County Health & Social Services Department

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Mental Health Services Act Quarterly Stakeholder Meeting

Friday, December 2, 2010
 3:00 PM – 5:00 PM

John F Kennedy Library
 505, Santa Clara Street, Joseph Room
 Vallejo, CA 94590

AGENDA

| | | |
|---------|------|--|
| 3:00 PM | IV. | Welcome and Introductions, Jayleen Richards |
| 3:05 PM | XV. | Review Agenda and Purpose of Meeting, Jayleen Richards |
| 3:10 PM | XVI. | Review Notes from Last Meeting |
| 3:20 PM | VII. | Community Planning Process for Prevention & Early Intervention Statewide Funds |
| 3:50 PM | III. | Mental Health Services Act Updates for FY 2010-11 |
| 4:20 PM | IX. | Updates and Announcements |
| 5:00 PM | XXX. | Adjournment <i>Next Meeting Date:</i> Thursday, December 2, 2010; 2:00-5:00 PM; JFK Library, 505 Santa Clara Street, Vallejo, CA 94590, Joseph Room |

Refreshments will be available.

2011/12 Annual Update

Attachment 3

County: Solano County

Date: February 7, 2011

Solano County
Department of Health & Social Services
Mental Health Services Division



Save the Date!

Solano County Mental Health Services Act 2010 Steering Committee Meetings

| Date/Time | Location |
|--|--|
| Wednesday, January 27, 2010 4:00 PM–6:00 PM | UC Cooperative Extension 501 Texas Street, 1st Floor, Fairfield, CA 94533 |
| Wednesday, March 24, 2010 4:00 PM–6:00 PM | UC Cooperative Extension 501 Texas Street, 1st Floor, Fairfield, CA 94533 |
| Wednesday, May 26, 2010 3:00 PM–5:00 PM | Fairfield Cordelia Library 5050 Business Center Drive, 1st Floor, Fairfield, CA 94534 |
| Wednesday, September 22, 2010 4:00 PM–6:00 PM | Fairfield Civic Center Library 1150 Kentucky Street, 1st Floor, Fairfield, CA 94533 |
| Wednesday, November 17, 2010 4:00 PM–6:00 PM | Health & Social Services 275 Beck Avenue, 1st Floor, Conference Room 1, Fairfield, CA 94533 |

The MHSA Steering Committee will meet every other month (with the Summer months off) in 2010. The Committee will develop and monitor the MHSA Five Year Strategic Plan. Additionally, the Committee will receive MHSA updates and will provide input and recommendations about MHSA. Should you have any questions or comments, please contact Jayleen Richards, MHSA Coordinator, at (707) 784-8320 or SolanoMHSA@solanocounty.com

Mental Health Administration
275 Beck Avenue, MS 5-250, Fairfield, CA 94533
Phone: 707.784.8320
Fax: 707.421.6619
E-mail: SolanoMHSA@solanocounty.com

2011/12 Annual Update

Attachment 4

County: Solano County

Date: February 7, 2011

Solano County Health & Social Services Department

Mental Health Services
 Public Health Services
 Substance Abuse Services
 Older & Disabled Adult Services



Eligibility Services
 Employment Services
 Children's Services
 Administrative Services

Patrick O. Duterte, Director

Mental Health Services Act (MHSA) Steering Committee

Wednesday, January 27, 2010
 4:00 PM – 6:00 PM
 501 Texas Street, First Floor
 Fairfield, CA 94533

AGENDA

| | |
|---------|---|
| 4:00 PM | I. Welcome and Introductions |
| 4:05 PM | II. Review Agenda and Purpose of Meeting |
| 4:15 PM | III. Review and Discuss Next Steps for MHSA Community Services & Support Strategic Plan |
| 4:45 PM | IV. Review and Discuss Solano County MHSA Issue Resolution Process |
| 5:15 PM | V. Group Discussion: Roles & Responsibilities of MHSA Steering Committee |
| 5:30 PM | VI. Review Next Steps |
| 5:45 PM | VII. Announcements |
| 6:00 PM | VIII. Adjournment Next Meeting: March 24, 2010 @ 4-6:00 PM, 501 Texas Street, UC Cooperative Extension Building (parking @ 675 Texas Street and across the street) |

Refreshments will be provided!

Solano County Health & Social Services does not discriminate against persons with disabilities. If you require a disability related modification or accommodation in order to participate in the meeting, please call (707) 784-8320 at least 24 hours in advance of the meeting to make arrangements.

Contact SolanoMHSA@SolanoCounty.com or 707-784-8320 to be added to the MHSA Stakeholders distribution list, inquire about MHSA, provide input about MHSA, or provide public comment during a MHSA public comment period.

Solano County Health & Social Services Department

Mental Health Services
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Patrick O. Duterte, Director

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Mental Health Services Act (MHSA) Steering Committee

Wednesday, March 24, 2010
 4:00 PM – 6:00 PM
 501 Texas Street, First Floor Conference Room
 Fairfield, CA 94533

AGENDA

| | |
|---------|--|
| 4:00 PM | I. Welcome and Introductions, Jayleen Richards |
| 4:05 PM | II. Review Agenda and Purpose of Meeting, Jayleen Richards |
| 4:10 PM | III. Review Notes from Last Meeting |
| 4:15 PM | IV. Review and Discuss Consumer and Family Member Consumer Stipend Policy and Procedure, Cynthia Sottana |
| 4:45 PM | V. Presentation about May is Mental Health Month, Joseph Robinson |
| 5:00 PM | VI. Review and Discuss FY 09-10 MHSA Data, Jayleen Richards and Megan Richards |
| 5:30 PM | VII. Review and Discuss Solano County Electronic Health Record System, Robert Sullens |
| 5:45 PM | VIII. Review Next Steps, Jayleen Richards |
| 5:50 PM | IX. Announcements |
| 6:00 PM | X. Adjournment |

Next Meeting: May 26, 2010 @ 3-5:00 PM, 5050 Business Center Drive, Fairfield, Fairfield Cordelia Library

Refreshments will be provided!

Solano County Health & Social Services does not discriminate against persons with disabilities. If you require a disability related modification or accommodation in order to participate in the meeting, please call (707) 784-8320 at least 24 hours in advance of the meeting to make arrangements.

Non-confidential materials related to an item on this Agenda are available for public inspection no more than 72 hours prior to the meeting at Solano County Health & Social Services, Mental Health Administration, 275 Beck Avenue, Fairfield, during normal business hours.

Contact SolanoMHSA@SolanoCounty.com or 707-784-8320 to be added to the MHSA Stakeholders distribution list, inquire about MHSA, provide input about MHSA, or provide public comment during a MHSA public comment period.

Solano County Health & Social Services Department

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Mental Health Services Act (MHSA) Steering Committee

Wednesday, September 22, 2010
 4:00 PM – 6:00 PM
 1150 Kentucky Street, 1st Floor
 Fairfield, CA 94533

AGENDA

| | |
|--|--|
| 4:00 PM | I. Welcome and Introductions, Jayleen Richards |
| 4:05 PM | II. Review Agenda and Purpose of Meeting, Jayleen Richards |
| 4:10 PM | III. Review Notes from Last Meeting |
| 4:15 PM | IV. Review and Discuss MHSA FY 09-10 Data and Outcomes |
| 4:45 PM | V. Review and Discuss FSP Data/Outcome Report Project |
| 5:00 PM | VI. Review and Discuss MHSA Strategic Plan, Workplan Update – Megan Richards |
| 5:30 PM | VII. MHSA Updates |
| 5:45 PM | VIII. Review Next Steps, Jayleen Richards |
| 5:50 PM | IX. Announcements |
| 6:00 PM | X. Adjournment |
| Next Meeting: November 17, 2010 @ 4-6:00 PM, 275 Beck Avenue, 1 st Floor, Conference Room 1, Fairfield | |

Refreshments will be provided!

Solano County Health & Social Services does not discriminate against persons with disabilities. If you require a disability related modification or accommodation in order to participate in the meeting, please call (707) 784-8320 at least 24 hours in advance of the meeting to make arrangements.

Non-confidential materials related to an item on this Agenda are available for public inspection no more than 72 hours prior to the meeting at Solano County Health & Social Services, Mental Health Administration, 275 Beck Avenue, Fairfield, during normal business hours.

Contact SolanoMHSA@SolanoCounty.com or 707-784-8320 to be added to the MHSA Stakeholders distribution list, inquire about MHSA, provide input about MHSA, or provide public comment during a MHSA public comment period.

Solano County Health & Social Services Department

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Patrick O. Duterte, Director

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Mental Health Services Act Quarterly Stakeholder & Steering Committee Meeting

Thursday, December 2, 2010
 2:00 PM – 4:30 PM
 John F. Kennedy Library
 505 Santa Clara St., Joseph Room
 Vallejo, CA
 AGENDA

| | |
|---------|---|
| 2:00 PM | I. Welcome and Introductions, Jayleen Richards |
| 2:10 PM | II. Review Agenda and Purpose of Meeting, Jayleen Richards |
| 2:15 PM | III. Review Notes from Last Meetings, Jayleen Richards |
| 2:20 PM | IV. Prevention & Early Intervention Transition Age Youth: Overview of Services, Crestwood, Inc. and Solano County Office of Education |
| 3:20 PM | V. Break |
| 3:30 PM | VI. Mental Health Services Act Updates <ul style="list-style-type: none"> o MHSA FY 11-12 Annual Update o MHSA 2011 Stakeholder and Steering Committee Schedule |
| 4:00 PM | VII. Updates and Announcements |
| 4:15 PM | VIII. Complete Evaluations |
| 4:30 PM | IX. Adjournment <i>Next Meeting: MHSA Stakeholders & Steering Committee: Wednesday, March 23, 2010; 2:00-4:30 PM; 150 East L St., Benicia Library, Benicia, CA 94510</i> |

Refreshments will be available

Solano County Health & Social Services does not discriminate against persons with disabilities. If you require a disability related modification or accommodation in order to participate in the meeting, please call (707) 784-8320 at least 24 hours in advance of the meeting to make arrangements.

Non-confidential materials related to an item on this Agenda are available for public inspection no more than 72 hours prior to the meeting at Solano County Health & Social Services, Mental Health Administration, 275 Beck Avenue, Fairfield, during normal business hours.

Contact SolanoMHSA@SolanoCounty.com or 707-784-8320 to be added to the MHSA Stakeholders distribution list, inquire about MHSA, provide input about MHSA, or provide public comment during a MHSA public comment period.

2011/12 Annual Update

Attachment 5

County: Solano County

Date: February 7, 2011

**SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES
MENTAL HEALTH DIVISION
POLICIES AND PROCEDURES**

POLICY NUMBER: ADM-1.2

SUBJECT: Consumer and Family Member Per Diems/Cash Stipends for Participation in Planning and Implementation

IMPLEMENTATION DATE: 01/19/2009

LAST REVIEWED: 11/03/2010 **NEXT SCHEDULED REVIEW:** 11/03/2013

PARTY RESPONSIBLE FOR REVIEW: Mental Health Services Act (MHSA) Unit

APPLICABILITY: All employees, all units

REVISED POLICY

I. DEFINITIONS

Mental Health Plan or MHP: an entity that enters into a contract with the California Department of Mental Health to provide directly or arrange and pay for specialty mental health services to beneficiaries in a county. An MHP may be a county, counties acting jointly or another governmental or non-governmental entity.

MHSA: Proposition 63, known as the Mental Health Services Act, was passed by voters in 2004. MHSA provides funding to public mental health programs and is a community driven process.

RFP: Request for proposal - County procedure for requesting bids from contractors to provide service.

II. POLICY:

Solano County MHP recognizes that the provision of public mental health services is responsive to the needs of those served when the consumer and family member's voice is respected and listened to. It is the policy of Solano County MHP to reimburse consumer(s), and family member(s) for their participation in MHP services planning and implementation activities, as approved and as funding allows. The reimbursement will be through a per diem/cash stipend payment in the form of a gift card or check.

The per diem/cash stipends are used to compensate consumers and family members of consumers for their time spent in assisting MHP with the planning and implementing of services and to defray the costs of transportation, food, or child care, that have been unavoidably incurred as a result of participation in these activities.

Examples of planning efforts include attending focus groups, strategic planning sessions, workshops, trainings, conferences or other MHP or MHSA committees designed to garner consumer and family member input regarding policy or program related issues that are enhanced by the consumer and family perspective.

D. Conditions for awarding per diems/cash stipends:

1. Per diems/cash stipends may include gift cards and/or payments by check. No payments in cash will be made.

2. Consumers and family members whose employer covers their time spent in designated activities are not eligible for per diems/cash stipends. However, they may be eligible for travel reimbursements, such as mileage or other approved expenses, if those expenses are not covered by their employer.

3. The value of the per diem/cash stipend will depend of the time spent by the consumer in providing services per day and is determined as follows:

a. Time spent in meetings, workgroups, interview panels, RFP review panels, focus groups and like activities. Gift cards could/can be issued at the time of the event provided the required paperwork or prior approval has been completed.

1 – 4 hours: \$10 (check or gift card)

5 – 8 or more hours: \$25 (check)

b. Childcare: Childcare per diems are available at a rate of up to \$7.50 per hour for the same amount of time as the time claimed for the designated activity to help with the costs of childcare for a consumer or family member's dependent minor during approved activities. Childcare per diems are not available for overnight coverage regardless of the activity.

c. Trainings: Time spent in training (see above) plus approved actual travel costs, which may include registration fees. Training per diems are limited to the actual time spent in training and actual cost.

d. Travel: Travel expenses are available in the form of bus passes or mileage reimbursement. Mileage reimbursements are based on the number of miles driven and figured from the rate set forth by the IRS Standard Mileage Rate. Mileage reimbursement may not exceed \$40.00 for any single MHP event or activity.

e. Family Members of consumers are only eligible for reimbursement of actual expenses or mileage traveled to and from event or activity.

E. Exclusions and Limitations:

1. The attendance of public meetings that are held to offer opportunities for general public input or for attendees to gain knowledge, will not qualify for per diems/cash stipends. Example — attendance at a Local Mental Health Board meeting, community forum, or Board of Supervisors meeting for personal knowledge.

2. These procedures are not intended to be a promise or contract with any individual or group, and this per diem/cash stipend program is subject to availability of funds.

3. Each per diem/cash stipend reimbursement can not exceed \$40.00 for any single SCMH event/activity.

4. Per diem/cash stipends are limited to consumers and family members of consumers who live in Solano County.

5. No consumer or family member shall be provided stipends for more than two leadership committees at the same time without specific approval by the Mental Health Director or his/her designee.

F. Monitoring of per diems/cash stipends:

1. MHSA Coordinator, under the direction of the Mental Health Director, is responsible for the oversight of this procedure and will periodically review all payments of per diem/cash stipends to ensure consistent application of these guidelines.

III. PROCEDURE:

A. Per diems/cash stipends may be available for the following designated activities in which a consumer or family member is involved:

1. Participation in steering committees, workgroups, hiring panels, focus groups, and request for proposal (RFP) review panels

2. Participation in trainings.

3. Certain ongoing committees which may include, but are not limited to:

- MHSA Steering Committee and its subcommittee meetings
- MHSA Stakeholder meetings
- Quality Improvement Committee
- Cultural Competence Committee
- Other committees as designated by the Mental Health Director or designee.
-

B. Principles for selecting consumers and family members for participation:

1. Every effort will be made to involve a diverse representation of consumers and family members, especially those often under-represented.

2. Participation of consumers and family members will not be dependant on financial status. Stipends eligibility will focus on those without salary or other available resources to cover costs or compensate time.

3. New participants, as well as those with ongoing experience, are always encouraged to participate.

C. All requests for per diems/cash stipends shall be approved prior to consumer and family member participation by the Project Manager who oversees the budget unit containing the available funding. **No retroactive approvals are allowed.**

1. MHP staff who identifies a need for consumer or family member participation in an activity will consult with the appropriate Project Manager around the requirements and objectives for consumer or family participation and the appropriate per diem/cash stipend.

2. To seek prior approval please complete and submit the attached PRIOR APPROVAL REQUEST FORM to the Division Account Clerk or MHSA Coordinator who will then distributed the request to the Solano County Mental Health Manager who oversees the budget unit containing the available funding.

D. Reimbursement process: The MHSA Coordinator will manage the administration of all per diems/cash stipends and the MHSA Accounting Clerk will maintain detailed agendas, sign-in sheets, and per diem/stipend request forms for all approved eligible activities. Confirmation of eligibility for per diems/cash stipend is handled by sign in sheets and by the approved form completed by the individual receiving the per diem/cash stipend.

1. Sign in sheets must include the individual's name and signature, plus the date, location and time of the activity. Following the activity, a copy of the agenda, sign in sheet and the completed Per Diem/Stipend Request Form is given to the Project Manager for review and approval.
2. Once approved by the SCMH Manager, the paperwork is forwarded to the Accounting Clerk for processing.
3. There will be no exceptions made to this approval process.
4. The SCMH Manager or designated staff person is responsible for ensuring that participants receive and complete forms in a timely manner, but no later than the last day of the month in which the activity occurred.
5. All documentation will be retained on file in Mental Health Administration for a period of three years.

IV. AUTHORITY

- Divisional
-

V. ATTACHMENTS or RELATED FORMS

- Per Diem/Cash Stipend Request Form
- Per Diem/Cash Stipend Prior Approval Request Form

APPROVALS:

| | |
|---|----------------|
| Vince Burgess | 12/1/10 |
| Mental Health Quality Improvement Manager | Date |
| G. M. Lingenfelter | 12/6/10 |
| Deputy Director, Mental Health | Date |

2011/12 Annual Update

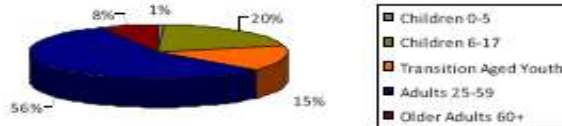
Attachment 6

County: Solano County

Date: February 7, 2011

Solano County Mental Health
Mental Health Services Act (MHSA) Community Services and Supports (CSS)
 Data & Evaluation FY 2009-10

MHSA CSS: Population Served



MHSA CSS: Consumers Served

- Solano County MHSA, CSS served 1,652 unduplicated consumers in FY 2009-10
- About a quarter of Solano County Mental Health (SCMH) consumers were served by CSS in FY 2009-10
- Vocational Services served 200 consumers
- Supported Housing Services served 127 consumers
- Foster Care/Bilingual Support served an additional 198 consumers
- The Psychiatric Emergency Team served 819 consumers.

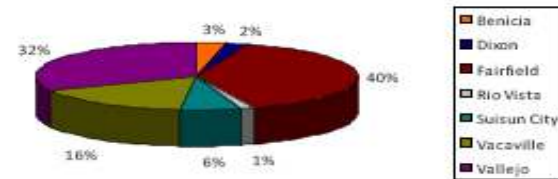
MHSA CSS Strategies

- Wellness and Recovery Services, including Vocational Services
- Supported Housing Services
- Foster Family/Bilingual Support Services
- Outreach and Engagement Services

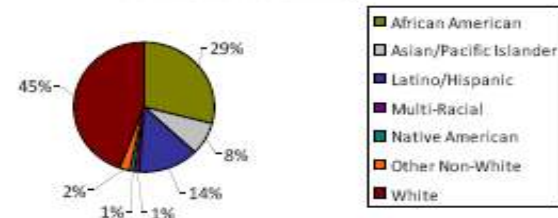
Full Service Partnerships

- Children (0-17)
- Transition Age Youth (18-24)
- Adults (25-59)
- Older Adults (60+)

MHSA CSS: Geographic Area



MHSA CSS: Race & Ethnicity



MHSA CSS
 Gender: Percentage Served

| Gender | Percentage |
|------------------|------------|
| Female Consumers | 46.5% |
| Male Consumers | 53.5% |

CSS Consumer
 Languages Spoken

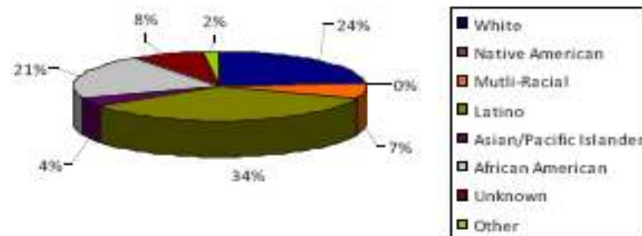
| Language Spoken | Percentage |
|-----------------|------------|
| English | 93.8% |
| Spanish | 4.2% |

Lessons Learned

- Foster Family/Bilingual Support program served non-English speakers, other programs lag behind.
- Supported Housing, Psychiatric Emergency Team (PET), Forensic Assessment and Community Treatment (FACT) and Foster Family/Bilingual Support serve racially and ethnically diverse populations.
- Foster Family/Bilingual Support, PET and Outreach & Engagement reach diverse geographic areas.

Solano County Mental Health
Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI)
 Data & Evaluation FY 2009-10

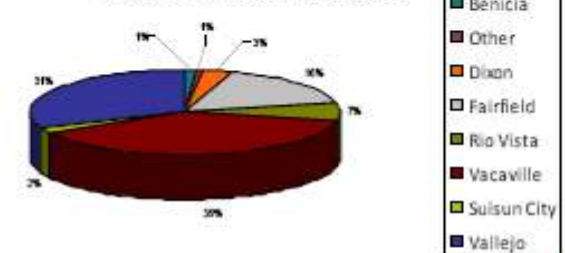
MHSA PEI Race/Ethnicity Served



Solano County MHSA PEI
 FY 09-10 Services:

- Screened 1,725 community members in target populations for mental health needs
- Assessed 760 people at risk
- Provided early intervention services to 794 community members
- Educated over 1,500 providers and teachers on signs of mental illness, screening and resources

MHSA PEI Geographic Area Served



Selected MHSA PEI Outcomes

PEAK (0-5)

- 85% of families completing parent coaching demonstrated an improvement in the parent-child relationship, improved child mental health, and improved caregiver mental health.

School Age Youth (6-17)

- 70% decrease in discipline-related school office referrals for students participating in targeted counseling.

Older Adults (60+)

- All older adults who exited case management reported increased feelings of support and decreased feelings of loneliness.

Solano County's MHSA Prevention and Early Intervention Includes:

- Early Childhood Mental Health
- Early Intervention for School Age Youth
- Supported Education and Employment for Transitional Age Youth
- Older Adult Identification and Linkage
- Primary Care Behavioral Health Integration
- Early Intervention Wellness Services

Looking Forward...

- PEI Transition Age Youth Anticipated Outcomes
 - Enrolled in Educational program or employed 2 days/week
 - Did not miss more than 2 shifts or 2 days of classes/month
- Behavioral Health/Primary Care Integration Services
 - Screening, Assessment, Brief Intervention, Referral, Support Groups on Primary Care sites
- Early Intervention Wellness Services
 - Support Groups, Wellness Skills Development, Peer Mentoring

Mental Health Services Act Data & Evaluation Community Services & Support Prevention & Early Intervention FY 09/10

**MHSA Steering Committee
September 22, 2010**

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Mental Health Services Act (MHSA), Community Services & Support (CSS), Background

- MHSA CSS strategic planning process
- Identified priority services and strategies
- Identified need to collect, report and analyze data and outcome measures in MHSA programs
- MHSA principle: serve un/underserved populations.

MHSA: Community Services & Support (CSS), Activities

➤ Full Service Partnerships:

- Children
- Transition Aged Youth
- Adults
- Older Adults

➤ Mobile Crisis Services.

MHSA: Community Services & Support (CSS), Strategies

- Wellness & Recovery Services (including Vocational Services)
- Supported Housing Services
- Foster Family/Bilingual Support Services
- Outreach & Engagement Strategies.

MHSA: CSS, Consumers Served

- Solano County MHSA, CSS served 1,652 unduplicated consumers in FY 2009-10.
- About a quarter of Solano County Mental Health (SCMH) consumers were served by CSS in FY 2009-10.

MHSA, CSS: Full Service Partnerships (FSP) Target Populations

- Children Intensive Services served 60 children 0-25
- Transitional Age Youth FSP served 13 consumers
- FACT FSP served 142 consumers
- Older Adult FSP served 28 consumers.

MHSA, CSS: Number of Consumers Served by Strategy

- Vocational Services served 200 consumers
- Supported Housing Services served 127 consumers
- Foster Care/Bilingual Support served an additional 198 consumers
- Mobile Crisis served 819 consumers.

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MHSA, CSS: Gender, Number and Percentage Served

| Gender | Total | Percentage |
|------------------|--------------|-------------------|
| Female Consumers | 608 | 46.5% |
| Male Consumers | 700 | 53.5% |
| Total Number | 1308 | |

MHSA, CSS: Population Served, Number and Percentage

| Age Range of Consumer | Number | Percentage |
|-----------------------|--------|------------|
| Children 0-5 | 12 | .9% |
| Children 6-17 | 263 | 20.1% |
| Transition Aged Youth | 201 | 15.4% |
| Adults 25-59 | 734 | 56.1% |
| Older Adults 60+ | 98 | 7.5% |

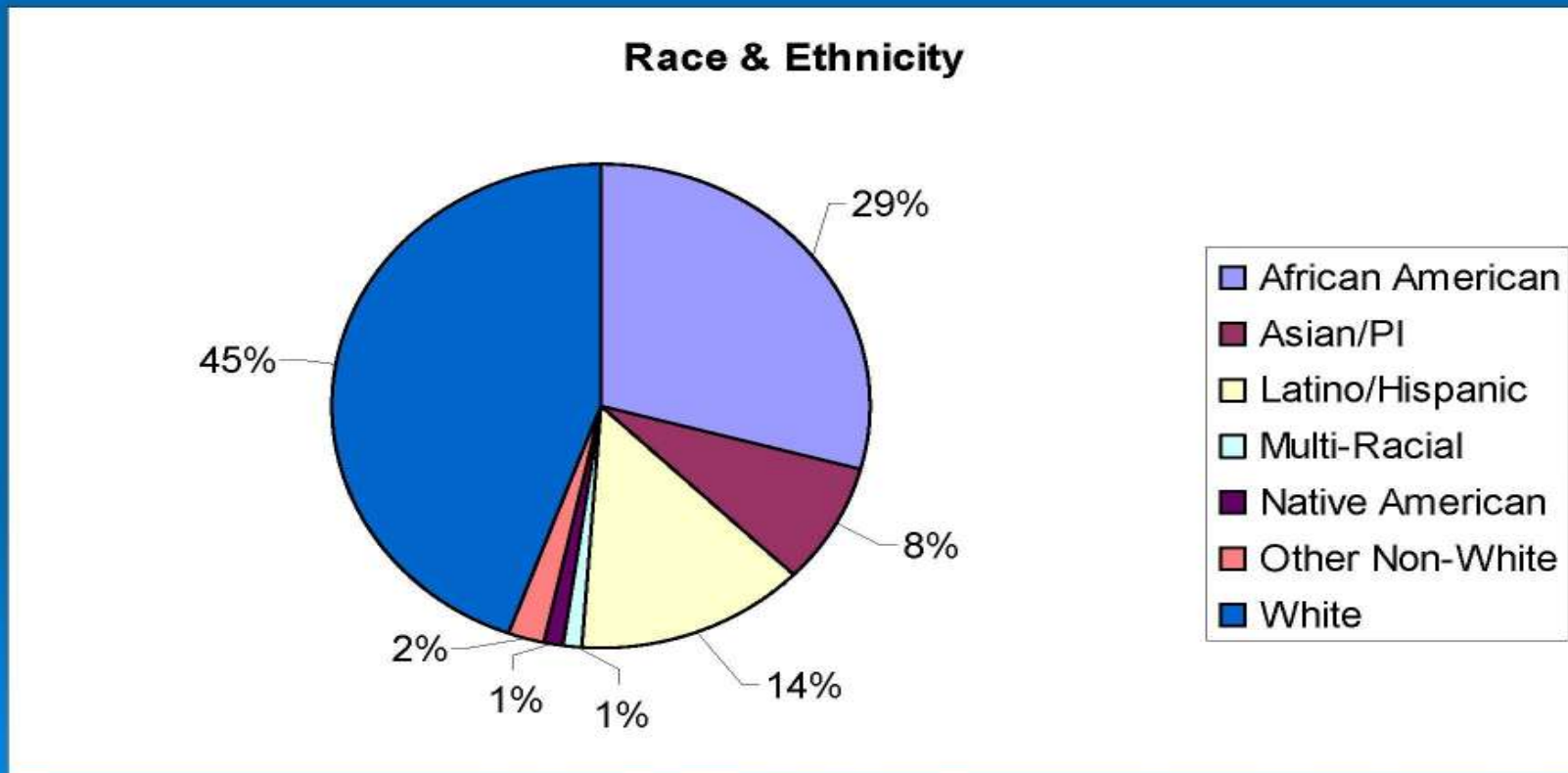
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MHSA, CSS: Race & Ethnicity, Number and Percentage

| Race & Ethnicity | Number | Percentage |
|------------------|--------|------------|
| African American | 386 | 29.5% |
| Asian/PI | 106 | 8.1% |
| Latino/Hispanic | 184 | 14.1% |
| Multi-Racial | 1 | 1.1% |
| Native American | 14 | 1.1% |
| Other Non-White | 28 | 2.1% |
| White | 589 | 45.0% |

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MHSA, CSS: Race & Ethnicity, Percentage



MHSA, CSS: Language Spoken, CSS Served vs. Solano County Population, Percentage

| Language Spoken | CSS Consumers Served Percentage | Solano County Percentage |
|-----------------|---------------------------------|--------------------------|
| English | 93.8% | 70.4% |
| Spanish | 4.2% | 16.3% |

MHSA, CSS: Geographic Area, Number and Percentage

| Solano County City | Number | Percentage |
|-----------------------|--------|------------|
| Benicia | 38 | 2.9% |
| Dixon | 26 | 2.0% |
| Fairfield | 467 | 35.7% |
| Rio Vista | 14 | 1.1% |
| Suisun City | 75 | 5.7% |
| Vacaville | 196 | 15.0% |
| Vallejo | 384 | 29.4% |

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MHSA, CSS: Summary of Demographic Data, Lessons Learned

- Foster Family/Bilingual support program serves non-English speakers, other programs lag behind
- Supported Housing, Mobile Crisis, FACT, and Foster Family/Bilingual Support serves racially and ethnically diverse populations
- Foster Family/Bilingual Support, Mobile Crisis, and Outreach & Engagement reach diverse geographic areas.

MHSA, CSS: Vocational Services Consumers Served

- Solano County Dept. of Rehabilitation Served 159 consumers with vocational and educational services
 - 36 consumers received training and educational services
 - 49 consumers are supported during job searching
 - 30 consumers were placed in a job.

MHSA, CSS: Outreach & Engagement Activities

- Increases awareness of SCMH access points and services
- Reduces stigma and discrimination
- Developed and launched the Network of Care web site page
<http://solano.networkofcare.org/mh/home>
- Developed and launched the Network of Care web site for Veterans.

MHSA, CSS: Outreach & Engagement Activities

- Developed community resourced guide providing a range of resource information
- During May is Mental Health Month coordinated 18 events, including a Solano County Board Resolution and 3 consumer/family member panels.
- 95 outreach events/presentations and reached out to 324 agencies and organizations
- Through Outreach & Engagement activities reached 2,369 people in the community.

Prevention and Early Intervention

- Prevention and Early Intervention aims to:
 - Bring mental health awareness into the lives of all members of the community
 - Facilitate access to supports at the earliest possible signs of mental health problems.

Prevention and Early Intervention

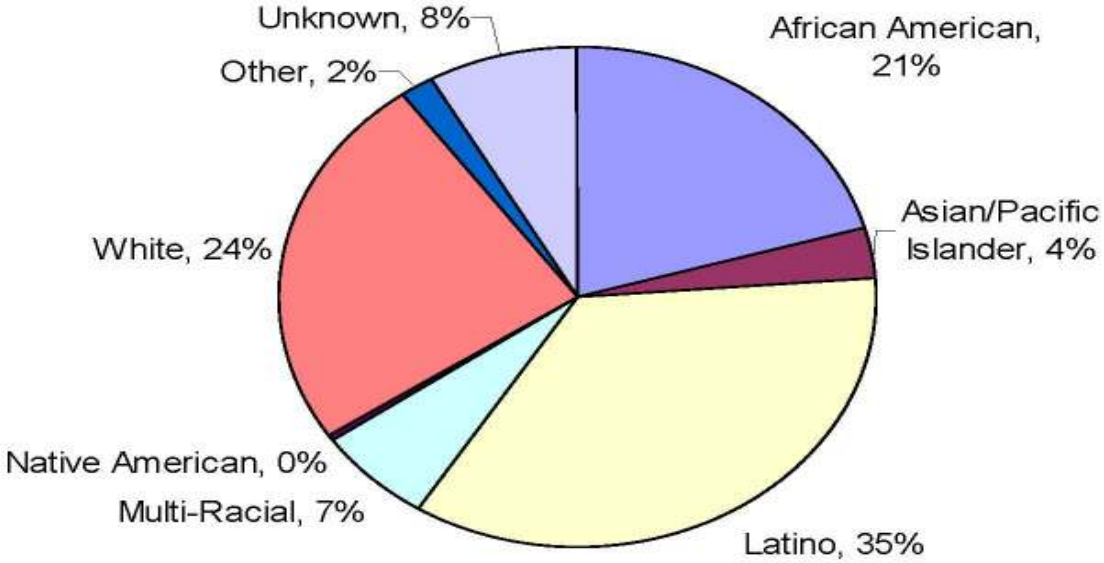
- Solano County's PEI Plan includes:
 - Early Childhood Mental Health
 - Early Intervention for School Age Youth
 - Supported Education and Employment for Transitional Age Youth
 - Older Adult Identification and Linkage
 - Primary Care Behavioral Health Integration
 - Early Intervention Wellness Services

Prevention and Early Intervention

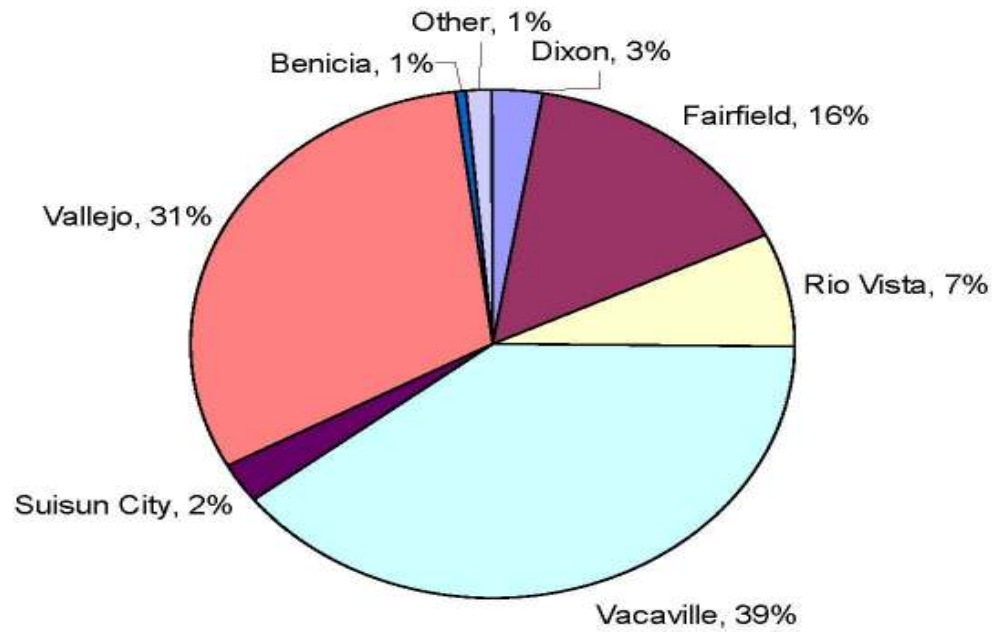
➤ FY 09/10 Services:

- Screened 1,725 community members in target populations for mental health needs
- Assessed 760 at risk
- Provided early intervention services to 794
- Educated over 1,500 providers and teachers on signs of mental illness, screening, and resources

**Prevention & Early Intervention
FY 09/10
Race/Ethnicity**



**Prevention & Early Intervention
FY 09/10
Geographic Area Served**



Prevention and Early Intervention Children Ages 0-5

- Partnership for Early Access for Kids (PEAK):
 - Screened 718 children ages 0-5
 - 195 assessments
 - Parent coaching for 174 parents and children
 - Workshops on parenting issues for 277 parents
 - Trainings for 606 providers on infant and child development, mental health, and evidence based screening tools.

Prevention and Early Intervention Children Ages 0-5

➤ Outcomes:

- Nearly one out of every three kids (30%) showed significant concerns necessitating a referral to additional services
- 85% of families completing parent coaching demonstrated an improvement in the parent-child relationship, improved child mental health, and improved caregiver mental health.

Prevention and Early Intervention Children Ages 0-5

- The PEAK project has been effective at reaching the Latino population:
 - 40% of the kids and parents served were Latino
 - Spanish was the primary language of 35% of the kids and 33% of the parents served.

- PEAK won a 2010 NACo Achievement Award for its unique approach to addressing early childhood mental health

Prevention and Early Intervention School Age

- Solano County Office of Education and Vacaville Unified School District:
 - Provided 281 students group and individual counseling to address social/emotional issues interfering with school success.
 - Held 441 parent and 871 teacher consultations to discuss how to support skills taught in counseling.
 - Provided 16 students multidisciplinary case management.

Prevention and Early Intervention School Age

- **Outcomes: Decrease in school office referrals for discipline issues:**
 - 70% decrease for students participating in targeted counseling
 - 44% decrease for students participating in multidisciplinary team case management

Prevention and Early Intervention Transitional Age Youth

- Crestwood Behavioral Health and Solano County Office of Education:
 - Served 8 transitional age youth for supported education or employment.

- Anticipated Outcomes:
 - Enrolled in educational program or employed 2 days/week
 - Did not miss more than 2 shifts or 2 days of classes/month
 - Completed GED, high school diploma, or community college certificate or 90 days of work.

Prevention and Early Intervention Older Adult

- Area Agency on Aging:
 - Trained 462 community members/provider to be Gatekeepers
 - Screened 706 seniors
 - Assessment and referral to 264 seniors
 - Case management to 63 seniors
 - 8 trainings to 104 healthcare providers in older adult mental health issues.

Prevention and Early Intervention Older Adult

➤ Outcomes:

- Nearly 9 out of 10 (88%) of Gatekeepers demonstrated an increased knowledge of signs of risk for mental health issues in seniors
- All older adults assessed were connected to resources
- All older adults who exited case management reported increased feelings of support and decreased feelings of loneliness
- 78% of health providers reported an increased knowledge of geriatric mental health concerns and treatment options.

PEI: Looking Forward

- Behavioral Health/Primary Care Integration
 - Screening, Assessment, Brief Intervention, Referral, Support Groups
 - La Clinica de La Raza, Solano County Mental Health

- Early Intervention Wellness Services
 - Support Groups, Wellness Skills Development, Peer Mentoring
 - Crestwood Behavioral Health, California Hispanic Commission

MHSA: What's Next?

- MHSA Five-Year Anniversary
- FSP Data Report
- SCMh and MHSA Integration
- SCMh Data driven system.

Questions & Contact Information

Questions?

Contact Information

Jayleen Richards

707-784-8320

jmrichards@solanocounty.com

Megan Richards

707-784-8320

merichards@solanocounty.com

2011/12 Annual Update

Attachment 7

County: Solano County

Date: February 7, 2011



**Solano County Health & Social Services
Solano County Mental Health
Mental Health Services Act
Community Services and Supports
Strategic Plan
Fiscal Years 2010-11 – 2012-13**

March 15, 2010

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I. Solano County Mental Health Mission

To provide mental health services and supports in Solano County that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness/recovery, and that fully incorporate shared decision making between consumers, family members and providers.

II. Solano County Mental Health Overarching Principles

Care is provided to *promote the self defined recovery, family and child resiliency* as well as positive development of each person served.

Care is provided in a *culturally and linguistically competent way* with sensitivity to and awareness of the persons’ self-identified culture, race, ethnicity, language preference, age, gender sexual orientation, disability, religious/spiritual beliefs and socio-economic status

There are *no disparities for individuals or groups of individuals* in accessibility, availability or quality of mental health services provided.

III. Solano County Mental Health Vision

Individuals of all ages will receive support to optimize their best development, increase their resiliency and recover from metal illness.

IV. Solano County Mental Health Values

| | |
|-------------------------|----------------------------------|
| ○ Hope | ○ Empowerment |
| ○ Resilience | ○ Inclusion |
| ○ Choice | ○ Self-reliance & Responsibility |
| ○ Community Integration | ○ Meaningful Quality of Life. |

V. Introduction

California voters approved Proposition 63, the Mental Health Services Act (MHSA), November 2004. The Act provides the first opportunity in many years to provide increased funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

MHSA has five components or plans implemented at the local level, including Community Services and Support, Prevention and Early Intervention, Capital Facilities and Information

Technology, Workforce, Education and Training, and Innovation. The original Community Services and Support Strategic Plan was developed in 2005.

This updated Fiscal Year 2010-2013 Strategic Plan for Solano County's Mental Health Services Act (MHSA), Community Services and Supports (CSS) Plan provides recommendations to guide MHSA CSS services over the next three to five years and provides a framework for development for future Requests for Proposals. In reading it, you will see it recommends a shift in how Solano County Mental Health designs and delivers mental health services to children, adults and families with serious mental illness or severe emotional disturbance.

This Plan was developed over six months by a community-wide steering committee and a community planning process. It was propelled by a realization that despite funding for MHSA and other mental health services will significantly reduce over the next few years our community must continue serving those in need of mental health services, and may be able to maintain and perhaps even improve our services by changing how services are delivered.

In addition to the Solano County principles and guidelines outlined on the next page, this Strategic Plan reflects and is committed to the following essential elements of the Mental Health Services Act:

- Community collaboration
- Cultural competency
- Client driven mental health system
- Family driven mental health system
- Wellness, recovery and resilience focus
- Integrated service experience
- Outreach to unserved and underserved populations
- Utilize best practices and evidence based strategies to deliver mental health services.

VI. Solano County's Continuum of Care

This strategic plan is designed to reorganize county and community mental health services, including full service partnerships into continua of care for each of four age groups: children and youth, transition-age-youth; adults; and older adults.

Within each of these age groups, two target populations are served:

- *Un-served* Solano County residents who are seriously mentally ill or emotionally disturbed residents who are not currently receiving services.
- *Underserved* and *At Risk* Solano County residents who are currently receiving services, but are at risk for homelessness, institutionalization, jail, hospitalization, out of home placement, due to inadequate community services and supports.

As defined by California Code of Regulations Title 9, Section 3200. 130, a full service partnership is a collaborative relationship between the consumer and the county, and when appropriate the client's family, through which the county plans for and provides a full spectrum of community services so that the client can achieve the identified goals stated in an Individual Service Plan. A full service partnership includes a range of services and supports to ensure the following outcomes are achieved:

- *Meaningful use of time and capabilities*
- *Safe housing*
- *A network of supportive relationships*
- *Access to help in a crisis*

- *Reduction in incarceration*
- *Reduction in involuntary services.*

VII. Composition of Mental Health Services Act Steering Committee and Community Involvement

Solano County Mental Health would like to thank and acknowledge the consumers, family members, agencies, and organizations that participated in the community planning process for the strategic planning process for the MHSA, CSS Plan. MHSA is a community driven process and we appreciate the time, effort, and input provided by all those who participated.

The community planning process started with the MHSA Steering Committee June 30, 2009, providing an overview of MHSA and steering committee objectives. At the July 22, 2009 meeting the MHSA Steering Committee decided to form four population specific workgroups, including children, transition age youth, adults and older adults, as well as a workgroup focusing on full service partnerships. These workgroups each met on at least three occasions and were open to the public to attend in order to develop recommendations specific to their target population. All workgroup meetings were publicized through the MHSA electronic mailing list of 500 recipients and posted publicly (e.g. libraries, clinics, and community meetings). Additionally, some workgroup meetings were held at sites where consumers and family members may receive services, including Seneca Inc. and Neighborhood of Dreams.

Upon hearing the recommendations from each workgroup, at the September 30, 2009 MHSA Steering Committee meeting, the Committee formed a MHSA Planning Committee to develop final recommendations, priorities and outcome measures for the MHSA, CSS Strategic Plan. The MHSA Planning Committee met on five occasions and some members donated an estimated 40 hours to the project. Solano County Mental Health would like to acknowledge the work of the MHSA Planning Committee for their hard work in developing the final recommendations, priorities and outcome measures for the MHSA Community Services & Support Strategic Plan.

Additionally, the DRAFT MHSA, CSS Strategic Plan was presented at a community forum and MHSA Stakeholder meeting on December 3, 2009 at the Ulatis Community Center in Vacaville, CA and at the Local Mental Health Board meeting on December 15, 2009.

Solano County Mental Health is pleased to report that an estimated 220 people were involved in the community planning process and at least 30 meetings were held with community members (see table 1 below and 2).

MHSA, CSS Strategic Planning Process—A Community Driven Process, table 1

| Community Member Groups | Number Participated (estimated) |
|---|--|
| Consumers and Family Members | 35 |
| Solano County Employees | 48 |
| Community Agencies & Organizations | 52 |
| Community Members (unidentified) | 4 |
| Total Participation²³ | 139 |

MHSA, CSS Steering Committee, Workgroups, and Planning Committee, table 2

| MHSA Committee Meeting | Meeting Date |
|--|---------------------|
| MHSA Steering Committee | June 30, 2009 |
| | July 22, 2009 |
| | August 26, 2009 |
| | September 30, 2009 |
| | November 18, 2009 |
| Children's Workgroup | August 24, 2009 |
| | September 4, 2009 |
| | September 24, 2009 |
| Transition Age Youth Workgroup | August 21, 2009 |
| | September 11, 2009 |
| | September 21, 2009 |
| | September 23, 2009 |
| Adults Workgroup | August 21, 2009 |
| | August 28, 2009 |
| | September 11, 2009 |
| | September 29, 2009 |
| Older Adults Workgroup | August 21, 2009 |
| | August 28, 2009 |
| | September 10, 2009 |
| | September 24, 2009 |
| Full Service Partnership Workgroup | August 19, 2009 |
| | September 1, 2009 |
| | September 15, 2009 |
| | October 20, 2009 |
| Planning Committee | October 20, 2009 |
| | October 23, 2009 |
| | November 2, 2009 |
| | November 9, 2009 |
| | November 16, 2009 |
| MHSA Stakeholders Group, Community Forum | December 3, 2009 |
| Local Mental Health Board | December 15, 2009 |
| Local Mental Health Board | January 19, 2010 |

²³ Numbers provided in this table are estimated based on sign-in sheets at meetings. Some figures may be a duplicate count.

Solano County Maternal, Child, & Adolescent Advisory Board
February 9, 2010

VIII. Strategic Planning Process

Monthly meetings:

- **June 30:** Overview steering committee, orientation and training, expectations of steering committee, discussion of MHSA funding, small group discussions of goals, target populations, services, service delivery (see appendix B)
- **July 22: Description of the questions guiding the Strategic Planning Process; update on MHSA funding; analysis of current programs.** The facilitator outlined the process that would be used to develop recommendations for changes to the CSS Plan.

Strategic Planning Questions

1. Why are we here? What is our purpose? What are we trying to accomplish? Who are our customers, clients, people we serve?
2. What are our primary strategies and activities? Should we change them?
3. How can we measure if our clients/customers are better off?
4. How can we measure if we are delivering service well?
5. How are we doing on the most important of these measures? (baselines)
6. Who are the potential partners to help improve our measures?
7. What could work to improve the measure?
8. What should we do?

The Steering Committee broke into five workgroups, four to analyze the range of county mental health strategies and programs by age group, and one to analyze Solano County's full service partnerships. All workgroups were asked to provide recommendations for improving current services, and to recommend outcome measures. Each workgroup met three to four times to complete the task. (See Appendix C for Analysis Form)

- **August 26: Workgroups reported on the progress of their analyses.**
- **September 30: Workgroup Reports.** Each workgroup reported their findings, including their five top recommendations to the CSS plan. (Appendix D.) Each workgroup then appointed members to serve on a Planning Committee to consolidate and prioritize recommendations, and to identify outcome measures. The team included representatives of each age group, consumers and family members, service providers and one representative of Solano County Mental Health.
- **October 1-November 17:** The planning team met five times. Their process included:
 1. Reviewing the recommendations from all subcommittees
 2. Identifying common elements where applicable
 3. Developing consolidated draft recommendations

4. Assessing which recommendations could be funded outside of MHSA, CSS (See Appendix E)
 5. Weighing (prioritizing) recommendations based on power, cost and feasibility
 6. Developing final recommendations
 7. Identifying program (outcome) measures for recommended programs, including both consumer impact measures and system/quality measures.
- **November 18:** The planning team reported their recommendations to the Steering Committee, which discussed and approved the recommendations with minor revisions. MHSA funding projections were also discussed.
 - **December 3: MHSA Stakeholders meeting and Community Forum**—The draft Strategic Plan was presented to the MHSA Stakeholders group for input and discussion.
 - **December 15: Local Mental Health Board**—The draft Strategic Plan was presented to the Board for input and discussion.
 - **February 9, 2010: Solano County Maternal, Child & Advisory Board**—The draft Strategic Plan was presented to the Board for input and discussion.

Solano County Mental Health posted the MHSA, CSS Strategic Plan on the Solano County Mental Health web site for public viewing and comments. Additionally, the Strategic Plan will be used as a guide to develop the MHSA Annual Update submitted to the California Department of Mental Health (DMH) for review and approval.

(Please see section XIII to view public comment and input.)

IX. Steering Committee Strategic Planning Recommendations for 2010-2013 Community Services and Supports Plan

| Type | Priority | Recommendations | Performance Measures |
|-----------------|-----------------|--|---|
| Services | Required | <p>1. Coordinated, seamless continuum of care for all age groups (Birth to Older Adults) <u>Required elements</u></p> <ul style="list-style-type: none"> • Full Service Partnership • Intensive services • Outpatient MH services • Individualized -personal/family-centered services • In-home/in-school services (Older Adults/Children) • Wellness & Recovery Services to support return to everyday life • Peer support & mentoring • Training for consumers • Discovering purpose and passion • Employment & Education • Linkages to families and community. <p>• Collaborative relationship among all partners, including goal setting, and program design and operation to encourage customers to flow:</p> <ul style="list-style-type: none"> • Among county programs, such as Mobile Crisis, FSPs, inpatient and outpatient services. (e.g. Impact model) | <p>Consumer Impact Measures²⁴ (Vary by age of consumer)</p> <ol style="list-style-type: none"> 1. % showing improvement in symptoms (based on LOCUS score) 2. % showing improvement as reported by both clinician & consumer 3. % with ER visits for medical, mental health visits 4. % hospitalized, % re-hospitalized 5. % of clients able to maintain stable housing/rate of residency change 6. % able to obtain/maintain education/employment 7. % able to live independently/least restrictive living situation 8. % with strong connections to family/ community 9. % not incarcerated, % not re-incarcerated. |

²⁴ How these outcome measures are defined and tracked will be developed during the development of proposals, contracts or the start-up phase.

| Type | Priority | Recommendations | Performance Measures |
|----------------------------|----------------------------|--|--|
| Services, continued | Required, continued | <ol style="list-style-type: none"> 1. Coordinated, seamless continuum of care for all age groups (Birth to Older Adults), continued. <ul style="list-style-type: none"> • Between Medical and mental health services- to allow flow to different levels of service • Among county and community partners such as hospitals, law enforcement, private providers and networks. • Clear and seamless referral process among all partners. | <p>System/ Quality Measures²⁵</p> <ol style="list-style-type: none"> 1. Degree to which services and referrals are coordinated and seamless: <ul style="list-style-type: none"> • With county services, i.e. Mobile Crisis • With community partners such as hospitals, law enforcement, private providers and networks • Between medical and mental health- to allow flow to different levels of service • With other MHSA plans and services. 2. % of consumers receiving recommended services 3. Rate of participation by consumers 4. % of consumers satisfied with services 5. % of public/partner staff with appropriate training 6. % of public/partner staff demonstrating cultural competency, customer service and sensitivity 7. Hours of service per consumer. |

²⁵ How these outcome measures are defined and tracked will be developed during the development of proposals, contracts or the start-up phase.

| Type | Priority | Recommendations | Performance Measures |
|---------------------------|---------------------------------------|---|----------------------|
| Services | Optional/ Highly Desirable | 2. Continuum of care for all age groups <u>Optional, highly desirable elements</u> <ul style="list-style-type: none"> • Structured, follow-up care • Increased, specialized staff (children, older adults) • Increased medical staff (older adults) • Housing. | Same as above |
| | Required | 3. Training for County Staff and Partners (including contractors) <ul style="list-style-type: none"> • Best practices (especially children and geriatric) • Customer service and cultural sensitivity. | Same as above |
| System Improvement | Required | 4. Increase outreach and information about mental health services and access to services (may include resource guide/provider and service matrix, website, e-mail, etc.) to: <ul style="list-style-type: none"> • Schools • Families with children • County staff • Consumers/community. | Same as above |
| | Optional/ Highly Desirable | 5. Additional, specialized staff for Mobile Crisis. | Same as above |

X. Explanation of Recommendations

A. Changing the Way Mental Health Services are Provided in Solano County: A Seamless, Coordinated Continuum of Care

Continuum of Care

The MHSA Steering Committee recommends re-structuring mental health services in Solano County, starting with services funded by the Community Services and Supports Plan for individuals with severe mental illness or severe emotional disturbance. The purpose of this re-structuring is proposed to better serve consumers while addressing significant funding reductions. The committee recommends that specific elements be required in a mental health continuum of care for each age group (children, transition-age youth, adults and older adults). All services should be individualized and consumer, and when appropriate, family centered. The elements include:

- A full service partnership makes available a full spectrum of community services for targeted populations, and provides them as appropriate based on the Individual Service Plan
- Intensive case management services
- Outpatient mental health services
- Wellness and recovery strategies and principles to support return to everyday life
- Peer support and mentoring
- Maintenance and promotion of linkages to family members (as defined by the consumer) and the community
- Training for consumers to discover their purpose and passion as well as to meet educational and employment goals
- Mental health services provided in settings where the consumer is comfortable—for older adults and children, home- or school-based services should be emphasized.

The continuum of services could be provided by a single agency, but the Steering Committee supports the idea that a collaborative, coordinated effort by multiple agencies and organizations may provide a better range of services to consumers. The Steering Committee recognizes that the mix of services and how the services are delivered will vary by age group and consumer circumstances.

Optional, highly desirable elements of the *continuum of care* are also outlined above. Optional elements include follow-up care after hospitalization, additional staff with expertise in pediatric and geriatric mental health, and additional medical staff for the mobile crisis unit and to serve older adults. While the Steering Committee felt that these elements were very important to include in a continuum of care, they are also costly. Budget considerations precluded them from the required list of elements. The final optional element was housing for mental health consumers. Although some funds for housing are available through MHSA, efforts to date to increase housing to serve mental health consumers have not been fruitful due to MHSA Housing application process that hinders many local community based organizations from participating in the program.

Seamless Coordinated Services

The Steering Committee strongly recommends collaborative, coordinated planning to ensure that mental health services are seamless from the point of view of consumers. Instead of separate programs and “silos,” the committee envisions a system where Solano County Mental Health, other public and private mental health and health providers and community partners such as hospitals, law enforcement, schools and others work together to: design a shared referral and consultation system through which consumers smoothly “flow” from one service to another; work closely with the consumer to address their mental and physical health needs; and promote shared decision-making and problem-solving. Through collaborative planning, the Steering Committee believes that service gaps and duplication can be reduced, and a more efficient, streamlined system may be created.

To promote collaborative planning and service delivery and to unify the services and agencies participating in a continuum of care, a *coordination function* will be necessary. This coordination function could be carried out by a number of ways, including a mental health clinician and/or health services manager with expertise in supervision, project management and mental health practice for one or more age groups, and supported by an administrative assistant. The coordination function would interface with all elements of the continuum of care.

Consumer Impact and System Quality Measures

Underpinning the *continuum of care* must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. The Steering Committee recommends a common set of outcomes, recognizing that they will vary among age groups. (i.e. very young children and the elderly are less likely to be employed or incarcerated.) System quality measures will be used to assess program efficiency, quality and consumer satisfaction.

Additionally, as noted below in the Implementation Plan section, Solano County Mental Health will collect and report on MHSA outcome measures on a biannual basis, including an annual evaluation report of MHSA. These reports will be presented to the Local Mental Health Board and the MHSA Steering Committee to seek feedback, recommendations and input about MHSA. Additionally, these reports will be provided to the Solano County Mental Health’s Quality Improvement Committee (QIC) in order to analyze, discuss, and recommend changes to MHSA programs and activities.²⁶

B. System Improvement Recommendations

The MHSA Steering Committee recommends three system improvements during the next three to five years, including:

Training

The Steering Committee strongly recommends additional training in two areas. Training for County, community partner and contractor staff in best practices for providing mental health services to children and older adults is needed to enhance the quality of services to these populations. Training

²⁶ Solano County Mental Health’s Quality Improvement Committee meets monthly and includes representation from consumers, family members, contractors, Solano County Mental Health staff, Solano County staff and others. The committee reports on and monitors the activities of Solano County Mental Health.

in customer service and cultural sensitivity was also strongly recommended for County, community partner and contractor staff. MHSA Workforce, Education and Training Plan funds have been identified as a funding source for this training.

Information and Outreach about Mental Health Services

The Steering Committee reported that additional public, provider and consumer information and outreach is needed to improve access to mental health services. Outreach funding from the MHSA Prevention and Early Intervention (PEI) Plan should be utilized in part in first identifying what outreach and information is already available in the community, through various community organizations, and then coordinating and linking the information sources on-line (e.g. Network of Care). After identifying and providing information on existing resources, CSS funding should be used to fill gaps in information and resources to specific underserved communities or age groups.

Additional, Specialized Staff for the Mobile Crisis Unit (Optional, Highly Desirable)

The MHSA Steering Committee was concerned about potential under-staffing of the Mobile Crisis Unit. Recommendations included adding additional staff to permit more home-based crisis response, training and employing mental health consumers to accompany Mobile Crisis staff, and adding staff specifically trained in geriatric and pediatric mental health services. Due to the high cost of these recommendations, the Steering Committee was unable to recommend a funding source for these recommendations.

MHSA, CSS Draft Budget

XI. DRAFT MHSA, CSS Budget

Solano County Mental Health is currently developing its budget, including the MHSA budget, for Fiscal Year 2010-11 (FY). This budget is reviewed and approved by Solano County Health & Social Services, County Administrator's Office and Solano County Board of Supervisors. This process is estimated to be completed June 2010.

At this time, for MHSA, CSS budget planning purposes, Solano County Mental Health is planning to budget an estimated \$6.9 million in FY 2010-11; \$6.5 million in FY 2011-12; and \$6.0 million in FY 2012-13 (estimated figures, see table 3). This reflects a significant decrease in funds when compared to MHSA CSS FY 2009-10 funding levels—funds will decrease by an estimated \$2.2 million in FY 2010-11 and by \$500,000 each year for two years in FY 2011-12 and FY 2012-13 (estimated figures).

MHSA, CSS Estimated Budget for FY 2010-11 through 2012-13, table 3

| Fiscal Year | Estimated Budget |
|--------------------|-------------------------|
| 2009-10 | \$9.1 million |
| 2010-11 | \$6.9 million |
| 2011-12 | \$6.5 million |
| 2012-13 | \$6.0 million |

MHSA CSS budget forecasting projects that MHSA, CSS funds may *level off* at \$6.0 to \$6.5 million in the long term (an estimated five years), so Solano County Mental Health division is planning to budget to this long term sustainable level.²⁷

Pending the release of the guidelines by the California Department of Mental Health (DMH), Solano County Mental Health will submit a MHSA Plan Update for FY 2010-11 March 2010 for review and approval by DMH.²⁸ Prior to submitting to DMH, Solano County Mental Health will post the Plan Update, including the budget, for 30 days for public comment and hold a public hearing afterwards. We encourage community feedback and input about the MHSA Plan Update and budget during the public comment period.

²⁷ MHSA, CSS projections were provided by California Institute for Mental Health and California Mental Health Directors Association.

²⁸ All dates and timetables provided in this report are subject to change.

MHSA, CSS Strategic Plan Implementation Plan²⁹

XII. Implementation Plan

| Timeline | Implementation Process |
|-------------------------|--|
| June 2009-December 2009 | MHSA, CSS Strategic Planning Process |
| November/December 2009 | Draft County Budgets for Board of Supervisors Approval |
| December 3, 2009 | Community Forum Presenting MHSA, CSS Strategic Plan Ulatis Community Center, Vacaville, CA |
| December 3, 2009 | Post MHSA, CSS Strategic Plan on Solano MHSA web site |
| December 15, 2009 | Present MHSA, CSS Strategic Plan to Local Mental Health Board Solano County of Office of Education, Fairfield, CA |
| January 8, 2010 | Issue MHSA, CSS Request for Proposals for FY 2010-11 through 2012-13 |
| February 2010 | Post MHSA Plan Update for FY 2010-11 for public comment |
| February/March 2010 | Hold Public Hearing about MHSA Plan Update for FY 2010-11 |
| March 2010 | Submit MHSA Plan Update for FY 2010-11 to DMH |
| June 2010 | Receive DMH approval for MHSA Plan Update for FY 2010-11 |
| June 2010 | Solano County Board of Supervisors approves Solano County Health & Social Services, Solano County Mental Health budget |
| June/July 2010 | Solano County Board of Supervisors approves MHSA, CSS contracts for FY 2010-11 through 2012-13. |
| July 2010 | New MHSA CSS Contract(s) Start |

²⁹ This is an estimated Implementation Plan: All dates stated are subject to change.

Timeline

Implementation Process

| | |
|--------------------------|--|
| July 2010 – Jan. 2011 | Form Workgroups to Develop Resource/Outreach Materials |
| July 2010 – January 2011 | Form Workgroups to Develop Working Agreements and Referral Processes Among Partner Agencies. |
| February 2011 | Provide Summary of MHSA Outcome Measures to MHSA Steering Committee on Biannual Basis. |
| August 2011 | Provide Evaluation Report for Year One of MHSA, CSS Activities to MHSA Steering Committee, Local Mental Health Board, and Quality Improvement Committee for Review, Input, and Feedback. |

XIII. Public Comment and Input

As noted above, the DRAFT MHSA Strategic Plan was presented to the MHSA Steering Committee on November 18, 2009, the MHSA Stakeholder meeting December 3, 2009, the Solano County Local Mental Health Board (LMHB) on December 15, 2009 and discussed with the LMHB again on January 19, 2010. The Solano County Maternal, Child & Advisory Board also requested a presentation of the Strategic Plan at their February 9, 2010 meeting. At each meeting, public comment, feedback, and input were solicited. Additionally, announcements were made at various community meetings about the release of the MHSA Strategic Plan, including the Clinic Consortium, Early Childhood Developmental/Mental Health Collaborative, First 5 Solano Children & Family Commission, Integrated Family Services Initiative, and etc. The DRAFT report was posted on the MHSA web site from December 1, 2009 to March 15, 2010 for public comment and input and notification about the posting was sent to the MHSA Stakeholder list of 500 recipients; posted at various community settings, including libraries; and a press release was sent to local news outlets.

A summary of public comment, feedback and input is below (responses are in italics):

- Public comment was received about how consumers with mental health and substance use issues are provided services to meet their needs.
Consumers are screened and identified for substance use and linked to appropriate services. Solano County Behavioral Health provides dual diagnosis programs and services.
- Public comment was received about how Solano County Mental Health will measure effectiveness of the referral system among collaborative partners.
MHSA system outcome measures will include measuring the referral system within Solano County Mental Health and partner agencies.
- Community members asked clarifying questions about the projected decrease in MHSA funds—could MHSA funds increase in coming years instead of decrease.

According to the MHSA financial experts CSS funds are projected to decrease in FY 2010-11, 2011-12 and 2012-13. Projections are not available beyond FY 2012-13.

- Community members asked clarifying questions about the California Department of Mental Health's (DMH) requirements to have a prudent reserve level equal to 50 percent of FY 2009-10 CSS planning estimates.
DMH guidelines for FY 2009-10 required counties to have a plan to assign at least an amount equal to 50 percent of the FY 2009-10 planning estimate to the prudent reserve. The DMH guidelines for FY 2010-11 lifted the 50 percent requirement.
- Public comment was received asking if some services may end under the CSS Plan and whether collaboration among agencies would be funded by Solano County Mental Health.
Some Solano County CSS services may end in future fiscal years. Applicants to Solano County proposals may propose to use funds towards coordination and collaboration activities.
- Community members asked if Solano County Mental Health is expecting access and utilization to increase or decrease with the seamless, continuum of care?
Solano County Mental Health hopes to see rates increase.
- Community members expressed their support for mental health services to continue in a consumer's natural environment, including in home and in school services.
- Community members asked clarifying questions about the word *crisis* and how Solano County Mental Health's Mobile Crisis team defines crisis.
Mobile Crisis has a screening criteria to identify and address a crisis situation, which usually includes a mental health crisis in which a person is a danger to self or others and/or gravely disabled due to mental illness.
- Community members asked clarifying questions about cultural competency and a standardized program to measure competency.
Solano County Mental Health is proposing to implement a standardized cultural competency program in FY 2010-11.
- Community members asked clarifying questions about the request for proposal that may be issued in FY 2009-10 for FY 2010-11.
- Community members asked how the CSS program may change next year.
This Strategic Plan will be used as a tool to guide this decision-making process.
- Community members expressed concerns about data and collection and accountability around MHSA funded projects.
This Strategic Plan includes outcome measures for the system level and consumer. Solano County Mental Health will provide biannual updates about MHSA funded projects.
- Community members expressed concern about continuing MHSA projects while decreasing other Solano County Mental Health Services.
- Community members complimented Solano County Mental Health's community planning efforts for the Strategic Plan.

Appendix A
Solano County Health & Social Services
Solano County Mental Health Services Act
Steering Committee

Araminta Blackwelder, Rio Vista CARE Inc.
Chris Cammisa, Partnership HealthPlan of California
Michelle Chargualaf, Local Mental Health Board
Debbi Davis, Children's Nurturing Project
Sher Deron, Neighborhood of Dreams
Norman Filley, Consumer, Neighborhood of Dreams
Nancy Fernandez, California Hispanic Commission
Rachel Ford, Solano County Health & Social Services
Susie Frank, Circle of Friends
Robert Fuentes, Faith in Action
Nadine Harris, Partnership HealthPlan of California
Everette Hicks, Consumer, Neighborhood of Dreams
Vu Le, United States Air Force, Travis Air Force Base
Martin Messina, Local Mental Health Board
Kristin Neal and Karl Cook, Solano County Health & Social Services
Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board
Elaine Norinsky, First 5 Solano Children & Families Commission
Michael Oprendeck, Solano County Health & Social Services
Carolyn Patton, Vacaville Unified School District
Bill Reardon, Solano County Veterans Services
Spencer Rundberg, Local Mental Health Board
Monique Sims, More Excellent Way & La Clinica de La Raza
Juanita Smith, Local Mental Health Board
Norma Thigpen, Solano County Health & Social Services
Tony Ubalde, Retired Clergy/Professor
Rosalia Velazquez, Solano Coalition for Better Health
Erin Vines, Solano Community College
Pam Watson, National Alliance on Mental Illness

Appendix B

Summary of Small Group Discussion

MHSA Steering Committee 6/30/09

What would be the most important client outcomes?

- ✓ Achieve individual “best” potential
- ✓ Maintain in least restrictive environments
- ✓ Increased employment
- ✓ Reduced incarceration
- ✓ Consumer and family stability

Who would be served?

- ✓ Birth to school age to adult
- ✓ Emotionally disturbed children
- ✓ Children
- ✓ Adults 25-55
- ✓ Clients without other mental health coverage for intensive services
- ✓ First Break
- ✓ General mental health clients who are severely and persistently mentally ill
- ✓ Un-served – undocumented, homeless, incarcerated, transitional youth
- ✓ Recently incarcerated

What would the system look like?

- ✓ Convenient
- ✓ Community awareness of how to access services
- ✓ Services available; resources available
- ✓ Move beyond mental health services, engage in community supports
- ✓ Least restrictive environment
- ✓ Natural supports
- ✓ Services must be researched
- ✓ School-based services
- ✓ Through Network of Care and O &E
- ✓ Seamless network of services through collaboration, linkages
- ✓ A safety net in the community; “safety net” for catching early symptoms
- ✓ Supported work/living in natural environments; supported/independent community living

What would the services include?

- ✓ Timely screening and assessment (mobile van ready client)
- ✓ Screening for many, targeted supports for some, case management/wraparound for few
- ✓ Education- peer to peer such as NAMI, family to family
- ✓ Education of law enforcement for “cops on beat”
- ✓ Array of full service partnership services based on individual plan with family

- ✓ Look at everything in full service partnerships and add more community services such as social integration, peer support, lower level case management

Continued from page 20

- ✓ Education of consumers on daily living skills, community resources, parenting skills
- ✓ Daily living skills as suitable to customer; basic needs, life skills
- ✓ Referrals to psychiatrists
- ✓ Stress and anger management
- ✓ Job resources

What partnerships could be developed to leverage/extend resources, services?

- ✓ Operated as integrated system versus screening to access other components
- ✓ Linking with other (different) mental health services and funding streams
- ✓ Develop partnership with community-based programs; CBOs, FRCs, support groups, etc.
- ✓ Leverage/match dollars
- ✓ First 5, Education, community providers, NAMI, including provider class
- ✓ Primary care physicians- more integration of clinics with mental health assessment process; doc to doc peer education
- ✓ Mobile crisis

Where would you cut costs?

- ✓ Cuts made possible through early intervention
- ✓ Individualize service plans with client to meet individualized needs, instead of getting full array of full service partnership services
- ✓ Collaborate on services and funding with CBOs, non-profits and county
- ✓ Hospitalizations
- ✓ Forensic services
- ✓ Reserves seem excessive (50%)
- ✓ County should be payer of last resort
- ✓ Kids, veterans – other services are available

Programs Serving Adults (ages 25-65) with Serious Mental Illness
Which program are you analyzing?

- Full Service Partnership – Adult Community Treatment Team
- Clinics
- Consumer Operated Recovery
- Mobile Crisis
- Outreach and Engagement
- Other (please identify)

Appendix C: Sample Analysis of Programs³⁰
Analysis of Current Programs – Adults 18-65

Please use one sheet for each program serving Adults. Analyze the program only in terms of adults. Each group should be ready to present its finding at the Sept.30 Steering Committee.

1. What is its Scope?
2. What problem(s) does it address?
3. What activities are included?
4. What is its Scale?
 - a. What is appropriate—the existing level of effort? More? Less?
 - b. How many individuals/families does it serve? How many should it serve?
 - c. How much of each activity is provided? Are there varying levels of activity?
 - d. Who does it serve? Any target populations (age, geography, ethnicity, level of need, etc.)
5. Does it work? Is it evidence-based?
6. Is it efficient/cost-effective to implement? (non-financial resources - time, staff, etc.)
7. How is it funded? Is it financially feasible to continue/expand?
8. Does it have political support?
9. Please list any recommendations for changing the program

³⁰ Each sub-committee was given the same questions to analyze programs serving their particular age group. The Full Service Partnership group analyzed only those programs.

Appendix D

MHSA Strategic Planning Workgroup Recommendations

Children's Workgroup

- Identify additional funding (MHSA, leveraged funding, grants/foundation, etc.) to appropriately staff mobile crisis to increase in-home/in-school response for crisis de-escalation and crisis treatment planning.
- Provide all children's services in the child's natural environment, including at home and in school, as appropriate.
- Train mental health staff and providers on evidence based practices related to children, including training all mobile crisis responders on best practices for responding to children's psychiatric emergencies.
- Provide training to school administrators, teachers, etc., on children's mental health services offered by Solano County, including foster care support and mobile crisis, and the most effective way to access these services.
- Increase outreach efforts to families with children, including developing a resource guide of children's mental health services and utilizing existing networks for distribution.

Transition Age Youth Workgroup

- Develop a Peer Mentoring Program.
- Explore the idea of utilizing a local psychiatrist in a TAY FSP.
- Develop ways to increase availability of housing opportunities for TAY.
- Create matrix showing links between providers and services in the community.
- Increase coordination with Mobile Crisis Unit to more effectively assist TAY, and reduce perception that Mobile Crisis Unit is hesitant to help TAY.

Adult Workgroup

- Implement customer service training with a focus on respecting the dignity of the individual.
- Increase integration/collaboration with community partners (law enforcement, hospitals).
- Increased educational training & employment opportunities for consumers and family members throughout MHP and Mobile Crisis
- Disperse educational resource information throughout the community, County via resource guides, e-mail and website.
- **Create a structured outpatient follow-up.**

Older Adults Workgroup

- Provide senior peer counselors and peer support groups (in FSP, community, and county outpatient clinics).
- Retrain and strengthen Older Adult FSP:
 1. Return to 1.0 FTE Supervisor/Clinician

2. Dedicate RN to program.

- Revisit program design to address needs on a continuum between out-patient clinic and FSP (investigate IMPACT model).
- **Provide Mobile Crisis intervention in home**
- Provide additional staff for Mobile Crisis – training in Geriatric Mental Health.
- Increase availability of affordable housing using MHSA Housing and other available funding sources.

Full Service Partnership Workgroup

Overarching FSP Principles

- **Consumer and Family Driven:** Consumers and family members of consumers are considered equal partners to treatment providers in the treatment process.
- **Individualized Services:** The focus is on the client and client's family members' entire situation and how the mental health concerns are affecting all aspects of life (housing, relationships, school, self-care, etc...) for a "whatever it takes" approach. There are many different levels of service with an overall goal of increasing functioning, improving quality of life, and decreasing symptoms.
- **Wellness and Recovery Model:** The ultimate goal of the FSP is to move the client toward wellness & recovery. This includes providing the necessary treatment in the least restrictive environment, moving clients toward fewer interventions and lower levels of care as appropriate, and connecting clients with their community and community resources during and after treatment.
- **Cultural Competence:** Consumers are provided with cultural and linguistically appropriate services.
- **Other Key Aspects** of a FSP include:
 - Coordination of medical and mental health care
 - 7 day a week/24 hour access to mental health services;
 - Support with housing
 - Advocating for consumer needs and teaching consumers empowerment

Linkages for FSP Continuum of Care

There should be a focus on a seamless, flowing system for moving people to different levels of service depending on their changing needs (ex. FSP to Outpatient as needs become less intensive) with a clear referral process.

Appendix E Sources of Funding for Strategic Plan Recommendations

| Recommendation | Potential Sources of Funding |
|---|---|
| <p>1. Continuum of care for all age groups – Required elements</p> <ul style="list-style-type: none"> • Full Service Partnership • Intensive services • Outpatient MH services • Individualized -personal/family-centered services • In-home/in-school services (Older Adults/Children) • Wellness & Recovery Services to support return to everyday life <ul style="list-style-type: none"> ○ Peer support & mentoring ○ Training for consumers <ul style="list-style-type: none"> ▪ Discovering purpose and passion ▪ Employment & Education ○ Linkages to families and community | <p>Community Services & Support Plan</p> <p>Community Services & Support Plan</p> <p>Dept. of Rehabilitation (partial)</p> |
| <p>2. Continuum of care for all age groups – Optional, highly desirable elements</p> <ul style="list-style-type: none"> • Structured, follow-up care • Increased, specialized staff (children, older adults) • Increased medical staff (older adults) • Housing | <p>Prevention & Early Intervention Plan</p> <p>Community Services & Support Plan</p> <p>Medi-Cal</p> <p>Workforce, Education and Training Plan</p> <p>MHSA Housing Project Plan</p> |
| <p>3. Increase outreach and information about MH services and access to services (May include resource guide/provider and service matrix, website, e-mail, etc.) to:</p> <ul style="list-style-type: none"> • Schools • Families with children • County staff • Consumers/community • Current networks | <p>Prevention & Early Intervention Plan</p> <p>Community Services & Support Plan</p> |
| <p>4. Staff training</p> <ul style="list-style-type: none"> • Best practices (especially 0-5 and geriatric) • Customer service and cultural sensitivity | <p>Workforce, Education and Training Plan</p> |
| <p>5. Increased, specialized staffing for mobile crisis</p> | |

Appendix F Template for Establishing Priorities for Strategic Plan Recommendations

Please rate your recommendations, using the following criteria:

- (1) What is the recommendation?
- (2) Which populations does the recommendation concern?
- (3) Which MHSA essential elements (1-Consumer/family driven, 2-individualized services, 3-wellness and recovery, 4-cultural competence) are supported by the recommendation?
- (4) Is it powerful: will it have significant impact, meet an important, unmet need?
- (5) Is it affordable, considering other funding sources, potential funding reductions? (Include at least one low or no-cost recommendation)
- (6) Is it feasible? Consider capacity, resources, ease of implementation

In Column (7), list recommendations in priority order

| (1) Recommendation | (2) Popu- lation | (3) MHSA Essential elements | (4) Power (Low, medium, high) | (5) Cost, alt. fund. (Low, medium, high) | (6) Feasibility (Low, medium, high) | (7) Overall priority (1-10) |
|---|---------------------|-----------------------------------|--|--|--|-----------------------------------|
| 1. Training for mental health staff including mobile crisis: <ul style="list-style-type: none"> • Best practices – child and geriatric • Customer service | | | | | | |
| 2. Training for Consumers <ul style="list-style-type: none"> • Empowerment and advocacy | | | | | | |
| 3. Outreach and Information about mental health services and access to services <ul style="list-style-type: none"> • Schools • Families with children • Consumers/community • Resource guide/provider and service matrix • Website, e-mail, current networks | | | | | | |
| 4. Increase staffing | | | | | | |

| (1) Recommendation | (2) Popu- lation | (3) MHSA Essential elements | (4) Power (Low, medium, high) | (5) Cost, alt. fund. (Low, medium, high) | (6) Feasibility (Low, medium, high) | (7)Overall priority (1-10) |
|--|-----------------------------|--|--|---|--|---|
| <ul style="list-style-type: none"> • Mobile crisis – for in-home, in-school response • TAY FSP – psychiatrist • OA FSP- 1.0 Clinician, dedicated RN • 24/7 access to mental health services | | | | | | |
| 5. Peer support and mentoring – multiple settings | | | | | | |
| 6. Coordination/Seamless System <ul style="list-style-type: none"> • Internal – between Mobile Crisis and TAY, outpatient and FSP (Impact model) • Medical and mental health- to allow flow to different levels of service • With community partners such as hospitals, law enforcement • Clear referral process | | | | | | |
| 7. Increase available housing | | | | | | |
| 8. In-home/in-school services | | | | | | |
| 9. Structured out-patient follow-up | | | | | | |
| 10. Increase education, training and employment for consumers | | | | | | |

Addendum A

Investment Approach

Mental Health Evidence Based Models and Promising Practices

A principle of MHSA is to provide evidence based and promising practices within mental health services. Solano County Mental Health identified the following mental health evidence based and promising practices as a *reference tool*. This is not an exhaustive list, but a list of some models and practices suggested during community planning efforts.

VERY YOUNG CHILDREN

AAPI-2 (parents of 0-5) Adult-Adolescent Parenting Inventory
Parenting assessment of empathy, attitudes toward corporal punishment, age appropriate expectations, role reversals and self-esteem; research based, evidence based too.

<http://www.aapionline.com/>

ASQ, ASQ-SE (0-5) Ages and Stages Questionnaire-Social Emotional
Developmentally sequenced developmental screening in all domains, with anticipatory guidance for parents on what to expect at next stage.

<http://agesandstages.com/>

BITSEA and ITSEA (12-36 months) Brief Infant Toddler Social Emotional Assessment, and Infant-Toddler Emotional Assessment

Targeted assessment of symptoms and behaviors indicating social emotional concerns in infants and toddlers.

<http://www.nectac.org/~ppts/calls/SocEmotslides/sld001.htm>

CAFAS Child and Adolescent Functional Assessment Scale

Enhance pediatric professionals' ability to screen, diagnose, and treat children with mental health disorders.

<http://www.aap.org/mentalhealth/docs/IMPACT%20Fact%20Sheet.pdf>

Carey Temperament Scales (0-5)

Assessment of a child's temperament: aid in designing tx services to meet child's temperament style, and temperament match or mismatch with parent/caregiver.

<http://www.friendsnrc.org/download/outcomeresources/toolkit/annot/cts.pdf>

Circle of Security COS (0-5)

Attachment based therapeutic intervention also utilizes videotape.

<http://www.circleofsecurity.org/>

DC 0-3R (0-5) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Includes screening and assessment tools specific to 0-5 children and parents, diagnostic criteria.

http://www.zerotothree.org/site/PageServer?pagename=ter_trng_dc03

Dunn Sensory Integration Screener (0-5)

Screening for sensory-motor integration, sensory processing, and sensory defensiveness in young children.

Developer: Winnie Dunn

Edinburgh Depression Scale EDS (parent-prenatal through post-partum)

As maternal depression is frequently linked to infant/toddler social emotional concerns, assessment and treatment of the dyad is essential in infant mental health.

<http://www.dbpeds.org/articles/detail.cfm?TextID=485>

IMPACT

Improving Mental Health in Primary Care Through Access, Collaboration, and Training Promotes healthy parent-child relationships through support services and education.

<http://www.aap.org/mentalhealth/>

M-Chat (16-48 months)

Screen for autistic symptoms in toddlers/preschoolers

<http://www.firstsigns.org/downloads/m-chat.PDF>

Mullens Scales of Early Learning (0-68 months)

Measures gross motor, visual reception, fine motor, expressive, language, and receptive language.

<http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa11150>

Nurturing Parenting Program NPP (0-5)

Parenting and children's curricula for various populations, 0-5, prenatal, teen parents, parents of school age kids, parents of special needs, parents of special needs.

<http://www.nurturingparenting.com>

NCAST

Assessment of parent child interaction during feeding or teaching episode, measures infant cues, regulation, engagement and disengagement, and parent responses as well as contingency.

<http://ncast.org/NFP.html>

4P's Plus (pre-birth)

Prenatal substance use screening, simple questionnaire with follow up.

<http://www.ntiupstream.com/Interior.aspx?ContentID=2&OutreachProgramID=3>

PCIT (2-5) Parent-Child Interaction Therapy

International evidence based training on behavioral and neurodevelopment intervention.

<http://www.pcittraining.tv/>

Touchpoints (0-5)

Multi-dimensional parent child interaction and coaching curricula, home and group based, relationship focused.

<http://www.touchpoints.org/>

Triple P Parenting

Videotaped parent child interaction and follow up evaluation and coaching by therapist.

<http://www10.triplep.net/?pid=59>

SCHOOL AGE CHILDREN

Academic Tutoring and Social Skills (9-10)

A social competence and academic achievement intervention for children who are socially rejected and have serious academic problems.

<http://www.findyouthinfo.org/ProgramDetails.aspx?pid=661>

Coping Power (8-14)

For children at risk for substance use and delinquency; addresses social competence, self-regulation, & positive parental involvement.

<http://www.copingpower.com/>

Family Matters (12-14)

Reduces tobacco and alcohol use; delivered at home through 4 booklets and follow up calls.

<http://familymatters.sph.unc.edu/introduction.htm>

Gang Resistance Education and training G.R.E.A.T. (13-14)

Provides life skills that empower adolescents with the ability to resist peer pressure to join gangs.

<http://www.great-online.org/>

Incredible years (2-12)

3 component curriculum for at risk and conduct problems for parents, teachers, and child.

<http://www.incredibleyears.com/>

Multi-systemic Therapy MST

Treatment for youth with serious behavioral problems.

<http://www.mstservices.com/>

Second Step

Prevention of bullying, violence and child abuse.

<http://www.cfchildren.org/programs/ssp/overview/>

Staying Connected with your Teen (12-17)

Substance abuse and problem behavior preventative intervention for families.

<http://www.channing-bete.com/prevention-programs/staying-connected-w-your-teen/>

Wrap-around

Treatment for children with emotional and behavioral disorders and their families.

<http://www.rtc.pdx.edu/nwi/>

TRANSITION AGE YOUTH

Functional Family Therapy FFT

Family intervention for at-risk and juvenile justice involved youth.

<http://www.fftinc.com/>

Multidimensional Family Therapy (MDFT) (12-18)

Targets substance abusing juvenile offenders

<http://www.nida.nih.gov/BTDP/Effective/Liddle.html>

Transition to Independence Process (14-25)

Assist young persons with emotional or behavioral difficulties make successful transitions to adulthood.

<http://tip.fmhi.usf.edu/>

ADULTS

Beck Depression Inventory (BDI)

Adult depression screening tool.

<http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-370&Mode=summary>

Clinical Assessment of Depression (CAD)

Assessment of depression

<http://www3.parinc.com/products/product.aspx?Productid=CAD>

Hamilton Depression Inventory (HDI)

A comprehensive screen for symptoms of depression.

http://www.tjta.com/products/TST_020.htm

Integrated Behavioral Health Project

Integration of behavioral services to primary care settings.

<http://www.ibhp.org/>

The Adult Attachment Interview

Procedure for assessing adults' strategies for identifying, preventing, and protecting the self from perceived dangers, particularly dangers tied to intimate relationships.

<http://www.patcrittenden.com/adult-attachment.html>

Reynolds Depression Screening Inventory (RDI)
Screen for symptoms of depression in ages 18-89 years.
<http://www3.parinc.com/products/product.aspx?Productid=RDSI>

WRAP Wellness Recovery Action Plan
Self-help, recovery, and long-term stability for those with mental health challenges.
<http://www.mentalhealthrecovery.com/>

AT RISK FOR INCARCERATION OR RECENTLY INCARCERATED ADULTS

Cognitive Behavioral Therapy (CBT)
Approach aims to solve dysfunctional emotions, behaviors, and cognitions through a goal-oriented, systematic procedure.
<http://www.nacbt.org/>

CIT
Crisis Intervention Team
Promotes more effective interactions among and within communities to reduce the stigma of mental illness.
<http://www.citinternational.org/>

Forensic Assertive Community Treatment (FACT)
Provides high intensity services in the community to prevent future incarcerations.
<http://www.kingcounty.gov/healthServices/MHSA/CriminalJustice/FACT.aspx>

Integrated Dual Diagnosis Treatment (IDDT)
Treatment form Substance use disorders and serious mental illness.
<http://www.in.gov/fssa/dmha/4430.htm>

Moral Reconciliation Therapy (MRT)
Substance abuse treatment for adults and juveniles.
<http://moral-reconciliation-therapy.com/>

OLDER ADULTS

Clinical Assessment Scales for the Elderly (CASE)
A comprehensive measure of acute psychopathology in the elderly.
http://www.tjta.com/products/TST_007.htm

Gatekeeper
Addresses the high rates on depression and isolation of older adults.
<http://www.co.solano.ca.us/civica/filebank/blobdload.asp?BlobID=5842>

Healthy IDEAS

Identifying Depression, Empowering Activities for Seniors

<http://careforelders.org/default.aspx?menuitemid=290&AspxAutoDetectCookieSupport=1>

IMACT

For older adults who have major depression or dysthymic disorder.

<http://impact-uw.org/>

PEARLS

Teaches depression management techniques to older adults with depression.

http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=107

PROSPECTS

Aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression.

http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=113

VOCATIONAL SERVICES

MHA Village

To assist people with mental illnesses recognize their own strengths and power to recover their lives and achieve full participation in community life.

<http://mhavillage.org>

PACT Program of Assertive Community Treatment

Provides comprehensive locally based multidisciplinary treatment at home or in the community.

http://www.nami.org/Template.cfm?Section=ACT-TA_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=49870

Addendum B

Acknowledgements

MHSA: A Community Driven Process

Acknowledgements

Solano County Mental Health would like to thank the MHSA Steering Committee, Workgroups, Planning Committee, Local Mental Health Board and community members that participated in the MHSA, CSS Strategic Planning Process (a list of participants is provided below). MHSA is a community driven process and with your participation, feedback, and input the MHSA, CSS Strategic Plan was successfully drafted in an ambitious six month timeframe. We would like to especially thank the Planning Committee members who met on numerous occasions to develop the Strategic Plan and also presented it at different meetings and forums: Debbi Davis, Terri Deits, Kristina Feil, Norman Filley, Suzanne Frank, Jayleen Richards, Candice Simonds, and Pamela Watson

Additionally, Lynn DeLapp of Davis Consulting and Associates facilitated the community planning meetings, as well as developed tools to facilitate workgroup and planning discussions. Ms. DeLapp also drafted this MHSA, CSS Strategic Plan and portions of the Plan were drafted and edited by Solano County Mental Health staff, Kristina Feil, Glenda Lingenfelter, Michael Oprendeck, Jayleen Richards, and Megan Richards. The workgroup meetings were facilitated by MHSA managers/coordinator including Sanjida Mazid, Megan Richards, Joseph Robinson, and Robert Sullens, and supported by Kristina Feil, Amber Livingston, Dena Roche, and Lisa Singh.

MHSA, CSS Strategic Plan Community Partner Participation

Solano County would like to thank the following individuals for participating in the MHSA, CSS Strategic Planning process. Solano County Mental Health appreciates your recommendations, support, and input. We look forward to continuing this fruitful partnership during the implementation phase of this endeavor.

Laurie Andres, Children's Nurturing Project
Ron Austin, Solano County Health & Social Services
Elaine Bath, Solano County Health & Social Services
Abel Bermudez, Dream Catchers
Araminta Blackwelder, Rio Vista CARE Inc.
Tracy Blunt, Solano County Health & Social Services
Kay Bosick, Youth and Family Services
Chris Cammisa, Partnership HealthPlan of California
Michelle Chargualaf, Local Mental Health Board
Travis Curran, Crestwood Neighborhood of Dreams
Sher Daron, Consumer, Neighborhood of Dreams
Debbi Davis, Children's Nurturing Project
Terri Deits, Area Agency on Aging
Lynn DeLapp, Davis Consultant Network

Diane Dimond, Community Member
Kristina Feil, Solano County Health & Social Services
MHSA, CSS Strategic Plan Community Partner Participation, continued

Nancy Fernandez, California Hispanic Commission
Norman Filley, Consumer, Crestwood Neighborhood of Dreams
Rachel Ford, Solano County Health & Social Services
Susie Frank, Circle of Friends
Robert Fuentes, Faith in Action
Marta Guzman, Solano County Health & Social Services
Nadine Harris, Partnership HealthPlan of California
Everette Hicks, Dream Catchers
E.J. Hullana, Dream Catchers
Cecilia Jungkeit, Solano Parent Network
Kellie Kekki, Solano County Health & Social Services
Allyson Klein, Solano County Health & Social Services
Susan Labrecque, Solano County Office of Education
Vu Le, United States Air Force, Travis Air Force Base
Rachel Long, Transition Age Youth
Marge Litsinger, Community Member
Amber Livingston, Solano County Health & Social Services
Jack Malan, Solano County Health & Social Services
Sanjida Mazid, Solano County Health & Social Services
Larry McCown, Solano County Senior Coalition
Martin Messina, Local Mental Health Board
Joyce Montgomery, Vallejo Unified School District
Parivash Mottaghian, Caminar Inc.
Kristin Neal, Solano County Health & Social Services
Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board
Sonja New, Solano County Health & Social Services
Elaine Norinsky, First 5 Solano Children & Families Commission
Michael Oprendeck, Solano County Health & Social Services
Pamela Paseka, National Alliance on Mental Illness
Roxanne Paterno, Solano County Health & Social Services
Carolyn Patton, Vacaville Unified School District
Bill Reardon, Solano County Veterans Services
John Rayfield, Local Mental Health Board
Sue Rayfield, Community Member
Jayleen Richards, Solano County Health & Social Services
Megan Richards, Solano County Health & Social Services
Andre Robertson, Solano Coalition
Donna Robinson, Solano County Probation
Joseph Robinson, Solano County Health & Social Services
Dena Roche, Solano County Health & Social Services
Spencer Rundberg, Local Mental Health Board
Leticia Salas-Padilla, Solano County Health & Social Services
Chris Shipman, First 5 Solano

Candice Simonds, Seneca Center
Monique Sims, More Excellent Way & La Clinica
Lisa Singh, Solano County Health & Social Services
Juanita Smith, Local Mental Health Board
Larry Stentzel, Solano County Health & Social Services
Daniel Stephens, Dream Catchers
Robert Sullens, Solano County Health & Social Services
Maeve Sullivan, Community Clinic Consortium
Wanda Taylor, Community Member
Norma Thigpen, Solano County Health & Social Services
Diana Tolentino, Solano County Health & Social Services
Anna Mary Toth, Solano County Health & Social Services
Tony Ubalde, Retired Clergy/Professor
Rosalia Velazquez, Solano Coalition
Erin Vines, Solano Community College
Pam Watson, National Alliance on Mental Illness
Bonnie Weidel, Benicia Unified School District
Rosemarie Wilson, Department of Rehabilitation

Community Feedback and Input

To provide comments, feedback or input about MHSA activities, please contact the MHSA Coordinator, Jayleen Richards at 707-784-8320 or SolanoMHSA@SolanoCounty.com. To stay up to date on MHSA activities attend MHSA Stakeholder Quarterly meetings—please call 707-784-8320 inquire about the next date and time—or call Kristina Feil at 70784-8320 to be placed on the MHSA email distribution list. If you need assistance with providing comments, feedback or input, please contact Rachel Ford, Community Affairs Liaison, at 707-784-8320.

2011/12 Annual Update

Attachment 8

County: Solano County

Date: February 7, 2011

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

Glenda Lingenfelter, Interim Mental Health Director
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-0677

Mental Health Administration
Phone (707) 784-8320
FAX (707) 421-6619

To: Solano Local Mental Health Board
Through: Glenda Lingenfelter
Interim Deputy Director, Mental Health
From: Jayleen Richards
Sr. Health Services Manager
Mental Health Services Act Coordinator
Re: Solano County Mental Health Services Act Update
Date: January 7, 2011

California voters approved Proposition 63, Mental Health Services Act (MHSA), November 2004. MHSA provides funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

MHSA has five components or plans being implemented at the local level, including Community Support and Services, Prevention and Early Intervention, Capital Facilities and Information Technology, Workforce Education and Training, and Innovation. Please find below an update about each Solano County MHSA Plan, as well as other MHSA activities:

I. MHSA Community Support and Services (CSS)

- MHSA Continuum of Care Contracts: Contracts started October 1, 2010 with Caminar Inc., California Hispanic Commission, Faith in Action, La Clinica de Laza, and Seneca Center.
 - Caminar Wellness and Recovery Center opened December 1, 2010 at 915 Tuolumne Street. On average the Center serves about 22 consumers daily.
 - Our Way Solano Wellness and Recovery Center opened December 22, 2010, and on average, serves 10-15 consumers daily. The Center is open five days a week from 9 AM – 3 PM.
 - Caminar Older Adult Full Service Partnership is serving 15 older adult consumers with intensive mental health services, and providing 24 hour/7 day week coverage through a warm line.
 - Caminar Supported Housing projects are serving 86 consumers in Solano County.
 - La Clinica de La Raza began a project to screen, assess, provide brief intervention, referral, and support groups in two locations in Vallejo. Initial services started October 2010 with full services expected to be available spring 2011.
- MHSA Housing: A workgroup is being formed to develop policies and procedures for permanent supported housing for consumers. The workgroup should meet later this month.
 - The Better Living in Supportive Services (BLISS) project was approved by California Department of Mental Health. BLISS aims to receive tenants winter 2011. The project will provide shared housing for five individuals in a house in Vallejo.
 - The South PACE project loan was approved December 2010! The project will provide 90 units of affordable housing which will include seven two bedroom units for families in which one member is a mental health consumer and three two bedroom units which will be shared by individuals with severe and persistent mental illness. Consumers will be placed summer 2011.
 - Heritage Commons is a 60 unit older adult project located in Dixon. This is new construction by a quality developer. The developers have presented a draft application offering to provide 8 units as MHSA housing for older adults. The developer is working on securing other approvals and financing. The developer would like to complete the MHSA application by early December. The developer expects to complete the project in about two years.
 - All three MHSA Housing projects, if approved, will secure 24 housing units for 27 Solano County Mental Health consumers.

- MHSA Supported Vocational & Educational Services: Solano County Mental Health and Department of Rehabilitation Cooperative has served 118 clients with vocational and educational services, 34 clients received training and educational services, 38 are searching for a job, and 11 have been placed in a job.
- MHSA Outreach & Engagement and Cultural Competence:
 - California Brief Multicultural Competency Scale (CBMCS) Training of Trainers begins January 20. We received 13 applications; selection decision will be made by January 13. Upon completion of the training, participants will be certified as CBMCS resident trainers. This training will prepare participants to train staff, stakeholders, providers and consumers and to continue the discussions locally about cultural competence and serving diverse communities.
- MHSA Annual Update: The California Department of Mental Health issued guidelines for FY 11-12 MHSA Annual Update. Solano County Mental Health is preparing to submit the Update Spring 2010.
- MHSA Stakeholders Meeting: The next MHSA Stakeholder meeting is March 23, 2011 at Benicia Public Library.

II. MHSA Prevention and Early Intervention (PEI)

- Early Childhood Mental Health Initiative: PEAK provided 165 screens and 19 assessments for mental and developmental health needs; 75% of children screened show significant concerns and were provided with referrals to additional services. Ninety-three parents and children participated in early intervention parent coaching; 93% of families completing parent coaching demonstrate an improvement in the parent-child relationship.
- School Age Initiative: Solano County Office of Education and the Vacaville Unified School District provided 141 students in 17 schools individual and group counseling to increase competence in handling social interactions and personal/family crisis interfering with educational success.
- Transition Age Youth Initiative: Solano County Office of Education and Crestwood Behavioral Health partnered with 10 transition age youth to create empowerment plans. Three transition age youth were supported in their employment goals, while eight youth were supported with educational goals.
- Older Adult Initiative: The Area Agency on Aging Serving Napa and Solano trained 80 community members and 32 medical providers in signs of mental illness in seniors and available community resources, who in turn screened an estimated 2700 seniors. Seventy-seven seniors were provided assessment, referral and case management.
- Behavioral Health & Primary Care Integration: La Clinica de La Raza began a project to screen, assess, provide brief intervention, referral, and support groups in the primary care setting. Initial services began October 2010 with full services expected to be available Spring 2011.

- PEI Statewide Funds: California Mental Health Services Authority (CalMHSA), a joint powers authority of California Counties, has submitted its work plan for implementing the Prevention and Early Intervention Statewide projects of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health to the Oversight and Accountability Commission (OAC) for approval. The work plan will be discussed at the January 27, 2011 OAC meeting, which is open to the public. The agenda will be posted at <http://www.mhsoac.ca.gov/Meetings/Meetings.aspx> when it becomes available.
- Wellness Skills & Peer Mentoring: Wellness skills and peer mentoring will now be offered to people who are experiencing the first signs of mental illness through wellness and recovery contracts in the Continuum of Care. Wellness and Recovery Services will be provided by California Hispanic Commission, Caminar, and Faith in Action under the MHSA Continuum of Care.

III. MHSA Capital Facilities and Information Technology

- Information Technology: Solano County Mental Health issued a Request for Proposal on September 24, 2010 to procure an electronic health record system, and proposals were submitted by November 19, 2010. A system should be secured by summer 2011.

IV. MHSA Workforce Education and Training (WET)

- State Loan Assumption Program: State Mental Health Loan Assumption Program (MHLAP) received 13 applications from Solano County Mental Health and contractor agency staff. MHLAP repays up to \$10,000 of educational debt for qualified employees who agree to work in the Public Mental Health System for 12 months. Notices of awards will be sent later this year.
- Crisis Intervention Training (CIT): Solano County Mental Health, in partnership with Solano Sheriffs and National Alliance for Mental Illness, developed CIT curriculum for Solano County law enforcement units and is pending state approval. The Solano County Sheriffs will receive the training after the curriculum is post certified and standards and training certified.

V. MHSA Innovation

Aldea, Inc began September 1, 2010 to provide services under Solano's Innovation plan known as Community Access to Resources and Education (CARE). CARE has hired staff, trained 5 staff as Mental Health First Aid trainers, created policies and procedures, including referral protocol, and contacted 91 community based agencies to identify training needs and sites for co-location of services. As of November 30, 2010, the CARE project has received 63 referrals.

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Mental Health Services Act Coordinator
Re: Solano County Mental Health Services Act Update
Date: December 9, 2010

California voters approved Proposition 63, Mental Health Services Act (MHSA), November 2004. MHSA provides funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

MHSA has five components or plans being implemented at the local level, including Community Support and Services, Prevention and Early Intervention, Capital Facilities and Information Technology, Workforce Education and Training, and Innovation. Please find below an update about each Solano County MHSA Plan, as well as other MHSA activities:

I. MHSA Community Support and Services (CSS)

- MHSA Stakeholders Meeting: The December 2, 2010 MHSA Stakeholder was well attended with 35 people in attendance at the JFK Library in Vallejo. The MHSA Stakeholder meeting schedule for 2011 is attached.

- MHSA Continuum of Care Contracts: Contracts started October 1, 2010 with Caminar Inc., California Hispanic Commission, Faith in Action, La Clinica de Laza, and Seneca Center.³¹
 - Caminar Wellness and Recovery Center opened December 1, 2010 at 915 Tuolumne Street. Twenty-three clients received services the first two days the program was opened. The Center is open from 10 AM – 1 PM Monday through Friday and in the New Year will operate until 4 PM.
 - Our Way Solano Wellness and Recovery Center operated by California Hispanic Commission will open its Vacaville location at 537 Merchant Street in December: The Center is open five days a week. Currently, 18 consumers are receiving services while the Center is being renovated. California Hispanic Commission will operate a satellite Center in Fairfield at Laurel Gardens and another location in Dixon soon after the New Year.
- MHSA Annual Update: The California Department of Mental Health issued guidelines for FY 11-12 MHSA Annual Update. Solano County Mental Health is preparing to submit the Update Spring 2010.
- MHSA Housing:
 - The Better Living in Supportive Services (BLISS) project was approved by California Department of Mental Health. BLISS aims to receive tenants winter 2011. The project will provide shared housing for five individuals in a house in Vallejo.
 - The South PACE project has been approved by DMH and the California Housing Finance Agency (CalHFA). The project will provide 90 units of affordable housing which will include seven two bedroom units for families in which one member is a mental health consumer and three two bedroom units which will be shared by individuals with severe and persistent mental illness.
 - Heritage Commons is a 60 unit older adult project located in Dixon. This is new construction by a quality developer. The developers have presented a draft application offering to provide 8 units as MHSA housing for older adults. The developer is working on securing other approvals and financing. The developer would like to complete the MHSA application by early December. The developer expects to complete the project in about two years.
 - All three MHSA Housing projects, if approved, will secure 24 housing units for 27 Solano County Mental Health consumers.
- MHSA Supported Vocational & Educational Services: Solano County Mental Health and Department of Rehabilitation Cooperative have served 105 clients with vocational and educational services, 36 clients received training and educational services, 45 are searching for a job, and 9 have been placed in a job.

³¹ Solano County contracted with Caminar, Inc. to provide wellness and recovery services, intensive mental health services to older adults, supported housing, and primary care/behavioral health integration services. Caminar, Inc. will subcontract with California Hispanic Commission and La Clinica de La Raza to provide some of these services. Additionally, Caminar will provide coordination and oversight of the continuum of care.

- MHSA Outreach & Engagement and Cultural Competence: Solano County Mental Health's Cultural Competence Coordinator, Joseph Robinson, resigned effective December 10, 2011. Solano County Mental Health will work to reorganize these job functions and identify a Cultural Competence Coordinator in the New Year.
 - Cultural Competency Train the Trainer 32 hour California Brief Multicultural Competency Scale Training: On October 14th and 15th, and November 18th, and 19th, thirty three individuals participated in the 32 hours of the CBMCS cultural competency training program. The next step is selecting individuals to participate in the train-the-trainers CBMCS academy program that is scheduled in January. Solano County's goal is to maintain a cadre of local trainers who can continue the trainings and discussions locally about cultural competency and serving diverse communities.

II. MHSA Prevention and Early Intervention (PEI)

- Early Childhood Mental Health Initiative: PEAK provided 165 screens and 19 assessments for mental and developmental health needs; 75% of children screened show significant concerns and were provided with referrals to additional services. Ninety-three parents and children participated in early intervention parent coaching; 93% of families completing parent coaching demonstrate an improvement in the parent-child relationship.
- School Age Initiative: Solano County Office of Education and the Vacaville Unified School District provided 141 students in 17 schools individual and group counseling to increase competence in handling social interactions and personal/family crisis interfering with educational success.
- Transition Age Youth Initiative: Solano County Office of Education and Crestwood Behavioral Health partnered with 10 transition age youth to create empowerment plans. Three transition age youth were supported in their employment goals, while eight youth were supported with educational goals.
- Older Adult Initiative: The Area Agency on Aging Serving Napa and Solano trained 80 community members and 32 medical providers in signs of mental illness in seniors and available community resources, who in turn screened an estimated 2700 seniors. Seventy-seven seniors were provided assessment, referral and case management.
- Behavioral Health & Primary Care Integration: La Clinica de La Raza began a project to screen, assess, provide brief intervention, referral, and support groups in the primary care setting. Initial services began October 2010 with full services expected to be available Spring 2011.
- PEI Statewide Funds: California Mental Health Services Authority (CalMHSA), a joint powers authority of California Counties, has released a work plan detailing priorities in implementing the Prevention and Early Intervention Statewide projects of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. CalMHSA is holding input gathering sessions to receive public comment regarding scopes of work for potential Request for Proposals: Suicide Prevention and Stigma & Discrimination Reduction were held December 1, 2010; Student

Mental Health will be held December 15, 2010 (Higher Education 9am-12pm, K-12 1-4pm). Contact Laura Li (laura.li@georgehills.com) for more information and to register. Solano County Mental Health has attended community wide meetings and provided input on the work plan and activities. Request for Proposals are anticipated to be released spring 2011.

- Wellness Skills & Peer Mentoring: Wellness skills and peer mentoring will now be offered to people who are experiencing the first signs of mental illness through wellness and recovery contracts in the Continuum of Care.

III. MHSA Capital Facilities and Information Technology

- Information Technology: Solano County Mental Health issued a Request for Proposal on September 24, 2010 to procure an electronic health record system, and proposals were submitted by November 19, 2010. A system should be secured by summer 2011.

IV. MHSA Workforce Education and Training (WET)

- State Loan Assumption Program: the third round of State Loan Assumption program applications are being accepted now and are due December 10, 2010.
- On November 15th, the Workforce Education Training Advisory Committee signed off on a series of trainings that will take place over the next calendar year. A training calendar will now be developed, and those priority trainings will be scheduled.
- Crisis Intervention Training (CIT): Solano County Mental Health, in partnership with Solano Sheriffs and National Alliance for Mental Illness, developed CIT curriculum for Solano County law enforcement units and is pending state approval. The Solano County Sheriffs will receive the training after the curriculum is post certified and standards and training certified.

V. MHSA Innovation

Aldea, Inc began September 1, 2010 to provide services under Solano's Innovation plan known as Community Access to Resources and Education (CARE). In the first three months of the program, CARE has hired staff, trained 5 staff as Mental Health First Aid trainers, created policies and procedures, including referral protocol, and contacted 91 community based agencies to identify training needs and sites for co-location of services. As of November 30, 2010, the CARE project has received 63 referrals.

Solano County Health & Social Services Department

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Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

Glenda Lingenfelter, Interim Mental Health Director
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-0677

Mental Health Administration
Phone (707) 784-8320
FAX (707) 421-6619

To: Solano Local Mental Health Board
Through: Glenda Lingenfelter
Interim Deputy Director, Mental Health
From: Jayleen Richards
Sr. Health Services Manager
Mental Health Services Act Coordinator
Re: Solano County Mental Health Services Act Update
Date: November 8, 2010

California voters approved Proposition 63, Mental Health Services Act (MHSA), November 2004. MHSA provides funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

MHSA has five components or plans being implemented at the local level, including Community Support and Services, Prevention and Early Intervention, Capital Facilities and Information Technology, Workforce Education and Training, and Innovation. Please find below an update about each Solano County MHSA Plan, as well as other MHSA activities:

I. MHSA Community Support and Services (CSS)

- MHSA Stakeholders Meeting: The next MHSA Stakeholders meeting is December 2, 2010 from 2-5 PM at the JFK Library in Vallejo. Please call 707-784-8320 for additional information.

- MHSA Continuum of Care Contracts: Contracts started October 1, 2010 with Caminar Inc., California Hispanic Commission, Faith in Action, La Clinica de Laza, and Seneca Center.³²
 - Wellness and Recovery Services: California Hispanic Commission will provide wellness and recovery services in Dixon, Vacaville, and Fairfield—consumer intakes started October and November. Caminar, Inc. will provide wellness and recovery services in Vallejo starting in November. Neighborhood of Dreams ended wellness and recovery services in Vallejo October 22, 2010.
- MHSA Annual Update: The California Department of Mental Health issued guidelines for FY 11-12 MHSA Annual Update. Solano County Mental Health is preparing to submit the Update by Spring 2010.
- MHSA Housing:
 - The Better Living in Supportive Services (BLISS) project was approved by California Department of Mental Health. BLISS aims to receive tenants late January. The project will provide shared housing for 5 individuals in a house in Vallejo.
 - The South PACE project has been approved by DMH and the California Housing Finance Agency (CalHFA). CalHFA will meet with Solano County and the developers on November 10 to prepare for loan closing. The project will provide 90 units of affordable housing which will include seven two bedroom units for families in which one member is a mental health consumer and three two bedroom units which will be shared by individuals with severe and persistent mental illness.
 - Heritage Commons is a 60 unit older adult project located in Dixon. This is new construction by a quality developer. The developers have presented a draft application offering to provide 8 units as MHSA housing for older adults. The developer is working on securing other approvals and financing. The developer would like to complete the MHSA application by early December. The developer expects to complete the project in about 2 years.
 - All three MHSA Housing projects, if approved, will secure 24 housing units for 27 Solano County Mental Health consumers.
- MHSA Supported Vocational & Educational Services: Solano County Mental Health and Department of Rehabilitation Cooperative served 105 clients with vocational and educational services, 36 clients received training and educational services, 45 are searching for a job, and 8 have been placed in a job (during the quarter one of FY 10-11).
- MHSA Outreach & Engagement: From 9:00AM- 12:00PM on November 10, in honor of Veterans Day, Solano County Mental Health will sponsor a training titled *Military Culture 101: Basics of Military Culture*. This event will take place in the Multi-Purpose rooms at the Government Center, 675

³² Solano County contracted with Caminar, Inc. to provide wellness and recovery services, intensive mental health services to older adults, supported housing, and primary care/behavioral health integration services. Caminar, Inc. will subcontract with California Hispanic Commission and La Clinica de La Raza to provide some of these services. Additionally, Caminar will provide coordination and oversight of the continuum of care.

Texas Street in Fairfield. To RSVP or for more information call (707) 784-8320.

II. MHSA Prevention and Early Intervention (PEI)

- Early Childhood Mental Health Initiative: PEAK provided children ages 0-5 165 screens and 19 assessments for mental and developmental health needs; 75% of children screened show significant concerns and were provided with referrals to additional services. Ninety-three parents and children participated in early intervention parent coaching; 93% of families completing parent coaching demonstrate an improvement in the parent-child relationship, and improved child and caregiver mental health.
- School Age Initiative: Solano County Office of Education and the Vacaville Unified School District provided 141 students in 17 schools individual and group counseling to increase competence in handling social interactions and personal/family crisis interfering with educational success.
- Transition Age Youth Initiative: Solano County Office of Education and Crestwood Behavioral Health partnered with 10 transitional age youth to create empowerment plans. Three transition age youth were supported in their employment goals, while eight youth were supported with educational goals.
- Older Adult Initiative: The Area Agency on Aging (AAA) Serving Napa and Solano trained 80 community members and 32 medical providers in signs of mental illness in seniors and available community resources, who in turn screened an estimated 2700 seniors. Seventy-seven seniors were provided assessment, referral and case management. 82% of seniors case managed met at least one goal in their care plan. AAA will provide a provider training on November 20, 2010 about older adults and mental illness.
- Behavioral Health & Primary Care Integration: La Clinica de La Raza began a project to screen, assess, provide brief intervention, referral, and support groups in the primary care setting. Initial services began October 2010 with full services expected to be available Spring 2011.
- PEI Statewide Funds: California Mental Health Services Authority (CalMHSA), a joint powers authority of California Counties, has released a work plan detailing priorities in implementing the Prevention and Early Intervention Statewide projects of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. The public comment period closed November 6, 2010 and Request for Proposals are anticipated to be released spring 2011.
- Wellness Skills & Peer Mentoring: Wellness skills and peer mentoring will now be offered to people who are experiencing the first signs of mental illness through wellness and recovery contracts in the Continuum of Care.

III. MHSA Capital Facilities and Information Technology

- Information Technology: Solano County Mental Health issued a Request for Proposal on September 24, 2010 to procure an electronic health record system, and proposals are due on November 19, 2010.

IV. MHSA Workforce Education and Training (WET)

- State Loan Assumption Program: the third round of State Loan Assumption program applications are being accepted now and are due December 10, 2010.
- California Brief Multicultural Scale: a comprehensive cultural competence training program is being implemented in Solano County Mental Health. The evidence based training includes four training modules. Currently, training of the trainers is occurring and staff will be trained on the first module by the end of the Fiscal Year (June 30, 2010).
- Crisis Intervention Training (CIT): Solano County Mental Health, in partnership with Solano Sheriffs and National Alliance for Mental Illness, developed CIT curriculum for Solano County law enforcement units and is pending state approval. The Solano County Sheriffs will receive the training after the curriculum is post certified and standards and training certified.

V. MHSA Innovation

Aldea, Inc began services September 1, 2010 under Solano's Innovation Plan known as Community Access to Resources and Education (CARE). In the first 2 months of the program, CARE has hired staff, trained 5 staff as Mental Health First Aid trainers, created policies and procedures, including referral protocol, and contacted 91 community based agencies to identify training needs and sites for co-location of services. As of November 8, 2010, the CARE project has received 26 referrals.

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To: Solano Local Mental Health Board
Through: Glenda Lingenfelter
Interim Deputy Director, Mental Health
From: Jayleen Richards
Sr. Health Services Manager
Mental Health Services Act Coordinator
Re: Solano County Mental Health Services Act Update
Date: October 12, 2010

California voters approved Proposition 63, Mental Health Services Act (MHSA), November 2004. MHSA provides funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

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I. MHSA Community Support and Services (CSS)

- MHSA Continuum of Care Contracts: Contracts were approved at the Solano County Board of Supervisors on September 28, 2010, and \$6.1 million over three years was awarded to Caminar, Inc., Faith in Action, and Seneca Center.³³

³³ Solano County contracted with Caminar, Inc. to provide wellness and recovery services, intensive mental health services to older adults, supported housing, and primary care/behavioral health integration services. Caminar, Inc. will subcontract with California Hispanic Commission,

- MHSA Fiscal Year (FY) 2010-11 Annual Update: Annual Update submitted to California Department of Mental Health (DMH) on April 30, 2010, requesting \$15m in FY 10-11. DMH approved the Annual Update and payment was received.
- MHSA CSS Future Funding: MHSA CSS funds are projected to significantly decrease in Fiscal Year (FY) 2012-13. Solano County is preparing the MHSA FY 11-12 budget in October and November and will present an overview at the MHSA Stakeholder meeting on December 2, 2010 at JFK Library in Vallejo.
- MHSA CSS: MHSA programs and SCMHS programs are creating logic models to identify and track outcome measures for reporting purposes. SCMHS is moving towards becoming a data driven system and we look forward to sharing these data with the LMHB in the next FY.
- MHSA Housing:
 - Loving Underserved Homeless and Disadvantaged (LUHAD) MHSA Housing application was submitted to DMH on May 7, 2010 for four housing units for consumers in Vallejo and was approved. California Housing Finance Agency (CalHFA) to complete the loan process.
 - National Community Renaissance (CORE) submitted an MHSA housing application that will dedicate 10 units of a 93 unit affordable housing project in Fairfield to eligible consumers. Solano County Mental Health submitted the application to DMH and CalHFA on August 20, 2010. CORE has already purchased the property and plans to complete the rehabilitation project this year.
 - Heritage Commons is completing an application for a 60 unit housing project in Dixon for older adults (at least 8 units will be dedicated to consumers). A housing application should be completed this fall and presented to the LMHB after the 30 day public comment period.
 - All three MHSA Housing projects, if approved, will secure 23 housing units for 26 Solano County Mental Health consumers.
- MHSA Outreach & Engagement: in FY 2009-10, Solano County Mental Health Outreach and Engagement efforts reached 2,369 people through 419 outreach & education events.
 - Solano County Mental Health issued its Cultural Competence Plan on September 7, 2010.
 - Solano County Mental Health begins the training of the trainers for California Brief Multicultural Competency Scale October 14-15, 2010. All staff should be trained using this evidence based training by June 30, 2012.
- MHSA Supported Vocational & Educational Services: the Solano County Mental Health and Department of Rehabilitation Cooperative FY 10-11 quarter one data will be available in November 2010.

II. MHSA Prevention and Early Intervention (PEI)

- All PEI Initiatives: FY 10-11 quarter one data will be available November 2010.

Crestwood Behavioral Health and La Clinica de La Raza to provide some of these services. Additionally, Caminar will provide coordination and oversight of the continuum of care.

- PEI Statewide Funds: The California Mental Health Services Authority (CalMHSA) has posted its work plan for the PEI Statewide Initiatives online at <http://www.calmhsa.org/>.
- Wellness Skills & Peer Mentoring: Wellness skills and peer mentoring will now be offered to people who are experiencing the first signs of mental illness through wellness and recovery contracts in the Continuum of Care.
- Behavioral Health Primary Care Integration: La Clinica de La Raza will begin providing screening, assessment, brief intervention, referral and support groups targeting children ages 0-5, school age children, transition age youth, and older adults in their Vallejo and North Vallejo clinics as part of an effort to integrate behavioral health services into primary care.

III. MHSA Capital Facilities and Information Technology

- Information Technology: Solano County Mental Health issued a Request for Proposal on September 24, 2010 to procure a electronic health record system, and proposals are due on November 9, 2010.
- Capital Facilities: community planning is complete. Solano County will secure the EHR system prior to moving forward with Capitol Facilities projects.

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- State Loan Assumption Awards: Three Mental Health clinicians have received awards, of those, two are bilingual in Spanish. The State Mental Health Loan Assumption Program is funded by DMH in an effort to address the occupation shortages in public mental health.
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Aldea, Inc began a contract September 1, 2010 to provide services under Solano's Innovation plan known as Community Access to Resources and Education (CARE). Aldea is conducting extensive outreach and gathering a community survey to better understand community mental health needs and identify underserved locations to co-locate mental health services. To participate, please contact Bonnie Hoffman at 707-427-1845.

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Through: Glenda Lingenfelter
Interim Deputy Director, Mental Health
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Sr. Health Services Manager
Mental Health Services Act Coordinator
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Date: August 9, 2010

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2011/12 Annual Update

Attachment 9

County: Solano County

Date: February 7, 2011

**Solano County Health & Social Services
Local Mental Health Board Committee**

Joan Burnett

Elizabeth De La Torre

Mark Higgenbottom

John Rayfield

Dody Reustle

Spencer Rundberg

Tammy St. Armand

Linda Seifert

Rosemarie Wilson

2011/12 Annual Update

Attachment 10

County: Solano County

Date: February 7, 2011

FOR IMMEDIATE RELEASE

Media Contact:
Steven Pierce, 707-784-6122
SLPierce@solanocounty.com

Public encouraged to provide local input.

Solano County Health & Social Services, Mental Health Division is pleased to announce that the Solano County Mental Health Services Act (MHSA) Fiscal Year (FY) 2011-12 Annual Update is posted for a 30 day public comment period from February 7, 2011 to March 8, 2011.

The MHSA FY 2011-12 Annual Update was developed through a community program planning process with mental health consumers, family members of mental health consumers, mental health providers, staff and other community members and highlights mental health strategies and activities for FY 2011-12.

“Solano County Mental Health would like to acknowledge and thank the community members who participated in the community planning process that helped develop the MHSA FY 11-12 Annual Update” said Glenda Lingenfelter, Interim Mental Health Director for Solano County. “Community input is one of the driving factors of Mental Health Services Act, and for the entire Mental Health Division in Solano County. We hope to receive additional feedback during the public comment period.”

Community members are encouraged to view the document at: www.solanocounty.com/depts/hss/mhs/involvement.asp or call Solano County Mental Health at 707-784-8320 to receive the document via US Mail. Comments may be submitted by calling 707-784-8320, emailing SolanoMHSA@solanocounty.com, or mailing to Solano County Mental Health, 275 Beck Avenue, MS 5-250, Fairfield, CA 94533 Attn: Jayleen Richards.

The Mental Health Services Act (MHSA) was created by the voters of the State of California when they approved Proposition 63 November 2004. MHSA provides funding for services and resources that promote wellness, recovery, and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances and their family members.

Following the public comment period, there will be a public hearing at the Solano County Local Mental Health Board meeting on Tuesday, March 15, 2011 at 4:30 PM, at 2101 Courage Drive, Fairfield, CA 94533 in the Multi-Purpose Room.

Solano County Mental Health Services Act FY 2011-12 Annual Update

30 Day Public Comment Period February 7, 2011 to March 8, 2011

Solano County Mental Health is pleased to announce the Mental Health Services Act (MHSA) FY 2011-12 Annual Update has been posted for public comment and review. To view the MHSA Annual Update, go to:

<http://www.solanocounty.com/depts/hss/mhs/involvement.asp>

Comments may be submitted by March 8, 2011 to Jayleen Richards, MHSA Coordinator, by any of the following methods:

Email: SolanoMHSA@solanocounty.com
Mail: 275 Beck Ave., MS 5-250, Fairfield, CA 94533
Phone: (707) 784-8320
Fax: (707) 421-6619

If you need assistance with submitting comments or questions, please contact Rachel Ford, community liaison, at (707) 784-8320 or REFord@solanocounty.com.

The MHSA FY 2011-12 Annual Update will be presented at a public hearing at the Local Mental Health Board on March 15, 2011 at 4:30 PM at 2101 Courage Drive, Multi-Purpose Room, Fairfield, CA 94533 community members are encouraged to attend.

Solano County Mental Health would like to thank consumers, family members, providers, staff and other community members that participated in the community program planning process. We look forward to receiving your input about the MHSA FY 2011-12 Annual Update!

