

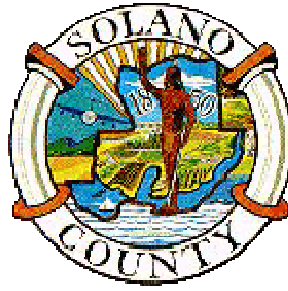
**Solano County Health & Social Services**  
**Solano Mental Health Division • MHSA**



**Mental Health Services Act Fiscal Year**  
**2011-12 Annual Update to the Three Year**  
**Program and Expenditure Plan**

**DRAFT**

**February 7, 2011**



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**2011/12 Annual Update**

**Components Included:**

**Exhibit A**

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

County: Solano County

<b>County Mental Health Director</b>	<b>Project Lead</b>
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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 hearing<sup>1</sup> 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.<sup>2</sup>

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.

<sup>1</sup> Public Hearing only required for annual updates.

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

Solano County Health & Social Services  
Solano Mental Health Division • Solano MHSA  
MHSA FY 2010-11 Annual Update to Three Year Program and Expenditure Plan  
**DRAFT**

**February 7, 2011**

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.

Glenda Lingenfelter \_\_\_\_\_  
Mental Health Director/Designee (PRINT)                      Signature                      Date

**2011/12 Annual Update**

**Exhibit B**

**County:** Solano County      **30-day Public Comment period dates:** 2/8/11 to 3/10/11

**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.

<b>Community Program Planning</b>
<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"><li>○ Thursday, June 3, 2010 at the Fairfield Civic Center Library</li><li>○ Thursday, August 19, 2010 at the Ulatis Community Center in Vacaville</li><li>○ Thursday, December 2, 2010 at the JFK Library in Vallejo</li><li>○ Wednesday, March 23, 2011 at the Benicia Public Library.</li></ul> <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 January 27, 2010, 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</p>

providers, Solano County Mental Health, County departments and others (see attachment 4) for a list of 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.<sup>3</sup> 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

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

the final recommendations, priorities and outcome measures for the Solano County Mental Health, MHSA Community Services & Support Strategic Plan (see attachment 7).

Additionally, the DRAFT SCMH 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 SCMH MHSA Strategic Plan was posted on the web site and distributed to stakeholders.

Finally, SCMH 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. SCMH has developed a multi-year financial plan in order to keep services at current funding levels during the downturn in MHSA funds.

SCMH, 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 SCMH, 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 SCMH 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 SCMH'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 SCMH's WET work plan.

The Latino Access Committee is a workgroup of the SCMH 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 SCMH Quality Improvement Committee includes SCMH 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 SCMHS, 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, AAOA PEAS\*  
Corriene C, Solano County Behavioral Health\*  
Travis Curran, Crestwood Behavioral Health  
Lynn DeLapp, DMH Consultant  
Nancy Fernandez, California Hispanic Commission\*  
Norman Filley, NAMI\*  
Rachel Ford, Solano County Health & Social Services  
Anne Frey, C.O.F\*  
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, AAA\*  
Martin Messina, NAMI\*  
Parivash Mottaghian, Caminar Inc  
Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board\*  
Carolyn Path, Vacaville Unified School District  
Peggy Pellon, AAA – PEAS\*  
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, AAA / SC MHSA PEAS\*  
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, CHCADA\*  
Christy Saxton, First Place for Youth\*  
Lisa Singh, Solano County Health & Social Services  
Cynthia Sottana, Solano County Health & Social Services  
Tracee Stacy, AAA/ SC MHSA PEAS\*  
Sally Sweatfield, SELPA\*  
Norma Thigpen, Solano County Health & Social Services  
James Wagner, Caminar Inc  
TJ Walkup, Omnific Pictures\*  
Pam Watson, NAMI\*  
Annette B Williams, C.O.F\*

**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, QI  
Rob George, Solano County Health & Social Services, QI  
Judeth Greco-Gregory, Solano County Health & Social Services  
Roberta Hescock, 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, EDD

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, AAANS

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, AAANS

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 Saragoza, 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 4, 2011 to March 6, 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 X). 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.

**DRAFT Version. Posted on February 7, 2011 for 30-day public comment period.**



**2011/12 Annual Update**

**Exhibit C**

**County:** Solano County

**Date:** February 4, 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 evaluation<sup>4</sup>.  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 <sup>5</sup>	Target Audience/Participants <sup>6</sup>

<p>1. <b>CalMHSA Technical Assistance and Capacity Building Evaluation Project:</b> 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:</p> <ul style="list-style-type: none"><li>• Developing logic models with an emphasis on using them to guide the evaluation throughout program</li><li>• Using data for program improvement and creating learning cultures</li><li>• Engaging diverse stakeholders with an emphasis on engagement strategies as capacity building in community organizations</li><li>• Measuring culturally relevant variables</li><li>• Outcomes — explores various levels of analysis from individual to family to organization to community</li><li>• Evaluation design — the relationship to the question one is attempting to answer</li></ul> <p>Solano County has dedicated up to \$50,000 for this activity.</p>	<p>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).</p>
<p>2. <b>Early Childhood Mental Health Training:</b> Trainings for early childhood mental health providers focusing on reflective practice/supervision and</p>	<p>Trainings were open to early childhood mental health participants in Solano County and neighboring Counties. Participating Solano County agencies</p>

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

<sup>5</sup> 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.

<sup>5</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

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.

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

**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 <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: 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;">\$466,500</td> <td style="padding: 5px;">\$466,500</td> <td style="padding: 5px;">0%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$466,500	\$466,500	0%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$466,500	\$466,500	0%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  <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"/>						
c) If you are requesting an exception to the ±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	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

**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 <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;">\$400,000</td> <td style="padding: 5px;">\$400,000</td> <td style="padding: 5px;">0%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$400,000	\$400,000	0%	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$400,000	\$400,000	0%					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, <b>or</b> ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<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 type="checkbox"/>						
c) If you are requesting an exception to the $\pm$ 25% criteria, please							

provide an explanation below.	
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**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

**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 SCMHI 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.	
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**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

**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  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
\$900,000	\$887,000	1.45%

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	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

**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.

**February 7, 2011**

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                       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
\$700,000	\$600,000	(14.29%)

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 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

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

Program Number/Name: #6 Mobile Crisis<sup>7</sup> (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				

<sup>7</sup> 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

Yes  No

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?

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: 500<sup>8</sup>

**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,

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

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:

- 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

**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

**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

Yes  No

- 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?
- 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 F1**

**NEW/REVISED PROGRAM DESCRIPTION**  
**Community Services and Supports**

**Program Number/Name: #9 Crisis 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		
<b>Total</b>		<b>50</b>		

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 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 FY and services will begin after DMH has approved Solano County's MHSA FY 11-12 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				
	<b>Total Proposed Expenditures</b>				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
C. TOTAL FUNDING REQUESTED					0

#### **D. 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; 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

**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  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.	
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**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.
<b>No Changes</b>
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.
<b>No Changes</b>

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.**

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

2011/12 Annual Update

**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,**

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.**

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

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:

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,**

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.
<b>No Changes</b>
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.
<b>Not applicable</b>



2011/12 Annual Update

**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,**

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.
<b>No Changes</b>
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.
<b>Not Applicable</b>

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,**

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.
<b>No Changes</b>
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.
<b>Not Applicable</b>

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,**

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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><b>No Changes</b></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"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p><b>Not Applicable</b></p>

2011/12 Annual Update

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%

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.      Yes                       No

**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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
<b>No Changes</b>
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.
<b>Not Applicable</b>

2011/12 Annual Update

**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 ± 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

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.
<b>No Changes</b>
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.
<b>Not Applicable</b>

2011/12 Annual Update

**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,**

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**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
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.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
<b>No Changes</b>
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.
<b>Not Applicable</b>

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.

**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		
<b>Total</b>	<b>2,511</b>		<b>2,511</b>		<b>2,511</b>			<b>N/A</b>

**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 program<sup>9</sup>, 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,

<sup>9</sup> 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                       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
\$663,356	\$390,450	41%

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?

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

Yes                       No   
 Yes                       No

**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

**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.

**E. 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 program<sup>10</sup>, 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:

- 70% decrease in school office referrals for discipline issues for students in grades 4-8 participating in targeted group and individual counseling.
- 44% decrease in school office referrals for discipline issues for high school students participating in multidisciplinary team case management.
- 100% 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.

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<sup>10</sup> 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, <b>or</b> ,  For <u>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.

<b>A. Answer the following questions about this program.</b>
1. Please include a description of any additional proposed changes to this PEI program, if applicable.
<b>Not Applicable</b>
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> <li>a. Names of the programs being consolidated</li> <li>b. The rationale for consolidation</li> <li>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)</li> </ul>
<b>Not Applicable</b>

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



2011/12 Annual Update

**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.

**F. 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 program<sup>11</sup>, 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.

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<sup>11</sup> 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

**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.

**G. 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 program<sup>12</sup>, 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

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

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.

**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
\$557,556	\$318,980	43%

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

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. 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

**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 program<sup>13</sup>, 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**

<sup>13</sup> 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
\$340,689	\$225,000	34%

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   
 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. 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

**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.

**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 <sup>14</sup> ?	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"/>
<b>NOTE:</b> 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>		

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

2011/12 Annual Update

**MHSA Summary Funding Request**

County: Solano County

Date: February 7, 2011

	<b>MHSA Funding</b>					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$7,527,700			\$1,847,300	\$493,000	
2. Transfer From FY 11/12*						
3. Adjusted Component Allocation	<b>\$7,527,700</b>					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$7,527,700			\$1,847,300	\$672,750	
2. Requested Funding for CPP	\$0			\$0	\$0	
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$3,785,920	\$2,133,673		\$3,855,122	\$2,589,314	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11	\$3,785,920	\$2,133,673		\$3,855,122	\$2,589,314	

c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
<b>4. Total FY 2011/12 Funding Request</b>	<b>\$7,527,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,847,300</b>	<b>\$672,750</b>	
<b>c. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Funds						
2. Unapproved FY 07/08 Component Funds						
3. Unapproved FY 08/09 Component Funds						
4. Unapproved FY 09/10 Component Funds**					\$179,750	
5. Unapproved FY 10/11 Component Funds**						
6 Unapproved FY 11/12 Component Funds**	\$7,527,700			\$1,847,300		
<b>Sub-Total</b>	<b>\$7,527,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,847,300</b>	<b>\$179,750</b>	
7. Access to Prudent Reserve	\$2,657,635					
8. FY 2011/12 Total Allocation***	<b>\$10,185,335</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,847,300</b>	<b>\$672,750</b>	

**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 MHSA 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 MHSA 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

**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	
<b>Previously Approved Programs</b>											
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 <sup>15</sup>		\$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 <sup>16</sup>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

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

7	Plus up to 15% Indirect Administrative Costs									
8	Plus up to 10% Operating Reserve									
<b>CSS Programs</b>		<b>FY 11/12 Requested MHSA Funding</b>	<b>Estimated MHSA Funds by Service Category</b>				<b>Estimated MHSA Funds by Age Group</b>			
	<b>No</b>	<b>Name</b>	<b>Full Service Partnership (FSP)</b>	<b>General System Develop.</b>	<b>Outreach and Engage</b>	<b>MHSA Housing Program</b>	<b>Children and Youth</b>	<b>Transition Age Youth</b>	<b>Adult</b>	<b>Older Adult</b>
9	Subtotal: Programs/Indirect Admin./Operating Reserve									
10	<b>Total MHSA Funds Requested for CSS</b>		<b>\$7,527,700</b>							

Additional funding sources for FSP Requirement:

County must provide the majority of MHSA 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/MHSA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_4-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/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 %
<b>Total Mental Health Expenditures</b>	\$3,481,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,481,548	56%

2011/12 Annual Update

**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	
<b>Previously Approved Programs</b>								
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 <sup>17</sup>		\$0	\$0	\$0	\$0	\$0	\$0
17	Plus up to 15% Indirect Administrative Costs		\$0					

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

**DRAFT**

February 7, 2011

18	Plus up to 10% Operating Reserve	\$0				
19	Subtotal: Programs/Indirect Admin./ Operating Reserve	\$0				

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	
<b>New Program/Revised Previously Approved Program</b>							
1		\$0					
2		\$0					
3		\$0					
4		\$0					
5		\$0					
6	Subtotal: Programs <sup>18</sup>	\$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	<b>Total MHSA Funds Requested for CSS</b>	<b>\$0</b>					

**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

**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
<b>Previously Approved Programs</b>								
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 <sup>19</sup>	\$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 MHSAs Funding	Estimated MHSAs Funds by Type of Innovation		Estimated MHSAs 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 MHSAs Funding	Estimated MHSAs Funds by Type of Intervention					
No	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>New Program/Revised Previously Approved Program</b>									
1	<b>1</b> Early Childhood Mental Health	\$390,450	\$195,225	\$195,225	\$277,220		\$113,230		
2	<b>2</b> School Age Program	\$474,932	\$118,733	\$356,199	\$474,932				
3	<b>3</b> Education, Employment, and Family Support for Transition Age Youth	\$227,605	\$97,162	\$180,443		\$277,605			
4	<b>4</b> Older Adult Identification and Linkage Program	\$318,980	\$212,653	\$106,327					
5	<b>5</b> Early Intervention Wellness Services	\$225,000		\$225,000		\$33,750	\$157,500	\$33,750	
6	Subtotal: Programs <sup>20</sup>	\$1,686,966	\$623,773	\$1,063,194	\$752,151	\$311,355	\$270,730	\$33,750	

PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA 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	<b>Total MHSA Funds Requested for CSS</b>	<b>\$1,847,300</b>						

\*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

**INN Funding Request**

County: Solano County

Date: February 4, 2011

Inn Programs		FY 11/12 Requested MHA Funding
No	Name	
<b>Previously Approved Programs</b>		
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 <sup>21</sup>	\$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	
<b>New Program/Revised Previously Approved Program</b>		
1		\$
2		\$
3		\$
4		\$
5		\$
6	Subtotal: Programs <sup>22</sup>	\$
7	Plus up to 15% Indirect Administrative Costs	\$
8	Plus up to 10% Operating Reserve	\$
9	Subtotal: Programs/Indirect Admin./Operating Reserve	\$
10	<b>Total MHSA Funds Requested for CSS</b>	<b>\$672,750</b>

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

2011/12 Annual Update

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

Program Number/Name: #9 Crisis 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		
<b>Total</b>		<b>50</b>		

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.

6. 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.

7. 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.

8. 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.

9. 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.

<b>NEW/REVISED PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	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				
	<b>Total Proposed Expenditures</b>				
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>					<b>0</b>

**E. Budget Narrative**

2. 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

**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"/>	<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): <b><u>NO CHANGES</u></b> <b>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</b>	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"/>

3. 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	
Screening, Assessment, and Referral	Individuals: Families:	<b>700</b>		<b>12</b>
Parent Coaching	Individuals: Families:		<b>200</b> <b>100</b>	<b>12</b>
Parent and Caregiver Education	Individuals: Families:	<b>200</b> <b>100</b>		
Provider Outreach, Education and Training	Individuals: Families:	<b>150</b>		
Behavioral Health Screening and Intervention in Primary Care Setting	Individuals: Families:	<b>700</b>	<b>45</b>	<b>12</b>
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	<b>1750</b> <b>100</b>	<b>245</b> <b>100</b>	

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.

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

**F. 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

**NEW/REVISED PROGRAM DISCRPTION**  
**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): <b><u>NO CHANGES</u></b> 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.				
<b><u>NO CHANGES</u></b>				
3. PEI Program Description (attach additional pages, if necessary).				
<b><u>NO CHANGES</u></b>				



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
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	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.

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

**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

**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.”

2. 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): <b>NO CHANGES</b> <b>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</b>	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	
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
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	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, 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.

<b>NEW PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	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				
	<b>Total Proposed Expenditures</b>			\$277,605	\$277,605
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>					
				\$277,605	\$277,605
<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>					

**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

**NEW/REVISED PROGRAM DISCRPTION**  
**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: <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"/>

<b>PEI Priority Population(s): <u>NO CHANGES</u></b> <b>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</b>	<b>Age Group</b>			
	<b>Children and Youth</b>	<b>Transition-Age Youth</b>	<b>Adult</b>	<b>Older Adult</b>
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	
Gatekeeper Screening	Individuals: Families:	<b>2000</b>		<b>12</b>
Navigators/Case Management	Individuals: Families:		<b>300</b>	<b>12</b>
Behavioral Health Screening and Intervention in Primary Care Setting	Individuals: Families:	<b>225</b>	<b>75</b>	<b>12</b>
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	<b>2225</b>	<b>375</b>	

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.

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

**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

**NEW/REVISED PROGRAM DISCRPTION**  
**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: <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): <b>NO CHANGES</b> 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
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	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.

<b>NEW PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	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				
	<b>Total Proposed Expenditures</b>			\$225,000	\$225,000
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>				\$225,000	\$225,000
<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>					

**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	
<p>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).</p> <p>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 SCMHS 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.</p> <p>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.</p> <p>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.</p>	

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

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                      Down Senior Center                      301 S 5th Street, Down                      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                      Uta's Community Center                      1000 Uta Drive, Vacaville                      Meeting Rooms AC</p>	<p>Thursday, December 2, 2010                      2:00 pm - 5:00 pm                      JFE Library                      505 Santa Clara Street, Ukiah                      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 Jylyeen Richards at [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) or (707) 714-7214.

For more information about MHSA, visit the website <http://www.solanocounty.com/depts/hsomh/mhside/hsuloop>

Solano County Health & Social Services  
 Mental Health Administration  
 211 Rock Ave., #57-58  
 Fairfield, CA 95630  
 (707) 781-8216



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



# Save the Date!

## Solano County Mental Health Services Act 2011 Steering Committee & Stakeholders Meeting

Date /Time	Location
Wednesday, March 23, 2011 3:00 PM – 5:00 PM	Benicia Public Library: Dona Benicia Meeting Room 150 East I Street, Benicia, CA 707-746-4343
Wednesday, June 29, 2011 3:00 PM – 5:00 PM	Rio Vista Library: 44 South 2nd Street, Rio Vista, CA 94571 Phone: (866) 57-ASKUS or 1-866-572-7587
Wednesday, September 28, 2011 3:00 PM – 5:00 PM	Suisun City, CA 94585 Location to be Determined
Wednesday, November 30, 2011 3:00 PM – 5:00 PM	Dixon, CA 95620 Location to be Determined

The MHSA Stakeholder & Steering Committee meeting is held quarterly and aims to provide updates and seek input about MHSA activities. The meeting is open to the public. The Solano County Mental Health, MHSA team looks forward to seeing you there! Should you have any questions or input, please contact Jayleen Richards, MHSA Coordinator, at (707) 784-8320 or [SolanoMHSA@solano-county.com](mailto:SolanoMHSA@solano-county.com)

Mental Health Administrator  
 275 Brockway, WSS-250, Fairfield, CA 94533  
 Phone: 707-335-9330  
 Fax: 707-428-8689  
 E-mail: [SolanoMHSA@solano-county.com](mailto:SolanoMHSA@solano-county.com)



**2011/12 Annual Update**

**County: Solano County**

**Date: February 7, 2011**

**Attachment 2 will be posted in the final version.**

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](mailto: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](mailto:SolanoMHSA@solanocounty.com)

2011/12 Annual Update

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](mailto: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  
 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 (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	IX.	Welcome and Introductions, Jayleen Richards
4:05 PM	X.	Review Agenda and Purpose of Meeting, Jayleen Richards
4:10 PM	XI.	Review Notes from Last Meeting
4:15 PM	XII.	Review and Discuss Consumer and Family Member Consumer Stipend Policy and Procedure, Cynthia Sottana
4:45 PM	XIII.	Presentation about May is Mental Health Month, Joseph Robinson
5:00 PM	XIV.	Review and Discuss FY 09-10 MHSA Data, Jayleen Richards and Megan Richards
5:30 PM	XV.	Review and Discuss Solano County Electronic Health Record System, Robert Sullens
5:45 PM	XVI.	Review Next Steps, Jayleen Richards
5:50 PM	XVII.	Announcements
6:00 PM	XVIII.	Adjournment
		Next Meeting: May 26, 2010 @ 3-5:00 PM, 5050 Business Center Drive, Fairfield, Fairfield Cordelia Library

#### **Refreshments will be provided!**

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*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.*

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## Solano County Health & Social Services Department

Mental Health Services  
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**Mental Health Services Act (MHSA)  
 Steering Committee**

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

**AGENDA**

4:00 PM	XIX.	Welcome and Introductions, Jayleen Richards
4:05 PM	XX.	Review Agenda and Purpose of Meeting, Jayleen Richards
4:10 PM	XXI.	Review Notes from Last Meeting
4:15 PM	XXII.	Review and Discuss MHSA FY 09-10 Data and Outcomes
4:45 PM	XXIII.	Review and Discuss FSP Data/Outcome Report Project
5:00 PM	XXIV.	Review and Discuss MHSA Strategic Plan, Workplan Update – Megan Richards
5:30 PM	XXV.	MHSA Updates
5:45 PM	XXVI.	Review Next Steps, Jayleen Richards
5:50 PM	XXVII.	Announcements
6:00 PM	XXVIII.	Adjournment
		Next Meeting: November 17, 2010 @ 4-6:00 PM, 275 Beck Avenue, 1 <sup>st</sup> Floor, Conference Room 1, Fairfield

**Refreshments will be provided!**

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## Solano County Health & Social Services Department

Mental Health Services  
 Public Health Services  
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*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, 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	XIX.	Welcome and Introductions, Jayleen Richards
2:10 PM	XX.	Review Agenda and Purpose of Meeting, Jayleen Richards
2:15 PM	XXI.	Review Notes from Last Meetings, Jayleen Richards
2:20 PM	XII.	Prevention & Early Intervention Transition Age Youth: Overview of Services, Crestwood, Inc. and Solano County Office of Education
3:20 PM	XIII.	Break
3:30 PM	XIV.	Mental Health Services Act Updates <ul style="list-style-type: none"> <li>○ MHSA FY 11-12 Annual Update</li> <li>○ MHSA 2011 Stakeholder and Steering Committee Schedule</li> </ul>
4:00 PM	XV.	Updates and Announcements
4:15 PM	XXVI.	Complete Evaluations
4:30 PM	XXVII.	Adjournment <i>Next Meeting: MHSA Stakeholders &amp; 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**

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Solano County Health & Social Services  
Solano Mental Health Division • Solano MHSA  
MHSA FY 2011-12 Annual Update to Three Year Program and Expenditure Plan

**DRAFT**

**February 7, 2011**

*Contact [SolanoMHSA@SolanoCounty.com](mailto: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

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:**

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

2011/12 Annual Update

County: Solano County

Date: February 7, 2011

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

**MHA CSS: Population Served**

Age Group	Percentage
Children 0-5	1%
Children 6-17	8%
Transition Aged Youth	20%
Adults 25-59	56%
Older Adults 60+	15%

**MHA CSS Strategies**

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

**MHA CSS: Geographic Area**

Geographic Area	Percentage
Benicia	3%
Dixon	2%
Fairfield	40%
Rio Vista	18%
Suisun City	6%
Vacaville	32%
Vallejo	3%

**MHA CSS: Consumers Served**

- Solano County MHA, 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.

**Full Service Partnerships**

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

**MHA CSS: Race & Ethnicity**

Race & Ethnicity	Percentage
African American	29%
Asian/Pacific Islander	45%
Latino/Hispanic	8%
Multi-Racial	2%
Native American	1%
Other Non-White	1%
White	14%

**MHA 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%

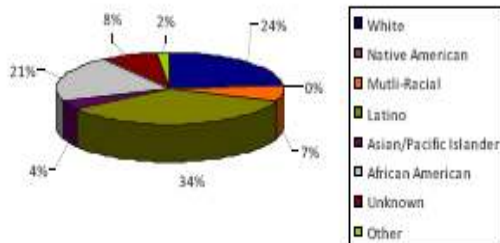
**Lessons Learned**

- 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 (MHS) Prevention and Early Intervention (PEI)**  
 Data & Evaluation FY 2009-10

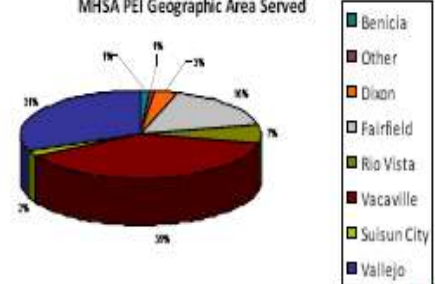
MHS PEI Race/Ethnicity Served



Solano County MHS 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

MHS PEI Geographic Area Served



**Selected MHS 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 MHS 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**

1



## 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

<b>Gender</b>	<b>Total</b>	<b>Percentage</b>
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%

9

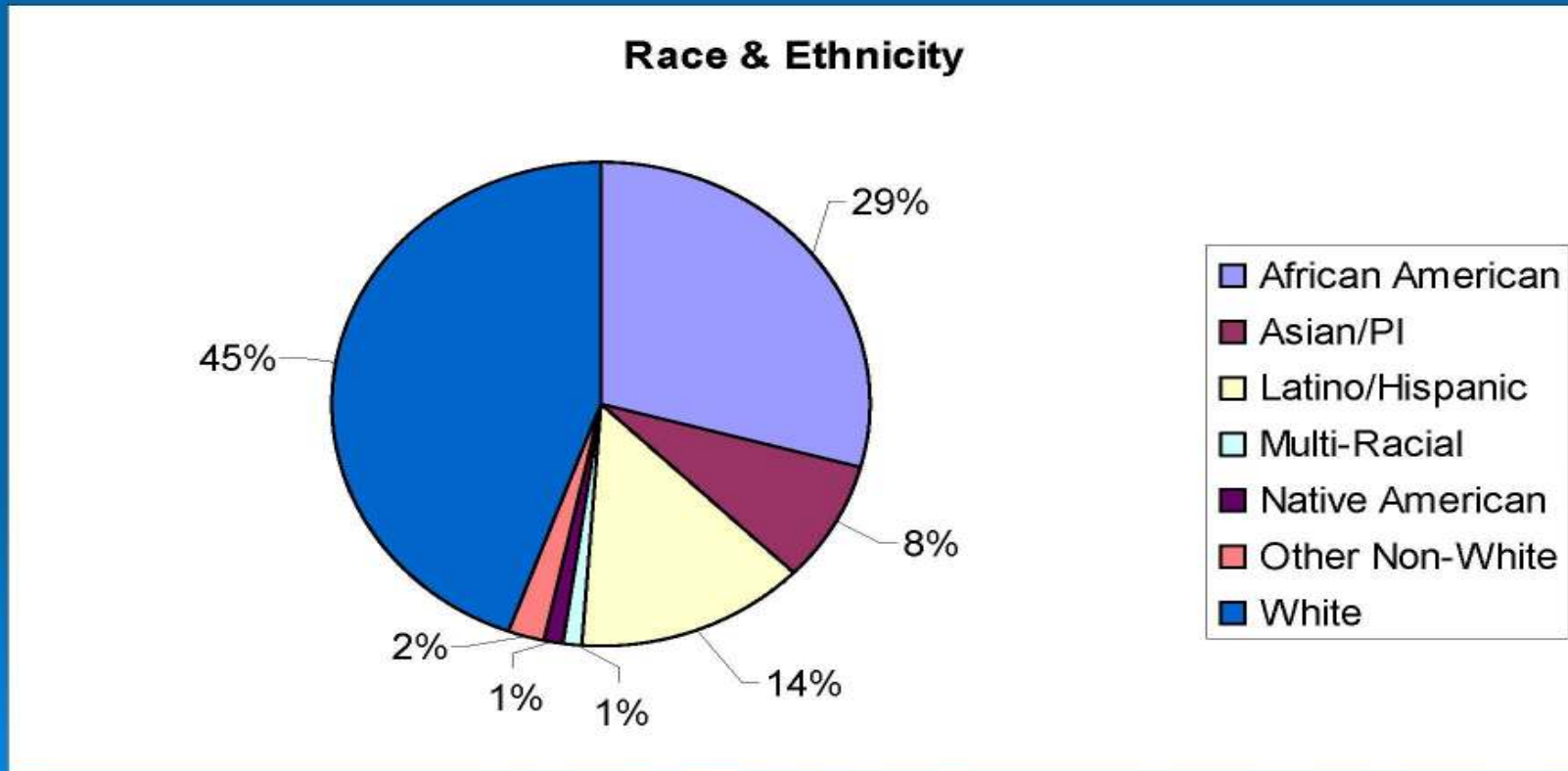


## MHSA, CSS: Race & Ethnicity, Number and Percentage

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

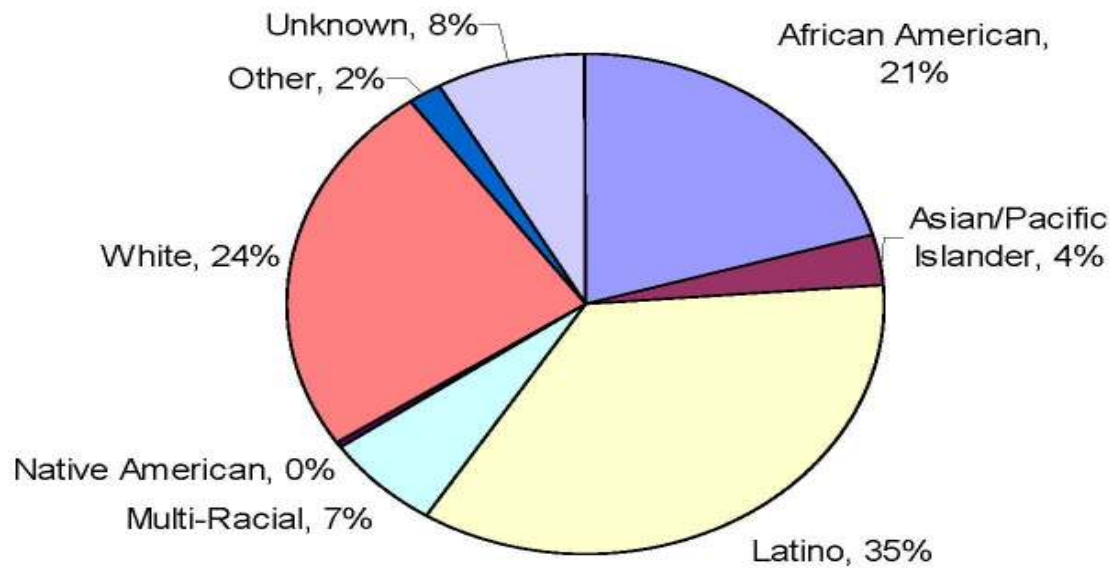
- Solano County's PEI Plan includes:
  - Early Childhood Mental Health
  - Early Intervention for School Age Youth
  - Supported Education and Employment for Transitional Age Youth
  - Older Adult Identification and Linkage
  - Primary Care Behavioral Health Integration
  - Early Intervention Wellness Services

# Prevention and Early Intervention

## ➤ FY 09/10 Services:

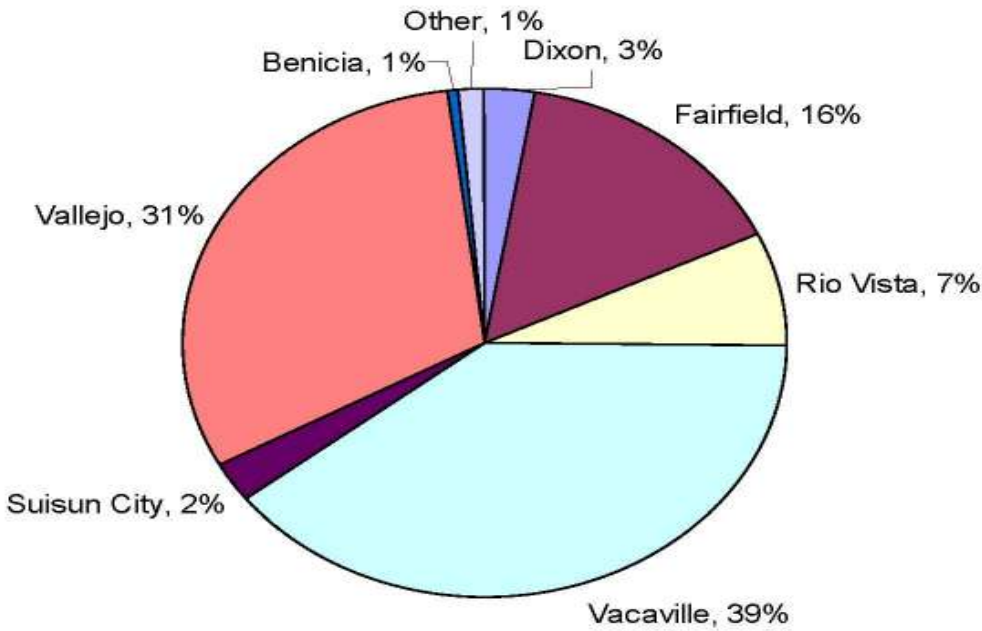
- Screened 1,725 community members in target populations for mental health needs
- Assessed 760 at risk
- Provided early intervention services to 794
- Educated over 1,500 providers and teachers on signs of mental illness, screening, and resources

**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.

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# 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](mailto:jmrichards@solanocounty.com)

Megan Richards

707-784-8320

[merichards@solanocounty.com](mailto:merichards@solanocounty.com)



2011/12 Annual Update

February 7, 2011  
**Attachment 7**

County: Solano County

Date: February 7, 2011

**Attachment 7 will be posted in the final version.**

**2011/12 Annual Update**

**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.

## Solano County Health & Social Services Department

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



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**Patrick O. Duterte, Director**

Glenda Lingenfelter, Interim Mental Health Director  
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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: December 9, 2010

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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.<sup>23</sup>
  - 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.
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<sup>23</sup> 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 14<sup>th</sup> and 15<sup>th</sup>, and November 18<sup>th</sup>, and 19<sup>th</sup>, 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.

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- 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



**February 7, 2011**

Mental Health will be held December 15, 2010 (Higher Education 9am-12pm, K-12 1-4pm). Contact Laura Li ([laura.li@georgehills.com](mailto: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 15<sup>th</sup>, 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.

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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: 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.<sup>24</sup>
  - 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

<sup>24</sup> 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.

February 7, 2011

will take place in the Multi-Purpose rooms at the Government Center, 675 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.

## 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: 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.<sup>25</sup>

<sup>25</sup> 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



- 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 SCMH programs are creating logic models to identify and track outcome measures for reporting purposes. SCMH 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)

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health integration services. Caminar, Inc. will subcontract with California Hispanic Commission, 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.

- All PEI Initiatives: FY 10-11 quarter one data will be available November 2010.
- 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.

### IV. MHSA Workforce Education and Training (WET)

- 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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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: August 9, 2010

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**2011/12 Annual Update**

**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